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REMARKS OF THE FIRST LADY  
TO THE INFANT WELFARE SOCIETY  
CHICAGO, IL

MRS. CLINTON: -- needs of women and children -- very important comprehensive approach to those needs that many of us applaud and many more can learn from. I also want to express my appreciation to Mayor Daley's task force on women's health for producing The Urban Women's Health Agenda. It is a remarkable document and I had the opportunity to see an early, unbound copy, which, as you have heard from those who have already spoken, covers the comprehensive needs that women have and proposes action to address those needs.

I particularly want to thank Mayor Daley and Maggie Daley, as well as Sister Sheila Lime and Hetty Ratner, and all of you who participated in what was supposed to be a three-month effort, for having stayed with it for two years.

There are several important lessons in what you have done here in Chicago that I want to point out and I hope you will continue to talk about as we move through the next month.

The first is, that after looking at the problems that you saw here in this city, you produced a document that took a comprehensive approach, because you recognized how so many of our health problems are inter-related, but even beyond that, how so many of our health, economic and social problems themselves are connected one to the other.

And you made what I think is a very important point, which is, we can no longer expect Band-Aid solutions to help resolve the health care crisis. If all we do is tinker with our existing system and make some changes on the margins, we can guarantee that the status quo, which has led to the problems that you have outlined here in your report, will not remain stable but continue to deteriorate.

The second point is that in your work you have

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reached the same conclusions that the President reached in the work that was done on behalf of the administration and that I think any fair observer of health care in America reaches as well. And that is that there are certain underlying principles that must be addressed as we move forward with health care reform.

From the very beginning, as both the Congressman and the Senator know, the President has said repeatedly that he is open to how we get to where we're going. But he is committed to the goal that we must attain.

And that goal, first and foremost, is we must guarantee that every American has the absolute promise of health care coverage. And it must be guaranteed because without meeting that fundamental need none of the other issues that you have identified can be adequately addressed.

So first and foremost we must guarantee health insurance to every American. And that guarantee must carry with it a comprehensive set of benefits, particularly emphasizing preventive and primary health care. (Applause.)

Now, let me just make a few points here. The most serious problem for women in our current health care system is that women's ability to take advantage of the health care system we already have is severely limited. As the doctor already pointed out, for some it is a question of not knowing. For others it is obstacles that stand in the way of access. But first and foremost it is financial, because accompanying the financial obstacle are all of the others.

Because although we have nearly 40 million Americans who are uninsured, most of whom work, over 80 percent of those 40 million are in working families. And I want to stress that, because one of the great myths that is being propagated by the opponents of health care is that the 40 million uninsured are either all young, healthy, happy Americans who don't need health care, or for some reason don't want health care. Nothing could be further from the truth.

And a large number of those millions of Americans are women, often single mothers raising children. They often are not only without health care insurance but without the financial means to pay for what they need out of pocket.

So what they do is what so many Americans even with insurance today, who are seeing their costs increase and

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their insurance coverage decrease, they postpone getting preventive care and wait until they really get sick or they have the accident that takes them to the emergency room.

But if you look at what we now know about women's health -- to take just that one issue because of your report -- we now know that over a third of all women do not receive clinical breast exams, that over a third do not receive their PAP smears, that over a third do not receive pelvic exams, nearly 40 percent do not have physicals, over 44 percent do not have mammograms.

These statistics -- if we get beyond the percentages and think about people's lives, the faces of the women who stand behind these abstractions -- demonstrates clearly that women are more vulnerable and more exposed to serious illness because of their lack of capacity to take advantage of primary and preventive care.

And what that means is not just statistics but faces. And I know you put stories into your report. But I want to tell you just one. One of the very first trips I took when the President asked me to do this job was to go and visit a small company where most of the employees had been employed for over 15 years.

They had no health insurance, and I sat and listened to their stories, both men and women. I listened to Vietnam vets who had worked in the same place for 20 years, made too much money to be eligible for VA, so therefore had no insurance and were totally vulnerable to the vagaries of the system.

But what stayed in my mind was the story of a woman, about my age, who had raised her child alone after a divorce, who told me that she tried very hard to take care of herself, and every year scraped together the money to have a physical exam. Shortly before I met her last spring she had gone for her exam, and her doctor had found a lump in her breast and had referred her to a surgeon. The surgeon, after examining her, had said, "If you had insurance, I would biopsy that lump. But since you do not, we will watch it."

Now, every time someone gets on television or gives an interview to the newspaper about how we don't need health care reform or we don't need to cover things like mammography or we don't need to provide preventive services, that woman's

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face flashes before my eyes. Because if we do not provide basic services like that for hard-working women like her, we will not have met our primary obligation.

What we need, therefore, are comprehensive benefits that emphasize preventive care. We need to be sure that that preventive care meets the needs of women. And we have tried to do so in the benefits package proposed in the President's plan. All women will receive clinical breast exams and mammograms at any time when the patient and doctor feel it is medically necessary or appropriate.

And because women over 50 are at an even increased risk, we will make sure that they receive such coverage, whenever necessary, at no charge whatsoever. So all women will be covered. For the first time in history insurance will mean mammograms. Because we know that if we can begin detecting early, maybe we can start cutting in to those 47,000 deaths a year.

I hope that as we move forward in the health care debate, that we keep in mind the primary goal: to cover every American. That will be particularly beneficial for women and children, because we will also be providing for the first time preventive health services to every child in America.

Prenatal care will be covered; immunizations will be covered; well child care will be covered. And that includes care also for adolescents, who, in many respects, are the most under-served of any population group in our country.

So let me just briefly run through the other four main principles. In addition to guaranteed health insurance with comprehensive benefits, we want to eliminate the unfair and discriminatory insurance practices that stand in the way of people being guaranteed insurance. That means eliminating pre-existing conditions, eliminating lifetime limits, and eliminating discrimination based on age.

We also want to guarantee choice of doctor and health plan. For those people who have worried about that aspect of health care reform, I want them to stop and think for a minute about what is going on right now. At this very moment more and more Americans are being deprived of their choice of doctor and health plan because their employers and

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insurers are telling them who they can use, what hospital they can attend.

We think that is a bad trend that will undermine the patient-doctor relationship, and we want to guarantee that choice for every American. We also want to protect and improve Medicare, which is very important for older women who do live longer, on average, than men, but not always healthier. That longevity is not often one with a good quality of life.

One of the things we need to be sure of is that Medicare meets the needs of our older Americans. That means, from the President's point of view, adding prescription drug coverage and long term care options so that you do not just face the prospect of a nursing home. Home health aid and community based aid will be available.

And finally, we think we should finance and provide health care through the work place, taking into account the special needs of small businesses but working out a payment schedule that will be fair to everyone so that all those millions of working Americans will be contributing to their health care the way most of us get our health care today -- through the work place.

So those principles underline the kind of approach that we think will change the entire system, that will enable us to start making the linkages that you have talked about in your report. And so I am very grateful for this very important report and for the way it helps to support the overall need for health care reform with action recommendations that we hope to be able to work with you to implement.

Thank you very much. (Applause.)

A PARTICIPANT: Thank you very much Mrs. Clinton. And we certainly hope with our women's health task force that we also -- it's just not a book for the shelf but something that we -- our feet will be held to the fire to implement. So that with the health care reform then we do see that facilitating implementation and really working out the recommendations in our task force. So thank you again for your words today and being here.

A PARTICIPANT: (inaudible) Senator Carol Moseley-

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Braun and I'm honored to say that she's a friend and we are honored to have her as our Senator in Illinois. She will now discuss her response to the recommendations for an urban women's health agenda. Senator Braun.

SENATOR BRAUN: Thank you very much, Hetty Ratner and to Frances Genter and the director and the staff of this wonderful facility. To Mrs. Clinton -- thank you very much for coming to Chicago to receive this report, to discuss this important issue. And I would like -- and Sister Sheila, of course, thank you very much for your initiative -- everybody calls her Sister Sheila.

But, Mrs. Clinton, over 100 years ago, another Chicagoan, Daniel Burnham, admonished us to dream no small dreams. And I must say that the joy of serving in the congress -- at this time when you -- when your husband is President and you are the First Lady -- is that we now have, finally, finally after all these years, an administration of people who dream no small things, and who have not only the vision but the will to follow through on that vision, to do the job, to do the work, to make reality out of the things that the people in this room have worked on for so very long.

And so I want to thank you first for getting it. I want to thank you for having the vision, and I want to thank you for having the stick-to-it-iveness to follow through on this. This is more than slogans this time. I have a real sense that we are about to get solutions on an issue that many, many people -- well-meaning people -- have labored on for so many, many years.

I say many, many years and maybe I'm dating myself in so doing because I look around this room and I see people that I've talked about and had conversations with regarding health care and health care issues and health care initiatives for almost 20 years. And that probably is dating me.

And so it is with a special joy that I welcome, Hetty, this report, because it could not be more timely. We have an administration that is committed to not just sloganize about these issues, but to actually get solutions.

And the really neat thing about it is we have a

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First Lady who has pulled this issue to the front burner, who has given everything to see to it that health care does not get caught up in the lies and the contradictions and the misinformation and the game playing and the rumor mongering and the false stories and all of those things that have derailed health care reform over the last -- at least as long as I can remember.

She is sticking to her guns, ladies and gentlemen, and I think that we owe her a great deal of appreciation for doing so. (Applause.) And she's sticking to her guns with an understanding of the comprehensive nature of this issue.

This is not just an isolated issue. It is impossible to take one part of this issue and say, "We'll fix that one thing and forget it," that we can tinker with health care reform; we can just get rid of pre-existing illness and everything will be hunky-dory with the system.

Everybody in this room knows that that's just not true, that the only way that we can begin to improve the health status of our people is to focus in on a -- to use Dr. Charles's word -- a holistic approach to health care reform.

And starting and focusing in on women's health is a critical part of that, because certainly, as we effect changes and improvements in health care delivery for women, we will effect changes and improvement for health care delivery for our population as a whole. Because the children's health will be involved and follow necessarily, because the health of the community will follow necessarily.

And so, I would just want to say that I am continuing to work on this issue in the Senate. I intend to continue working with the First Lady and the administration on this issue, with the House and the Congressman and the people who are weighing in there so that we can find the -- we can wait for the results -- that reports and recommendations like this move us forward.

And I feel confident -- probably for the first time in 20 years -- that we are going to see (inaudible) some results out of this administration, not just slogans, but actually solutions; not just rhetoric, but results on an issue that has compelled all of us for so very long.

And so I want to congratulate you for this report.

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I want to thank the First Lady for coming to Chicago to receive it. And I want to commend all of the members of the task force for their long-standing work in this area. And I look forward to working with you to follow through. Thank you. (Applause.)

A PARTICIPANT: Thank you so much, Senator Braun. (Inaudible) 20 years or more that we've been working in the trenches on women's issues and we look forward to working with you for 20 more. (Laughter.)

(Inaudible) Representative Dan Rostenkowski, we are honored to have you with us and he will discuss his response to the Mayor's task force on women's health recommendations as well.

SEN ROSTENKOWSKI: Thank you very much. I -- ladies, it is a pleasure for me to be here this afternoon. I would like to suggest that if there were another woman at this table I'd feel as though I was at dinner (inaudible). (Laughter.) But I'm sorry that we didn't win one for you today, Hillary. (Laughter.) But it's nice to have you home.

Ladies and gentlemen, as one who has long warned that Washington, D.C., cannot and will not solve America's health problems, I am particularly pleased to be here to say some kind words about Mayor Daley's task force on women's health. It has prepared truly an impressive report about local solutions to our particular problems here in Chicago.

Many of the suggestions have a relevance to the on-going national debate and we will have them in mind as we do our work in Washington. This report stresses the importance of keeping people healthy rather than just being ready to care for them when they get sick. That's a wise policy from several different perspectives. It reduces personal pain and public expenditures simultaneously.

The report explains that health problems are family problems and community problems that often have little initial relationship with the medical personnel. We all have to take greater personal responsibility for keeping ourselves and our families healthy. And with its emphasis on women's issues, it acknowledges that health is not an issue where one size fits all.

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Women have unique problems that haven't received their fair share of attention in the past. These are important principles that will receive our attention for better policies in Washington. I believe and I'm confident that the recommendations made by this group will soon become reality.

And I can assure you that when, Hillary Clinton and I return to the trenches of Washington to work for national health reform, these issues will be high priorities for us as well, as we try to prove that America is a nation that works. Like the city that works. (Laughter.)

Let me just say that we all have our priorities. And I have served with several presidents. Never with one that is as aggressive about domestic problems as Bill Clinton. And it's a breath of spring in Washington -- for those of us that try to solve problems -- to see at the head of government a couple that wants to solve problems.

My friends, these are not easy issues to untangle. Health reform, welfare reform, crime in the streets -- all these things are devastating blows that we have to solve. And I'm just tickled pink that we have a couple at 1600 Pennsylvania Avenue that aren't shirking their responsibility. I won't to win them all, but I want to tell you something: I won't be afraid to lose if we at least make some moves, make some recommendations and do some things that will carry us forward. Thank you very much. (Applause.)

A PARTICIPANT: Thank you, Congressman Rostenkowski. And I would like to, again, welcome Mrs. Clinton to make a few remarks.

MRS. CLINTON: Well, I just want to thank the Senator and the Congressman. I guess I want to thank Illinois for sending both of them, because we need a working majority in the Congress to do anything. And we have to daily fight against the forces of gridlock and the status quo who don't want any change -- for their own reasons.

And it is a real pleasure to work with people like your Senator who says what's on her mind and battles hard to make changes. And it is a real lesson to work with somebody like Chairman Rostenkowski, who gets up every day trying to figure out how to get something done. And I want to thank all of you in his district for that vote, because it was a

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real signal that, you know, we're going to try to deal with the problems of this country.

We are tired of making excuses; we are tired of people saying why we can't get something done. And we are going to do the very best we can every day. So this is a tough set of issues, as the Congressman said. But this is a great country and if we can't solve issues like these then I'm really disappointed in us.

And we all came to play -- those of us in the Clinton-Gore administration -- and you're going to get a full nine innings, or if it goes extra innings, until we finally bring it home. (Applause.)

A PARTICIPANT: Thank you very much, Mrs. Clinton. We appreciate your interest in our work and we look forward to working with you on women's health issues. And thank you again, Senator Braun and Congressman Rostenkowski.

And a very special thank you to Mayor Richard M. Daley and Sister Sheila Lime, my partner with the Mayor's women's health task force and the Urban Women's Health Agenda, and to the members of the Mayor's task force on women's health for their work and their commitment and their time and their concern to women's health. We look forward to continuing our work.

The First Lady will be available to take a few questions from the press at this time.

MRS. CLINTON: Or from the audience.

A PARTICIPANT: Or from the audience.

A PARTICIPANT: I have a question. What will happen with the health care of those who are undocumented in this country?

MRS. CLINTON: The health care for the undocumented will remain about what it is today, with, we hope, some additional resources going into the two areas that will be available: one, public health and the public health infrastructure; and the other, emergency hospitalization care. But undocumented workers will not be eligible for the health security card or the benefits that go along with it.

That is a decision that we felt compelled to make, that we need to deal first and foremost with the health

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problems of our citizens and legal residents and try to do everything we can to resolve those.

A PARTICIPANT: Is the Infant Welfare Society a model of the kind of health care to be available to women and children?

MRS. CLINTON: Yes. And it is for several reasons. First of all it is accessible; not just physically accessible, but culturally accessible. There are people here on the staff who understand the problems of the women and children who come here. That is a very important part of delivering good, quality health care.

Secondly, it tries to serve as a primary care facility and then a referral service so that people are able to come here to get their primary care needs met, But then, if necessary, with more complicated problems, are referred elsewhere.

It is that kind of network that we see developing in the future, where public health facilities, charitable facilities, are linked with private facilities, and they are all part of health plans that are then available to citizens to join.

And I think that it would be a very great service for this Society to be linked with some of the hospitals, some of the clinic practices, so that there could be a health plan that included it as the primary care giver for women who chose it. So that it a very important model.

And the final thing I would say is that the Society here understands that health care is not just about seeing a doctor or a nurse. There are other problems that have to be dealt with. And so they try, through social work outreach and other ways, to make sure that the needs of their patients are met.

And that is something that they have done since the very beginning. I saw some of the old pictures as I came in the door where visiting nurses would go into the homes of residents and try to help them.

One of the big improvements we have to make in our health care system is to recognize that environment and personal choice together have very big impacts on health, and that we have to help people change their environments and

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make more responsible choices, as the Congressman said. And that has to happen through a more comprehensive approach to delivering health care than we traditionally have recognized in our country.

So this is an important model which has stood the test of time. And I would love to see it replicated in many other settings.

A PARTICIPANT: I'd like to ask about coverage under health care reform for mental illnesses, especially as they affect women. For example, depression, which has a two or three to one ratio. Such a disabling, painful illness, such and enormously treatable illness, yet 80 percent of patients right now are not getting treated. I wondered about non-discriminatory coverage for serious, chronic mental illnesses under health care reform.

MRS. CLINTON: Under the President's approach the comprehensive benefits package would include coverage for mental illness with primary coverage going to the more serious --

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MRS. CLINTON: -- the leader of the effort to include mental illness. But I think both the Chairman and the Senator would tell you that would be a big battle, because there is a lingering prejudice against mental illness and those who are afflicted with it, as there is against coverage for substance abuse. So we will have to have all of your help to argue strongly that it will save us money if we can begin to deal with mental illness now in a way that will help to control and maintain people and possibly prevent in the future.

A PARTICIPANT: Mrs. Clinton, how will abortion (inaudible.) How would you like to see abortion (inaudible) in health care reform?

MRS. CLINTON: Well, the approach that the President's plan has taken is to try to maintain the status quo, because what is existing now, under most insurance policies, is coverage for pregnancy-related services. And it is up to the individual and her doctor as to how that is interpreted, and most private insurance policies will pay for the full range of such services.

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We don't want to vary one way or the other from trying to maintain that status quo insofar as possible. We do provide for conscience exemptions for facilities and physicians under the President's approach.

A PARTICIPANT: Do visits like this one recharge your batteries (inaudible) (Laughter.)

MRS. CLINTON: Coming to Chicago always recharges my batteries. (Laughter.) I love coming to Chicago and I not only got to go to the ball game but I got to see about -- I don't know -- 50 or 60 of my high school friends and it was great. So I always get recharged. But also, looking out here at the people who are on this task force, hearing from the three who spoke, listening to Hetty and Sister Sheila, always charges me up.

Because it is too easy to let the debate over health care reform wander into some policy forest where people are talking in abstractions about all of this and lose sight of the fact that every day there are doctors and nurses on the front lines, there are patient advocates on the front lines; there are community providers on the front lines, and there are real people, like you and me, who desperately need health care reform.

So it always charges me up, and it always teaches me something, and it always gives me one more reel of the movie that runs in my head about why we are doing this. So I am grateful for the chance to be here first hand to see what I've seen and to have this report and will go back to Washington ready to join the cause with the Chairman as they get back into session next week.

A PARTICIPANT: Well, we are grateful for your commitment and for your interest.

(End of tape.)

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