

and more and more we will all understand that we must go forward together. This is the profoundest lesson of this whole endeavor. And it will be the great legacy of the wonderful people who make it come alive.

Thank you, and God bless you all.

NOTE: The President spoke at 11:15 a.m. on the South Lawn at the White House. In his remarks, he referred to Summer of Service participants Reshard Riggins, Derek Gottfried, and Priscilla Aponte. H.R. 2010, approved September 21, was assigned Public Law No. 103–82.

## Interview With Tabitha Soren of MTV September 21, 1993

### *National Service Program*

*Q.* Obviously, this is a huge success, getting national service passed so quickly. One of the goals of national service is to have kids have a multicultural experience. But yet, in the pilot program, Summer of Service, within a couple of days, the black kids were in black caucuses, there were Hispanic caucuses and gang groups. How are you going to make sure during national service, when it gets going, that they serve side by side?

*The President.* Well, those are the kinds of projects we'll favor. But I think if you look all across the world today, there's always going to be some ethnic cohesion. People are going to pull together, talk together, feel a greater initial comfort level. That's just true worldwide.

But what we also saw in the Summer of Service is that people really were working together across racial and ethnic groups to an extent greater than they had before. I think what we have to do is let people be themselves but favor those programs that have multiracial makeup, and we will do that.

### *Health Care Reform*

*Q.* Okay. As far as health care is concerned, isn't it true that because your health care plan is community based that many young people, because they're young and healthy and they get discounts on insurance now, may end up paying more with your plan?

*The President.* Yes, in the first year, those who have insurance may pay more, depending on whether they work for small or big businesses. Very young people who are basically in plans that have big businesses insuring them may pay some more in the first year. Even they, however, within 5 years should be paying less, because we slow the rate of growth in these premiums.

Young people who work for small businesses probably won't pay more because they're paying too much already, all small businesses. And they'll be in great big groups. But I would also point out that an awful lot of young people who don't have health insurance—and some young people do have access; some young people do get sick; some young people even have serious illnesses—so it will help them. And I would say, also, to all these young people, if we change it in this way so that we're all rated as a community, what it means is, is that some family gets a sick child, it means that they won't lose their health insurance if they change jobs, or they won't be locked into the job they're in. And all of the young people—I can certify because I was one once—will someday be middle-aged, will someday be older, and they will then benefit from that.

So the fair thing for America to do is to do what Hawaii has already done, what a couple of other States have already done, and what other nations do, which is to have the nation in big pools of people so that we can keep overall costs down.

### *Abortion*

*Q.* In terms of the health care plan, last time I spoke with you, you said you wanted abortion to be covered under the health care plan. And now I understand the language says "medically necessary, pregnancy-related services" are covered.

*The President.* That's what it says—

*Q.* Does that mean that anyone who wants an abortion can get one and have it covered under the plan?

*The President.* It means that it will be just like it is today in most private plans. Most private plans absolutely cover it. But no insurance

plan specifically mentioned any surgical procedure. The surest way to eliminate any kind of abortion coverage from this act would be to mention it specifically, because no other surgical procedure, none, are mentioned specifically. And all private insurance plans which cover abortion may cover pregnancy-related services, and the doctor and the woman make the decision. So what we propose to do is to put low-income people who are covered by the Government today into these big pools with people who are privately insured, give everybody a private plan.

Q. I'm sorry, I don't—is it more than the Hyde amendment in terms of—

*The President.* Oh, yes, absolutely.

Q. How so? I don't—

*The President.* Because the Hyde amendment prohibits any public funding for abortions, except when the life of the mother is at risk.

Q. But I thought the Hyde amendment was self-certifying now, and you could say, I have a heart condition, therefore—

*The President.* Well, I don't know about that, but you have to prove that your life is at risk.

Q. Or rape and incest.

*The President.* Not in the Hyde amendment.

Q. No? Okay.

*The President.* No. We tried to expand it and broaden it, but this would simply put people who get Government funds into big private insurance pools, and they would then be treated like other people in private insurance pools. It's just what we did for the public employees this year; we got rid of the Hyde amendment for public employees this year.

Q. You couldn't have just put "abortion" instead of "pregnancy-related"?

*The President.* Absolutely not. And it would have been wrong to do that. Then people would say, "Well, why don't you put brain surgery in there; why don't you put appendectomies in there; why don't you put other surgeries in there?" And that would have sparked a whole reaction. They would say, "Why are we giving special preference to one kind of procedure over all others?" This will guarantee that most plans will cover abortions.

Now, there will be religious exemptions, which there are today. Catholic churches or other religious groups that have health plans don't have to cover it; doctors who have religious—don't have to do it. But if a doctor and a woman decide that that is an appropriate preg-

nancy-related service under this plan, then it can be provided.

#### *Health Care Cost Estimates*

Q. In terms of paying for universal health care, why are you trying to sugar-coat it? Why not just give us the bitter medicine of how much it's going to cost us in taxes?

*The President.* I'm not trying to sugar-coat it. I have worked harder to get better cost estimates on this than anybody ever has. Moynihan—in all respect to Senator Moynihan, he's a very brilliant man, but he and his committee staff have not done anything like the work that I've done on this. Now, they may not want to pass Medicare cuts; they should say that. It doesn't mean the numbers aren't right. We have had—

Q. —some people say—

*The President.* No. We have had four different Government Agencies, for the first time, working together to verify these numbers. We have had outside actuaries from people who work for private business working to verify these numbers. It may be difficult to pass because the Congress will not want to make the administrative changes necessary to lower the rate of increase. But I want to tell—first of all, there are no Medicaid cuts in this. The inflation rate in this country today is about 3 percent. Medicaid's going up this year at 16 percent. We're talking about, over an 8-year period, bringing down the rate of inflation in health care costs to the rate of inflation in the economy plus the number of people who are increased into the program. That's all we're talking about doing.

For the next 5 years, health care costs will still go up more than prices as a whole in this economy. I don't think that is fantasyland, if you have a systematic change. Other countries do it. The Mayo Clinic, which is normally thought of as having some of the finest care in the world, is now charging less for many basic services than an awful lot of ordinary health care plans all across America today because they manage their business better.

So it is not fantasy to say that the numbers are right and they can be achieved. Will it be politically difficult to do? You bet. Why? Because there are a lot of people who make a lot of money out of the inefficiencies of the system today. And because there are a lot of people who honestly don't believe you can ever

do more with less. But I do, and I think there's a lot of evidence of that.

So, Senator Moynihan is right, it's going to be tough to pass. I don't think that the numbers are wrong. And let me also say something nobody else has noticed. There are 85 Members of the House of Representatives who want the Government to basically eliminate the private health insurance companies, get out of it altogether, have a huge tax increase to pay for health care but eliminate the premiums. They propose bigger cuts in Medicare and Medicaid than I do. So I just think that the numbers are entirely defensible, and I think we'll be able to persuade the Congress.

*Entertainment at Signing Ceremony*

*Q.* I forgot to ask you about—why Soul Asylum?

*The President.* They were supportive in the campaign, and they made that wonderful song about runaway children, which had a big impact

on young people throughout the country. We just thought they'd be a good group to be here.

*Q.* Does Chelsea like them?

*The President.* Yes. I do, too. I heard them play last night, you know. So I sort of got caught up on my music last night, listening to them practice.

*Q.* Have people that looked like that ever walked into your Oval Office before?

*The President.* Oh, sure. [*Laughter*] This is everybody's Oval Office. I'm just a tenant here.

*Q.* I see.

*The President.* Thanks.

*Q.* Most people here tend to bathe, however. [*Laughter*] Thanks.

*The President.* Thanks. Bye.

NOTE: The interview began at 12:02 p.m. in the Colonnade at the White House. The band Soul Asylum played at the beginning of the signing ceremony for the National and Community Service Trust Act of 1993. A tape was not available for verification of the content of this interview.

Interview With Radio Talk Show Hosts  
September 21, 1993

*The President.* Thank you very much, and welcome to the Executive Office Building and to the White House, and thank you for coming today. I—what did you say, nice tie? [*Laughter*] That's a Save the Children tie.

*Audience member.* All right!

*The President.* I wore it for the national service signing today.

It's interesting, we just had a lunch with a number of columnists—

*Audience members.* Lunch? Lunch? [*Laughter*]

*The President.* Lunch? I'm sorry. I'm sorry. Would it make you feel better if I said I didn't enjoy it? I mean—[*laughter*]—anyway, and they knew you were all here, and we had 700 or 800 people out on the lawn for the national service signing. And four or five of these folks that have been covering Washington for 20 years said they had never seen the White House so busy. I didn't know if they were happy or sad about it, but anyway, it's busy.

I thank you for coming today. I hope this will be the first of a number of opportunities

we have to provide people who have radio talk shows and who communicate with millions of Americans on an intimate basis, daily, to come to the White House to have these kinds of briefings. You've already heard all the basic approaches that the administration is going to take on health care and that will be hopefully crystallized in a compelling way in my address to the Congress and to the country tomorrow evening.

So, I thought what I would do is make a general statement about how this fits into the overall approach the administration is taking and then answer your questions. I'd rather spend time just answering your questions.

But let me just make a general comment, that I think you can—that runs through the thread of debate that we had on the economic program, on the health care issue, on NAFTA, on the crime bill that's coming up, on the welfare reform issue, on all the major things we're trying to come to grips with.

It is now commonplace to say that we are living through a time of profound change, not