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INTERVIEW OF THE FIRST LADY
BY TOM BROKAW OF NBC

Q Mrs. Clinton, as a lawyer you've handled a lot of big, complex cases and I expect that you might have -- (inaudible) -- courtroom -- anything could compare with what you're about to do here.

MRS. CLINTON: Oh, no. I mean, this has been the most extraordinary experience that I've ever had, or I think anybody in our country will have by the time we finish because we're taking on such an incredible challenge.

Q Do you have butterflies?

MRS. CLINTON: Sure. Sure. I'm very intent upon making sure that we do this right. I mean, not only because it's important to the country, but it's important to me -- important to my mother. I mean, you know, I really want this to work. And there's going to be a lot of hard work ahead of us. But what we've done so far I think set the stage.

Q Let me ask you about your objectives here. Let's begin with coverage for everyone in America.

MRS. CLINTON: Right.

Q A lot of companies in a lot of states are already making great progress on efficiency and on fairness. Why not let that continue and you just concentrate on making sure everybody gets some kind of coverage?

MRS. CLINTON: Well, in fact, the reason that we think this is doable is because so many companies have made such progress. They've shown the way. Unfortunately, they are still a minority. And until we get everybody into the system and we make it clear to even those who are insured, they will always have health security as a right as an American citizen, we don't think we can get the whole system to operate as

efficiently as some parts of it now are.

Q A lot of people are going to wonder whether illegal immigrants are going to be eligible for health care coverage in America.

MRS. CLINTON: They will, of course, be eligible for emergency care and for public health reasons. But they will not be entitled to the health security card. And that's a decision that --we think is the right decision, but we do want to assure people that the kind of services currently available for undocumented workers will still continue.

Q For some Americans, especially those in the older generation -- this business of having the doctor of your choice is paramount in their health care considerations.

MRS. CLINTON: And it should be. And, in fact, our plan will increase choice. Because what happens now too frequently is that the employer who pays for health insurance will determine who your choice is. And more and more employers for cost reasons are limiting their employees to one plan or two plans. And what we are proposing, the individual makes the choice and will get to choose from among the plans that are available. You will always be able to choose a plan where your doctor is, because we're also saying that plans will not be able to discriminate against doctors. So we think that we will actually be increasing choice through this approach.

Q But within that plan that you choose, even if your doctor is there, isn't there a good possibility that some gate-keeper will say he or she is not available today; we're going to be slipping you across the street to another physician?

MRS. CLINTON: Well, of course, that happens now. I mean, if your doctor practices with other doctors -- they're on call; they may not be available all the time. They may be on vacation. But in general, we think this system will ensure that individuals get the choice of their health plan and the doctors within that health plan.

Q Is there a generational break in terms of preference for a doctor? Older Americans have grown up with that system; younger Americans who use emergency rooms and HMOs and other new systems are not -- that's not as important.

MRS. CLINTON: I think everyone wants a personal relationship with the doctor who takes care of them. And even within the HMOs, people develop those personal relationships. And I've talked with many patients and physicians whose whole practice is within an HMO. They develop their own patients. And those patients feel secure. In fact, I had a friend tell me just last week to assure people not to be worried.

She's been in an HMO her entire life. She was born into it. She's had her baby in it. And she's had the continuing care of those doctors whom she has chosen in the HMO.

What we will need to do for them is that what is happening now is a choice --. You know, many rural areas are losing doctors. There's no choice for people who live in many parts of our country. Many of our inner cities -- there's no choice, because people can't practice in those conditions that are available there. This will improve and increase choice for the vast majority of Americans.

And I hope that every American will study this and think on it, but talk to their friends and neighbors who had different kinds of experiences so that -- what is very common in California or Minnesota is not common in Arkansas or Texas; but what we believe is that choice will be enhanced across the nation by what we are proposing.

Q From a doctor's point of view, physicians are often notoriously independent. Do you think that this will discourage some people from going into medicine because they will no longer have the control over their lives that they've had in the past?

MRS. CLINTON: No, because I think that what has happened to doctors in the last decade or two is they have decreasingly lost control because of government regulations, because of insurance company regulations. And many doctors want that autonomy back. And when they talk about autonomy, they mean they want to make the right decisions for their patients. They don't want to have to dial some 800 number and ask permission to run a blood test. And what we intend to do is to remove the kind of micromanagement and heavy regulations and paperwork that now interferes with doctors' independence and return them back to the center of decision-making where I think they belong.

Q Ira Magaziner, who has been a principal advisor to you on all of this, said that the health care industry in America is the most inefficient industry that he has ever seen. But isn't a lot of that driven by government regulations and by insurance regulations, and by legal considerations?

MRS. CLINTON: Yes. A lot of our inefficiencies are the result of decisions that we made years ago and have not changed. When you have systems in both the public and private sectors that reimburse physicians on how much they charge per procedure or test, then what a physician's central concern has to be is how they can take care of their patients and provide the right number of tests knowing, though, that the number of tests determine how much they get paid. When you have the fear of lawsuits hanging over physicians so that they practice defensive medicine, that interferes with their decision-making. We really believe -- and Dr. C. Everett Koop was here in the White House talking about

this -- we really believe there are literally tens of billions of dollars, unnecessary procedures that will be eliminated once we clarify the system, remove the unnecessary regulations, limit the kind of -- spread of unnecessary lawsuits, and give doctors the chance to take care of patients as patients, not as a bundle of tests or procedures to be performed.

Q Almost every doctor I've talked to said, if you're going to talk to Mrs. Clinton, ask her what she's going to do about her profession, about the legal profession and malpractices and legal harassment on the part of lawyers.

MRS. CLINTON: What we are going to do is propose malpractice reforms. We are going to ask that lawyers get a certificate of merit from an independent doctor or board before they go into court against any doctor. We're going to ask health plans to use alternative dispute resolutions so that we don't let a lot of these cases get into the courts where they don't belong. We're going to limit lawyers' fees in the malpractice arena, because we want to protect victims but we don't want to encourage unnecessary lawsuits. So we intend to make some changes that we think will strike the right balance between discouraging the frivolous and the harassing lawsuits, protecting victims, and relieving doctors of a lot of their concerns.

Q But you're mandating the changes for the medical profession and you're only encouraging or asking the legal profession.

MRS. CLINTON: No, we're mandating those as well. They will be part of the legislation.

Q When it comes to inefficiency, a good many people who have looked at your plan say, listen, they're going to just set -- replace one set of bureaucracies with another. They're going to have health alliances on a regional basis, they're going to have a national board that's going to try to control costs, they're going to have caps for small businesses. We're going to replace one set of paperwork just with another blizzard of paperwork.

MRS. CLINTON: Well, we think that we're going to replace micromanagement and much too much regulation with a system that will set boundaries. It has been described as the difference between a farmer grazing a bunch of cows out in the field and keeping all of them attached to a leash -- which is what we do now.

Instead, put up a fence. Here's the boundaries and you make the decisions within those boundaries. We think that's a huge difference. No longer will we be telling doctors or hospitals, here is how you must practice. We'll be saying, here's how much money should be available and the insurance premiums in your region. Now you make the right

decisions and we will judge you on quality. And that's what we think the proper judgment should be.

Q You're also interested in people taking more personal responsibility for their own health and for their health care. About one-third of the money that I think that we spend on health care in America is spent in the last year of someone's life --heroic care or extending life, whatever. How do we change that?

MRS. CLINTON: We are going to encourage some of our changes particularly by encouraging the use of advance directives and living wills. It's a very painful moment in anyone's life. I've been there. I know. When you have to make decisions about a loved one's medical condition and you haven't had that conversation -- when you could have had that conversation.

More older people tell me that when their time comes, make the right decision, make it as humane and let nature take its course. They want to be at home, but we don't provide support for them to be kept at home. They may want to be in a hospice, but we don't do that. We don't even pay for nursing home care for a lot of the acutely ill patients that would be better off in that kind of setting. We keep people in hospitals, we often keep them there because members of the family at that difficult, emotional moment can't make these hard decisions.

So what I hope is that we will responsibly face up to the fact that Dr. Koop says that all of us are going to die sometime, and we want to provide the best medical care possible, but we also want people to express their own wishes so that the medical care they receive can be humane and caring treatment, but not necessarily heroic or extraordinary if the individual and the family say that that's not what their wishes are.

Q Do you and the President have a living will?

MRS. CLINTON: No, but we are going to have one. I mean, that is something that we intend to do during the course of this year, and I hope it will set an example for others.

Q It has been widely demonstrated that tobacco was a great (inaudible) for American health care. As you very well know, there are few stronger political lobbies and key committees on Capitol Hill. Are you really going to be able to do something about the place of tobacco in American --.

MRS. CLINTON: We want to tax tobacco because tobacco is, without a doubt, the only product that if used according to its instruction -- how you're supposed to use it -- presents a health hazard. You don't have to overuse it or misuse it. If it's there and

you're using it, you're likely to damage yourself and maybe others around you. So we do think that that's part of our principle of responsibility. And we also very much want to discourage the use of tobacco among young people in this country.

Q Do you think we'll ever get to the point where we'll outlaw tobacco, that we'll make it illegal if it's such a threat to the general welfare of the young?

MRS. CLINTON: I don't know. I don't think any country has gone that far. I think most countries have done what they could to point out the dangers of tobacco and to tax it so that it would be more costly for people. But I doubt that we would ever outlaw it.

Q A lot of what will occur in health care is symbolic and it begins right here in the White House. Are you going to be able to get the President to give up french fries? (Laughter.)

MRS. CLINTON: Well, now, you know, french fries as an occasional treat they're not all bad. I mean, we don't want to go overboard on this. But we are, we're making lots of changes in our diet because one of the things that we've learned as a result of this work -- something I hadn't known before I got into it -- is what a role good nutrition can play in making you healthier.

We now know, for example, that good nutrition and moderate exercise and stress reduction, the things you hear about, will actually reverse heart disease, not just stabilize it. So I want to encourage better nutrition as part of the overall health care.

Q And are you changing the President's diet?

MRS. CLINTON: Yes, we are. We are actually using the low fat recipes that are available now. I'm not going to tell you we do it every day, but we're doing it the majority of days. And we have actually changed the way we eat, and we are trying to convince ourselves that it tastes as good as the cheeseburger and fries and we're making progress on that -- (laughter).

Q Does the President occasionally look down at his plate and say, "Come on, Hillary, I've had a hard day"?

MRS. CLINTON: We've made a lot of progress on, you know, pasta and things like that. But tofu has been hard for us.

Q Not a lot of tofu fields in Arkansas?

MRS. CLINTON: But it's a good product. We're keeping at it until we find something we like in it.

Q Now we're going to switch to tomorrow -- tomorrow night.

MRS. CLINTON: Do you eat tofu? Have you eaten tofu?

Q Actually, I do like it. My wife likes it a lot, and the commercial stuff that you get in this country -- the problem is that we've had it in Asia and there is just no comparison.

MRS. CLINTON: It's much creamier and softer in Asia.

Q Yes, and it's sublime.

MRS. CLINTON: -- rubber blocks over here.

Q But having raised three daughters, you know, we've gone through every animal, whatever -- (laughter) -- (inaudible). But no, tofu is a part of our life. If you can get it in Japan, it's fabulous. Strangely enough, in Nepal this year I had yak yogurt, which was the best stuff I have ever had in my life.

MRS. CLINTON: Yak yogurt, just plain?

Q I don't think it will ever catch on. (Laughter.)

MRS. CLINTON: Well, but if we don't link it to better health, we could link it to something really -- like romance.

Q No, no. It was sublime. It was unbelievable. The only part of yak --

MRS. CLINTON: Eat yak yogurt and find the man of your dreams --

Q Okay. Now the President has given his speech and we're going on to the second part here. The President in his presentation tried to avoid as much as possible how all of this is going to be paid for. Almost everyone has looked at it now, Republican and Democrat alike, and independent analysts say you just can't get there from here.

MRS. CLINTON: Well, he did talk about how it would be financed. He didn't go into a lot of the specifics because he was making a speech about where our destination is, what we're going to end up with. And a lot of the details are being worked out.

But the figures that we're going with -- as the economic team at the White House and other economists have pointed out -- they are credible, they are based on a very clear and logical examination of what the health care costs in the country are and how we can shift resources around to be better utilized.

I think there has been some confusion about what are credible, logical numbers and what is politically feasible. For example --

Q But you can't separate the two, can you?

MRS. CLINTON: Well, you can. And I think that that's where we need to really understand where this debate will go. Every credible health care reform proposal calls for reducing the rates of Medicaid -- whether we talk about the Republican proposal or the proposal sponsored by the Democrats in the House, every one of them calls for that.

Now, which is more politically feasible -- the higher figure that is in one bill, the slightly lower figure in another? That's what we're going to figure out. But I don't think anybody doubts, who has looked at this system, that costs can be contained and increases can be decreased. What we have to decide is what will the whole package look like, what will the tradeoffs be. And that's what starts tomorrow.

Q One of your key allies on the Hill will be the Chairman of the Senate Finance Committee, Senator Monihyan. He has looked at all of this and he does agree that it comes out of the computer just fine, but you put it in a political context and he says it is fantasy.

MRS. CLINTON: Well accurate fantasy, but we have visited with Chairman Monihyan, as well, and he has legitimate questions undermining the quality of care? And how will it actually be put into practice? We have a lot of information we're looking forward to sharing -- I'm sharing with the Chairman. The thing that is most important to me about what Chairman Moynihan said is that we will have a health care plan. And what I'm hoping is that we will get into the debate about the details. If there are better ideas out there, we want to hear them and we want to analyze them. That's what's really exciting, is the bipartisan nature, the excitement on the Hill, the fact we are going to do this to give health security to every American.

Q And Mrs. Clinton, everybody -- every administration tiptoes up to Medicare and Medicaid very, very cautiously because it is so politically explosive. And yet it represents 41% of our health care budget. And you would like to slow the growth some. Why not just take a bold step and say we're going to have means testing. This has gotten out of hand.

MRS. CLINTON: Well we are proposing some means testing for certain benefits for very high income beneficiaries. But let me just give you one example. We know that Medicare can be delivered more efficiently in some states than other states. Minnesota, for example, takes care of their Medicare population at one-half the cost of some of these larger cities in the Northeast. There's no legitimate reason that we can find why the older people in Minnesota are sicker or deserve to

have more or less spent on them than the people somewhere else. It's the way the system of delivering health care to Medicare patients is constructed. And Minnesota has done a wonderful job in the last several years lowering costs to everybody, including the Medicare population. New Haven, Connecticut, 100 miles from Boston, has a Medicare reimbursement rate one-half of what Boston has. So we're talking about real world examples from around this country that we can point to when we say we can lower the rate of growth. We're not talking about cutting, we're just talking about instead of increasing Medicare at 11 percent a year, we will start bringing it down to 7 percent a year.

Why do we think that's possible? Because people become eligible for Medicare at about the rate of one percent a year. If you add an inflation rate and a little bit of a cushion there, we're in the seven, eight, six percent range. We can't -- faster or slower But the overriding belief is we can do better than we are doing in terms of serving the Medicare population.

Q One of the things that you want to do is help companies relieve the enormous burden to them -- by taking care of people who are retiring at younger ages. They're thrilled with the proposal that you have that the government will pick up 80 percent of the cost. They just don't think it's possible.

MRS. CLINTON: Well, we have run these numbers over and over again, and we think that this can be done for about \$4.5 billion. Now, there may very well be some adjustments made to that. We might not get there as quickly as we think possible. We might ask the companies to pay a little bit more over a longer period of time. But I think the companies are right to be excited, because we burden many of our companies with costs far beyond what their competitors have to pay, not only for their existing work force, but for the retirees. We know we can do better, and we know we can relieve companies from a large part of that burden so that they can go out in a world economy and compete more.

Q These are a couple of -- the briefing books that have been available around Washington. (Laughter.)

Thank you.

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