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THE WHITE HOUSE

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AN INTERVIEW OF THE FIRST LADY
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Q What is wrong with the system, when do you think you will come up with some type of solution to some of these problems?

MRS. CLINTON: Well, part of what the President wanted done is to be sure that every point of view was represented in the process that lead up to the plan that he presents to the Congress. We have been having an enormous amount of input from people all over the country. As a part of that, I always learn something and am able to take that back.

If we make a decision that maybe doesn't go the way somebody wants it to go, they can be assured that we considered that point of view. It wasn't that we forgot it or overlooked it, and I think that's an important part to build the kind of base to this plan that the President will need to present to this Congress.

Q Mrs. Clinton, what kind of a feel have you gotten for what it's like for rural Iowans to have access to good health care?

MRS. CLINTON: Well, it's similar to the feeling that I had when we were in Arkansas, because the problems in rural areas are really common around our country. It is difficult when you are trying to keep a family farm together to be able to afford the increasing costs of health care, and it's very hard when those costs are going up and yet don't even cover every member of your family, which is what we heard this morning, both here at the hearing and what I heard when I visited with some Iowa farm families (inaudible).

It is so discouraging in some ways because American agriculture is the most productive part of our economy, and yet health care is like the tail that wags the dog and is

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forcing many people to leave the farm, forcing spouses to go to work to try to be eligible for health care. What we have to do is make health care affordable for all Americans and accessible to all Americans. I think that will be particularly helpful in rural America.

Q (Inaudible) challenge to you about the most universal health care problem in '93. He is from Iowa, and he was a former state lawmaker up there and now runs the health organization up there. It sounded like you were somewhat skeptical and you put the question back to him. Is it not possible that you could get this solved?

MRS. CLINTON: Well, no, I'm not skeptical at all. I wanted to be sure I understood what he was saying because there isn't any doubt that the President intends for his plan to cover every American and control costs, but there are several different models about what is the best way to do that. I wanted to be sure that I fully understood how he would finance the approach that he advocated. Different people who advocate a similar approach take different attitudes towards that.

Q Is it a challenge, though, that you can meet (inaudible)?

MRS. CLINTON: It has to be. I mean, the country cannot go on the way we are. We are seeing health care costs escalate out of control. It's eating up more and more of our family budgets, our business budgets, our whole national budget. If we don't change what we are doing, we are not going to have the resources to take care of all of the other needs that people have.

It is also not fair. It is unfair to leave out millions of working Americans, like the farmers that I've met here today in Iowa, like the steelworkers I saw in Louisiana a week or so ago. These are people who get up every day and work.

Financially, they would be better off if they were on welfare, because we take care of people who don't work and provide medical care for them, and we, in effect, penalize people who do work and make it nearly impossible, if not downright impossible for them to afford health care. That is absolutely the wrong approach.

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We cannot let that continue. We have to cover every American, because that's the right thing to do. We also have to contain costs, we have to control costs, and we have to provide quality. There are several good ideas about the best way to do that.

What the President wants to be sure is that the plan we propose will have the best chance of not only being implemented but of working to achieve those goals.

Q When do you expect to come up with some specific, concrete recommendations to the President to put in some type of plan to submit to the Congress?

MRS. CLINTON: That process will be ongoing and the President then will be in a position to announce whatever he wants to announce about the plan.

Q When do you hope to have that plan?

MRS. CLINTON: Well, the legislation is going to be presented in May, so it will be occurring over the next month or so.

A VOICE: One more question.

BY THE INTERVIEWER:

Q What was your reaction when you were listened to Katy Duckett, the young girl from Cedar Rapids, tell her story? What did that do to your heart?

MRS. CLINTON: Well, you know, Katy Duckett was such a courageous girl to get up there in front of all of us and tell her story, and I think she did it so movingly. But it also said to me, look what her family has done for her. They have stood by her, they have never given up on her. They have been responsible and aggressive users of the health care system.

In addition to all of the fine doctors and nurses and hospitals that Katy has had to see in her 15 years of life, she had a family that was willing to take on a lot of the care for Katy and to really make the sacrifices that are necessary so that a child with her kind of disability could be mainstreamed in education, make the honor role, and stand up in front of thousands of strangers and talk about what has

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happened to her.

Q (Inaudible.)

MRS. CLINTON: Well, what we ought to be aiming to is removing the extraordinary sense of personal insecurity that so many Americans have now -- not just Americans without health insurance who feel that any accident or illness could just wipe them out, but the millions and millions of Americans with health insurance who are seeing their premiums go up, their copayments their deductibles. They think they are just one paycheck away from not being insurable or maybe having their company cut back or do away with insurance.

I don't think it's right that we should be so beset by personal insecurities when there are things we could do that would make our health care system more acceptable and more affordable for every family, and that is what we are going to try to do.

A VOICE: Okay. We've got to go.

(Interruption to the proceeding.)

BY THE INTERVIEWER:

Q I want to talk to you and get your thoughts about the progress. I don't really care about what is in the plan so much or what's not in the plan, but I'm interested and I want your thoughts on about what consensus there is now and where there is not and what obstacles you see for yourself ahead after you come up with something and after you get people to sign on to it?

MRS. CLINTON: Well, actually, I think there is a developing consensus that, first of all, we need fundamental change. That is a major accomplishment. Because up until very recently that was a cry one heard from certain segments of society, but not in the broad-based way I hear it now. It has even extended to a large part of the provider community which has come forward with a willingness to participate in helping to shape this reform that a year ago would have been unheard of.

So the consensus is that we have a problem and that we need fundamental reform in order to impact that and create a better health care system. I think there is a second

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consensus that we need to do this sooner instead of later, that this is something that should be done this year because every year we delay the costs continue to escalate and we get further behind in our efforts to try to grab hold of this system and make it work right.

I suppose the third consensus is that there is a growing awareness of the way different models and approaches to controlling costs and providing universal access and ensuring quality converge. Much of what I have learned in the last weeks has been how you listen to what people are saying. They will describe what they want even if it is under a different rhetorical label than what their neighbor is describing, but the end result will sound very much the same.

Most Americans are living with a sense of personal insecurity that they want ended. If they don't have insurance, it's understandable why they are so insecure. But even for the millions of us who do have insurance, many of us think we may be one paycheck away or a copayment increase away that will make that become less possible for us.

I think people want some assurance that they will have some control over the choices they will be able to make in their health care decisions. They certainly believe now more than I would have thought in the last month before this process began that it is in everyone's interest for everyone to be covered.

Because Americans now understand well what cost-shifting has meant to them in their own pocketbooks, that if we leave a large segment of the population uninsured or underinsured, that somebody pays for that, and that somebody is all of us. They want very much for the kind of quality that is the objective of the American health care system to continue. There is a lot of convergence and points of agreement that I find very reassuring as we attempt to hammer out the details.

Q What about tradeoffs? You've mentioned, generally, that people aren't going to get everything they want. Do you have a sense of what tradeoffs people are willing to make? There is a lot of confusing, very contradictory data about what people want and about what people think they can have.

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MRS. CLINTON: Well, there is a lot of contradictory opinions out there, but I think at bottom most people believe they are willing to make some sacrifices in return for security, access, and quality that would give them a system that they could count on and not have to worry about from month to month or year to year.

Now, there will be some tradeoffs not only in terms of what a basic core benefits package will look like. Because obviously the goal is to have a package that is appropriate for most people's needs, and some people may think it's not specific enough for what they need or not rich enough for what they would like. But the goal is to have something that most Americans feel good about, that would be guaranteed.

There will be tradeoffs in terms of what we now think of insurance coverage. Because the kinds of changes that will have to be mandated to make the system work will include the elimination of preexisting conditions. The requirement that some form of community rating and guaranteed issues be implemented. Those are things that people have made very clear they want.

But some people may think that, "Well, that means then that I have to share the risks of everybody who is sick, and maybe that's not the best thing for me."

I think we can demonstrate based on all the available information that being in a very large community pool is better for everybody, not just for those who up till now couldn't get insurance. Those are some of the things that, you know, will obviously have to be discussed in more detail.

Q In terms of helping both develop a policy and give you some kind of a base to start with after you have a policy and are going out to sell it, what purpose do these kind of meetings serve? You, generally, probably hear the same things over and over again.

MRS. CLINTON: Well, you hear the same things, but you also hear different things and you hear about different models. You always learn a lot, at least that has been my experience. I mean, I've been to Pennsylvania and Massachusetts and Florida and Iowa and have talked to hundreds of people since this process got started.

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I always come away with an enhanced understanding of how something might work better. So I not only take additional information away with me, I take the name of somebody. You know, this is a good person to call when we're really getting down to hammering out how this might work because he or she has a good idea of that.

What I'm hoping is that we will through these conversations sponsored by the Robert Johnson (phonetic) Foundation and the other public outreach efforts that are going on come up with a network of people -- consumers, providers, other decision-makers -- who will be available to test ideas against; who will be available to test the buying, when the President proposes his plan; who will be on the front lines to implement the new plan.

Because no matter how good the plan might be, and even assuming it's passed this year, which is what the President wants, unless it's implemented right it's not going to bring about the changes that we all want.

Q Before it gets implemented it has to be passed, as you said, which is a big -- it's going to take a lot of work. Is every one of these people kind of a foot soldier in whatever kind of grassroots effort you're going to be mounting to get that plan passed?

MRS. CLINTON: Well, certainly I hope so, because I hope they will agree that the plan the President proposes is one they can support wholeheartedly, but the foundation certainly didn't put these on for that purpose. But it is a great opportunity for people to come together to share ideas who may never have done that before, and for the congressmen and the senators and the governors who attend these forums to get a more in-depth view about what's going on in their own state and to then carry that with them back to wherever they are to make decisions.

Q (Inaudible.)

MRS. CLINTON: It just gives reinforcement to the kind of information that we are seeking and additional resources that can be called up and asked whether this makes sense. If there isn't support out there after the plan is introduced, hopefully, that supporter will contact somebody and then work to implement it.

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Q How do you see your role in this process?

MRS. CLINTON: Just what I'm doing. Just trying to get out and learn as much as I can and make sure that every point of view is represented and that people are part of this process and feel a part of the process.

Q Do you see yourself taking a lead role in selling it once it is completed and explaining it to the public?

MRS. CLINTON: Nobody has thought that far ahead yet. I mean, it's going to be obviously an effort to make sure that people understand what the President presents, but the details of it aren't anything that anybody has hammered out yet.

A VOICE: You've got to go.

BY THE INTERVIEWER:

Q One quick question about rural. Do you have a sense after today of how some kind of rural component of whatever this plan is, is going to have to be different, how the plan for Iowa might be different from a state with a larger urban population?

MRS. CLINTON: Well, I think the lesson is that we cannot have a one size fits all approach to health care. There has to be a recognition of the differences in rural and urban and suburban areas and a willingness to come up with a design that takes that into account.

I am very familiar with rural health care issues. I chaired a commission back in 1979 that came up with ideas for expanding access to rural health care in Arkansas. The problems kind of come and go in cycles because we adopt rules and regulations that are largely driven by large population centers and the impacts are often unintended, but adverse for rural areas.

I am very conscious that that has been the pattern in the last 10 or 12 years, and I am hoping that we can avoid that with whatever plan the president presents because, you know, a great number of Americans live in rural areas and they deserve to have access to the quality of health care that they should. The President is committed to that, given

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his own background.

Q Thank you very much.

(The interview was concluded.)

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