FIRST LADY HILLARY RODHAM CLINTON
REMARKS FOR NATIONAL PRIMARY CARE DAY
GEORGE WASHINGTON UNIVERSITY
SEPTEMBER 29, 1994

[Acknowledgements: Dr. Jordan Cohen, President of the Association of American Colleges of Medicine; Dean Robert Keimowitz [Kim-o-witz] of the GW School of Medicine; deans from area medical schools who will be in attendance (updated information will be provided before the speech); the 9 national student organizations that provided crucial support for this day; students, faculty and staff of the GW School of Medicine]

I was here at GW a few months ago -- on Mother's Day -- and it's nice to come back for what is kind of an unofficial families' day. I say that because National Primary Care Day is really a celebration of a philosophy of health care that focuses on promoting good health for all our lives, for all our families. Nothing could be more important to strengthening the health of our families and our loved ones than making sure they have access to primary and preventive care.

Although the President couldn't be here today, he asked me to convey his appreciation for your interest and commitment to the medical profession and to his goal of providing all Americans with the care they need.

I've been reading lately, as I'm sure you have, about the "end of health care reform." So many of these stories talk about who won and who lost. Who is up and who is down. But I think those questions might miss the point. We've all learned that health care reform is not a boxing match that goes 15 rounds and then is suddenly over. It's a journey -- sometimes a rocky one, certainly a longer one than we expected -- that we must keep making until every child, every mother and father, every sister and brother, every husband and wife, can get access to the quality health care that you are training to provide.

Over these last months, when Congress debated reform and opponents spent hundreds of millions of dollars to saturate the airwaves with negative advertisements, people like you got up every day and did the best they could for their patients in a system that often works against them.

And when the Congressional session ends in a few weeks and everyone goes home, primary care providers will still be fighting the daily battles against diseases treated too late because there was no insurance, against an insurance system that still discriminates against the elderly and the sick, against a system still choking on paperwork and confusion.

As future doctors and medical professionals, you know the importance of this battle we've been waging for the last 20 months. You know why it is so vital that we achieve universal coverage. You know because you have already begun to see the realities of our health care system in the training you do every single day.

Those realities have little to do with politics -- and a lot to do with people. That's why, in the larger scheme of things, it doesn't much matter whether the President lost, or I lost, or the Republicans or Democrats lost this first battle. What matters is whether the American people win or lose.

I'm reminded now of an op-ed piece I read in The New York Times about a year ago. It was written by a pediatrician in Boston named Perri Klass. And she said the following: "I am not a policy person . . . . But I know this much: It is wrong that I see one child after another without any insurance, most of them children of the working poor, the self-employed, the part-time employees hired by large companies anxious to avoid paying benefits. It is wrong that when the son of a fisherman puts a rusty boathook through his finger, his mother has to ask me anxiously about the cost of the tetanus booster."

I spent the better part of the past two years traveling around this country, listening to people's stories about our health care system. To this day, the faces I saw, the voices I heard, play over and over in my mind. And I don't think anyone who heard those stories and listened to those desperate pleas for help could walk away from this issue now.

Not when tens of thousands of American families lose their coverage each month. Not when health care costs continue to rise faster than our national income. Not when millions of children can't get vaccines to protect them from the most dangerous childhood diseases.

Not when a woman I met in New Orleans who had worked for years still can't get a biopsy for a lump in her breast because she still can't afford insurance.

Not when one child with meningitis survives and another dies -- the difference being that one family was covered and the other wasn't.

These are not political problems. These are human problems. And that's why, when people keep asking me if I'm going to give up on health care reform, my answer is always the same: "Why would I ever give up on the American people?"

As the President said earlier this week: We've had some rough spots in the road, but this journey is far, far from over.

Obviously, I'm disappointed we didn't achieve our goals this year. As you know, it's not been an easy process. We've learned a lot. **Boy, have we learned a lot.** And I'm sure we will learn more along the way.

But I'm proud of the effort we made. Thanks to the hard work of thousands of people across the country, and thanks to a public eager for progress, health care reform is now a subject regularly discussed around the kitchen tables of America. Now, hopefully that discussion will continue among family members and friends, among colleagues at work, and also among lawmakers when the new session convenes on Capitol Hill.

Today offers us a wonderful opportunity not just to talk about what isn't working with our health care system, but to pay tribute to what is working.

As part of this first-ever National Primary Care Day, we have the chance to consider the extraordinary contributions of our primary care community of doctors, nurses, and physician's assistants whose work embodies compassion, quality, and trust. And we can reflect on the vital role of our medical schools and teaching hospitals that serve as beacons in their communities -- providing cutting edge biomedical research, state-of-the-art technology, clinical and tertiary care, and perhaps most important, quality treatment for those among us who might otherwise go without.

Nearly every medical school in the country is participating today. That's a testament to the growing interest in primary care medicine among students like you.

I was heartened to see the results of this year's Association of American Medical Colleges survey, which showed that the percentage of medical school graduates interested in careers as generalists increased for the second year in a row. Today, more than one in five graduates said they might go into primary care.

And that number will grow higher, particularly given the innovative programs taking root in some of our finest medical schools:

* In my home state of Arkansas, the university, in conjunction with the state legislature, has developed a series of scholarship and loan programs for students entering primary care and practice in rural locations.

* The University of Texas Medical Branch in Galveston is working to develop new community-based teaching sites for medical students in the south Rio Grande valley.

* Two years ago, the University of Colorado set a goal of having 70 percent of its graduates choose residencies in internal medicine, pediatrics or family medicine.

* The University of Minnesota at Duluth has been a pioneer in recruiting students for rural, primary care practices, as has the University of Washington.

* And here at GW, there now is a Primary Care Apprenticeship for all second year students.

These are signs that our medical schools and our medical students are not only moving in the right direction but leading the way.

You should lead the way because you are the future of American health care. You are the ones who have made a commitment to care for children and families and the elderly. You are the ones who have shown the courage to enter the medical profession at a time of change and uncertainty. And you are the ones who we must count on to help us reach our goal of comprehensive health care benefits for every American.

In the last week I've visited two hospitals -- one in Boston and one here in Washington. In both of those hospitals I saw babies recovering from all kinds of illnesses. I'm still thinking about those babies I saw. I wonder what will happen to them. And I wonder what will happen to the 11,000 babies born each day across this country.

No matter what kind of circumstances those babies are born into, each one of them needs primary care. Each one of them needs check-ups, and diagnostic tests, and immunizations. Each one of needs the chance to get a healthy start in life.

That's why, if you care about the future of this country, as I do, you have to care about continuing this journey toward universal coverage.

Today there are still too many babies who don't have access to preventive health care or regular check-ups. There are still too many adults who don't have access to health care, except in emergency rooms. And there are still too many families paying far too much for the care they receive -- and worrying every day about whether they can afford the cost tomorrow.

We must have the courage to keep going. At times when the path seems difficult and the way seems hard, I hope we all will remember what the President said a year ago when he spoke to the nation about the need for health care reform: Someday we will reach a point when it will be unthinkable that there was ever a time in this country when hard-working Americans couldn't get the

health care they needed.

Thank you very much.

###

HRC GWU Primary Care

Incrementalism:

1) Does it leave us worse off a better off

2) Does it lose consensus

Audience:

Mostly med. students at GWU

Medical faculty

Event designed to encourage med stud to choose primary care

Doctors, nurses, phys assistants (pri. care) → were our strongest supporters

- We're going to try in FY '96 to T encourage

Rat Philosophy

- increase $$
- immunizations - most progressive + aggressive a Adm. on children's health
- mammograms, early detection programs
- Public health service
- Pri. care providers targeted for U.S. service corps

- This is only the beginning

DON'T SAY: 1) We're going to re-introduce legislation

2)

HRC / GWU Primary Care NOTES (2)

David Altman at GWU - head of primary care day

A. Epstein — Quality, teaching, patient care
What is best abt American medicine
- As we continue to move fwd twd univ coverage -
Appreciation for their support
Also for their functions:
- treating indigenous populations
- bio med research

Increasing # of med students choosing pri. care
2nd yr. ↗
Koop video tape will be [illegible] shown

Greg / — These are the good guys "pri care community"
Hero of what's happening in our health care system
What happened
Plenty of blame to go around
$$ to stop progress
They won the first round but not the last round
All u have to do is pick up paper & see
Δs cont but not all good
Started a discussion, launched the process

People not cynical - process is cynical but the people are not
Still a spirit
people cynical abt process
but not abt their own capacity.

GWU (3) Primary Care Day

WP 9/27 Health care costs ↑ faster than nat'l income
2 one yrs 3.5.4 w/o → 37.4
CBO estimate last month → will consume 26 % of
fed. budget in 2003

Deep personal commitment
Is way Amer. think abt h. care.
Market started to reform itself

Schools participate from across the country

NOTES from Mtg

Real concerns of families
Still struggling against odds to help patients

Elevated this debate;
> letters from correspondence dept

More than a million

Mistakes - 1) are misjudged re partisanship
2) Should have involved re prescalin
3) v. large + complex issue + are
misjudged re amt of time it
takes to educ. ppl
discussions will continue and

GWU (4) Primary Care

11:32 Wed
Mtg 9/28/14

Mark / Open strong

Mark / Mistakes ⇒ all

We learned a lot. But did we learn a lot.
We still know ple out there need..

E.O. wants to know - who is to blame
Was it Pres? Was it me?
Was it Republicans?
As usual. Wash asks the wrong questions
The question - is

AZ / Wash may see as a polit battle but you know it's a battle about real people

I've taken hits

→ cares abt families

→ ~~If you're not gonna give up,~~
You're abt the future
You're not walking away from your studies,
You're
You're here
You have the courage to enter this profession
at this diff. time

You and I are never gonna give up
on the Amer ple.
Why would I ever give up on
the Amer ple.

GWU (5)

Echo POTUS

a time when our children's children will never believe that there was a time . . .

Stoun } just at loss – sees
Boston } Children . . .

newborns →.

OFFICE
973-9400 main
973-9408 FAX
4:30 Leon's office

Ending – POTUS
– eloquent –
None of POTUS –
<health care for all>

goals . . . b/c still 40 m ppl
w/o health care & paying too
much for health care.

Calm, confident, optimistic, realistic –
up front/not defensive

Remember the families

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DELIVER TO: Patti Solis

FAX NUMBER: 202-456-6244

FROM: John Broderick

COMMENTS: See attached.

CONFIRMATION COPY TO FOLLOW: YES

The information contained in this fax message is intended only for the personal and confidential use of the designated recipient(s) named above. This message may be an attorney/client communication, and as such, is privileged and confidential.

Patti
* Sept 1994
SM

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Alexander D. Forger
President

Writer's Direct Telephone
(202)

April 21, 1994

Fwd September

Ms. Patti Solis
Office of First Lady
White House
1600 Pennsylvania
Washington, DC 20500

Dear Patti:

Nick Baldic was kind enough to call you the other day on my behalf, and I tried unsuccessfully to reach you by phone. I know how busy your schedule is, and I certainly understand.

As Nick may have mentioned, I serve on the Legal Services Corporation Board of Directors and was appointed by the President last fall. The Corporation, as you may know, administers civil legal services for the poor in the United States and has an annual budget of approximately $500,000,000. The First Lady served as Chairperson of the Board under President Carter.

This year marks the 20th anniversary of the creation of the Corporation and an appropriate celebration is warranted. In addition, after 12 years of neglect under previous administrations, a re-awakening and re-acknowledgement of the Corporation's value is warranted.

The Chairman of the Legal Services Corporation Board has asked me to chair the anniversary celebration and has suggested a target date of September, 1994. It would be very special if an event could be held either in the Rose Garden or on the South Lawn, at which the President and First Lady would appear and participate.

BOARD OF DIRECTORS—Douglas S. Eakeley, Chairman, Morristown, NJ

Hulett H. Askew, Atlanta, GA
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Ernestine P. Watlington, Harrisburg, PA
Edna Fairbanks-Williams, Fairhaven, VT

Obviously, having the event at the White House with the participation of the President and First Lady would ensure its success and national acknowledgment. Needless to say, we would be delighted to work around any scheduling problems or requirements.

I would very much like the chance to speak with you when time permits.

Very truly yours,

John T. Broderick, Jr.

JTB:dam

If we don't pass health care this year.....

American families will pay more for health care with less secure benefits and diminishing choices. Many workers will continue to trade wage increases or stay locked in jobs that don't suit them just to hang on to the health benefits they've got.

- Health care spending per worker will be over $7,000 in 1994. By the year 2000, health care spending per worker will rise to $12,386, or 25 percent of compensation.
- Without reform, by the year 2000, American workers will lose almost $600 in wages each year just to keep their health benefits [Commerce Department]

American businesses will drop or pare back coverage, or continue to pay more for employee health benefits.

- One and a half million *fewer* full-time workers receive health benefits directly through an employer today, compared to 1988. [University of North Carolina, 8/92]
- In the future, 30 percent of small businesses currently providing insurance will drop their insurance coverage because of the high cost. [Health Affairs, Spring 1992]

Choices will decline for those with insurance, as employers try to stem rising costs by switching to managed care plans with a small number of "approved" doctors. And as more families find themselves without insurance, those with any history of illness will join the 81 million Americans labeled as having "pre-existing conditions".

- In 1988 , 89% of employers offered indemnity (fee-for-service) plans. In 1993, only 65% of employers offered such plans. [*"Health Benefits in 1993"*, KPMG Peat Marwick]
- Up to 30% of employees report that they are afraid to leave their job for fear of losing continuous health insurance coverage.

Doctors will have less and less control over their practices and the care they provide their patients, as people at insurance companies without medical degrees second-guess medical decisions and dictate "necessary care".

The federal budget will be overwhelmed by health care spending on Medicare and Medicaid. This will add to the deficit, raising the pressure to cut back on benefits in those programs. State budgets will also be increasingly eaten up by Medicaid, paring back on crime-fighting and education to pay for health services for welfare recipients.

- Two-thirds of the growth in federal spending between 1993 and 1996 will be accounted for by health care spending.

Clinton's Kids

By Perri Klass

BOSTON

The evening President Clinton delivered his speech on health care, I saw a kid with a badly infected toe at the neighborhood health center where I work. When I told his mother he needed antibiotics, she asked me how much the drug would cost; she had recently lost her job and with it her health insurance. She had applied for welfare, she assured me, but did not yet have a Medicaid card. She did not have $23 for a bottle of antibiotics; the health center paid. She was ashamed of not having the money, and ashamed to be going on welfare.

It is not, you might think, a particularly compelling story; an infected toe, a parent out of work, a moderately priced drug, a clinic set up to handle such contingencies. Surely I could offer a life-threatening medical condition, a heart-rending family situation, a more extravagant pharmaceutical, a more unfeeling system. Well, yes, I could. So could anyone who works with patients who are not uniformly well-off and well covered.

But the whole point is the humdrum nature of the question, the small and constant everyday reminders of the insecurity in which so many people live, raise their children, face the future.

I am not a "policy person." I do the job I do in part because it is theoretically straightforward and not in the least abstract. The kid has a problem; I help if I can. I can't comprehend nearly as well when the problem is generalized to include all kids, when the solutions lie not in person-to-person transactions but in large organizational structures. And so, you will be relieved to hear, I do not have a health care package to put before you.

But I know this much: It is wrong that I see one child after another without any insurance, most of them children of the working poor, the self-employed, the part-time employees hired by large companies anxious to avoid paying benefits. It is wrong that when the son of a fisherman puts a rusty boathook through his finger, his mother has to ask me anxiously about the cost of the tetanus booster. Wrong to have parents weighing the price of the emergency room visit and the chest X-ray their doctor has advised to determine whether their daughter has pneumonia, asking if they can just try the medicine instead and see if she gets better. Wrong that it should always be the honest, conscientious parents who worry most, the ones who *want* to pay their bills and shoulder their burdens.

HEALTH CARE
SECOND OPINIONS
An occasional series

So the President's speech, as it was meant to do, hit me right where I live, or at least where I work. As this legislative saga unfolds, the Clintons deserve tremendous credit for having placed health care and the health care system so prominently at the center of national debate. When the President claims it as our most urgent priority, and he calls for a system that will give every American health care that cannot be taken away, it only goes to remind you that for the last 12 years there wasn't much noise about these issues from the executive branch.

The Reagan Administration's sole health hero, Dr. C. Everett Koop, was on hand Wednesday night to lend his imprimatur, and his presence, along with that of Surgeon General Joycelyn Elders, should remind physicians that moral principles need to guide our thinking about health care and that doctors can act for the public good rather than entrenched self-interest.

Certain passages in the President's speech seemed to be aimed specifically at physicians. He started by reassuring us, telling us that doctors and nurses were what was right with health care in America — that their efforts on behalf of their patients were too often hampered by the ever-growing volume of paperwork. These were words to gladden the heart of anyone who frequently spends 20 minutes on hold at a referral number, waiting for a clerk to provide an authorization code so a patient could be given a piece of paper that would allow an important test to be done. Everyone knows that the paperwork in medicine has got way out of control — that it has metastasized out of all reasonable proportion, and become, for many physicians, a curse, a thief of time, a mockery of the goals that sent us into medicine in the first place.

Both Mr. Clinton and the Republicans who replied to his proposal emphasized the importance of the patient's right to choose a doctor. Senator Connie Mack warned Americans that the Clinton plan would threaten your "emotional bond" with your doctor. (He also, in a stunningly vague but polemic-saturated few minutes, raked up the usual nonsense about how long people in Canada have to wait for cataract surgery, thus threatening U.S. citizens deeply dissatisfied with their health care system with the perils of the overwhelmingly popular Canadian system.)

Watching these responses, you had to wonder where these people had been living. Haven't they heard the "my employer just changed health plans and I need to find a new doctor" blues? Mr. Clinton was absolutely right; our current system may have the rhetoric of choice among physicians, but for most consumers the power to choose is limited or illusory. But the interesting thing about this sacred-right-to-choose-your-doctor line is how it casts physicians, at least momentarily, as the heroes of the health care saga. It goes with that peculiar balance of emotions: I hate the health care system but I love my doctor. Or even: I hate doctors but I love *my* doctor. The President is wooing doctors with this emphasis, noting appreciatively the strength of people's attachment to their physicians, and then wooing the general public by holding out the possibility of that continued bond.

> At long last, decent health care as a right.

And yet the public is also very ready to see doctors as greedy and uncaring. There's no question that the current system, proud product of free enterprise, has left the medical profession somewhat tainted. This was brought home to me a couple of years ago when my son got sick on a trip to Denmark, and after the doctor came (yes, came to the house of our Danish hosts), he asked me for my national health insurance card.

I confessed that I came from a country without a national health system, and the doctor told me, very apologetically, that in that case he would have to charge me. He dug out a fee schedule, to be met with the horrified protests of our Danish hosts, who had never seen anyone charge for health care. They clearly felt that there was something dishonorable about the intrusion of a cash transaction into the treatment of a sick child. (Months later, after I had returned home, I got a letter from that Danish doctor, enclosing my money, apologizing for having charged me at all and informing me that he had discovered that all foreign doctors and their families were entitled to courtesy care.) I think of that encounter now somewhat ruefully, as I ask a patient who probably needs a tonsillectomy: Do you have insurance?

Some say that in failing to institute a single-payer national health system like Canada's, the Government is missing the historic moment. I would like to work under such a system (and so would many other salaried primary-care doctors). But non-policy person that I am, I don't think I ever believed that the opportunity was really here, that the moment was really at hand. I find myself surprised, and impressed by the scope of the plan the Clintons are proposing.

If health care reform really does get through Congress, really does come anywhere near providing every American with what the President proposed — "comprehensive health benefits that can never be taken away" — it will be a tremendous change, and a change for the better. We have a President who is asking the right questions and struggling to answer them, and that in itself is worthy of respect and honor. If we can seriously start to measure ourselves as a nation by such things as the immunization of our children, then we are taking a giant step (or, if you will, many baby steps) in the direction of sanity, civility and civilization, as any pediatrician can tell you. □

Perri Klass is a pediatrician in Boston. Her most recent book is "Baby Doctor."

but as all of the discussion about Washington Banks or who's up and who's down, and whose won and whose lost.... they are missing the larger point. It is the people like you - you and your patients -- who have unfortunately been let down. It is you who will have to continue to struggle in a system that works against you and second guesses you at every turn.

And it is your patients, most of them hard working families trying their best, who will continue to live with the insecurity of insurance that seeks out the healthy & rejects the sick, ~~and bankrupts us.~~ limits the coverage people need.

I'm reminded of what a pediatrician Peri Klass wrote in the NYT. She wrote that she wasn't a policy person, and didn't know which health care plan was best. But she wrote "I know this much

Her commitment to her family has not ended. Your commitment to your patient continues. And so our commitment to this issue continues as well. It is the right thing to do, it is what the American people want, and ~~it is what~~ those of you on the front lines deserve no less.

1ST DOCUMENT of Level 1 printed in FULL format.

Public Papers of the Presidents

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HEADLINE: Address to a Joint Session of the Congress on Health Care Reform

BODY:

Mr. Speaker, Mr. President, Members of Congress, distinguished guests, my fellow Americans, before I begin my words tonight I would like to ask that we all bow in a moment of silent prayer for the memory of those who were killed and those who have been injured in the tragic train accident in Alabama today.

[At this point, the chamber observed a moment of silence.]

Amen.

My fellow Americans, tonight we come together to write a new chapter in the American story. Our forebears enshrined the American dream: life, liberty, the pursuit of happiness. Every generation of Americans has worked to strengthen that legacy, to make our country a place of freedom and opportunity, a place where people who work hard can rise to their full potential, a place where their children can have a better future.

From the settling of the frontier to the landing on the Moon, ours has been a continuous story of challenges defined, obstacles overcome, new horizons secured. That is what makes America what it is and Americans what we are. Now we are in a time of profound change and opportunity. The end of the cold war, the information age, the global economy have brought us both opportunity and hope and strife and uncertainty. Our purpose in this dynamic age must be to make change our friend and not our enemy.

To achieve that goal, we must face all our challenges with confidence, with faith, and with discipline, whether we're reducing the deficit, creating tomorrow's jobs and training our people to fill them, converting from a high-tech defense to a high-tech domestic economy, expanding trade, reinventing Government, making our streets safer, or rewarding work over idleness. All these challenges require us to change.

If Americans are to have the courage to change in a difficult time, we must first be secure in our most basic needs. Tonight I want to talk to you about the most critical thing we can do to build that security. This health care system of ours is badly broken, and it is time to fix it. Despite the dedication of literally millions of talented health care professionals, our health care is too uncertain and too expensive, too bureaucratic and too wasteful. It has too much fraud and too much greed.

At long last, after decades of false starts, we must make this our most urgent priority, giving every American health security, health care that can never be taken away, health care that is always there. That is what we must do tonight.

On this journey, as on all others of true consequence, there will be rough spots in the road and honest disagreements about how we should proceed. After all, this is a complicated issue. But every successful journey is guided by fixed stars. And if we can agree on some basic values and principles, we will reach this destination, and we will reach it together.

So tonight I want to talk to you about the principles that I believe must embody our efforts to reform America's health care system: security, simplicity, savings, choice, quality, and responsibility.

When I launched our Nation on this journey to reform the health care system I knew we needed a talented navigator, someone with a rigorous mind, a steady compass, a caring heart. Luckily for me and for our Nation, I didn't have to look very far.

[At this point, the Chamber applauded Hillary Clinton, and she acknowledged them.]

Over the last 8 months, Hillary and those working with her have talked to literally thousands of Americans to understand the strengths and the frailties of this system of ours. They met with over 1,100 health care organizations, They talked with doctors and nurses, pharmacists and drug company representatives, hospital administrators, insurance company executives, and small and large businesses. They spoke with self-emloyed people. They talked with people who had insurance and people who didn't. They talked with union members and older Americans and advocates for our children. The First Lady also consulted, as all of you know, extensively with governmental leaders in both parties in the States of our Nation and especially here on Capitol Hill. Hillary and the task force received and read over 700,000 letters from ordinary citizens. What they wrote and the bravery with which they told their stories is really what calls us all here tonight.

Every one of us knows someone who's worked hard and played by the rules and still been hurt by this system that just doesn't work for too many people. But I'd like to tell you about just one. Kerry Kennedy owns a small furniture store that employs seven people in Titusville, Florida. Like most small business owners, he's poured his heart and soul, his sweat and blood into that business for years. But over the last several years, again like most small business owners, he's seen his health care premiums skyrocket, even in years when no claims were made. And last year, he painfully discovered he could no longer afford to provide coverage for all his workers because his insurance company told him that two of his workers had become high risks because of their advanced age. The problem was that those two people were his mother and father, the people who founded the business and still work in the store.

This story speaks for millions of others. And from them we have learned a powerful truth. We have to preserve and strengthen what is right with the health care system, but we have got to fix what is wrong with it.

Now, we all know what's right. We're blessed with the best health care professionals on Earth, the finest health care institutions, the best medical research, the most sophisticated technology. My mother is a nurse. I grew up around hospitals. Doctors and nurses were the first professional people I ever knew or learned to look up to. They are what is right with this health care system. But we also know that we can no longer afford to continue to ignore

what is wrong.

Millions of Americans are just a pink slip away from losing their health insurance and one serious illness away from losing all their savings. Millions more are locked into the jobs they have now just because they or someone in their family has once been sick and they have what is called the preexisting condition. And on any given day, over 37 million Americans, most of them working people and their little children, have no health insurance at all.

And in spite of all this, our medical bills are growing at over twice the rate of inflation, and the United States spends over a third more of its income on health care than any other nation on Earth. And the gap is growing, causing many of our companies in global competition severe disadvantage. There is no excuse for this kind of system. We know other people have done better. We know people in our own country are doing better. We have no excuse. My fellow Americans, we must fix this system, and it has to begin with congressional action.

I believe as strongly as I can say that we can reform the costliest and most wasteful system on the face of the Earth without enacting new broad-based taxes. I believe it because of the conversations I have had with thousands of health care professionals around the country, with people who are outside this city but are inside experts on the way this system works and wastes money.

The proposal that I describe tonight borrows many of the principles and ideas that have been embraced in plans introduced by both Republicans and Democrats in this Congress, For the first time in this century, leaders of both political parties have joined together around the principle of providing universal, comprehensive health care. It is a magic moment, and we must seize it.

I want to say to all of you I have been deeply moved by the spirit of this debate, by the openness of all people to new ideas and argument and information. The American people would be proud to know that earlier this week when a health care university was held for Members of Congress just to try to give everybody the same amount of information, over 320 Republicans and Democrats signed up and showed up for 2 days just to learn the basic facts of the complicated problem before us.

Both sides are willing to say, "We have listened to the people. We know the cost of going forward with this system is far greater than the cost of change." Both sides, I think, understand the literal ethical imperative of doing something about the system we have now. Rising above these difficulties and our past differences to solve this problem will go a long way toward defining who we are and who we intend to be as a people in this difficult and challenging era. I believe we all understand that. And so tonight, let me ask all of you, every Member of the House, every Member of the Senate, each Republican and each Democrat, let us keep this spirit and let us keep this commitment until this job is done. We owe it to the American people.

[Applause]

Thank you. Thank you very much.

Now, if I might, I would like to review the six principles I mentioned earlier and describe how we think we can best fulfill those principles.

First and most important, security. This principle speaks to the human misery, to the costs, to the anxiety we hear about every day, all of us, when people talk about their problems with the present system. Security means that those who do not now have health care coverage all have it, and for those who have it, it will never be taken away. We must achieve that security as soon as possible.

Under our plan, every American would receive a health care security card that will guarantee a comprehensive package of benefits over the course of an entire lifetime, roughly comparable to the benefit package offered by most Fortune 500 companies. This health care security card will offer this package of benefits in a way that can never be taken away. So let us agree on this: Whatever else we disagree on, before this Congress finishes its work next year, you will pass and I will sign legislation to guarantee this security to every citizen of this country.

With this card, if you lose your job or you switch jobs, you're covered. If you leave your job to start a small business, you're covered. If you're an early retiree, you're covered. If someone in your family has unfortunately had an illness that qualifies as a preexisting condition, you're still covered. If you get sick or a member of your family gets sick, even if it's a life-threatening illness, you're covered. And if an insurance company tries to drop you for any reason, you will still be covered, because that will be illegal. This card will give comprehensive coverage. It will cover people for hospital care, doctor visits, emergency and lab services, diagnostic services like Pap smears and mammograms and cholesterol tests, substance abuse, and mental health treatment.

And equally important, for both health care and economic reasons, this program for the first time would provide a broad range of preventive services including regular checkups and well-baby visits. Now, it's just common sense. We know, any family doctor will tell you, that people will stay healthier and long-term costs of the health system will be lower if we have comprehensive preventive services. You know how all of our mothers told us that an ounce of prevention was worth a pound of cure? Our mothers were right. And it's a lesson, like so many lessons from our mothers, that we have waited too long to live by. It is time to start doing it.

Health care security must also apply to older Americans. This is something I imagine all of us in this room feel very deeply about. The first thing I want to say about that is that we must maintain the Medicare program. It works to provide that kind of security. But this time and for the first time, I believe Medicare should provide coverage for the cost of prescription drugs.

Yes, it will cost some more in the beginning. But again, any physician who deals with the elderly will tell you that there are thousands of elderly people in every State who are not poor enough to be on Medicaid but just above that line and on Medicare, who desperately need medicine, who make decisions every week between medicine and food. Any doctor who deals with the elderly will tell you that there are many elderly people who don't get medicine, who get sicker and sicker and eventually go to the doctor and wind up spending more money and draining more money from the health care system than they would if they had regular treatment in the way that only adequate medicine can provide.

I also believe that over time, we should phase in long-term care for the disabled and the elderly on a comprehensive basis. As we proceed with this health care reform, we cannot forget that the most rapidly growing percentage of Americans are those over 80. We cannot break faith with them. We have to do better by them.

The second principle is simplicity. Our health care system must be simpler for the patients and simpler for those who actually deliver health care: our doctors, our nurses, our other medical professionals. Today we have more than 1,500 insurers, with hundreds and hundreds of different forms. No other nation has a system like this. These forms are time consuming for health care providers. They're expensive for health care consumers. They're exasperating for anyone who's ever tried to sit down around a table and wade through them and figure them out.

The medical care industry is literally drowning in paperwork. In recent years, the number of administrators in our hospitals has grown by 4 times the rate that the number of doctors has grown. A hospital ought to be a house of healing, not a monument to paperwork and bureaucracy.

Just a few days ago, the Vice President and I had the honor of visiting the Children's Hospital here in Washington where they do wonderful, often miraculous things for very sick children. A nurse named Debbie Freiberg told us that she was in the cancer and bone marrow unit. The other day a little boy asked her just to stay at his side during his chemotherapy. And she had to walk away from that child because she had been instructed to go to yet another class to learn how to fill out another form for something that didn't have a lick to do with the health care of the children she was helping. That is wrong, and we can stop it, and we ought to do it.

We met a very compelling doctor named Lillian Beard, a pediatrician, who said that she didn't get into her profession to spend hours and hours -- some doctors up to 25 hours a week -- just filling out forms. She told us she became a doctor to keep children well and to help save those who got sick. We can relieve people like her of this burden. We learned, the Vice President and I did, that in the Washington Children's Hospital alone, the administrators told us they spend $ 2 million a year in one hospital filling out forms that have nothing whatever to do with keeping up with the treatment of the patients.

And the doctors there applauded when I was told and I related to them that they spend so much time filling out paperwork, that if they only had to fill out those paperwork requirements necessary to monitor the health of the children, each doctor on that one hospital staff, 200 of them, could see another 500 children a year. That is 10,000 children a year. I think we can save money in this system if we simplify it. And we can make the doctors and the nurses and the people that are giving their lives to help us all be healthier a whole lot happier, too, on their jobs.

Under our proposal there would be one standard insurance form, not hundreds of them. We will simplify also -- and we must -- the Government's rules and regulations, because they are a big part of this problem. This is one of those cases where the physician should heal thyself. We have to reinvent the way we relate to the health care system, along with reinventing Government. A doctor should not have to check with a bureaucrat in an office thousands of miles away before ordering a simple blood test. That's not right, and we can change it.

And doctors, nurses, and consumers shouldn't have to worry about the fine print. If we have this one simple form, there won't be any fine print. People will know what it means.

The third principle is savings. Reform must produce savings in this health care system. It has to. We're spending over 14 percent of our income on health care. Canada's at 10. Nobody else is over 9. We're competing with all these people for the future. And the other major countries, they cover everybody, and they cover them with services as generous as the best company policies here in this country.

Rampant medical inflation is eating away at our wages, our savings, our investment capital, our ability to create new jobs in the private sector, and this public Treasury. You know the budget we just adopted had steep cuts in defense, a 5-year freeze on the discretionary spending, so critical to reeducating America and investing in jobs and helping us to convert from a defense to a domestic economy. But we passed a budget which has Medicaid increases of between 16 and 11 percent a year over the next 5 years and Medicare increases of between 11 and 9 percent in an environment where we assume inflation will be at 4 percent or less. We cannot continue to do this. Our competitiveness, our whole economy, the integrity of the way the Government works, and ultimately, our living standards depend upon our ability to achieve savings without harming the quality of health care.

Unless we do this, our workers will lose $ 655 in income each year by the end of the decade. Small businesses will continue to face skyrocketing premiums. And a full third of small businesses now covering their employees say they will be forced to drop their insurance. Large corporations will bear bigger disadvantages in global competition. And health care costs will devour more and more and more of our budget. Pretty soon all of you or the people who succeed you will be showing up here and writing out checks for health care and interest on the debt and worrying about whether we've got enough defense, and that will be it, unless we have the courage to achieve the savings that are plainly there before us. Every State and local government will continue to cut back on everything from education to law enforcement to pay more and more for the same health care.

These rising costs are a special nightmare for our small businesses, the engine of our entrepreneurship and our job creation in America today. Health care premiums for small businesses are 35 percent higher than those of large corporations today. And they will keep rising at double-digit rates unless we act.

So how will we achieve these savings? Rather than looking at price control or looking away as the "price spiral continues, rather than using the heavy hand of Government to try to control what's happening or continuing to ignore what's happening, we believe there is a third way to achieve these savings. First, to give groups of consumers and small businesses the same market bargaining power that large corporations and large groups of public employees now have, we want to let market forces enable plans to compete. We want to force these plans to compete on the basis of price and quality, not simply to allow them to continue making money by turning people away who are sick or old or performing mountains of unnecessary procedures. But we also believe we should back this system up with limits on how much plans can raise their premiums year-in and year-out, forcing people, again, to continue to pay more for the same health care,

without regard to inflation or the rising population needs.

We want to create what has been missing in this system for too long and what every successful nation who has dealt with this problem has already had to do: to have a combination of private market forces and a sound public policy that will support that competition, but limit the rate at which prices can exceed the rate of inflation and population growth, if the competition doesn't work, especially in the early going.

The second thing I want to say is that unless everybody is covered -- and this is a very important thing -- unless everybody is covered, we will never be able to fully put the brakes on health care inflation. Why is that? Because when people don't have any health insurance, they still get health care, but they get it when it's too late, when it's too expensive, often from the most expensive place of all, the emergency room. Usually by the time they show up, their illnesses are more severe, and their mortality rates are much higher in our hospitals than those who have insurance. So they cost us more, And what else happens? Since they get the care but they don't pay, who does pay? All the rest of us. We pay in higher hospital bills and higher insurance premiums. This cost shifting is a major problem.

The third thing we can do to save money is simply by simplifying the system, what we've already discussed. Freeing the health care providers from these costly and unnecessary paperwork and administrative decisions will save tens of billions of dollars. We spend twice as much as any other major country does on paperwork. We spend at least a dime on the dollar more than any other major country. That is a stunning statistic. It is something that every Republican and every Democrat ought to be able to say, we agree that we're going to squeeze this out. We cannot tolerate this. This has nothing to do with keeping people well or helping them when they're sick. We should invest the money in something else.

We also have to crack down on fraud and abuse in the system. That drains billions of dollars a year. It is a very large figure, according to every health care expert I've ever spoken with. So I believe we can achieve large savings. And that large savings can be used to cover the unemployed uninsured and will be used for people who realize those savings in the private sector to increase their ability to invest and grow, to hire new workers or to give, their workers pay raises, many of them for the first time in years.

Now, nobody has to take my word for this. You can ask Dr. Koop. He's up here with us tonight, and I thank him for being here. Since he left his distinguished tenure as our Surgeon General, he has spent an enormous amount of time studying our health care system, how it operates, what's right and wrong with it. He says we could spend $ 200 billion every year, more than 20 percent of the total budget, without sacrificing the high quality of American medicine.

Ask the public employees in California, who've held their own premiums down by adopting the same strategy that I want every American to be able to adopt, bargaining within the limits of a strict budget. Ask Xerox, which saved an estimated $ 1,000 per worker on their health insurance premium. Ask the staff of the Mayo Clinic, who we all agree provides some of the finest health care in the world. They are holding their cost increases to less than half the national average. Ask the people of Hawaii, the only State that covers virtually all of their citizens and has still been able to keep costs below the national

average.

People may disagree over the best way to fix this system. We may all disagree about how quickly we can do the thing that we have to do. But we cannot disagree that we can find tens of billions of dollars in savings in what is clearly the most costly and the most bureaucratic system in the entire world. And we have to do something about that, and we have to do it now.

The fourth principle is choice. Americans believe they ought to be able to choose their own health care plan and keep their own doctors. And I think all of us agree. Under any plan we pass, they ought to have that right. But today, under our broken health care system, in spite of the rhetoric of choice, the fact is that that power is slipping away for more and more Americans.

Of course, it is usually the employer, not the employee, who makes the initial choice of what health care plan the employee will be in. And if your employer offers only one plan, as nearly three-quarters of small or medium-sized firms do today, you're stuck with that plan and the doctors that it covers.

We propose to give every American a choice among high quality plans, You can stay with your current doctor, join a network of doctors and hospitals, or join a health maintenance organization. If you don't like your plan, every year you'll have the chance to choose a new one. The choice will be left to the American citizen, the worker, not the boss and certainly not some Government bureaucrat.

We also believe that doctors should have a choice as to what plans they practice in. Otherwise, citizens may have their own choices limited. We want to end the discrimination that is now growing against doctors and to permit them to practice in several different plans. Choice is important for doctors, and it is absolutely critical for our consumers. We've got to have it in whatever plan we pass.

The fifth principle is quality. If we reformed everything else in health care but failed to preserve and enhance the high quality of our medical care, we will have taken a step backward, not forward. Quality is something that we simply can't leave to chance. When you board an airplane, you feel better knowing that the plane had to meet standards designed to protect your safety. And we can't ask any less of our health care system.

Our proposal will create report cards on health plans, so that consumers can choose the highest quality health care providers and reward them with their business. At the same time, our plan will track quality indicators, so that doctors can make better and smarter choices of the kind of care they provide. We have evidence that more efficient delivery of health care doesn't decrease quality. in fact, it may enhance it.

Let me just give you one example of one commonly performed procedure, the coronary bypass operation. Pennsylvania discovered that patients who were charged $ 21,000 for this surgery received as good or better care as patients who were charged $ 84,000 for the same procedure in the same State. High prices simply don't always equal good quality. Our plan will guarantee that high quality information is available in even the most remote areas of this country so that we can have high quality service, linking rural doctors, for example, with hospitals with high-tech urban medical centers. And our plan will ensure

the quality of continuing progress on a whole range of issues by speeding research on effective prevention and treatment measures for cancer, for AIDS, for Alzheimer's, for heart disease, and for other chronic diseases. We have to safeguard the finest medical research establishment in the entire world. And we will do that with this plan. Indeed, we will even make it better.

The sixth and final principle is responsibility. We need to restore a sense that we're all in this together and that we all have a responsibility to be a part of the solution. Responsibility has to start with those who Profit from the current system. Responsibility means insurance companies should no longer be allowed to cast people aside when they get sick. It should apply to laboratories that submit fraudulent bills, to lawyers who abuse malpractice claims, to doctors who order unnecessary procedures. It means drug companies should no longer charge 3 times more per prescription drugs, made in America here in the United States, than they charge for the same drugs overseas.

In short, responsibility should apply to anybody who abuses this system and drives up the cost for honest, hard-working citizens and undermines confidence in the honest, gifted health care providers we have. Responsibility also means changing some behaviors in this country that drive up our costs like crazy. And without changing it we'll never have the system we ought to have, we will never.

Let me just mention a few and start with the most important: The outrageous costs of violence in this country stem in large measure from the fact that this is the only country in the world where teenagers can rout the streets at random with semiautomatic weapons and be better armed than the police.

But let's not kid ourselves; it's not that simple. We also have higher rates of AIDS, of smoking and excessive drinking, of teen pregnancy, of low birth weight babies. And we have the third worst immunization rate of any nation in the Western Hemisphere. We have to change our ways if we ever really want to be healthy as a people and have an affordable health care system. And no one can deny that.

But let me say this -- and I hope every American will listen, because this is not an easy thing to hear -- responsibility in our health care system isn't just about them. It's about you. It's about me. It's about each of us. Too many of us have not taken responsibility for our own health care and for our own relations to the health care system. Many of us who have had fully paid health care plans have used the system whether we needed it or not without thinking what the costs were. Many people who use this system don't pay a penny for their care even though they can afford to. I think those who don't have any health insurance should be responsible for paying a portion of their new coverage. There can't be any something for nothing, and we have to demonstrate that to people. This is not a free system. Even small contributions, as small as the $ 10 copayment when you visit a doctor, illustrates that this is something of value. There is a cost to it. It is not free.

And I want to tell you that I believe that all of us should have insurance. Why should the rest of us pick up the tab when a guy who doesn't think he needs insurance or says he can't afford it gets in an accident, winds up in an emergency room, gets good care, and everybody else pays? Why should the small business people who are struggling to keep afloat and take care of their employees have to pay to maintain this wonderful health care infrastructure for those who refuse to do anything? If we're going to produce a better health

care system for every one of us, every one o f us is going to have to do our part. There cannot be any such thing as a free ride. We have to pay for it. We have to pay for it.

Tonight I want to say plainly how I think we should do that. Most of the money will come, under my way of thinking, as it does today, from premiums paid by employers and individuals. That's the way it happens today. But under this health care security plan, every employer and every individual will be asked to contribute something to health care.

This concept was first conveyed to the Congress about 20 years ago by President Nixon. And today, a lot of people agree with the concept of shared responsibility between employers and employees and that the best thing to do is to ask every employer and every employee to share that. The Chamber of Commerce has said that, and they're not in the business of hurting small business. The American Medical Association has said that.

Some call it an employer mandate, but I think it's the fairest way to achieve responsibility in the health care system. And it's the easiest for ordinary Americans to understand because it builds on what we already have and what already works for so many Americans. It is the reform that is not only easiest to understand but easiest to implement in a way that is fair to small business, because we can give a discount to help struggling small businesses meet the cost of covering their employees. We should require the least bureaucracy or disruption and create the cooperation we need to make the system cost-conscious, even as we expand coverage. And we should do it in a way that does not cripple small businesses and low-wage workers.

Every employer should provide coverage, just as three-quarters do now. Those that pay are picking up the tab for those who don't today. I don't think that's right. To finance the rest of reform, we can achieve new savings, as I have outlined, in both the Federal Government and the private sector through better decisionmaking and increased competition, And we will impose new taxes on tobacco. I don't think that should be the only source of revenues. I believe we should also ask for a modest contribution from big employers who opt out of the system to make up for what those who are in the system pay for medical research, for health education centers, for all the subsidies to small business, for all the things that everyone else is contributing to. But between those two things, we believe we can pay for this package of benefits and universal coverage and a subsidy program that will help small business.

These sources can cover the cost of the proposal that I have described tonight. We subjected the numbers in our proposal to the scrutiny of not only all the major agencies in Government -- I know a lot of people don't trust them, but it would be interesting for the American people to know that this was the first time that the financial experts on health care in all of the different Government agencies have ever been required to sit in the room together and agree on numbers. It had never happened before. But obviously, that's not enough. So then we gave these numbers to actuaries from major accounting firms and major Fortune 500 companies who have no stake in this other than to see that our efforts succeed. So I believe our numbers are good and achievable.

Now, what does this mean to an individual American citizen? Some will be asked to pay more. If you're an employer and you aren't insuring your workers at all, you'll have to pay more. But if you're a small business with fewer

than 50 employees, you'll get a subsidy. If you're a firm that provides only very limited coverage, you may have to pay more. But some firms will pay the same or less for more coverage.

If you're a young, single person in your twenties and you're already insured, your rates may go up somewhat because you're going to go into a big pool with middle-aged people and older people, and we want to enable people to keep their insurance even when someone in their family gets sick. But I think that's fair because when the young get older they will benefit from it, first, and secondly, even those who pay a little more today will benefit 4, 5, 6, 7 years from now by our bringing health care costs closer to inflation.

Over the long run, we can all win. But some will have to pay more in the short run. Nevertheless, the vast majority of the Americans watching this tonight will pay the same or less for health care coverage that will be the same or better than the coverage they have tonight. That is the central reality.

If you currently get your health insurance through your job, under our plan you still will. And for the first time, everybody will get to choose from among at least three plans to belong to. If you're a small business owner who wants to provide health insurance to your family and your employees, but you can't afford it because the system is stacked against you, this plan will give you a discount that will finally make insurance affordable. If you're already providing insurance, your rates may well drop because we'll help you as a small business person join thousands ofothers to get the same benefits big corporations get at the same price they get those benefits. If you're self-employed, you'll pay less, and you will get to deduct from your taxes 100 percent of your health care premiums. If you're a large employer, your health care costs won't go up as fast, so that you will have more money to put into higher wages and new jobs and to put into the work of being competitive in this tough global economy.

Now, these, my fellow Americans, are the principles on which I think we should base our efforts: security, simplicity, savings, choice, quality, and responsibility. These are the guiding stars that we should follow on our journey toward health care reform.

Over the coming months, you'll be bombarded with information from all kinds of sources. There will be some who will stoutly disagree with what I have proposed and with all other plans in the Congress, for that matter. And some of the arguments will be genuinely sincere and enlightening. Others may simply be scare tactics by those who are motivated by the self-interest they have in the waste the system now generates, because that waste is providing jobs, incomes, and money for some people. I ask you only to think of this when you hear all of these arguments: Ask yourself whether the cost of staying on this same course isn't greater than the cost of change. And ask yourself, when you hear the arguments, whether the arguments are in your interest or someone else's. This is something we have got to try to do together.

I want also to say to the Representatives in Congress, you have a special duty to look beyond these arguments. I ask you instead to look into the eyes of the sick child who needs care, to think of the face of the woman who's been told not only that her condition is malignant but not covered by her insurance, to look at the bottom lines of the businesses driven to bankruptcy by health care costs, to look at the "for sale" signs in front of the homes of families who

have lost everything because of their health care costs.

I ask you to remember the kind of people I met over the last year and a half: the elderly couple in New Hampshire that broke down and cried because of their shame at having an empty refrigerator to pay for their drugs; a woman who lost a $ 50,000 job that she used to support her six children because her youngest child was so ill that she couldn't keep health insurance, and the only way to get care for the child was to get public assistance; a young couple that had a sick child and could only get insurance from one of the parents' employers that was a nonprofit corporation with 20 employees, and so they had to face the question of whether to let this poor person with a sick child go or raise the premiums of every employee in the firm by $ 200; and on and on and on.

I know we have differences of opinion, but we are here tonight in a spirit that is animated by the problems of those people and by the sheer knowledge that if we can look into our heart, we will not be able to say that the greatest nation in the history of the world is powerless to confront this crisis.

Our history and our heritage tell us that we can meet this challenge. Everything about America's past tells us we will do it. So I say to you, let us write that new chapter in the American story. Let us guarantee every American comprehensive health benefits that can never be taken away.

You know, in spite of all the work we've done together and all the progress we've made, there's still a lot of people who say it would be an outright miracle if we passed health care reform. But my fellow Americans, in a time of change you have to have miracles. And miracles do happen. I mean, just a few days ago we saw a simple handshake shatter decades of deadlock in the Middle East. We've seen the walls crumble in Berlin and South Africa. We see the ongoing brave struggle of the people of Russia to seize freedom and democracy.

And now it is our turn to strike a blow for freedom in this country, the freedom of Americans to live without fear that their own Nation's health care system won't be there for them when they need it. It's hard to believe that there was once a time in this century when that kind of fear gripped old age, when retirement was nearly synonymous with poverty and older Americans died in the street. That's unthinkable today, because over a half a century ago Americans had the courage to change, to create a Social Security System that ensures that no Americans will be forgotten in their later years.

Forty years from now, our grandchildren will also find it unthinkable that there was a time in this country when hardworking families lost their homes, their savings, their businesses, lost everything simply because their children got sick or because they had to change jobs. Our grandchildren will find such things unthinkable tomorrow if we have the courage to change today.

This is our chance. This is our journey.

And when our work is done, we will know that we have answered the call of history and met the challenge of our time.

Thank you very much, and God bless America.

NOTE: The President spoke at 9:10 p.m. in the House Chamber at the Capitol.

lm draft 9/28/94

FIRST LADY HILLARY RODHAM CLINTON
REMARKS FOR NATIONAL PRIMARY CARE DAY
GEORGE WASHINGTON UNIVERSITY
SEPTEMBER 29, 1994

[Acknowledgements: AAMC; 9 national student organizations that provided crucial support for this day; Dr. C. Everett Koop xxxxx]

I was here at GW a few months ago -- on Mother's Day -- and it's nice to come back for what is kind of an unofficial families' day. I say that because National Primary Care Day is really a celebration of a philosophy of health care that focuses on promoting good health from cradle to grave. And nothing could be more important to strengthening the health of our families and our loves ones than making sure they have access to primary and preventive care.

In the great national discussion of health care reform that has taken place over the last year-and-a-half, much has been said about what isn't working in our health care system.

Today, we have the opportunity to celebrate what is working. It's a chance to consider the extraordinary contributions of our primary care community of doctors, nurses, and physician's assistants whose work embodies compassion, quality, and trust. And it's a chance to reflect on the vital role of our medical schools and teaching hospitals that serve as beacons in their communities -- providing cutting edge biomedical research, state-of-the-art technology, clinical and tertiary care, and perhaps most important, quality treatment for poor and needy citizens who might otherwise go without.

Over these last months, when debate about reform escalated in Congress and opponents spent millions of dollars to saturate the airwaves with negative advertisements, people like you got up every day and did the best you could for your patients in a system that often works against you.

And when the Congressional session ends in a few weeks and everyone goes home, primary care providers will still be fighting the daily battles against diseases treated too late because there was no insurance, against an insurance system that still discriminates against the elderly and the sick, against a system still choking on paperwork and confusion.

Primary care doctors and nurses and physician's assistants don't go out on recess.

Nearly every medical school in the country is participating today. That's a testament to the growing interest in primary care medicine among students like you.

I was heartened to see the results of this year's AAMC survey, which showed that the percentage of medical school graduates interested in careers as generalists increased for the second year in a row. Today, more than one in five graduates said they might go into primary care.

And that number will grow higher, particularly given the innovative programs taking root in some of our finest medical schools:

* In my home state of Arkansas, the university has developed in conjunction with the state legislature a series of scholarhsip and loan programs for students entering primary care and practice in rural locations.

* The University of Texas Medical Branch in Galveston is working to develop new community-based teaching sites for medical students in the south Rio Grande valley.

* Two years ago, the University of Colorado set a goal of having 70 percent of its graduates choose residencies in internal medicine, pediatrics or family medicine.

* The University of Minnesota at Duluth has been a pioneer in recruiting students for rural, primary care practices, as has the University of Washington.

* And here at GW, there now is a Primary Care Apprenticeship for all second year students.

These are signs that our medical schools and our medical students are not only moving in the right direction but leading the way.

You know the importance of this battle we've been waging for the last 20 months. You know why it is so vital that we achieve universal coverage. You know because you come face-to-face with the realities of our health care system every single day.

And those realities are not going to change until we reach a point where every American is assured health care coverage.

As you know, there will be no health care reform during this legislative session. Obviously, this is a disappointment for the President, for me, and for thousands of people who worked tirelessly over these last long months to improve our system.

To be sure, mistakes were made. Blame can be laid in lots of places. In hindsight, we can see that we misjudged the degree of partisanship that would take over the process. We mistakenly believed that members of Congress could transcend party labels in the interests of the American people. But we were wrong.

In retrospect we also see that we needed to involve the press earlier and more extensively. And finally we see that, on an issue as complex as health care reform, we underestimated the amount of time it would take to educate the public about reform.

That said, let me also say that I am extremely proud of the effort we made and will keep m aking. Thanks to the hard work of thousands of people across the country, and thanks to a public eager for progress, health care reform is now a subject routinely discussed around the kitchen tables of America. So while we may not have gotten as far as we wanted yet, we are further along the path to universal coverage than ever before in our history. We are going to succeed some day.

As the President said earlier this week: We've had some rough spots in the road, but this journey is far, far from over. We are going to keep up the fight against the interests who spent $300 million to stop health care reform. There is too much at stake for all the American people and we've come too far to just walk away now.

That's why, when people keep asking me if I'm going to give up on health care reform, my answer is always the same: "Are you kidding?"

I spent 18 months traveling around this country, listening to people tell me about their experiences in our health care system. Those faces, those voices, those stories keep playing over and over and over in my mind. And I don't think anyone who heard the stories I heard could sit idly by while 100,000 Americans each month lose their coverage. . . while our health care costs keep rising faster than our national income. . . while

Ann

lm draft 9/28/94

FIRST LADY HILLARY RODHAM CLINTON
REMARKS FOR NATIONAL PRIMARY CARE DAY
GEORGE WASHINGTON UNIVERSITY
SEPTEMBER 29, 1994

[Acknowledgements: AAMC; 9 national student organizations that provided crucial support for this day; Dr. C. Everett Koop xxxxx]

I was here at GW a few months ago -- on Mother's Day -- and it's nice to come back for what is kind of an unofficial families' day. I say that because National Primary Care Day is really a celebration of a philosophy of health care that focuses on promoting good health ~~from [cradle to grave.] And~~ nothing could be more important to strengthening the health of our families and our loves ones than making sure they have access to primary and preventive care.

For all our lives. For all of our families.

In the great national discussion of health care reform that has taken place over the last year-and-a-half, much has been said about what isn't working in our health care system.

Today, we have the opportunity to celebrate what is working. It's a chance to consider the extraordinary contributions of our primary care community of doctors, nurses, and physician's assistants whose work embodies compassion, quality, and trust. And it's a chance to reflect on the vital role of our medical schools and teaching hospitals that serve as beacons in their communities -- providing cutting edge biomedical research, state-of-the-art technology, clinical and tertiary care, and perhaps most important, quality treatment for [poor and needy] citizens who might otherwise go without.

Over these last months, when debate about reform escalated in Congress and opponents spent millions of dollars to saturate the airwaves with negative advertisements, people like you got up every day and did the best you could for your patients in a system that often works against you.

And when the Congressional session ends in a few weeks and everyone goes home, primary care providers will still be fighting the daily battles against diseases treated too late because there was no insurance, against an insurance system that still discriminates against the elderly and the sick, against a system still choking on paperwork and confusion.

Primary care doctors and nurses and physician's assistants don't go out on recess.

STUDENTS / WON'T WALK AWAY

HNC / + students = Future

Nearly every medical school in the country is participating today. That's a testament to the growing interest in primary care medicine among students like you.

I was heartened to see the results of this year's AAMC survey, which showed that the percentage of medical school graduates interested in careers as generalists increased for the second year in a row. Today, more than one in five graduates said they might go into primary care.

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These are signs that our medical schools and our medical students are not only moving in the right direction but leading the way.

You know the importance of this battle we've been waging for the last 20 months. You know why it is so vital that we achieve universal coverage. You know because you come face-to-face with the realities of our health care system every single day.

And those realities are not going to change until we reach a point where every American is assured health care coverage.

As you know, there will be no health care reform during this legislative session. Obviously, this is a disappointment for the President, for me, and for thousands of people who worked tirelessly over these last long months to improve our system.

To be sure, mistakes were made. Blame can be laid in lots of places. In hindsight, we can see that we misjudged the degree of partisanship that would take over the process. We mistakenly believed that members of Congress could transcend party labels in the interests of the American people. But we were wrong.

In retrospect we also see that we needed to involve the press earlier and more extensively. And finally we see that, on an issue as complex as health care reform, we underestimated the amount of time it would take to educate the public about reform.

That said, let me also say that I am extremely proud of the effort we made and will keep making. Thanks to the hard work of thousands of people across the country, and thanks to a public eager for progress, health care reform is now a subject routinely discussed around the kitchen tables of America. So while we may not have gotten as far as we wanted yet, we are further along the path to universal coverage than ever before in our history. We are going to succeed some day.

As the President said earlier this week: We've had some rough spots in the road, but this journey is far, far from over. ~~We are going to keep up the fight against the interests who spent $300 million to stop health care reform.~~ There is too much at stake for all the American people and we've come too far to just walk away now. LEARNED A LOT

That's why, when people keep asking me if I'm going to give up on health care reform, my answer is always the same: "Are you kidding?"

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FINAL

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SEPTEMBER 29, 1994

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Although the President couldn't be here today, he asked me to convey his appreciation for your interest and commitment to the medical profession and to his goal of providing all Americans with the care they need.

I've been reading lately, as I'm sure you have, about the "end of health care reform." So many of these stories talk about who won and who lost. Who is up and who is down. But I think those questions might miss the point. We've all learned that health care reform is not a boxing match that goes 15 rounds and then is suddenly over. It's a journey -- sometimes a rocky one, certainly a longer one than we expected -- that we must keep making until every child, every mother and father, every sister and brother, every husband and wife, can get access to the quality health care that you are training to provide.

Over these last months, when Congress debated reform and opponents spent hundreds of millions of dollars to saturate the airwaves with negative advertisements, people like you got up every day and did the best they could for their patients in a system that often works against them.

And when the Congressional session ends in a few weeks and everyone goes home, primary care providers will still be fighting the daily battles against diseases treated too late because there was no insurance, against an insurance system that still discriminates against the elderly and the sick, against a system still choking on paperwork and confusion.

As future doctors and medical professionals, you know the importance of this battle we've been waging for the last 20 months. You know why it is so vital that we achieve universal coverage. You know because you have already begun to see the realities of our health care system in the training you do every single day.

Those realities have little to do with politics -- and a lot to do with people. That's why, in the larger scheme of things, it doesn't much matter whether the President lost, or I lost, or the Republicans or Democrats lost this first battle. What matters is whether the American people win or lose.

I'm reminded now of an op-ed piece I read in The New York Times about a year ago. It was written by a pediatrician in Boston named Perri Klass. And she said the following: "I am not a policy person . . . . But I know this much: It is wrong that I see one child after another without any insurance, most of them children of the working poor, the self-employed, the part-time employees hired by large companies anxious to avoid paying benefits. It is wrong that when the son of a fisherman puts a rusty boathook through his finger, his mother has to ask me anxiously about the cost of the tetanus booster."

I spent the better part of the past two years traveling around this country, listening to people's stories about our health care system. To this day, the faces I saw, the voices I heard, play over and over in my mind. And I don't think anyone who heard those stories and listened to those desperate pleas for help could walk away from this issue now.

Not when tens of thousands of American families lose their coverage each month. Not when health care costs continue to rise faster than our national income. Not when millions of children can't get vaccines to protect them from the most dangerous childhood diseases.

Not when a woman I met in New Orleans who had worked for years still can't get a biopsy for a lump in her breast because she still can't afford insurance.

Not when one child with meningitis survives and another dies -- the difference being that one family was covered and the other wasn't.

These are not political problems. These are human problems. And that's why, when people keep asking me if I'm going to give up on health care reform, my answer is always the same: "Why would I ever give up on the American people?"

As the President said earlier this week: We've had some rough spots in the road, but this journey is far, far from over.

Obviously, I'm disappointed we didn't achieve our goals this year. As you know, it's not been an easy process. We've learned a lot. **Boy, have we learned a lot.** And I'm sure we will learn more along the way.

But I'm proud of the effort we made. Thanks to the hard work of thousands of people across the country, and thanks to a public eager for progress, health care reform is now a subject regularly discussed around the kitchen tables of America. Now, hopefully that discussion will continue among family members and friends, among colleagues at work, and also among lawmakers when the new session convenes on Capitol Hill.

Today offers us a wonderful opportunity not just to talk about what isn't working with our health care system, but to pay tribute to what is working.

As part of this first-ever National Primary Care Day, we have the chance to consider the extraordinary contributions of our primary care community of doctors, nurses, and physician's assistants whose work embodies compassion, quality, and trust. And we can reflect on the vital role of our medical schools and teaching hospitals that serve as beacons in their communities -- providing cutting edge biomedical research, state-of-the-art technology, clinical and tertiary care, and perhaps most important, quality treatment for those among us who might otherwise go without.

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You should lead the way because you are the future of American health care. You are the ones who have made a commitment to care for children and families and the elderly. You are the ones who have shown the courage to enter the medical profession at a time of change and uncertainty. And you are the ones who we must count on to help us reach our goal of comprehensive health care benefits for every American.

In the last week I've visited two hospitals -- one in Boston and one here in Washington. In both of those hospitals I saw babies recovering from all kinds of illnesses. I'm still thinking about those babies I saw. I wonder what will happen to them. And I wonder what will happen to the 11,000 babies born each day across this country.

No matter what kind of circumstances those babies are born into, each one of them needs primary care. Each one of them needs check-ups, and diagnostic tests, and immunizations. Each one of needs the chance to get a healthy start in life.

That's why, if you care about the future of this country, as I do, you have to care about continuing this journey toward universal coverage.

Today there are still too many babies who don't have access to preventive health care or regular check-ups. There are still too many adults who don't have access to health care, except in emergency rooms. And there are still too many families paying far too much for the care they receive -- and worrying every day about whether they can afford the cost tomorrow.

We must have the courage to keep going. At times when the path seems difficult and the way seems hard, I hope we all will remember what the President said a year ago when he spoke to the nation about the need for health care reform: Someday we will reach a point when it will be unthinkable that there was ever a time in this country when hard-working Americans couldn't get the

health care they needed.

Thank you very much.

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lm draft 9/28/94 5 pm

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I've been reading lately, as I'm sure you have, about the end of health care reform. Everyone keeps asking, who won and who lost? Who is up, who is down? But, as often happens in Washington, those questions miss the point. Health care reform is not a boxing match that goes 15 rounds and then is suddenly over. It's a journey -- sometimes a rocky one, certainly a harder one than we expected -- that we must keep making until every child, every mother and father, every sister and brother, every husband and wife, can get health insurance.

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Those realities have little to do with politics -- and a lot to do with people. That's why, in the larger scheme of things, it doesn't much matter whether the President lost, or I lost, or the Republicans or Democrats lost this first battle. What matters is ~~that~~ the American people ~~lost~~.

I'm reminded now of an op-ed piece I read in The New York Times about a year ago. It was written by a pediatrician in Boston named Perri Klass. And she said the following: "I am not a policy person . . . . But I know this much: It is wrong that I see one child after another without any insurance, most of them children of the working poor, the self-employed, the part-time employees hired by large companies anxious to avoid paying benefits. It is wrong that when the son of a fisherman puts a rusty boathook through his finger, his mother has to ask me anxiously about the cost of the tetanus booster."

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These are not political problems. These are human problems. And that's why, when people keep asking me if I'm going to give up on health care reform, my answer is always the same: "Why

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Obviously, I'm disappointed we didn't achieve our goals this year. As you know, it's been a difficult process. We've learned a lot. Boy, have we learned a lot. And I'm sure we will learn more along the way.

But I'm proud of the effort we made. Thanks to the hard work of thousands of people across the country, and thanks to a public eager for progress, health care reform is now a subject routinely discussed around the kitchen tables of America. And Now hopefully that discussion will continue, ~~not only~~ among family members and friends, ~~or among~~ colleagues at work, ~~but~~ also among lawmakers ~~in Congress~~ when the new session convenes.

Today offers us a wonderful opportunity to ~~divert~~ focus not on just from the usual talk about what isn't working with our health care system and to focus instead on what is working. but to pay attention to what

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In the last week I've been to two hospitals -- one in Boston and one here in Washington. In both of those hospitals I saw babies recovering from all kinds of illnesses. ~~I will always worry~~ about those babies. ~~And I will always~~ worry about the 11,000 babies born each day across this country.

No matter what kind of circumstances those babies are born into, each one of them needs primary care. Each one of them needs check-ups, and diagnostic tests, and immunizations. Each one of needs the chance to get a healthy start in life.

That's why, if you care about the future of this country, as I do, you have to care about continuing this journey toward universal coverage.

~~[illegible]~~

Today there are still too many babies who don't have access to health care. There are still too many adults who don't have access to health care. And there are ~~still~~ too many families paying far too much for the care they receive.

We must have the courage to keep ~~moving down this path~~ because, as the President said a year ago when he outlined his vision for reform: Let us hope that someday our grandchildren will find it unthinkable that there was ever a time in this country when millions of hard-working Americans didn't have

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Thank you very much.

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We must continue that we will reach the point in this country

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Thank you very much.

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Child birth rates (1993 provisional)

	U.S.A	D.C.
day:	11,066	27
month:	33,658	815
year:	4,039,000	9,780

* Average on month is slightly misleading because of seasonal variation

U.S. Bureau of Health Stats

-62696

September 28, 1994

MEMORANDUM FOR HILLARY RODHAM CLINTON

FROM: ARNIE EPSTEIN
MARILYN YEAGER

SUBJECT: AAMC SPONSORED EVENT
NATIONAL PRIMARY CARE DAY

LOCATION: GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

SEQUENCE

At 9:00 AM Jordan Cohen, M.D., President of the AAMC, will make opening remarks, launching National Primary Care Day and reporting the results of the 1994 medical student Graduation Questionnaire which shows increasing interest in generalism. He will then introduce GW Dean Robert Keimowitz who will describe medical schools' response to the national need for generalist physicians and announce GW's newly approved family practice residency program. Dr Keimowitz will then introduce two GW medical students who will make remarks on why they are choosing generalist careers. Subsequently Dr. Cohen will introduce you for your remarks. The program will conclude after you depart with Phil Lee taking brief Q and A from the audience.

PRESS

Open to the press.

BACKGROUND

I. National Primary Care Day Event.

The audience at George Washington will likely include approximately 150 medical students and some faculty. The AAMC has also invited the Deans from the region's medical schools, although they lack information on which ones will likely attend.

National Primary Care Day is sponsored by nine medical student organizations and the AAMC. It is designed to serve as a catalyst to encourage students to participate in year-long primary care learning experiences and lifelong careers in

generalist medicine.

The sponsors have created a variety of information materials including a resource manual, issue sheets and programming ideas to help the task forces at each participating medical school create an educational program tailored for their medical school community. C. Everett Koop has videotaped an address the will be distributed in advance to all participating medical schools so that his remarks can be incorporated into their programs.

One hundred forty of the nations' allopathic and osteopathic medical schools are participating. Some of the activities planned by medical students include: forums on primary care research and education; mentoring programs that will connect students with practicing generalist physicians; information fairs on summer and career opportunities in primary care medicine; and primary care grand rounds.

II. Primary Care

As you know the Administration has long taken a very supportive position towards primary care. The Health Security Act called for an allocation mechanism to increase the proportion of primary care doctors to 55% (including family practice, general pediatrics, general internal medicine, and obstetrics and gynecology). Although the proposal for allocation (especially reduction in the number of trainees) met with substantial opposition from Senator Moynihan, the primary care groups have been among the Administration's most consistent supporters.

The percent of graduating medical students interested in pursuing generalist careers increased for the second year in a row, according to the AAMC's 1994 Medical Student Graduation Questionnaire (GQ). From 1983 through 1992 the percentage of graduates planning certification in the generalist specialties (omitting Ob/Gyn) declined steadily from 34.1 % to 14.6 %. That rate increased to 19.3 % for 1993 GQ respondents and to 22.8 % this year.

III. Talking Points

• Thank the AAMC for its leadership in the health reform debate, particularly for its support of universal coverage for all Americans and its recognition of the need to training more generalist physicians to care for the American people.

-• The AAMC representing our nations medical schools and finest teaching hospitals has long represented some of the best in American Medicine--cutting edge technology and the highest quality, provision of health care to millions of Americans including our disadvantaged populations, education

for our nation's doctors and other providers of care.

• Appreciate the opportunity to participate in National Primary Care Day, the first event of its kind in the history of medicine--a national event organized by and for medical students to learn more about careers in primary care medicine.

• Salute the thousands of medical students enrolled in 140 allopathic and osteopathic medical schools across the country who have worked so hard to make this day a success.

- Their zeal to organize and participate in this day illustrates their fundamental commitment to promoting health in people and communities.

- Nearly every medical school in the country in participating.

• Applaud the nine national student organizations and the AAMC which provided medical students with the crucial support they needed to make this day a success.

• Thank C. Everett Koop, M.D. for sharing his thoughts on primary care, medical education and health reform as a physician, teacher and national health care leader. Thousands of medical students and faculty will be able to hear Dr. Koop's videotaped speech and roundtable discussion with medical students.

• National Primary Care Day indicates a groundswell of interest among medical students to; learn more about primary care. Recent AAMC statistics show an increase in the number of this year's medical school graduates who have chosen careers in primary care. We hope this is the beginning of a new and health trend toward generalism with future physicians finding exciting and fulfilling careers and with the nation receiving the generalist physicians it so desperately needs.

• The AAMC set an ambitious goal of having more than half of graduating medical students commit to careers in one of the generalist specialties. I congratulate the AAMC leadership in recognizing the nation's need, setting this important goal and working so vigorously to achieve it.

• The problems that brought reform of health care to the national agenda--rising costs, increasing numbers of uninsured, paperwork that swamps providers and takes them away form the needs and cares of their patients-- all of these problems continue to worsen.

• We are still determined to address these crucial issues, to change the system so that all Americans have access to the highest quality care.

• This will be a long journey, it will require not only legislative changes, it will require support of private institutions and the nation's medical schools to make our health care system serve societies changing needs and better serve our patients.

-National primary care day provides us with an important opportunity to highlight the role of generalists physicians.

- Primary care doctors are the link to accessible patient care for all Americans. They are the link to the compassion and high ethical standards that must be brought back into medicine if doctors and patients are to work together with trust and caring

- All across the country medical schools are launching primary care activities-- mentoring programs to connect medical students with primary care practitioners, community health fairs on the fundamentals of health promotion and disease prevention.

- Medical students have shown tremendous enthusiasm for this event. and the recent AAMC survey shows that graduating medical students have again shown increasing interest in choosing primary care training and careers

IV. Background on the Role of Academic Health Centers and Medical Colleges

A. Representation of the AAMC

The AAMC represents the nation's 126 medical schools, approximately 330 non-federal teaching hospitals, 72 Department of Veterans Affairs medical centers, 92 academic societies, and medical students and residents.

B. The AAMC has supported workforce reform in several ways:

• **Primary Care Training.** The AAMC Task Force on the Generalist Physician recommended that as a national goal. . . a majority of graduating medical students be committed to generalist careers. The organization has taken a leadership role on this issue.

• **Under-represented Minorities.** The AAMC recently initiated **Project 3000 by 2000** with the objective of doubling the number of minorities in medical schools by the year 2000.

C. Academic Health Centers play a central role in education

• Approximately 100,000 physicians are in residency training or fellowship training at any time. Each year approximately 16,000 medical students are awarded the M.D. degree.

Of note, the current number of residencies slots exceeds the number of students graduating from United States medical schools by approximately 35%

• The AAMC acknowledges changes coming with reform:

-- increased numbers of generalists

-- need to incorporate more ambulatory care and outpatient sites into training

-- decreased ability to use clinical income to subsidize education

-- need for retraining specialist physicians

-- greater emphasis on clinical practice guidelines and techniques of decision-making and evaluation of competing therapies in medical education

D. Academic Health Centers play a central role in Research

• In 1991, 60% of the extramural funding by the National Institutes of Health went to investigators at academic health centers. Similarly the Agency for Health Care Policy and Research (AHCPR) also awards an increasing number of grants to health services investigators at these institutions

• This research is vital: basic research enhances scientific knowledge; research identifies the most cost-effective treatments; academic health centers have the interdisciplinary teams that can most ably pursue research on outcomes and effectiveness.

• The rate of increase for funding of research though the National Institutes of Health has declined in recent years

• Recent changes in the medical landscape will bring several additional concerns

-- pressure to maximize efficiency will make it more

difficult for institutions to use clinical funds for cross subsidies; competition may result in limitations in clinical research on new treatments.

-- increasing needs for outcomes research suggests the need for new approaches for financing and organizing research in ambulatory settings.

E. Academic Health Centers play a central role in Patient Care.

• Academic Health Centers have valuable clinical functions. They

-- Provide more care to Medicaid recipients and to the uninsured than do their counterparts at non-teaching hospitals

-- Treat sicker patients and those requiring extensive support services

-- Provide specialized and complex services and ensure the transition of new services and technologies into American health care

• The clinical role of Academic Health Centers has become more difficult. Increasing competition, constrained funding for disadvantaged patients at the local level, Medicare cuts and reduction in payment to physician specialists because of adoption of the Resource Based Relative Value Scale have all impacted adversely on the financial condition of these institutions.

• The problems that brought reform of health care to the national agenda--rising costs, increasing numbers of uninsured, paperwork that swamps providers and takes them away form the needs and cares of their patients-- all of these problems continue to worsen.

• We are still determined to address these crucial issues, to change the system so that all Americans have access to the highest quality care.

• The AAMC representing our nations medical schools and finest teaching hospitals has long represented some of the best in American Medicine--cutting edge technology and the highest quality, provision of health care to millions of Americans including our disadvantaged populations, education for our nation's doctors and other providers of care.

- We have been deeply appreciative of the AAMC's support for universal coverage, for their support in reforming health care, for the constructive role they have played in legislative discussions, and for their support in primary care.

• This will be a long journey, it will require legislative changes and it will require support of private institutions and the nation's medical schools to make our system serve societies changing needs and better serve our patients.

-National primary care day provides us with an important opportunity to highlight the role of generalists physicians.

- Primary care doctors have been and will be to even a greater extent the Captain of the health care ship. They are the link to accessible patient care for all Americans. They are the link to the compassion and high ethical standards that must be brought back into medicine if doctors and patients are to work together with trust and caring

- All across the country medical schools are launching primary care activities-- mentoring programs to connect medical students with primary care practitioners, community health fairs on the fundamentals of health promotion and disease prevention.

- Medical students have shown tremendous enthusiasm for this event. and the recent AAMC survey shows that graduating medical students have again shown increasing interest in choosing primary care training and careers

lm draft 9/28/94

FIRST LADY HILLARY RODHAM CLINTON
REMARKS FOR NATIONAL PRIMARY CARE DAY
GEORGE WASHINGTON UNIVERSITY
SEPTEMBER 29, 1994

for all our lives, all our families.

[Acknowledgements: AAMC; 9 national student organizations that provided crucial support for this day; Dr. C. Everett Koop xxxxx]

I was here at GW a few months ago -- on Mother's Day -- and it's nice to come back for what is kind of an unofficial families' day. I say that because National Primary Care Day is really a celebration of a philosophy of health care that focuses on promoting good health ~~from cradle to grave.~~ And nothing could be more important to strengthening the health of our families and our loved ones than making sure they have access to primary and preventive care.

I've been reading . . . then asked me to tell you . . . Ben pick up w/ need discussion.

In the great national discussion of health care reform that has taken place over the last year-and-a-half, much has been said about what isn't working in our health care system.

Today, we have the opportunity to celebrate ~~what is~~ the people who are working. It's a chance to consider the extraordinary contributions of our primary care community of doctors, nurses, and physician's assistants whose work embodies compassion, quality, and trust. And it's a chance to reflect on the vital role of our medical schools and teaching hospitals that serve as beacons in their communities -- providing cutting edge biomedical research, state-of-the-art technology, clinical and tertiary care, and perhaps most important, quality treatment for poor and needy citizens who might otherwise go without.

BSL your inspiration to care & help people.

Over these last months, when debate about reform escalated in Congress and opponents spent millions of dollars to saturate the airwaves with negative advertisements, people like you got up every day and did the best you could for your patients in a system that often works against you.

And when the Congressional session ends in a few weeks and everyone goes home, primary care providers will still be fighting the daily battles against diseases treated too late because there was no insurance, against an insurance system that still discriminates against the elderly and the sick, against a system still choking on paperwork and confusion.

Primary care doctors and nurses and physician's assistants don't go out on recess.

Nearly every medical school in the country is participating today. That's a testament to the growing interest in primary care medicine among students like you.

I was heartened to see the results of this year's AAMC survey, which showed that the percentage of medical school graduates interested in careers as generalists increased for the second year in a row. Today, more than one in five graduates said they might go into primary care.

And that number will grow higher, particularly given the innovative programs taking root in some of our finest medical schools:

* In my home state of Arkansas, the university has developed in conjunction with the state legislature a series of scholarhsip and loan programs for students entering primary care and practice in rural locations.

* The University of Texas Medical Branch in Galveston is working to develop new community-based teaching sites for medical students in the south Rio Grande valley.

* Two years ago, the University of Colorado set a goal of having 70 percent of its graduates choose residencies in internal medicine, pediatrics or family medicine.

* The University of Minnesota at Duluth has been a pioneer in recruiting students for rural, primary care practices, as has the University of Washington.

* And here at GW, there now is a Primary Care Apprenticeship for all second year students.

These are signs that our medical schools and our medical students are not only moving in the right direction but leading the way.

You know the importance of this battle we've been waging for the last 20 months. You know why it is so vital that we achieve universal coverage. You know because you come face-to-face with the realities of our health care system every single day.

And those realities are not going to change until we reach a point where every American is assured health care coverage.

As you know, there will be no health care reform during this legislative session. Obviously, this is a disappointment for the President, for me, and for thousands of people who worked tirelessly over these last long months to improve our system.

To be sure, mistakes were made. Blame can be laid in lots of places. In hindsight, we can see that we misjudged the degree of partisanship that would take over the process. We mistakenly believed that members of Congress could transcend party labels in the interests of the American people. But we were wrong.

In retrospect we also see that we needed to involve the press earlier and more extensively. And finally we see that, on an issue as complex as health care reform, we underestimated the amount of time it would take to educate the public about reform.

That said, let me also say that I am extremely proud of the effort we made and will keep m aking. Thanks to the hard work of thousands of people across the country, and thanks to a public eager for progress, health care reform is now a subject routinely discussed around the kitchen tables of America. So while we may not have gotten as far as we wanted yet, we are further along the path to universal coverage than ever before in our history. We are going to succeed some day.

As the President said earlier this week: We've had some rough spots in the road, but this journey is far, far from over. ~~We are going to keep up the fight against the interests who spent $300 million to stop health care reform. There is too much at~~ we have stake for all the American people and we've come too far to just walk away now.

That's why, when people keep asking me if I'm going to give up on health care reform, my answer is always the same: "Are you kidding?"

I spent 18 months traveling around this country, listening to people tell me about their experiences in our health care system. Those faces, those voices, those stories keep playing over and over and over in my mind. And I don't think anyone who heard the stories I heard could sit idly by while 100,000 Americans each month lose their coverage. . . while our health care costs keep rising faster than our national income. . . while

I don't know exactly path we'll follow.
Mill of all the babies born this month—
and next month, and the month—
Each one needs prim care
Dail always worry abt those babies