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ventive and primary care and things like this prescription-drug benefit that we're here to talk about. If that happens, than I think we're on the way to victory. We'll work out everything else, but I'm going to have a lot of very good conversations with people in both parties who are interested in this to deal with those big questions. If you can get there, I'm convinced we'll work out the details. I'm not worried.

NOTE: The exchange began at 2 p.m. in Slater Hall at the Norwich Free Academy. A tape was not available for verification of the content of this exchange.

## Remarks to Senior Citizens in Norwich

*February 24, 1994*

Thank you very much. I think John Kiszkiel did a great job of introducing me and talking about the problem. Sam, when you get done, maybe we ought to run him for office around here. [*Laughter*] He did a great job, didn't he? I thank him for opening his pharmacy this morning and for introducing me to some of his customers. I'll mention them in a moment.

I also want to thank Charles West, who, if you notice, when I heard Charles West up here talking, I thought, he's the only guy up here that doesn't have an accent. He's from Arkansas. [*Laughter*] He's like me. So I loved hearing him talk. But I want to thank Charles and Ron Ziegler for coming here and expressing the support of the pharmacists of America and the people who run our drugstores all over the country for the administration's health care initiative. I am very grateful to them. And their support will be pivotal as we go into this critical session of Congress and try to pass the health care bill.

I thank your Members of Congress for being here, especially our host, Sam Gejdenson, who has done a great deal of work in Congress on a number of issues that are important. On health care and defense conversion and job training and exports, if there is an issue that requires us to be on the cutting edge of change, you can bet that Sam Gejdenson will be on the cutting edge of the issue. And I really appreciate that.

I thank my friend Barbara Kennelly for coming here and for her support and outstanding work in Congress. My longtime friend Senator Lieberman, you heard him talking about that, I actually worked in his first campaign for the State senate when we were both in our twenties, and that was a day or two ago. [*Laughter*] And my friend of many years Senator Chris Dodd, who talked about his connections to this wonderful community and who is really working hard on this health care issue as he has on all human resource issues over the years, I thank him for that. There are many others in the audience that I can't mention, State and local officials, including my old classmate, your attorney general, Richard Blumenthal. I'm glad to see him here, and a recent father.

I want to thank our host, the Norwich Free Academy—this is a fascinating school with a great history—the administration, the teachers, and all others, especially Mary Lou Bargnesi and everybody that's made me feel so welcome here today.

And I'd also like to say just a special word about how nice it is for me to be back in Connecticut. Connecticut has been awfully good to me, since long before I ever thought I'd be up here running for the President. I went to law school here. The most important thing that ever happened to me happened here: I met my wife. When I kissed my wife and daughter goodbye this morning, they were sort of jealous that I was coming here even after we'd seen all the snow on television last night. [*Laughter*]

This State and this congressional district were good to me in the last campaign for President, and I'm doing my best to keep faith with the commitments I made. I also have to say I've been immensely impressed, as a fanatic basketball fan, with your basketball team this year. I think they've got a good chance to get to Charlotte, but I can't promise to cheer for them if they play Arkansas. It's amazing, you know, when I come in late at night, sometimes they show these basketball games fairly late at night; it's one thing that I still get to do. Most of my interests and hobbies are restricted to some extent by my job, but at least late at night I can channel

surf like the rest of you do, and sometimes I pick up the basketball team.

I also want to say, because one of the congressional Members mentioned this, that I frankly quite appreciate the fact that most of your big insurance companies here who write health insurance, Aetna, Travelers, ITT Hartford, Signet, have not participated in financing the misleading campaign against the administration's health plan.

I am not trying—there are people who believe we should just eliminate insurance companies altogether from this health plan. What I have proposed is that we guarantee private health insurance to everybody and then give small business people and self-employed people and others the same market power that big business and government have so that everybody can get lower rates. So that the companies that operate here will actually do quite well if our plan passes as long as they're willing to give people competitive prices and as long as we're willing to have a comprehensive, simple plan so that there is no incentive to spend time figuring out how not to pay for people's health care, and instead, we figure out how to provide it at high quality and reasonable costs. So, I appreciate that.

This is a people issue to me. You know, so many of these issues in Washington—you must be bewildered some nights when you turn on the evening news, and you hear some big issue being debated in Washington and they're using 10-dollar words that don't mean anything to you. There's a whole different language that surrounds this health care debate. And when we started working on this, sometimes I'd have to stop our own people in the middle of a sentence and say, ''No, no, no. Speak English. Explain to me what you're really talking about. Don't use all this gobbledy-gook language. Let's talk about how this affects real Americans in their daily lives.''

This is a big deal, folks. It's a big deal because—[*applause*]—it's a big deal, first, because there are an awful lot of very good things about American health care, an awful lot of very good things about it: the doctors, the nurses, the health facilities; the fact that most of our people have at least access to some health care is better than if they didn't have anything; Medicare works well. It's efficiently administered with a low overhead, and for those things which it covers, it works well. And it shouldn't be messed with or changed where it works. But there are a lot of problems, as you know.

My wife received almost a million letters, when we started this health care effort, from Americans who described what was wrong with the health care system as it affected them. I met with four of those folks here today, and I want to ask them to stand up in a minute. Then I met with three others in the Greenville Drug Store, as you heard Mr. Kiszkiel say.

Bob Hug from Milford, where—is he back here behind me? Stand up, Bob. I lived in Milford my first year in law school on the beach in a house that I bet hasn't survived the condo craze of the eighties, but anyway I liked it. He's written three letters to us. He lives on a fixed income, is paying more as many do in fees and premiums without getting better benefits. He pays $2,000 a year for medicine not covered by Medicare under the present system. In June, he wrote—and I hope this won't embarrass him, but I'm telling you this because I want to illustrate what this fight is all about—''My wife and I sometimes don't take our medication, as we need the money for food. Other seniors do, too. Why can't we include prescription drugs in Medicare?'' Well, under our proposal, we will.

Marian Darling, from Madison—is Marian up on the stage?—who had the same story for herself and her husband except their annual bill was $5,000. Arthur Poppe of Simsbury—he's here, I think—who had some services for his wife which were covered when she was in the home, but when she had to be put in a nursing home, then they weren't covered anymore. So the Government program sometimes operates just like insurance policies do. You've got to read the fine print to figure out what's covered and not, and then you still can't control it if it happens to you. And Edith Longe of Oakdale—is Edith here? Let's give her—[*applause*].

At Greenville Drug Store I was joined by Louise Jaczynski—Louise, where are you? Are you here? She still works part-time. She

works as a crossing guard for schoolchildren. Give her a hand. [*Applause*] But she's on maintenance therapy for a substantial health condition which requires expensive medication. You have a State assistance program here which has done a lot of good; most States don't have it. But there are strict income limits and because of the way Medicare benefits are now being calculated, the income limits, she's now 80 bucks over the income limit. So what should she do? Quit her job and lose thousands of dollars plus the right to keep helping young people, plus the probability that she's lengthening her own life and lowering her own health care bills by staying active? Or keep the job and pay thousands and thousands of dollars for medical bills? What should she do?

Joe Riley—Joe are you here? Joe Riley was a foreman at King-Seeley Thermos before it shut down. He was laid off a year before his retirement, so he lost all his benefits with Medicare, and now he has cancer. Now, listen to this, every time he gets out of the hospital, his benefits are covered for the next few months for up to 500 bucks for medicine. So as long as he keeps going back to the hospital before the benefits run out, he can get the drugs. Now, what we hope is that he'll get better, and he won't have to go back to the hospital, but he'll still need the medicine. So, what should he do? Go back to the hospital? If you do, what does that do to the cost of the health care system? If you need to do it, it ought to be there. But no one should be sitting here thinking, I'm going to lose drug coverage that I have to have unless I go back to the hospital.

Finally, Arlene Sullivan is here. Arlene, she made my day; she gave me a kiss when I showed up to the drugstore. [*Laughter*] Then Louise did, too. Arlene is a widow, a retired secretary. She has some pretty serious health problems, and she gets some of her drugs at a discount through the AARP program; others she purchases directly from Greenville Drug Store. But there are a lot of these, and sometimes she has trouble, which drugs treat which illnesses, and the coverage is not clear. Why should there be any difference in what is covered and what isn't if the doctor prescribes them and you have to have them just by what's covered?

Now, Americans are now engaged in a very serious debate about this issue. This is a complicated issue. Almost 15 percent of our income goes to health care in America. No other nation spends more than 10. Canada spends 10 percent of their income. Germany and Japan spend about 9. Now, in spite of that, all three of those countries provide health care to everybody. We don't cover everybody. And from those people who have coverage—as you've seen, all these people had coverage, but they often don't have what they need covered, especially prescription drugs. And for people who aren't old enough to be on Medicare, almost all of them can lose their health insurance at some time or another.

You know, you've had some big companies in Connecticut who have been forced by the pressures of the global economy to have some lay offs. Now, under the present law, they can keep the health insurance they've got from their old company for 18 months as long as they can afford to pay for it. What about those that can't afford to pay for it 9 months later if they don't have a job? What about those that, after 18 months, lose their health insurance because they had to get a job at a small business that doesn't provide health care?

So, there are some serious problems here. The question is: How do we keep what's good about our health care system and fix what's wrong? How can we give health care security that really means something to all our people? Other countries do it. And they do it, and don't spend as much money as we do.

For many elderly Americans, the neighborhood pharmacist is the symbol of good health care. For many older Americans, the local pharmacist does a whole lot more than just fill the prescription and ring up the register. He's a problem-solver. He's a friend. One of the people in John's pharmacy today told me, "He spends a lot of time with me. He explains how these things work." I saw one bill rung up in the pharmacy today and with every new prescription, you get a little printout from this pharmacy which says, here's what the drug is; here's what it's supposed to do; here's the proper usage, explaining how to manage this.

The pharmacist is often the one person who can really be counted on to answer questions and calm fears and to catch a problem sometimes before it becomes a crisis. They can call different doctors and let them know the effects of combining the drugs that have been prescribed. They sometimes tell you actually what you are taking and why you should take it and how often you should and why. They are really problem-solvers. If a medication isn't helping or is causing harmful side effects, often it's the pharmacist who gets the first call.

That's why I am especially grateful for the support of the leaders here today, for Charles West and Ron Ziegler and for the grassroots Americans they represent, more than 100,000 community pharmacies, retail druggists, and the 1 million employees who work for them. They understand that we can fix what's wrong with the American health care system without messing up what's right.

I heard a lot of you clap when one of the members, one of the people who spoke before me, mentioned preserving choice of pharmacies and doctors. It's a good thing to do. But millions of Americans are losing their choices of doctors, of plans, of coverage. Under our approach, we preserve choices. And we will actually increase the number of choices available to a lot of folks still covered in the workplace.

Under our proposal, you can keep your Medicare. You can keep your doctor. Your children and grandchildren will have much greater access to primary care and preventive care. Under our proposals, older Americans in need of long-term care will have new choices, new choices, the choice of getting that care in the home or in a community setting.

What we're trying to do is to give health care security to people over 65 and people under 65. We're trying to preserve Medicare and to improve it by adding the prescription drug and the long-term care benefits. And that's why the pharmacist and the druggist here support this proposal. In addition, this proposal provides, as a basic benefit, coverage of prescription drugs and pharmacy services for all Americans for the very first time—for the very first time—and provides for prescription drugs for people on Medicare for the very first time.

Listen to this: Pharmacists have studied this question and determined that each year they write 17 million prescriptions that are not filled because customers cannot afford them. That's 17 million. Hillary often recounts to me her conversations with the hospital pharmacist she met during her father's illness. He told her of the many patients he sees leaving the hospital with prescriptions he knows they will never fill, because they can't afford it.

Now, medicine can't work miracles unless it is used. There's overwhelming evidence that without the regular treatment of adequate medicine, many people actually get sicker or hospitalized or require nursing home care and, therefore, impose far, far greater costs on the health care system, on the taxpayers, then would be the case if there were a prescription medicine benefit. Without medicine, care often comes too late and costs too much. Pharmacists know this. They see this in Americans every day. They see it in human terms. You heard it talked about today. They are here because they want to solve the problem.

Until we do, as many as 8 million Americans—8 million Americans—each month will continue to make choices between drugs and other essentials, including literally the food on their table, just like this letter said. I've had people tell me this in State after State all over America.

Under our proposal, anyone receiving Medicare will continue to choose the doctor and the druggist they want, but they will have the drugs covered under Medicare and under the basic benefit for people who are not old enough to be on Medicare.

Now, I want to make it clear that this is not just some pie-in-the-sky offer that is not paid for and not thought through. Yesterday, two independent studies concluded that if we cover medicine under Medicare, we could save about $30 billion between 1996 and the year 2000, mostly by involving community pharmacists in preventing related hospitalizations and nursing home stays. One study was done by the Center for Health Policy Studies, the other by the respected, nonpartisan consulting firm, Lewin-VHI. The Lewin firm

also determined that this benefit would improve the lives of Medicare beneficiaries.

Forty-six years ago, Harry Truman passed through this community campaigning for guaranteed private health insurance for every American. He was right then. When Richard Nixon said 20 years ago, as Ron Ziegler said, that "employers and employees ought to contribute and ought to provide health insurance for everybody; we ought to cover everybody," he was right then, and we're right now.

The real question is whether Senator Dodd is right: Are we in one of those cycles of history where we're going to do something about it? The early part of the century, free public education; in the thirties, Social Security; in the sixties, civil rights. Are we going to fulfill the responsibilities of this generation to finally, after 60 years of talking about it, solve this problem? Are we going to continue to make excuses, walk away because everybody's got a different idea, or are we going to solve the problem? That is the great question facing the United States Congress and the American people.

I full well realize that when you have a system that involves 1,500 separate insurance companies writing thousands of different policies with a blizzard of different rules and regulations, compounded by the Government's Medicare and Medicaid programs that have a lot of good features but a lot of dizzying complexities and things that aren't covered, when we are spending 10 percent more on paperwork than any other country in the world but that employs a lot of people and generates a lot of earnings, that there are a lot of interests at stake. I know that. But fundamentally, this is a simple, direct, profound issue. How can we justify spending almost 50 percent more of our income than any other country on Earth and still have to put up with stories like the stories of the people I introduced here who stood up? I say to you, my fellow Americans, this is the responsibility of our generation, and we must fulfill it.

The strange thing is that this is just another one of those deals, as my mother used to tell me, when doing the right thing turns out to have the right consequences in all kinds of other ways. If we do this, we will also help to reduce the Government's deficit; we will also help to improve the quality of life; we will also actually lower the cost of the health care system.

If we adopt our program, we will improve individual responsibility because we ask everybody to share some of this. But most importantly, we will not have to listen to these stories anymore and all the other stories that are in those million letters that Hillary got.

I once heard a distinguished New Englander, former Senator and Secretary of State, candidate for Vice President, Ed Muskie from Maine, say that when he was the Governor of Maine, one of the ways that he really thought that you could gauge success was by whether the problems came around twice. And if the same problem came around a second time, somebody hadn't done their job. This problem, my fellow Americans, has been coming around to us and getting worse and worse for six decades.

I say to you, it is time for all of us to do our job. The Congress cannot do it alone. They have got to know that you will stick with them. They have got to know that you expect them to work their way through all these complicated claims and counterclaims by the interest groups with the vision, the stark, clear vision, of the human beings that are being affected by this and our responsibility for the future.

In spite of the difficulties we face, I think we are going to do it, thanks to you.

God bless you, and thank you.

NOTE: The President spoke at 2:43 p.m. in the Slater Hall Auditorium at the Norwich Free Academy. In his remarks, he referred to John Kiszkiel, owner, Greenville Drug Store; Charles West, president, National Association of Retail Druggists; Ron Ziegler, president, National Association of Chain Drugstores, and former Press Secretary to President Richard Nixon; and Mary Lou Bargnesi, principal, Norwich Free Academy.

## Nomination for Deputy Secretary of Defense

*February 24, 1994*

The President today announced his intention to nominate John M. Deutch, a highly respected expert on military technology and current Under Secretary of Defense for Acquisition and Technology, to serve as Deputy