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League of Women Voters

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SPEECH BY THE FIRST LADY
TO THE LEAGUE OF WOMEN VOTERS
WASHINGTON, D.C.

MRS. CLINTON: Thank you very much. I have been in this room to give many speeches. I don't think I've ever seen a more enthusiastic, vocal crowd. And I wouldn't expect anything less from members of the League who have been leading the way for now nearly 75 years and have, in the past, taken on difficult and controversial stands in a nonpartisan way, putting the public's interest first, and this country owes all of you a great debt.

I want to thank Becky for that introduction and, more than that, for her leadership. She has been a superb representative of the League. But I know that many of you have been speaking out and working for positive change on behalf of our country for many years. I don't know that there is anyone here who's been doing it for nearly 75 years, but I bet there are some here who have been doing it for half a century or so, right?

And just look at some of the issues that you have championed and worked for: collective bargaining; child labor laws; minimum wage legislation; federal aid for maternal and child care programs; Social Security; civil rights; school desegregation; the Voting Rights Act; the Equal Rights Amendment; natural resources preservation; pro-choice legislation; campaign finance reform; and, most recently, the Motor Voter Act. Just listen to that list.

And for every one of those there was controversy. For every one of those there were special interests that were opposed to the passage of such legislation. For every one of those, there was a long, long effort behind the final successful outcome of the legislation.

But there isn't any issue that we have all worked on as a country for as long as we have worked on health care reform, because it really began in earnest when Franklin Roosevelt was President. He believed that health care security would become the second part of Social Security, and

MORE

he was unable to get that accomplished.

President Truman, when he became President after the death of President Roosevelt, understood intuitively that health care reform was necessary, and twice as President, once following his accession and second after his own election, he pushed for health care reform. You should go back and read some of President Truman's speeches, because you could make that today. He saw the problem. He understood the solution. And he saw what the obstacles to achievement were.

You could look at nearly any President. They have all tried to do something about health care. It was finally the combination of President Kennedy and President Johnson that got us Medicare and Medicaid, but against the same arguments that we are facing today with health care reform. Go back and read some of the debates. You can see it almost verbatim. And yet now here we are 60 years after Social Security, 30 years after Medicare, finally at the brink of being able to do what we should have done all along, and that is to achieve comprehensive health care reform this year for our country.

You know, it was 1911 when Carry Chapman Capp, the founder of the League, offered some wisdom about change in America. She said, "When a just cause reaches its flood tide, whatever stands in the way must fall before its overwhelming power." She was talking about women's suffrage, but she could have been talking about any of the number of movements and causes the League has supported since its founding. She certainly could have been talking about health care reform, because we are at a flood tide.

We are at a historic moment in our country's passage from the kind of society that understands the importance of individual responsibility but also the absolutely significant role that community responsibility plays in coming together with legislation that will assure what the League has been promoting, universal coverage, cost containment, quality benefits for every American. And yet we know that there are many obstacles to overcome before we will gather on the White House lawn, as we did for Motor Voter, and sign the health care legislation together.

Last week for the first time Congress took several significant steps toward enacting legislation. That legislation will provide guaranteed private insurance for every American. Senator Kennedy's bill was a very important start in putting together the pieces for comprehensive

MORE

reforms. Chairman Moynihan in the Finance Committee is engaged in intensive negotiations. In the next weeks, the committees on the House side will begin to roll out their legislation as well.

Let's remember what this debate is all about, because in the midst of the controversy surrounding health care reform we sometimes lose track of why the League took this on as an issue, why other nonpartisan study groups have been looking at this particular cause for a number of years, why the President, when he was a Governor, said that health care reform was absolutely essential for the well-being of our country.

First of all, no American has health security. That is the basic bottom line fact of our system. And, yes, there are 40 million now of Americans, the vast majority over 80 percent work but do not have health insurance, but none of us in this room, no matter how well insured, can be guaranteed we will have the same insurance this year at the same cost next year if we do nothing to change our system. So health security remains the primary objective, and universal coverage must be the bottom line of any legislation.

But we also know that parts of the problem with America's health care system is that costs have been permitted to escalate to the point where we are not getting our money's worth for our health care, and this is one of the difficult arguments to make in America, where people seem to believe that the bigger and more expensive the policy you have, the better insured you are, when there is absolutely no relationship, and the kinds of costs that we have been expending year after year, which are now approaching nearly 15 percent of every dollar produced in America, have not guaranteed us better health outcome, have not enabled us to have a secure health care system. So cost containment must go hand in hand with universal coverage. The League recognized that (inaudible).

You know, there are some who always in the face of controversy look for some way out. It would be as though when they were debating Social Security people started saying, "Well, that's a good idea but we really ought to phase it in. We really ought to try to make sure that the private sector first provides pensions for everybody, and only after we've waited to see whether every company does provide pensions should we do anything to make sure we provide Social

MORE

Security."

That is not only a very short-term approach, it is one guaranteed to fail. We have tried to make sure people have access to good health care in our country, and we have produced the finest health care system in terms of the doctors and nurses and facilities in the world, but we have failed at making it affordable and accessible to every American. So, just as with Social Security, we cannot wait very much longer for some miracle to occur that will enable everyone to have guaranteed insurance without any intervention in terms of legislation.

The League recognized that, as did other nonpartisan groups. If you go back and look at the studies that were done up to 1992 and early 1993 by groups such as the League, by other leadership groups, of coalitions of business and labor and academics, if you look at the report of the Catholic Health Association -- pick any of the nonpartisan studies that were out there before this issue got into the political arena -- they all basically say the very same thing, that in the absence of universal coverage you cannot have a system that controls costs, you cannot guarantee insurance, and you cannot be sure that every one of our systems of care, from Medicare and Medicaid in the public sectors to private insurance, will sustain such a very fragile financial footing into the future.

But what happens when we get into the political arena? Under pressure, many of those groups, many of those advocates begin to waiver. There are groups which, for example, have supported the employer mandate for decades, every year voted for it in their assemblies and their conventions, and then, in the face of the pressure of a minority, begin to back off from what they used to believe and what they knew was a very sensible approach to financing health care.

I am proud that the League does not give in to such pressure and continues to take the position of study which it knows is right, which it knows goes beyond partisanship or ideology. You have stood firm, and we need you now to speak even more about why you reached the conclusions you did and take on all comers, because they cannot withstand the scrutiny of the kind of analysis you can give their proposals.

This debate needs to be seen in its broadest context. Yes, it is a debate about economics, because we can

MORE

do better. We can save more money. We can invest in our businesses, our families if we are not spending as much money as we now are and are projected to spend more on health care alone. It is about the federal budget. For the first time ever we finally have a responsible budget, put together by a responsible President that will enable us to have declining deficits for three years in a row, the first time that has happened since President Truman sat in the Oval Office.

That is the good news, that we do have a very much improved financial and budgetary system. The bad news is that health care costs are just waiting to explode again: the increasing costs in Medicare and Medicaid, the cost shifting, the numbers of workers who are being dropped from employer-based insurance into those who are eligible for government assistance. So if we do not control health care costs, then all the work we have done to get our budgetary house in order will not work for us. So it is a question of economics.

It is also a question of social justice, and that is something we should talk about in our country. It is not right that some people are denied health care because of their financial condition. I don't believe we should go another year and have to continue to hear the kinds of stories I have heard nearly every day now for 16 months.

I don't think I ever want to meet another family which tells me the story of two families living together, siblings raising their children in a big old house, the little cousins playing together. One cousin gets a high fever, gets taken to the hospital. That child's parents work. They have insurance through the work place. The child is admitted with a diagnosis of meningitis.

The other cousin, high fever, taken to one hospital by the child's mother, who works, single mother, divorced, raising her child. No insurance. Is sent from one hospital to another hospital. Waits in the emergency room, filling out forms, trying to answer questions about her eligibility possibly for medical assistance since she has no insurance. When it's determined she has no financial backing, she is given Baby Tylenol, takes her child home, and the child dies.

That child has a younger sibling who also contracts meningitis, and now the hospital that turned away the sibling admits the child as a charity case. I don't want to hear any more stories like that. I don't want to meet any more women

MORE

who work hard every single day, like the one I met who had had the same job for more than 15 years as a bookkeeper, had raised her child, had sent him off to adulthood, was still working, no insurance, but tried to take care of herself.

Went every year for a checkup, and went in for her checkup, and was told by her doctor -- he found a lump. He referred her to a surgeon. The surgeon said, after finding out she had no insurance, "Well, if you had insurance, we would biopsy it, but since you don't, we'll just watch it."

I don't want to meet any more families with catastrophic health care problems who did have insurance but because of the extraordinary expense associated with a premature birth with medical complications, a traumatic accident with head injuries, a diagnosis of childhood cancer, the other problems that could affect any one of us -- I don't want to hear any more stories about how the lifetime limit is hit and there's no more insurance, and, unless there's a way to finagle onto government assistance, the families literally spend day after day looking for ways to try to finance the health care their children need.

And I will never forget the mother who looked at me and asked if I knew what it felt like to have a child with a congenital illness after the insurance had run out and who knew therefore what quality health care was like because she could afford it, and all of a sudden finds herself on the other side, unable to afford it, and being told one time by an insurance agent who she had gone to in a desperate effort to piece something together which her family could afford -- her husband was a lawyer; they were well paid, but they could not afford what they were being asked to pay -- and finally having this agent look at her and say, "You don't understand. We don't insure burning houses."

I don't want to hear any more stories like that in America. It is a simple issue of social justice that we are addressing. It is also a question of whether or not our political system will work, and that may be one of the hardest issues to address, but it is very difficult as I travel around the country to explain to people why this has been so debated and so ignored for so long where the need is increasing. And it's because our political system has for too long been mired in gridlock and increasing partisanship. We need to get beyond that. We need to understand that this country is the oldest surviving democracy in the world because when we were

MORE

challenged, we were always able to respond.

My husband and I were in Europe last week. It was such an emotional and moving time for us, because we recognized, as many of you in this audience do, that we owe a great debt to the generation of our parents and grandparents, some of whom have died to save democracy and our country and our way of life; others of whom have given many years of service to see that accomplished, and that our best honoring of them would come from continuing their work and solving our problems and making our political system respond.

And it strikes me that we have a clear example of the disconnect that sometimes exists. Every member of Congress, every member of the Administration, every federal employee is guaranteed health care coverage and is paid for by an employer contribution matched by an employee contribution. I believe that in politics your highest objective should be to make sure you take care of the people who entrusted you with their vote. And in this instance, if it is good enough for our political system and our Congress to have universal health care coverage, it is good.

And finally, I want to end with something that Becky Cane told Congress on your behalf last year when she said "Access to health care universal coverage will determine the humanity of our system, because in the end this is also a moral issue. It is an issue that strikes very deep into who we are as people."

We are a diverse, wonderful collection of points of view and attitudes and backgrounds and experience. But we need to understand we are also very much connected by our shared humanity, and that it is time once again in America to care for each other, to reach out and help one another. There is nothing more basic than health care, making sure every child, every person has access to the kind of health care that you and I always seek for our own families, knowing very well as we look and hear about medical disasters that there, but for the grace of God, go any of us. So, at the end of the day it is about our humanity, about our country, and about our future, and that's why what you are doing in fighting for health care reform is so profoundly important. Thank you all very much.

Q Thank you. Thank you so much. I believe there might -- the First Lady has agreed to take a few questions.

MORE

And I believe there just might accidentally be someone from Arkansas at microphone 1.

Q Good morning, Mrs. Clinton.

MRS. CLINTON: Hello.

Q I am Sandra Ollange (phonetic) from Fayetteville, Arkansas.

MRS. CLINTON: Good to see you.

Q I represent the Washington County League, and I bring greetings from Arkansas and from the whole League. The Clinton Administration and the League of Women Voters will support a women's right to reproductive choice. Would you give us your thoughts on whether we should ever consider compromise on reproductive health coverage in order to achieve comprehensive health reform?

MRS. CLINTON: Well, I think that's one of those questions that we just cannot even answer right now, because we have to get to the forest of universal coverage first, and I think that part of our real challenge is to get a system that secures guaranteed health coverage for every American. Now, we believe that should include reproductive health services. We believe that should include mental health services. We believe that should include preventive health services, including free preventive health services for groups of the population who are at risk.

But the way this whole debate is developing, it is very difficult to tell exactly where we are going to have to make whatever compromise or where it's going to be taken out of our hands and the Congress will basically argue it out, as will happen on a number of these issues. So I don't think anybody is ready to talk about compromise on any aspect. We first have to develop the will and the support to get a financing mechanism for universal coverage, or else everything else we want to do becomes moot. So let's focus on getting everything possibly done to make sure we get a system for universal coverage, and then I think we can really begin to fight out some of the issues that will come. Thank you.

Q Thank you.

Q Microphone 3.

MORE

Q Ms. Clinton, I am Margaret Colony (phonetic) from Washington State. As you may be aware, the League favors a national insurance plan financed by general (inaudible), the single payer plan. We also support the Clinton plan as one able to provide universal coverage and cost containment. As people learn more about the various health care plans, they seem to like the straightforward simplicity of single payer. Do you feel that as the public discussion moves forward, members of Congress and others inside the Beltway will begin to see single payer as politically feasible?

MRS. CLINTON: Not for the foreseeable future. And the reason I say that is for two reasons. There is a tremendous amount of education that needs to go on, which you all are engaged in, about health care reform, and particularly with respect to single payer, because the negative image of single payer has been so effectively portrayed in so many parts of our country that it will take an intensive national effort if we were even to consider being able to get a single payer system passed through the Congress.

Secondly, there are very distinct regional differences in support and understanding of single payer. There are great parts of our country that are extremely hostile to doing anything with respect to health care reform, but particularly with respect to single payer, in large measure because there's no experience, there are huge numbers of uninsured, there is no experience even with organized care of any kind, whereas if you look at the states along the Canadian border, if you look at California, which has a lot of organized care and now has a referendum on the ballot, there are pockets of understanding and support for single payer, which is why in the President's bill we have an option for states to become single payers. We really believe that (inaudible).

But I think that is the way it would have to go, so there would be some real practical experience that overcomes the concerns people have. I mean, this is just a little aside, but, you know, we've had an employer mandate financing system working in Hawaii for 20 years, and it's very effective on not only reaching near universal coverage but also in controlling costs.

Hawaii spends much less of its income on health care than the rest of us do. It is so hard to get other states

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even to pay attention to the Hawaii example. People are really locked into stereotypes about health care that have been fed by very effective information campaigns by interests that don't want change, and so that's why I think we need to go on a state-by-state basis with single payer.

Q Thank you. Microphone 4.

Q I'm Resa Neiman (phonetic) from the League of Women Voters of Massachusetts. Your volunteer work to shape health care reform and to advocate for it is unparalleled. The League of Women Voters applauds and respects public service, whether elected or appointed, volunteer or not. But it seems to be getting nastier out there each day. Will radio talk show hosts, ill-conceived movements like term limits, and the media's penchant for sensationalism over substance discourage and impede those who want to serve and make a difference?

MRS. CLINTON: That is a very important question, because it really goes to the heart of democratic participation and willingness to take a public stand as well as public leadership, and I think that the jury is out. I mean, it is clear that we are in a particular phase in American history where the penchant for sensationalism, where the desire on the part of some to tear down instead of build up is being fed, I mean, a greater and greater fire of destructiveness from my perspective.

And I think that all we can do, those of us in this room who believe deeply in democracy, who believe deeply in issues and causes, is to keep going forward, and not be deterred and not be diverted by what are clearly ideologically and politically motivated attacks for the large measure.

And I think if you see them that way -- in a funny sort of way, it's perversely flattering to be the subject of such intensive hostile attack. And the only parallel I have found in history is Eleanor Roosevelt, who I don't even pretend to compare myself with, because I think she was doubly remarkable for what she did at the time she did it, but she was subjected to just incredible, just relentless attacks.

But they were confined largely to newspaper. They weren't all-pervasive. They were not on TV 24 hours a day. You know, they were not well organized by sort of hit squads of people who are in this for a living. So the intensity and pervasiveness of it seems greater, but the meanness of it,

MORE

unfortunately, has been with us for some time, and we just can't let it get to us: We just have to believe that in the end the truth and effort and hard work and faith pay off, and I think that's a better way to get up in the morning and live your life anyway.

Q This will be our last question. We only have time for one more question, one quick one. Microphone 5.

Q Good morning. I'm Marliss Robertson (phonetic), president of the League of Women Voters of California. (Inaudible) adopted early intervention for children at risk as a high priority. As a respected advocate for children, what advice can you give us to ensure the needs of children, particularly health care needs, be given a higher priority on the public policy agenda?

MRS. CLINTON: Well, I really commend you for taking that on. I hope that those of you who are interested in this issue have read the recent Carnegie report that outlines the extraordinary risks that our youngest children are facing these days. I think that health care reform is absolutely essential, and the kind of benefits package that we all support, which starts with good prenatal care and well child care and immunization, is absolutely the first step to make sure we've got good intervention and that we have good support for families.

And the President's work on the immunization policy which many of you helped support, the work on extending and expanding Head Start, many of those pieces are now falling into place, and I hope that what we can do is begin to talk about the responsibilities of parents, and we are going to begin that debate today. The President is going to Kansas City to talk about welfare reform. We need to start making it very clear that there is a mutually reinforcing system.

You know, children are the products of both their families and their society, and too often in the past we have separated those. And the political debate has been polarized between people who preached at families and told families to straighten up despite changes in the economy, despite living in neighborhoods that were dominated by gangs and drugs and all the rest that we know, and there were those who ignored the family and basically said the government should come in with all of these programs and all of that.

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Both of those as single solutions are inadequate. What we need are good, positive government programs, like health care reform, and Head Start, and other programs like that, and responsible families. And so what we are trying to do in this Administration is what you and I would do in a common sense way in our own families, begin to meld those responsibilities. And so, any work you can do talking about the need for supportive programs for families is absolutely critical, but then also in your public and private capacities talking about family responsibility is critical.

As my husband says over and over again, governments don't raise children, families do, parents do, but parents who are under a lot of stress today could get some more support for doing that job, so that's how we need to present this to the American public, and I think we would begin to get more support for what we have long advocated if we were to do that. I'd like to help you.

Q Thank you. Please join me in thanking Mrs. Clinton.

(End of speech.)

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