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Hollywood Radio & TV Society

1950s

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THE WHITE HOUSE

Office of the Press Secretary

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REMARKS BY THE FIRST LADY
AT HOLLYWOOD RADIO & TV SOCIETY
BEVERLY HILLS, CA

Thank you. Thank you. Thank you very much, Peter. And thank all of you for gathering in what I am told is an historic event, a breakfast instead of a lunch. I am very grateful that you were able to do that. Someone told me earlier that breakfasts are fine, but they always start so early. And so we're glad that it didn't deter many of you from being with us, in spite of the weather.

I'm pleased to be here. This is something that several of my friends in the radio and television community have urged me to do, and a number of you have written or called, saying, "I really hope the next time you're in Los Angeles, you can do this." But no one has been more persistent than my friends Harry and Linda. And now I know why. As I was getting up, Harry said to me, "Stand up and tell Peter we want 9:30 on Monday nights." (Laughter.)

So I realize I'm just a shill. I mean, that's the whole reason I'm here. But I hoped that we could spend some time this morning talking about issues that are on your mind. I didn't know I had a choice about shuffling through and getting rid of the questions I didn't want to have, but I'm glad that I didn't. In my new, rezoned sense of dealing with questions, I'm glad that nobody can accuse me of having done that. So I will look forward to whatever you have on your minds.

I wanted to say just a few words about health care, because it is something I know is on your minds and the minds of Americans all over our country. And it is the issue that probably more than any will dominate our debate in Congress and throughout the country over the next months. And there has been a tremendous amount of conversation about health

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care reform already. Some of it, I'm afraid to say, has been misinformed and inaccurate. And what I'm hoping to do, as I continue to travel around the country talking about health care reform, is really to engage Americans in a conversation about what the real alternatives are and, hopefully, then, inform the debate in Congress.

Because we have been down this road before, never quite as far as we are today. But health care reform was on President Franklin Roosevelt's agenda. He thought it would be the other half of Social Security, what he called "health security." He was unsuccessful. Following his death, President Truman took up the cause of health care reform and in both 1945 and 1947 presented comprehensive health care reform legislation to the Congress and was very prophetic in what he said would happen in the absence of reform.

And I would commend to you, if you're looking for good material, to go back and read some of President Truman's speeches. If a President today said exactly what he said and it were covered in the intense way we cover Presidents today, I'm sure many people would be amazed at the intensity and the passion and the absolute bluntness of what he had to say about special interests and about the need for health care reform.

We didn't make much progress until the 1960s when, thanks to Presidents Kennedy and Johnson, we were able to take care of older Americans with Medicare and began to provide some basic level of decent services for the poorest of Americans through Medicaid. But in the absence of trying to reform the entire system, both Medicare and Medicaid began to have increasing costs associated, as more and more programs were added on, trying to meet the needs of people who fell into those two safety net programs.

President Nixon, whom we will mourn tomorrow, had a national health care plan both in 1971 and 1974. And he presented both of those plans as a way of making sure every American had basic health care services. And it was an employer-based plan, so that every employer would contribute originally 65 percent for the first three years, then 75 percent from thereafter for the employees to be sure that every American had health care coverage. That, too, did not go anywhere.

And we have had periodic demands for health care

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reform, but mostly what we have done in the last 20 years is try to patch up the system, try to deal with the extraordinary changes that are going on in health care, and watch the costs rise. And we now face a very difficult situation. The number of the uninsured continues to increase. It is now approaching 40 million, more than 80 percent of whom work.

We have an increasing number of what you might call the "underinsured," more than 25 million, people with health care policies that have \$5,000 deductibles, very low lifetime limits, and in effect, very little coverage when they need it most. We see the decreasing benefits, even for those of us who are insured. And we watch as our choice under our insurance plans is beginning to diminish. And we also see that the financial stability of the federal government budget, the state and local government budgets, is increasingly undermined by the costs of health care that those government budgets are required to pick up.

If you put together the economic, the social, the moral, the ethical, and the political reasons why we should act now, I hope that it will be historically clear that the time has come. And perhaps if we look to historians like Arthur Schlesinger, who has written in the past that we seem to act in our country in 30-year cycles. It is time. Sixty years ago, we had Social Security; 30 years ago, Medicare. So the time is now for this generation to do its part to guarantee health security.

And there are five basic principles that the President's approach would guarantee. The first is guaranteed private insurance. And that would mean that every person, regardless of who you work for, whether you're employed or not, where you live, would be guaranteed coverage. And there would be a set standard benefits package that everybody was entitled to.

Now, obviously, those who wanted to buy more or supplemental would be entitled to do so. But we would try to provide a comprehensive benefits package that would stress preventive care for every American.

Secondly, we would eliminate the insurance practices that, in large measure, have driven the costs of insurance up for all of us. We would eliminate preexisting conditions. There would no longer be discrimination against

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those of us who have ever been sick before. There would no longer be waiting periods. Everyone would be insurable. We would eliminate lifetime limits. If you read the fine print in your policy, you may have a lifetime limit as low as \$50,000 or as high as a million dollars. But a million dollars in the face of a catastrophic illness doesn't go very far anymore.

Thirdly, we would guarantee choice of doctor and health plan, something that we don't have now. It's understandable that employers in an effort to protect themselves and decrease their costs, as many of you in this room have had to face, have done so by trying to make deals or discounts with certain providers and then telling your employees, "Here are the doctors you can use under this policy. If you go outside, you have to pay on your own. Here are the hospitals you can use."

Fewer than half of all American employees now who are insured have choice. And so what we have done is, in effect, dictate to people what doctors and hospitals are available to them. And what the President's plan would do is guarantee choice and put it in the hands of each of us as the employee. We would make the decision. And it is similar to what the federal government provides for all of the civilian employees, people like members of Congress or my husband.

What we have is, every year, the federal government, acting as employer, pays 75 percent of the cost of health insurance, goes into the marketplace, and essentially bargains with every health plan and every region of the country that wants our business.

And then every year, we as the employed make the decision. If we want to save money or think we don't need any extensive coverage or don't have children that need preventive care, we might pick one plan. If we have other needs in the family, we pick another plan. But it is our choice. And that's what we want for every American.

We also want to preserve and improve Medicare. That is an issue that is very important, because as things currently stand, Medicare is being heavily burdened by the incredible increase in the aging population. The fastest growing group of Americans are people over the age of 80. And what we have seen is that Medicare has been able to provide a floor but has not provided some services that will

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save the Medicare system money and actually provide better care for individuals.

We want to add those services. We want to add help for prescription drugs. We want to add alternatives for long-term care so that your only choice is no longer a nursing home, but you can be supported at home. You can have community services that will be available to you. And I have visited with many, many older Americans as I've traveled around the country. Those are the two major concerns they face.

And, finally, we believe that we ought to build on what works and what is familiar to Americans. And that is the employer-based health care system, by requiring everyone to participate, by providing discounts for small employers and subsidies for low wage workers, by giving 100 percent tax deductibility to the self-employed, to begin to level the playing field, so that the large discounts that are available only to big businesses and to government begin to be available to all of us because we will pool our purchasing power.

Now, all of these principles can be arrived at in different ways. And that's what's happening in the Congress today. There is a very serious and important debate going on in the committees. Members are educating themselves. And I've been very impressed by the seriousness of purpose that they are bringing to this. But for me, this debate and our effort to obtain health care for every American goes beyond the economic arguments and even beyond the social justice ones, although they are very important.

They go beyond the political hope that we will no longer be gridlocked, that we actually can solve real problems for real people, because they tell us something about what kind of a country we are and we will be. In this audience, I can say that I've had the privilege to meet hundreds, probably now thousands of Americans, and hear their stories. And I have a movie running in my head. I see their faces. I see where I talked with them. I hear their voices. And that is what gets me up and going every day.

It's very hard, if you've sat on a loading dock of a small manufacturing firm talking to people who have worked for the same employer for 15, 20, 25 years, never having insurance, and listening to them tell you what their lives

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have been like. And having a woman who had worked for the company for over 15 years tell me how, despite not having insurance, she always tried to take care of herself. And that meant going and paying out of her own pocket for a physical exam every year.

But the year before, she had been told by her physician that he had found a lump in her breast. And he referred her to a surgeon. And the surgeon, after examining her, said to her, "If you had insurance, we would biopsy you, but since you don't, we'll just watch." Or going to Las Vegas and sitting in a hospital with a number of working couples, men and women without insurance, telling me why they lost their insurance, how their employer dropped it or the costs got so high, they couldn't make the choice to have it any longer.

And sitting with a man who worked full time and his very pregnant wife and having the man tell me that what he and his wife decided the previous year was they couldn't afford to insure everybody in the family, so they made the decision to insure their four children and himself but could not afford with all their other costs to insure his wife. Shortly after that, she became pregnant.

As I talked with her, she was about a month and-a-half from delivery. And what she told me was that, based on their costs and what they had to pay for everything else, she thought she would try to deliver without any anesthesia whatsoever, because if she were to have anesthesia, it would cost about \$1,200, and that was a house payment. And I thought to myself, "You know, there is not a single member of Congress whose wife would ever have to face that particular choice."

Or going to the Children's Hospital in Cleveland with a group of parents whose children have chronic diseases and having a family with a very healthy son and two daughters who have cystic fibrosis tell me what it's like to try to find insurance or some financial help. They make a very good living. The husband's a lawyer. They're able to insure themselves and their healthy son, but they have no help for their two daughters.

And how she went from place to place and talked with people, trying to figure out how they could get some insurance, until finally, an insurance agent looked at her

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and said, "You just don't understand. We don't insure burning houses." And I thought to myself, "What would I feel like if someone called my daughter a 'burning house' because of a congenital or chronic or acute medical condition?"

This is an opportunity for us to finish some unfinished business in our country and to make a very strong statement that we are going to be a more caring and compassionate country. And we're doing it because it's in our self-interest, as well as in the interest of the broader community.

So health care reform raises a lot of very hard issues. And it's important that we answer all the questions and that we do it right. But it is even more important that we get it done and begin to take care of ourselves and our families and make this country what it ought to be for all Americans. Thank you very much. (Applause.) Thank you.

I can't see anybody, so I have no idea where the questions are going to come from.

MS. SAINT: My name is Eva-Marie Saint. I want to thank you for all the devotion, the time, the effort, the calmness in which you have dedicated yourself to health care and for being here. You are a role model. Thank you.

MRS. CLINTON: Thank you. (Applause.)

MS. SAINT: I, too, believe and many Americans that health care is the first thing on your agenda and our agenda. However, as a working mother and now a grandmother, I just wonder how you feel about child care. And do you feel it will ever be a top priority for corporate America and what we can do to help? Thank you for being here.

MRS. CLINTON: Thank you. I have worked on child care issues for a very long time through the Children's Defense Fund and other groups that I've been associated with, the Child Care Action campaign, which you may have heard about. And I think we have made some progress, but I think it is still very difficult for most working families and particularly working mothers to have the level of security and support they need for their children.

You know, I made a trip, oh, a few years ago to France, which has a very extensive child care system. And I

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talked with conservative politicians and liberal politicians and everybody in between. And they all supported child care. And they all thought that it was very important, even though the percentage of women who work in France is not as high as it now is in this country in full-time jobs.

And I said to them, "You know, I'm just stunned, because in our country, everything divides along liberal and conservative, and we have all of these political battles about what we should or we shouldn't do to help families." And I'll never forget this conservative mayor of a small town looked at me, and he said, "But how can you fight about your children? They're everybody's children. They're the country's children. They should be taken care of."

And we have a long way to go before we are anywhere near that attitude. But I hope that not just with child care, but in the whole range of issues that affect children and families -- maybe after we do health care reform and we do welfare reform, both of which are on the agenda as two more of my husband's major priorities, we can take some time and step back and ask ourselves what we are doing to our children. It is not a pleasant story for us to hear.

There was a recent Carnegie Corporation study that was just issued about two weeks ago pointing out how at risk our children from zero to three really are. Certainly, the risk is much greater among the poor, but it is a set of risks for health and education and neglect that range throughout the entire population, regardless of income. And I really believe we are going to have to do some serious soul-searching.

There are programs we need to look at to help support families so they can be both good workers and good parents. And families and adults are going to have to ask themselves seriously if they are giving enough time and attention to their own children. So this is an issue that's not going to go away.

And it's one that really has implications beyond even whether we have enough support for child care to the point of asking ourselves what kind of parents and adults we are and how well we're taking care of our children. And we all ought to be asking that question. (Applause.)

MS. KARU: My name is Diana Karu (phonetic). And I

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have to say, I'm more nervous than I was at the Emmys. I would like to ask you to address the issue of part-time workers. In the film industry, nonunion crew are hired for one film and, therefore, are technically nonunion or freelance people. They are not covered under our current system in any way by their employers. And I would ask you to comment on how your proposals affect that issue.

MRS. CLINTON: What we have tried to do is to recognize that there are a lot of part-time and transient workers in many industries and to do two things. If someone is genuinely an employee, then, for the period of time that they are employed, the employer would just like FICA or other required contributions make the contribution for that period of time for that employee.

If the employee is an independent contractor, then that person would be eligible for the full 100 percent tax deductibility and the subsidies that will go to the self-employed and particularly the lower wage self-employed with the same kind of caps on their expenditures for health care that would be available to a small business. So the rules about who is self-employed and, therefore, independent and who is employed and, therefore, the responsibility of the employer for whatever period the employment lasts are going to be set out in the legislation.

And there have been discussions with several representatives of the radio and television community to make sure that we do not inadvertently do anything that would upset the existence of the health care contracts that are currently operating in this entertainment community. So we have tried to be very sensitive to that.

But that's how it would be worked out. The difference, as is already fairly well-established between the independent contractor and the employee would continue. But everyone would be responsible either for making their contribution on their own at whatever affordable rate up to a limit would be available or for the employer to do so. And then, during periods of unemployment, a person would either fall into the subsidy pool that the federal government would provide for the unemployed, or if they were going from a status of being employed to independent, that's how that would work out.

So that if anyone has any questions or comments about that, that they want to be sure we are technically

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taking into account in the drafting of the legislation, we need to continue to be sure that we're doing it, so that nobody gets unfairly treated or gets dropped from what is existing coverage.

MS. SHULEMBERG: Hello. I'm back here. My name is Angela Shulemberg (phonetic).

MRS. CLINTON: I still don't see where you are, Angela.

MS. SHULEMBERG: Right here.

MRS. CLINTON: Oh, way back there. Okay.

MS. SHULEMBERG: And as a working mother of three daughters, I would like to know how you, as our First Lady, balance your career with parenting Chelsea.

MRS. CLINTON: Well, I only have one-third of the responsibility that you do, so I can't even speak to that, because obviously -- as a friend of mine said, "Every additional child is a geometric increase, in terms of demands."

But I have tried from the very beginning of my combining work and parenting always to make time and to set routine time aside. And probably the way I've done that, certainly during the first years of her life, was to eliminate a lot of social activities and time with friends that I regretted eliminating but which had to go, if I was going to be fair to her and to myself, as well as do my work.

And we have always had set times together. In her growing up years, we spent a lot of time on weekends. I always tried to bring work home and spend time with her until she went to bed and then work afterwards. You know, these are things that obviously have to be flexible, because nobody has the kind of rigid schedule that always dictates what you can do. But I also had tremendous help from my husband, who took fathering and takes it very seriously and wanted to be as available and as full a partner as possible.

And we would talk about our schedules. We would try not to be on the same nights, if that were possible. We would try to make sure that one of us was always there for whatever school or extracurricular activity she had. And so

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it meant bugging organizations and schools to get calendars, so that we could be as sure as possible about what our schedules were and to do what we could to make sure she always knew that our first priority was her.

And, you know, that always meant, for me, bringing her to the office on weekends, letting her see where I worked. My husband had a little tiny desk in the corner of the governor's office that he would bring her to when he was doing work over the weekend or sometimes at night, so that she felt that there wasn't this division between work and family but that she was part of our life all the time, that we might be at work, but we were always thinking about her. And, you know, she could see what we did.

And, from our perspective, that has worked quite well. But I think everybody has different challenges with parenting, especially today, with all of the burdens that everybody carries, and particularly women. And, I would add, single working women with children have an extraordinary burden of balancing.

And so the other point I would stress is, I think it is so important not to get isolated. And if you don't have family around, to make friends. And sometimes, the way we live, you don't even know your own neighbors. But to really stretch as far as you can to have more adults around to help. I mean, I could always call a friend if I was going to be late picking her up from something, and somebody would help me out. And I would figure out a way to help them out.

Having some adults to help fill in the role of extended family is something that is very important. So putting all those together, along with, I guess, vitamins, would be the answer. (Laughter.) (Applause.)

MS. SEGAL: Hi. My name is Brigdette Segal (phonetic). And I'm a disabled person. And I live on a fixed income. And I don't have any health insurance. And I can't get any because of my disability.

MRS. CLINTON: I understand. Well, you will when we pass health care reform. And your disability will not be an excuse for denying you health care coverage the way it is today. You will be covered, and under the kinds of benefits package that we think every American is entitled to have, rehabilitation services, inpatient as well as outpatient

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services, preventive care, these long-term care options that are not only for older Americans but also Americans with disabilities, mental health coverage, all of that will be part of the comprehensive benefits. And we will no longer be discriminating against people who have some kind of preexisting condition.

You know, a lot of times, I am asked, "How does insurance work?" You know, a lot of people don't really understand what insurance is and how it works. And, unfortunately, it works differently today than it originally used to. When insurance for health first started in the late 1930s, it included everybody. It was what was called "community rated." Everybody went into the pool. It didn't matter if you had diabetes or you had AIDS or you had a severe physical disability. It didn't matter. Everybody went into the pool, and we all paid a little bit so everybody could be insured.

What evolved over time is that insurance began to eliminate people from coverage and try through underwriting to only insure people they hoped would never get sick or to drop people who did get sick from coverage or increase the costs so much that it became unaffordable, with the result that the administrative costs associated with private insurance are about 20 to 26 percent of what you pay. That goes into these decision making devices.

If you compare that with Medicare, which has an insurance administrative cost of between 2 and 3 percent, you can see that it's not only unfair to people like the woman who just asked the question and millions of others, but it also costs us money to make these kinds of distinctions. You have to employ people to go out and make sure that somebody is disabled and, therefore, cannot have insurance. Then, the rest of us who have insurance pay the cost for somebody being left out of insurance.

So our belief is, everybody should be insured. It should be community rated. And the costs will go down for all of us if everybody is in one insurance system, so costs cannot be shifted, and underwriting and rating costs are no longer necessary.

MR. TORTORESE: I think we have time for one more question.

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DR. KELLY: I'm Dr. Eleanor Kelly (phonetic). Who would determine the criteria on which to base the decision whether to administer certain treatment, and what would those criteria be? Thank you.

MRS. CLINTON: They would be very much what they are today. Drugs and procedures that would be considered experimental or available only through protocols would be treated similarly. Health plans could go ahead and offer whatever treatment the health plan deemed appropriate or necessary. But as treatments began to be accepted and moved into medically necessary and appropriate, they would be generally available as they are today.

One of the issues we face, as many of you know, is making these distinctions. They're made all the time today. Many people are denied certain treatments because insurance doesn't cover them or because they don't have any insurance to start with. Others are able to achieve their goal of having certain treatment because they have finances or an aggressive physician to help them. We would try to level that playing field, as well, so that treatment would be available based on medical necessity and appropriateness, not on the basis of what a particular insurance policy said or how much money someone had.

There would be a board in the federal government charged with the responsibility of adding to the benefits package. We believe you should know what your benefits are to start, but over time, as new treatments are proven, they ought to be added to the benefits package. And that would be part of the evolving nature of health care. So there would be a general decision, not an individual one where people had to go on their own to raise the money to do something. And we think that eventually, that would be fairer.

And the other point I would make is that many experimental treatments now are offered by some insurance companies and not others based on criteria that may or may not be medically provable. And there needs to be some more objective fact finder to look at the data, as opposed to the insurance company, which understandably, is driven primarily by economic reasons. And so we think that it would take a lot of the arbitrariness out of the system if we were to move toward that more objective fact finder about what does or doesn't work and, therefore, what should be available for every American.

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Thank you very much. (Applause.)

MR. TORTORESE: We have a special presentation that we at the HRTS would like to make to you, ma'am. To someone who has been as relentlessly pursued by the media, we feel it is only fitting that the media honor you. And we at the HRTS would like to present you with our highest honor, the International Broadcaster Award. You have brought great honor to us as an organization and to us all.

MRS. CLINTON: Thank you so much. (Applause.)

MR. TORTORESE: Thank you all for coming. And thank you especially to John Feltheimer (phonetic) of Columbia Tristar Television, who made this morning possible. Thank you.

(End of tape.)

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**FLOTUS STATEMENTS
& SPEECHES**

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