

adopted several years ago, to make sure we can push the money out more quickly. Secondly, I have now our people studying, with the benefit of folks from all over the country who are experts in transportation investment, what other options we have, short of some big tax increase which I don't think we can enact, to increase the funding flowing to infrastructure investments, and especially to road and bridge improvement.

These things, by the way, create a lot of jobs in the economy, and they're basically good-paying jobs. And they often go to people who otherwise couldn't get them. And they dramatically increase the society's productivity.

Many of the Asian countries that we're competing with that have far higher savings rates are spending massive amounts of money on fast trains, on new airports, on major new transportation systems. So it's a big issue in terms of our long-term economic health. And I believe—keep in mind we're keeping a pretty fast pace here. I had to work on the economy first and then pass the education programs. And now

we're working on the health care and the crime bill.

Q. A lot of bumpy roads.

The President. A lot of bumpy roads. But I think we will have an infrastructure built to take some advantage of this, but not until early next year in 1995.

Mr. White. Mr. President, thank you ever so much. Unfortunately, we are just about out of time. We want to thank you very much for coming to visit not only Rhode Island but us here at Channel 10.

The President. Thank you.

Mr. White. Our 10 Town Meeting is coming to a close. And we'd like to invite you, Mr. President, if you'd like, to stay behind and say hello to some of our friends.

The President. Thank you. I have very much enjoyed this. The questions were wonderful, and I thank the folks in Springfield and New Haven, too.

NOTE: The town meeting began at 8 p.m. at the WJAR-TV studio. The President was introduced by moderators Doug White and Ginger Casey.

Remarks to the American Nurses Association May 10, 1994

Thank you so much. Thank you for your warm welcome. And thank you, Ginna, for that award.

I arrived a few moments ago, and I remember the first time I ever heard your president speak. I knew that she had worked for Vice President Gore, and I thought it was so interesting to hear the head of a national association who was speaking without an accent. [*Laughter*]

I want to say a special word of appreciation to your first vice president, Ellen Sanders, who's participated in White House and congressional meetings on health reform, and to Diane Weaver, the president of the Association of Nurse Executives, who cosponsored this breakfast.

I am very proud to share the stage today with all the fine nurses in the executive and the legislative branches whom you have honored. And I thank you for doing that. And I thank them for their service. I also want to say a special word of thanks to all of you and to the ANA for the courage and the vision you

have demonstrated by fighting for health care reform, and the right kind of health care reform, long before it was a hot issue. As you know, the position paper you put out on national health reform probably more closely parallels the recommendations that our administration has made than that of any other professional health care group in the country. And I thank you for that very much.

I want to thank you, too, for recognizing my mother, who worked for 30 years and then some as a nurse and was deeply proud of what she did. I remember when I was a little boy watching her get up in the middle of the night, always starting work by 7 or 7:30 in the morning, always telling me stories that indicated that there was literally nothing in the world more important to her than dealing with a person frightened, in pain, with a caring and effective manner. This award will help to expand the frontiers of nursing in the areas of women's health, some-

thing that she would have been very proud to be a part of.

My mother, as all of you now know, completed her memoirs, which became her autobiography, shortly before she died. She went over about half of it and was able to do the final editing. And it was my privilege after she passed away to work with the author and just try to make sure all the facts were right. I got very stern instructions from her. She said, "Now, if you have to do this, do not change one word I said about you"—[laughter]—"especially the part about your manners not always being great." [Laughter] "And make sure you get the facts straight. Otherwise leave it alone."

But I was very pleased with the two book reviews that her book got yesterday, one by the great American author Joyce Carol Oates in the New York Times and then another one here in the Washington Post. But it tickled me, the one in the Washington Post said that if you read this book, you would understand why I perplexed people in Washington. I was actually brought up by real people, and occasionally I still acted like one. [Laughter] I didn't know what that—[laughter]—I'm trying to get over it, but it's hard even here.

Anyway, here's something my mother said about her work, which would apply to all of you and those whom you represent. But it meant a lot to me. It was just her words: "Nurse anesthetist work is all-consuming. You don't do it halfway. You don't daydream. You don't let your emotions wander. You're the person responsible for putting another human being into a state of unconsciousness, somewhere between life and death. For 30 years, from the minute that I would walk into the operating room and start talking to the patient and begin putting him to sleep, until I got him safely back to the recovery room, nothing in the world could have crossed my mind. I don't care what problems were on the outside. I don't care what problems I might have been having at home. I never thought of my life beyond the moment."

I remember when I was also a child, things were somewhat more informal. My mother used to take me to the hospital and let me meet the other nurses and the doctors and watch the emergency room and watch people go into the operating room. It was utterly fascinating. And the work you do has always sort of captured my imagination.

My own wife had never been in a hospital before in her entire life until our daughter was born, never been in a hospital for any kind of sickness, and learned only a few moments before the happy event that she was going to have to have a C-section. And we had gone through Lamaze, and we had done all this stuff, and I was supposed to be in the operating room. And our hospital at that time had never before let a father into the delivery room if it wasn't a natural birth. It was a big deal. So I said, "Look, I've been watching people get cut on and bleed since I was a little boy. I'll do fine." [Laughter] "But she had never been here before, and she may not—you better let me come in." [Laughter] So they did and actually changed the policy so that if fathers had been through the Lamaze course and then the mothers eventually had to have a C-section, they got to go. So I felt—that's my one contribution to medical advances. [Laughter]

But I owe all that to my mother, who was a remarkably determined woman in the face of often excruciating adversity. I think one of the reasons that the Nurses Association has been so forthright about this health care reform issue is that you see it from the grassroots up in human terms and you don't get so hung up as some people do on all the political rhetoric and the positioning and the characterizations that have, frankly, put a lot of Members of Congress at a severe disadvantage because they haven't had the chance to spend the time and make the effort to deal with this issue that you have. It is, after all, a mind-bendingly complex problem. It's 14.5 percent of our income, and for people who don't live in it every day, it can be a very difficult thing.

But I just wanted to thank you because I believe that the personal experiences you have shared, so many of you, common to the ones that my own mother shared, really animated the Nurses Association to take the position that you have taken.

I want to emphasize today that what I seek, contrary to the attacks, and what you have sought, is not a Government-run health system, it's a private insurance health system that covers everybody, where the health care professionals run it and not the insurance companies. That's what we seek.

We seek private insurance that can never be taken away. It's wrong to treat seriously ill children in an emergency room who could have

been treated more easily and more inexpensively if their parents had just had the coverage. With our reforms, every family will have that kind of quality insurance. We ought to reform the insurance system that today often only covers the healthiest people and even then will deny them coverage for anything they've been sick with before.

When you go to a patient's bedside, you ask, "Why does it hurt? Where does it hurt? How can I help?" You don't ask whether this is a preexisting condition you're looking at. [Laughter] It's a very important issue.

If you think about all this preexisting condition business, there are 81 million Americans who live in families where there's been a child with diabetes or a mother that had cancer prematurely or a father that had an early heart attack or some other problem. I see these people everywhere. This is no small number. Now, we get action lickety-split up here all the time when a million people or 2 million people are adversely affected by something if they are well organized. But these 81 million people, they're professionals and blue-collar workers; they're old folks and young folks; they're all different kinds of people; and they are by definition disorganized. There is no national association of people with preexisting conditions. [Laughter] You think about it; if there were, and 10 million of them showed up here, we'd have health care reform so fast you couldn't blink.

You must be their voice in an organized way. And you can be. So we ought to cover everybody with private insurance, and we ought to have insurance reforms that deal with preexisting conditions and don't discriminate against people based on age. This is somewhat controversial. I know that. But I believe if we went back to health insurance the way it originally was when Blue Cross first started writing it, where everybody was put in a large group, risk was broadly spread, and people paid a fee against the day when they would be sick, it would be fairer for all Americans. And our economy would work better, our society would have a stronger sense of community, our families would function better. People would be free of a lot of the anxiety that comes to them.

Hillary and I have received about a million letters. And whenever I go somewhere now, they arrange for some of the letter writers to come see me. And it's just gripping to see people just over and over and over and stunning

to see how they really do come from all walks of life and how they have been broken by the things which have happened.

The third thing I think we should do is to preserve the Medicare program. It's interesting, the people who criticize our program say this is Government-run health care which, of course, it isn't. And if you tried to take away Medicare, which is a Government-funded health care, well, they would be up in a tree somewhere screaming about it.

But we don't want to do anything to the Medicare program, except to make it better. I do believe we should add a prescription drug benefit and phase in long-term care that is community-based or home-based for two simple reasons. One is, there are an awful lot of elderly people who aren't poor enough to be on Medicaid but aren't well off, who have significant medical bills. We know the elderly use 4 times the prescription drugs that the nonelderly do. And we know from study after study after study that a proper medication regime can keep people out of the hospital and can save money and that we now have—any number of elderly people every month—I was in a grocery store in New York yesterday called Pathmark, which also operates, as many do now, a drugstore. And it was gripping; the CEO was saying, "My workers tell me that every day they watch older people come in this store and go from the drugstore, down the food aisle, and try to make up their mind what food they're going to give up to get their medicine, or whether they're going to give up their medicine to buy their food"—gripping. So I do believe we should do that. But the Medicare program works. It has low administrative overhead. We think it should be secured.

The fourth thing we want to do is to bring greater choice to our people. I guess the thing that has made me the maddest in the relentless campaign against this plan are all those bogus ads where they say, "You're going to have to call some Government office to figure out where you go to the doctor."

There are two realities of modern life that you have to drive home to every Member of Congress, without regard to party or philosophy. Number one, Americans are rapidly losing their choices today. Already, of people who are insured at work, fewer than half have more than one choice of a health plan. That's a fact today. And they're rapidly losing their choices. Number

two, medical professionals are increasingly losing their right to decide unilaterally, may have to have somebody get on the phone to an insurance company executive a long way away to ask for permission to do what anybody knows ought to be done under the circumstances.

Now, most Americans, believe it or not, don't know either one of those things, even though they may be caught up in it, and I think it's very important. Our plan is designed, number one, to increase the choices that consumers have. We're moving to more managed care. There can be a lot of good things in it, but under our plan, every year, every person would have a choice between at least three plans, or among at least three plans but in all probability many more. And number two, under our plan, medical professionals would also be given more choices and would have to do less checking in with the insurance company in advance. Now, being treated by doctors and nurses, you know, is an American tradition. Every time I do one of these town meetings, like I did in Rhode Island last night, I talk to somebody that's just been forced to give up their doctor and just move away from the choices they made.

We believe when all Americans can choose among several health plans, many Americans, many more Americans, will choose to stay with their own providers. And many more of these plans will be organized in such a way that all providers can participate if they'll do it for the agreed-upon fee. That's what we believe will happen. And if we don't do this, if we don't have some legal action to reorganize this, you're going to have less choice by consumers, less choice by providers.

Time and again, we've also seen that the quality of care is directly related to the quality and the quantity of the nursing staff. One of the things that amazes me is how many nurses have been laid off in recent months and been told, well, this is because health care reform is coming. I'll tell you what, one of Clinton's unbending laws of politics is, whenever somebody who's got a tough decision to make can shift the heat from themselves to you, they'll do it every time. They will do it every time. That law never varies.

Now, what is really going on? What's really going on is, a lot of these health care providers are under the gun. Right? More managed care; people bargaining tougher for prices; more and more people who are uncovered where there's

uncompensated care that has to be provided; less and less ability to pass on the cost of uncompensated care to other people because they're in these managed care networks they're in: all this stuff is going to happen if we don't do anything. All of us could go on vacation for a year, and this same thing would go on. You know that. And don't let your Members fall for it.

What's going to happen is we'll continue to see these trends occur unless we find a way to give health care providers reimbursement for all the people for whom they care, at an appropriate level in an appropriate way. More than a decade of research now shows that more and better trained nurses result in shorter hospital stays, better survival rates, fewer complications, whether you're dealing with low birthweight babies or older people.

You do not have to work for the Congressional Budget Office to understand that healthier patients and shorter stays means lower health care costs. Sometimes I think if you do work for the Congressional Budget Office you will never get that, but—[laughter]—we're working together pretty well on the whole. This is a big deal. This choice issue and maintaining an array of qualified people doing the things for which they are best qualified is terribly important.

Finally, let me say—and this, I guess, is, except for this whole issue of whether this is a Government program, which it isn't, is the most controversial part of it—our reform is based on providing guaranteed benefits at work. Now the reason for that is simple, for the people in this country that have health insurance, 9 out of 10 of them have it at work where there is some shared responsibility between the employer and the employee. For the people who don't have insurance, 8 out of 10 of them have someone in their family who is working.

It seems to me that the fairest and simplest, and if you will, the most conservative way to achieve universal coverage, to have health care security for everybody, is to ask employers and employees who aren't doing anything or barely doing anything to do more so that they can fulfill their own responsibilities and then use tax funds to cover the unemployed, uninsured people for whom you could say, well, there's a general responsibility, just like Medicare and Medicaid, and then organize the market so that smaller businesses and self-employed people (a)

get discounts if they need it and (b) are able to buy good insurance on the same terms that those of us who are insured by Government or larger businesses can.

Now it seems to me that is a fair and simple and obvious way to do this. I think that any other way will sooner or later involve either a radical change, that is, getting rid of the whole health insurance market and substituting taxes for it, or involve people who are already paying too much for their own health care, having to pay something for people who won't do anything for themselves because they say they should be exempt.

Now I think that this is a very important issue. You know, again, we lose sight of the fact that most small businesses are making an effort to cover their employees. We have brought hundreds and hundreds of small businesses to Washington to talk to the Congress, but they are not organized. There is no association called: small businesses who cover their employees and are mad their competitors don't and mad they can't get better insurance rates—[laughter]—and wish somebody would help them. So an association that may have a lot of folks in the insurance industry, along with other small businesses, says, "Don't do this; the whole small business economy will break," says this, and there's no association on the other side. You have to be their voice.

Had a car dealer from a town of 7,000 people in Arkansas up staying with me the other night, he and his wife, long-time friends of mine. She's a college teacher. He's a car dealer. He said to me the other night—it was funny—he said, "You know, for 20 years I have been feeling sorry for myself because I've provided a good health plan for my employees, and none of my competitors did." So he said, "I was so happy when you proposed this just because I thought I was going to get even." [Laughter] And then he said, "But you know, then I remembered that in the last 20 years I put three of my competitors out of business. And I'm making more money than I ever have. And the reason is I still got the same folks working for me I had 20 years ago because I gave them health benefits."

And yesterday I went to New York and I visited this Pathmark store. They have 175 stores, 28,000 employees, the 10th biggest supermarket chain in the country. We're all told, "Oh, if you do this, the retailing business will

go to pieces." These people have put new stores in inner-city areas that other chains would not touch, fine new stores. They are making money, and they have always provided comprehensive health benefits to their employees. And they are now sacking their groceries in a bag that says they favor health care benefits to all Americans, guaranteed through the workplace.

I say this to you because, as you know, there are a lot of nurses that don't have any health care coverage and a lot of nurses who are single parents who don't have health care coverage. And this is the other point I want to make that I did to all those young people working in that grocery store yesterday: Everybody now in Washington is for welfare reform, and I guess it means different things to different people. But I have basically a 3-point strategy to achieve what I think would end the welfare system as we know it: One was embodied in last year's economic plan, lower income taxes for working people who are hovering just above the poverty line with children. This year one in six American working families will be eligible for lower income taxes so they can succeed at work and can succeed as parents.

Strategy number two, give people education and training and then give them a certain amount of time to find a job. And if they don't, require them to take it. And if they can't, provide some public subsidy in the private sector or some publicly funded job so that work is preferable to welfare.

Strategy number three has got to be cover the people with health insurance. Consider this: All these people on welfare in this country who are dying to get off—and by the way, that's most of them—who are dying to get off, most of them have limited education. Suppose they go through a little training program and they get a job that pays a modest wage but is still more than the welfare benefits. But they go to work for an employer who does not provide for health care.

Think about this: You are a mother with two children. You give up being on welfare to take a job that pays more than the welfare check, but you lose health care coverage for your kids. What are you going to do if your kid has to go to the dentist? What are you going to do if your child is desperately ill? How are you going to feel every week, every 2 weeks or every month when you get your paycheck and you see what's taken out of it in taxes and you real-

ize those taxes are going to pay for the health care benefits of people who decided to stay on welfare instead of going to work? You don't have to be as bright as a tree full of owls to figure out that this doesn't make a lot of sense. [Laughter]

Now a lot of American nurses are in this situation today, getting up every day, slaving away, trying to take care of people who have children without insurance, caring for people who come into their office who are on public assistance who have children with insurance because of the Medicaid program. It is not fair. It is not right. It is not smart.

And you could say, well, all this inability to cover everybody, if this were fueling some enormous American economic expansion because we were saving so much money on health care, maybe you could deal with that. But the truth is we're spending over 40 percent more of our income on health care than any other country in the world. Oh yes, some of it because we're more violent, and that's something we pay for. Some of it because we have better medical research and technology, and that's worth paying for. But a whole lot of it, as you well know, is because of the way we have financed health care, which has employed hundreds of thousands of people in doctors' offices, in clinics, in hospitals, and in insurance companies to read the fine print on thousands and thousands of policies to see who and what is not covered. And it has rifled inefficiencies through this system that we are all paying for.

We can fix this. We can fix it by having a law which fixes what's wrong, keeps what's right, provides health care security to everybody through a private system, increases the choices consumers have, and increases the decisions that doctors and nurses and other qualified providers make without oversight by others. We can do it.

In order to do it, we have to recognize we have to go through a fog of misinformation, a torrent of labels which aren't right, and recognize, too, that you have to lobby and stand up

for, in an organized and very personal way, that great association that doesn't exist, the association of 81 million Americans in families with preexisting conditions, the association of hundreds of thousands of small businesses who are doing the right thing and being punished for it, the association of all the poor women in this country who are out there working their hearts out and their fingers to the bone to do right by their kids without health insurance and paying taxes for people on public assistance who have it for their children. All of those associations are disorganized.

You have devoted your lives to providing health care to all Americans. You have honored my favorite nurse today. You have given me a chance to hope that my mother and my grandmother are looking down on me thinking I was the first generation in three that didn't produce anybody that was caring for other people in health care. So they think at least I walked off with the award today. [Laughter] It means more to me than I can say.

But the determination that my mother showed in getting up off the pavement many times in her life is the same sort of determination you have to show for us to get health care reform this year. And remember, most of these Members of Congress want to do the right thing. But they don't know what you know; they haven't spent the time that you've spent; they haven't had the experiences you have had. You have to help them. And the people in their districts that really need their help are not in those great national associations.

You keep them in your mind and keep that example in your mind. Don't let this year go by. We can do this this year with your help and your leadership.

Thank you, and God bless you all.

NOTE: The President spoke at 9:56 a.m. in the Regency A Ballroom at the Hyatt Regency. In his remarks, he referred to Virginia Trotter Betts, president, American Nurses Association.