

Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. paper	Personal; Addresses (Partial) (2 pages)	07/12/1994	P6/b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Speechwriting
OA/Box Number: 8168

FOLDER TITLE:

HRC [Hillary Rodham Clinton]/New York---Magazines 7/19/94 [1]

2012-1004-S

ms510

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

FIRST LADY HILLARY RODHAM CLINTON
REMARKS TO THE AMERICAN SOCIETY OF MAGAZINE EDITORS
NEW YORK CITY
JULY 19, 1994

DRAFT

[Acknowledgements: Ellen Levine, president of ASME and editor at Redbook; Marlene Kahane [kuh-hain], executive director]

On my way over here I was thinking about the range of subjects covered by the magazines represented in this room. There seems to be a magazine nowadays for every group, every interest, every trend, every point of view. I just wish there was one that Congress subscribed to called *Employer Mandate*.

In all seriousness, your industry has enormous potential to deliver subtle and not-so-subtle messages about what people think, eat, wear, feel, and how they live. You also are the reality check -- the filter -- for information about the most important political issues of the day.

Last fall, when the President's reform was first outlined, magazines were instrumental in helping educate the public about the issue. Now, even though reform isn't the most tantalizing subject you cover, it is crucial that you continue to elucidate the debate. Your contributions will be a great service to your readers, to the public and to the nation.

It's no secret that we are at a watershed moment for health care reform. What happens in Congress over the next few weeks and months will define our nation for years to come. And it will say much about who we are as a people, as a culture, as a country.

Today, after months of serious discussion . . . after months of heated debate . . . after months of intensive lobbying . . . after months of expensive advertising by groups with a stake in the outcome of this issue . . . we are closer to achieving real health care reform than at any time in the previous half century.

It hasn't been easy getting this far. It won't be easy taking the final step. That's why we must persevere, even in the face of wildly inaccurate campaigns to mislead the public about the basic goals of reform.

Today, the debate has come down to one fundamental question: Are we going to make sure that hard-working Americans -- the very people who built this country over two centuries -- are guaranteed health security Or are we going to deny them the health security they deserve?

Eighteen months ago, we started on this journey with some general ideas and goals. We knew that health care costs were out of control and fueling the deficit. We knew that millions of hard-working Americans were losing their insurance coverage every month. We knew that we were spending billions of dollars on last-minute, emergency care. We knew that people who paid for insurance were subsidizing those who didn't.

The President outlined a plan to correct these shortcomings. He invited suggestions for how he could make his plan stronger. He listened to those who raised concerns. And in response he modified his plan to make it more flexible and more streamlined.

What he has not wavered on is his commitment to the underlying values of his Presidency. Because whether we are talking about millions of new jobs, or school-to-work initiatives, or welfare reform, or the earned income tax credit, or the Family and Medical Leave Act, or health care reform, the overarching goal of this Administration is to restore an ethos in America where we reward people for their work. And where we help middle-class families who play by the rules lead productive and fulfilling lives.

Work is the essence of who we all are. It gives foundation to our lives. But today the link between work and reward is shattered because of the built-in unfairness of our current health care system.

[story about the woman with a lump in her breast]

Is it fair that people who get out of bed every morning, go to their jobs, and pay taxes don't have health care . . . while people on welfare do? Is it fair that the only people in our society today who are guaranteed health security are federal employees -- including members of Congress and the President -- people in jail, and those on the public dole?

I can't say it more plainly: The middle class in this country -- people who work for a living -- deserve health security.

And that's why the proposals put forth by others are so patently unfair.

Under the opposing plans, the rich, who can already afford the best care, are protected. The poor, who don't work, are protected. But millions and millions of middle class people toiling in the vineyards every day get burned.

Piecemeal reform without universal coverage amounts to the most expensive band-aid treatment in history. Not only does it accomplish nothing, it moves us backwards.

Others claim their plan is the most rational, safest approach. But it's neither rational nor safe to leave 24 million working Americans with no health coverage at all. It's neither rational nor safe to perpetuate a system in which one million people will lose their insurance every month.

It's neither rational nor safe to insist on so-called reforms that will not reduce the deficit but will generate a \$300 billion shortfall by 2004 [CBO estimate].

It's neither rational nor safe to allow insurance discrimination to continue and to make community rating an impossibility.

It's neither rational nor safe to encourage people on welfare to stay on welfare simply so they can receive medical benefits.

Just yesterday, the Catholic Health Association released conclusions of a study it commissioned about universal coverage. One point often overlooked is that those of us who are insured lose nothing if we cover everyone who presently is uninsured.

In fact, we stand to gain. Why? Because the price of premiums will go up without universal coverage, but will more likely go down with universal coverage.

Across the political spectrum -- among conservative and liberal economists, on the editorial pages of *The New York Times* and *The Wall Street Journal* -- there is general agreement that universal coverage is the linch-pin of reform. It is a must if we want to control the prices of premiums, end cost shifting, reduce the number of people on welfare, and continue the downward trend of our deficit.

And it's also a must if we want to give peace of mind to one-seventh of the population who don't have health coverage and to tens of millions of other working Americans who are in danger of losing theirs.

You know what happens if you buy a car without an engine. It looks great in the garage, but you can't go anywhere. The same is true with health care reform. We know from experiences at the state level that you can't have insurance reform without universal coverage. Not unless you want to see higher premiums, continued discrimination, and added costs that amount to a hidden tax on working families, the elderly, farmers, and small businesses.

Some have suggested we wait before trying to insure everybody. Unfortunately, that's a luxury we no longer have. We have waited so long already -- about six decades -- that we are

now, in your parlance, way past deadline.

We're in this rigid position because too many times in the past we have caved in to politics. We did it for 12 years with the deficit -- Republicans and Democrats alike. We did it decade after decade with health care reform.

Now we threaten to jeopardize all of the good things we have accomplished -- the new jobs, the incentives for working people, the expanded opportunities for education, the programs for children, the reduction of the deficit.

The naysayers almost derailed us on the deficit. But we prevailed and I think everybody can see today how fortunate that was. This time, as they consider health care reform, members of Congress must not forget that playing politics endangers the very people that they and the President pledged to help.

And they must remember that health care reform is not a sport. It's not about one side winning, one side losing, one side scoring a point here, the other side scoring a point there. It is not a Democratic nor Republican issue.

The American people -- people of all parties -- have spoken: Three out of four of them want health care reform that includes universal coverage.

And they are right. Universal coverage is the safest path to our future. It is the wisest path. It is the only path if we want to make sure that responsible, working families receive their due.

As we move forward in the coming weeks, I urge all of you to exercise your journalistic responsibility by examining this issue in all of its complexity. In that way you will help engage the public's attention at an historic moment on an historic issue.

Thank you very much.

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MRC / JULY 19

Monthly luncheon of women editors - the yep bigger
keynote - 20 minutes / 20-30 Q+A

Magazine editors - Nswest, Time, GO, USNews,
150 ppl

✓ Newspaper Publishers - SF transcript

Message:

- ① Impact of alterations on middle class
- ② Listened and assumed concerns
 - heard criticisms
 - place-in?
- ③ Other side gonna hurt middle class &
help us. companies

Bottom line of univ. + why

- Domino effect
- deficit, middle-class, cost-shifting

HRC MAGAZINES 7/29/94

Mandy/

Expand idea of safe ground of union coverage
Rewarding work is essence of this Presidency

ETW

Educ. bills

3.2 m jobs

} general theme

A value thing - he believes in this

Link between work & reward = health care

- work is foundation of our lives

- not having h.c. is essential piece that
is missing

- Ppl who get h.c. = prisoners, welfare, fed. employees

- A fairness issue

- a way for ppl to fulfill themselves
throughout life

Sense of urgency

Doing a little = moving backwards

Repeal for exacerbating all the problems

Their approach not a safe alternative

- Imperils the middle class

- Throwing away the apple we were sent to help

- A beefed-up Medicaid program

Iowa - Dole

S. Carolina - Cooper -

} not working

You know these insurance reforms/etc. not wkg

thru farmers, elderly

HRC > country has paid before for playing politics

deficit → for 10 yrs. - 12 yrs played politics

& where did we end up.

We know the price of not dealing w/ this

One bottom line - Univ.

Have to reform our act now -

Now is the moment -

If not now, when are we gonna do it

HRC - grew up - a middle class family

father = small business.

- Hard work to make this program -

- we've come down the road

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FAX:

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EXPECTED ATTENDANCE - ASME MEMBERS' LUNCH - Tuesday, July 19, 1994

Fred Abatemarco, Popular Science
Lee Aitken, People
Kurt Andersen, New York
John Atwood, Men's Journal
Lisa Bain, Glamour
Sylvia Barsotti, Family Circle
Maria Baugh, Child
Andrea Bauman, McCall's
Martin Beiser, GQ
Patricia Berry, Sports Illustrated for Kids
Barbara Blakemore, Family Circle
Susan Bleecker, Town & Country
Myrna Blyth, Ladies' Home Journal
Millie Martini Bratten, Bride's & Your New Home
Jim Brosseau, Town & Country
Kimberly Brown, Travel & Leisure
David Bumke, Medical Economics
Jeff Burger, Medical Economics
Andrea Burtman, Working Mother
John Cantrell, Town & Country
Charmian Carl, Playgirl
Graydon Carter, Vanity Fair
John Mack Carter, Good Housekeeping
Jo Cavallo, Business & Incentive Strategies
Catherine Cavender,
Janet Chan, Redbook
Rona Cherry, Fitness
Jane Chesnutt, Woman's Day
Michael Chotiner, Home Mechanix
Nancy Clark, Family Circle
Nancy Axelrod Comer, Mirabella
Susan Comolli, Your Company
Lee Lusardi Connor, McCall's
Phyllis Cox, Bride's & Your New Home
Judith Coyne, Glamour
Susan Crandell, In Style
Lynne Cusack, McCall's
Diane Debrovner, American Druggist
David DeNicolo, Allure
Katy Dobbs, Welsh Publishing Group
Audrey Edwards, Essence
Lisel Eisenheimer, McCall's
Osborn Elliott, Citizens Committee for New York City
Rosemary Ellis, Working Woman
Stuart Emmrich, SmartMoney
Pamela Erens, Glamour
Judith Esterow, ARTnews
Ellen Fair,
Virginia Fairweather, Civil Engineering
Linda Fears, Ladies' Home Journal
Andrea Feld, Bride's & Your New Home

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FAX:

PAGE

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Priscilla Flood, Glamour
Ellen Frankel, City Family
Nancy Gagliardi, Weight Watchers
Chris Garrett, Vanity Fair
Holly George-Warren, Rolling Stone Press
Michael Goff, OUT
Barry Golson, TV Guide
Linda Gordon, Glamour
Jean Gorman, Interiors
Kathy Green, New Woman
Rebecca Graer, Woman's Day
Bernadette Gray, Home Office Computing
Lee Haiken, Weight Watchers
Zack Hanle, Bon Appetit
Daborah Harding, GCR Publishing Group, Inc.
Shari Hartford, Diversion
Basia Hellwig, Executive Female
James Handricks, Medical Economics
Rebecca Herman, Sesame Street Magazine
Mary Hickey, Ladies' Home Journal
Lisa Higgins, Metropolitan Home
Marilyn Holstein, M & A Publishing, Ltd.
Alison Humes, Conde Nast Traveler
Marlene Kahan, ASME
Rick Kahl, Skiing
Susan Kane, New Woman
Colleen Katz, Journal of Accountancy
Carolyn Kitch, Good Housekeeping
Kati Korpijaakko, Glamour
Sally Koslow, New York Times Women's Magazines
Carol Kramer, Allure
Laurie Kratochvil, In Style
Joanna Krotz, Money
Frank Lalli, Money
Wanda Lau, Martha Stewart Living
Charla Lawhorn, In Style
Sally Lee, YM
Jackie Leo, New York Times Women's Magazines
Ellen Levine, Redbook
Alan Light, Vibe
Christine Loomis, Family Life
Jean Maguire, Family Circle
Marianne Mattera, RN
Martha McCully, Allure
Maureen McFadden, Woman's Day
Kevin McKean, Money
Mary McLaughlin, Working Mother
Caroline Miller, Seventeen
Grace Mirabella, Mirabella
Mary Mohler, Ladies' Home Journal
Mark Morrison, Business Week
Mina Mulvey, Good Housekeeping
Stephen Murata, Medical Economics
Lisa Murray, Details
Heather Murrell, ASME
Linda Nardi, Esquire
Richard Needham, Ski

Martha Nelson, In Style
Pamela Guthrie O'Brien, Ladies' Home Journal
Stephanie Stokes Oliver, Essence
Mary Peacock, Mirabella
Barbara Plumb, Family Life
Lynn Povich, Working Woman
Michelle Press, Scientific American
Dawn Raffel, Redbook
John Rasmus, Men's Journal
Sudie Redmond, American Photo
Christine Reinhardt, McCall's
Evelyn Renold,
Andrew Rhodes, ASME
Carla Rohlfing, Family Circle
Margery Rosen, Ladies' Home Journal
Daniel Rosenbaum, Mobile Office
Evelyn Roth, New York Times Women's Magazines
Helene Rubinstein, Self
Kathy Sagan, Family Circle
Diane Salvatore, Redbook
Ronni Sandroff, On The Issues
Dorothy Schefer, Mirabella
Roger Schiffman, Golf Digest
Sarah Scrymser, Redbook
William Sertl, Savor
Steve Shepard, Business Week
Anne Mollegen Smith, QWERTY Communications, Inc.
Nancy Smith, Self
Richard Smith, Newsweek
Ila Stanger,
Marilyn Stevens,
Martha Stewart, Martha Stewart Living
Cyndi Stivers, Premiere
Ellen Stolanoff, Family Circle
Steven Swartz, SmartMoney
Jerry Tarde, Golf Digest
Barbara Tober, Bride's & Your New Home
Rochelle Udell, Conde Nast
Michelle Urry, Playboy
Karen Walden, New Woman
David Wallace, Business Week
Mary Ellen Ward, Food & Wine
Donna Warner, Metropolitan Home
Linda Wells, Allure
Dana White, Skiing
Ruth Whitney, Glamour
Deborah Wilburn, Working Mother
Carey Winfrey, American Health
Barbara Winkler, Family Circle
Ellen Wlody, Healthy Kids
Ira Wolfman, Sesame Street Magazine/Sesame Street Par
Stephanie Woodard, Your Company



THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

Embargoed until 1:30 pm EST, July 18, 1994

PHOTOCOPY PRESERVATION

LEWIN-VHI STUDY HIGHLIGHTS

The Catholic Health Association commissioned Lewin-VHI to prepare an analysis of the impact of several health reform plans on household spending for health care at various income levels. Lewin-VHI compared reform with universal coverage to reform that achieves partial coverage through insurance market regulation and subsidies. The universal coverage approach was considered both with and without cost constraints. For the first time, the Lewin-VHI study provides conclusive evidence that:

- Health care reform without universal coverage will mean higher, *not lower*, health care costs for middle class Americans who presently have health insurance.
- Additionally, reform with universal coverage achieved by requiring all employers to contribute to their employee premiums -- and including cost constraints -- will reduce spending for middle class Americans that already have insurance in comparison with what they now pay.
- "In addition," the study concluded, "for currently insured households earning less than \$100,000 annually, health spending will decline under universal coverage with an employer mandate and cost constraints."
- An important reason for higher health care costs under the non-universal approach is that the voluntary approach results in bringing only higher consumers of health care, such as older Americans and people with pre-existing conditions, into the system. This increases the level of risk in insurance pools without the benefit of any offsetting factors. Increased premium costs in turn drive young, healthy people with insurance out of risk pools, which further raises premium costs for those who remain and increases the cost shift as well if these people remain uninsured.
- In contrast, an increase in average premiums is largely averted under universal coverage because all individuals would participate in insurance pools, including healthier individuals who receive little health care, spreading risk evenly across insurance pools. Universal coverage also eliminates a major source of cost shifting.
- In addition, subsidies without universal coverage will likely cause many employers who presently provide health insurance to reduce coverage or drop coverage entirely.
- Moreover, partial reform will "perpetuate the destabilizing effects of the cost shift" as much of the cost to the uninsured would continue to be shifted to the privately insured.
- In sum, eliminating cost constraints from health care reform will force the insured middle class to pay more for health care. Eliminating employer contributions from health reform also forces the insured middle class to pay more. And failing to achieve universal coverage forces the insured middle class to pay more.

TO: Lissa
FROM: Erin/Drew
RE: ASME Luncheon

We found several magazines which covered a wide range of health issues:

- 1.) Working Woman/Working Mother--Pediatric Issues, Breast Cancer, STDs.
- 2.) Business Week--"The Incredible Shrinking Health Care Plan"; "Reality Check".
- 3.) Newsweek--Anti-oxidants (April 15), Anti-biotics (March 28), Vitamins (June 7), Fetal Tissue Research (Feb. 26).
- 4.) Cosmopolitan--Edomitriosis (Aug.); Placedos, Dealing w/stress, Women and drugs (July).
- 5.) Spin--Aids (column every month: "AIDS from the frontline"?).
- 6.) Rolling Stone--Drugs-related to AIDS, STDs (May 5).

I'm going to continue looking and will get back to you if I can find anymore relevant material. Hope this is helpful.

Don + define you a re

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[Acknowledgements: Ellen Levine, president of ASME and editor at Redbook; Marlene Kahane [kuh-hain], executive director]

In the past year, many of the magazines represented here have devoted time and energy to reporting about health issues that might otherwise go unnoticed by your readers. These are not easy subjects, but they are vitally important. And you have performed a great service by helping educate the public during what, at times, has been a very confusing debate.

It's no secret that we are at a watershed moment for health care reform. What happens in Congress over the next few weeks and months will define our nation for years to come. And it will say much about who we are as a people, as a culture, as a country.

Today, after months of serious discussion . . . after months of heated debate . . . after months of intensive lobbying . . . after months of expensive advertising by groups with a stake in the outcome of this issue . . . we are closer to achieving real health care reform than at any time in the previous half century.

It hasn't been easy getting this far. It won't be easy taking the final step. That's why we must persevere, even in the face of wildly inaccurate campaigns to mislead the public about the basic goals of reform.

Today, the debate has come down to one fundamental question: Are we going to make sure that hard-working Americans -- the very people who built this country over two centuries -- are guaranteed health security . . . Or are we going to deny them the health security they deserve?

That is the question Congress must answer.

Eighteen months ago, we started on this journey with some general ideas and goals. We knew that health care costs were out of control and fueling the deficit. We knew that millions of hard-working Americans were losing their insurance coverage every month. We knew that we were spending billions of dollars on last-minute, emergency care. We knew that people who paid for insurance were subsidizing those who didn't.

The President outlined a plan to correct these shortcomings.

By now I'm by not a magazine called - Employer Mandates

He invited suggestions for how he could make his plan stronger. He listened to those who raised concerns. And in response he modified his plan to make it more flexible and more streamlined.

What he has not wavered on is his commitment to the underlying values of his Presidency. Because whether we are talking about millions of new jobs, or school-to-work initiatives, or welfare reform, or the earned income tax credit, or the Family and Medical Leave Act, or health care reform, the overarching goal of this Administration is to restore an ethos in America where we reward people for their work. And where we help middle-class families who play by the rules lead productive and fulfilling lives.

Work is the essence of who we all are. It gives us part of our identity. It gives foundation to our lives. But today the link between work and reward is shattered because of the built-in unfairness of our current health care system.

[story about the woman with a lump in her breast]

Is it fair that people who get out of bed every morning, go to their jobs, and pay taxes don't have health care . . . while people on welfare do? Is it fair that the only people in our society today who are guaranteed health security are federal employees -- including members of Congress and the President -- people in jail, and those on the public dole?

I can't say it more plainly: People who work deserve health security.

And that's why the proposals put forth by Senator Dole and others are so patently unfair.

Under Senator Dole's plan, the rich, who can already afford the best care, are protected. The poor, who don't work, are protected. But millions and millions of middle class people toiling in the vineyards every day get burned.

Senator Dole and those who propose piecemeal reform without universal coverage have endorsed the most expensive band-aid treatment in history. Not only does it accomplish nothing, it moves us backwards.

They claim their plan is the more rational, safer approach. But it's neither rational nor safe to leave 24 million working Americans with no health coverage at all. It's neither rational nor safe to perpetuate a system in which one million people will lose their insurance every month.

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billion shortfall by 2004 [CBO estimate].

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And it's also a must if we want to give peace of mind to one-seventh of the population who don't have health coverage and to tens of millions of other working Americans who are in danger of losing theirs.

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Some have suggested we wait before trying to insure everybody. Unfortunately, that's a luxury we no longer have. We have waited so long already -- about six decades -- that we are now, in your parlance, way past deadline.

We're in this rigid position because too many times in the past we have caved in to politics. We did it for 12 years with the deficit -- Republicans and Democrats alike. We did it decade after decade with health care reform.

This time, our failure to succeed will jeopardize all of the good things we have accomplished -- the new jobs, the incentives for working people, the expanded opportunities for education, the programs for children, the reduction of the deficit.

So how many more warnings will we need? How many more studies? How many more polls? How many more television ads? How many more millions of dollars spent on misinformation and rhetoric?

I don't know about you, but I'd rather not leave my child's future in the hands of Harry and Louise.

Congress must not forget that playing politics endangers the very people that they and the President pledged to help. And they must remember that health care reform is not a sport. It's not about one side winning, one side losing, one side scoring a point here, the other side scoring a point there. It is not a Democratic or Republican issue, although at times the temptation to play politics has reduced it to that.

The American people have spoken: Three out of four of them want health care reform that includes universal coverage.

And they are right. Universal coverage is the safest path to our future. It is the wisest path. It is the only path if we want to make sure that responsible, working families receive their due.

Thank you very much.

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PHOTOCOPY
HRC HANDWRITING

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~~Someone once said:~~ "The labor of a human being is not a commodity or article of commerce. You can't weigh the soul of a man [or woman] with a bar of pig-iron." [Samuel Gompers, 1925]

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proposals
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PHOTOCOPY
HRC HANDWRITING

It's neither rational nor cautious to insist on so-called reforms that will not reduce the deficit but will generate a \$300 billion shortfall by 2004 [CBO estimate].

It's neither rational nor cautious to allow insurance discrimination to continue and to make community rating an impossibility.

It's neither rational nor cautious to encourage people on welfare to stay on welfare simply so they can receive medical benefits.

Across the political spectrum -- among conservative and liberal economists, on the editorial pages of *The New York Times* and *The Wall Street Journal* -- there is general agreement that universal coverage is a must if we want to control the prices of premiums, end cost shifting, reduce the number of people on welfare, and continue the downward trend of our deficit.

And it's also a must if we want to give peace of mind to one-seventh of the population who don't have health coverage and to tens of millions of others who are in danger of losing theirs.

You know what happens if you buy a car without an engine. It looks great in the garage, but you can't go anywhere. The same is true with health care reform. We know from experiences at the state level that you can't have insurance reform without universal coverage. Not unless you want to see higher premiums, continued discrimination, and added costs that amount to a hidden tax on working families, the elderly, farmers, and small businesses.

Some have suggested that we should wait before trying to insure everybody. Unfortunately, that's a luxury we no longer have. We have waited so long already -- about six decades -- that we are now on our last overtime. We're at the edge of the cliff. ~~stay into an economic abyss.~~

~~If we don't act boldly now, when will we?~~

Too many times in the past we have paid the price of playing politics. We did it with the deficit. And look where it got us. We did it with health care reform -- over and over and over again. And now look where ~~we are.~~ it got us.

Playing politics endangers the very people that Congress and the President were elected to help. So how many more warnings do we need? How many more studies? How many more polls? How many more television ads? How many more millions of dollars spent on misinformation and rhetoric?

I don't know about you, but I'd rather not leave my child's future in the hands of Harry and Louise.

It's kept at his like his
particular of you're a no holds barred, to new

Health care reform is not a sport. It's not about one side winning, one side losing, one side scoring a point here, the other side scoring a point there. It is not a Democratic or Republican issue, although at times the temptation to play politics has reduced it to that.

The American people have spoken: Three out of four of them want Congress to pass health care reform that includes universal coverage.

Now is the ~~time~~ ^{time} to act.

→ Achieving ^{real} reform now is the safest path. It is the most cautious path we can follow. It is the safest path. It is the only path that ~~will~~ ^{keeps} both sides from ~~losing~~ ^{keeping} the hard work & responsibility of middle class Americans who deserve our.

They know

They're tired & feel manipulated.

They just

They are right.
They know that...

PHOTOCOPY
HRC HANDWRITING

1/2 of page.

FIRST LADY HILLARY RODHAM CLINTON
REMARKS TO MAGAZINE EDITORS
NEW YORK CITY
JULY 19, 1994

Am. Soc. of Mag.
Editors

① She's a magazine
reader.

DRAFT

② [Acknowledgements:] Ellen Levine - Redbook Pres. / Marlene
Kahane
Exec.
Dir.

Thank you for inviting me to join you today. And thank you for your ongoing interest in the issues that so deeply affect our nation's future. In the past year, many of the magazines represented here have devoted time and energy to reporting about the complexities of health care reform. It's not an easy subject, and certainly not one that instantly grabs readers. But it is vitally important. And you have performed a great service by helping educate the public during what has been, at times, a very confusing debate.

It's no secret that we are at a watershed moment for health care reform. What happens in Congress over the next few weeks and months will define our nation for years to come. And it will say much about who we are as a people, as a culture, as a country.

Today, after months of serious discussion . . . after months of heated debate . . . after months of intensive lobbying . . . after months of expensive advertising by groups with a stake in the outcome of this issue . . . we are closer to achieving real health care reform than at any time in the previous half century.

It's been tough getting this far. It will be even tougher to take the final step. And that's why we can't give up, even in the face of wildly inaccurate campaigns by the opposition to mislead the public about the basic goals of reform.

Today, the debate has come down to one fundamental question: Are we going to make sure that hard-working Americans -- the very people who built this country over two centuries -- are guaranteed health security . . . Or are we going to deny them the health security they deserve?

That is the question Congress must answer.

Eighteen months ago, we started on this journey with some general ideas and goals. We knew that health care costs were out of control and fueling the deficit. We knew that millions of hard-working Americans were losing their insurance coverage every month. We knew that we were spending billions of dollars on last-minute, emergency care. We knew that people who paid for insurance were subsidizing those who didn't.

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our exp. at the state level has

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action only for so long before irreparable damage is done. Fortunately, on the deficit, we have begun to reverse the pattern. We are making progress. But all the progress we are making on the economy and jobs and families is in jeopardy if we don't achieve real health care reform now.

We don't have time for playing politics any more. We don't have time to listen to Harry and Louise spew their lies about reform. We don't have time to

This is not a sport. It's not a game. How many more debates do we need? How many more committee meetings? How many more Harry and Louise ads?

Now is the moment for Congress to ask itself: Is it fair to perpetuate a system where people who work hard and pay taxes don't have health care, and people on welfare do? Is it fair that the only people guaranteed health security in our society today are federal employees -- including members of Congress and the President -- prisoners, and those on welfare?

At moments like this it is tempting, particularly for those on the sidelines, to liken the process to a sporting event. Analysis of substance gives way to judgments about who is up, who is down, who won, who lost. trivial

Some people try to turn this issue into a sport: who's up,

who's down, who's ahead, who's behind.

reducing government expenditures on health care.

* Without universal coverage, at least 24 million working Americans would have no coverage at all.

* Without universal coverage, one million Americans will lose their insurance every month. [Families USA study]

* The Congressional Budget Office estimates that universal coverage can lead to significant deficit reduction by 2004. Without universal coverage, CBO estimates a \$300 billion shortfall by 2004. In short, we would be paying more to cover less.

* Without universal coverage, insurance discrimination will continue because community rating will be nearly impossible to achieve. And rates for those who are insured will continue to go up.

* Without universal coverage, thousands of people on welfare will stay there simply to take advantage of medical benefits. With universal coverage, at least 15 percent of those on welfare will leave the rolls. [LA Times 1993; Health Care Financing Review article 1990]

* Without universal coverage, those with insurance will continue to subsidize those without it.

* Without universal coverage, the link between work and reward is broken.

And that analysis is pretty well accepted by economists across the political spectrum and by editorial pages as diverse as the Wall Street Journal and The New York Times.

So today Congress has two choices: to follow the path that three out of four Americans support -- providing health security for every citizen. Or to relinquish this extraordinary opportunity by settling for band-aid solutions that do nothing to prepare our nation for the future.

u If we don't act boldly now, when will we?

Too many times in the past, we have paid the price of playing politics. We -- and I mean Republicans and Democrats -- played politics with the deficit and it nearly ate us up. For nearly 60 years, we have played politics with health care reform. And as a result we now spend more of our national income than any other industrialized nation for care that is available to fewer and fewer of our people.

But now we are at the edge of the precipice. We can put off

E X E C U T I V E O F F I C E O F T H E P R E S I D E

15-Jul-1994 07:11pm

TO: (See Below)

FROM: Kenneth R Chitester
 Office of Media Affairs

SUBJECT: POTUS speech Greensburg, PA 7-15-94

THE WHITE HOUSE

Office of the Press Secretary
(Greensburg, Pennsylvania)

For Immediate Release

July 15, 1994

REMARKS BY THE PRESIDENT
TO THE PEOPLE OF GREENSBURG

Greensburg Courthouse Square
Greensburg, Pennsylvania

1:28 P.M. EDT

THE PRESIDENT: Thank you very much. Mayor Fajt, Congressman Murphy, Senator Wofford, ladies and gentlemen: I must say, when I knew I was coming to Greensburg, I never dreamed that all of you would show up. And I am delighted to see you here. (Applause.)

From the time we arrived at the Latrobe Airport, and then driving all the way in, I felt so comfortable in this part of the country. I saw all these small towns, and we were coming in here -- we must have gone about two miles where every last place of business was either a car dealership or a muffler shop or something else. (Laughter.) When I was six years old, the first thing I ever did was try to fix a car that was burned up. And I've been struggling ever since. I got into public life so I wouldn't have to

work that hard for a living. (Laughter.)

I love seeing all the smiling faces. I even enjoy the honest debate we've got here in the crowd about the health care system. But most important of all, I want to thank you for coming out here today to give democracy a chance to work, and to listen to the two people who were here before me -- Louise Mastowski and Lynn Hicks -- because they're really what this struggle for health care is all about. They're really what the struggle for the future of America is all about.

If you look at the people in this crowd, almost all of you are hard-working middle class people who have obeyed the law,

MORE

paid your taxes and played by the rules your entire life. And I ran for President because I was sick and tired of seeing this country talk to you and say one thing, and then go to Washington and do another. I watched the deficit -- (applause.) I'm running today as President -- every day, back and forth from meeting to meeting and town to town and issue to issue -- to do just what I said I would do back in 1992, to try to move this country forward and make it work for middle class America again.

And when I took office I had seen years and years in which the deficit exploded, our country was getting deeper and deeper in debt, the wealthiest people had their taxes cut, the middle class had their taxes increased, and we avoided facing the tough problems that every country in the world that wants to go into the 21st century has got to face. And I want you to know that this health care issue is in some ways the toughest of all. And I came here today to have a neighborly talk about what the real facts are, and to ask you to help the United States Congress to make a decision that is in your interest.

But let me back up and say every time we try to change something, the same old arguments and the same old rhetoric keeps

coming out to try to paralyze people from moving this country forward. Last year -- last year, after 12 years in which the deficit of this country had exploded, we were driving ourselves into debt, the Congress adopted an economic program by the narrowest of margins, with the help of your congressman and your Senator Harris Wofford.

And now we've had a year to see it work. We had \$255 billion of spending cuts. We had a tax increase on 1.5 percent of Americans, the wealthiest Americans. Fifteen million Americans got a tax cut -- families. Ninety percent of the small businesses in this country were eligible for reduced taxes. And guess what -- we're going to have three years of reduction in our government deficit for the first time since Harry Truman was President. And we've got 3.8 million new jobs. (Applause.)

Just this week -- just this week it was reported that our government deficit is now smaller as a percentage of our income than it's been since 1979. We are moving this country in the right direction, creating jobs, reducing the deficit. (Applause.) We have taken \$700 billion of debt off our children's future that was projected to be there when I became President of the United States.

And you know, all the talk in the world and all the things that you hear in Washington will not change the fact that we stepped up to it and we did the right thing to move this country forward. Now the question is, what are we going to do to guarantee that the people that work hard have a future?

We made a good beginning. We created some jobs; we reduced the deficit. But we've got to educate and train people for tomorrow. We've got to guarantee that every American working family can change jobs and always know that they've got good education. We've reformed the college loan program now so that 20 million Americans are eligible for lower interest rates on their college loans, so people can go to school. (Applause.)

The Congress has before it a crime bill which will put 100,000 more police officers on the street, pass the three strikes and you're out law, and give our kids some things to say yes to as well as to say no to, so we can keep more kids out of trouble. (Applause.)

Yesterday hearings began on our welfare reform law to make welfare a second chance, not a way of life and to move people from welfare to work. We are moving forward. (Applause.)

And I am proud of what has been done. But I have to tell you that unless we face up to our responsibility to reform health care, the future of middle class America and the ability of our administration to continue to move this economy forward is in doubt. And here's why. Because more and more Americans are losing health care coverage.

In the last five years, five million more Americans are

without health care coverage. We are the only major country in the world where we've got fewer people with health insurance now than we did five years ago. Ten years ago, 88 percent of our people had health insurance. Now we're down to 83 and dropping. Meanwhile, we are spending more money on health care than anybody else in the world. We spend 14 percent of our income on health care. Nobody else spends more than 10 -- so that we have fewer people. And the politicians have it; the wealthy have it; the poor have it; if you go to jail you've got it. Only the middle class can lose it. I don't think that makes much sense in the United States. (Applause.)

You know, you hear all this rhetoric -- and I want to answer some of the charges on some of the signs out here today.

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People say, oh, we're rationing health care. that's what my plan

does. Well, it doesn't, but I'll tell you something. You tell me how you can justify in the United States of America rationing health care to a dairy farmer like Louise. How can you justify rationing health care to a fine woman and her husband and their five children? We say this is a pro-family country -- there's a man, his wife and five children -- we have just rationed health care to them. No other advanced country in the world would cut them off without any health care. Only the United States does it. I think we can do better. (Applause.)

When I arrived at the Latrobe Airport, I met three more people just like these two women who talked today. One of them was Patricia Courson; she lives in Elwood City, near here. Until last year her husband had a good job at a hospital that came with a quality health care plan. He can't get any coverage through his new job. She works part-time at a supermarket; she's not covered either. For a year they've paid their own cost out of pocket, with a kind of a carry-forward policy that some of you have had before, too. But it's about to run out. And she's got a respiratory ailment and she has to have treatment every night.

So it looks like they're going to lose this coverage. Now, they've worked all their lives, they've paid for their health care all their lives. They haven't done anything wrong. There are 600,000 people in Pennsylvania alone in the same boat. And their health care has been rationed. They are not on welfare, they are working, and they do not have it.

This woman wrote me the following: She said, "I don't want to die. I've got things to do, grandchildren to help grow up. We're going to fall between the cracks." That's right -- they're not poor, they're not rich, they're not politicians and they're not in jail, so they can lose their health insurance.

Now, that is the issue, folks. And even though everybody knows we need change, even though everybody knows we're the only advanced country that doesn't cover everybody, even though you now know we're actually losing ground, we're having a hard time. Well, let me tell you, don't feel bad, we've been trying to do this for 60 years. Only advanced country that doesn't cover everybody, even though you now know we're actually losing ground, we're having a hard time. Well, let me tell you, don't feel bad, we've been trying to do this for 60 years. We never have been able to do it. Why? Because every time we try to cover all the middle-class working people in the country for 60 years, the same crowd got up with the same arguments and said this is socialism, this is rationing, this is the government taking over the health care system.

And you know what? We didn't do it. Now, the Harry and Louise ads are just the 21st century, the latest example in the last part of the 21st century what's been going on for 60 years -- scaring you to death about what we're trying to do. Now, let me just talk about this.

When I put my plan out -- let's just go through what it said -- I said I didn't want a government plan, I wanted private insurance for everybody. The only thing I wanted the government to do was to require everybody to have private insurance, to ask employers and their employees to split the cost and to give a break to small business people and farmers so they could buy insurance at affordable rates. That's what I wanted to do. (Applause.)

Now, I then went around the country and I listened to people to actually read it. And they said, look, there are some problems with that. So we came back and said, okay, we need improvements in our plan. There ought to be less bureaucracy, less regulation, even more choice and flexibility for consumers so they could pick their own doctors, and an even bigger break to small business. So we said, okay, we'll do all that.

MORE

And then they said, well, there are still three things wrong with it. It's socialism, it's rationing and it's bad for small business. So I want to just tell you something, folks. Socialism is when the government runs a health care system. We don't have socialized medicine in this country, and my plan is for private insurance and private doctors. So when they say it, they are not telling the truth. (Applause.)

Now, nobody think Medicare is socialism I take it. You know how Medicare is paid for? How many of you know how Medicare is paid for? Raise your hand if you know. You pay for it every month in a payroll tax. Is that socialism? No. I don't even want to pay for it like Medicare. I just want people who don't have insurance to have it.

The second thing they say is rationing. You saw rationing up here today. There are 39 million Americans like Louise and Lynn and their children and their grandchildren that don't have any insurance. That is rationing. Under our plan you get to choose your doctor, we keep the same private health care system and we protect people.

Let me tell you this. You all think about this, everybody in this crowd today. More and more and more working Americans are insured at work under plans that give them no choice of doctor. They are losing their choices today. More than half of the American people have no choice today. Under our plan you get more choices than you got today not less. So the rationing argument is a bum rap. (Applause.) We're rationing today.

Now, the last argument and the one that's really gotten everybody in a tizzy in Washington is that it is fair and right and just to ask all people to have health insurance and ask employers and employees to split the difference, but if you do, it will be too tough on small business. Now, that's an important argument because most of the new jobs in this country are being created by small business.

Congressman Murphy and I talked on the way in about how, even though the economy's pulling out in America you need more jobs here. The last thing in the world we need to do is to do anything that will undermine the job base here. So what's the answer? The answer is to give a break to small business in two ways -- cut their cost and allow them to go into pools where they can buy insurance more cheaply.

But let me say this, and I want you to listen because I would not -- I ran for President to create jobs not to cost them. We passed an economic program that gave 90 percent of the small businesses in this country an eligibility for increased tax cuts, not tax increases.

But you think about this: There's only one state in America, one state, Hawaii, that's got the same system I recommended.

And you know what? For 20 years they said here's the deal -- every employer and employee have to buy health insurance and they're going to split the deal. They have to do it, at least 50-50. Guess what? In Hawaii people live longer, the infant mortality rate is lower, and the small business insurance rates are 30 percent lower than they are in the rest of the United States of America. It is cheaper there, not more expensive. (Applause.)

Now, so, the people in Washington are saying, well, just make a few little reforms. Let me tell you what I do not want to do. Under the guise of saying we're making progress on health care, but we're not making any tough decisions, I don't want to see us pass a bill that will one more time give more help to the poor, raise

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middle-class insurance rates and leave more people like Louise and

Lynn without insurance. And I don't think you want me to do that either. Let's cover everybody and make America work. (Applause.)

Folks, all over America the airwaves are full of a lot of rhetoric. This has gotten to be about politics. I don't know whether Louise or Lynn or those three people I met at the airport today are Republicans or Democrats or independents. I don't have any earthly idea who they voted for for president and, frankly, I don't care. They're Americans. They work hard. They're entitled to health insurance. That is the issue. (Applause.) This is not a political issue. This is a practical problem.

Let me just say this in closing. I just got back from a very moving trip to Europe. I went to the Baltic countries, the first American President ever to be there, as the Russian armies are withdrawing, thanks in large measure to our efforts. I went to Berlin and was the first American President ever to be able to speak in the Eastern part of Berlin, with over 100,000 people there. And I met with three big groups of our military men and women and their families, their spouses and their children, three big groups, enthusiastic crowds. And I was shocked. They only asked me about one issue -- one -- our military families. They said, please, Mr. President, a lot of us have to leave the service, a lot of us are coming home. We had health care in the service. Don't let us come home to America that we served that won't give our children health insurance. Don't let us do that. (Applause.) That's all they talked about.

So, I tell you, folks, we made changes in our plan. We made it better for small business, more flexibility, guaranteed even more choices. And I want to challenge the people in Congress, especially the members of the other party, not to pass a program that claims to do something it doesn't do. Let's don't burn the middle class one more time. Let's And I want to challenge the people in Congr especially the members of the other party, not to pass a program that claims to do something it doesn't do. Let's don't burn the middle class one more time. Let's help the middle class. Let's help small business. Let's provide health care to all Americans. We can do it. (Applause.) Other nations have done it, and we can do it, too. (Applause.)

Thank you. And God bless you all. (Applause.)

END1:45 P.M. EDT

Distribution:

TO: David Dreyer
TO: Cynthia J. Lizik
TO: Mary Anton
TO: Amanda Crumley
TO: Paul Meyer
TO: Margaret M. Suntum
TO: Gabrielle M. Bushman

PRESIDENT WILLIAM JEFFERSON CLINTON
HEALTH CARE RALLY
GREENSBURG, PENNSYLVANIA
JULY 15, 1994

[Acknowledgements: The Mayor and our host Dan Fayt (Pr: Fight); Senator Wofford wanted to be here but is detained by votes that matter to you; Congressman Austin Murphy; Louise Mastowski and Lynn Hicks, thank you for sharing your moving stories; and, in the audience, Congressmen Ron Klink and John Murtha.]

I'm working hard as President to move us forward and bring us together by making the changes America voted for in 1992. It has been difficult because change always is. But drift that leaves the middle class behind is worse.

For twenty years the incomes of working people remained virtually flat in our nation, as families and towns and industries were swept up in profound changes. And Washington had no plan. Except some would always do a little more for the poor. And others would do a whole lot for the well-off and the special interests. The middle class was forgotten, except at tax time, and so was any vision to take us strongly into the future.

That approach wasn't right and it didn't work. That is why we have pursued so aggressively a strategy for national economic renewal and for giving the middle class new opportunities to build the American dream at a time of change. This Administration believes that from the first day of pre-school to the first day of the job to the last day before retirement you should know whatever the world brings, you and your children will be prepared. And it is working.

We have begun to put our economic house in order. We enacted the biggest deficit cuts in our history. Our deficit is going down for three years in a row for the first time since Harry Truman was President. We cut taxes for 15 million working people. We've created more than 3.8 million jobs. We've reformed the student loan system, so children of the middle class can go to college without going broke. And for the first time we're giving young people who aren't going to college the skills and training they need to get a good job and to keep improving their skills as the world changes.

I'm proud we have accomplished much together, and kept faith with the promise of 1992. But I'm here today because the job isn't done and because we could lose it all if we don't take care of another crucial problem.

Without universal coverage and health care reform, the middle class American dream we have worked so hard to revive and

restore could dim again. We've seen the trends. More families could lose everything. Bankruptcies could explode. Wages could drop out of sight. Taxes could go up and services down. Again, a Washington without a vision will have forgotten the middle class.

And this time it will have done it because it didn't listen. There is a consensus. Three Americans in four say they want to make sure every American has affordable health insurance and the care their families deserve. The American people know health care isn't partisan. When illness strikes, the doctor does not ask, "Are you a Republican or a Democrat?" He asks, "Are you insured or not?"

I want the first question to be, "Where does it hurt and how can I help," and the only way to ensure that is with universal coverage.

I want a health care system that serves hard working people like Patricia Courson, who lives near here in Ellwood City and who is here with me today. Until last year, Mrs. Courson's husband had a good job at a hospital that came with a quality health care plan. But then her husband got laid off. He can't get coverage through his new job. Mrs. Courson works part time at a supermarket and isn't covered either.

For a year they've carried their own costs, paying out-of-pocket for a bridge insurance policy. But that policy is about to run out. Mrs. Courson has a respiratory ailment that needs ongoing treatment. It looks like they're going to lose the coverage they've paid for all their lives, just when they need it the most. There are six hundred thousand Pennsylvanians in the same boat -- working but uninsured. There are many millions across America just like her, and more every day. Mrs. Courson wrote my wife the following: "I do not want to die. I have things to do. Grandchildren to help grow up...We are going to fall between the cracks."

No you're not, Mrs. Courson, not if your voice and the voices of millions of middle class Americans like you are heard.

We know we face enormous odds -- odds that have beaten generations of Americans and Presidents of both Parties on this issue for 50 years. There are still politicians in Washington who will play politics with your health care. They say they're for health care reform. But they've got a plan that doesn't have universal coverage. And guess who's left out again? Not the rich -- they've got the best health care money can buy. Not the poor -- they've got subsidies.

Who's left out & behind & holding the bag? You are. That is not the plan America wants or needs. Yes, we need to phase in

reform over time, and our proposal does that. And we have worked with friends like Harris Wofford to make our efforts even better.

But, a non-universal approach will be the most expensive band-aid in the history of Washington. It's a political solution, but our problem isn't political. It's practical. It's how to give the middle class a better life. How can we continue a system where people who pay taxes have no health care and those on welfare do?

We've got to cover everyone to cover the middle class. Any solution that doesn't cover the middle class is not a solution. It will leave millions of people like Patricia Courson living in fear instead of hope. The solution is to cover everyone, for everyone to take a little responsibility, and for everyone to get enormous benefits in return.

We must remember one important thing: doing nothing does not mean standing still. It means falling behind. It means more working families shut out, more cost, more anxiety, less prevention, more problems for doctors and nurses. And if we will fix this problem later, when it will cost more and be even more complicated. The American people don't want delay. They want us to do the deed now.

The road signs at your state line read: "Welcome to Pennsylvania, America Starts Here." When Harris Wofford asked "if an accused criminal has a right to an attorney when he gets arrested, shouldn't America's working families have a right to a doctor when they get sick?" And you said "yes" so loud that every politician in America heard.

Three years later -- thanks in large part to the work of Harris Wofford -- we've come to the threshold of making that right a reality for every single American.

It's time for Washington to decide. It's fine to stand for re-election, but there's a time to stand for principle and the middle class who pay the taxes and make this country work. For small business people struggling to make a payroll and meet their customers' needs. For farmers and teachers. For factory workers whose hard work and fierce pride stamps "Made In America" on products that go around the world. The world honors their work and so should we, by linking it to health care that is always there.

Not long ago in the Persian Gulf War 13 fine young people from Greensburg's 14th Quartermaster Unit tragically gave their lives so that America could be more safe and the world could be more free. They believed enough in the promise and purpose of America to make the ultimate sacrifice.

I wish all of you could have been with me last week when I spoke before thousands foreign citizens filling Freedom Square in Riga, Latvia, or stand in the shadow of Berlin's Brandenburg gates. There they were, free after so many years, waving American flags and looking at us with hope and admiration. They view us as winners, capable of leading the entire world to peace and democracy, because they know at our best average people here are free to fulfill their fullest potential.

Now, after 50 years of trying we can give new meaning to that promise by helping the middle class with health care. This great nation always holds the power to become greater still. John F. Kennedy's challenge echoes across the decades: We can do better. We can do better.

In just months we have made a great beginning. Universal health care for the middle class will dwarf our other accomplishments. It will be an immeasurable lift for our economy, it will help us preserve what in many ways is the best health care system in the world but one under siege. And it will be a godsend to middle America.

I want to thank all the good people of Pennsylvania and the millions of Americans on both sides of the aisle who have fought so hard to bring us closer than ever to the dream of universal coverage. We can do better. Our history and our heritage tells us we can. And your strength and your support tells me that with your help -- and God's -- we will. Thank you very much.

FIRST LADY HILLARY RODHAM CLINTON
REMARKS TO MAGAZINE EDITORS
NEW YORK CITY
JULY 19, 1994

DRAFT

[Acknowledgements:]

"In the old days we had the rack. Now we have the press."

"I keep reading between the lies"

Thank you for inviting me to join you today. And thank you for your ongoing interest in the issues that so deeply affect our nation's future. In the past year, many of the magazines represented here have devoted time and energy to reporting about the complexities of health care reform. It's not an easy subject, and certainly not one that instantly grabs readers. But it is vitally important. And you have performed a great service by helping educate the public during what has been a very confusing debate.

It's no secret that we are at a watershed moment for health care reform. What happens in Congress over the next few weeks and months will define our nation for years to come. And it will say much about who we are as a people, as a culture, as a country.

Today, after months of serious discussion . . . months of heated debate . . . months of intensive lobbying . . . months of expensive advertising by every side . . . we are closer to achieving real health care reform than at any time in the previous half century.

But one fundamental question remains: Are we going to make sure that hard-working Americans -- the heart and soul of this country -- are guaranteed health security . . . or are we going to leave them out in the cold?

That is what health care reform has come down to today. That is what Congress must decide.

Eighteen months ago, we started on this journey with some general ideas and goals. We knew that health care costs were out of control and fueling the deficit. We knew that millions of hard-working Americans were losing their insurance coverage every month. We knew that we were spending billions of dollars on last-minute, emergency care.

The President outlined a plan to correct these shortcomings.

He invited suggestions for how he could make his plan stronger. And he listened to those who raised concerns and he modified elements of his plan in response.

Now Congress has an historic opportunity to take the final step. They can do what 75 percent of the American people have said they want: provide coverage for all Americans. Or they can do what Senator Dole has suggested -- protect the very rich and the very poor, and burn all of the hard-working, responsible Americans in between.

Senator Dole's plan is simply not fair.

Implementing insurance reforms without universal coverage is like building a car without an engine. It's great to look at but it doesn't go anywhere.

Think about it in this context: Today, the only people guaranteed health insurance are federal employees, including members of Congress and the President, prisoners, and welfare recipients.

At moments like this it is tempting, particularly for those on the sidelines, to liken the process to a sporting event. Analysis of substance gives way to judgments about who is up, who is down, who won, who lost. trivial

Some people try to turn this issue into a sport: who's up,

who's down, who's ahead, who's behind.

Lissa

THE CASE FOR UNIVERSAL COVERAGE

*Piecemeal measures cannot accomplish most goals of health reform.
Almost every goal of comprehensive reform depends on universal coverage.*

1) Without universal coverage, the hard working middle-class is left behind.

Partial solutions will protect the wealthy and help the poor, but stick it to the middle-class. These half-measures and quick fixes would leave every middle class American at risk of losing their insurance. And at least 24 million Americans who work for a living would have no coverage at all. People like Jim Bryant and his family. Jim Bryant works 70 hours a week, juggling two jobs, but has no health insurance for his family. And the Congressional Budget Office also says that under the 91% scheme, "health insurance coverage would probably be more limited for middle-income people than the rich or poor." [CBO analysis, 5/94, pp. 17, 20]

2) Without universal coverage, every American remains at risk of losing their insurance.

Those who urge Band-Aid solutions say they're reforming the health care system. But they fail to provide every American with the ironclad guarantee that they'll have private health insurance that can never be taken away. According to a new study by Families USA, under a partial solution over one million Americans a month will still lose their insurance. We need universal coverage because every family -- including middle-class families -- must be protected. [Families USA Special Report, 6/94, p. 1]

3) Without universal coverage, the link between work and reward is broken.

Think of the message that non-universal reform would send to literally millions and millions of working Americans. It would say, much as we do today, *"If you are lucky enough to work for someone who will help you with your insurance, or if you are poor enough and down on your luck enough to qualify for government assistance, then you'll have health security. But, if you're in the middle and you get up every day and work for a living, your health coverage is always at risk."*

In fact, surveys suggest that as many as 30 percent of people feel locked into their current jobs because they fear losing the health insurance their families depend on. The CBO has said that incremental reforms will *"reduce"* -- but not solve -- this problem. [*"Health Benefits Found to Deter Switches in Jobs,"* The New York Times, 9/26/91; CBO, 4/94, p. 28]

4) Without universal coverage, we pay more to cover less.

The CBO has said that under the President's proposal, *"significant deficit reduction will be achieved by 2004."* Under the 91% scheme -- where billions in government subsidies are used to help the poorest people buy insurance -- a \$300 billion shortfall would result by 2004. Meanwhile, the President's proposal would guarantee coverage to everyone, while the 91% scheme wouldn't guarantee coverage to anyone. [CBO analysis, p. 22]

5) Without universal coverage, insurance reforms won't work.

Today, insurers pick and choose who to cover -- charging sick people significantly more based on their health care "experience". One of the main goals of reform is to prohibit insurers from discriminating against people: no more charging sick people more than healthy people, young people more than old, small businesses more than large businesses. This will return insurance to what it used to be -- everyone pays in at the "community rate" and their insurance is there when they need it.

But, the Wall Street Journal says that "*experts insist and real-life evidence shows*" that insurance reforms such as community rating would be "*nearly impossible without universal coverage*". In fact, when one state recently enacted insurance reform without universal coverage, rates for the insured went up by 35% and the number of people with insurance declined. Why? Because all the sick people who had previously been denied coverage entered the system, driving up the rates for everyone. This caused young, healthy people and their employers to drop their coverage, which drove rates even higher. In fact, the CBO has said that incremental reforms can cause "*an upward spiral*" of premiums, with fewer people covered at the end. [WSJ, 6/15/94; WSJ, 5/27/94; CBO, p. xlv]

6) Without universal coverage, thousands of Americans will stay on welfare.

Studies have shown that thousands of people are on welfare because it's the only way their families can get health care coverage. An analysis of the effects of the Clinton proposal estimates that at least 840,000 people -- or 15% of welfare rolls -- will leave if we have universal coverage. Insurance reforms without universal coverage would do nothing to encourage people to leave welfare for a job. Just like today, they say to those on welfare: "*If you stay on welfare, you and your family will be protected by comprehensive health benefits. If you leave welfare and get a minimum-wage job, not only are you unlikely to get health care but your taxes will pay for health care for those who remain on welfare.*" [Ellwood and Adams, Health Care Financing Review, 1990 Supplement; University of Wisconsin, L.A. Times, 11/18/93]

7) Without universal coverage, people with insurance will pay for those without insurance.

When people without insurance get in an accident and go to the emergency room, they receive the health care they need. But when they can't pay their bills, the hospital shifts these costs onto people with private insurance. Some experts estimate that \$25 billion in health care costs are shifted onto people with private insurance each year. Without universal coverage, this "cost-shift" will remain in the system -- penalizing those who take responsibility and letting millions of others "ride free". [Congressional Budget Office, May 1993]

8) Without universal coverage, responsible businesses bear the burden for all workers.

Today, the businesses that provide their employees with insurance pay for those who do not. A recent study found that as much as one third of premiums currently paid by employers who provide coverage for their employees and dependents goes to cover the shortfall from companies who do not cover their employees and families. In 1991, employers spent \$26.5 billion to cover dependents who are employed by firms that did not offer insurance. [Hewitt Associates, 1/94; National Association of Manufacturers/Lewin-ICF, 12/91]

9) Without universal coverage, billions will be wasted on expensive, last-minute care.

Until all Americans have comprehensive benefits stressing preventive and primary care, billions of dollars will continue to be wasted on expensive, last-minute care. A national survey of hospital emergency room departments determined that fifty-five percent -- or 50 million -- of the 90 million emergency room visits in 1992 were for ailments that were not medical emergencies and could have been treated in a doctor's office. An emergency room visit costs at least three times that of a visit to a community-based physician in the same area. [National Hospital Ambulatory Medical Care Survey, 1994; HHS, Inspector General Report, 1992]

10) Experts Agree -- We Can't Get Cost Control Without Universal Coverage:

- **Rashi Fein, Medical Economics, Harvard University:** *"We cannot have real savings and real cost containment without universal enrollment. Such enrollment is not a welcome bonus delivered with cost containment dollars; it is what makes cost containment possible. Only with universality can we eliminate the practice of making patients with insurance pay the medical costs of those without it."* [New York Times, 10/28/93]
- **Ted Marmor and Jerry Mashaw, Yale University:** *"It is the experience of every industrialized democracy with a universal health insurance program that cost control becomes easier when the plan is universal, not harder. . . that counsel currently offered by critics -- go slow in adding new benefits until we can assure everyone that the savings are real -- is advice that is likely to doom the plan to failure. Universalism and cost control go hand in hand. Otherwise it is politics as usual, full of special pleading."* [L.A. Times, 10/7/93]
- **The New York Times:** *"Universal coverage is not only a fair and noble objective, consistent with America's values: it is also essential if health care markets are to work well."* [Editorial Page, 6/20/94]
- **Alain Enthoven:** *"By putting market pressure on providers to cut costs, market reforms promoting competition -- absent universal coverage -- could exacerbate access problems. It would be more humane, economical and rational simply to adopt a policy providing coverage to virtually everybody through an integrated financing and delivery organization that provides primary and preventive care as a part of a comprehensive benefits package."* [Health Affairs, 1993]

To: Lissa
From: Claire
Re: Requested Material
Date: July 15, 1994

I. Presidents and the Work Ethic

(I originally attempted to use the Presidential Papers to find the information you needed. However, because there were no indexes, a complete search would have taken about 25 hours. Instead, I scanned speeches which seemed relevant and utilized presidential quote books. Also, because none of the four you requested were very verbose on the subject, I expanded the search to other Presidents as well - except the ones like Nixon and Reagan, of course! Finally, I have pulled quotes which don't directly refer to the work ethic, but do refer to other things I think might be relevant. I hope it helps!)

A. Lincoln

1. "The working men are the basis of all governments, for the plain reason that they are more numerous." (I wasn't sure if the introductory clause could be taken out, but I pulled the quote anyway)

B. Truman

1. "It is time that every American recognize what our father's knew - that it is an honorable thing to work with your hands"

- The Quotable Harry S. Truman, 1967

C. FDR

1. "The joy and the moral stimulation of work must no longer be forgotten in the mad chase for evanescent profits".

2. "Those dark days will be worth all they cost us if they teach us that our true destiny is not to be ministered unto but to minister to ourselves and our fellow men."

3. "Happiness lies not in the mere possession of money; it lies in the joy of achievement, in the thrill of creative effort."

- The World Almanac of Presidential Quotations

D. A. Johnson

1. "The main highway and surest passport to honesty and useful distinction will soon be through the harvest fields and the workshop."

- Ibid

E. Harrison

1. "May that God who has long blessed us as a Nation . . . long preserve to us that intelligent, thrifty, and cheerful body of workmen that was our strength in war and is our guarantee of social order in times of peace."

- Ibid

F. McKinley

1. "We are the nation of working people. We glory in the fact that in the dignity and elevation of labor we find our greatest distinction among the nations of the earth."

- Treasury of Presidential Quotations, 1964

G. Garfield

1. "If hard work is not another name for talent, it is the best possible substitute for it."

- Ibid

H. Cleveland

1. "Our labor is honorable in the eyes of every American citizen; and as it lies at the foundation of our development and progress, it is entitled, without affectation or hypocrisy, to the utmost regard."

-Ibid

J. Coolidge

1. "The meaning of America is not to be found in a life without toil. Freedom is not only bought with a great price; it is maintained by unremitting effort."

2. "... the badge of service (work) is the sole requirements for admission to the ranks of our nobility."

-Ibid

K. Wilson

1. "The working people of America are, of course, the backbone of the nation."

-Ibid

J. Kennedy

1. "The American, by nature, is optimistic. He is experimental, an inventor and a builder who builds best when called upon to build greatly. Arouse his will to believe in himself, give him a great goal to believe in, and he will create the means to reach it. This trait of the American character is our greatest single national asset."

- Ibid

II. Magazine Quotes

(For this, as there was only one quote using the actual word "magazines", I expanded it to press. Most of the quotes I ~~found~~^{found} were either "Freedom of the press is the cornerstone of our nation, etc.", or "The press are the scoundrels of the earth". So, here are the only two that were funny and not too extreme).

1. "In old days men had the rack. Now they have the press."

- Oscar Wilde; Political Quotations, 1990

2. "In centuries before ours, the public nailed the ears of journalists to the pump. In this century, journalists have nailed their own ears to the keyhole."

- Oscar Wilde; A Treasury of Humorous Quotations, 1969.

DETERMINED TO BE AN
ADMINISTRATIVE MARKING
INITIALS: Mo DATE: 10-24-12

~~CONFIDENTIAL~~

MEMORANDUM

Fr: Harold Ickes
Da: July 13, 1994
Re: Preliminary List of Scheduled and Proposed Health Care Activities for the Period of
10 July to the August Recess.

PHASE ONE: July 10 through July 25

Legislative context:

Committee action complete. Leadership in both chambers crafting floor legislation.

Audience:

Congressional: From now until Senator Mitchell presents his bill, key moderate Democrats will be deciding whether or not to sign onto non-universal proposals. Some are already making calculations that non-universal/incremental proposals are "more reasonable and affordable" and are, therefore, the wise political and policy choice. We must convince them that non-universal bills are, in fact, bad policy and bad politics, and thereby increase their receptiveness to a universal bill.

National: Doubts about the Clinton Plan and confusion generated by the Congressional Committee process has left the public thirsting for the President to (1) indicate he has heard the concerns and is remedying the problems; and (2) show leadership by fighting for principles (universal coverage and the middle class).

Goals:

1. Herd moderate Democrats away from "non-universal solutions."
2. Recreate public urgency -- highlight "non-universal" threat to the middle-class.
3. Put the far right on the defensive -- attack the "non-universal" Dole Plan.
4. Redefine the Debate and the Plan.

Message:

Non-universal solutions are bad policy and bad politics because they help the poor at the expense of the middle class; and because they do not arrest spiraling health care costs that are destroying family, business, state and federal budgets.

Bob Dole, and the proponents of incremental/non-universal reform, offer proposals that do more for the poor, but deny working Americans health security leaving them at the mercy of the insurance companies. Bob Dole claims his plan is more reasonable, but his non-universal approach raises insurance premiums putting an even bigger hidden health care tax on families and businesses.

The President and the Democrats are fighting to provide every American with health security they can never lose. The President's universal approach asks every American to contribute to the cost of their own coverage, ending cost-shifts from those who don't pay to those who do.

Methods:

Paid TV & Radio Ads (in targeted states) by the DNC making the argument for universal coverage and against non-universal coverage; and by Farm Groups about the effects of the Dole Plan on rural America. *(scheduled)*

5 Briefings and materials which outline and document the arguments against non-universal reforms will be provided to the President, Vice President, the First Lady, Mrs. Gore, the Cabinet, the Economic Team, HHS officials, and other Department and White House senior staff. *(scheduled)*

Pennsylvania Speech & Rally with the President and Senator Wofford. *(scheduled)*

NGA Speech & Visit with Jim Bryant in Boston by the President. *(scheduled)*

1-3 Radio Addresses by the President. *(proposed)*

Radio Talk Show Broadcasts from the White House with participation from the President, Vice President, First Lady, Mrs. Gore, Cabinet and other senior officials and allies. *(proposed)*

3 Regional Media Days (for 9 targeted states) with briefings by the President and interviews with corresponding state opinion leaders. *(proposed)*

3 White House Opinion Leader Days (for 9 targeted states) with briefings by the Vice President, First Lady and Mrs. Gore. *(proposed)*

Networks, Weekly News Magazine & National Daily Newspaper Editorial Boards will be given the arguments against non-universal reform by the Vice President and First Lady. *(proposed)*

Washington Speech to National Council of Senior Citizens by the Vice President with a focus on the Dole Plan. *(proposed)*

Larry King-style Debate between the Vice President and Bob Dole. *(proposed)*

82 Major Regional Editorial Boards (with special emphasis on target states) will be given the arguments against non-universal reforms (in person or by phone) by the Cabinet. *(scheduled)*

30-40 Major Washington Pundits will be given the arguments against non-universal reforms by at 4 off-the-record breakfast briefings by Sec. Bentsen, Alice Rivlin, Laura Tyson, and Bob Rubin. *(proposed)*

3 Washington Speeches by Sec. Bentsen, Laura Tyson and Alice Rivlin. *(proposed)*

10 White House News "Tongs" will be given the arguments against non-universal reforms by Leon Panetta, Harold Ickes and Pat Griffin. *(scheduled)*

Satellite & Radio interviews (in targeted states) by the Vice President, First Lady, Mrs. Gore and Cabinet members. *(proposed)*

Study Release on Failure of Dole-style Incremental Reform on the State Level by the Health Care Reform Project -- compares incremental reform states (Iowa and South Carolina) with universal reform state (Hawaii). *(proposed)*

Press Conference on Dole Plan Effects on Seniors by Senators Rockefeller and Pryor and Seniors' Groups. *(proposed)*

Press Conference on Dole Plan Effects on Rural America by Senators Daschle and Harkin and Farm Groups. *(proposed)*

Press Conference on Dole Plan Effects on Premium Costs by Senators Bradley and Baucus. *(proposed)*

Study Release and Press Conference on Dole Plan Unfunded Mandate by Senators Simon and Mosley-Braun and AFSME. *(proposed)*

Study Release on Overall Effects of Finance Committee bill by Families USA. *(proposed)*

Study Release and Press Conference on Pepsico Profits Under Employer Mandates in Europe by the Health Care Reform Project. *(scheduled)*

Events in Iowa and New Hampshire on the Effects of the Dole Plan on Seniors by the Long-term Care Campaign, etc. *(proposed)*

The following speech would cap all the preceding events.

Joint Session Speech. The preceding events should have effectively impeached non-universal proposals as anti-middle class and generally unworkable and driven key moderate Democrats away from these proposals. The President would take the national stage to introduce the "new and improved" approach -- all the principles, but not the unpopular features, of the original Clinton Plan. This would (1) reassure that public concerns had been heard and changes had been made; (2) provide clarity by redefining and elevating the debate; and (3) show leadership by defending principles and the middle class. The speech would provide the final push toward the universal solution to be presented by Senator Mitchell 3-5 days later. *(proposed)*

PHASE TWO: July 25 - August Recess

Legislative context:

Floor consideration in the Senate and House. Late in July, the crime bill is expected to pass, and Whitewater hearings will begin.

Audience:

Senate and House targets and the national public

Objectives:

1. Early validation of the President's new approach by key opinion makers.
2. Passage of a universal bill in both Houses.

Message:

Every American deserves what we have -- guaranteed private insurance that can never be taken away.

Methods: *(all below proposed)*

Paid TV & Radio Ads by the DNC and HCRP asking Congress to give every American what they have.

ADA Speech & Rally with the President at the White House.

Health Security Express Rally in Independence, MO with President, Vice President, First Lady and Mrs. Gore.

Health Security Express Rally in Northern New Jersey with the President.

Health Security Express Rallies in Portland, OR and Boston, MA with the First Lady.

Health Security Express Ride through southern state(s) with the Gores.

Health Security Express Arrival Events with the President, Vice President, the First Lady and Mrs. Gore at the Capitol.

Health Security Express Events with Cabinet members along various routes.

Cosponsors Events with the Gores at their residence.

Meetings & Phone calls (targeted members) by Cabinet members.

Constituency Days with all the major allied groups at the White House with follow-up events on Capitol Hill.

Release of Letter by Leading Economists.

Opinion Leader and Regional Media Days (targeted states).

Phone, mail & events in targeted states/districts by allied groups.

WHAT WILL HAPPEN IF WE PASS BOB DOLE'S PLAN, INSTEAD OF A UNIVERSAL COVERAGE PLAN ?

- **Middle Class Americans Will Be Left Out**
- **Small Businesses Will Pay More**
- **Government Costs Will Rise**
- **Insurance Reforms Won't Work**
- **Cost Shifting Will Continue**
- **The Number Of Uninsured Will Continue To Increase**

1. Middle Class Americans Will Be Left Out

- Without universal coverage, **"health insurance coverage would probably be more limited for middle income people than the rich or poor."** [CBO, 5/94, pp. 17, 20]
- **Partial solutions will leave 24 million Americans, more than two thirds of them in middle class working families, without coverage.** Their taxes will pay for health care for millions of others who do not work, but they won't be able to get coverage for themselves. [Based on CBO, 7/93; CBO 5/94; Alain Enthoven, Health Affairs, 1993]
- **"Already, the fraction of adults who work but have no public or private insurance has risen to 17.5% in 1992 from 15.3% in 1988, the Census Bureau says. And employment is growing fastest in industries that tend not to offer health insurance."** [*"Health-Care Inaction Can Carry a High Cost," The Wall Street Journal, 6/27/94*]

2. Small Businesses Will Pay More

- **The high cost of insurance is expected to cause 30% of small businesses currently providing insurance to drop coverage in the years ahead.** This will further raise premiums for the smallest companies that do provide. [Health Affairs, Spring 1992]
- **"By using their clout with health care providers to demand lower costs, big employers help squeeze out inefficiencies. But they also stop helping hospitals care for those with no insurance or with government insurance. Those costs won't disappear, however. As big companies shed them, insurance premiums for smaller employers will be forced up."** [*"Health care Inaction Can Carry a High Cost," The Wall Street Journal, 6/27/94*]

3. Government Costs Will Rise

- "Today, many who lack insurance still get health care if they get sick enough, either through federal or local government programs or through charity. But as employers squeeze the health system harder and the number of uninsured grows, free care probably will be harder to find, and the quality is likely to deteriorate. And the **government's costs**, from the Medicaid program for the poor to emergency rooms at municipal hospitals, **will climb.**" [*"Health care Inaction Can Carry a High Cost," The Wall Street Journal*, 6/27/94]
- "Most of the pending health-reform plans would [require **government to**] **spend tens of billions of dollars a year** so low-income families or their employers can afford insurance." [*"Health-Care Inaction Can Carry a High Cost," The Wall Street Journal*, 6/27/94]
- "The social and economic **consequences** of once again retreating from far-reaching reform are **clear**: more uninsured Americans and **higher costs for the government.**" [*"Health-Care Inaction Can Carry a High Cost," The Wall Street Journal*, 6/27/94]

4. Insurance Reforms Won't Work

- "**Universal coverage** is not only a fair and noble objective, consistent with America's values: it is also **essential if health care markets are to work well.**" [Editorial Page, *The Washington Post*, 6/16/94]
- "It will be nearly **impossible without universal coverage ... to outlaw** the common industry **practice of refusing to cover people with** known medical problems, so-called **pre-existing conditions.**" [*Wall Street Journal*, 6/15/94]
- According to a new study by Families USA, **under a partial solution over one million Americans a month will still lose their insurance.** [Families USA Special Report, 6/94, p.1]

5. Cost Shifting Will Continue

- "Economically, universal coverage is essential to bringing health care cost increases under control; **so long as millions of Americans remain underinsured and uninsured, cost shifting will continue**, leaving a mechanism for unwarranted price inflation in health care." [Star Tribune, 6/16/94]
- "**Lack of full coverage leads to cost shifting** from those who do not pay and those who provide free care, to those who do pay for health insurance" [Alain Enthoven, Health Affairs, 1993]
- When the uninsured can't pay their bills, **hospitals shift** these costs onto people with private insurance -- **at a rate of approximately \$25 billion a year**. [CBO, 5/93]
- "**We cannot have real savings and real cost containment without universal enrollment**. Such enrollment is not a welcome bonus delivered with cost containment dollars; it is what makes cost containment possible. Only with universality can we eliminate the practice of making patients with insurance pay the medial costs of those without it." [Rashi Fein, Medical Economics, Harvard University]
- "It is the experience of every industrialized democracy with a universal health insurance program that cost control becomes easier when the plan is universal, not harder... that counsel currently offered by critics -- go slow in adding new benefits until we can assure everyone that the savings are real -- is advice that is likely to doom the plan to failure. **Universalism and cost control go hand in hand**." [Ted Marmor and Jerry Mashaw, Yale University, L.A. Times, 10/7/93]

6. The Number Of Uninsured Will Continue To Increase

- "As big companies shed [costs], insurance premiums for **smaller employers** will be forced up. This probably **will** lead more of them to **stop offering insurance, to limit coverage for workers' families** or to **rely more on part-timers and temporary workers who often don't get health insurance**." [*"Health-Care Inaction Can Carry a High Cost,"* The Wall Street Journal, 6/27/94]
- "By putting market pressure on providers to cut costs, **market reforms promoting competition -- absent universal coverage -- could exacerbate access problems**." [Alain Enthoven]
- "The social and economic **consequences** of once again retreating from far-reaching reform are **clear: more uninsured Americans** and higher costs for the government." [*"Health-Care Inaction Can Carry a High Cost,"* The Wall Street Journal, 6/27/94]

Target #

Date 12 July, 1994

Health Care Reform California

State Data Profile

29,760,021.00	Total state population
3,434,524.00	Medicare recipients
11.54%	Medicare recipients as a % of the state population
4,485,743.00	Medicaid recipients
15.07%	Medicaid recipients as a % of the state population
1,421,215.00	Persons with disabilities
4.78%	Persons with disabilities as a % of the state population
\$7,996	Health care expenditures per family
12.5%%	Expenditures per family as percent of income
%	Medicaid expenditure as a percent of state budget
82254	Doctors total
3	Doctors per 100 people
131435	Nurses
917	Hospitals
52	Community and Migrant Health Centers
10.7%	Population underserved
149	Health Service Corps members
91	Infant mortality rate

What Reform Will Mean To California

Guaranteed Private Insurance For Everyone

3,386,885 working uninsured people will gain coverage

1,257,054 uninsured children

312,000 people who lose insurance each month today, will be protected

0 people will return to work because they no longer need Medicaid

Comprehensive Benefits

12,290,000 people will gain dental benefit

16,284,000 people will receive a mental health benefit

276,130 two-year olds will be fully immunized

821,024 women will be able to get recommended breast cancer screening

Choice of Doctor and High-Quality Care

4 billion gained by doctors and hospitals in fully compensated care

Outlawing Insurance Company Abuses

9,440,117 people with pre-existing conditions will no longer be at the mercy of insurance companies

486,255 people will no longer have life-time limits on their coverage

Preserve Medicare

1,848,000 Medicare recipients will gain prescription drug coverage

274,000 people who will be able to get help with home and community based care

Savings for Families, Businesses and States

\$3.3 billion in savings for workers

\$11.9 billion in savings for businesses

\$9.5 billion in higher wages for employees who now have insurance

\$6.5 billion in savings for the state government

California Supports Health Reform

Groups For Health Reform

AFL-CIO

American Nurses Association

AARP

League of Women Voters

AARP

League of Women Voters

Older Women's League

HCRP

Long Term Care Campaign

AARP

Health Access

American Nurses Association

Service Employees International Union

Businesses For Health Reform

Medical Professionals For Health Reform

Dr. Richard Butcher

- Former President of the National Medical Association
- Current President of the "Summit '93 Health Coalition."
- Practicing physician (in San Diego, California) who cares for the vulnerable in our society.

- "In the United States, the best health care in the world is only available to those who can pay for it. Our nation will ultimately be judged by the way we correct existing health disparities among racial groups and meet the needs of the nearly 70 million persons who are un- or under- insured. I pray that we will act now to enact meaningful health care reform."

Dr. Leonard Kutnik

- AAP board member.

Dr. R. Hewitt Lee

- General surgeon and Executive Director (emeritus) of the Palo Medical Clinic.

- Brother of Dr. Phillip Lee, Assistant Secretary of Health, Department of Health and Human Services.

- Frustrated with the current system: "I have struggled with contracting with 39 different insurance companies, five different governmental agencies, and a morass of state regulations in bringing efficient, caring quality medical services to our clinic's patients. Proper health care reform would free patients, physicians and staff from a wasteful time consuming burden of redundant paperwork."

Dr. Irving Loh

- Internist and Cardiologist in Thousand Oaks, California.

- An Assistant Clinical Professor of Medicine at University of California, Irvine, School of Medicine and Adjunct Assistant Professor of Medicine at Baylor.

- Served on two working groups of the President's Task Force.

- Speaks frequently on behalf of the President's plan.

Dr. Jeffery Morris

- An ophthalmologist in private practice in San Diego, California.

- Member of the clinical faculty at the University of California at San Diego, Department of Ophthalmology.

- Served as a member of the President's Task Force, Health Professions Review Group.

- Particularly interested in the concept of health alliances and has been published on the topic.

Dr. Richard Sanchez

- Associate Vice-President for Health Care Delivery

Dr. Reed Tuckson

- An internist in Los Angeles, CA.
- President of the Drew University School of Medicine and Science.
- Previous Senior Vice President for Programs for the March of Dimes and Commissioner of Public Health in the District of Columbia.
- Member of the President's Task Force, Health Professions Review Group.

Dr. Michael Bush

- Current President of American Diabetes Association
- Director of Cedars-Sinai Medical Center
- Endocrinologist
- Founder and Director of Diabetes education training program at Cedars-Sinai

Dr. Mary Yarborough

- President and CEO of Mercy Hospital and Medical Center

Dr. David Chadwick

- Center for Child and Protection, Children's Hospital and Health Center

Community Leaders For Health Reform

Sr. Ruth Marie(Mary Theresa)NickersonCSC

Carlos Perry

Karen Humphrey

Mary Yarbrough

Major Medical Centers For Health Reform

Medical Center at University of California, San Fr

William Bernard Kerr, Director

505 Parnassus Ave., San Francisco

yes

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. paper	Personal; Addresses (Partial) (2 pages)	07/12/1994	P6/b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Speechwriting
OA/Box Number: 8168

FOLDER TITLE:

HRC [Hillary Rodham Clinton]/New York---Magazines 7/19/94 [1]

2012-1004-S
ms510

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]
- C. Closed in accordance with restrictions contained in donor's deed of gift.
- PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
- RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[001]

University of California, S.F., School of Medicine
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513 Parnassus Ave, San Francisco
yes

University of Southern California School of Med
Stephen Joseph Ryan, MD - President
1975 Zonal Ave., Los Angeles
yes

UCLA Medical Center
Raymond Gilbert Schultze, MD - Director
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yes

Charles R. Drew University of Medicine and Science
Reed Vaughn Tuckson, MD - Univ Pres.
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yes

Concerned Constituents For Health Reform

P6/b(6)

P6/b(6)

mother developed a severe headache, and at the urgings of their family physician, she was sent to the private hospital he was affiliated with. They discovered that she had an aneurism, and transferred her to the critical care unit. She recieved excellent care until the neurologist learned that the family had no health insurance. He immediately stopped her treatment and arranged for her to be transferred to the County Hospital, eventhough he had told them the day before that she needed immediate surgery to save her life, and that she couldn't be moved. His last words to the family were "I'm doing you a favor ... you couldn't afford my fee, it would wipe you out". Her mother died in the county hospital three weeks later. "I do not know why in this land of plenty that situations like this are allowed to exist. I am sad to have lost my mother and sadder still for those faceless Americans like my mother, who might someday be pitted against the Medical Insurance Industry and the indifference of self-serving medical practitioners".

Sorenson, John

P6/b(6)

WECO Supply Company is an automotive supply dealer with 16 employees. Mr. Sorenson provides insurance for half of his employees, and wants to be able to afford coverage for everyone. He related a story about one of his employees, P6/b(6) who was denied coverage by an insurance company after the premature birth of his child. The employee had left one job, started with Mr. Sorenson; but had 60 days for his new policy to take effect. The incident forced the employee and his wife to declare bankruptcy due to the bills, a financial situation they have never recovered from. He wrote: "Automatic health care for every citizen is the answer. I write you even though I offer health care to my employees and am fortunate enough to afford the premiums. It is for the P6/b(6) of this country that I write you. I care about this country and I care about the employees of my business."

P6/b(6)

P6/b(6)

P6/b(6) a victim of Parkinson's disease, cares for his 69-year-old wife who suffered a heart attack in 1988 and has been comatose ever since. He also cares for his 93 year-old father who has had multiple strokes and is in a wheelchair. His wife P6/b(6) must be monitored around the clock as rotation and aspiration is necessary every three hours. P6/b(6) has spent his savings, receives no public assistance and is determined to keep his family at home for as long as possible. P6/b(6) pays out-of-pocket for unskilled help, however this expenditure leaves him \$500 in debt every month. P6/b(6) has his own health problems and will not be able to continue this care indefinitely without some skilled help.