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REMARKS OF THE FIRST LADY
AT THE
INTERNATIONAL WOMEN'S MEDIA FOUNDATION BREAKFAST

MRS. CLINTON: Thank you. Thank you. Thank you so much, Judy, for the introduction. The story about the school nurse isn't true, but it's a good one.

Thank you also for being one of the founding co-chairs along with Kathy Bushkin of this rather remarkable foundation.

And I must confess it had not come to my attention before your invitation that I be here. But in reading about what you have done, and in looking at the list of people who are involved, it is a very exciting idea that has come to fruition, that women who are involved in media around the world would also be committed to and involved in issues. And I really want to applaud all of you for taking your time to be part of this effort.

This idea of caregiving, and the role that it plays in our lives as individuals, and the connection that it has to health care, is absolutely essential to our understanding of what we have to do as a nation, but also our understanding of what is expected of us as women.

There isn't any doubt that I believe women have a greater stake in the health care reform debate than men because women are not only the caregivers. They are, for most of us, the medical decision makers.

I don't know that I ever had a conversation with my husband about what pediatrician we would use. I talked to my women friends, other mothers, and got an idea of what they thought about the list of pediatricians we had.

And if you have a husband like mine, and most of my friends, they don't ever want to go to the doctor, they don't ever want to confess that they don't feel good. And it is

MORE

you who are probing and pushing and calling and making the appointments.

And, like most of us, if you are in the sandwich generation, you also are confronting the challenges of aging parents and all of the health care problems that that imposes for all of us. Add those responsibilities to the ones we have for ourselves, and I think it is clear that what is happening in the health care reform today will impact dramatically on our own health care, and that of our families.

The good news is that women in health care is finally a subject that is attracting more attention in the media lately. Your conference last year had a positive effect of show-casing a lot of the problems.

Not long ago the New York Times ran a graphic photo of a breast cancer patient on the cover of its Sunday magazine shocking many people, but leaving an indelible image that has stuck in the minds of many others.

The current issue of Life magazine has a cover story about breast cancer and the efforts of women who are pushing the scientific community to find a cure.

And this week we will see the first of several network specials devoted to, on either a nightly basis or with a large block of prime time, to women and health care.

The more we hear about it, the more we see we have our own experiences validated. We are the primary caregivers in our society as mothers of children, as daughters of aging parents, as wives, as spouses. We are in the ones who are in the middle juggling all of the health care decisions, our jobs, our child-rearing, and all of our other responsibilities.

We had a recent event at the White House the Friday before Mother's Day, where a number of members of Congress, who are supporting health care reform, brought their own mothers. It was a wonderful experience for us to meet the mothers of some of these men and women.

My husband was talking about how mothers are the practical members of families, and the most hard-headed and the most insistent that we face up to responsibilities. And in private conversation said something along the same lines to a mother and her son, a member of Congress, who shall

MORE

remain nameless.

And the mother turned to her son, looked him in the eye, "That's right. And if you don't do this, you are going to be sorry."

So we also have mothers to thank for lobbying members of Congress as well.

It is absolutely the case that for most of the last decades women have been more excluded from the health care system than men. Not only as caregivers, and being dismissed in the decision-making roles they have tried to carry on, but as professionals as well in the system, and in terms of clinical trials.

I thought it was a very bad joke, when I first started this work last year and was given a pile of briefing papers to read, including papers on research, and read that the first clinical trials on breast cancer had been performed on men. And I read it over and over again thinking it must be a misprint. And finally called and was told that, yes, it was true.

It's true also with other clinical research. Take coronary disease, for example. Even though it is the number one killer of women in America, we are still not included in the numbers that we need, until very recently, to determine whether women's biology makes a difference.

And we still cannot find the lump in a woman's breast even though we have the technology to detect objects in space millions of miles away.

Not only as patients or potential patients, but also as professional caregivers, women have been too often excluded, not given the responsibility that they need. Until very recently many of our nation's finest medical institutions perpetuated faulty stereotypes about women's health that were widely taken as gospel.

It wasn't all that long ago that women's health issues were viewed almost exclusively in the context of reproduction. Medically students were taught that women would contract endometriosis if they gave birth after 30.

Symptoms of menopause were discounted as psychosomatic or as evidence of emotional instability. And at the same time diseases like osteoporosis, breast and ovarian cancer were not regarded as high priorities for research.

MORE

In fact, little credence at all was given to the notion that women suffer from symptoms and illnesses different from men. That is yet another example of how we did it both ways.

Yes, we are different and should celebrate our differences, but the differences are often not taken seriously enough to be given the kind of attention they need when it comes to important matters such as health.

We have made progress but we have a long way to go. Too often today women still cannot get adequate coverage for themselves, let alone their families. Almost 16 million women and nearly 10 million children are not insured. Infant mortality remains higher here than in most other developed countries, largely due to a lack of prenatal care.

A recent survey in the last year show that 44 percent of women do not receive a mammogram annually. Thirty-five percent did not receive a PAP smear, 36 did not receive a pelvic exam, 39 percent did not receive a complete physical.

These statistics in a country as rich as ours, with the finest health care delivery system in the world, are very disturbing. I believe that without reform mothers and daughters, wives, and women in general will continue to be given short shrift in our health care system.

If we do not have comprehensive health care reform that guarantees universal coverage, women will disproportionately continue to be left out and their needs neglected in our health care system.

We need comprehensive benefits that assure every woman has lifelong coverage for herself and her family, that follows her through her various stages of life, starting with prenatal care for her pregnant mother, going on to well-baby care and immunizations.

I remember how surprised I was, never having read an insurance policy, always being insured once I started working, when I learned after having my daughter, that taking her to the doctor to do what I knew I needed to do to have well-baby exams, was not covered. But if she got sick in the middle of the night, taking her to the emergency room was. That's just a small example of how backward our financing system has been.

We need also to be sure that children get regular

MORE

checkups as they go into adolescence. Teenagers are the most under-served part of our entire society when it comes to medical care, partly because it's hard to tell a teenager to do anything, and to even get him to the doctor.

But also because taking care of children, once they reach adolescence, having the time for a doctor to sit and actually diagnose a problem, or deal with a child, unless there is an exam connected with a sporting activity, just doesn't happen.

And all too often, in connection even with the exams on sporting activities, many children either go without them or have to be financially disadvantaged because they too are not covered even if the family is insured.

We also need to, and are trying, to increase the research that is devoted to women's health. I have seen the unfair burden that our health system places on women time after time as I have travelled around the country. I told these stories, I will continue to tell them, new ones as I learn them, because I don't want people to forget what this reform debate is really about.

Yes, it is about costs, it is about making the economy stronger by beginning to get a control over our health care expenditures. Yes, it is about making sure that we preserve the best in our health care system and fix what is wrong.

But part of it is about taking care of the lives of the people in this country and recognizing the unfairness of a system that tells a woman in New Orleans, who finds a lump in her breast, and goes to a surgeon, that she should have the right to have it biopsied instead of having her told that since she didn't have insurance, they would just wait and watch it.

It means listening to the stories of the mothers and fathers of severely ill children, some with physical handicaps, some with chronic illness, who spend not only their waking hours caring for the emotional and physical needs of their children, but too much time trying to find ways to help pay for the cost of the care that their children have to have.

It means never having to hear the story of two little children who were cousins, who lived together in a house with their parents who were brothers and sisters. One child, the child of a family with insurance, the other, the child with a

MORE

single mother without insurance, who worked.

Both of the children coming down with meningitis. the insured child being taken to the hospital, being admitted, being treated, being discharged.

The other child coming down with a high fever, going in the hospital, sent to another hospital because there wasn't any insurance. Waiting in the emergency room of the other hospital. Finally being seen, being given Baby Tylenol, set home, and dying.

And when the younger sibling of the dead child came down with the same disease, the hospital that had turned away his sister, said, well, of course they would take him as a charity case.

Those are the stories. And there are thousands of them. They point out most graphically the serious problems with our system and the burdens that it imposes on people who are doing the best they can.

But the burdens are also imposed on those of us who are in a room like this, who are well insured, who are far more affluent than the average. Because as women we often find ourselves having to make difficult choices and seeing other women who are in the health care field, not able to help us make those choices because of the way that they are constrained.

I talked with my internist when I first started this work on health care reform, who is a woman, who is very matter-of-fact, she doesn't exaggerate anything. And I said to her, "You know, I keep hearing these stories about how women are not being given the treatment that they need. Do you believe that?"

She looked at me and she said, "I see it every day. I have to fight much harder for my women patients to get the care that they need. I often have to argue with the specialists I refer them to so that they are not dismissed or treated less effectively or taken less seriously than the male patients I refer to the same physicians."

I talk with the nurses who talk to me about what it's like trying to make sure that patients get the care they need once they are in the hospital.

And one of the most poignant examples of how under-

MORE

utilized the caregiving capacities of women, comes to me from the military nurses whom I have met, who, when they are in the military, are able to make decisions, exercise authority, take care of their patients.

As soon as they enter the civilian world, they are told they can no longer make the same decisions. They are told they have to fill out a whole lot of paperwork, spending 40 to 50 percent of their time doing that. And they are not given the authority that they need.

We are trying to correct the deficiencies that affect women as patients and women as professional caregivers, and make the system fairer for all of us as caregivers.

If we look at the main things we need to accomplish, guaranteed private insurance coverage for everyone. This will benefit women disproportionately.

Comprehensive benefits that stress preventive care. This will benefit women disproportionately.

Outlawing insurance practices that price insurance on the basis of preexisting conditions or eliminate it altogether. This will benefit women disproportionately.

Preserving choice which now is disappearing despite all of the propaganda to the contrary. It is the kind of reform the President proposes that will actually preserve choice in the face of employers and insurance companies limiting choice. Since most women make the choices, women will have more power to be able to choose.

We also need to preserve Medicare and improve it by giving prescription drug coverage to recipients. And because women live longer, that will benefit women disproportionately.

And we need to begin to instruct a system of long-term care that really does recognize the role of caregiving and rewards women and men who want to take care of family members by helping them keep their loved ones in their homes and setting up community-based centers so that during the day if you have to work, your relative can be taken care of, and you can find respite.

This long-term care issue is a ticking time bomb for every one of us in this room, both as potential caregivers responsible for aging parents or other relatives, a spouse,

MORE

and for ourselves.

And financing this system through the workplace, despite all of the controversy, will disproportionately advantage women. Because it is women who by and large hold the kinds of jobs that do not provide insurance coverage.

It is women who find themselves on the line between welfare and work, making a decision every day whether it is worth it to get up and go to work when if you didn't, and were on welfare, your child would have health benefits.

These are the kinds of issues that are general in health care reform; but when analyzed will impact more dramatically on the lives and security of women.

I want to end with just one final story because I think it shows what kind of people we are, on an individual basis, and it says something about our larger problems.

I was in Las Vegas talking with a group of families in a hospital setting. They were all families that worked but did not have insurance. Or in the case of one, a man who worked, who had four children, and he and his wife made what they considered the rational decision to not insure her because they couldn't afford to insure him, the children, and her.

So, like most women, she said, "Well, go ahead and insure yourself and the children. I'll be fine." This is a woman who was at home full time with four children being the pillar caregiver; and as women are prone to do, said, "Don't worry about me."

A few months later she became pregnant. When I met her she was about a month and a half away from delivery. Their problem was they didn't know how they were going to pay for her continuing care during the pregnancy and labor and delivery.

And they told me that they had sat down and made the rational decision that she would try to avoid having any anesthesia during delivery. And she said to me, "You know, it's going to be very hard because I have big babies. But the cost of an epidural is the same as our house payment. And we just cannot afford it."

I said then, as I have said many times in recounting the stories I have heard, there is not any member of Congress, or the spouse of a member of Congress, who has to sit down and

MORE

worry whether or not she can afford to have anesthesia when she gives birth to a child. There is not many of us in this room who ever had to make that kind of decision.

I told that story at a private gathering in New York of women who are very active in the financial community and positions of responsibility.

And after I told the story, a pregnant woman who is making a very big six-figure income, came up to me and she said, "I would like privately to pay for this woman's labor and delivery costs." And I thanked her, and we put her in touch with the family.

She did that. She paid an excess of \$2500 to be able to give this woman the kind of delivery and labor that she deserved to have.

And I thought about that. Because as individuals we are a very generous people. If we see a problem, we try to solve it. Many of you in this room give a lot of time, energy and money to charity. You reach out to friends and people that work for you, people you know, who have needs, if you recognize them.

But somehow as a society we cannot figure out how to do that in the larger community in a way that avoids problems like the one I just mentioned.

So for me this health care reform debate is not just an economic one. It's not even just about social justice, although it is that. And it's not only just about whether our political system can work.

It is about what kind of society we intend to be, and whether we are willing, truly, to take care of each other. And as women, we have not only maybe a better understanding of what caregiving means, but I know we have a bigger stake in making sure we live, and our children live in a society that understands it can, and makes it possible for people to receive the care you need.

Thank you all very much.

MS. WOODRUFF: Mrs. Clinton has agreed to take questions for a few minutes. And we do have two microphones set up at either end of the room. So we would like you to step forward if you have a question.

MORE

I thought I would just kick it off, if you don't mind, by asking: One of your last comments had to deal with, you said, the financing through the workplace would disproportionately advantage women.

And I wanted to ask you if a compromise of sorts is worked out wherein there is mandatory coverage on the part of large employers, but individual coverage, individual mandates on the part of smaller employers, or some version of that, can you still accomplish the goals that you laid out this morning?

MRS. CLINTON: Judy, it really depends upon the details of such an approach. It's very hard to comment about a lot of the proposals that are being talked about because they don't come with the details. They don't come with the cost figures.

And it would depend upon the level of subsidy we were willing to provide to low-wage workers so that they could afford their own insurance. It would depend upon the level of employment that was set for low-wage people who are on their own. It would depend upon a lot of different factors.

It is certainly conceivable it could be done in a fair and cost-effective way, but we have to wait to see what the bottom line proposals are before we could say that it was fair, and whether it could actually work.

MS. WOODRUFF: Why don't we take a question first from this microphone where Susan King is standing. Go ahead.

Q Thank you. Martha Burke, Center for Advancement of Public Policy.

As you know, the AMA this week introduced a bill calling for disclosure on the part of the insurance companies as to the quality and level of care that they give.

And as you also know, there is a tax, a supporting data bank of -- a tax-supported data bank that tells about the large malpractice awards and the sanctions that are to be given by medical societies.

The AMA is opposed to opening that to the public even though it's tax-supported.

I'd like to know, first of all, what do you think of the AMA's bill on disclosure of the insurance companies. And

MORE

would you support the data bank being open to the public?

MRS. CLINTON: I haven't read the bill, and only read one article that was in the paper yesterday. I don't want to comment on any particulars because I don't know what is really in there.

Based on the description in the article, the larger issue seems to me the concern that the AMA and other physicians have about the arbitrariness of decisions made by insurance companies, large HMOs and other health plans, to exclude certain doctors, without adequate information, as to the basis of the exclusion. And I for a long time have said I am very worried about this trend.

We have very effective campaign run largely on misinformation about what health care reform is not. And it has effectively screened out some of the really important issues in this debate, one of which is who is going to determine your care and the choice of physician.

And if trends continue, it will not be you. It will be your employer in conjunction with large insurance companies and other large health plans. And you will find yourself, as now more than half of the working insured find themselves, without being able to go to a doctor or a hospital where you've been.

And doctors will find themselves losing patients when there is no credible argument as to the quality of care. But because they have been excluded from the plan and not given a reason why the exclusion has occurred. So there is an issue in there. It's imbedded in that concern that I would like to see debated out.

And in the President's approach we basically take the power away from employers and insurance companies, where I think it ought to be taken away from, and given to you. It will be consumers who make the choice, much like the federal employee health plan benefit.

I keep saying over and over again if it's good enough for Congress, it is good enough for the rest of us. The Federal Government, your tax dollars, you have an employer mandate. The Federal Government pays for federal employees' insurance 75 percent. Those of us who are employees or dependents pay 25 percent.

Then every year we choose. It's not the government,

MORE

like some of these ads would have you believe, telling you what government doctor to use. So that is a real tough debate.

Now, on the register, I have really thought hard about this, and I don't know which way to come down on it because there are frivolous and unsubstantiated reports about malpractice.

There are malpractice verdicts that are emotionally driven, where doctors had a stellar reputation for 50 years, and then something happens, and they are looking for somebody to blame. So there is a legitimate concern there.

But there may be a way to work out a screening mechanism so that we are able to provide to the public the information that most bothers me, which is that most malpractice in most states is driven by the same doctors over and over and over again. And they are not adequately disciplined or held accountable.

So there has got to be a way to work that out. And that's called compromise, which some people say is a bad thing. But I think it's the best way to try and figure out how to deal with the public's right to know and protect the legitimate interest of physicians.

Q I'd like to say good morning. Mrs. Clinton, I represent an insurance company. And I would like to know how an insurance company could write a better policy that would cover the fuller population.

I know what you are saying is true, and I agonize over it. And I'd go out, and I'd try to educate people. But I think that people must start thinking for themselves. What could we do to write better health care and life care?

MRS. CLINTON: Thank you for that question. I really appreciate your asking that because your dilemma in the insurance industry is a very legitimate one.

Insurance changed in the last 50 years. When insurance first started with Blue Cross/Blue Shield, it was community rated, and there were basically standard policies.

Starting in the mid to late '40s, and then accelerating through the '50s and '60s, insurance began to have special niches with a lot of underwriting rules where people were then rated on all kinds of bases so that insurance could try to protect itself with the result that you have a total

MORE

confusion about what policies are out there, what they cover, who they cover, under what circumstances.

One of the points that has been lost in the last weeks of debate is that the real bureaucracy you have to worry about is not in the Federal Government. Because the only health plan the Federal Government runs is Medicare, which has a 2.6 percent administrative cost. Private insurance has a 20 to 26 percent administrative cost.

Why? Because young women and men and other people in the insurance industry, like the young woman who just asked the question, are forced to go out and spend an enormous amount of time trying to figure out how to eliminate people from insurance coverage. And that then goes into the base of those of us who pay premium; that cost.

Well, there are several things that should be done differently. We should have a standard benefits policy available to every American so that all of us can compare apples to apples.

Right now I don't have any idea whether my policy is better than Judy's or Kathy's because there is no way to compare them under the fine print.

A comprehensive health care reform would give you a standard benefits package. Then insurance companies could compete on the two things they should compete on, price and quality. Not on confusion, underwriting exclusion, which is what they compete on now.

And if we have that kind of basic policy, then insurance companies could offer supplemental policies for people with special needs, and the comparisons would be much cleaner, and the cost would be much lower, and we could drive down a lot of the bureaucracy and the paperwork inside the insurance company and save billions and billions of dollars doing it.

Q Thank you.

I am Nora Jean the author of a handbook of caring for elderly parents which grew out of my own experiences, and doing this long distance, and my desire to help other people out there who are facing the same procedures.

There are millions of caregivers, who feel our obligations strongly, are constantly trying to learn the ropes of this incredibly complex job. Most of us have

MORE

parents who are reluctant to use outside help, and most of us share continuing frustration and unnecessary hardships finding outside services because of two major barriers: We don't know what to call what we are looking for, and we don't know where to find it once we figure what to call it. In other words, language and access to information.

Even if long-term care doesn't survive the congressional budget this year, my question is what will this administration do, administratively, to lower these obstacles through such measures as a simplified elder-care vocabulary and streamline access routes to information?

MRS. CLINTON: Well, we certainly will move on those, but I hope you are not giving up on long-term care in Congress this year. I mean, that is not something that you should be prepared to do.

There was a very important vote yesterday, a bipartisan vote, to keep the long-term care provision that Senator Kennedy has in his mark, that would not be a categorical program only available to people below a certain income level. That was a very significant vote. And I hope that you and others who are so involved in this will not only applaud that, but be tenacious.

This is a little bit of an aside, but my experience watching this health care reform debate is very comparable to every debate I have ever been in, whether it was on behalf of the Children's Defense Fund, or education reform in our state, or any of that.

There seems to be like a reasonable person standard that these things should be done. And most of us who agree with that, are not full time pushing it. And the forces of the status quo and the negative energy is very powerful. And, so, I just cannot stress how important it is to stay in there.

This debate is only beginning. I know it seems like it's been endless already. But it is only beginning.

So we will certainly look at streamlining access to information and vocabulary. But in the absence of real services at the end of that streamline, it's only going to be a very minor step forward.

Q Mrs. Clinton, a lot of those services are out there. There is so much mumbo-jumbo vocabulary. There are 30

MORE

different terms just for housing options between a nursing home and living at home, that until there is some standardization, it's very difficult for people to even find what already exists.

MRS. CLINTON: Well, we will certainly work on that. But I just will repeat that, from my experience travelling around the country, there is not enough that exists. So even if we streamline the vocabulary and raise people's expectation, it will be a very big disappointment. Because we have to have services at the end of that search. And that's what we are trying to create.

Q Liz Colton. I am professor of mass communications and journalism at Shenandoah University.

Just before you arrived I was talking with some reporters about what would you suggest, make suggestions for the executives and reporters and educators of journalists of how we can better improve the coverage of health care issues.

MRS. CLINTON: It's difficult for me to say that because I do not fully appreciate all of the burdens that people in the media have to contend with in terms of time and commercial pressures and short attention spans people think the public has.

But I believe there are several things. One is I cannot stress how important repetition is. Repetition may seem boring to those of you in the media, but it is only now that most Americans will start paying attention to this debate. Because it is only now that it has moved from the rather abstract discussion to actually producing bills and legislation.

MRS. CLINTON: And many of you in this room, through your various outlets, ran wonderful stories back in the fall when the health care plan was first produced. And you are starting to do so again.

And I just can't ask you often enough, don't look at it through the eyes of your colleagues who say, "We ran that story in November." Think about your mother, think about your friend out there in their living rooms. They have not been following this. They still don't get a lot of this.

Going back to the woman's comment about vocabulary. There is still a lot of basic information that has to be conveyed. This is what a democracy relies on. We cannot

MORE

make complicated decisions if the media is only able to respond in a short-term way and recognizes that something they put on one day is old news, by their standards, and therefore they have to go on.

We have to have some repetition, and we have to keep talking about these hard choices. That's the only way people can make their decisions in a democracy.

The second thing I would say is that a lot of times the idea of presenting an issue in our society today has become the idea of creating a conflict. "Well, today Mr. So-and-so said X, Mrs. So-and-so said Y. Thank you, and good night." And that is the idea of presenting information.

And of course we all know that the louder you yell, and the cleverer you are, and the more facile, the more air time you get. But that doesn't necessarily help people make decisions.

Debra Tannon, who wrote that wonderful book, you just don't understand about how men and women communicate differently, has said that we are now living in what she calls a culture of conflict, where everything has to be a pitched battle all the time, and where the media feels compelled to pitch those battles.

It reminds me so often of a very unsatisfying argument in the schoolyard: "Yes, you did. No, I didn't. Yes, you did. No, I didn't." And at the end of it, who knows who did or didn't?

So I think this issue, as much as any issue, challenges the media to think differently about how you present information. And for those of you in positions of influence, to think differently about how you moderate and ask the questions.

It is not enough for somebody in this debate to say, "Well, it's obvious." It's not obvious. You have to keep pushing, and you have to make them come up with the facts. And you can't let them get away with saying, "Well, this won't work, but this will." Give us the figures behind it. How do you think it will work.

So, your question is a very important one for this debate. But even a bigger one for the women in this room who are journalists, about how we start breaking down this culture of conflict to create in our information age a

MORE

culture of real information and citizen education that will help us, as members of the democracy, to make good decisions.

Those are the only comments I would have.

Q Surely you are not talking about some of the radio and television programs that we are involved in?

MS. WOODRUFF: I think we have time for two more questions. And this will be the next to the last.

Q Mrs. Clinton, as you know, Senator Dole and some of the Republican leaders are proposing a much more scaled-down version of the health care plan in which specific insurance reforms will be addressed, such as portability and preexisting conditions.

The view seems to be emerging, at least from some of the Republican leaders, that that would be sufficient this year. You have actually identified those matters as core problems. What's wrong with that approach?

MRS. CLINTON: Well, I have to wait and see what they actually come out with and whether it's a starting point, a middle point, or an ending point. And I don't think any of us know that.

It is absolutely clear to me that we need to make a lot of the reforms that are being mentioned. But in the absence of a definite plan that will achieve universal coverage, those are not enough.

And we will end up in the next couple of years with the deficit going back up, we will end up with more and more people being uninsured, we will end up with the insured being given fewer and fewer choices, we will end up with doctors being more and more burdened by the paperwork and the administration and the bureaucracy, and we will begin to have a real two-tier medical system.

It will become even clearer than it is today because the financial stability of so many of our fundamental health care facilities is at risk.

Go to some of our large inner city hospitals that care for the majority of people in their area and ask, "How many paying patients do you have?" Not very many. It's a government-driven program that gets further and further behind every years.

MORE

There is no way this country can stabilize its health care system and contain costs without universal coverage. And I don't think that anyone who seriously looks at this problem will come to any other conclusion.

Now, what is politically feasible is something that we are about to find out. But it is certainly, from the substance perspective, imperative that we be on the road to universal coverage. And all these other reforms are a part of trying to achieve universal coverage. But in the absence of achieving universal coverage, we cannot possibly do what needs to be done.

I just ask all the time why, in our country, do we spend one and a half times more money on health care that doesn't even cover everybody, which is projected to continue to escalate, and think that we have a good financing system that should not be changed?

We need to separate in our mind -- this is where one of the debates has gotten clouded. We have the finest health care system, the finest doctors, nurses, hospitals in the world, assuming you can access them. But we have the stupidest financing system for health care in the entire world.

MS. WOODRUFF: Last question.

Q Mrs. Clinton, I am Susan Manson, the president and co-founder of a grassroots organization called The National Family Caregivers Association.

And I have got two questions. The first may sound a bit frivolous, but I don't think it is. And I was wondering if you are aware of the resolutions trying to work their way through Congress on how to create National Family Caregivers Week. It only needs 35 more co-sponsors in the House.

And it obviously will not change anything. But what it can do is draw public attention to the caregiver needs. And so I would like to ask for your help to get us those 35 more co-sponsors in the House.

MRS. CLINTON: Well, I'll do what I can. I didn't know about that. But if you'll be sure that I find out about the resolution and where it stands, I'll try to help you.

Q And then my other question relates more to health care reform and having to do with the definitions that

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Medicare uses. Because it is my understanding that they don't seem to take into account caregiver well-being. It will pay for a basic wheelchair, but it wouldn't pay for a more costly wheelchair that would be lighter weight so that a caregiver doesn't break their back.

And what's being done to change the definitions to make more sense. Because a lot of those -- it's not even that you are allowed to pay the extra cost yourself. They just rule out the obvious benefits.

MRS. CLINTON: Well, under the President's health care reform bill, that long piece of legislation, those issues were addressed. And many of the inequities and absurdities in the government programs were either eliminated or modified. And that is something we believe very strongly.

Part of the problem -- and I want to get back to the question about what is enough reform. Part of the problem is that Medicare will be under increasing cost pressures if we do not have comprehensive health care reform.

And many of the problems you face as a caregiver now will only worsen because we will not have a system in which private care costs and Medicare costs are within a universal system so that they can be in some way contained and we can actually use the money more effectively.

So we are going to try and do everything we can, in reform, to solve their problems. And, also, we've got all these proposals. So in the absence of reform on long-term care, to the extent we think it should be, we can move on those as well. Because you are right, that a lot of it doesn't make sense. But it's driven by a system that at its core doesn't make any sense. And that's what we've got to change.

We have the most penny-wise pound-foolish health care system that you could possibly design. If we were to sit down and try to design an absurd system, we couldn't have come up with what we have got.

So we understand that there are pieces of it that there are pieces of it that need to be changed. But changing those pieces in the absence of reform will not give you the result you want. We can change them, but we still have to fight for the comprehensive reform.

Q Mrs. Clinton, just one postscript question very quickly, driven by the news of the day. If Congressman

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Rostenkowski were to have to step aside as chairman of House Ways and Means, what effect do you think that would have on the progress of health care reform in the Congress?

MRS. CLINTON: Well, I certainly hope that doesn't come to pass, but it would be an obstacle that Congress would have to figure out how to overcome.

But I think that if you have watched this administration, we have so many obstacles, that we are always overcoming, that from my perspective you just keep climbing and you keep trying to get the results that you need.

It would be a great loss to the Congress, but health care reform, and the need for it, is bigger than any one person in our country. And it is the lives and stories of the millions and millions of people who need this to happen. And that's what we should keep focused on.

A PARTICIPANT: Thank you, Judy, for moderating. And Kathy has a couple of presents here. Just so you will have something to remember us by.

A PARTICIPANT: We have an IWMF bag. But more importantly, we have a baseball cap.

MRS. CLINTON: Thank you. Thank you.

A PARTICIPANT: Very tasteful.

MRS. CLINTON: It is. It's a good color. I like that.

A PARTICIPANT: Thank you so much for joining us.

MRS. CLINTON: Thank you so much, Debbie.

Thank you all.

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