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William J. Clinton

The White House,
January 25, 1993.

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Remarks on Health Care Reform and an Exchange With Reporters

January 25, 1993

I want to say good afternoon to members of the press. We have just finished a very lively discussion about the massive task before us in health care. Vice President Gore and I made a strong commitment to the American people during the last election that we would present to the United States Congress, within 100 days, a plan that would take strong action to control health care costs in America and to begin to provide for the health care needs of all Americans.

As I traveled across the country last year, no stories moved me more than the health care stories. As I think all of you know, many of the people in our Faces of Hope luncheon last week during the Inaugural were people who were struggling to overcome incredible adversity occasioned by their health care problems. We've met elderly people choosing every week between medicine and food; we've met people forced to leave their jobs to get on public assistance to deal with children with terrific problems; we've met countless people who can't change their jobs because they or someone in their family have had health care problems.

You will all remember, at the economic conference that we sponsored in Little Rock, perhaps the overwhelming concern of the business people there, of all sizes, was doing something about the cost and the availability of health care. When the Vice President and I met with the big three auto makers and the president of the United Auto Workers, once again they said, if you want to do something to help rebuild the auto industry, do something to control health care costs. And as Mr. Panetta just said again, in a rather plaintive way before you came in, there is no way we will ever get control of the Federal budget deficit unless we do something about health care.

The message is pretty simple. It's time to make sense of America's health care system. It's time to bring costs under control and to make our families and businesses secure. It's time to make good on the American promise that too many people have talked about for too long, while we have continued to spend more than 30 percent more of our income on health care than any other nation in the world, get less for it, and see 100,000 Americans a month losing their health insurance.

As a first step in responding to the demands of literally millions of Americans, today I am announcing the formation of the President's Task Force on National Health Reform. Although the issue is complex, the task force's mission is simple: Build on the work of the campaign and the transition, listen to all parties, and prepare health care reform legislation to be submitted to Congress within 100 days of our taking office.

This task force will be chaired by the First Lady, Hillary Rodham Clinton, and will include the Secretaries of Health and Human Services, Treasury, Defense, Veterans Affairs, Commerce, Labor, as well as the Director of the Office of Management and Budget and senior White House staff members.

I am grateful that Hillary has agreed to chair this task force and not only because it means she'll be sharing some of the heat I expect to generate. As many of you know, while I was Governor of my State, Hillary chaired the Arkansas Education Standards Committee, which created public school accreditation standards that have since become a model for national reform. She served as my designee on the Southern Regional Task Force on Infant Mortality, was also chair of our State's rural health committee in 1979 and 1980, a time in which we initiated a number of health care reforms that benefit the people of my State to the present day. And on the board of the Arkansas Children's Hos-

pital, she helped to establish our State's first neonatal unit.

I think that in the coming months the American people will learn, as the people of our State did, that we have a First Lady of many talents, that who most of all can bring people together around complex and difficult issues to hammer out consensus and get things done.

Here in the White House, Hillary will work with my domestic policy adviser, Carol Rasco; my senior policy adviser, Ira Magaziner; and the head of our health care transition team, Judy Feder. I've asked all of them to be as inclusive as possible. And as a part of that, we are inviting the American public to write us here at the White House with their suggestions. All of them should be sent to the Task Force on National Health Care Reform at the White House in Washington, DC 20500.

We will no doubt be criticized by some for undertaking something very, very ambitious. But as I said in my Inaugural Address, we're going to have to make some tough choices in order to control health care costs, to bring them down within inflation, and to provide health care for all. In order to preserve the vitality of the American private sector, in order to keep the American people's budget here at this national level from going totally bankrupt, we are going to have to make some tough choices. Powerful lobbies and special interests may seek to derail our efforts, and we may make some people angry. But we are determined to come up with the best possible solution. And in my lifetime, at least, there has never been so much consensus that something has to be done.

We have a plan from the American Nurses Association, from the American Academy of Physicians, from the American Academy of Family Practice, from the health insurance industry itself. We have a plan uniting business and labor. There is an overwhelming knowledge that we have to move and move now. We are going to do our best to reform our system. We are going to do our best to meet the human needs of the people of this country.

There are all kinds of problems that have to be dealt with that we haven't even discussed yet: access to care in inner cities and rural areas, coverage for little children, dealing with the AIDS crisis adequately, still unmet needs in the area of women's health care, the problem of the veterans in this country who don't have access to care, even as their own network goes broke. All these issues will be dealt with in this task force. This is going to be an unprecedented effort. And let me just say, in general, we're going to set up a workroom, kind of like the war room we had in the campaign, over in the Executive Office Building. And all of the departments you see here represented and leaders you see represented around this table will be represented in that room. And we are going to work constantly, day and night, until we have a health care plan ready to submit to the Congress that we believe we can pass.

Finally, let me say I am committed to doing this in a partnership with the Congress. I will ask the leadership of the Congress to work with me on a bipartisan basis and to do whatever we can to make sure that as we present the plan, we have also maximized its chances of early passage in the Congress.

I thank all these people for their willingness to serve and to work together. I hope the American people will see just how passionately I personally am committed to doing something about health care reform. We've talked about it long enough. The time has come to act, and I have chosen the course that I think is most likely to lead to action that will improve the lives of millions of Americans.

Q. Mr. President, can you provide universal coverage without driving up the deficit?

The President. I think you can do it if you control the cost of health care. You have to really—let me just—I don't want to get into one of these things that provoke a lot of cartoons about my policy wonk weakness, but we're at 14 percent of our income on health care now. The next most expensive health care system in the world is Canada's. It's at about 9.2 percent of income. That is a huge difference, massive. And yet, every other major country with which we compete provides some basic health care to everybody, something we don't do. So the answer to your question is, in my judgment, if we do this right over the next 8 years, you're

going to see huge savings in tax dollars and even bigger savings, more than twice the savings, in private dollars that will free up hundreds of billions of dollars literally between now and the end of the decade to reinvest in economic growth and opportunity.

In the short run, our tough call will be how do you take the savings and phase in universal coverage. Or should there be some other way to pay for that? We've got some short-term calls to make. But there's no question that in the median term, 5 to 8 years, you're looking at massive savings with universal coverage in both tax dollars and private sector dollars if we do it right.

Q. Mr. President, do you intend to pay the First Lady for her efforts?

The President. No. No. I never have paid her for her public service efforts. I don't want to start now.

Q. Is 100 days hard and fast, or are you willing to be flexible on that if it's not quite ready?

The President. If it were 101 days I wouldn't have a heart attack, but I don't want to—I want it done now. I think we know what the major alternatives are. What we have to do now is something nobody's done, and that is to meld them into the best possible legislation, taking account of some of the problems that exist with every course.

And let me make one acknowledgment on the front end about this. Legitimate objections can be raised to any course of action in this area. That is, there is no such thing as a perfect solution. So whatever course we choose to take, somebody can say, ''Well, it's not perfect for these reasons.'' To that, I have two answers, and I'm going to say this until I'm blue in the face for this entire year until we get action. Number one, the worst thing we can do is keep on doing what we're doing now, because more and more people are falling out of the system and the cost is becoming more and more burdensome to those who are still bearing it. So whatever course we take, we will preserve what is best about American health care, some consumer choice and the quality of care. So whatever problems we have, they won't be as bad as the ones we've got now. Number two, this is not going to be the end of the line. Whatever problems are there can be fixed later. But we will never, never get anywhere if we stand paralyzed, because there's no such thing as a perfect alternative.

Q. What factors did you consider in giving this high-profile position to Mrs. Clinton?

The President. Of all the people I've ever worked with in my life, she's better at organizing and leading people from a complex beginning to a certain end than anybody I've ever worked with in my life. And that's what I want done here.

NOTE: The President spoke at 2:02 p.m. in the Roosevelt Room at the White House at a meeting of the Health Care Working Group.

Statement by the Director of Communications on the President's Meeting With the Joint Chiefs of Staff

January 25, 1993

The President and the Joint Chiefs of Staff had a cordial, honest, and respectful meeting. They covered a range of issues but focused primarily on gays in the military.

The President reiterated his commitment to ending discrimination against homosexuals in the military solely on the basis of status and to maintaining morale and cohesion in the military.

The Joint Chiefs of Staff expressed their concerns and difficulties with the President's commitment but also expressed their respect for his decisionmaking power as Commander in Chief.

Appointment of John D. Hart as Deputy Assistant to the President and Deputy Director of the Office of Intergovernmental Affairs

January 25, 1993

The President today appointed John D. Hart to the position of Deputy Assistant to