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lines to create genuine economic opportunity for all Americans.

It's hard to believe to somebody like me, anyway, at my age, that it has now been more than 30 years since Dr. King was killed and his dream was put on hold. One of the lesser known passages in his famous speech at the Lincoln Memorial in August of 1963 involved language in which he challenged America, and I quote, ''to refuse to believe that there are insufficient funds in the great vaults of opportunity in this Nation.''

Well, my fellow Americans, today those vaults of opportunity are more full than they have ever been in the entire history of this country. And we have more evidence than we have ever had that when children like those that we talked about today, and when young people like those we celebrate today—Hazel, and her peers behind me—do well, we are all strengthened; that there is a fundamental sense in which our futures are bound up together, from Appalachia to the Mississippi Delta to the Native American reservations to the inner cities to the wealthiest corners of our land.

All our kids need a chance to live their dreams. And the American Dream needs for all Americans to be blessed by the opportunity that has given so much to us.

Thank you for what you do to achieve that goal, and God bless you.

NOTE: The President spoke at 3 p.m. in the Pacific Ballroom at the Anaheim Hilton and Towers Hotel. In his remarks, he referred to award winner Hazel del Rosario; civil rights leader Jesse Jackson; Sanford I. Weill, cochair and co-chief executive officer, Citigroup, and founder and chairman of the board, National Academy Foundation; Marianne Spraggins, senior managing director, Smith Whiley and Co.; and George Vradenburg III, senior vice president for global and strategic policy, America Online, Inc. (AOL). A portion of these remarks could not be verified because the tape was incomplete.

Remarks on the Patients' Bill of Rights in Torrance, California

July 9, 1999

Thank you very much. Well, good morning, and I want to thank Tecla Mickoseff for welcoming us here to Harbor-UCLA. Thank you, Ethel, for your powerful statement out of your personal experience. I want to thank my old friend Jack Lewin for, as usual, making the case. We're used to being in fights where the evidence is overcome by political power. [*Laughter*] But we're determined to reverse it in this case.

I want to thank Congresswoman Juanita Millender-McDonald; my friends Zev Yaroslavsky and Yvonne Burke and the mayors and other local officials who are here. I thank the leaders of the health care groups that are here, both consumers and providers. Thank you, Reverend Jackson, for coming. We're glad to see you this morning.

I have a couple of things I want to say about health care and about how this Patients' Bill of Rights issue fits into our larger responsibilities to deal with the health of the American people. I have just finished a trip across our country, from Appalachia to the Mississippi Delta to the Pine Ridge Indian Reservation to inner-city neighborhoods in East St. Louis, Illinois, south Phoenix, and Los Angeles. The purpose of this was to shine a spotlight on the opportunity which exists in areas that our prosperity has completely passed by.

It was a remarkable 4 days, and I came in contact with all the health issues that you would be concerned about in the process of pushing an economic agenda. For one thing, when we left Washington and arrived in Appalachia, and arrived in the Mississippi Delta, and arrived in East St. Louis, and arrived in Phoenix, in all those places it was 100 degrees. [*Laughter*] It was cool in Dakota when we got there at night, but the next day it was a mere 94.

And I'm very worried, I must say—I want to say this today—I've been very concerned because a lot of poor people depend upon the LIHEAP program—the Low Income Health Assistance Program, to pay for air-conditioning or get fans in the summertime. And I have, today, directed the appropriate people in our Federal Government to expedite the analysis we're required to do about the effects of the recent heat wave on the need for emergency assistance under this program. We could lose a lot of people who won't even get to the emergency room if we don't do it. So I do want you to know that I hope the message will go across the country to the places I visited and the other places that we know this is going to be a problem.

When we went on this tour, we saw an awful lot of problems, and we saw a lot of promise—enough promise to convince us all that we actually can succeed in building a bridge to the 21st century that all Americans can walk across. When we give economic opportunity to all, we're helping to build that bridge. When we give all of our kids a world-class education, we're helping to build that bridge. When we're dealing with health care challenges, we're helping to build that bridge.

Jack mentioned the Medicare proposal that I have made to stabilize the Medicare Trust Fund until 2027, provide a prescription drug benefit that we can afford, and provide much more preventive services, which I think are very, very important. There's a fundamental difference.

Now, how does the Patients' Bill of Rights fit into all of this? I feel in a way that I have a special right, if you will, to advocate for this bill because I have defended the role of managed care in our health care system for years. When I became President, health costs had been going up at three times the rate of inflation for many years. And all of us knew it was totally unsustainable, that eventually, if it kept going up at three times the rate of inflation, we'd be spending all our money on health care.

We all knew that was completely unsustainable, and that there was nothing wrong with managing a system properly so that you could, at the lowest possible cost, achieve the objective, which was the highest possible quality of health care. And, yes, at the margins there will always be tough decisions, but fundamentally, no one who both believes in the American health care system and the professionals who provide that health care, and who believes in proper management, believes you should sacrifice basic quality of care to the decision made by an accountant to make the bottom line of an HMO bigger.

The purpose of managed care is to enhance quality of care by making it as affordable as possible, not to undermine quality of care by making the people who provide managed care as profitable as possible. And it's very important. There's a fundamental difference.

So, as has already been pointed out, I asked the Congress a year and a half ago to pass a strong, enforceable Patients' Bill of Rights, with all the things you've heard about—the right to see a specialist, the right to emergency room care at the nearest emergency room, the right not to have to change health care providers in the middle of treatment, the right to enforce accountability for harmful decisions. And I have used my authority as President, as you said, not only to cover by Executive order those people on Medicare with the protections of the Patients' Bill of Rights, but also those people on Medicaid, those people served by the Veterans' Administration, and the people in the Federal health insurance plan, the Federal employees and their families.

And I want to just tell you that we actually now have some experience with the Patients' Bill of Rights. You know, the HMO's say, well, this all sounds very good, but we can't afford it, and if you—and they always try to make you think only of yourself, your healthy self—if you, your healthy self—[*laughter*]—who never gets sick, but has to pay health insurance, give these Patients' Bill of Rights to them, all those sick people, you, your healthy self, will have to pay more for health insurance, and oh, how terrible it will be. That's their argument, right?

Well, we actually have done this now, and we have evidence—and sometimes evidence overcomes interest groups in Washington, so let's talk about the evidence. Our evidence is that when we put the Patients' Bill of Rights into the Federal employees' health plan, it raised the cost of health insurance—by less than a dollar a month.

Now, I'm going to go over this one more time. You've already heard—I'm going to go over it one more time, and I'm going to ask every American if he or she wouldn't be willing to pay something in that range on the off-chance that their healthy self might not always be that way, and out of a genuine concern for our fellow citizens and an understanding that the wealth and power and strength and quality of life of our country depends in no small measure on the continued advances in the health of all Americans.

And, yes, some States have done some things in this area. But until Congress acts,

there will be more than 100 million Americans who won't have these full protections. I can only give it to 85 million by Executive order. So next week, at long last, the Senate is going to take this up. I'll say more about that in a moment, but thank goodness, the Senate finally is going to take this up.

Last year—all year the leaders of the Senate kept us from bringing the bill up. And there's a good reason why they did—they're not for it, but they know they can't afford to be caught being against it. We have 200—200-plus medical and consumer groups are for the Patients' Bill of Rights. The American Medical Association has allies it has never had before. [*Laughter*] This is a very big tent.

And there is only one group on the other side, the health insurers. It's 200 to one, but the one is a big one, and so far has had enough support in the majority party in the House and the Senate to keep this from coming up.

But if you go out in the country, I have said this over and over and over again, if you go out in the country, this is not a partisan issue, because Republicans get sick just like Democrats. Even stubborn independents sometimes get sick. [*Laughter*] And when you walk into the emergency room—I would really like to know whether she's got a form she fills out in the emergency room that has a check for political party. [*Laughter*]

Now, before I give you this medicine, are you a conservative or a liberal? [*Laughter*] You know, we're laughing about this, but it makes a very important point. This is not a partisan issue, this is not even a philosophical issue, not anywhere in the wide world but Washington, DC.

If you explained all the options to all the people in all the communities of this country, I promise you over 70 percent of Republicans, Democrats, and independents—you know, when you got above those stratospheric numbers, maybe there would be some partisan difference—but you'd have over 70 percent of all groups for this. How can it be—how can it be that for over a year the American people have been deprived of even a full debate on this in the United States Senate?

Well, as I learned and Jack learned back in 1993 and '94, these folks have a lot of clout. But let's forget about the politics and look at the facts. I want to run through this—look at this chart over here. I wish every American could just have this chart at home. If I had the ability through the Internet to send this to every American, I would do it.

Our plan says, if you need to see a specialist, you can't be denied the right to see a specialist. Their plan doesn't give you that right. Our plan says, if you get hit driving out of this event today, on a hot Saturday morning in Los Angeles, you ought to be able to go to the nearest emergency room, not show up there and be told you've got to drive 25 miles to one that your plans covers. This is a real issue, as you know.

Our plans says—and I was so glad to hear you mention this—that if you're being treated with chemotherapy or if you're six months pregnant and your employer changes providers, you should be able to stay with the physicians that are treating you until the treatment is completed. Hugely important issue that most Americans are not aware of.

Our plan assures HMO accountants don't make arbitrary medical decisions. Now, let me just say, I've listened to a lot of stories about this. I've done a lot of research on this. A lot of times the HMO decision-making tree—you finally get high enough to get a doctor who makes the right decision, and it's too late.

And I've said this over and over again—I'm actually sympathetic with a lot of people at the first line of decision-making in the HMO. Why? They're not doctors, and they're never going to get in trouble with the company for saying no. Right? They know—I'm sympathetic with them. A lot of them, they're making a modest income, they're looking forward to their Christmas bonus, they want to please their employer like we all do. You're my employer—I want to please you. [*Laughter*] We're all like that. And these young people who are working in these companies, they know they are not going to get in trouble for saying no, because they know if they say no, the decision can always be kicked upstairs—and maybe it's three levels upstairs, but eventually, somebody who actually understands this is going to make a decision. And if they say yes, then they won't get in trouble for having said no; but, ah,

if they say yes, and somebody above them says, ''You should have said no,'' they can get in a world of trouble.

So we try to fix that here and change the incentive so that there is no institutional bias to deny quality care. Should the health plans be held accountable? I think so. The Framers of the Constitution understand that a right without a remedy is not a right at all. And should they cover all health plans? Absolutely. The other bill leaves out 100 million folks.

So that's what this is about. The ''yeses'' and the ''noes.'' It simple evidence. It's about how people live. And, yes, the health insurance association may have some of its profit margin squeezed. And, yes, they may have to have modest increases, like we did—the Federal employees health plan—I'll tell you it's less than a buck a month policy. That's what our experience is. But isn't it worth it to allow the system to work? To keep the benefits of managed care without having to shoulder these enormous burdens, these heartbreaking burdens.

I don't know how many people I have seen—I've seen nurses who work for doctors in their offices who have to make the calls to the HMO's to get told no, break down and cry, telling me stories of people that they couldn't take care of. You know, these are not just isolated anecdotes. This is a systematic problem in American health care. And once we fix it, all the people will be happy—the HMO's will do just fine and they'll be happy we did. And people will wonder what in the wide world we were doing all those years not providing these basic protections.

Think of how you'd feel if you were a doctor. You'd spend all those years going to medical school, all those years in residency, you go all those years without any sleep, and you're finally out there giving health care, and all of a sudden you're told, here's a straitjacket we'd like you to wear to work every day and still figure out how to make these people well. I mean, this is a big, big, big issue. And it should not be played out in a partisan, political, or special interest atmosphere.

Shouldn't we err on the side of health? What are we afraid of? [*Applause*]

I saw today an amusing article in the paper which said that the leaders of the majority party had decided that instead of bringing up their bill and having to deal with 20 of our amendments, which would put people—force them to put their Members on record being against these things, they would bring up our bill and just beat it, in the hope that then there would be no specific record of accountability.

I thought to myself, what kind of a weird world am I living in? If this was just about something we had an emotional opinion about and we were on different sides, I would think that would be a clever thing to do and that's just politics. This is not whether you've got an emotional thing, this is about whether some people live and some people die. This is about whether people get well, or they don't. This is about whether people feel at least comfort when they're dealing with the challenges of life, or they're just knotted in anxiety all the time.

This is about whether all these doctors, these nurses, these health care professionals wake up every day happy to go to work because they think they're going to be able to do their job, or they're waiting for the other shoe to fall every single day because somebody is trying to strangle their ability to make decent decisions. This is, in other words, not a typical political decision. This is about life and the quality of life and the fundamental decency of our society.

We should err on the side of humanity. We should err on the side of quality health care. We have evidence now from our own experience that we can well afford to do this. And this is an idea whose time has long since come.

So—and there are Members of Congress in the Republican Party, as well as the Democratic Party, who support this, who just want a chance to vote for it and bring the benefits of it to the American people.

You know, it's like anything else—you can argue against anything on the grounds that it's not perfect. Well, if we never did anything because it wasn't perfect, we'd never do anything. And America wouldn't be here celebrating the 21st century. We wouldn't be around after 223 years. The Constitution wasn't perfect; it had to be amended.

So it is not an argument to vote against this bill that it might not be perfect, that there might be some unforeseen consequences that we might have to fix—we take our cars to mechanics to fix things that aren't perfect, but we don't stop buying cars and go back to walking around. [*Laughter*] I mean, none of these arguments make any sense at all.

We have to put people and principle and evidence ahead of raw political influence. Democracy has to work.

So, I thank you for being here. Remember, we're all preaching to the saved in this room today. Reach out to other Members of Congress. Send a note or an E-mail today or Monday morning to every House Member that represents anywhere around here, and both your Senators are for this bill—that's great. Send it to Senators from other States. Give people a chance to do the right thing. Tell them what's at stake.

If people will listen to their hearts and their heads, we'll prevail next week.

Thank you, and God bless you.

NOTE: The President spoke at 10:54 a.m. in the Parlow Auditorium at the Harbor-UCLA Medical Center. In his remarks, he referred to Tecla Mickoseff, administrator, Harbor-UCLA Medical Center; Ethel Edmond, registered nurse, King Drew Medical Center; Jack Lewin, executive vice president and chief executive officer, California Medical Association; Los Angeles County supervisors Yvonne Brathwaite Burke, 2d District, and Zev Yaroslavsky, 3d District; and civil rights leader Jesse Jackson.

Digest of Other White House Announcements

The following list includes the President's public schedule and other items of general interest announced by the Office of the Press Secretary and not included elsewhere in this issue.

July 3

The President had separate telephone conversations with Prime Minister Nawaz Sharif of Pakistan and Prime Minister Atal Behari Vajpayee of India concerning the situation in Kashmir.

July 4

In the evening, the President had a telephone conversation with Prime Minister Atal Behari Vajpayee of India concerning the situation in Kashmir.

Later, the President made brief remarks on the South Lawn before the fireworks presentation.

July 5

In the morning, the President traveled to Hazard, KY. While en route aboard Air Force One, he had a telephone conversation with Northern Ireland Ulster Unionist Party leader David Trimble concerning the Northern Ireland peace process.

In the afternoon, the President toured the Whispering Pines neighborhood, where he talked with residents. Later, the President toured the Mid-South Electric Co.

In the evening, the President traveled to Memphis, TN.

July 6

In the morning, the President traveled to Clarksdale, MS, where he toured local businesses.

In the afternoon, the President traveled to East St. Louis, IL, where he visited a Walgreens drugstore.

In the evening, the President traveled to Rapid City, SD. Later, he toured Mount Rushmore and the Crazy Horse Memorial.

The President announced the nomination of Q. Todd Dickinson to be Assistant Secretary and Commissioner of Patents and Trademarks at the Department of Commerce.

The President announced his intention to appoint George Becker and to reappoint Marc S. Tucker as members of the National Skill Standards Board.

The President announced his intention to appoint Amy W. Meyer as a member of the Board of Directors of the Presidio Trust.