

Anne Hickman Lecture
October 9, 1998
Children's Hospital
Little Rock, Arkansas

PHOTOCOPY
PRESERVATION

First Lady Hillary Rodham Clinton
Remarks at the Anne Hickman Lecture
Children's Hospital in Little Rock, Ark.
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There is no place I would rather be whenever I come home than this hospital. I always try to think of some excuse to come by to see some of my friends that are here and see the progress that is being made and recapture the feeling that I always have when I walk through the doors here.

I was privileged in some way to help the development and expansion of this hospital and to serve on the Board of Trustees. And I have seen the miracles that happen here and the remarkable progress that is made possible because of the commitment and dedication of all of you in this room and countless others, some of whom are with us, some of whom have passed on.

I want to thank Barbara Moore, who stands in a line of excellent Chairs of the Board and is doing an excellent job. Dr. Bates, thank you for your commitment to this hospital and for inviting me to this event. I see members of the Board of the present, past and future, and I want to thank all of you. I see members of the medical and nursing staff who keep the wheels of this hospital turning and make the children and the families who are served here feel so well taken care of.

I am especially pleased, however, to be here for the event we are inaugurating today. I am a great fan and admirer of Anne Hickman, and to be asked to deliver this first lecture is a special honor for me. I also want to thank my friend, Betty Lowe. She has been a remarkable example to me over the many years that I have known her, not only here in the hospital, but many of you will recall that she was the president of the American Academy of Pediatrics and she led the medical staff here through a dramatic period of expansion and growth.

But I have known her in probably the most important role and she eluded to that. She and Bob Viser were Chelsea's doctors. And I can't tell you how reassuring it was for me to be with Betty and have her give me one of those "don't worry about that" looks. She had to do that a lot, because I worry about that a lot. But she was greatly reassuring to me. Her common sense and preventive health advice put me on the right footing.

Like so many of you here today, I could hardly recognize the hospital when I saw the new Children's Nutritional Research Center -- one of only six in the nation -- the expanded neo-natal unit, a new cardiology center, a comprehensive hematology and oncology center, the new general pediatric center where children can go to be treated instead of to the emergency room.

I know how much pride all of us take in the ever-growing capacity of this hospital to serve the health needs not only of the children of Arkansas, but of children from all over the nation and even different parts of the world.

And today we celebrate the life, work and commitment to this hospital of a woman who has truly been a real spark plug -- the inspiration and the catalyst for so many of the rest of us. Barbara's tribute to Anne gave a sense of the personal commitment that Anne makes me feel toward this hospital. You just can't say no to her.

I know that many of us feel that Anne's energy kept us going when we might not have had our own to draw on. And virtually every successful program and initiative in this hospital bears her imprint. But perhaps her greatest contribution, beyond the many specific things she did, is the model she gave all of us of true civic engagement. Whether she was heading up a multi-million dollar fundraising drive or signing up volunteers to rock babies in the neo-natal unit, she showed us all what one person could accomplish.

And that is a lesson we all need to be reminded of. Anne Hickman is someone who will stay in the back of our heads on a constant basis and tell us, "Yes, we can make a difference." In fact, it is only one person that makes that decision who moves something to truly make a difference. She did that all with the grace and the humor and ability.

But we also know that Anne is not only someone who is committed to the hospital -- she has many other favorite pastimes. Whether it is being outside on a beautiful day or going fly-fishing with her grandchildren, she knows how to enjoy the gifts that life has given her. Bruce Lindsay told me yesterday that she met his Sunday school teacher, and I am particularly honored that a woman whom I admire so much and who was such a model to me and so many others would have chosen me to launch this lecture series.

I want to talk today about where we are with health care for our children. It is primarily a good news story. There is a lot to report in terms of positive accomplishments that we have seen taking place in the past several years. All of you who work day in and day out here in the hospital to improve the health and well-being know that we have worked for the past five-and-a-half years to put children's health at the top of our domestic agenda to ensure that every child in the next century will grow up healthy and strong and be prepared for the challenges that lie ahead.

If we were to take a report card on the health of America's children today, we would show that we are improving our record in almost every subject. And I am proud that much of the impetus of the work that my husband and his administration have done came directly from our experience here in Arkansas, very particularly from our experience at this hospital.

I want everyone here to know that you were our great teachers. Hearing about the needs for new technology or learning about incredible gains that could be made by simple preventive measures and outreach -- all of that was really an ongoing lesson as we saw here in Arkansas that we tried to incorporate into everything that we have done in the last years in Washington.

But if we stop to take stock, we see that today more of America's children are giving up. That is

an issue that we worked on very hard in our state and we made progress, but we didn't have a national framework or system so every state had to keep struggling to do the best that it could. And we needed to do better. And when Bill became president, we were doing better but we were not doing very well in our opinion.

We had to put in a comprehensive child immunization initiative in 1993. As a result, I can report to you, 90 percent or more of toddlers in 1996 received the most critical doses of each of the most routinely recommended vaccines. That surpasses the goal that the President set in 1993 when the legislation to set up this structure was enacted.

Also today, more of America's infants are surviving the complications of birth. We set a goal to lower infant mortality. We set goals about every 10 years. I remember back in 1980 we had been consulting with Betty and others and I served on the Southern Regional Council's Group to think about how we could try to lower infant mortality in the South to 10 per 1,000 live births.

We didn't think we would get there because we certainly have a lot of disparity between white babies and black babies; babies in rural areas and suburban areas and inner city areas. I am very pleased today to announce that we are going to be, I think, on track to achieve the year 2000 goal of reducing infant mortality to 7 per 1,000 live births three years early.

Now that is an incredible accomplishment and one that is long overdue in our nation because we have lagged behind other advanced countries in making sure that all of our babies, wherever they are born and to whatever circumstances, have a chance to survive until their first birthday.

We are also on our way to eradicating mother-to child transmission of pediatric AIDS in this country. A few years ago, pediatric AIDS was one of the 10 leading causes of death among young people. That is no longer the case. We are pleased that breakthroughs in research of AZT and other drugs enabled us to not only make this progress but then to set up a system where it could be administered to reach all pregnant women.

Today more mothers and babies are getting the care they need by being permitted to stay in their hospitals longer because of legislation that was passed in what were called "drive-by deliveries." Too many mothers were being forced out in 8, 16 or less than 24 hours, some of whom had had cesareans. That was causing problems because more and more babies were coming back into the hospital in a few days with jaundice and other problems that cost money and cause problems.

So because of the legislation that was passed, insurance companies are required to cover at least a 48-hour hospital stay for a normal delivery and 96 hours after cesareans. Today, more mothers and fathers are able to take time off from work to take children to a doctor's appointment or to be with that newborn or adopted child, thanks to the Family and Medical Leave Act.

I always refer to that first major piece of legislation that the President signed because I view it not only as a piece of legislation but as a statement of values. We really value parents and

children. We really value relationships in families. Do we create space and time for people to nurture those bonds?

Today fewer children are being exposed to lead-based paint and other environmental hazards to their health. Last year, the President signed an executive order to federal agencies, calling on them to protect children against environmental risks. That is more and more important because we are learning more each year about the environmental risks that we didn't know in the past. Chemicals, food additives and other things we didn't think were harmful we are now finding, we know now can have impacts on children and adults.

Today more poor mothers and children are eating healthier, more nutritious food because of increased participation in the Women, Infants and Children Program, the WIC Program through the Department of Agriculture. And perhaps most importantly in the long-run of the health and well-being of our children, more children are being covered by health insurance today than ever before in our nation's history.

All of us know that ongoing, primary health care is fundamental to good health and that is absolutely right. I was over here at the hospital at the hint of a sneeze to find out what was going on. And the best way, and often the only way, to ensure that care is to provide affordable health care coverage so that families feel that they can check up on that earache or that shortness of breath or those headaches that don't seem to go away.

The people who work at this hospital and at children's hospitals throughout the country that I have been privileged to visit are the ones who are on the front lines day in and day out. They have to deal with the emergency cases that wouldn't have been emergency cases if children had gotten regular check-ups and preventive health care.

They have to deal with those asthma attacks, high fevers and those dangerous infections that wouldn't have to be treated as seriously as they have to be now if the child has had health care coverage and a physician that could be there for that child and his family.

There really isn't any reason, or one might even say excuse, for any child to go without proper medical care in our country. Yet today, nearly 11 million American children -- one in seven -- are uninsured. And that is why expanding health care coverage, especially for children, is at the heart of the President's agenda.

Last August, with the support of a bi-partisan Congress, the President signed into law the Children's Health Insurance Program, the largest expansion of children's health care in 30 years. On that day, our nation pledged \$24 billion to provide affordable health care coverage to millions of uninsured children. It created a federal-state partnership to fulfill that extraordinary promise.

Now when this law is fulfilled, we will not have universal funds because there is not enough funds even with that commitment to reach all 11 million uninsured children, but we will certainly

have made a well-deserved and long overdue down payment.

There are so many people who will benefit from the implementation of this law. Recently in Washington -- I was at the Children's Hospital there -- I met a family that was a perfect example. The father works full-time as a mechanic, the mother works full-time as a home maker. The husband gets no health insurance benefits from his job. They couldn't afford health insurance for their three sons, a 6 year old, a 3 year old and an 18 month-old. The two youngest suffered from ear infections since birth but had never had a regular hospital visit since they left the hospital.

They found out from a social worker that the two youngest were eligible for Medicaid and when they finally took them to the doctor, they found out that the 18-month-old boy had lost already 20 percent of his hearing and his speech was delayed. That meant that they had more costs and expenses ahead of them but since they finally discovered they were eligible for Medicaid, they could go ahead and afford it.

Last winter they took him in for surgery and inserted tubes into his ears and he received speech therapy. His parents finally heard him speak. That was the good news. The bad news was that although the two younger boys were eligible for Medicaid in the state they lived, namely Virginia, the older boy, at the age of 6, was too old to be eligible for Medicaid and that child was left out of medical coverage. Now that is the child that our expanded health insurance program in Virginia will cover. So that instead of two out of the three boys being covered now, all three of the children, under the Children's Health Insurance Plan, will be covered.

What is important about this, though, is not that we passed a bill and not that it has the potential for covering all these children, but that we have to implement this bill. We call it CHIP, Children's Health Insurance Plan, and it will only be effective if every young person who is eligible signs up. 49 states and territories have submitted their plans to the Department of Health and Human Services; 41 of them have been approved. As a result of this, over the next three years, about 2.3 million additional children will be covered by the approved plans.

We have to keep working with the states to make sure that they do provide adequate benefits and that they keep reaching out to cover as many children as possible. One of our fears is that some of the states might substitute for existing coverage under Medicaid lesser coverage, cheaper coverage under CHIP. So we have to keep watching this to make sure that this doesn't happen.

Some states have developed new outreach programs to make sure that families hear about what is going on. And I am pleased that here in Arkansas we are already building on innovative programs in place. If we look at the progress we made, we see that we have a long way to go but we have a good foundation to build on.

How would we do that? I think first of all, we have to go about the business of collaborating across all kinds of different lines. We have to build on the outreach work we have already started in our communities. We have to make sure that our citizens are educated, especially parents,

about what is available and how they can go about accessing it.

As successful as Medicaid has been, for example, there are an estimated 4 million children who are eligible but are still not enrolled. Now why is that? Well, there are many reasons. Some parents may not know about the program. They are unclear about whether they qualify. They are reluctant to accept government health or they are just plain confused by the complex rules and forms.

Millions of other children have parents who work hard and are just over the limit of income to qualify for Medicaid, but they cannot afford private insurance. So what we are going to be doing working with the states is trying to get information out to everybody. I am pleased to announce that the Administration is launching a radio advertising campaign to let more parents know that their children may now be eligible for health insurance.

The radio campaign will begin in nine states targeting particular families at risk and will become a part of a larger nation-wide outreach effort in January. We are going to try to learn from this to understand how we can get the message across to families to take advantage of what now is available to their children.

The federal government is taking other steps as well. The Department of Health and Human Services is working to simplify the application and enrollment procedures using a joint application for Medicaid and CHIP. Now that may sound like common sense here but believe me, that takes a lot of work in Washington to get done. We are going to get it done. We are going to make this simpler and more accessible for people.

The President's fiscal year 1999 budget includes a proposal to expand the number of places where children can be given Medicaid coverage immediately on a temporary basis while a formal application is being processed.

It is heart-breaking to hear stories about children who show up to emergency rooms, and they don't come to a hospital like this who takes everybody, but to a hospital where they sit for hours trying to figure out whether they have health insurance or not, only to be told in the end that they don't and they will have to go somewhere else.

We are trying to make it possible for every hospital, even those that are not children's hospitals, to give the care and treatment that a child who walks into an emergency room needs. The corporate, non-profit foundation and advocacy groups such as our own Arkansas Advocates for Children and Families, is also playing a critical role in reaching out to people who need to hear what they are eligible for.

In Arkansas, the outreach campaign includes TV and radio spots, color inserts in Sunday newspapers, flyers stuffed into food bags at local McDonald's restaurants -- all that will help us succeed in making sure that we do meet the needs of our children.

We also have to be sure that we narrow the disparity between rich and poor children, Black, White and Hispanic children, because we have a lot of disparity in health care and health outcomes. We still live in a country where African American children die in infancy twice as often as White children. And where cancer and diabetes and many other diseases strike Hispanic and African-American children more frequently than White children.

And here at this hospital we know all too well that poor and minority children are far more at risk of being born with low birth rates, far more likely to die with high levels of lead in their blood and far less likely to be able to access the ongoing care they need for chronic diseases.

So we have set a goal. The President has recognized the urgency of repairing these inequities and has set the goal of eliminating racial and ethnic disparity in health by the year 2010. One step in reaching this goal is the President's proposal in this year's budget to set aside \$400 million to reduce racial inequity in six major areas including immunization, cancer and AIDS. This initiative will support programs which already reach minorities effectively, but it will also provide funds for communities to learn what does work to reduce these disparities.

I will never forget one of the lessons Betty Lowe taught me so many years ago. We were both in the program called the Little Rock Junior League. Betty had spoken very effectively as always about what had to be done to improve health care of children in Arkansas. And one person asked her, "What one thing, if you could do one thing, would you do to improve the health care of children?" And I think I sort of expected her to expand the children's hospital or something like that. Instead she said she would improve sanitation and water in every part of our state.

Now it is that kind of common sense response that we have to look at because there are still places in our country where we don't have clean water or adequate sanitation facilities, where we have too many toxic waste dumps too near where kids play and live, where we can take a look at reducing these disparities in health outcomes by taking a hard look at what are the conditions that children are living in and are exposed to. It is when we can take the next, more sophisticated look at determining what it is in terms of disease, how it affects people, how they are treated for it, then can move on it.

If we do this in a very focused way, I think the President's goal will actually be reached. We also have to do more to stop children from smoking. You know, this has been a big focus of the Administration and the President in the past several years. I repeat it again today because 4.5 million children between 12 and 17 smoke cigarettes. Every day, 3,000 become regular smokers. 1,000 will die prematurely from smoking-related diseases and we will pay for many of those treatments whether they are successful or not.

So we have to do more to discourage and make it less likely that children will begin smoking. We know beyond any argument that smoking is one of the biggest health hazards we face. One way we can do that is by trying to enact comprehensive, bi-partisan legislation that imposes a significant price increase on cigarettes and reaffirms the FDA's authority over tobacco products

and imposes heavy surcharges on tobacco companies that market tobacco to young people.

I don't know if you have been to some of the inner city neighborhoods in some of our big cities that I go in and out of as I visit schools or health clinics. You would not believe the amount of advertising and the real pushing of tobacco that goes on in those neighborhoods. Of course it is not just poor and minorities and disadvantaged children that start smoking. Obviously it is children of all backgrounds and income levels.

We need to take those three steps of increasing the price, reaffirming the FDA's authority and putting a surcharge on any tobacco company which deliberately targets children -- which they are still doing today. I had a piece of correspondence that a friend of mine's child received in the mail offering all kinds of benefits -- tickets to concerts and the like -- if the child wanted to buy cigarettes.

This is something we knew would make a big dent in our health care budget and in our health care disparity so we would have to do what we can to address it. We also have to make sure that children enroll in managed care to get the health care they need. We need to do a better job of protecting the physician-patient relationship in managed care plans. We know that a lot of managed care plans are providing good, quality health care, but we also know that there are some, and unfortunately too many, who are not providing health care when it is needed in a timely manner.

The President has been fighting for a Patients' Bill of Rights so that every citizen, including our youngest, has the protections and rights she or he deserves. A patient should never have to beg and plead to see a specialist they need. A physician should not have to spend hours figuring out how to get around an HMO or other regulations to get the care that his patient needs.

When an emergency arises, they should get the care wherever and whenever they need. I met a young woman not so long ago at Cornell who said to me that she wanted to tell me her story. She had a serious auto accident on a country road. Luckily, the emergency team got them and they MediVaced her out. She spent months in the hospital and in rehab. And she is being dumped by her insurance company for the \$10,000 MediVac bill because she didn't call to ask permission to be MediVaced while she was unconscious at the side of the road.

Now that is the kind of horror story which catches your attention. There are not a lot of those thankfully, but there are too many and we cannot ignore them. So we have to have a framework in which managed care delivers its services and there should be some kind of process to determine quickly when a physician believes a certain care is required. And if the HMO and the insurance company disagree, how to get that mediated.

Now when we talk about the unfinished business ahead to improve the health and well-being of our children, there is a broader agenda that fits into. And that is the agenda of building strong families and communities that support healthy children -- how we prepare our children for

school and work and whether it is working on behalf of expanded early childhood development programs. And I see my good friend, Betty Caldwell, here who has been a pioneer in advocating for so many years the importance of early childhood education for children, whether it is Head Start, home visiting, other child care centers. Unless we really help support parents, we will not get the healthy, productive children that we should.

So we need to look at health care in a broader context and we need to be sure that we are doing what we can to support families to be able to make a difference in their own children's health care.

What is so remarkable about this hospital is that it has long recognized that it was treating the whole family, not just the sick and injured child. For those of us who had children who were patients here, we know how important it is to pay attention to the whole family and to make sure that the family understands what is being done to deal with problems that families have that might affect the well-being or the recovery of the child.

So this is really a model for what the larger agenda should be -- working to support families and strengthen families to enable parents to do the best job they can. You know that I believe and in my book "It Takes A Village" I argue that although parents bear the primary responsibility for children, we all have a role to play, whether we acknowledge it or not, in helping to support parents and families, and we all impact, directly or indirectly, on a society in which a child grows up.

I could not have been as focused on helping Chelsea grow up without the support I got at this hospital where I came for her health care, or without knowing the people and friends I had to stand with me to help meet her needs. The same is for any parent in any circumstances.

And when I am in this hospital it is possible for me to imagine a future in which all of America's children have the love and care they need to grow up strong and healthy. A future in which all of America's children have the tools of opportunity they require to live up to their God-given potential and every child regardless of their race, their background or their family's income is valued.

I want to thank every one of you here -- all of the professionals who run this hospital everyday and all the volunteers and contributors who follow the example of Anne Hickman who give so much of their heart, soul, energy and resources to make this hospital what it is -- for doing what you have done to help us move closer to that dream.

I want to keep working to make that dream a reality not only for the children of Arkansas today but for all the children to come. We could not have gotten this far without all of you, particularly Anne and her example.

Thank you very much.