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REMARKS BY THE FIRST LADY
AT CHILDREN'S HOSPITAL OF PHILADELPHIA
PHILADELPHIA, PENNSYLVANIA

MR. NOTEBAR: Mrs. Clinton, Dr. Koop, good morning. Good morning honored guests, distinguished members of the Pennsylvania delegation, other elected officials.

I am Edmund F. Notebar. It is my pleasure to serve as the president and the chief executive officer of the Children's Hospital of Philadelphia. Children's Hospital of Philadelphia is the nation's first hospital dedicated exclusively to the care of sick children.

Mrs. Clinton, we felt a bit sentimental about your originally scheduled visit on January the 20th. After all, your being here on the 20th really represents the first anniversary of your being our nation's First Lady.

(Applause.)

MR. NOTEBAR: It is also prophetic that we're here at the Philadelphia Civic Center, where President Harry S. Truman was nominated in 1948. This, surely, ordered well for health care of our nation's children then, and we believe your visit orders well for children today.

We still feel that way, even though the ice postponed your initial visit. And we're a little bit late for your first anniversary.

Having Chick Koop return to the Children's Hospital of Philadelphia, where he spent his entire surgical career, is also a very special event for all of us at the Children's Hospital.

Chick, we certainly welcome you back.

(Applause.)

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MR. NOTEBAR: We are very pleased today to have as our cohost for this event the College of Physicians of Philadelphia. The College of Physicians of Philadelphia is an organization whose roots date back to 1787. It is the first honorary medical academy in the United States. Its purpose is to promote greater understanding of medicine and the roles of physicians in contemporary society.

More than 2,000 physicians are currently among its ranks, and I'm very proud to say that many of the Children's Hospital's medical staff are part of that illustrious group.

Every single person in this room is concerned with a greater understanding of medicine and the role of physicians. For example, five of the area's professional medical groups have reinforced their concern for the health of America's people by cosponsoring today's forum.

I will call on the president of each such group to rise as I state the name of his or her organization and his or her name. Please do not applaud until I've had the opportunity to introduce each one to you.

First, the president of our cohost, the College of Physicians of Philadelphia, Dr. Robert H. Bradley, Jr. (phonetic).

Representing our cosponsoring organizations, the American Academy of Pediatrics, Dr. Gerald Arnsen (phonetic).

The Coalition of Black Pediatricians of Greater Philadelphia, Dr. Albert Gaskins (phonetic).

The Medical Society of Eastern Pennsylvania, Dr. Sandra Magruder (phonetic).

The National Association of Children's Hospitals and Related Institutions, Mr. Lawrence A. McAndrews (phonetic).

Philadelphia County Osteopathic Society, Dr. Robert Meal. And the Philadelphia Pediatrics Society, whose president, Dr. Margaret C. Fisher, could not be with us this morning.

(Applause.)

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MR. NOTEBAR: I would be remiss if I did not mention our gratitude to the elected officials who are here. There are a very many of them here today. Their number reinforces our belief that they are equally concerned about the nation's health care, as equally as we are.

Their number prevents my mentioning all of them by name, but I would like to ask that they please rise so that they might be acknowledged by the audience.

(Applause.)

MR. NOTEBAR: Mrs. Clinton, perhaps more than any other group, children's hospitals of this nation see the entire gamut of health care service. We work with families as they suffer the anguish of coping with having critically ill children and all of the problems that beset them as they do this. They must take time off from their jobs. They must get babysitters to care for siblings. They handle a myriad of social, financial, and other problems that challenge their families during these troubled times.

On the other side of the spectrum, we are also essential providers of primary care to tens of thousands of children.

To give you all a glimpse of the world of children's hospitals, I would like to present to you Mr. Lawrence A. McAndrews, president of the National Association of Children's Hospitals and Related Institutions.

Mr. McAndrews?

(Applause.)

MR. MCANDREWS: Thanks, Ed. Good morning.

The old must be shed before the new can begin. The seed must die before there is a plant. Wheat much change before there is bread. The present health care system much change before there is a better way.

For a moment, just use your imagination. The butterfly is a beautiful light on the wind, grace in motion. The caterpillar, slow, close to the ground, and lumbering. Imagine being the first caterpillar, having read the various plans for transformation and following very closely the

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analyses of various experts. Despite your vision of beauty and hope, a few questions would, no doubt, enter your mind as you prepared for metamorphosis.

And, in health care, we have both the hopes and the fears of the caterpillar. Universal access, health security for every American, is a long-sought but yet unobtained goal. Children would be among the most beneficially served. Comprehensive benefits for all is the dream. Enactment with the needs of children in mind is the fervent hope. Affordability is the underlying foundation to sustain access and comprehensiveness to all.

The health of our children and the future of our nation are inextricably bound. I believe the President's plan best addresses these issues among the many federal plans developed today for health care's transformation.

(Applause.)

MR. MCANDREWS: Across the street stands a nine-story building dedicated to the care of children, the first children's hospital in the United States. It was designed for children and not just for their physical needs, but also for their mental and spiritual needs.

The Children's Hospital of Philadelphia and those of you in the audience who are the living embodiment of the culture and heritage of Children's Hospital care for the poorest and the most vulnerable. For over 100 years, this Children's Hospital and the children's hospitals of the country have done the logically impossible. They have provided care for all children, regardless of the ability to pay.

In many cases, as in the case of the Children's Hospital of Philadelphia, children's hospitals have also become institutions of great renown and centers for child health research. You in this audience and those like you dedicated to the care of children love both children and the special places organized to care for children.

Today, we have the unique opportunity to talk with First Lady Hillary Rodham Clinton and Dr. C. Everett Koop. Both have made lifelong commitments to addressing children's health care needs through children's hospitals and through national policy. Thus, it is with great expectation and

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gratitude that in our working together, we have this opportunity to explore questions about the transformation of care for children.

I would like to suggest just three among the many I'm sure you have. The first, will it reform guaranteed universal health coverage for health children, or will it postpone, once again, the national promise? Will standard benefits for all Americans work for the comparatively few children with special care needs, as well as the many children who are healthy?

Will the managed care market itself be managed to ensure access to regionalized services on which children are especially dependent? For example, will national reform point us in the direction of Florida, which is trying to build its own reform on a state-wide system of recognized services of children, or will it point us in the direction of Tennessee, which is turning over its Medicaid and uninsured population to commercially-managed care plans that ignore the issues of regionalization and academic medicine so important to children?

Answers to these and many other questions are tremendously complex. But more than any other single bill, the President's legislation identifies them and tries to grapple with them. And he has continued to express an openness to work on the details of reform while we all work together for comprehensive reform that guarantees universal coverage.

In anticipation of profound transformation, it is natural for us to be hopeful and anxious. As we work to support universal coverage, comprehensive benefits, and affordable health care, let us also build upon the heritage of hospitals, physicians, nurses, and caregivers as embodied by the Children's Hospital of Philadelphia.

Thank you very much.

(Applause.)

MR. NOTEBAR: Thank you, Larry.

Now, it is, indeed, my pleasure to present to you Dr. C. Everett Koop.

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(Applause.)

MR. NOTEBAR: But, before I do, it would not be appropriate to have Dr. Koop come up here without a few remarks to tell you about this extraordinary individual. Dr. Koop has spent his entire surgical career at the Children's Hospital of Philadelphia. He has also spent that same amount of time associated with the College of Physicians at Philadelphia.

Dr. Koop has been associated with both organizations prior to going to Washington and being our nation's Surgeon General. He became surgeon in chief at the Children's Hospital of Philadelphia in 1946. In 1949, he was elected a fellow of the College of Physicians. Both the college and the hospital have honored Dr. Koop.

The Children's Hospital named its surgical center in his honor, presenting him with its gold medal, and named an endowed chair in his honor. The college bestowed its highest honor, the distinguished service medal, on Dr. Koop in 1993.

All of us know that there is so much to Dr. Koop that it is almost impossible to cite all of the facets of this remarkable man. In his role as Surgeon General, he brought an awareness of AIDS, smoking, the rights of children with handicaps, and many issues in public health.

Most people don't know that the young Chick Koop played a major role in banning the use of x-ray machines which were used to determine whether your shoes fit your feet. Some of us remember that. He participated in the University of Pennsylvania's studies of hepatitis during World War II, and he provided health care for the Tarscanian Indians (phonetic) and their children in Mexico.

The health of the nation's children has been a compelling part of Chick Koop's life ever since the beginning of his practice of medicine.

Ladies and gentlemen, it is an honor, indeed, for me to invite you to welcome Dr. Chick Koop to the podium.

(Applause.)

DR. KOOP: Thank you. They say you can't go back,

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but I did.

Before I introduce to you Hillary Rodham Clinton, I want to express my personal admiration and gratitude to her for her leadership in the President's health care reform effort. She has brought --

(Applause.)

DR. KOOP: She has brought to this assignment exemplary energy, unfailing diligence, a breadth of vision, attention to detail, care, and compassion. But I'm sure these words are not new to her. Ever since the Clinton health care plan became public and especially since her highly lauded testimony before Congressional committees, accolades have certainly come her way.

And, although the compliments for her accomplishment in producing a comprehensive reform plan are well-deserved, I must say that the tenor of some of the praise bothered me. There was too much oohing and aahing about how no First Lady had ever done such a thing before. And I think these folks miss the point, as well as missing the person.

It is my understanding that Hillary Rodham Clinton has presented this health care reform plan to the nation not as the First Lady, but as the American citizen whom the President decided he could best trust with this task in placing this on the top of his domestic agenda.

Now, I'm not saying it didn't help to say that she was a friend of Bill. But her chances, after all, were always good because the President has trusted friends to do important things in government. But I imagine, in this case, that Mrs. Clinton received that assignment as much in spite of her being the First Lady as because of it.

A highly educated woman, an accomplished attorney, a proven manager, a thoughtful analyst, a champion of children and the disenfranchised in our society, Hillary Clinton did not surprise anyone who knew her by producing a reform plan of such breadth and such depth. That kind of accomplishment was simply to be expected from her.

I also must say that I admire her and the President for their repeated statements that the plan they have offered

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is open to debate and amendment. They welcome suggestions to improve upon it. And, although the plan is complex, even complicated, I especially admire its breadth.

And I thank you, Mrs. Clinton, for raising all of the issues so that, no matter what finally emerges in the national debate and legislative process, you have forced us to deal with all of the issues, medical, financial, legal, public and private, as well as those of our personal responsibility for taking charge of our own health.

No matter what any of us here today think about some of the plan's particular points, we all owe you our gratitude and admiration for placing the issues and the ethical imperative for health care reform so clearly before us.

It is amazing to me to read in the press that we have no health care crisis. With 38.2 million persons without insurance all or part of the year and the knowledge that the quality of care and the outcomes of treatment in the uninsured is measurably less than in those with private insurance, I think we do have a crisis. Ask some of the 100,000 people who lose their insurance each month if they think there is a crisis. Ask the 250,000 people who filed bankruptcy last year because they could not face their medical bills.

Our system may function with compassion, with competence, at times, with sheer excellence, but not for enough Americans. For too many of your fellow citizens, our health care system is a tyranny. And that means, for them, it is more a curse than it is a blessing.

Let me illustrate from the world of children, which should be reasonably understandable to this audience. I don't know what happened in your life today, but I do know what happened in the lives of many of our children. Today, three children will die from injuries inflicted by abusive parents. Today, 90 children will be taken from abusive parents and forced into the already overcrowded foster home system.

Today, 2,200 teens will drop out of school, most of them without any kind of health care. Today, 100 children will take their first drink of alcohol, and 500 children between the ages of 10 and 14 will try another drug. Today,

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1,400 teenage girls will become mothers; two-thirds of them will be unmarried. And now, in America, one child in five is at risk of becoming a teen mother.

About 2,750 children today will find out that their parents are getting divorced or separated. And that means that half of all white kids and three-quarters of all black kids in this country will spend part of their childhood in a single parent home.

Today, nearly 20 percent of all children have seen another year go by since they had visited a doctor. And the proportion of American nonwhite one-year-olds that are immunized against polio, measles, and other preventable diseases ranks lower than that of 55 other countries. That includes Iraq and Libya. One child in America out of every six has no health insurance.

Many of the problems faced by our children pinch hardest on those who live in want for those who are handicapped by the shameful prevalence of poverty in this otherwise affluent society. The millions of Americans who have these problems merely live on the fringes of our affluence.

And no one knows better than you, Mrs. Clinton, that children are the country's greatest resource, nor does anyone know better than the First Lady how good we all are at giving lip service to children and their needs and yet let a third of them live in poverty and a quarter of them be deficient in shelter, nutrition, or health.

The support system for children with special needs is complex. It has been cobbled together over the years by both public and private interests, and it is good in some areas and fragile in many others. During my tenure as Surgeon General, a lot was accomplished in addressing the predicament of special needs children in a series of Surgeon General's workshops.

Indeed, the first such was held right across the street at the Children's Hospital back in 1982 and was followed thereafter by national, regional, and local workshops of the same nature for the next several years.

Out of these workshops, there evolved the principle of comprehensive, community-based, family-centered care for

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children. This meant programs to children and their needs delivered by multidisciplinary teams as close to the child's home as possible and in such a way as to reinforce the family's role as the child's primary caregiver. Indeed, Congress required just that from state maternal and child programs in OBRA of 1989.

We are concerned about the 15 percent of America's children who have a chronic health problem and about the 2 percent who have disabilities of special health care needs that severely restrict their ability to function in school and family settings. Title V of the Social Security Act provides the current safety net for maternal and child health.

For optimum care of children in the future, as well as for a system to provide accountability for maternal and child health, there has to be some comprehensive coordination of the provisions of Title V and the President's health care reform package.

And, now, if you would come forward, Mrs. Clinton, I would like to give you my first question. Will these youngsters that I've been talking about with congenital problems be eligible for the therapeutic assistive technology and habilitative services that they desperately need, even if the services maintain limited function and the child's status could never be said to be improving?

MRS. CLINTON: Dr. Koop, this is an area that we have tried to address in the Health Security Act. And let me go through a few of the provisions and the coordination of services that we think will answer that question largely affirmatively.

As you know, the Health Security Act promotes comprehensive and accessible health care for all Americans, including children with disabilities and special health needs. The Act includes several provisions to ensure that a choice of care arrangements are available at the community level for all individuals.

And, in addition, a well-designed quality system based on health plan monitoring using standardized performance indicators should assure that all populations receive quality care. For children with special health needs, as you clearly point out and as the research shows,

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quality care means family-centered, coordinated, and community-based approaches.

So, therefore, children who are currently eligible for Medicaid services will receive most of their services through a health plan that provides comprehensive benefits. Additional services will also be provided in a new federal program of wrap-around services to address any other needs the children may have.

This new program will have national standards developed to assure uniform benefits for children and will be coordinated with other programs for children, including parts B and H of the Individuals with Disabilities Education Act.

Additionally, Title V, which does mandate family-centered, community-based, coordinated systems of care for children with special needs will not be changed in the Health Security Act legislation as universal coverage is phased in.

The role of state, maternal, and child health programs will change, because resources currently expended on the actual provision of the purchase of direct medical services will no longer be necessary to the extent that these services are covered under the comprehensive benefits package. Therefore, state programs will be freed up to focus even more on the assessment, planning, evaluation, and assurance functions for which they are responsible.

Also, for the first time, the Health Security Act will assure that all children, including children with special health care needs, regardless of their income, diagnosis, or severity, have access to an affordable and comprehensive benefits package.

The current patchwork of coverage for families with disabled children will be streamlined into a uniform package for all children, backed up by the continuation and coordination of the other existing federal programs, including the ones I have already referred to, Title V and parts H and B.

Currently, disabled children are twice as likely to be publicly insured as nondisabled children. And, as Dr. Koop said, 500,000 disabled children are uninsured. When they do have private health insurance, which they would be guaranteed under the Health Security Act, they are more likely to see the cost of their coverage decrease and have

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the scope of their benefits increase, because the Health Security Act guarantees renewal of a consistent set of benefits.

To gain access to the provider of their choice, families -- not employers, not the government -- will choose each year which health plan provides the best way to meet their needs. And we anticipate that many health plans will be specifically targeting children with special needs, because the act also requires that health plans contract with sufficient numbers of academic health centers and other centers of excellence to provide access to the specialty services required by the individuals in the plan.

In addition, children's hospitals may apply for and be designated as essential community providers. That designation would then require health plans providing services in the area where those hospitals like the one I just visited are to establish agreements for services.

We are also looking to expand the availability of long-term care services for severely disabled children. Eligibility for this program will be uniform across states, while services to be offered will be determined by states to assure appropriate tailoring of the program to community needs. Representatives of the disability community will be involved at each step of this state-based, federally matched program.

And, finally, we believe that the Health Security Act gives us an opportunity to reinvent public health and public health agencies at both the federal and state levels. Universal coverage and comprehensive benefits will free up many public agencies to focus now on the core services that should be provided by public health.

And, in addition, we believe that, through federal funds, we will develop the ability of public and private nonprofit organizations to reach those who most need additional assistance.

We will also be providing a federal program of support services for low-income children to try better to coordinate their needs, not only with Title V, but with other programs that are aimed at serving them.

So we have tried to look at the full range of

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issues presented by our severely disabled children, those with chronic conditions, and better streamline the programs that already exist, use the new funding that will come to support universal coverage that will include every child that we believe will then free up resources to be available for those children. It is an issue that we care very much about.
(Applause.)

DR. KOOP: Mrs. Clinton, currently, Medicaid patients account for about 44 percent of the patient days in children's hospitals nationwide. And yet, Medicaid pays children's hospitals, on the average, less than 84 cents on the dollar, in spite of the improvements that have been made in Medicaid payments through disproportionate care providers.

The President's plan calls for community-based clinics serving low-income people to be labeled "essential providers." Now, this question has to do with part of your answer to the previous one: What can be done to assure that the concept of essential providers be extended to in-patient care, as well as primary ambulatory care?

This is of special concern as we attempt to sustain a fragile health safety net for low-income people during what will be a transition to an increasingly competitive market.

MRS. CLINTON: Well, first, the Health Security Act will eliminate the burden of lower payments to providers, including hospitals, for publicly-insured individuals. Once enrolled in a health plan, low-income individuals will be integrated into a single tier system of care for services covered in the comprehensive benefits package. And that means that there will no longer be a distinction between Medicaid recipients and the rest of us.

In fact, when I was at the hospital this morning in the primary care center that has been established there, one of the doctors told me that a patient who had been coming for certain services to the hospital but had been primarily cared for by her local pediatrician, had just been advised because their family's economic situation had changed and this child had spina bifida, that the Medicaid or the state assistance that would pick up much of her chronic care meant that her physician would no longer see her. And so she, then, was coming to the hospital for all of her services.

In the system we envision, there will be no

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distinction between those people who are getting a subsidy, such as Medicaid recipients do now for their health care and the rest of us, which we think will help better integrate into a better care delivery system.

Second, the Act's provision for essential community provider designation does allow for hospital inpatient services to be covered. Institutional providers who are located in an underserved area or who provide services to a medically underserved population are eligible for this designation.

And standards will be developed for additional designations, if required, to assure that every health plan does what we expect it to do, make available to its patients the full range of services in the benefits package, which includes access to centers of excellence and academic health centers and include inpatient hospital services.

DR. KOOP: Thank you very much. I have one more question for the First Lady, and then we'll be taking questions from you. There are two microphones in the aisles, one here and one over here. I would ask you not to make too long a line, because if you do, you will obstruct the view of the people of the platform.

My last question, Mrs. Clinton, is this: The President's proposed lowest cost sharing option has a mandatory \$10 copayment per visit which includes physicians and therapists. Do you have any plans to subsidize low-income families who would not be able to meet their copayment requirements and, therefore, perhaps delay seeking prompt and necessary care?

MRS. CLINTON: Yes, we do. The Health Security Act includes provisions to assure the affordability of health services for low-income individuals. First of all, AFDC and SSI-assisted families will have their copayments reduced to 20 percent of the normal cost sharing in the lower cost plan. That means that they would be required to make a \$2 copayment on office visits and a \$1 copayment for prescriptions.

In addition, for low-income families at less than 150 percent of poverty in areas where there are no low-cost plans available, additional subsidies will be provided. This is part of our belief that everyone should be responsible for paying something, yet we want to provide the services to

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everyone who needs them. So we will subsidize the low-income patients, but we will expect some kind of payment, because we want to encourage that kind of individual responsibility wherever possible.

If I could, before we take just a few questions, just say a few words of thanks. I want particularly to thank Dr. Koop, who has been very helpful and very informative to me personally and at the forums that we have attended together. And I'm very grateful for his advice and guidance as we try to navigate our way through this process to achieve real health care reform.

I also very much want to thank the Children's Hospital of Philadelphia. I appreciated greatly my visit this morning and had a chance to talk with the physicians and the nurses and parents who are there. I also want to thank all of the sponsoring organizations which have been mentioned earlier for being able to come together to put on this forum.

And, in addition, because although I am greatly honored to be here with all of you, there is a special group that is of great importance to the President who is here. I want to acknowledge the members of Congress by name, because they are the ones who are going to be digesting everything they hear you say and me say to try to figure out how we're going to do this metamorphosis of the caterpillar to the butterfly.

And so, although you all know them, I want to particularly thank both of your senators. You know, Senator Wofford has been beating the drum for health care reform for a number of years, is a sponsor of the President's Health Security Act, and is an unabashed advocate for getting the job done. And I'm grateful to Pennsylvania for making it possible that he would be there.

(Applause.)

MRS. CLINTON: I also want to thank Senator Spector, who has been very interested in maternal and child health care, particularly for low-income families, and has had a number of conversations with me about how to make sure children's needs and pregnant women's needs are taken care of.

And I think he also brings a very personal perspective to this health care debate that I hope will be part of the

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conversation as we move forward. And I'm very grateful for both his personal and professional support for what we're trying to achieve.

(Applause.)

MRS. CLINTON: And I also want to thank the members of the House of Representatives who are here. Congressman and Mrs. Blackwell here. And Congressman Blackwell has been with me every step of the way in Philadelphia every time I come, which I am grateful for.

(Applause.)

MRS. CLINTON: Congressman Foglietta, who handed me on the plane today an announcement of what the Urban Coalition and the Congress is going to try to achieve, so that the great hospital centers that I just visited will be fully taken care of as we move forward with health care reform. And I am very grateful to him.

(Applause.)

MRS. CLINTON: And I want to thank Congressman Borski for his being with me today and for caring about these issues and looking after the interests of the excellent medical facilities that are here in the City of Philadelphia.

(Applause.)

MRS. CLINTON: And I want to thank your neighboring Congresswoman, Marjorie Margolies-Mezvinsky, for --

(Applause.)

MRS. CLINTON: Actually, I want to thank her for two things. I want to thank her for her long-standing commitment to children and the way she has exemplified that in her own life through adoption and caring for children. And I want to thank her for casting that budget vote, which looks better every single day.

(Applause.)

MRS. CLINTON: So, Dr. Koop, I guess we're ready here.

DR. KOOP: For awhile, there were nine people on

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