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Central Women United

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REMARKS BY THE FIRST LADY
AT A HEALTH CARE FORUM WITH
CHURCH WOMEN UNITED

MODERATOR: -- Chair of the White House health care task force. And we also have over 700 women from Church Women United, a national ecumenical women's organization which has advocated for health care reform since 1946. Mrs. Clinton, we're delighted you could be here with us today.

MRS. CLINTON: Thank you. I'm so pleased to be here, to be back at this church where we had a pre-inaugural celebration.

MODERATOR: The focus of this next hour will be to enter into a conversation with Mrs. Clinton and to explore how ethical choices help shape health care reform. Our audience this morning is probably one of the most informed and committed major groups on health care that you'll ever meet. For the past two years, over 30,000 of these women from Church Women United participated in workshops on health care that focus on the ethical choices one must make in designing a new health care system.

Like your own task force, many of the women present today have not only wrestled with the various options of health care, but they have experienced that one little tension enshrined in fashioning a policy by committee and by reaching a consensus.

But before we meet these women, I would like to explore with you some of the same questions that everybody else has been exploring in these workshops as they have struggled to make their own decisions about health care reform.

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So the women representing the various states and entities here today believe that health care can be ideologically viewed in many ways. Health care can be viewed as a benefit to be earned from employment to receive health care coverage. It can be seen as a commodity to be purchased.

Health care is a group of services with a specified price tag to be purchased. Or it's a right to be guaranteed. As a society, we have guaranteed education as a right but not absolutely provided. So these women want to know which of these categories reflect your view on health care. Is it a benefit, is it a commodity, or is it a right?

MRS. CLINTON: It should be a right. And I think it should be a right, because all of us have the possibility that we will need health care in our lifetime. And all of us, when any of us is sick, are demeaned in some way, if not economically, then socially or morally. And by making health care a right and by providing it to all Americans, we're making a couple of important statements.

We are saying that we believe in the productive capacity in all of our people and that we also know, coincidentally, that by making it a right, we can save money that can be then used to make health care widely available to everyone. So I think any way one looks at it, the more convincing and persuasive positions should be apparent.

MODERATOR: Are the American people prepared to make it a right?

MRS. CLINTON: I think they are now. I think that when Church Women United first started looking at health care in 1946, the year that the President was born, coincidentally, there were Americans, including Harry Truman, who thought health care should be a right. I have gone back and read some of President Truman's speeches, and they make everything we say look pretty tame. He very much advocated that health care should be a right, that it should be available regardless of race or income or station in life.

But he was not successful. There was not a consensus in the country. And in the last years since then, we have shifted the burden of providing health care. We did first see it as a commodity and that the marketplace would govern, and you would be able to afford the health care that

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everybody else could afford. Then, we began to see it as a benefit, both through employment, and if you were over 65, through Medicare; if you were poor, then through Medicaid.

But I think now, what most Americans realize is that if we only say it is a commodity, then we are at the mercy of the marketplace totally, which oftentimes does not make the judgement that everyone is entitled to health care and often does not provide it in the most economically market-driven way, because there isn't any real market in health care.

If we only see it as a benefit, then it is a marginal benefit that is available to people that are lucky enough to work. Their employer provides it, or if they're on Medicare or Medicaid. And we have so many problems that have come because we have viewed it alternately as a commodity and as a benefit that I think can only be solved by viewing it as a right.

MODERATOR: All right. So you view health care as a right. Am I correct? And they trace their view to their faith tradition, which teaches the equality of all people and especially consideration for the poor and disadvantaged. How do your choices in health care reform reflect the values of your own faith tradition, and how far do you think universal access and benefits should go?

MRS. CLINTON: Well, I share the belief that if you take your faith seriously, you have to recognize that one of the great underlying values is respecting and valuing the life of your fellow human beings and that health care is integrally tied up with that value. So for me, there is much that I learned growing up in the Methodist Church and that I have tried to live up to in my adult years that leads me to no other conclusion but that health care is part of what we should be doing to extend that sort of sense of belonging and dignity to all of our fellow beings.

I also think that we have to be confronted with the hard choices that exist. You can't provide everything to everyone. But you have to provide a basic level of services to all people. And that's pretty much what we have tried to do in the President's approach, which is to guarantee private insurance to every American, supplemented by government assistance for people who aren't employed and who are old aged or persons who are in other ways disadvantaged and to

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have a benefits package that every American will need in order to have a benefit plan.

MODERATOR: Now, here's one of my favorite questions. There are four statements which the over 30,000 Church Women United workshop participants reflected on to help clarify their own thinking on what matters most to them in health care reform.

I'm going to give you four statements, and I want you to tell me which one most closely reflects your own values: God helps those who help themselves. Do justice to the afflicted and needy. The poor you always have with you. You shall love your neighbor as yourself.

MRS. CLINTON: Well, all four of those reflect my beliefs, because I think they are not mutually exclusive. But some of them are descriptive. The poor always will be with us. That is part of the challenge we face as religious people. But there is also truth in "God helps those who help themselves." We see that on a daily basis. But as people of faith, we are called to go beyond describing what we see around us.

And, for me, that means that we are called to do what we can to live up to the biblical injunction that we love our neighbors as ourselves and that, through that love, we do what we can to promote justice here on earth. And I see those four as not mutually exclusive at all. Some are descriptive of the human condition. Some are a call to extending our own capacity to love and to grow more in our faith.

As part of that growth, we, therefore, have an obligation to do what we can to be instruments of justice insofar as it's possible.

MODERATOR: Don't you think too many Americans today think God helps those who help themselves, that they're kind of "Pull yourself up by the bootstraps," and that there are too many Americans think that way. How do we convince those people that everybody is deserving?

MRS. CLINTON: I think many people who believe that have forgotten the help they have received along the way from other people. And it's always amazing to me how someone can believe he or she is fully a result his or her own

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predicaments.

All of us are here and have been touched by many men and many spirits that have tried to guide us in our lives. And I think that there is a goal, an important one, for assisting people to be responsible to help themselves.

But I think this debate that is too often engaged in, even within the broader religious communities, is a false one. Yes, people need to be responsible, and we need to create commissions that enhance responsibility instead of undermining them. But we are also all bound up together. And part of our challenge is to reach out and help one another.

Sometimes, the unexpected that we're going to get can bring the results that you would want, but because it is part of our faith to manifest and to witness to our belief that we have that responsibility ourselves. So, again, I think that posing that as an explanation for one's obligations as a person of faith is insufficient and should be seen as part of a broader context.

MODERATOR: The focus of our time today is to look at health care reform from the perspective of how our faith values inform our choices. You face questions about your choices professionally and personally from almost every corner. How do you understand this constant barrage of questions about your choices? How does your faith sustain you as all these questions are raised about your own choices?

MRS. CLINTON: Well, I recognize that it's part of being in the public eye. And there is apparently an inexhaustible list of questions that are going to be asked. But those are part of the price one pays these days. I often regret it, because I don't think it's always useful to getting the work done that people in public life are supposed to be doing, but I've come to accept it.

And I think that, certainly, my faith has strengthened me in appreciating what is most important in my life. And seeing my life in a way that is centered on those important values helps me withstand the criticisms and answer the questions and deal on a daily basis with what I must. It is a constant challenge, I think, in any of our lives to try every day to become the person that you think God meant you to be. And so for me, it's like sometimes, one step forward,

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a half step back.

But I keep that in mind. And I remember very well the kinds of lessons I learned as a child from my parents, in Sunday school, from teachers about always being true to myself and always holding myself accountable but according to more eternal values and often finding myself falling short, as we all do, but not in the ways of the world.

I mean, what bothers me is when, you know, I let something happen that I don't think is right. I may have done something that I consider unkind. I may have carried resentment in my heart. I may not have forgiven somebody for doing what they did. Those are the real challenges to me. It's not the daily headlines. It's the daily prods that come to me from the voices of my parents and the voices of the church that are really the ones that I worry most about.

MODERATOR: I wish I could pursue this further, but we're going to be bringing our audience back in. But we're going to have a basic lesson in health care and questions from our audience.

(End tape.)

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