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American Nurses Assn

PHOTOCOPY  
PRESERVATION

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REMARKS BY THE FIRST LADY  
AT THE AMERICAN NURSES ASSOCIATION  
SAN ANTONIO, TEXAS

MRS. CLINTON: Thank you. Thank you so much. Thank you. What a thrill it is for me to be in this great hall with so many of the men and women who lead the nursing profession in this country and who, every single day, demonstrate what it should mean to be a health care professional.

Ginn (phonetic) and I were talking right before I came on. And I had not heard this phrase before, but this hall is filled with people, filled with nurses who care more about need than greed. And I am very grateful to be here.

I want to thank Virginia Trodder Betts (phonetic), who has done a superb job representing you in every forum where she has appeared. I also want to acknowledge Cheryl Peterson (phonetic) and the convention team who put this extraordinary effort together and thank them for all their hard work.

I also want to thank the ANA for honoring my late mother-in-law, Virginia Kelly. Any of you who might have had the opportunity to know her -- and I see the Arkansas sign over there -- know that she was a dedicated nurse who put her patients first, was willing to take on conflicts on behalf of patients and on behalf of the nursing profession, was for so many years on the front line of our health care system.

She took her role very seriously. And we would often sit up late, although it was never too late with Virginia, because she had to be at work usually by about 5:30 or 6:00. But for her, 9:30 was late.

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We would sit up talking, and she would talk about what she had seen and the patients she was taking care of. She would make a phone call, maybe, to check on somebody. And through her, I saw in such a clear way the dedication that all of you bring to nursing.

And I'm very grateful that you were able to have my husband with you. Losing his mother this past year was an obviously very painful personal experience for him and for us. But coming and being surrounded by nurses and, as he told me later, looking at the faces of so many people whom he knew shared his mother's values and ideals and grit, was one of the real healing points of the last months.

I also want to acknowledge the entire ANA leadership. You have been critical to the debate on health care reform. You have brought a unique viewpoint to this debate. You have continually pushed forward not only the interests of your patients, but the interests of nurses who care for patients on a daily basis and who, because of that care, should be listened to and given more authority over their care of their patients.

You know, nursing is, in professional terms, a relatively new profession, having come into being during the last century. But what nurses do and the care they give has been with us from the beginning of time. We can look at the lives of Florence Nightingale or Clara Barton or any of you in this room, and we can see the continuity of caring that goes back through the generations.

But we also know that nursing has changed, that modern nursing continues with the same commitment of care but has many new responsibilities and opportunities that inspire the more than 2 million nurses in America today. But that continuity of caring, those new responsibilities and opportunities, are jeopardized today because of the way we have organized our health care system.

As I came into the hall, you played the song that we played all during the 1992 campaign, "Don't Stop Thinking About Tomorrow." And what I would like to do is to paint two different pictures of tomorrow, what can happen if we act to reform our health care system in the ways we know it needs to be reformed and what will happen if, once again, we listen to the voices of opposition and special interests and negativism and fail to act. What are the two different kinds of

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tomorrow we are likely to face?

You know that the stakes in this health care debate are very high. You know also that the system we currently have is creating problems for caring for patients. Let's just enumerate some of those. You know that in a nation such as ours, where now nearly 40 million Americans are uninsured and millions more are grossly underinsured, you will not see many patients until their problems have advanced to a point where the care they need is more serious and expensive.

You are in our emergency rooms. You see what happens when patients come in and they're subjected to the necessary but, in many ways, inhuman interrogation about who will pay for what care they need. You are there waiting to take care of them, but only after they clear the hurdles as to how the care you want to give them will be paid for.

You are there when parents bring in children who are now very sick because they thought they could avoid bringing them in because they can't pay for the care. You may have even been there when, last year, a little child showed up in an emergency room in a hospital in one of our states running a very high fever, only to be turned away, something that is not supposed to happen but you know does happen, because the child's family had no insurance and was not poor enough, since the parents worked, to qualify for medical assistance.

You may have been there when that child then was taken to a second hospital where, again, the same questions being asked over the same fevered child were answered, to only learn that no, there was no means of payment. You may have been the one told to give the child some baby Tylenol and send the child home. You probably wouldn't have known that child's cousin was in the second hospital admitted with meningitis, taken care of by you and your colleagues, because that child had parents with insurance.

And you probably would not have known that the child in the hospital being taken care of recovered, but that child's cousin who was sent home died. And then maybe you would have heard around the nurses station the story of what happened next when the dead child's younger sibling also came down with meningitis. But this time, the hospital said, "Well, we'll take you as a charity patient."

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Or maybe you were in the examining room when the woman who had worked for the same company for 15 years had gone at her own expense because she could not afford insurance on a bookkeeper's salary to a physician for a checkup, and he found a lump in her breast. And he referred her to a surgeon. Maybe you were there when the surgeon after examining her said, "If you had insurance, I would biopsy that lump. But since you don't, we'll just watch it."

And maybe you were there in a school when children were given the forms they had to fill out to get their exams to be able to participate in athletic events. And child after child came back and said, with a downcast look, that they weren't going to be able to try out for sports this year because their families -- their working families -- could not afford the insurance.

Or maybe you were there on the floor of one of our hospitals when the insurance policy limit was reached. Maybe you were in the neonatal intensive care unit of one of our academic health centers when a well-off family that thought it was very secure and well-insured realized that with their third child and all of the complications that came through that child's birth and the extensive stay in that high tech center, they reached their lifetime limit of \$1 million. And they wanted to bring that baby home.

Maybe they talked with you in anguish about wanting to bring that baby home and having a good income, wanting to get insurance, but being turned away because the limit had been reached. And they could not get any help to bring that child home to take care of that baby at home because there was no more insurance.

And maybe you were there at one of our leading children's hospitals holding the hand of a distraught mother who had two children with serious illnesses who again had reached the point where there was no more insurance. There was a little bit of financial aid because of the seriousness of the illness, but there was no qualification for general aid. And maybe you heard that mother as she told you about her search for help. In the midst of the emotional trauma of caring for her children, she went from place to place looking for financial assistance to pay for her care.

And maybe you heard, as I did when I talked to that mother, the story of the insurance agent who finally looked

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at the mother and said about her children, "You just don't understand. We don't insure burning houses."

Maybe you are among the employees of businesses, practices, institutions that do not insure you. Maybe you are among our nurses who are kept to a reduced schedule so you never reach the number of hours that would qualify you for full-time benefits. Maybe you have a spouse or a child with a serious illness that needs constant and expensive care that you have to provide the insurance for, so you stay in the job you currently have, unable to advance or take other opportunities.

Maybe you are among the millions and millions of working Americans who have seen their health insurance lost during some part of the past year. And you were lucky enough to get it back, but you have friends who have not yet been able to do that.

Now, we have a very clear distinction between two tomorrows. We can look forward to a tomorrow where every one of the problems I've just described which illustrate the thousands more that you personally know about are no longer permitted to occur in this country. Maybe you then can see us beginning to move in the right direction.

You know, we have already seen what the wrong direction and the wrong tomorrow looks like. It would be a health care system even more dominated by money, financing, and greed. It would be even more a health care system where the roles of professionals like nurses are continued to be restricted and even eliminated. It would be the kind of health care system where the work you do to take care of patients would be considered expendable.

We know that is the wrong kind of tomorrow. We know that about 27 percent of hospitals have already begun downsizing their workforces, and they have been laying off too many nurses.

Now, critics of reform would have you believe that nurses are losing jobs because hospitals are restructuring in anticipation of reform. That's not only simplistic, it's just downright inaccurate.

Uncompensated care, cost shifting, too much paperwork that falls too heavily on the backs of nurses, and

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all of the other features of our existing system that contribute to spiraling health care costs and reductions in hospital staffing existed before my husband became President, have accelerated in the face of his efforts for reform that would solve a lot of these problems, and will only get worse if we do not reform the entire system. That is the wrong kind of tomorrow.

So if all of you know what I have come to learn in the past year and-a-half about what we need to do to fix what is broken in our health care system and to preserve what works, then how do we get it done? How do we overcome the shortsightedness? How do we overcome the special interests? How do we overcome the obstructionism? How do we overcome the very same arguments that were first used against Social Security 60 years ago and then were used against Medicare 30 years ago, sometimes by the very same people who are using them today to stop real health care reform?

The most important goal of health care reform is to ensure once and for all that every single American is guaranteed private health care insurance that will always be there with no preexisting conditions and no lifetime limits.

You know, we are really heating up the debate in Washington. And you in the ANA have been among the most stalwart supporters of health care reform. And we are very grateful for that. But I have to ask you to redouble and retripple your efforts and to bring your allies in the entire health care field along with you. Bring the doctors who know what you know. Bring the social workers. Bring the technicians. Bring all of the allied health care professionals.

Because we, with a very loud, unified voice need to say, "Until every American has health insurance, no American is guaranteed that his or her health care will be taken care of when it is needed." And we need to ask some hard questions. Why is it the members of Congress who will be voting on health care are guaranteed health care coverage by the tax dollars that you pay when they will not extend it to the rest of the country?

Why is it that in a system where the choice of your health care professional is being taken away every single day by insurance companies and employers who tell you what doctor, what nurse, what hospital you can see? There are

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those in Washington who do not want to preserve the right of Americans to have choice but try, by the very inaccurate argument, to say that it is reform that will take away choice.

You need to ask the hard question. If that is so, then why is it that fewer than half of Americans today any longer have choice of their health care professional? Reform will guarantee choice. And you, particularly, need to say that quality has to be guaranteed. You are on the front lines, and guaranteeing quality means eliminating the paperwork, eliminating the bureaucracy and the administrative overload.

Ask yourselves this: Why is it that in the government system of Medicare, which has problems that need to be fixed, the administrative cost is less than 3 percent; but in the private insurance companies, the average administrative cost is between 20 and 26 percent? That cost doesn't go to bedside care. It doesn't go to diagnosis and treatment. It goes to fueling the paper hospital that doesn't take care of a single person and which we do not need in America to have the best health care system in the world.

In the coming weeks and months, as Congress acts on health care legislation, you need to say as clearly as you can, this is not a time for incrementalism. This is not a time to try to pass something and pretend that it covers everybody when, in reality, it will not. This is not a time to try to find some quick, easy answer to providing health care coverage.

But instead, it is a time for America to finally live up to its moral responsibilities and take care of every single person regardless of income or race or age. It is a time for America to join the rest of the advanced world, where every country -- every country I went through in Europe last week -- most of the advanced countries even in Asia, like Japan, they provide health care, and they do it for less money than we spend. And we don't even take care of everybody else.

There is something wrong, and it is not in the quality of care, in the professionalism of our health care professionals; it is in the way we let the financing of health care bleed billions of dollars away from the care of

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patients and the incomes of health care professionals.

You know, all last week, as my husband commemorated the battles in Italy and the sacrifices of our soldiers and sailors and airmen in England and the invasion on D-Day, he talked about what we owed the World War II generation. He talked about his father, who was in Italy during World War II. We talked about my father, who was a World War II veteran.

We met hundreds and even thousands of the men and women who, in a very real way, saved democracy. And we were very humbled and moved to be part of honoring them and their sacrifice. But the best honor we can give is to continue their work to build a stronger, stabler, more hopeful nation. And that means valuing our people. That means solving our problems, not denying them anymore.

That means facing the future with optimism, knowing that life is always a challenge and a struggle for all of us, but that getting up every day, as my late mother-in-law did, and trying to do the best you can to help other people is a pretty good way to live a life and to build a country.

So when we look at health care reform over the next months, let's remember that yes, it is an economic issue, because we will literally save billions of dollars that can otherwise be spent to take care of people and to build our country toward the 21st century. And yes, it is an issue of social justice. I don't ever want to hear another story about a child being turned away from a hospital or a woman not getting the biopsy she needed or a mother not finding the help for her children.

And it is also an issue of political maturity. Can our system work to solve problems, or is it just going to be mired in name calling and irrelevancy and diversion and partisanship and gridlock, when we cannot afford that any longer?

But even beyond that, it is a moral imperative. You became nurses because you were, I believe, called to become nurses. You saw in nursing an opportunity to care and nurture and help other people. And we know from all of the surveys that the quality of nursing is the single biggest determinant of patient outcome and patient quality. We know that.

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And so, now more than ever, we need your voices, making all of the arguments, but standing steadfastly behind the principal one, and that is guaranteeing health security to every American. So please, when you leave here, talk with all of the nurses you represent. Write your members of Congress. Call the Capital. Call those radio talk shows and inject a dose of reality. Give them some understanding of what's at stake in real people's lives.)

Tell everyone who will listen that, just as with Social Security and Medicare, the time is now. And America does not need half-baked, half-hearted reforms. We need real reform that will finally pave the way for putting our health-care system on a firm financial footing and giving you and every other professional in it the opportunity to do what you were trained to do.

That's the kind of health care system I want for my family. I think that's what Americans want for their families. Be the spokespeople for that point of view, and do not rest until we get it done.

Thank you all very much.

(End tape.)

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