



CLINTON LIBRARY PHOTOCOPY

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

April 5, 1994

AN ADDRESS BY THE FIRST LADY
TO STUDENTS & FACULTY AT SYRACUSE UNIVERSITY,

Thank you very much. Thank you so much for that introduction, Senator Moynihan, and thank you for your leadership and hard work on so many of the important issues facing our country. And I would also like to acknowledge the presence of Liz Moynihan -- Mrs. Moynihan -- who's with us, and thank her for being here, for all the hard work she has put in over the years. (Applause.)

I also want to thank Congressman and Mrs. Walsh for greeting me this afternoon, and for being here. And I also want to thank the chancellor and everyone who had anything to do with this wonderful opportunity for me to back at Syracuse. And I want to thank Shelley (phonetic) for -- not just the much too kind words about me, but for exemplifying the kind of return to citizenship and national service that I see every time I come to a college campus today. And I am so pleased that young people are again investing themselves in our country and its future, and I want to thank you for doing that. (Applause.)

I am also grateful that the weather has cooperated. There were very tough winters all over the eastern United States, but I don't know anyone else who got 166 inches of snow. (Applause.) And I'm pleased that we do not have any of that today because I was told there are several thousand people on the outside whom I'm sorry could not be inside with us, but at least they have nice weather. (Laughter.) So I wanted to greet them.

And I suppose the flip side of having such a tough winter is that you had the Orangemen, and you got to cheer for exciting players like Lawrence Moten (phonetic), and you got to go to the Carrier Dome and really be enthusiastic. And you got to the Sweet 16. And if I had my way about it,

MORE

we'd have an SEC Big East Final next year between Arkansas and Syracuse, and I think it would be great. (Applause.)

I had the opportunity just a little while ago to tour the university's new computer center and to get a glimpse of the cutting-edge computer technology that is being developed and implemented here. The work of the researchers and scientists at the Northeast Parallel Architectures Center has so many implications, and I was actually able to see a physician talking with another person, 50 miles away, as they showed a picture of a baby who had some potential heart problems. So that the cardiac specialist could see the child while he talked with the person who was on site, call up the ultrasound of the child's heart, and help to make a diagnosis 50 miles away.

It was an extraordinary vision of what we will be able to do when we link our hospitals, our health care centers, our businesses, our universities and schools through the information superhighway that the Clinton-Gore administration is committed to. And it is not just something in the distance. It is something that we are moving toward because of the work done at this university.

And that is what we are also doing on a range of other issues of importance to our country. We are trying to deal with problems that have not been dealt with, that we have tried to sweep under our collective carpet and not pay any attention to. And now, we finally know that a great country like our own stays great and becomes greater because we accept the challenges that we are given. We have always done that historically, and we are doing it again.

That doesn't mean it is easy, or that it is free of controversy. To the contrary: Whenever we are serious about change, whenever we do take on the problems of our time, whenever any generation steps up and says, "We will take responsibility," that creates all kinds of crosscurrents. It often makes it difficult to be understood clearly; it creates all kinds of counterattacks and other kinds of problems that occur. But it is what public service, what politics, what government, and ultimately, what citizenship, as you attempt to study it and promote it here, should be about.

And there isn't any greater challenge than the one I want to spend a few minutes talking about with you today. And that is the challenge of reforming our health care

MORE

system. This is not a new challenge. This is a challenge that has been around for many decades. As the senator said in his remarks, we are picking up the work that was started years before, that had some success in the 1960s, and going on from there.

This is work that Presidents -- both Democrat and Republican -- had tried to tackle, going back at least to President Franklin Roosevelt. It is work that President Truman took up when he became President, when he called for establishing the right of every American to health care.

It is work that President Kennedy and President Johnson took up, and which finally resulted in two programs to take care of two parts of our population that were in particular need: a program for the very poorest of our citizens, and a program for our older Americans.

And it is work that President Nixon attempted to push further, when he called for a health insurance system built on employer-employee contributions. And it is work that President Jimmy Carter tried to move forward, as well.

It is work that is now our work. Not just those who are in Congress, like Senator Moynihan, who has probably the most important position in the entire Congress as the chair of the Finance Committee of the Senate. It is not just the work of the President and those who are working with him, like myself. It is not just the work of academics who have studied our health care system, or physicians and nurses and other health care providers who work in it every day. It is the work, now, of all of us. And it is an exciting, historic opportunity that we have.

When the President began to focus on health care reform, he wanted to accomplish some basic principles. Those basic principles have remained unchanged during the past year. He has spent a lot of time talking with people around the country about his vision of what our health care system will be like as we move toward the 21st century.

And let me share with you the five major points that the President believes we can achieve together, even though, as he has said many times, the details as to how to get there, the particular roads and detours that may be necessary to take in order to achieve our ultimate goal, may differ among us. But the objectives that we should share

MORE

should be ones that we all can feel good about because they would secure the kind of health care reform that would build on what has come before in our country.

You know, there are historians who say that America's history runs in 30-year cycles. If that is the case, 30 years ago, we did achieve Medicaid and Medicare. Thirty years before that, we achieved social security. So maybe it is almost preordained that 30 years after Medicare and Medicaid, we would be standing on the brink of finishing the work of those who came before.

And what does that mean? It means, first of all, that we want to guarantee private health insurance to every American. You heard Shelley say that, as of April 1st, she is no longer insured. I did not have a chance to talk with her about that, but I have talked with literally hundreds and hundreds of graduate students around the country, and what they tell me is that they reach a certain age; they're no longer covered by the parents' policies; they are on their own; they are not employed; they cannot afford insurance by going into the insurance market as an individual; they don't get insurance through the part-time work that they often do to support their graduate studies. So they join the ranks of the nearly 40 million Americans who are uninsured.

More than 80 percent of that 40 million are working people and their families. We are talking about people who are in your families. People that you see every day. People who serve you in restaurants, or take care of your car, or maybe fill out a form at a store where you shop. We are talking about people who manufacture goods for us. We are talking about hard-working Americans who, because they are uninsured, lack the health security that we believe should be their right as Americans.

And we have created this rather indescribable situation where people like the ones I have just referred to get up every day, go to work, and pay taxes to support health care benefits for people on welfare that they, themselves, are not entitled to have. It is time we start rewarding work and dignifying work and making sure that every working American is guaranteed health insurance. (Applause.)

And we also want that health insurance to mean something. We want it to carry with it a set of benefits that are comprehensive, that can be absolutely counted on.

MORE

Every American should be entitled to a standard set of benefits that covers hospital care, outpatient care, mental health illness coverage, and primary and preventive health care.

Here is another of the kind of curious features of our health care system. Most insurance policies will not pay for you to get primary or preventive health care. I found that out, much to my surprise, when I had my daughter. When I took her for well-child care, I found out, for the first time -- never having to have to think about it before -- that my insurance policy didn't cover taking my child for check-ups and for immunizations. But if she got sick, I could get covered if I took her to the emergency room. That doesn't make any sense.

We need to start covering through our insurance system primary and preventive health care for children -- like prenatal and well-child care; for adolescents -- teenagers who often go without necessary medical care; for adults, including such things as screening, like mammograms and other kinds of diagnostic tests that will keep us healthier. Let's begin to reverse what we have done all of these years, where we take care of the illness that has developed because we don't take care of the initial symptom by providing preventive care for Americans. (Applause.)

The second important principle is that we want to guarantee choice of doctor and health plan. And I want to say a work about this because, in the health care debate so far, there has been a lot of misinformation about what the President's approach would do.

Some of you may have seen the ads that have run or received in the mail some kind of a letter or flyer which has said that, oh, the President's plan will take away your choice of doctor. Or that you'll have to have two doctors. I just heard about this in Rochester: You'll have to have your doctor, and then they'll have to have somebody called a government doctor, which I don't understand what that is. Totally made up.

What the President's plan will do is guarantee something you do not have now, even if you have insurance. Because if you have insurance, the person who usually chooses what insurance you have is your employer or an insurance company, which, today, is telling more and more Americans,

MORE

"Here are the doctors you can see. Here are the hospitals that you can use." Because in an effort to control cost, they are trying to limit your choice.

The President believes you -- not your employer, not a government bureaucrat, not an insurance company executive -- you should choose your doctor and your health plan, and we should guarantee that in health care reform. And we can do it if people understand that, as we speak today, your right to choose your doctor, even though insured, is decreasing. And if we do nothing in health care reform, you will find in a few years your choices even further limited.

I, for one, want the right to decide what doctor I have, what health plan I buy. I want you to have the same rights that the members of Congress and the President have. Every year, they sign up for the health plan of their choice. Yes, it is paid for, in part, by their employer -- the government -- but the government doesn't tell them what doctor to choose. It is our choice. If it's good enough for the Congress and the President, it should be good enough for every single American, and I want to guarantee that. (Applause.)

Now, the third principle has to do with some of the obstacles that we must overcome in order to be able to achieve the first two of guaranteed private insurance and choice of doctor and health plan. And the third principle is we want to eliminate unfair insurance practices that discriminate against people because they have preexisting conditions.

Those of you who have any kind of chronic illness, any sort of disability, or, increasingly, as we learn more about our genetic make-up, we are learning that probably all of us have a gene for some kind of problem at some point in our life, which means, therefore, we have a preexisting condition. And under current insurance practice, you have to either pay a lot more, or you have to do without insurance. The President's plan will eliminate preexisting conditions.

Additionally, if you read your insurance policy, if you're like most Americans, the fine print will say, once you have received so much money, you cannot receive any more. Some policies have what is called a lifetime limit as low as \$50,000. Others have it as high as a million. The tragedy

MORE

is that when you really need it the most, you often run into this lifetime limit.

I have met so many families who have -- only when they were in dire medical straits did they learn what the fine print of their policy said. We want to eliminate lifetime limits, and we want to eliminate discrimination against older people so that all of us pay the same.

We have a very old-fashioned idea about insurance. We want to go back to what insurance used to be, where the entire community was insured. Everyone pays a little bit in order for all of us to be covered, as opposed to some paying very little because they're young and healthy, but as they age, paying so much more because of age; or some young person paying so much more because of an illness. We can do that if we eliminate the insurance practices that have unfairly discriminated against nearly 81 million Americans.

The fourth point is we have to do what we can to both preserve and improve Medicare. Now, that may not be an issue that is on the front burner for those of you here at the university. But it is one that you should be concerned about because of your parents or grandparents, and because of your own futures.

Medicare was a great accomplishment for our country. I go in and out of senior citizens centers. I was in a very fine center today in Rochester, where I was privileged to speak with a number of older Americans, many of whom were in quite frail health. They don't have to worry about having their basic health care needs met.

But they do have to worry about two features that are missing from Medicare. The first is prescription drugs. If you know any older persons who have been sick, you know that they spend a lot of money on prescription drugs. I have sat with older people and looked at their monthly bills: how much they pay for rent, or how much they pay for food and utilities, and how much they pay for prescription drugs. And oftentimes, they spend half of their fixed income on prescription drugs.

We want to give some help for that because we think it's the right thing to do, and it will help us save money. If people are on the right medication, they're not so likely to end up in the hospital or the nursing home.

MORE

And we want to provide alternatives to nursing homes, not only for older Americans but for younger people with disabilities. We should not be forcing people into nursing homes when they can remain independent if we provide them some help in their homes or give them some opportunities to go somewhere during the day where they can get the services they need. (Applause.)

And, you know, the final point is that we need to pay for our health care system. And we need to pay for it in a responsible and fair way.

Do you know, what happens today is that we do live in a country where people ultimately do get health care, no matter whether they are insured or not. And I am very grateful for that. There was a time in our country where people would be turned away from hospitals because of their color, their race, their ethnic background, or their financial condition. But what happens today is that usually people who don't have insurance wait, and then they get really sick, and they go into the hospital.

I remember touring a rehabilitation unit in Kansas City and meeting a man whom I met there who had just had his leg amputated because of diabetes. And I said to him, "Didn't you have any physical exams to have your sugar checked over the years?"

He said, "Ma'am, I haven't had a physical exam since I got out of the military, and that was about 30 years ago."

I said, "You had no way to get any help?"

And he said, "Well, I never had insurance, and I didn't feel bad. And by the time I figured I had diabetes, it was too late. So they had to cut my leg off."

We are now going to pay so much more for that man and his medical care than we would have if he had been insured, paying his own way over the years, and been able to get regular exams.

How do most people who are insured today get their health care? We get it at work. That's where the vast majority of us receive our health insurance. That is the American way. Now, if we are going to provide health care

MORE

coverage for every American, we have to be willing to face up to the choices that we have. These are choices that Senator Moynihan is struggling with in the Senate.

There are only three ways to provide health care coverage to every American. You can have a tax which is raised, and there are many people who believe that is the right thing to do. It's often called a single-payer system, where everybody pays into the government, and then the government pays for health care. And we do away with the entire insurance system.

There is another, which is to shift the responsibility onto the individual, and say every individual has to be insured -- much as we do with auto insurance. You go into the marketplace, and you buy your own insurance. And there is a reason for thinking that would work with some people who would be made more responsible, but there are problems with doing it only that way.

And the third way, which is the way the President has proposed, is to combine the responsibility, as it currently is, between employers and employees, in some proportion, each paying for the health care insurance. The employer gets a healthier, more productive work place and lower costs. The individuals get the security of health insurance. This is what we think is the best way to proceed, being fully aware that we have to be sensitive to small businesses and to low-wage individuals, to provide help for them to be able to do that. But it is an American solution to an American problem.

So, guaranteed private insurance, guaranteed choice of doctor and health plan, eliminating unfair and costly insurance practices, preserving and improving Medicare, and guaranteeing financing through the workplace are the five basic principles. And there are many, many details that you will hear about as the debate moves forward. But the central, core objective is to be sure that, at the end of the legislative process, the President has a bill he can sign in good conscience, knowing that we have answered the call to make sure every American has health insurance.

And for me this has become very personal. It has become personal because in the last year I have seen both my father and my mother-in-law die after one having a stroke; the other, a long and courageous battle with breast cancer.

MORE

And I have also visited with literally thousands of Americans who have shared their life stories with me. We have also received a million letters at the White House from people all over the country, talking about what was happening to them.

And I carry with me the pictures of all of these people in my head. I see them. I see their faces. I see the woman in New Orleans who had worked for the same company for more than 15 years. A company that had given her employment but could not, under the present conditions of the insurance market, help with health insurance. And I sat and talked with her and other employees -- some men who had been there for 25 or 30 years. Some who were veterans who made too much money to qualify for the VA but couldn't afford health insurance.

And this woman told me that every year she goes to get a physical exam because she doesn't want to have happen to her what happened to the man I saw in Kansas City, and have some problem sneak up on her, like diabetes. But shortly before I met her, she had been to her physician who had found a lump in her breast, who had referred to a surgeon. And the surgeon had said to her, "If you had insurance, we would biopsy the lump. But since you don't, we will just watch it."

I see the face of a couple where the husband works; the wife stays home to take care of four children in Las Vegas. They had a hard decision to make because their employer does help provide some insurance, but the employee, as is proper, has to pick up a share of it. And shortly before I met them, the father had made the decision he could not afford to insure both his four children and his wife, so he insured the four children and himself.

And his wife then got pregnant. So when I met her, she was about seven months pregnant, telling me that, even though they had some insurance in their family, they had none to cover her pregnancy, and she and her husband did not know how they were going to pay for that new baby.

And she went so far as to say she knew what pregnancy and labor was like, being the mother of four children, and she thought she would just have to forgo anesthesia, because it cost so much, they couldn't afford that and the house payment. And I thought to myself, there is not one spouse of a member of Congress who will ever have

MORE

to face that: having to choose between anesthesia during labor and a house payment.

And I think about the family in Connecticut who had insurance and were well educated and well off, and had two healthy children. And then their third baby was born with some very serious congenital problems. That baby had to be in intensive care from the moment of her birth. And within a year, the family had exhausted the million-dollar lifetime limit on their insurance policy.

They wanted to bring their baby home, but they could not find anybody who would insure, nor could they find anyone who would give them any help with the nursing and other assistance to keep a seriously ill child alive at home. So this well off, affluent, American, upper middle class family, had to put their baby on welfare so she could qualify for continuing services in the hospital, but could not bring her home.

And finally, I think of another couple who had similar circumstances: the husband, a lawyer, made a good income, had a healthy son, and then two little girls with illnesses. And every time I meet a family like that, I think to myself, "There but for the grace of God go any of the rest of us." And this mother told me what it is like to spend most of her days struggling to find health care for two sick daughters. The insurance they have will no longer cover the girls, and she literally spends hours every day filling out forms, calling people, trying to get the services they need.

But she told me about one particular incident that was just so dramatic to me. Because she went out, as she and her husband have done repeatedly -- they're not asking for charity; they're not asking for welfare; they want to pay their own way. And they went to an insurance agent and said, "We need some insurance for these children, but, obviously, it has to be within our reach, to be affordable." And after hearing all of the problems the two little girls had, this man just looked at them and said, "You just don't understand. We do not insure burning houses."

And I thought to myself as that mother said that how I would feel if, for whatever reason, my daughter had a chronic illness, and I was faced with that kind of obstacle to getting what I thought was appropriate care for her.

MORE

So you see, health care reform, I hope, for all of us, is not just about passing a piece of legislation, or the arguments that go back and forth in Congress between all the different interest groups. It is about people, about their lives.

But even beyond that, it is about what kind of country we intend to be. This is the greatest of all countries, the world's longest surviving democracy, which has always risen to every challenge that has confronted it. Today, we are being challenged about the quality of our caring toward one another. Really about the soul of our nation and what we are willing to do to help each other in recognition of our common humanity. That's why I hope and why I believe that the work that has been done by so many will finally result --

(End tape 1, side 1)

-- health care reform this year that establishes the fundamental right of every one of us to basic health insurance, and, beyond that, to the kind of citizenship that America should extend to those of us willing to be responsible in making our country's future great. Thank you all very much. (Applause.)

* * * * *