

**Remarks by the First Lady
By Satellite to Annual Meeting of
The Catholic Health Association
June 9, 1993**

Good (afternoon) everyone. And thank you, Sister Maryanna Coyle, for that wonderful introduction.

It is a real privilege to be able to speak with the Annual Assembly of the Catholic Health Association. For that, we can thank technology that gives new meaning to the saying, "If I can't be there in person, I'll be there in spirit."

Today, we are indeed connected by spirit and by a vision... the spirit of community... and the vision of an America where every citizen has access to affordable health care.

My admiration for the Catholic Health Association runs deep. Yours is a long, proud history of providing the highest quality health care without regard to race, religion or circumstance.

Your contribution to the health of Americans is immense, essential and irreplaceable. I applaud the work of each and every one of you.

Sister Maryanna mentioned my visit to Saint Agnes Hospital last March. I will always remember that visit... and all the caring staff devoted to doing the best they know how. There, from patients and doctors, I heard what I'd been hearing around the country for a long time, but the impact of the words had even greater meaning and urgency. I heard a growing sense of vulnerability and personal insecurity... a fear from people in need.

I remember in particular one doctor, who said to me: "You know the saying, 'If it ain't broke, don't fix it.' Well, Mrs. Clinton, the system is broke and it's time to fix it."

I think we can all agree with that.

You and C-H-A have known this system is broken for some time... and have been hard at work trying to fix it. Your Working Proposal for Systemic Healthcare Reform is as thoughtful as it is thorough. And I should say that it covers much of the ground that our task force is covering as we prepare our recommendation for the President. I think it's amazing that your group and my group studied such an enormous problem... and arrived at so many overlapping conclusions and solutions. That tells me that we're both on the right track.

In the work you do at Catholic health-care facilities across America, you understand how important it is to fix our nation's health care system.

As you know, we've been working hard to do just that.

Toward that end... we have pulled together the people from within the government with expertise in health care... and we've sought the advice from people outside of government who have brought particular points of view to bear.

There has been an extraordinary amount of consultation. Many of you listening to me now have been in meetings with myself, and with Ira Magaziner and his team. We've held more than one-thousand meetings with groups representing all sides of the health care debate.

This process will not only continue, but intensify as the President moves toward final policy decisions.

Our group has begun a substantial public education effort. Many Americans simply do not have the facts about what our health care choices have meant to our economy, to our quality of life, to our future stability. And so we're reaching out, to enable people to be participants in a very broad conversation about the state of health care today; about its real cost; and about what future policy changes will mean for them personally.

Now, I'd like to touch briefly on each of the fundamental goals of our reform.

First, our primary goal is to provide health security for all Americans.

You know the depth of this problem better than most... because you see it every day.

In addition to the 40-million Americans without insurance, millions of other Americans are gripped by fear that at any time, they could lose their benefits... and every year, two million Americans do lose them. They may lose them for a month or two or six months or a year before they find a way back on some insurance rolls. And they usually pay a lot more to be insured again.

Still, every month 100-thousand Americans fall off the health insurance rolls. Others stay in jobs that they want to leave because they can't take the risk of being uninsured. And many families find they can't get coverage for the very problem they need care for, because that illness is stamped a -- quote -- "pre-existing condition."

Americans who work for a living, who pay the bills and take care of raising their families should not be burdened by the insecurity of not knowing whether they will have health insurance.

Security is what this health care debate is all about. Can America's families find peace of mind? Can our children or our parents get the quality of care when you need it most? That's what we have to be focusing on every single day. We have enough insecurities and stress in our world today.

Once the new health care plan is up and running, everyone will get a health security card. That card will guarantee all Americans access to a comprehensive package of benefits, no matter where they work, where they live, how old they are and whether or not they've ever been sick. Security... no matter what.

Second... we're going to work together to make sure that health care costs are brought under control.

You see every day what happens when health care is priced out of the reach of many Americans. It forces you to absorb more red ink... and many other segments of the health care system to shift costs... and all of us bear the burden. Left unchecked health care costs will continue to hurt our families... bankrupt businesses... and drive the deficit to ever-greater heights.

Our reform will rein in health care costs through several measures. We will strip away the incentives from rewarding doctors who do more tests and procedures and instead will create a competitive system that encourages cost-effective, high-quality care. We will reduce the bureaucracy and micro-management that bloats our health-care system and adds unnecessary cost. Finally, we will say to health care institutions and providers: You must live within a budget.

And we're going to ask everybody... workers, employers and providers alike... to chip in and do their part for health care.

To the drug companies that charge two and three times in America what they charge overseas... we're going to say: Bring your prices down. It's only fair.

To the businesses who don't cover their workers today... and drive up the costs for the businesses who do right by their workers... we're going to say: It's time for you to take responsibility. It's only fair.

To the individuals who think they can get by without coverage and end up in emergency rooms and stick us with the bill... we're

going to say: You, too, must do your part. If you can afford it, you must contribute. It's only fair.

We will all benefit if we all take responsibility.

Third, our reform will reduce the waste that eats up our health care dollars... and so much of your time.

Another key component of our reform will be a wholesale reduction of the frustrating and wasteful paperwork eating up our health care system.

Yes, you all know very well what the load is like. And when you look at the number of rules, the volumes of regulations, the stacks upon stacks of forms, you have to ask yourself: Where did all this bureaucracy come from?

The short answer is: It comes from everywhere. Forms were created to make sure that the most vulnerable people were getting proper care. Then more forms were created to make sure doctors and hospitals didn't perform unnecessary tests and procedures.

Then, the insurance companies have their own sets of rules for doctors and nurses to follow, so they create their own forms. And as the number of health insurance companies grew -- today there are more than fifteen-hundred of them -- so did the number of forms.

The result? Instead of a system where forms enforce the rules, we have a system ruled by the forms. Patients don't know how to read their bills or to make sense of their policy, and worry that they'll be left hanging because they didn't understand the fine print.

Doctors and nurses -- especially nurses -- spend as much time dotting i's and crossing t's as they do taking temperatures. One of the nurses we spoke with told us she entered nursing because she wanted to care for people; she said that if she wanted to be an accountant, she'd have gone to work for Arthur Anderson. For every new doctor an average hospital hires, it hires four new administrators. It's a bad case of the tail wagging the dog.

We're going to take the mess and clean it up. For the first time, you'll see a health care system made easy: one insurance form, a report card for quality, no hidden fine print. And we're going to reduce the paperwork and streamline the regulations. Doctors and nurses will be able... finally... to do what they were trained to do. At the same time, we will maintain and enhance the quality of American health care by measuring quality based on results... not based on micro-management.

Fourth, this reform will make a serious start at addressing the growing long-term care problems our country faces. Now, many will argue we should put off consideration of this issue. While it would be too costly to try to meet all of America's long-term care needs at once, it would be irresponsible for us not to make a start.

Today, frail and disabled seniors who need help with daily tasks often have only one choice: move into a nursing home. The problem is, most people would prefer to live at home, near family, friends and familiar surroundings, for as long as possible.

There are too few options for people hoping to stay at home and out of institutions, and too little help for families doing their best to care for ailing relatives. Individuals and their families are often bankrupted by the costs of long-term care, and can't get help until they have almost nothing left. The system is complex and disjointed, and it fragments the care people receive. If the long-term care system is left unchanged, all that will only get worse.

Most of you know Monsignor Charles Fahey. Monsignor Fahey served on our working group on ethics, the group charged with making sure that the system we develop is driven by fundamental values, like fairness, shared responsibility, and social justice.

Monsignor Fahey has confronted the fragmentation and backward incentives of our long-term care system first hand. He took a month off this year to care for his parents, both seriously ill, in order to keep them out of a hospital or nursing home. As he struggled to nurse his parents back to health in ways that met their needs and maintained their dignity, he took on a system that looked at the moving parts, but never at the whole person. As the Monsignor put it: "We've got a system that cares for the eye or the foot or the nose, but never for Charlie or Elizabeth."

Our reform will reverse the incentives, expand the options for care at home, and improve coordination of services. We'll make a serious start on improving long-term care coverage for elderly and disabled Americans by expanding home and community-based care. People with severe disabilities will have access to a broad array of services, coordinated by a case manager, tailored to individual needs. By expanding availability of home and community-based care... we will give seniors and disabled citizens who can't manage on their own the opportunity to remain in the community for as long as possible.

Lastly, we will improve the availability of health care in the areas that have been traditionally under-served: rural communities, urban centers and other parts of the country where a

health care card alone will mean little to people unless we guarantee that services will be there for them.

Americans everywhere need to know there will be a doctor and a health facility available to them. This is a problem that the Catholic Health Association knows very well, because your members have helped to address the problem in many rural and urban poor areas.

I can guarantee you this: my husband believes very strongly in making sure that all of America is adequately cared for... that its needs are taken into account. We plan to target funds for areas that now are under-served. We will strengthen the health-care infrastructure in these areas by linking community-based centers to other hospitals and providers... and by providing incentives for the National Health Service Corps and other programs for doctors to practice in remote parts of this country.

I should note here that I was especially proud that the work of one of the Catholic health-care providers in rural Arkansas was recognized this year for its wonderful work in caring for the neediest. St. Elizabeth Health Center in Gould, Arkansas, serves a community that other health-care providers have abandoned. For the 15-hundred residents of Gould, the nearest doctor was out of reach... more than 18 miles away! But almost three years ago, St. Elizabeth's set itself up in an old police station and it's been filling that critical void ever since.

Congratulations, St. Elizabeth's, for your well-deserved Achievement Citation... and for the example of service that you set for rural America.

As we go through this process of reforming health care, I'm counting on a new spirit of cooperation and commitment in our country. I want again to feel that I'm living in the country that I took for granted and was raised in. I know that for some people, that sounds nostalgic and maybe unrealistic.

But I remember very well in the suburb I grew up in... everybody looked out for each other, neighbors really cared about each other. Doctors made house calls. All those kinds of things may seem like part of distance past. But you know, there was a connection among us then that I would like to see reinstilled in America.

Health care touches us at our most basic human emotion... the birth of a baby... the death of a loved one... walking those long hospital corridors... or seeing the joy on a person's face when you tell them that everything is going to be all right.

That's how, at the very most basic level, we understand what it means to be a human being; that's how we understand what it is about life that connects us from generation to generation; that's what makes us reliant in a most fundamental way upon each other.

We've gotten away from that. We've watched bureaucracies and paperwork and red tape distance us from human caring that needs to be at the root of any health care system. And we can't wave a magic wand and reverse time.

But we can try to reconnect. I know that Catholic Health Association members try every day to inject that extra bit of humanity into the system. That's the kind of effort that can make all the difference at those moments when we find ourselves dependent on each other.

This is what I hope: that in a few years we will not only have a streamlined system; that we will not only have a better distribution of health care professionals, and have more primary and preventative health care physicians, and nurse practitioners, and physician assistants; that we will not only have better access, but we'll feel better about ourselves and about each other.

We won't just be healthier... although that's a tremendous goal in itself... but we'll all be part of a community of caring again. And health care can be the start of that if we do it right.

Thank you very much.