

American dream. We did right by the people who sent us here. We honored the deepest traditions of America, and we gave our children and the children of the world a better future.

Thank you all, and God bless you.

NOTE. The President spoke at 9:40 p.m. at the Washington Convention Center.

Remarks to Physicians and Supporters on Health Care Reform *September 20, 1993*

Good morning. I thank you for coming here, and I thank Dr. Koop for his stirring remarks. He always makes a lot of sense, doesn't he? And the Nation is in his debt for his work as Surgeon General and now, for the work he is about to undertake in behalf of the cause of health care reform.

I also want to thank the many physicians from all across America, from all walks of medical life who have made a contribution to the debate as it has progressed thus far. I got very interested in this subject years ago when, as the Governor of my State, I noticed I kept spending more and more for the same Medicaid and had less and less to spend on the education of our children or on preventive practices or other things which might make a profound difference in the future.

In 1990 I agreed to undertake a task force for the National Governors' Association, and I started by interviewing 900 people in my State who were involved in the delivery of medical care, including several hundred doctors. Some of them are in this room today. I thank them for their contributions, and I absolve them of anything I do which is unpopular with the rest of you. *[Laughter]*

I'm glad to see my dear friend and often my daughter's doctor, Dr. Betty Lowe, the incoming President of the American Academy of Pediatrics; my cardiologist, Dr. Drew Kumpuris, who pulls me off a treadmill once a year and tells me I'm trying to be 25 when I'm not—*[laughter]*—and Dr. Morris Henry from Fayetteville, Arkansas, back here, an ophthalmologist who hosted the wedding reception that Hillary and I had in Morris and Anne's home almost 18 years ago next month; Dr. Jim Weber, formerly president of the Arkansas Medical Society. We started a conversation with doctors long before I ever thought of running for President, much less knew I would have an opportunity to do this.

This is really an historic opportunity. It is terribly important for me. One of the central reasons that I ran for President of the United States was to try to resolve this issue, because I see this at the core of our absolute imperative in this sweeping time of change to both give the American people a greater sense of security in the health care that they have, and call forth from our people—all of our people, including the consumers of health care—a renewed sense of responsibility for doing what we all ought to do to make this country work again.

I am determined to pursue this in a completely bipartisan fashion. And I have reached out to both Republicans and Democrats, as well as the thoughtful independents to help. There is one person in the audience I want to introduce, a longtime friend of mine who has agreed to help mobilize support for this approach among the Democrats of the country, the distinguished former Governor of Ohio, my friend Dick Celeste, who's here. Thank you for being here.

When Dr. Koop talked about the ethical basis of this endeavor, he made perhaps the most important point. If I have learned anything in these years of public endeavors, or anything in the last several months of serving as your President, it is that once people decide to do something, they can figure out how to do it.

When, one week ago today, on the South Lawn of the White House, Yitzhak Rabin and Yasser Arafat signed that peace accord, they did not even know what the ultimate map-drawing of the city of Jericho would be, or how all the elections would be held, or how the Palestinians' candidates would advertise on the radio since the radio stations don't belong to the Palestinians. I could give you a hundred things they did not know the answer to. They knew one thing, they couldn't keep going in the direction

they were going, and so they decided to take a different direction.

When President Kennedy's administration challenged this country to go to the Moon, they didn't have a clue about how they were going to go. The Vice President knows more about science than I, so he can tell it in a funnier way about they didn't understand what kind of rocket they were going on and what their uniforms would be like and on and on and on. But the ethical imperative is perhaps the most important thing. We have to decide that the costs, not just the financial costs but the human costs, the social costs of all of us continuing to conduct ourselves within the framework in which we are now operating is far higher than the risk of responsible change.

We have certainly tried to do this in a responsible way. I want to thank the First Lady and all the people who work with her. I want to thank Tipper and Ira and Judy and everybody who was involved in this. We have really worked hard to reach out to, literally, to thousands and thousands of people in this great medical drama that unfolds in America every day.

I want to thank Donna Shalala and the Department of Human Services for the terrific work they have done. We have really tried to do this in an embracing and a different way, almost a nonpolitical way. If you look around this room, we have doctors from Maine to Washington, from Minnesota to Florida. Some of you see patients in rural Virginia, some in public hospitals, others of you devote your lives to training the next generation of physicians.

But I think every one of you is committed to seeing that we provide the finest health care in the world. That means as we undertake this journey of change, we clearly must preserve what's right with our health care system: the close patient-doctor relationship, the best doctors and nurses, the best academic research, the best advanced technology in the world. We can do that and still fix what's wrong. In fact, we can enhance what's right by fixing what's wrong.

If we reduce the amount of unnecessary paperwork and governmental regulation and bureaucracy, that will by definition enhance the doctor-patient relationship. If we spend less money on paying more for the same health care and the incentives to churn the system, we will have some more money, for example, to invest more in medical research and advanced technology and breaking down the barriers which

still limit our ability to solve the remaining problems before us. We need a discussion. We need constructive criticism. We need constructive disagreement on some points. This is a very complex issue.

I worked at this for over a year and realized when I was a Governor I was just beginning to come to grips with it. When we started this great enterprise and I asked Hillary to undertake this task and she looked at me as if I had slipped a gasket—[laughter]—I knew more about it than she did. Now, she knows a lot more about it than I do.

This is a learning effort. We are going to start today, as many of you know, this health care university, we call it, for Members of Congress, and about 400 Members of Congress have signed up for 2 intensive days of learning. That is an astonishing thing. I have never seen anything like it: these Members, without regard to their party and completely without respect to the committees they are on, since most of them are on committees that would not have direct jurisdiction over this, hungering to know what you go through every day, hungering to learn, wanting to avoid making an irresponsible decision but determined that they should make some decisions to change this system. I think that is a terrific cause for hope.

For patients, the reform we seek will mean more choices. Today, employers are too often forced by rising health care costs to decide which plans to offer their employees, and often they are inadequate or too costly. The decision is usually based on the bottom line, and is a moving bottom line as more and more Americans every month actually lose their health insurance for good. Our plans give consumers the power to choose between a broad range of plans within their region, giving them more freedom to find and to stay with a doctor they like.

For doctors, reform will mean the flexibility to choose which networks or providers you want to join. If you want to be involved with one, that's fine. If you want to be involved with more than one, that's fine. So that whatever you want to do to continue to see the patients you see today, you will be able to do it. It's your choice.

We intend to see a reform that drastically simplifies this system, freeing you from paperwork and bureaucratic nightmares that have already been well discussed. I cannot tell you how moved I was when we were at the Washington Children's Hospital the other day and

we heard not only the statistics that the hospital has calculated that they spend \$2 million a year on paperwork unrelated to patient care and keeping up with the procedures, but the human stories. I mean, we had a nurse actually tell us about being pleaded with by a young child with cancer to play with the child, and she couldn't do it because she had to go to a little seminar on how to learn how to fill out a new set of forms that they were being confronted with, and she said, that really was a picture of what their life was like; an eloquent doctor who said she wanted to live in Washington, DC, she wanted to care for the poor children in the area. She did not go to medical school to spend her life poring over a piece of paper. And all of you have had that experience.

We can do better than this. We also know we're going to have to trim back Government regulations that get in your way and do little to protect the patients or provide better care. If we simplify the system, we will reduce the apparently insatiable bureaucratic urge that runs through administrations of both parties and seems to be a permanent fixture of our national life to micromanage whatever aspect of tax dollars they have some jurisdiction over. We are determined to undo much of that. We want to respect your training, your judgment, and your knowledge and not unduly interfere with what you do.

We also are determined to preserve the quality of health care that our people receive. Today, part of the reason we have the finest doctors in the world are the academic health centers. For years they have been the guardians, the guarantors of quality, training doctors and health care professionals and reaching into surrounding communities to provide help for those in need. In the coming years, these centers, if our plan passes, will have even greater responsibility to turn out high quality physicians, particularly primary care physicians who will work in underserved areas, and to create a system of lifelong learning for health care professionals. And they must continue to expand their partnerships with communities around them.

The initiative I am offering offers the possibility of giving real building blocks to this Nation's health care system to fill in a lot of the gaps which exist for millions of Americans, not just universal coverage gaps but also organizational problems and the lack of adequate access.

I want this plan to be fair, compassionate, and realistic, and I believe it is. Health security

can be provided to the American people so that you don't lose your health care when you lose your job; you don't get frozen into a job because someone in your family has been sick and you're in the grip of the preexisting condition syndrome, which is literally undermining labor mobility in a world where the average 18-year-old American must change work eight times in a lifetime to be fully competitive, when security means the ability to continuously learn and find new and evermore challenging work, not to stick in the same rut you're in anymore. We don't have that option. We are literally rendering people insecure through job lock, undermining their potential, keeping them from moving on, and also keeping others from moving up into the positions they previously held. This is a serious economic problem.

This plan will guarantee that every patient who walks in your door is covered. It will make sure you are paid to keep your patients healthy as well as to treat them when they're sick. It will give you the flexibility and freedom you need to do your jobs. In return, it must demand more responsibility from all of us. We must have a new generation of doctors which has a recommitment to primary care. We don't have enough primary care physicians in America, and I think we all know it. We have to care about family practice, pediatrics, and preventive medicine. And we all have to work together to get medical costs under control.

But I'm convinced with your leadership we can do that. Without your help, we could not have covered as much ground as we have covered so far. I thank Dr. Koop for what he said. But the attention to detail by this project is the direct result of the painstaking effort and the hours that have been provided by physicians and other health care providers who have come to this town and spent day after day after day almost always at their own expense just to do something to help their country as well as to improve the quality of their own practice. We know that this will not be done overnight. We know that we will have to have a long-term commitment from individuals, from Government, from businesses, and from health care professionals. But we know that we have to begin now. This is a magic moment.

Let me just say two things in closing. There are a lot of other things we haven't discussed, and I know that, but we didn't come here for

a seminar on the details of it. We are trying some innovative approaches to the malpractice problem, which I think will find broad favor. We are going to do some things that will increase public health clinics' ability to access people who are otherwise left out of the system and try to deal with these horrible statistics on immunization and the absence of prenatal care. There are a lot of those things that are going to be dealt with.

But I want to make two points in closing. First of all, there are a lot of disconnects as you might imagine between Washington, DC, and the rest of America, which everybody loves to talk about when they get alienated from the Federal Government. But one of the most amazing in this has been the following thing: I don't talk to any doctor or any hospital administrator or any nurse with any seniority in nursing who doesn't believe that there's a huge amount of waste in this system, that has nothing to do with caring for people, which can be gotten rid of. I don't talk to anybody in Washington who thinks you can do it. [*Laughter*]

Our friends in the press are laughing because you know I'll finish this talk, then they'll go talk to somebody on the Hill who will say, "Aahh, they can't save that money in Medicare and Medicaid. It's got to be that way. We really need a room under the garage in the Children's Hospital in Washington, DC, which is piling up paper 6½ feet a day. We've got to have that. How would we function?"

Hillary goes to the Mayo Clinic; they've already got their annual average cost increases now down under 4 percent. And we talk about, you know, maybe getting it down over the next 3 or 4 years to inflation plus population plus 2 percent, and they talk about how we are slashing Medicare and Medicaid, when what we really want to do is take the same money and not take it out of health care, but use it to cover the uninsured, unemployed, use it to cover some new services to do more preventive primary health care. So this is an interesting thing. Dr. Koop said: In the past, reform has been imposed on the doctors. You might have to come up here and impose it on the politicians and the bureaucrats. You may have to do that.

I say that not to be critical of the Congress. We are all—all of us see the world—[*laughter*—no, no, no, I don't—all of us see the world through the prism of our own experience, don't we? You do. I do. We all do that. And they

are so used to believing that the only way they can be decent stewards of the public trust, to take care of the poor on Medicaid and the elderly on Medicare, they are so used to believing that the only way they can do it is just to write out a check to pay more for the same health care, never mind if it's 2 or 3 or 4 times the rate of inflation; never mind if there's a 16-percent increase in the Medicaid budget for the coming year, when we estimate no more than a 2-percent increase in the enrollments in Medicaid.

We're just so used to believing that in this town that we have to have your help to believe that it can be different, and you can enhance the care people get, not undermine it. I don't want to minimize that. Yes, we need your critical scrutiny of the specific plan the administration will propose. Yes, we do. But we also need for you to convince the people who live here, who believe we are trapped in this system, that it can be different. And you are the ones who have responsibility for caring for people. If you can believe it can be different, you can convince the Congress that it can be different, that they are not going to hurt, they are going to help by making some of these changes.

The second point I want to make in closing is this: This is really a part of a great national discussion we have to have about what kind of people we are and what kind of country we're going to be. And Dr. Koop said it better than I could, but we can't really get the kind of health care system we need until there is a real renewed sense of responsibility on the part of everyone in this system. It is terribly important to recognize that we have certain group behaviors in this country that, unless they are changed, we will never get health care costs down to the level that our competitors have.

It's not just high rates of AIDS and excessive smoking; it's high rates of teen pregnancy, of low birth weight, of poor immunization of children. It's outrageous rates of violence that we willfully refuse to deal with by taking away the main cause of it, which is the unrestricted access that young people in our most violent areas have to guns that give them better weapons than the police.

Yes, within the health care system, doctors shouldn't perform unnecessary procedures, patients shouldn't bring frivolous malpractice suits, people who use the health care system now, who aren't in it now, are going to have to pay

a little for their health care, so they realize there is a price for everything instead of when all of the money just comes from a third-party source they don't know. There needs to be more responsibility within this system but we also have got to remember that if we can plant the ethical roots that Dr. Koop talked about, we may then be able not only to change this system but to use this success to try to change some of the destructive group behavior that is tearing this country apart.

But believe me, it all begins here. If we can give the security of decent health care to every American family, it will be the most important thing that the Government has done with—not for but with—the American people in a generation. And it can only happen if people like you lead the way.

Thank you very much.

[At this point, Hillary Clinton invited participants to breakfast.]

Q. Mr. President, is Senator Moynihan wrong?

The President. [Inaudible]—you heard what he said yesterday? What he said was absolutely right. I mean, based on the experience of the last decade, you can't get the cost down to zero,

but that's not what we proposed. We proposed working over a 5-year period to move the Government's cost to inflation plus population growth. And in the beginning—we have inflation plus population growth plus another 2 or 3 percent. Where this group care is working well, like at the Mayo Clinic, they now are down to less than inflation plus population growth. So I believe that if you give us 5 years to do it, we can get there. But it will require some substantial changes.

What I said was true. People in Washington can't imagine that it can be different because of the experiences they've had over the last 5 years. But to say we're trying to cut Medicare and Medicaid, it's not true. We propose never to take it below inflation plus population growth.

NOTE: The President spoke at 8:45 a.m. in the East Room at the White House. In his remarks, he referred to C. Everett Koop, former Surgeon General; Ira Magaziner, Senior Adviser to the President for Policy Development; and Judith Feder, Principal Deputy Assistant Secretary for Planning and Evaluation at the Health and Human Services Department. The exchange portion of this item could not be verified because the tape was incomplete.

Nomination for Posts at the Department of the Treasury September 20, 1993

The President today announced his intention to nominate Joan Logue-Kinder as Assistant Secretary for Public Affairs and Public Liaison at the Department of Treasury. The President also announced his appointment of Darcy Bradbury as Deputy Assistant Secretary for Federal Finance.

"Secretary Bentsen and I are pleased to have these two talented individuals on board," the President said. "I am sure they will work hard to ensure the Treasury Department works well for the American people."

NOTE: Biographies of the nominees were made available by the Office of the Press Secretary.

Remarks on Signing the National and Community Service Trust Act of 1993

September 21, 1993

Thank you very much, Mr. Vice President. I always wanted to be introduced by the host

of the David Letterman Show. [Laughter] I was thinking about what my top 10 list would be,