

09/23/93
CBS BRIEFING, THIS MORNING
PAULA ZAHN

THE WHITE HOUSE
Office of the Press Secretary

Internal Transcript

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REMARKS BY THE FIRST LADY
AT HEALTH CARE BRIEFING WITH PAULA ZAHN,
THIS MORNING, CBS

Q Welcome, nice to see you again.

MRS. CLINTON: Glad to be here. Thank you very much.

Q Congratulations on the response you got last night.

MRS. CLINTON: It was a very exciting moment, because I really think the country is committed to making sure everybody has health insurance, and I just couldn't be happier.

Q The one thing that the President talked about last night was -- well, he defended how this plan is going to be funded. And all you have to do is pick up a newspaper or turn on the tube everyday, and you see the broad spectrum of critics out there who are challenging the credibility of the numbers on which this plan is based. Why is there so much of a challenge to this (inaudible)?

MRS. CLINTON: I think there are a couple of reasons. I think there are a lot of people who don't understand the way our health system currently works. They don't know what people like Dr. Koop, for example, have studied the last few years, which is how much inefficiency and waste there is in the system to begin with.

So they say to themselves, "Gosh, if we're going to cover the uninsured, 37 million people, and we're going to try to improve the benefits for people who have just the barest bones coverage, and we're never going to let any

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person who is sick with a preexisting condition be eliminated from the coverage, how are we going to do that?"

Well, I think if you look at what we are spending now, more than any other country and doing less with it, you have to ask yourself, aren't there some savings in there? Aren't there some ways we can actually make the system work better without just pouring a whole lot of new tax money in? And my husband believes there is.

So that if everybody contributes, we will have new money coming into the system from employers and employees who have not contributed up until now. If people even on Medicaid who work begin to make a contribute for vaccine money, if we have the economy of savings through simplicity and getting down to one or two forms instead of 1500, we could begin to see how the savings will add up.

And if we spend the federal money that we currently spend more effectively to actually cover people better and do things like like provide prescription drugs, that not only gives people a new benefit, it will save money in the long run, because we know that people who have good medication will not end up in the hospital and cost us more. So it's a seamless well. And I think the more people study it and the more time they spend looking at it, the more they come to believe, as we do, that we will start by making the system work better.

Q But you do have critics out there who have taken a very close look at the plan, people like Senator Moynihan, who have looked at very specific Medicare and Medicaid numbers who say those numbers are fantasy, you've got Senator Gramm saying the numbers are totally fraudulent.

MRS. CLINTON: Well, Senator Gramm would say that, I would assume. But I think Senator Moynihan was making a different point. What he was saying was there may be good numbers. I mean, no one who has looked at the medicare system doubts that we can get savings in it. In fact, there have been all kinds of proposals by Republicans and Democrats to reduce the rate of growth of Medicare.

We're not talking about cutting Medicare. We're talking about taking a program that next will grow at

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11 percent a year in terms of the amount of money that the government puts in it, when our elderly population will only grow by 1 percent a year. And so even if you account for inflation and add a little bit more, it's hard to imagine why it needs to go all the way to 11 percent? Aren't there some savings in there? And we all believe there are.

And I think what Senator Moynihan was saying is that it may be politically difficult to make some of these hard choices that need to be made. But that's what we're going to start talking about. I'm going to appear before his committee next week, and we're going to start really getting into this, because if we decide, for example, in the Congress that we can't go to get the kinds of savings that we believe are possible in the Medicare system, then --

Q Then, what will you do?

MRS. CLINTON: Oh, there's a lot of alternatives, because this plan produces substantial deficit reduction. That could be slowed down.

Q And people are questioning those numbers, of course.

MRS. CLINTON: Well, you know, nobody is questioning them who have looked at them. And the people who have looked at them have actually analyzed this more closely than health care numbers have ever been analyzed in our country before. I'm very confident, as is the President, about the numbers.

There is a different issue. And the issue that we're going to start debating is: Given that the numbers are accurate -- no one doubts there are some savings. We happen to think there are considerable savings. But given that the numbers are accurate, do we want to make the kinds of tough political and policy decisions to get this system working right?

Now, when someone like Dr. Koop says that there are \$200 billion of unnecessary costs in the system, I want him to be heard. When people like those at the Mayo Clinic keep their cost increases down below 4 percent, then how can you say it can't be done, when we see such high quality medical

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care being delivered at much less than what we're paying now? There are so many examples like that around the country. And I think once this debate really starts, then we'll be able to make the right decisions.

Q Let's talk about specific ways of financing this plan, through a cigarette tax. The number we get thrown out there now is anywhere from 75 cents to \$1 a pack tax on cigarettes. Is that enough?

MRS. CLINTON: Given the way we have looked at this system, yes, it is enough, because what we would use that money for is to help fund some of the parts of the system that are kind of unique, because we do want everybody to make a contribution. That's where most of the money will come.

But some people who don't make enough money, even after we reform the insurance market and some small businesses with low-wage employees that are below 50, they need a little extra help. And that's what we're going to use some of that money for.

So I'm very confident that it is enough. But I would go back to say that the numbers are absolutely internally consistent, they are accurate. The hard choices are if people don't want all employers and employees to contribute. Then we have to look at what the alternatives are.

Q It seems like the Republicans are going to be hard on that issue.

MRS. CLINTON: Well, but the Republicans have come forward, I think, very responsibly, because what they have proposed is an individual mandate. They have said every individual must buy health insurance.

Q Or the onus doesn't fall on the employers --

MRS. CLINTON: Right.

Q Or the individuals themselves.

MRS. CLINTON: You know -- and some States do that with auto insurance now. So once they recognized, as we recognized, that in order for this system to work, to get the

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savings that we believe are there, everybody has got to be in it, everybody has got to be making a contribution. They chose to put the entire burden on the individual.

And we believe the better way is to build on what we already have, which is to take the employer-employee system that works for literally millions of those of us lucky enough to be insured and build on that.

But we're going to have a very open and, I think, fruitful conversation with the Republicans, because once they realize that they have -- that the only way we can get to universal coverage and save money is to get everybody in it and the only way to do that is responsibly asking everybody to contribute, we're not that far apart.

Q Although the plan could look a lot different nine months down the road than what you're proposing now, let's talk specifically about the issue of abortion. Could you support a final plan that would not provide funds for abortion?

MRS. CLINTON: We're not going to get into that kind of problem, I don't think, because what we're trying to do is maintain what is available now. We are not increasing or decreasing. We are saying in the insurance plans currently available, doctors and patients make those decisions, and then they ask for reimbursement.

What we are doing is saying that under pregnancy-related services, those decisions will still be made the way they are currently made and that hospitals and doctors who do not wish to in any way condone or participate will have a conscience exemption.

We also are doing something that I think is very important, and that is, for the first time, we are emphasizing family plan. We are emphasizing preventive services. I want to live long enough to see abortion rare in this country. I want it to be legal, I want it to be safe, but I want it to be rare.

If we do what I hope we will do in this plan, which is to provide better access to family planning, we will avoid

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this issue in the future, and I think that's the appropriate way to handle it.

Q But the problem, as supporters will point out, is that you already have some hard core groups out there saying they're going to attempt to derail this plan over this whole issue of abortion. How far to the mat are you willing to go on this issue?

MRS. CLINTON: Well, I think there are people on both sides with strongly held feelings who would like this plan either explicitly to say abortion is covered or must be mandated and --

Q Are you one of those people?

MRS. CLINTON: No. And people on the other side, who will say abortion should be prohibited and absolutely eliminated.

I think the President has made the right decision, which is we do not want the health plan to increase or decrease access to legal abortions. We want it to be along the lines of what is available now. That's what most people are accustomed to, and that's what we think is appropriate.

So, we're not going to make people on the extremes of this issue happy, and I suppose they will have their arguments in Congress. But the important thing is that I think we're striking the right balance, and that's what the President believes.

Q Given the way the system is set up, while it will be regulated on a State by State basis, is it fair for some women out there to feel that they might be compromised on the basis of where they live when it comes to the issue of abortion because they could very well live in a State where a health alliance will not provide funding?

MRS. CLINTON: But the States are already permitted, under the Constitution and Roe v. Wade, (inaudible) --

Q So you are not worried about someone (inaudible) geographically --

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MRS. CLINTON: No, we are not adding to or subtracting from what is the legal status and availability of abortion now.

Q Another issue that is extremely controversial and I think a lot of women are interested in is the issue of mammograms. And under your plan, the average woman would start having mammograms at the age of 50.

MRS. CLINTON: No, that's not true. That is not true.

Q Well, what is true?

MRS. CLINTON: Mammograms are a covered service. Starting at the age of 50, they are free. Before 50, they are absolutely available at a modest cost, depending upon what plan you join.

But starting at 50, because of the recommendations of the American Cancer Association and other breast cancer advocates, they will be free, so that for the population most at risk, there will not even be a minor copayment. Insurance, however, under our plan, unlike insurance today, will cover mammograms starting whenever a doctor or a woman thinks that they're appropriate or medically necessary.

Q Because you know the National Cancer Institute and American Cancer Society's recommendation is that women actually start having mammograms at the age of 35 and routinely have them starting at the age of 40. Do you think by not providing free mammograms until the age of 50 that some women's lives might be lost?

MRS. CLINTON: No, absolutely not. And there is a dispute about how often they ought to be done. There ought to be a baseline mammogram. There is some question as to when that should occur. But they are going to be for the first time available to every single woman through her insurance plan, and that's what we think is a huge step forward. And then they will be free, as part of the kind of preventive health care we want to provide for every woman, after the age of 50.

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Q If I had a history of breast cancer in my family and I had to have a mammogram at the age of 35, you're not saying that it would a prudent thing for a woman in my situation to wait then until it was free?

MRS. CLINTON: Oh, of course not, and you won't. And unlike what happens now, where insurance policies do not cover the cost of mammograms, this insurance policy will cover the cost of mammograms.

Q I wanted to talk to you about the last few months. You have worked (inaudible) on this issue --

MRS. CLINTON: Is it only eight months?

Q Is it? Or is it longer? Maybe it seems like a lifetime to you. You've lived with the man who also happens to be your boss. Have you gotten into many arguments over very specific issues on this plan?

A No, of course not.

Q No?

MRS. CLINTON: No. No, because this has always been his plan, from the very beginning. He had a very clear idea of what he thought would work, but he told us to go and look at everything that might work or has worked anywhere in the world and ask every hard question we could think of and analyze every possible approach.

But he was the one who continually, through the spring and the summer, with the meetings that we would have, asked the best questions, pointed in the right direction, told us what he wanted done. So it has been an exhilarating experience.

I have always liked working with my husband ever since we were in law school together and we actually did a mock trial together one time. So for me, it's one of the most wonderful parts of our partnership and marriage.

Q But hadn't he at all, over the last six, seven months, come to you and said, "Oh, Hillary, I don't know about this specific point. Let's go back to square one"?

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MRS. CLINTON: No, not back to square one. But he said in many meetings and on many occasions, "What about this?" And "How does this work?" And "I want to know more." And come back, "Think this through again."

Q But how about when you're alone, upstairs?

MRS. CLINTON: We try to have a moratorium.

(Laughter)

You know, we try to, as much as we can, leave that at the office.

Q Have you won a good battle lately when it came to something that you really had your heart set on, that you really wanted in this plan?

MRS. CLINTON: We don't -- we just don't -- we just don't do that. I mean, we think so much alike. And I've always admired his understanding of this issue. He knew a lot more about it than most people, because he had studied it so hard as a governor.

So we -- he asks hard questions, and we go back and try to get good answers for him. It's not that kind of a back and forth at all. It's much more of a consensus-building -- that he is an expert at doing -- what I think we'll see in the months ahead on this health care plan.

Q Those of us who watch you work day in and day out marvel at what you're able to pack into your day. Is there a special little sort of (inaudible), sort of guideline you sort of tick off in your head, saying, "Yes, I can spend 15 hours on this today, and I need X number of hours with Chelsea"? How do you make your day work and keep a semblance of the balance of (inaudible)?

MRS. CLINTON: Yes, that is really the way I do it. I like to know what my next week is going to look like. Then I always like to know a day or two in advance what a specific day is going to look like in terms of my public obligations. And then I try to carve out big chunks of time to be with my

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daughter or to have a dinner with friends or just to have some time to relax.

And I really do try to organize my time so that it gives me what I need, which is, yes, time to try to get whatever work I have done, but time to just decompress and kick back. And, you know, Saturday night Chelsea and I watched the Miss America pageant. I don't think I've missed watching a Miss America pageant since I was probably three years old.

Q Three years old?

MRS. CLINTON: Absolutely. You know, got up on our bed and -- you know, we picked the winner from the very first time when she came down the runway.

Q So did I. So did I.

MRS. CLINTON: I just knew it. And we were so proud of ourselves. But, you know, we spent those hours together. And, you know, that's just something that, in the back of my mind, I just knew that I was worn out, that we hadn't spent time together, we just needed to catch up and giggle and talk about things.

And I think spending time with your family members in totally unstructured ways, where you just kind of talk about whatever crosses your mind, to me, that's so rewarding and refreshing. And that's what I really (inaudible) --

Q (Inaudible) further along on the maternal guilt (inaudible) than I am.

MRS. CLINTON: Well, but she's also older than your child.

Q Yes. But does Chelsea ever resent the amount of time that you have to spend on health care reform?

MRS. CLINTON: No.

Q Or if she does, will she come to you and (inaudible)?

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MRS. CLINTON: No, because she is -- we have always, from the very beginning, made sure that she felt comfortable expressing her wishes. And so when she says, "You know, I really need some help on something," or "I'm going to be doing this, and I really want you to come," so she also tries to, you know, think ahead a little bit and let us know what her needs are.

But, you know, it's very different having a teenager who you have to fight to want to be with you --

Q Sure.

MRS. CLINTON: -- and the times when she was five or six, when we were, you know, back in the Governor's mansion in Arkansas, and she said, "Oh, Mommy, don't go to work," or "Mommy, don't do this." I mean, those were -- you know, as every working mother knows those were hard. And so we always try to make sure that the extra attention that was needed was there. But now I'm just glad that she still wants to talk to me. (Laughter)

Q You'd better believe. Yes, a lot of mothers and parents out there can relate to that.

So, as you know -- you sort of watched me through this whole pregnancy -- I'm expecting my second (inaudible) --

MRS. CLINTON: And you (inaudible) spectacular.

Q Oh, thank you. Thank you very much.

Do you have any advice for me?

MRS. CLINTON: I'd like (inaudible) kind of hours you do, working the long days.

But it's really mind-boggling --

Q It is.

MRS. CLINTON: -- when you think of the introduction of yet another little miracle into your life. And, you know, I had always wanted another child, and we

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weren't lucky enough to have another. But I think that with a second child, from what my friends tell me, you know, the time goes up, not just doubled, but sometimes it seems like triple or quadruple. And then --

Q Oh, thanks.

MRS. CLINTON: No, but I think that, you know, planning ahead and thinking about it -- I mean, friends of mine who have worked their entire child-rearing years and have had two, three, and four children, I admire, because they always kind of thought ahead, not just about time but also about the developmental stage their children were in. You know, what does the child need when they start feeling that little separation anxiety and a little bit of guilt -- the -- you know, the four- and five-year-olds that begin to tug, when they weren't so needy at least six months before.

And I think knowing about the natural stages your child goes through so that you can kind of be prepared, and you almost have strategies in mind. I remember when I used to have to travel when I did lawsuits or had to go off on some kind of business trip, there were periods of time, because of the stage Chelsea was in, that I'd do things like leave her a videotape or a little tape to listen to every night. Or I'd a --

Q That's smart.

MRS. CLINTON: You know, at one time, I had to go away for two weeks, the longest I've ever been away from her or from Bill. And what I did was have a little contest every morning. She would wake up, and there would be a -- like a little contest about finding something that was hidden in the house. And I'd have clues for her. But every day she knew I was thinking about her, even though I wasn't there. And it's those little things that I think -- you know, if you think ahead -- you can give your child, and they feel like they're still connected with you physically I think.

Q Can I call you if I need help?

MRS. CLINTON: I wish you would. I don't know if I can give it, but I care so much about what you're trying to do and the kind of efforts that mothers are making today

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(inaudible) to be true to their children, to be true themselves, that anything I can do, I'd be happy to.

Q Can I call at 2:00 in the morning?

MRS. CLINTON: Sure.

Q You may be sorry you said that.

(Laughter)

It was fun to see you.

And again, thank you so much for your time.

(The interview was concluded.)

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