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The Wall Street Journal Tuesday February 4, 1992 P. 1&A2

... 75 CENTS

Strong Medicine

How Local Businesses Got Together to Cut Memphis Health Costs

Coalition Made Hospitals Bid, Leading to Huge Savings In a Burst of Competition

Idea Is Spreading Across U.S.

By Ron Winslow
Staff Reporter of The Wall Street Journal

MEMPHIS, Tenn.—Five years ago, a coalition of employers frustrated by rising health costs put hospital care for their 25,000 employees out to bid. Four hospitals spurned the invitation. One, Baptist Memorial, responded, and got the business. When bids went out again two years later, every hospital replied.

The Memphis Business Group on Health stayed with Baptist, and today its 32 members count total savings in the tens of millions of dollars. But others in Memphis have benefited as well. Methodist Hospital, Baptist's chief rival, educated doctors on cost-effective medicine and held prices steady for three years. It recently beat out Baptist for the city employees' health-care contract. St. Francis Hospital formed a physician network and launched a top-to-bottom quality improvement program.

"There's no doubt we've had an influence on the way hospitals are doing business in this town," says Bonnie McKeever, managing director for employee benefits at Federal Express Corp., which is based here. Now the coalition is shifting its emphasis from cost to quality of care.

'Elected by Default'

Led by Federal Express, First Tennessee National Corp. and Seessel's Supermarkets, a local grocery chain, the Memphis group is at the forefront of a growing corporate effort to use purchasing power to restructure the health-care system. Across the U.S., companies are flexing their collective muscle not just to win discounts for themselves, but in an attempt to build more efficient, higher quality health care for their communities.

"Employers have been elected by default to take the leadership in health-care reform," says Edwin L. Childs, who heads Buyers Health Care Cooperative in Nashville, Tenn.

President Bush will draw attention to business-led approaches to health care on Thursday when he travels to Cleveland to announce his own health agenda. One administration proposal is patterned after the Council of Smaller Enterprises, a group that buys health care for employees of 8,500 small businesses in Cleveland. Encouragement of group health-care purchasing is included in several bills introduced in Congress by both parties.

"Employers are very much concerned about a national agenda that will support what they have to do to get the job done at the local level," says Mary Jane England, president of the Washington Business Group on Health, which represents more than 200 large U.S. companies on health issues in the capital. Adds Mr. Childs: "The health-care problem may be a national epidemic, but it's a local illness."

Widespread Efforts

Local remedies vary widely, but those on the cutting edge share common elements. Many coalitions are led by major corporations that could have negotiated their own discounts and then left others to fend for themselves—but, instead, have taken a long view, recognizing that their self-interest lies in fostering improvement in health-care delivery community-wide. "If all you do is cut your own deal, you create an increase in costs for someone else," says James Mortimer, president of Midwest Business Group on Health in Chicago. "The system gets worse."

In addition, some business groups are developing information systems that will enable purchasers to compare hospitals and doctors on quality measures and steer patients to cost-effective providers. "Our goal isn't to provide an employer with a big discount," says Louise Probst, managing director of the Colorado Health Care Purchasing Alliance in Denver. "We believe what you really need to know is who the efficient providers are." The idea is that such doctors and hospitals won't do tests and procedures that have little benefit to patients, yet, by some estimates, account for up to 30% of the $800 billion the nation spends a year on health care.

Uniform Standards, More Data

The National Business Coalition Forum on Health, an arm of the Washington business group, lists more than 90 coalitions around the U.S., says its director, Cathy Certner, and many of their efforts are beginning to bear fruit. For instance:

• Companies representing 350,000 Cleveland-area employees and dependents are working with the city's 30 hospitals to develop uniform standards that purchasers will use to compare institutions on quality. The first comparative reports will be distributed later this year, and health-care purchases based on the information could begin early in 1993.

• The St. Louis Area Business Health Coalition, which includes McDonnell Douglas Corp., Monsanto Co., and General Dynamics Corp., analyzes and publishes comparative hospital costs and financial data so members as well as other consumers can make better decisions. In one case, publishing comparative prices for outpatient surgery prompted several facilities to reduce charges.

• The Health Care Network of Greater Milwaukee, which contracts with a network of selected hospitals and doctors, al-

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Naming Names

The Memphis cityscape is dominated by the sprawling complexes of two of the largest hospitals in the world. Baptist has 1,417 beds, Methodist 1,022. St. Francis Hospital, the third largest with 651 beds, would be No. 1 in most U.S. cities. Health care is the city's largest employer.

The coalition began its challenge to such power with data and nerve. In 1986, 11 companies, including Federal Express, jointly commissioned a study that showed that some hospitals charged as much as 80% more than others for the same service. The group called a press conference to release the results—ranking hospitals by name—and announced it would invite hospitals to bid competitively for its business.

"We didn't want to start an open war," says Fred Bowman, chief financial officer of Seessel's Supermarkets. "But most companies felt they had been on the outside looking in at the health cost issue. We wanted the medical community to acknowledge we were important and that we needed input."

At first, the hospitals—even Baptist, which came in with lowest costs—rejected the study as absurd. But Baptist was the only one that didn't greet the bid invitation with silence. So Baptist won the contract.

In return for discounts of up to 20%, members agreed to steer employees to Baptist and an affiliated network of doctors by making them pay more out of pocket if they went elsewhere. The business group established a sophisticated array of "utilization review" services to monitor use of medical care. One result: Members report $4 to $6 in savings for every dollar they invest in the group.

A Growing Share

When the first contract took effect in 1987, Baptist had about half the inpatient business from coalition employees. Today its share is more than 80%, and that's a significant difference considering that the group's membership now includes 32 companies whose 100,000 employees and dependents account for nearly 20% of the entire private-sector market. "It's really taken a lot of dollars away from the other facilities," says Dr. Miller.

"It's a very significant block of business," acknowledges Maurice Elliott, president of Methodist Health Systems.

During the bidding process, Methodist's own analysis disclosed that its costs were 15% to 20% higher than Baptist's. That prompted a productivity drive that included use of a computer program to show doctors how widely they varied in use of resources in treating similar cases to

The Wall Street Journal Tuesday February 4, 1992 P. 2 of 2

Strong Medicine: How Businesses in Memphis, Tenn., United to Pressure Hospitals to Lower Health Costs

Continued From First Page

lows insurers, who sell policies to small businesses, to buy "special" memberships. That gives about 500 small employers big-company purchasing power.

In Moline, Ill., an alliance led by Deere & Co. has focused on the unused capacity of the area's hospitals, contributing to a process that led to two mergers.

These and other experiments are in their infancy, and challenges are enormous. For instance, many communities are still wrestling with the question of how to involve small businesses, which employ the bulk of the nation's 35 million uninsured.

Moreover, health-care providers and insurers are potent political and economic forces, and many coalitions have lacked either the backbone, corporate commitment or resources necessary to become effective purchasers. Valuecare, a coalition in Connecticut led by United Technologies Corp., collapsed last year in part, say participants, because Travelers Corp., a major health insurer, joined and sought among other things to sell its products to the group. Travelers says it provided technical advice and data analysis and no other services, and disputes that its involvement contributed to the coalition's demise. A Travelers spokeswoman says the group couldn't attract enough doctors or guarantee enough employees to make the effort work.

The biggest problem for many business groups is the member they don't have: the U.S. government. The federal Medicare program (for the elderly) accounts for nearly 40% of health expenditures in most markets, and its cost-containment policy has led to a process known as cost-shifting, in which hospitals charge higher prices to private-sector customers to make up for a shortfall from their Medicare patients. Medicaid programs, financed by federal and state governments, compound the

achieve the same results. At St. Francis Hospital, everything from heart surgery to admissions procedures is undergoing a quality review, and a physicians group was set up to negotiate contracts with employers. Both hospitals say other market factors also prompted such steps, but they acknowledge that the business group's actions served as a wake-up call.

The Next Step

Whatever the case, Dr. Miller says the coalition has accomplished its first goal: a price-competitive market. "They're doing exactly what we said they had to do to get our business," she says. Now, with the Baptist contract expiring at year-end, the coalition wants to open its business to all providers again and shift the competitive focus to quality. To do that, the group plans to establish its own "fair and reasonable" price schedule, Dr. Miller says, and employees can use anyone who agrees to the rates. "Then we'll evaluate [doctors and hospitals] based on patient outcomes instead of cost," she says.

It's a risky proposition. Other providers may welcome the business opportunity, but Baptist and its doctors, who stand to lose under the new arrangements, say, among other reservations, that it's the promised volume of patients that makes discounts possible. "She speaks about doing away with what got her where she is," says Bill Fleming, executive director of Baptist Health Services Group.

But a more open system is crucial to the Memphis group's next big project: an ambitious plan to establish a community information system that will process and record every health-care transaction in the city. Based on technology that underlies automated teller machines and other banking transactions, the system, in theory, would eliminate insurance forms and speed reimbursement to doctors and hospitals. It would also create a data base that a community agency would use to produce public cost and quality performance reports on all of the city's hospitals and doctors. Purchasers and patients would use the reports to help choose providers.

"If it works, it will influence all of health care, not only in Memphis but nationwide," says Dr. Miller, whose group is one of four around the U.S. just awarded grants by the John A. Hartford Foundation to plan development of the information systems. But success depends on participation of every provider in the community, and that means loosening contracts that bind the coalition to a particular hospital or physician group. "Do you think they're going to pour data into my system if I block them off from my patient business?" she asks.

Meanwhile, Dr. Miller is fighting battles on other fronts. When nearly all of the city's 50 urologists got together to purchase a mobile kidney-stone-smashing machine called a lithotripter last year, the charge for the procedure nearly doubled to $7,100. Her public protest caused an uproar in Memphis and prompted an offer of a price cut to $5,000 to coalition members. She flew off to Washington to describe the cost impact of physician-owned medical facilities to a congressional committee.

Dr. Miller is also working on a so-far-fruitless effort with the Chamber of Commerce to provide small businesses in Memphis with health-care purchasing power. Indeed, as her 20-member staff has helped member companies save millions, it has paid a personal price for its success. Thanks in part to cost shifting from coalition discounts, the staff's own health-insurance premium soared 72% last year.

Dr. Miller says much more needs to be done. "This is a community-wide issue," she says. "What we want as employers is to sit at a table with providers and government officials, look at the options and help come up with a solution."

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Table 103. Gross national product and national health expenditures: United States, selected years 1929–88

[Data are compiled by the Health Care Financing Administration]

Year	Gross national product in billions	National health expenditures		
		Amount in billions	Percent of gross national product	Amount per capita
1929	$ 103.1	$ 3.6	3.5	$ 29
1935	72.2	2.9	4.0	23
1940	99.7	4.0	4.0	29
1950	284.8	12.7	4.5	80
1955	398.0	17.7	4.4	101
1960	515.3	27.1	5.3	143
1965	705.1	41.6	5.9	204
1966	772.0	45.9	5.9	222
1967	816.4	51.7	6.3	248
1968	892.6	58.5	6.6	278
1969	963.9	65.7	6.8	309
1970	1,015.5	74.4	7.3	346
1971	1,102.7	82.3	7.5	379
1972	1,212.8	92.3	7.6	421
1973	1,359.3	102.5	7.5	464
1974	1,472.8	116.1	7.9	521
1975	1,598.4	132.9	8.3	592
1976	1,782.8	152.2	8.5	672
1977	1,990.5	172.0	8.6	753
1978	2,249.7	193.4	8.6	838
1979	2,508.2	216.6	8.6	930
1980	2,731.9	249.1	9.1	1,059
1981	3,052.6	288.6	9.5	1,215
1982	3,166.0	323.8	10.2	1,349
1983	3,405.7	356.1	10.5	1,469
1984	3,772.2	387.0	10.3	1,581
1985	4,014.9	420.1	10.5	1,700
1986	4,231.6	450.5	10.6	1,806
1987	4,524.3	488.8	10.8	1,941
1988	4,880.6	539.9	11.1	2,124

NOTES: These data include extensive revisions back to 1960 and differ from previous editions of Health, United States. See Appendix I. They reflect Bureau of Economic Analysis, Department of Commerce, revisions to the gross national product as of December 1989 and Social Security Administration revisions to the population as of July 1989.

SOURCE: Office of National Cost Estimates, Office of the Actuary: National health expenditures, 1988. Health Care Financing Review. Vol. 11, No. 4. HCFA Pub. No. 03298. Health Care Financing Administration. Washington. U.S. Government Printing Office, Summer 1990.

U.S. Dept. HHS 1990 per Harris Kuttner

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ATTENTION: Bob Simon / Michele Nix

COMPANY: The White House.

FROM: Lisa Cole / Jeff Linton

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MESSAGE: Background language on Cleveland ~ for possible use in President's address in Cleveland next week.
Press kit of Cleveland information will be Federal Expressed tonight.
Hope it is of use.

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Cleveland Background
Presidential Address
Draft copy - 1/31/92

The rest of the country can learn a lot from Cleveland.

A decade ago, the city was a symbol of the deterioration of the Rust Belt ... the punchline of every bad city joke.

Today, Cleveland is called "the Comeback City." Its remarkable turnaround is making headlines, and capturing the attention of civic leaders across the country.

Its restructured economy is stronger and more resilient -- and has enabled the city to weather recent hard times far better than most areas of the country.

New development is at record levels -- nowhere more evident than here on Public Square, with the huge Society Center and Tower City Center. And new world-class attractions are under way, like the Rock and Roll Hall of Fame and Museum, the Gateway sports complex, and more.

What's behind the turnaround? Much of the credit goes to Cleveland's unique brand of public/private partnerships. Above all, this city is proof of the great things that can happen when public and private sectors pull together for the good of the community.

Businesses, both big and small ... government at all levels ... and civic organizations of all types banded together to come up with solutions and then do what needed to be done.

COSE is one such innovative solution. I'm sure Richard Pogue (Pōg) and Robert Horton, and others here today, could tell you of many others.

Challenges remain for this city, just as they do for the nation. But progress has been made, and will continue to be made, because the determination, cooperation, and mechanisms are all in place for positive change.

THE LAW OFFICES OF
DEBORAH STEELMAN
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Washington, D.C. 20004-1109

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The Cleveland Clinic Foundation
1990 Facts

Overview

The Cleveland Clinic Foundation, a multispecialty academic medical center, is committed to providing patients with excellence in all aspects of their health care. Since its founding in 1921, the Cleveland Clinic has built a tradition of responsiveness and service to adults and children with complex medical problems. A complete range of state-of-the-art diagnostic, medical and surgical services ensures that every patient receives the most appropriate treatment in the most efficient and caring manner.

The integration of clinical and hospital care with research and education in a private, not-for-profit group practice distinguishes the Cleveland Clinic in American medicine. Because of its unique role in delivering specialized care to patients from diverse geographic locations, the Cleveland Clinic was the first medical center in the United States to qualify as a National Referral Center, a standing designated by the U.S. Congress.

Patients

More than two million people from all 50 states and 88 countries have been patients at the Cleveland Clinic. Over 500 physicians provide patient care in 78 specialties and a wide range of subspecialties. It is not necessary for an individual to be referred to the Cleveland Clinic by another physician.

New Physician-Referred Patients	19,044
New Self-Referred Patients	25,700
Total Outpatient Visits	728,372
Total Outpatients	136,052

Geographic Origin:

Northeast Ohio	106,087
Rest of Ohio	7,180
Regional Market (seven states)	13,868
Rest of USA	5,998
Unknown	777
International Outpatient Visits	14,018
International Patients	3,141
Countries Represented	88
Hospital Admissions	30,514
Surgical Patients	24,788
Laboratory Tests	2,571,861

Education

From its inception, the Cleveland Clinic has been devoted to improving the practice of medicine through education. The Division of Education has one of the largest, free-standing medical education programs in the country and has made significant contributions to the dissemination of medical knowledge.

Each year, more than 3,000 practicing physicians participate in Cleveland Clinic-sponsored continuing medical education programs. The Division of Education sponsors accredited residency training programs in 37 specialties leading to board certification, and also supports 27 accredited training programs for nurses and allied health specialists.

Residents-In-Training	523
Alumni	4,920
Medical Clerkships	456

(Medical students rotating through clinical departments for one-to-two months.)

Research

The Cleveland Clinic's Research Institute has spearheaded numerous advances in the diagnosis and treatment of complex medical problems through research. Through the years, the Cleveland Clinic has been a world leader in medical breakthroughs and innovations largely due to the collaboration of physicians and scientists — over one-third of the clinical staff are currently involved in basic research projects. The first phase of a $150 million Health Sciences Center was completed in late 1990. The 67,500 square foot, three-story facility is equipped with state-of-the-art research laboratories for programs in cardiovascular neurobiology and other neurosciences, atherosclerosis, molecular biology and cancer biology.

Research Scientists	101
Research Fellows	83
Technical and Support Personnel	243

Funding Sources

Grants and Contracts	$21 million
Other Revenues	$11 million

Personnel

The men and women of the Cleveland Clinic work together to provide patients with quality, cost-effective and compassionate care.

Professional Staff (Physicians & Scientists)	536
Clinical Fellows	27
Clinical and Research Associates	51
Residents	523
Research Fellows	83
Registered & Professional Nurses	1,781
Allied Health Professionals	916
Administrators, Supervisors & Managers	505
Other Professionals	366
Clerical & Support Staff	4,411
Total	9,197
Total (FTE's)	8,567

Facilities

The Cleveland Clinic's buildings are designed to give patients and visitors a sense of peace and tranquility in a time of need. Elevated, climate-controlled skyways link Cleveland Clinic buildings, and a two-acre, tree-lined green provides a comfortable outdoor setting where patients and visitors can relax between appointments. Free shuttle bus service transports visitors between main buildings on the campus.

Facilities:	
Staffed Beds (includes a 43-bed Children's Hospital)	899
Registered Beds	1,008
Operating Rooms	100
Occupancy Rate	78.38 percent
Average Length of Stay	8.39 days
Total Acres	105
Total Buildings	28
Total Square Footage	5,031,397

Financial

Total Operating Expenses	$627,460,803
Total Operating Payroll	$382,510,629

Major Medical Innovations

The Cleveland Clinic's legacy of excellence is based on achievements including:

- the discovery of coronary arteriography
- the development and refinement of coronary bypass surgery (performed the first saphenous vein bypass surgery in 1967)
- the development and advocacy of less-radical surgical techniques to treat cancer of the breast and digestive system
- the development of the no-touch isolation technique in the treatment of colon cancer
- pioneering work in kidney transplantation and revascularization
- the design and refinement of artificial organs and assist devices including the kidney and the heart-lung machine
- identification of carpal tunnel syndrome and development of the test for its diagnosis and recommendations for its treatment
- discovery and synthesis of the enzyme, angiotensin, and its role in high blood pressure
- major discoveries in high blood pressure and its link to heart disease
- major discoveries about the role of dietary cholesterol in cardiovascular disease
- the development of the first computerized cardiovascular registry
- the development of a brain mapping technique that uses an implanted electrode grid to precisely locate the site of seizures in patients with epilepsy
- the first use of a computer to administer drugs automatically without the intervention of medical personnel

To Make An Appointment

The Cleveland Clinic welcomes anyone who wishes to be treated by one of our physicians. Individuals may call themselves, or they may be referred by a physician.

For an appointment, call:
216/444-CARE
800/CCF-CARE
216/444-0261 (TTY for the hearing impaired)
Or write to us at:
Cleveland Clinic
One Clinic Center
9500 Euclid Avenue
Cleveland, OH 44195

P. 04
P. 04

Area's largest employers

(ranked by number of full-time equivalent employees)

Rank	Company Local address/phone	Number of FTE employees 1/1/91	Number of FTE employees 1/1/90	Percent change	Top local executive
	Major business/services provided				
1.	**United States of America** 1240 E. Ninth St. Cleveland 44199, 522-7088	19,455	19,674	-1.1%	Federal Executive Board
	National government				
2.	**Cuyahoga County** 1219 Ontario St. Cleveland 44113, 443-3187	9,250	9,274	-0.3	Board of Commissioners
	Regional government				
3.	**Cleveland Board of Education** 1380 E. Sixth St. Cleveland 44114, 574-8000	8,573	9,131	-6.1	Frank J. Hurd, superintendent
	Public education				
4.	**Cleveland Clinic Foundation** * 9500 Euclid Ave. Cleveland 44195, 444-2200	8,519	8,585	-0.1	Floyd D. Loop, CEO
	Healthcare institution, tertiary care				
5.	**Centerior Energy Corp.** P.O. Box 94661 Cleveland 44101-4661, 447-3100	8,518	9,062	-6.0	R.A. Miller, chmn., CEO
	Electric utility				
6.	**City of Cleveland** 601 Lakeside Ave. Cleveland 44114, 664-3496	8,312	8,231	1.0	Michael R. White, mayor
	Services to the public				
7.	**State of Ohio** 77 S. High St. Columbus 43266-0601, 614-466-3555	7,599	NA	NA	Sue Reagor, acting representative
	State government				
8.	**LTV Steel Co.** 25 W. Prospect Ave. Cleveland 44115, 622-4635	6,800	8,100	-16.0	J. Peter Kelly, pres.
	Integrated steel producer				
9.	**Ohio Bell Telephone Co.** 45 Erieview Plaza Cleveland 44114, 822-9700	6,561	6,684	-1.7	Edward F. Bell, pres., CEO
	Telecommunications: telephone service, data transmission and other advanced services				
10.	**Riser Foods Inc.** 5300 Richmond Road	6,536	6,500	0.6	Anthony C. Rego, chmn., CEO

JAN-31-92 FRI 18:02
JAN-31-92 FRI 13:10

The Cleveland Clinic Foundation
Media Briefing Book

REFERENCE DATA

PROMINENT CLEVELAND CLINIC PATIENTS

The following individuals have been Cleveland Clinic patients in recent history:

Joao Baptista De Figueiredo, President of Brazil
King Khalid and members of the Royal Family of Saudi Arabia
Ibn Talal Hussein, King of Jordan
King Jigme S. Wangchuk, Bhutan
Nepalese Royal Family
Ahmed Sekou Toure, President of Guinea
— Shaikh Isa bin Sulman Al-Khalifa, Emir of Bahrain
Atef M.N. Sedky, Prime Minister of Egypt
Egyptian Leaders
Indonesian Leaders
— Iraqi Leaders
Turkish Leaders
Shlomo Goren, Chief Rabbi of Israel
General Walter Albuquerque Pires of Brazil
Francis Cardinal Spellman
Carol Channing
Billy Jean King
Jack Nicklaus
— Don King, Fight Promoter
Larry Holmes, Heavyweight Boxing Champion
Mike Tyson, Heavyweight Boxing Champion
Phil Collins
Rod Stewart
Dave Dravecky
Ed Asner
— Senator Lloyd Benson
Douglas Edwards, CBS
— Senator Howard Metzenbaum
Christoph Von Dohnanyi
Albert Savin
Les Paul

MRI - use as diagnostic tool
low end - high end
(tumors to ——
from cartilage in a knee)
problem w/ spinal ~~chord~~ degenerative diseases
Dr. Allen Roberts

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Average Length of Stay	8.39 days
Total Acres	105
Total Buildings	28
Total Square Footage	5,031,397

Financial

Total Operating Expenses	$627,460,803
Total Operating Payroll	$382,510,629

Major Medical Innovations

The Cleveland Clinic's legacy of excellence is based on achievements including:

- the discovery of coronary arteriography
- the development and refinement of coronary bypass surgery (performed the first saphenous vein bypass surgery in 1967)
- the development and advocacy of less-radical surgical techniques to treat cancer of the breast and digestive system
- the development of the no-touch isolation technique in the treatment of colon cancer
- pioneering work in kidney transplantation and revascularization
- the design and refinement of artificial organs and assist devices including the kidney and the heart-lung machine
- identification of carpal tunnel syndrome and development of the test for its diagnosis and recommendations for its treatment
- discovery and synthesis of the enzyme, angiotensin, and its role in high blood pressure
- major discoveries in high blood pressure and its link to heart disease
- major discoveries about the role of dietary cholesterol in cardiovascular disease
- the development of the first computerized cardiovascular registry
- the development of a brain mapping technique that uses an implanted electrode grid to precisely locate the site of seizures in patients with epilepsy
- the first use of a computer to administer drugs automatically without the intervention of medical personnel

To Make An Appointment

The Cleveland Clinic welcomes anyone who wishes to be treated by one of our physicians. Individuals may call themselves, or they may be referred by a physician.

For an appointment, call:
216/444-CARE
800/CCF-CARE
216/444-0261 (TTY for the hearing impaired)
Or write to us at:
Cleveland Clinic
One Clinic Center
9500 Euclid Avenue
Cleveland, OH 44195

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Area's largest employers

(ranked by number of full-time equivalent employees)

Rank	Company Local address/phone	Number of FTE employees 1/1/91	Number of FTE employees 1/1/90	Percent change	Top local executive
	Major business/services provided				
1.	United States of America 1240 E. Ninth St. Cleveland 44199, 522-7088	19,455	19,674	-1.1%	Federal Executive Board
	National government				
2.	Cuyahoga County 1219 Ontario St. Cleveland 44113, 443-3187	9,250	9,274	-0.3	Board of Commissioners
	Regional government				
3.	Cleveland Board of Education 1380 E. Sixth St. Cleveland 44114, 574-8000	8,573	9,131	-6.1	Frank J. Hurd, superintendent
	Public education				
4.	Cleveland Clinic Foundation 9500 Euclid Ave. Cleveland 44195, 444-2200	8,519	8,585	-0.1	Floyd D. Loop, CEO
	Healthcare institution, tertiary care				
5.	Centerior Energy Corp. P.O. Box 94661 Cleveland 44101-4661, 447-3100	8,518	9,062	-6.0	R.A. Miller, chmn., CEO
	Electric utility				
6.	City of Cleveland 601 Lakeside Ave. Cleveland 44114, 664-3496	8,312	8,291	1.0	Michael R. White, mayor
	Services to the public				
7.	State of Ohio 77 S. High St. Columbus 43266-0601, 614-466-3555	7,599	NA	NA	Sue Reagor, acting representative
	State government				
8.	LTV Steel Co. 25 W. Prospect Ave. Cleveland 44115, 622-4635	6,800	8,100	-16.0	J. Peter Kelly, pres.
	Integrated steel producer				
9.	Ohio Bell Telephone Co. 45 Erieview Plaza Cleveland 44114, 822-9700	6,561	6,694	-1.7	Edward F. Ball, pres., CEO
	Telecommunications: telephone service, data transmission and other advanced services				
10.	Riser Foods Inc. 5300 Richmond Road	6,536	6,500	0.6	Anthony C. Rego, chmn., CEO

The Cleveland Clinic Foundation
Media Briefing Book

REFERENCE DATA

PROMINENT CLEVELAND CLINIC PATIENTS

The following individuals have been Cleveland Clinic patients in recent history:

Joao Baptista De Figueiredo, President of Brazil
King Khalid and members of the Royal Family of Saudi Arabia
Ibn Talal Hussein, King of Jordan
King Jigme S. Wangchuk, Bhutan
Nepalese Royal Family
Ahmed Sekou Toure, President of Guinea
Shaikh Isa bin Sulman Al-Khalifa, Emir of Bahrain
Atef M.N. Sedky, Prime Minister of Egypt
Egyptian Leaders
Indonesian Leaders
Iraqi Leaders
Turkish Leaders
Shlomo Goren, Chief Rabbi of Israel
General Walter Albuquerque Pires of Brazil
Francis Cardinal Spellman
Carol Channing
Billy Jean King
Jack Nicklaus
Don King, Fight Promoter
Larry Holmes, Heavyweight Boxing Champion
Mike Tyson, Heavyweight Boxing Champion
Phil Collins
Rod Stewart
Dave Dravecky
Ed Asner
Senator Lloyd Benson
Douglas Edwards, CBS
Senator Howard Metzenbaum
Christoph Von Dohnanyi
Albert Savin
Les Paul

AUTOMATIC COVER SHEET

DATE: JAN-31-92 FRI 18:04

TO:

FAX #: 94566218

FROM:

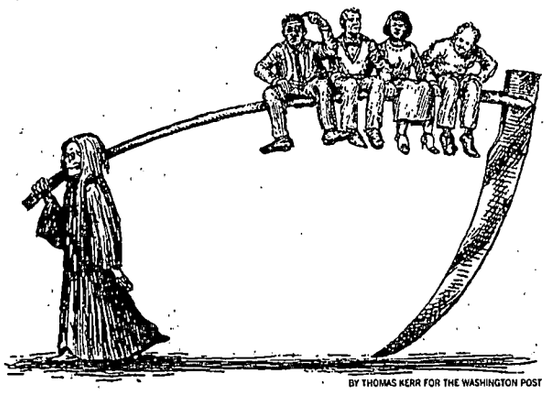
FAX #:

06 PAGES WERE SENT

(INCLUDING THIS COVER PAGE)

THE FEDI

American mortality figures tell who is dying, from what causes and at what rate, but they do not tell why.



BY THOMAS KERR FOR THE WASHINGTON POST

Race: Gray Area of Health Data

Researchers Seek to Explain Disparities in Disease, Death Rates

By Lynne Duke
Washington Post Staff Writer

Harry M. Rosenberg, the nation's chief statistician on death, appeared on a television call-in show earlier this month to talk about the nation's mortality rates. He described the latest figures, those for 1989, which showed that cancer, heart disease and other maladies had once again killed blacks sooner and at higher rates than whites.

One of the viewers, a black man, called in and asked, " 'Why are you always picking on us?' " Rosenberg recalled. "I thought it was a valid question."

The caller's concern highlights what Rosenberg and other medical researchers say is a pitfall in the way American mortality statistics are generated and reported year after year. The numbers tell who is dying, from what causes and at what rate, but they do not tell why.

As a result, Rosenberg and medical researchers say, there is ample room for misinterpretation, especially where race is concerned.

From an explanatory point of view, the statistics oversimplify and "there certainly is a danger" that they can mislead, said Rosenberg, who is director of mortality statistics for the National Center for Health Statistics.

If the data on the lower health status of blacks are not explained, they can leave the public with the impression that "there's something about being black that causes that to be true or something about being white," said Harold Freeman, director of surgery at Harlem Hospital and chairman of President Bush's panel on cancer.

"I think there's a tremendous amount of stigmatizing of racial groups," said Richard Cooper, an epidemiologist at Loyola University's Stritch School of Medicine and editor of the journal Ethnicity and Disease, who noted that theories of black genetic inferiority, although discredited, still linger in people's minds.

This year, in a move that will put federal mortality statistics in synch with what research generally has shown, the National Center for Health Statistics will add educational attainment to the age, sex, region and race variables it already uses to analyze death data. Educational attainment is correlated with high income, job stability and health care. Statisticians believe it represents an accurate portait of socioeconomic status.

When the 1989 mortality rates are re-analyzed later this year, Rosenberg's statisticians will be able to provide an annual picture of the general impact that socioeconomic factors have on the nation's death rates.

"It will be a significant development for the health statistic system of the United States and it will help us move away from explanations and descriptions of differentials by race," Rosenberg said.

"The statistical system is beginning to catch up with clinical studies," which show that in most cases it is not "race" factors but environmental ones that are causes of the diseases that kill, said Rosenberg, who called the addition of the education variable a "breakthrough."

"When I look at the black population and the white population regardless of educational attainment, I get a 60 percent differential" in age-adjusted death rates, he said. "But when I look at black college-educated people and white college-educated people, I will get a differential of zero or a small amount . . . . So then I will be able to say much of what we see overall is due to differences in education level between the two population groups."

Conversely, said Rosenberg, if the differential in black-white death rates from diabetes, for instance, remains the same after education has been taken into account, "then in the classical experimental sense . . . it suggests strongly that there are some biomedical factors at work."

The most recent mortality statistics show the life expectancy of whites to be 76 years, compared to 69.2 years for blacks. Rosenberg attributed much of that difference to the rate of death from homicide and AIDS among young black men. Overall, however, blacks die at greater rates than whites from heart disease (partly because of hypertension) and cancer.

The use of race in statistical analysis of health and other data is fraught with problems, some researchers say. Although there are visible physical differences between people categorized into different racial groups, anthropologists and geneticists have generally concluded that genetic differences do not warrant grouping people into rigid biological categories.

Many researchers view race as a category that describes cultural distinctions more than biological ones.

"In medical research there is a lack of precision about the definition of race, and most of the definitions are really ethnic or cultural rather than racial," said Robert Murray, a pediatrician and geneticist at the Howard University College of Medicine and a fellow with the Hastings Center in New York on medical ethics. "In genetics we try to get away from talking about race in any genetic sense because there's so much overlap between groups when you look at their genetic backgrounds."

While people do share biological similarities that society describes as "racial," those similarities do not necessarily affect health.

"You have to really ask, scientifically, if the designation of race indicates genetic differences that are related to disease," said Freeman. "I think there are some instances when you can say that is true, but they are minimal."

Those instances are primarily single-gene diseases such as Tay-Sachs, found most frequently in people of Eastern European Jewish lineage. Sickle cell anemia also is a single-gene condition. But even in this special genetic category there are caveats. Sickle cell is commonly believed to affect primarily black Americans, but it is also found in people in the Mediterranean, Middle East and South Asia.

The "great debate" over race and health is focused on the chronic diseases that are the leading U.S. causes of death, said Cooper. These include heart disease, cancer, stroke and chronic lung disease. Some researchers attribute purely socioeconomic factors to the cause of death while others argue for a combination of genetics and environment.

The question, said Cooper, is: "Are there genetic differences in the susceptibility to the chronic diseases which are different between populations? In other words, if everybody eats a lot and doesn't exercise, they get fat. But are American Indians, are black Americans more likely to get fat?"

Cooper argues for socioeconomic causes. "All of the common diseases are the results of exposures to risk factors," he said. Many researchers, for instance, point to stress, diet, weight and salt intake as possible factors in creating high blood pressure.

While acknowledging the interaction between environment and genetics, Clarence Grim, director of the Drew/UCLA Hypertension Research Center in Los Angeles, has conducted research that makes the case for a genetic cause of hypertension among blacks.

Some scientists have suggested that "race" is such an imperfect tool in health and medical research that it should be abandoned, except in cases where a genetic linkage is clear.

But while he believes socioeconomic factors are responsible for the incidence in most of the common deadly maladies, Charles Curry, director of cardiovascular disease at Howard University's College of Medicine, said there is probably much more about genetics to be discovered.

"Maybe there are diseases that are more common in one race than the other because of genetic factors that we just don't know about," he said.

Murray cautioned, however, that genetic classifications are of limited value.

"There is enough variation within any group that it leads to difficulties in interpreting the results of some of the research," he said. "If I make a statement, for example, about high blood pressure, that black people tend to have high blood pressure more than white people, people then take that and attribute that to everybody in the groups, rather than appreciate that this is a statistical statement."

Photo Copy Preservation

Fewer High School Seniors Use Drugs, Survey Finds

By Michael Isikoff
Washington Post Staff Writer

The number of high school students who used marijuana, cocaine and other illegal drugs continued to decline last year, with 16 percent of graduating seniors reporting they were regular users of an illicit substance. That is less than half the number of those who did so 10 years ago, according to an annual government-sponsored survey released yesterday.

The declines, reported in the poll of 15,500 high school seniors, were immediately hailed by Bush administration officials as fresh evidence that their anti-drug strategy is working. But a separate survey of 1,400 college students produced mixed results: While drug use overall was down, it showed a slight increase in daily use of marijuana and substantial increases in the number of students experimenting with LSD and engaging in "binge" drinking of alcohol, defined as having had five drinks in a row.

"Our young people are getting the message," President Bush declared at a briefing, announcing the survey results along with his proposed $12.7 billion budget for drug programs, a 6.5 percent increase over current spending. "Millions and millions more of our kids now are listening to good advice and saving themselves from the lives of addiction and misery."

But Democratic critics in Congress quickly attacked the administration for using figures selectively to mask a "stalemate" in the drug war. They pointed out, for example, that the high school survey does not include dropouts and that a more comprehensive "household" survey released last month showed that monthly and weekly use of cocaine had increased substantially over the past year, especially among older Americans.

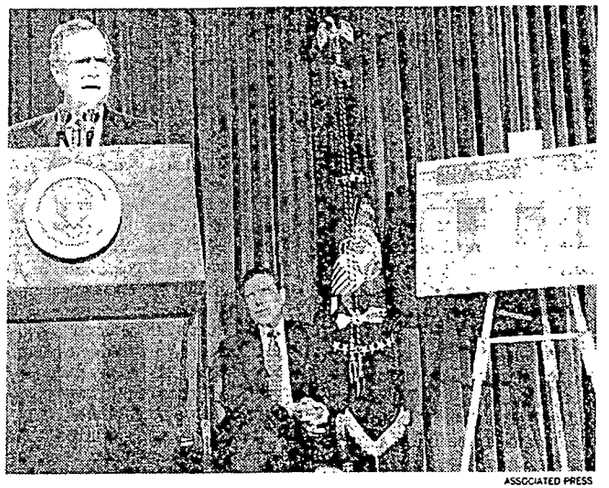
While fewer high school students may be using drugs, "crack, cocaine and heroin use have gone up everywhere else throughout our nation," said Rep. John Conyers, Jr. (D-Mich.), chairman of the House Government Operations Committee. "This is not success. This is not victory."

Administration officials argued that the survey data showed once again that the country was fighting a "two-front war" against drugs, with sharp declines among young people and the middle class and a continued "hardening" of hard-core use among people over 35 and minorities living in inner cities. To attack the second front, they said, the administration's new budget proposes increases in drug treatment and anti-drug education grants to inner-city schools—programs that were not fully funded by Congress last year.

But the budget includes no new anti-drug initiatives and critics said it continues an imbalance that has plagued the administration's strategy from the start: Of the proposed $12.72 billion, 68 percent, or about $8.6 billion, would go for domestic law enforcement and interdiction rather than treatment and prevention.

The declines reported among high school students, in the survey conducted by University of Michigan researchers, for the most part continue a trend reported consistently for more than a decade. For example, the proportion of seniors reporting regular use—at least once a month—of marijuana peaked at 36.5 percent in 1979, dropped to 18 percent in 1988 and last year dropped again to 13.8 percent.

The college survey in the past has shown similar declines, but this year it reported a slight increase—from 1.7 percent to 1.8 percent—in daily use of marijuana. It also showed that 42.8 percent of college students reported having had five drinks in a row sometime in the previous two weeks, up from 41 percent the prior year, and that 9.6 percent reported having tried LSD at least once, up from 9.1 percent the previous year.



ASSOCIATED PRESS

Bush discusses survey results at briefing with anti-drug director Bob Martinez.

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Rewrite of Bush Health Package Stops the Budget Presses

WP 1/28/92

REP. WILLIS D. GRADISON JR. led GOP revolt against plan

By Ann Devroy and Steven Mufson
Washington Post Staff Writers

The White House issued an extraordinary "stop the presses" order yesterday for President Bush's fiscal 1993 budget documents to permit rewriting of the section detailing his health care proposal after congressional Republicans strenuously objected to the plan.

According to White House Chief of Staff Samuel K. Skinner, the objections emerged "in the normal consultative process" with congressional Republicans that was undertaken by Office of Management and Budget Director Richard G. Darman. Skinner defended the rewriting as a proper response to Republican concerns. "We thought if it took a day or two" to rectify the problem, "it was worth" delaying the budget, he said.

The OMB announced yesterday only that the budget briefings, scheduled for Wednesday morning as part of the budget release process, had been delayed because of a "printing problem." Agencies and departments received faxed instructions late yesterday ordering them to postpone their budget briefings because of the "printing problem."

That problem, officials said, stems from

President Bush's State of the Union address will be televised live by the major networks tonight at 9.

Darman's rewriting of the "introductory segment" of the budget to remove most of the details it once contained. Administration officials said last night that thousands of budgets were already printed and that "correction sheets" will be included in those. Most copies will be printed with the rewritten segment, they said. An official said the briefings are now likely to occur Wednesday afternoon after a Bush trip to Capitol Hill to promote his budget.

According to senior officials, Rep. Willis D. Gradison Jr. (R-Ohio), a leader in health care legislation, was at the forefront of a revolt by some House and Senate Republican leaders against the Darman-outlined proposal.

A series of meetings that began last Thursday, and an irate call from Gradison to the president on Saturday, culminated yesterday in a Bush-backed decision by Skinner to tell Darman to "stop the presses." Officials said Health and Human Services Secretary Louis W. Sullivan urged the same move.

The Bush approach, as outlined in recent weeks, was to provide tax credits to help the poor buy insurance and deductions for middle-income purchasers of health policies. It would put a ceiling on what a company could deduct for

See PRESIDENT, A5, Col. 1

Health Proposal in Bush Budget Gets Last-Minute Rewrite

PRESIDENT, From A1

contributions it makes to employee health benefits, tax a portion of benefits received by high-income earners and charge the well-to-do higher Medicare premiums. The president's package also would have sought to revise the rules for small group health insurance plans and to provide more money for health centers and other services for low-income people.

According to officials, many Republicans were concerned about requiring employees to pay taxes on some part of their health benefits over a certain level, and about the Medicare provisions. But officials said the major concern was far broader—that congressional Republicans, some of whom have worked on the issue for years, had been led to believe the details were not complete and the plan would not be announced until mid-February, after significant consultation with them.

"There were a lot of individual problems but the big, big problem was that Dick Darman thought he could make policy in the budget and preempt consultations," said one administration source, "and Sam Skinner just handed him a big eraser and said erase it."

White House officials yesterday described as "minor" changes that might occur because of the delay and Skinner insisted Bush's proposal will be presented in detail in February "as planned." But enough opposition to it has emerged that some officials said more than minor changes may occur.

One official described as pivotal the call to Bush from Gradison, a ranking member of the Ways and Means Committee, on Saturday when he reportedly "raised hell" over some of the plan's strategy and substance, arguing, among other things, that it did not adequately address the problem of access to health care by the poor and uninsured.

Officials said Gradison was particularly irked about "Potemkin briefings" that did not fully outline Bush's proposal and was further unhappy that Darman, not Bush, announced the details. "He warned the president that he and other House Republicans would not stand with Bush on this and it would be a political disaster," one official said. Gradison did not return a reporter's phone calls yesterday.

Ten Republican members of the House and Senate met with OMB, HHS and White House officials yesterday and complained that the administration expected the lawmakers to "follow them off a cliff" and endorse proposals they had not seen in advance—a charge aimed at Darman in particular.

The incident caused a ripple of near glee at many agencies because a large number of officials throughout the government have chafed for three years under what they believed was Darman's propensity to make policy for their agencies and tell them about it later. But Skinner defended Darman and said the two had decided that a delay in the interest of building support in Congress for the eventual program was the "right thing to do."

Staff writer John E. Yang contributed to this report.

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THE CLEVELAND CLINIC FOUNDATION

INTERNATIONAL CENTER

COMPARISON OF INTERNATIONAL PATIENT ACTIVITY

PERIOD 1983 THROUGH 1990

COUNTRY	1983	1984	1985	1986	1987	1988	1989	AUGUST 1990
ANGOLA	0	0	0	0	0	2	0	0
ALGERIA	2	3	5	4	0	1	0	0
ARGENTINA	6	6	18	16	33	33	14	11
AUSTRALIA	7	7	7	8	2	10	4	4
AUSTRIA	2	0	2	0	2	0	0	2
BAHAMAS	0	3	3	0	3	0	8	1
BAHRAIN	1	2	0	2	0	3	1	0
BANGLADESH	0	0	0	0	9	0	0	0
BELGIUM	3	5	3	4	3	3	2	5
BERMUDA	7	8	12	5	6	4	2	15
BHUTAN	2	2	4	0	0	0	0	0
BOLIVIA	6	8	5	9	4	9	6	0
BOTSWANA	1	1	0	0	0	0	0	0
BRAZIL	114	143	161	252	268	237	236	121
BRTSH VIRGIN ISLANDS	0	0	0	0	1	2	1	7
BRUNEI	0	0	1	0	0	0	0	0
BULGARIA	0	0	0	0	0	0	1	0
BURUNDI	0	0	0	2	0	0	0	0
CANADA	83	125	113	105	127	143	152	114
CAYMAN ISLANDS	0	0	0	0	1	1	5	10
CHILE	13	16	13	21	16	15	17	10

COUNTRY	1983	1984	1985	1986	1987	1988	1989	1990
CHINA	0	0	0	0	0	0	0	1
COLOMBIA	23	27	13	27	21	19	4	14
COSTA RICA	5	5	8	6	6	7	12	9
CYPRUS	1	1	2	1	0	0	0	1
CZECHOSLOVAKIA	0	0	0	0	0	1	0	0
DENMARK	1	2	2	0	0	0	1	0
DJIBOUTI	1	4	1	0	1	1	0	3
DOMINICAN REPUBLIC	43	34	110	160	158	131	154	84
ECUADOR	11	15	33	28	80	43	42	21
EGYPT	77	104	70	88	83	75	93	78
EL SALVADOR	0	0	0	0	0	2	0	0
ETHIOPIA	0	0	0	4	1	3	1	0
FINLAND	0	0	0	0	0	0	0	2
FRANCE	13	16	7	16	23	17	14	14
WEST GERMANY	18	16	12	22	24	14	16	18
GREECE	21	47	56	49	82	68	97	74
GRENADA	0	0	0	0	0	0	0	1
GUATEMALA	0	0	0	2	6	1	2	2
HAITI	0	0	0	2	3	1	0	1
HONDURAS	1	1	0	1	1	2	0	0
HONG KONG	5	7	6	8	4	2	6	10
HUNGARY	0	0	1	9	8	0	3	1
ICELAND	10	12	12	7	0	5	2	0
INDIA	17	24	47	66	43	10	39	17
INDONESIA	5	8	5	7	8	2	6	9
IRAN	47	68	52	25	15	29	32	18
IRAQ	32	49	28	30	18	24	32	38

COUNTRY	1983	1984	1985	1986	1987	1988	1989	1990
IRELAND	3	3	2	3	1	1	2	8
ISRAEL	8	8	19	34	18	16	10	12
ITALY	20	31	32	33	23	31	33	29
IVORY COAST	1	3	1	1	0	11	1	0
JAMAICA	6	8	1	5	4	1	3	1
JAPAN	7	6	12	21	29	30	58	95
JORDAN	25	30	33	38	31	25	19	22
KENYA	0	0	1	2	0	0	1	1
KUWAIT	44	77	74	47	85	147	171	159
LEBANON	36	47	24	35	17	32	25	14
LIBERIA	1	0	0	5	0	0	8	1
LIBYA	3	0	0	0	0	0	0	0
LUXEMBOURG	0	0	0	2	2	1	2	1
MALAYSIA	4	4	0	9	3	3	9	11
MEXICO	39	50	41	48	62	59	39	35
MOROCCO	4	4	11	6	12	13	14	5
MONACO	0	0	0	0	1	1	0	0
NEPAL	0	0	0	0	0	4	8	0
NETHERLAND ANTILLES	1	1	1	1	0	1	2	1
NETHERLANDS	0	0	2	8	3	12	5	4
NEW ZEALAND	0	0	1	0	0	2	2	3
NICARAGUA	0	0	0	0	0	1	2	1
NIGERIA	0	2	1	6	4	0	2	2
NORWAY	0	0	1	4	2	0	5	4
OMAN	2	2	14	5	2	0	6	3
PAKISTAN	19	32	18	36	30	20	19	34
PANAMA	4	7	3	7	4	1	5	4

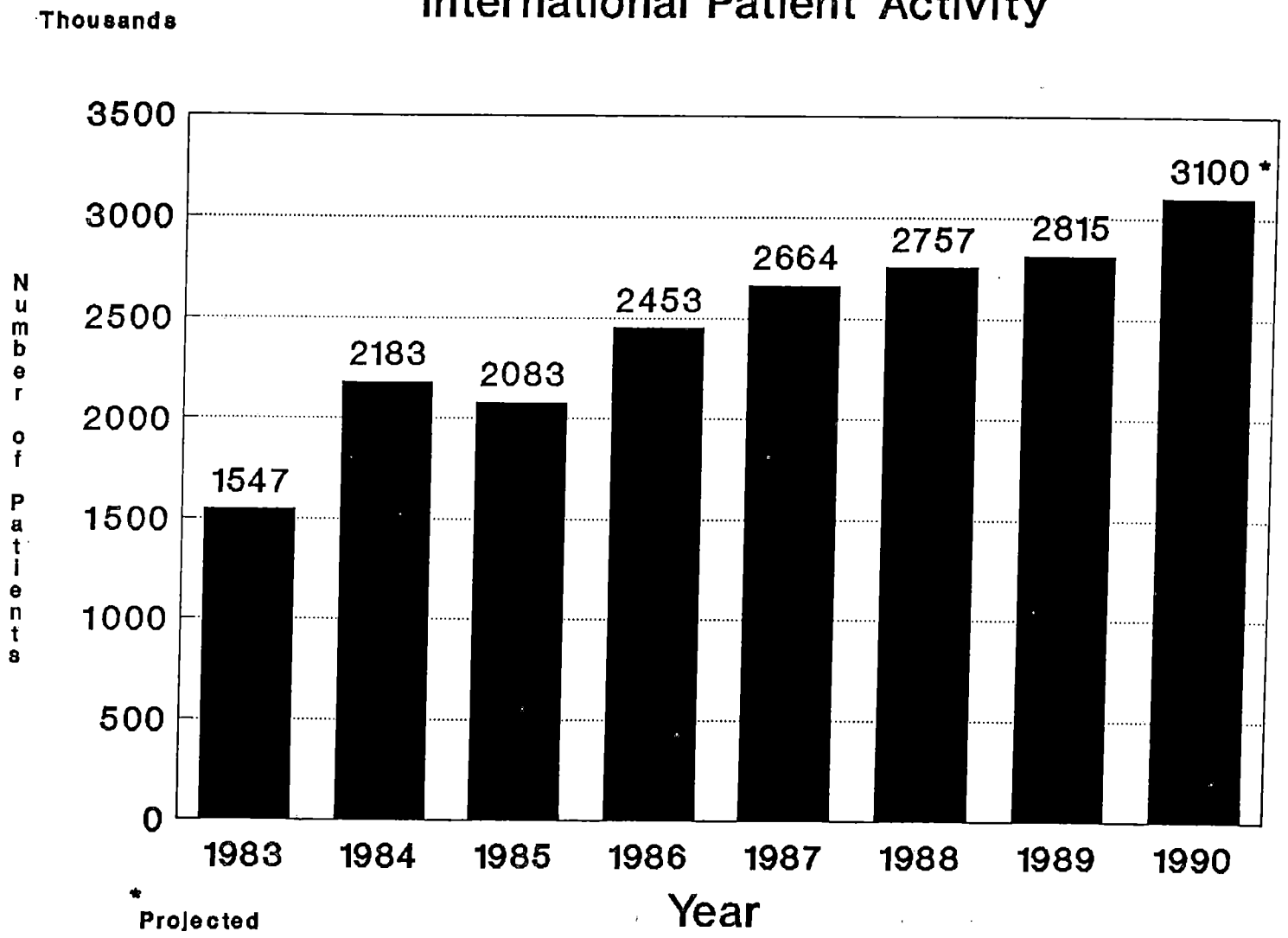
COUNTRY	1983	1984	1985	1986	1987	1988	1989	1990
PARAGUAY	0	0	1	3	1	2	1	5
PEOPLES REPBL OF CHINA	1	1	0	1	0	0	0	0
PERU	9	13	13	10	14	15	11	11
PHILIPPINES	8	8	7	11	6	8	7	10
POLAND	1	1	4	3	0	0	0	2
PORTUGAL	3	5	4	0	3	4	2	3
QATAR	8	10	36	63	44	34	47	35
RUMANIA	0	0	2	0	3	2	1	0
ST. LUCIA	1	2	0	0	0	0	3	1
SAUDI ARABIA	253	423	316	314	314	387	345	276
SENEGAL	1	1	0	0	0	0	2	6
SINGAPORE	0	0	6	16	11	6	11	10
SOMALIA	3	3	0	0	0	0	0	0
SOUTH AFRICA	3	3	6	2	1	2	0	1
SOUTH KOREA	1	1	19	3	3	6	2	4
SPAIN	10	12	10	9	3	17	7	9
SRI LANKA	0	0	0	0	2	1	0	0
SWEDEN	1	1	5	1	2	3	0	1
SWITZERLAND	12	14	7	15	11	18	21	9
SYRIA	29	33	27	11	20	28	13	12
TAIWAN	3	3	2	4	2	0	2	2
TANZANIA	0	0	0	1	1	1	1	0
THAILAND	5	5	6	10	3	7	6	3
TOGO	0	1	0	0	0	0	0	0
TRINIDAD & TOBAGO	0	0	5	5	9	0	3	1
TUNSIA	2	2	0	0	0	0	5	1
TURKEY	179	273	250	340	489	510	533	305

COUNTRY	1983	1984	1985	1986	1987	1988	1989	1990
USSR	0	0	0	0	2	1	0	1
UNITED ARAB EMIRATES	13	15	24	7	11	6	14	14
UNITED KINGDOM	26	30	20	28	27	39	43	32
URUGUAY	0	0	1	1	6	3	1	4
VENEZUELA	28	37	37	21	24	23	15	8
YEMEN ARAB REPUBLIC	31	30	35	22	31	39	67	45
YUGOSLAVIA	3	3	4	6	7	8	9	3
ZAIRE	0	0	1	2	0	1	0	0
PUERTO RICO	100	147	131	202	221	211	187	129
TOTAL	**1547**	**2183**	**2083**	**2453**	**2664**	**2757**	**2815**	**2109**

COMPARED

Cleveland Clinic Foundation

International Patient Activity



The Best Doctors
Not Only
Make People
Better,
They Make
Medicine
Better.

Seventy years ago, four of our doctors did exactly that. They started The Cleveland Clinic.

Their vision: a unique not-for-profit group practice that would bring the best doctors, researchers, and teachers together, "to act as a unit."

The work they did was revolutionary. Among the dozens of famous firsts and innovations: the discovery of coronary arteriography by F Mason Sones Jr., M.D.

The development and refinement of coronary bypass surgery by René Favaloro, M.D.

The implementation of less radical surgical techniques to treat cancer of the breast by George Crile Jr., M.D.

Major discoveries in high blood pressure and its link to heart disease by Irvine Page, M.D.

Two million patients later, what was once a vision is now one of the world's great health care centers.

What was once a staff of 15 has grown to more than 500 staff members collaborating in 100 specialties and subspecialties and to more than 3,000 nurses, residents, therapists, technicians and technologists.

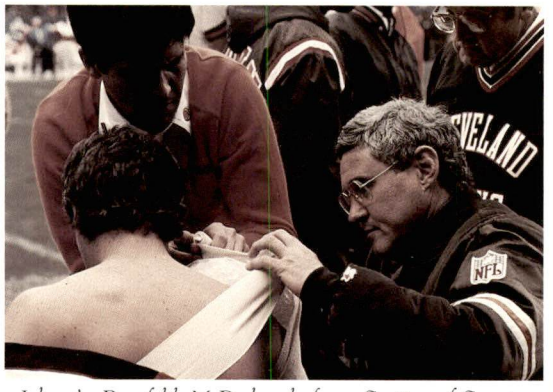
The vision, however, is unchanged..."Better care of the sick, investigation into their problems, and further education of those who serve."

The level of achievement, too, is unchanged. On our Seventieth Anniversary, we are proud to recognize seven of our doctors who have been appointed or elected to top offices of national importance this year. There they will help to shape health care policies and improvements for hospitals across the country.

This team leadership is representative of our entire organization. The illnesses we treat can be complex or common. But our goal is constant: to bring the skills and experience of our doctors, scientists and educators together to make each patient better.

Also, to make medicine better.

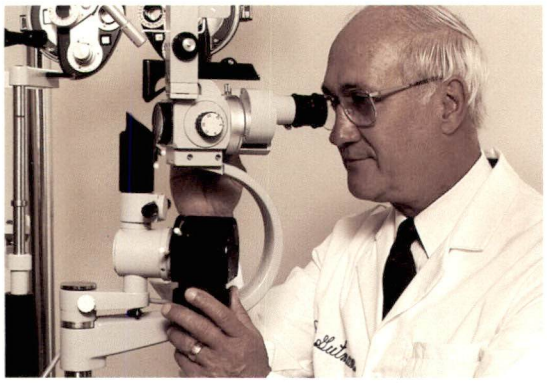
THE CLEVELAND CLINIC



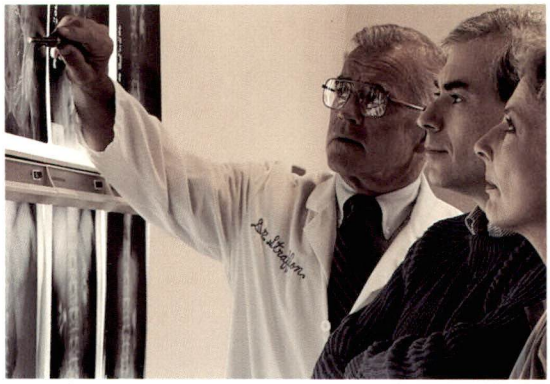
John A. Bergfeld, M.D., head of our Section of Sports Medicine and team physician for the Cleveland Browns and Cavaliers, will become president of the American Orthopaedic Society for Sports Medicine in 1993.

Wilma F. Bergfeld, M.D., head of our Dermatology Department's Section of Clinical Research, will become chairman of the American Academy of Dermatology in 1992.

Gita P. Gidwani, M.D. Gynecologist, has been elected president of the North American Society of Pediatric and Adolescent Gynecology and will serve through April, 1992.



Froncie A. Gutman, M.D., chairman of the Department of Ophthalmology, will become president of the American Academy of Ophthalmology in 1992.



Ralph A. Straffon, M.D., Urologist and the Clinic's chief of staff, will become president of the American College of Surgeons in October.

Bernadine P. Healy, M.D., Cardiologist and former chairman of our Research Institute, has been appointed by President Bush to head the National Institutes of Health in Bethesda, MD.

James D. Maloney, M.D., Cardiologist and head of our Cardiac Electrophysiology Laboratory, has been installed as president of the North American Society of Pacing and Electrophysiology.

Good Housekeeping's "Best"

Based on a nationwide survey of physicians, *Good Housekeeping* magazine named these Clinic doctors among the most outstanding specialists in America:

Delos M. Cosgrove, M.D.,
Cardiac Surgeon

Victor W. Fazio, M.D.,
Colorectal Surgeon

Robert E. Hermann, M.D.,
General Surgeon

David G. Jagelman, M.D.,
Colorectal Surgeon

Floyd D. Loop, M.D.,
Cardiac Surgeon

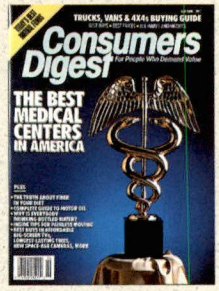
Andrew C. Novick, M.D.
Urologist

Michael V. Sivak, Jr., M.D.
Gastroenterologist

A Great Clinic Isn't Built By Bringing Stone And Steel Together. It's Built By Bringing Great People Together.

Both in 1990 and in 1991, the Cleveland Clinic was recognized by U.S. News and World Report as one of America's Best Hospitals, one of 11 nationwide that represent "the cream of America's medical institutions." In a survey of physicians nationwide, the departments of Cardiology, Gastroenterology, Gynecology, Neurology, and Urology were named as the best in their specialties.

In June, Consumers Digest asked professors of medicine, scientific researchers, and hospital administrators where they would seek treatment. The Cleveland Clinic was one of the 25 institutions named most often for expertise in specialty medicine.



We are proud that we have been recognized by other doctors. But our real dedication is the same as it was seventy years ago: to be important to every patient.

THE CLEVELAND CLINIC

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To JEANNE

Date Jan 30 92 Time 11:10a

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M Carrie Hilliard

of Debbie Steelman's Office

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Operator

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Date 31 Jan Time 11:50

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of Boren's office

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largest
single site
private sector
employer

3 @ Cleveland
Clinic

600,000 outpatient

5% international
middle east

Hanns Kuttner comm 1/30/92

The incidence of people staying in low-paying jobs, passing up new job opportunities because of concerns over loss of coverage or higher costs.... NO LEGIT #s Wash Post Sunday → Paul Taylor Health Care

front section outside

Number of Americans now uninsured -- what is it; do we want to mention it? ↓ 34.7 million - 1990

NO 91 figures census ask people in March last yr. did you have ins?

don't push big but should not push @

Stats from Canadian system -- average wait for xx procedure, number of MRI machines, for instance, in greater Cleveland versus Toronto or Montreal (all of Ontario or Quebec...) Even one or two facts would be enough.... writing a white paper – attach attachments

FYI, Hanns K. is at x6563

Carrie Hillyard in Deborah Steelmans' Off is at 637-5890

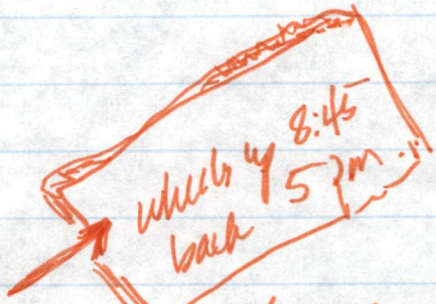
John Polk 216-621-3300

Cleveland Clinic largest employer in town? Drink have Mayo Canadians who come over for care

- Cleveland, Ohio – Health Event

- Reg. Hazlitt
- Mike Hesse
- Kris Godwin
- Kathy Seavons
- ✓ Hans Kuttner

- pre-advance M Friday 31st; Kathy Seavons is going up

- 

– Chris Molineaux – 345-7578 – action officers at this pt. speak luncheon Greater cleveland Growth Assoc. (chamber) 1,500 audience – typical chamber corp.

a group is involved COSE (cozy) council of smaller enterprises (met w/ Prest Dec. @ WH – 10,000 small biz – leading who subscribe to managed care/health program – provide health coverage to employees → subscribers to umbrella pot like an HMO

type this up for Dan – quick hit

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15TH STORY of Level 1 printed in FULL format.

PR Newswire

March 26, 1980, Wednesday

DISTRIBUTION: To National Desk; Copy To Financial

LENGTH: 570 words

HEADLINE: Hold Regulators To Goals, Cost Limits, Banker Urges

DATELINE: RALEIGH, N.C., March 26

KEYWORD: Bank of America Speech

BODY:

Government regulation and interference in the marketplace is a major cause of U.S. inflation and ought to be held accountable.

This was the assessment of Bank of America President A.W. Clausen in an address on regulatory reform before the North Carolina Citizens Association here today.

The "staggering" $100 billion direct cost of complying with government regulations in 1980 "will exceed what business invests in factories, offices and other productive facilities," Clausen said.

"Instead of moving ahead, our economy is spinning its wheels in regulatory mud," Clausen declared. He charged that many regulations "no longer serve useful purposes or were poorly conceived and ineptly administered from the beginning."

Clausen was critical of the "heavy hand" of government as a cause of today's 20 percent inflation.

"The situation is more than serious," he declared. "It's dire. It will continue to resist all of the Milque-toast, politically-based attempts to find easy solutions.

"While the administration has taken some more noteworthy steps recently, government leaders are still telling us to take two aspirins, drink plenty of fluids, and call them after the election.

"While lip service is paid to the health of the economy, everywhere, government and its various regulatory arms are interfering with the mechanisms of the marketplace which offer, by far, the most efficient means of correcting the imbalances of our economy."

The public, Clausen said, needs to examine what regulation really costs and to introduce accountability standards into the regulatory process. "The people," he pointed out, "Pick up the tab -- a dime, a quarter, or a dollar at a time -- at the supermarket, the department store, the gas pump, and the bank."

Noting the lack of clear, financially measurable objectives of regulators, Clausen said the solution of this problem is regulatory accountability.

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"People need measures by which to judge whether regulations are accomplishing their objectives at costs that are commensurate with the benefits. The prices have to be added to the menu, and we need to see them before we order."

The "proliferation" of rules and specifications in the last 10 years suggests that people want a zero-risk society. "The concept of a risk-free society is illusory," Clausen asserted. The public sector, he said, should be required to provide "truth in regulation."

Legislators and regulators, he continued, should be required to define problems they are trying to correct and state the potential costs of their solutions.

He cited three advantages of such an approach: exact statement of the problem would foster goal-oriented solutions; goal-oriented regulation would generate more cost-effective solutions through private-sector innovations; public awareness of a regulation's projected cost" would make politicians and bureaucrats more sensitive to their effects on the economy and constituents' pocketbooks."

Clausen noted the reference in the U.S. Declaration of Independence to the "tyranny" of King George III: "He has erected a multitude of new offices and sent hither swarms of officers to harass our people, and eat out their substance."

Today, Clausen added, "you can no longer tell the players by their 'red coats' but by their 'red tape.'"

CONTACT -- Raymond V. Toman of Bank of America at 415-622-2775

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3RD STORY of Level 1 printed in FULL format.

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USA TODAY

January 16, 1992, Thursday, FINAL EDITION

SECTION: NEWS; Pg. 6A

LENGTH: 683 words

HEADLINE: Wanted: Rx for health care crisis // Concerned voters pack Democrats' town meetings

BYLINE: Judi Hasson

DATELINE: NEWTOWN, Pa.

KEYWORD: ELECTION ISSUE:TOWN MEETING

BODY:

Sen. Harris Wofford, the Democrat who kicked health care into the political spotlight with his upset campaign victory last year, had a confession to make.

''I'm no Chicken Little who thinks that because of what we did, the world is turning upside down,'' he told 400 people who turned out on a cold Tuesday night here to complain about the health care system.

Across the country Tuesday, thousands showed up at 200 town meetings staged by the Democratic Congressional Campaign Committee to focus on health care.

In Rochester, N.Y., 150 people drove through a snowstorm to Rep. Louise Slaughter's town meeting. In Milwaukee, Rep. Gerald Kleczka played host to 1,000 and so did Rep. George Miller in Pleasant Hill, Calif. More than 600 people came to Rep. Dan Glickman's town meeting in Witchita, Kan.

''It was record high turnouts for most members of Congress and it very clearly shows the interest of the voters,'' says committee spokeswoman Laurie Nichols.

Wofford may be most on the spot after a campaign in which he said if ''criminals have the right to a lawyer, then I think working Americans should have the right to a doctor.''

But like others, he is struggling to go beyond the slogans and come up with specific answers on what to do and how to pay for it.

He warned the town meeting here not to expect sweeping action by Congress this year. Few seem surprised.

''I don't know whether he'll do something. I don't know if he (Wofford) can do anything, but at least the platform has been brought to the forefront,'' said Dee Austin, 48, of Ivyland, Pa., an unemployed secretary, who voted for Wofford over former attorney general Dick Thornburgh.

''This issue is no longer about senior citizens,'' said James McNelis, 48, of Warminster, Pa., an unemployed trucker who has had trouble getting health

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insurance. He voted for Wofford hoping for a health care system that's available to everyone.

Wofford said he's leaning toward the Democrats' ''play or pay'' proposal - requiring employers to provide health insurance or pay an extra tax - about 7% for the uninsured.

But, ''We should look at the models (of other countries) and then design an American model, and it's going to take some time to hammer it out.''

Even here in Bucks County, an affluent Philadelphia suburb, in a congressional district that voted 60% for Bush in 1988, people fear losing health insurance. And they are frustrated by the government's inability to do much about skyrocketing health care costs.

At least 150 people were turned away because there was no more room at the Bucks County Community College auditorium, prompting Rep. Peter Kostmayer, D-Pa., the event's sponsor, to schedule another session tonight.

Not surprisingly, there was no consensus.

After listening to three experts - representing consumers, doctors and hospitals - for nearly three hours, some left confused.

Many complained they don't want the government more involved in health care. Others asked: Who is going to pay? Hecklers yelled ''We don't need any more Band-Aids.''

''There's no free lunch here, folks,'' warned Peter Bouxsein, executive vice president of the American College of Physicians, one of the panelists. ''We are just not going to cover everyone and spend less.''

''There isn't a free lunch we're proposing - something more like a fairly priced dinner,'' added Jeffrey Blum of Pennsylvania Citizen Action who supports government-run national health insurance for everyone.

Critics complained the town meetings failed to disclose all options - including Republican proposals for tax credits and helping small businesses afford health insurance plans.

''We believe the public is ill-served when either party takes advantage of a highly charged issue to score political points,'' said Robert De Coursey, president of the Association of Health Insurance Agents.

But Wofford said: ''It isn't as if the country has a blinding light about what should be done. I think it's pretty clear with this turnout, people have a wakeup call. They think something needs to be done and they are disagreeing about it.''

GRAPHIC: GRAPHIC; b/w, Marcy E. Mullins, USA TODAY (Map, Pa.); PHOTOS; b/w, Chris Gardner, AP (2)

CUTLINE: SEEKING SOLUTIONS: James McNelis, with wife Frances, listens to health care proposals at the Newton, Pa., forum. 'The issue is no longer about senior citizens,' McNelis says. CUTLINE: LISTENING TO VOTERS: Sen. Harris Wofford,

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D-Pa., listens to comments and complaints from some of the 400 people who attended his session on health care Tuesday night.

SUBJECT: DEMOCRATIC PARTY; PRESIDENTIAL ELECTION; HEALTH CARE

NOTES: CAMPAIGN '92

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10TH STORY of Level 1 printed in FULL format.

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Newsday

November 17, 1988, Thursday, ALL EDITIONS

SECTION: PART II; Pg. 6

LENGTH: 802 words

HEADLINE: IN PERSON

BYLINE: JOHN LEONARD

KEYWORD: COLUMN

BODY:

THESE WERE our options on election night: (1) We could stay home, knowing the news would taste like aspirin. (2) We could go by subway, bus, cab, tank or camel to the Ritz in Alphabet City, where Dr. Hunter S. Thompson was scheduled to fulminate. (3) We could walk 11 blocks uptown to Elaine's, where Robert Altman was throwing a private party for the cast and crew of "Tanner '88," the pay-cable TV series in which Michael Murphy had run a better campaign for the presidency than Michael Dukakis. Or (4) we could emigrate to Madagascar.

I am equally afraid of Hunter Thompson and Elaine. I haven't been to Elaine's in 20 years. Twenty years ago, she wouldn't let me in because I didn't have fame enough, and she was right. A decade ago, I reviewed "The Great Sharkhunt," a 600-page anthology of Thompson's gonzo journalism, and from Aspen, Colo., he wrote to say he wouldn't shoot me, although he'd thought about it.

Even so, I identify with Thompson. You may remember that he was a straight reporter for Dow-Jones before he rode with the Hell's Angels; before he invented gonzo in the pages of Rolling Stone or was caricatured in G.B. Trudeau's "Doonesbury" comic strip; before he discovered Fear and Loathing on the campaign trail, in Las Vegas, at the Super Bowl, and inside his own head, where Nixon turned into a werewolf. In "The Great Sharkhunt," he reported as well on so much damage to his own body, so many uppers, downers and moonshots, so many bottles of bourbon, cases of Coors, guns and auto-wrecks, that the surprise a decade ago was that he wasn't dead. He ought at least to have glowed in= the dark, like Chernobyl.

Amazingly, he surfaced again this June with "Generation of Swine," a collection of columns from Hearst's San Francisco Examiner. He seems to have written most of them in the Rocky Mountains, consulting his satellite dish for every whisper in the global village, although we meet him sometimes in the desert, among mobsters; or on the telephone with Pat Buchanan, with whom he has a hallucinatory relationship; or lost inside the many mystifications of the mind of Gary Hart. Ed Meese, especially, obsesses him, and Bush, and Marcos, as well as hurricanes. We aren't talking about a sober-sided pundit on the order of Anthony Lewis, nor a gaudy parrot of great quotations like George Will. It's as if on his mountaintop Thompson is picking up, by transistors in his teeth, all those radio signals from red dwarfs and black holes; as if he amplifies and modulates all the madness and paranoia of the dying culture.

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(c) 1988 Newsday, November 17, 1988

I think he's going crazy so I won't have to. This is a dangerous favor. It means I owe him. So we went on election night to Elaine's instead, where nobody will ever do me any favors. I'm too old for the East Village, anyway. I've been losing ever since the Spanish Civil War, and it wears a body out.

At Elaine's, we were looked down on by three different television sets and the proprietor. The networks had already conceded the election. We talked to an expansive Altman, who is going to work with Carol Burnett; and to candidate Murphy, about candidate Bush; and to Pamela Reed, Murphy's campaign manager on "Tanner," about Dukakis and sound bites. All this was weird enough because, after all, these people were actors: Garry Trudeau had written their lines. (To Trudeau, we chose not to talk about Hunter Thompson.) And then it happened: Fear and Loathing at Elaines.

I should explain that a recent gig of mine is to show up on Sunday mornings in front of a CBS camera, tethered like a goat to the Teleprompter, where I eat my words. On the first of these Sundays, the words I ate had been all about "Tanner," which is why I'd been invited to Elaine's. Altman had a copy of this tape. Suddenly, instead of Rather, Brokaw or Jennings, there I was, on all three TV sets, looking a lot like one of those Mikea Pygmies from Madagascar whose feet are pointed backwards so they can't be tracked by their many enemies. I bolted Elaine's, into the cities of the night.

Later friends would call to say that Thompson had shown up two hours late at the Ritz, waving a rifle and wearing a rubber Richard Nixon mask, to embarrass himself. Just like Norman Mailer at his 50th birthday party. It occurs to me, in hiding, that America hates the 1960s, and one of the reasons for the hatred is that so many of us who came of political age in that decade are tiresome performers. Like Madagascar, we've detached ourselves from the Mother Continent, and grown our own flora and fauna. Like the bottle-trunked crassulescent baobab, or the bygone elephant bird, or the dog-faced, monkey-bodied, panda-coated indrilemur, ours is an exotic act. On the cusp of extinction, we've been showing off instead of hunkering down. In the American bush, wild borks are waiting for us.

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January 29, 1992 (draft)

There is a health crisis in America. Tens of millions of our citizens have no health insurance at all and, with health care costs out of control, health insurance is becoming unaffordable for millions more. Those who have health insurance are fearful, and with good reason, that if they lose their jobs, they will lose this vital protection for themselves and their families. And paychecks are being eaten away as employers struggle to maintain health insurance for their employees.

Businessmen tell me that health care costs are their largest uncontrollable expense, undermining their ability to compete in international markets. We must act. Now. The sooner the better.

Today I am sending to the Congress a plan to restructure our entire system of health care -- changing the ground rules for fully one-seventh of our entire economy. My plan will assure every American the ability to pay for basic health insurance, and will require health insurance companies to offer policies people can afford. And my plan will pay for this by controlling the runaway costs of present government health programs, not increasing taxes.

My plan will preserve those parts of the present system which are working well, while fixing those parts which are not.

My plan will move us in the right direction: towards consumer choice, not government compulsion; towards timely treatment, not waiting lists for needed care; towards ever-improving quality of health care, not towards limits on the use of effective new technologies.

This year the nation will make a decision on the direction in which we should move in dealing with the health care crisis. And once

the options are clear, I have no doubt that the public mandate will be to reject a highly centralized, government-controlled plan.

The Democrats are badly divided on what to do about the health care crisis. Some are proposing a plan, introduced by Congressman Marty Russo in the House, which is similar to the present Canadian system. It would assure long delays in obtaining needed surgery, and shortages of the equipment responsible for so many of the miracles of modern medicine. And the Russo/Canadian plan would increase the tax burden of the average American family by over $4000 a year. You will not be surprised that I reject that plan. And as they learn more about it, so will the American people.

Another Democratic plan we hear a lot about these days is the Mitchell-Foley-Gephardt plan, sometimes called "play-or-pay". Let me tell you why I feel so strongly that this, too, is wrong for America.

This plan would cost jobs, hundreds of thousands of jobs, mainly of lower-paid, full-time workers. The last thing we need now as we seek to turn this economy around is a plan to throw people out of work. I reject that approach and, if necessary, will veto it, to prevent it from becoming law. And you can count on that.

The Mitchell-Foley-Gephardt Democrat plan would permit, and even encourage, employers who provide health insurance today to stop doing so and transfer their employees to their state's Medicaid programs [alternative language: transfer their employees to what today is called Medicaid]. This is the last thing workers tell me they want. They want to keep their employer's coverage if they have it, and they want help in paying for coverage if they do not. My plan will make it possible for them [those working Americans] to stay off Medicaid, not

force workers onto it, as the Mitchel-Foley-Gephardt Democrats would.

And my plan -- estimated to cost $100 billion over the next five years, will be paid for by slowing down the rate of growth in federal health spending, while fully protecting the beneficiaries of present programs -- not by the Democrats' approach of raising increasing taxes.

No choice was ever clearer. Nor the need for action more urgent. Let's get on with the job we know needs to be done.

---

file: "Prezhlth"(1.3)

THE GROWTH ASSOCIATION
CLEVELAND

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FIRM: _____

CITY: _____

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NAME: Vicki Gaders

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200 TOWER CITY CENTER
50 PUBLIC SQUARE
CLEVELAND, OH 44113-2291
FAX: 621-6013
PHONE: 621-3300 Ext. 236

(216)

TOTAL NUMBER OF PAGES INCLUDING THIS COVER SHEET: 2

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I would like to recognize Bob Horton's efforts and initiatives at encouraging Cleveland's business, civic, and community leaders to work in partnership to get ready for the challenges of the 21st century.

During your tenure here in Cleveland, you took an active role in improving the health of public education and inner city neighborhoods. Through your leadership, BP was always ready to take its place at the table to define and resolve these critical community issues that face every large city in America. I am glad to see James Ross (current Chairman and CEO of BP America) has carried the baton so ably onward.

Bob, you were always willing to make tough decisions, constantly insisting on an open dialogue on critical issues -- always ready to roll up your sleeves and get the job done no matter how tough it was -- showing that you were a true citizen of Cleveland.

#

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The Heritage Foundation Backgrounder

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This is what info is taken from by Edmund F. Haislmaier Policy Analyst

January 31, 1991

PERCEPTION VS. REALITY: TAKING A SECOND LOOK AT CANADIAN HEALTH CARE

INTRODUCTION

In the continuing debate over how to reform America's ailing health care system, one solution often proposed – especially in the press – is for the United States simply to adopt a government-run system similar to that of Canada. Proponents of this view contend that the Canadian system provides access to health care for all its citizens at a lower cost than in the U.S. and with the same or better quality. Furthermore, they claim, a U.S. version of Canada's system could retain the freedom of choice currently enjoyed and valued by Americans, while hospitals and physicians would be free to practice medicine with less interference or oversight from government regulators than many providers face today. The reason this is possible, proponents of the Canadian system maintain, is that while government controls the overall financing of the health care in Canada, it does not directly control the health care delivery system.

Inaccurate Assertions. Presented in this way, it is perhaps no surprise that the Canadian system looks very attractive to many U.S. policy makers and individual Americans. Indeed, it registers considerable support in U.S. public opinion polls, far exceeding support for the existing system.[1] Recent research, however, reveals

1 Robert J. Blendon, "Three Systems: A Comparative Survey," *Health Management Quarterly*, First Quarter 1989, pp. 2-10. The article reports the widely cited results of a survey of citizens of Britain, Canada, and the United States that asked respondents to rate their satisfaction with various aspects of their own health care system and their preference for the systems of the other two countries. The Canadian system was viewed as most appealing for all three groups.

Note: Nothing written here is to be construed as necessarily reflecting the views of The Heritage Foundation or as an attempt to aid or hinder the passage of any bill before Congress.

style utilization review and control methods. Each of these trends will curb drastically the vaunted clinical freedom of Canadian doctors.

Canadian doctors and hospitals see their clinical freedom restricted in other ways, particularly because of global budgeting for hospitals and because of government controls over hospital spending on capital improvements. Many Canadian hospitals were built in the 1950s and 1960s. But since the nationwide health system was put into place in 1971, hospitals have found it increasingly difficult to obtain the funding they need to replace obsolete or worn out equipment or facilities. In essence, Canada's hospitals have been living off their existing capital for twenty years, and more of them are gradually exhibiting the obsolescence and decay found in many British National Health Service hospitals.[15] Furthermore, to prevent physicians from increasing the volume of services they deliver, the provincial governments sharply restrict the availability of medical equipment outside of hospitals, forcing doctors to conduct most procedures in a hospital, where they can be more closely monitored and controlled.[16]

This means that while doctors may have, in theory, freedom of action to undertake procedures, restrictive hospital operating and capital budgets can mean that in practice they have neither the equipment nor the facilities needed for a procedure. Not surprisingly, hospital capital funding has become a serious and contentious issue in Canada.

DOES CANADA PROVIDE GOOD HEALTH CARE?

Advocates for the Canadian system argue that statistics show that it delivers better medicine. To be sure, many commonly-used measures of health status do suggest that Canadians are healthier than Americans. For instance, the estimated average life expectancy for a child born in the U.S. in 1989 is 75.4 years; for a child born in Canada, 77.2 years. The 1989 U.S. and Canadian infant mortality rates were 11 and 7 per 1,000 live births, respectively.

But these common health status indicators are influenced as much – or more – by social factors than they are by health systems. For example, the U.S. has a teenage pregnancy rate almost two-and-a-half times higher than Canada's. The U.S. also has higher levels of adverse maternal behavior during pregnancy such as smoking, drinking, and drug abuse. Given what is known about the relationship of

15 *Ibid.*, p. 28. See also John K. Inglehart, "Canada's Health Care System," *The New England Journal of Medicine*, July 17, 1986, p. 203.

16 As Neuschler observes (p. 18), "The dramatic shift to outpatient diagnostic testing and outpatient surgery that has taken place in the United States has not been replicated yet in Canada. For example, all Canadian computerized tomography (CT) scanners are located in hospitals and, in Ontario, this has been made a legal requirement. Keeping major medical procedures in hospitals, which are under their direct budget authority, allows provinces to better manage total costs by controlling supply." In other words, to control physician practice patterns and patient demand, Canada foregoes the potential cost savings and quality improvements these out-patient technologies could otherwise be expected to generate in a true free market.

these factors to infant mortality, it should not be surprising that the U.S. has higher infant mortality rates. It is very difficult to maintain that the differing infant mortality rates are the product of health care financing systems. Indeed, if government policies are to blame in the U.S., it is more likely the fault of America's welfare system than its health care system.

There is every reason to believe, on the other hand, that Canada's system leads to a deterioration in the quality of care. In particular, global budgeting for hospitals has even led to the denial of care. To stay within budgets hospitals have resorted to closing beds for part of the year or limiting the number of operations they perform. Yet at the same time, while Canada has only a 5.2 percent higher rate of hospital admissions than the U.S., Canadian hospitals, compared with their U.S. counterparts, have:

- 29 percent more beds per 1,000 population;
- a 27 percent higher bed occupancy rate;
- a 52 percent longer average length of stay rate; and
- 63 percent more patient days per 1,000 population.[17]

This raises the obvious question: "What are all these people doing in hospitals?" The answer is that it only seems like many Canadians are receiving care. To some extent, the lack of alternative outpatient care in Canada forces many individuals to enter hospitals for services that would be provided in a doctor's office or clinic in the U.S. But an additional reason is that hospital administrators under a global budget have a strong incentive to keep patients longer rather than serving more patients with shorter hospital stays. The reason is that longer-staying patients tend to use more of the hospital's "hotel" services and fewer of its more expensive medical services. Thus, providing fewer acute treatments and granting longer stays is a good way to stretch a fixed budget.

Administrator's Strategy. If complaints are then raised about waiting lists to enter the hospital, the administrator credibly can claim that he does not have enough funds to meet the demand. The administrator then will either receive more money from the provincial government, or he will have effectively bucked the problem up the chain of command to his political superiors. The administrator wins either way. Indeed, this practice of lengthening patients' stay to avoid breaching budget guidelines instead of treating a greater number of short-stay patients, which would make the hospital a more efficient health care institution, is so common that Canadians have dubbed such long-stay patients "bed blockers."

Ultimately, the effects of restricting providers and funding in Canada are borne by patients in the form of diminished access to treatment. So while Canadians

17 Neuschler, *op. cit.*, pp. 18-19.

TABLE 1
Waiting List Characteristics for Selected Medical Procedures In British Columbia Between November 1989 and February 1990

Treatment	Number of Patients	Range of Number of Weeks Spent Waiting	Average Wait Per Patient (Weeks)
Hand Surgery	340	5 - 24	12.4
Hysterectomy	206	2 - 32	16.3
Cataract Removal	882	4 - 30	18.2
Hernia Repair	68	3 - 52	24.6
Myringotomy/Tonsillectomy/ Adenoidectomy (Children)	522	2 - 40	14.1
Colonoscopy	33	4 - 7.5	6.2
Varicose Veins	21	24 - 52	36.1
Disc Surgery	315	8 - 20	14.1
Coronary Artery Bypass	313	15 - 30	23.7
Other Open Heart Surgery	83	15 - 30	21.4

Source: Steven Globerman with Lorna Hoye, "Waiting Your Turn: Hospital Waiting Lists in Canada" (Vancouver, British Columbia: Fraser Institute *Critical Issues Bulletin*, May 1990.

may have "universal access" to health insurance, they are in practice receiving less and less access to health care.

To date, most of the evidence of declining access and growing waiting lists has been anecdotal. However, the Fraser Institute in Vancouver, Canada, recently published the first comprehensive, scientific survey of waiting lists in the Canadian health system. The study was conducted for the Institute by Steven Globerman, a professor at Simon Fraser University, and was limited to the province of British Columbia. The Institute plans to sponsor similar studies of other provinces.[18]

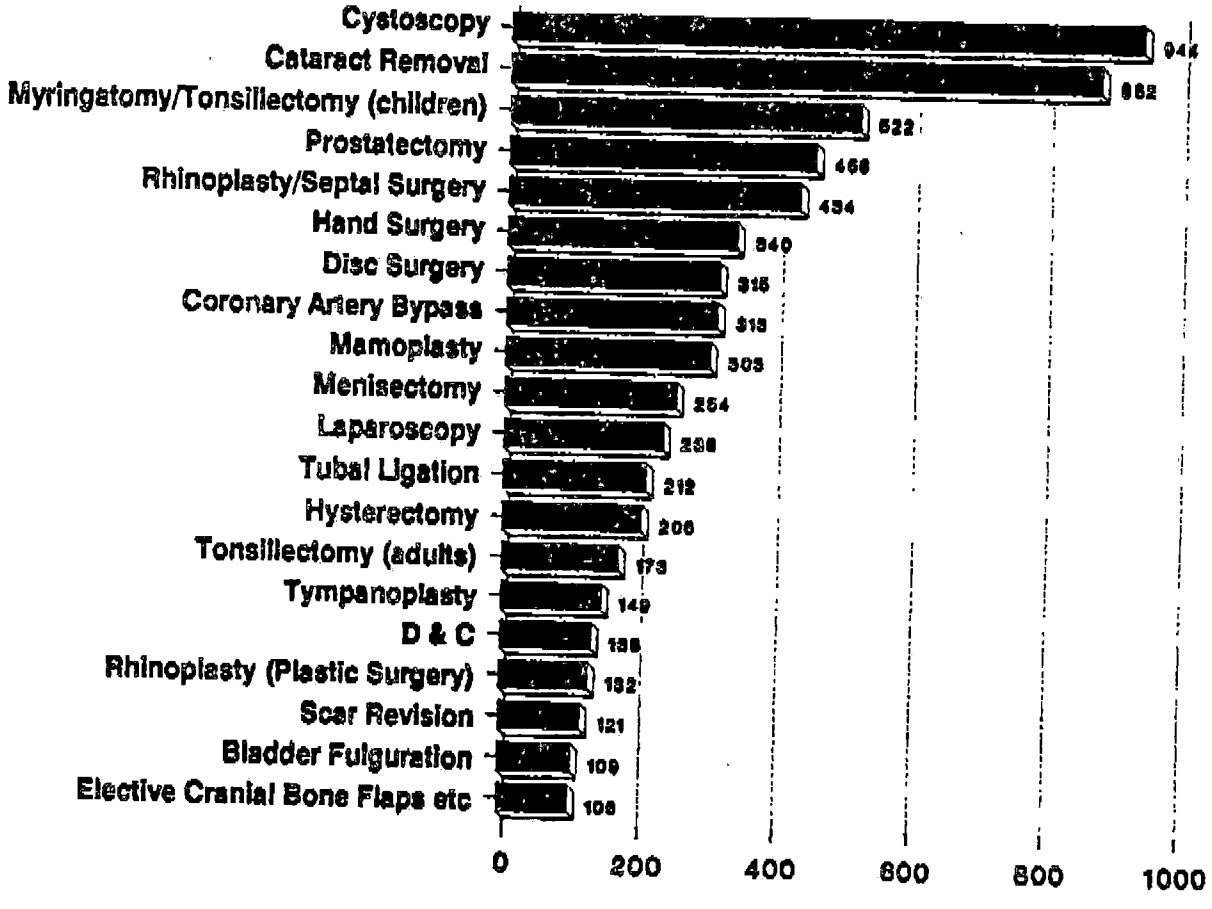
Disturbing Patterns. In general, what Globerman finds is that waiting lists are much longer and more pervasive than was previously thought to be the case. Table 1 shows the study's findings for the number of patients waiting for treat-

18 Steven Globerman with Lorna Hoye, "Waiting Your Turn: Hospital Waiting Lists in Canada" (Vancouver, British Columbia: Fraser Institute, *Critical Issues Bulletin*, May 1990).

ment, the average waiting period, and the shortest and longest waits for just 10 of the 53 procedures on which Globerman collected data. Graphs 6 and 7 show, respectively, the number of patients waiting and the average waiting times for the twenty least available procedures in British Columbia.

The disturbing pattern now emerging in Canada is eerily similar to that found in other nationalized health care systems. As governments confront the unlimited demand unleashed by "free" health care and the resulting cost escalation, they resort to capping total health spending. These caps in turn limit the ability of providers to deliver medical services, resulting in shortages and waiting lists. In the end, while all Canadians may have access to health insurance, more of them are finding it difficult to get access to medical treatments.

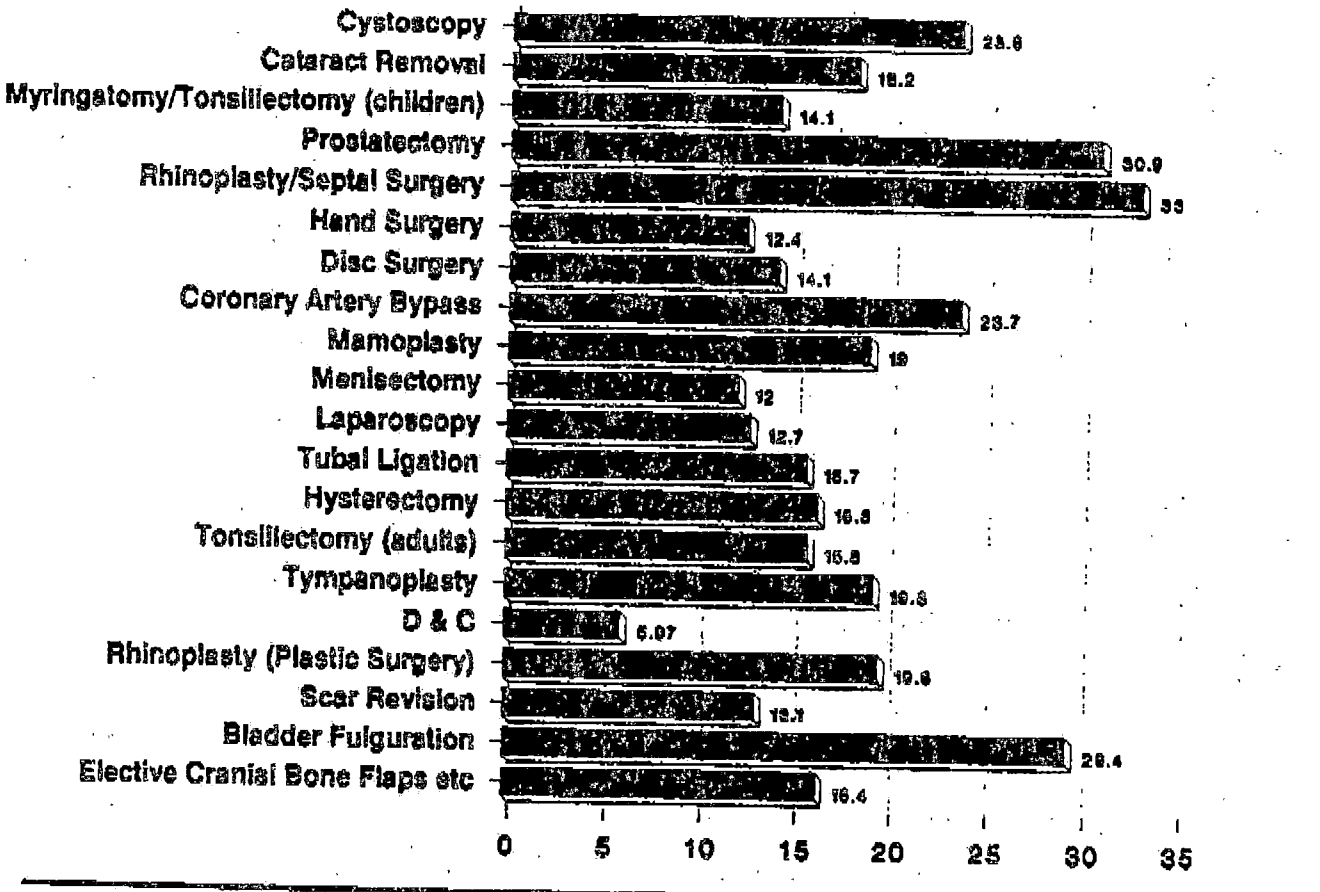
Figure 6
Number of Patients Waiting for the 20 Least Available Treatments in British Columbia



Note: Survey Data on the above chart was collected between November 1989 and February 1990.

Source: Steven Globerman with Lorna Hoye, "Waiting you Turn: Hospital Waiting Lists in Canada" (Vancouver, British Columbia: Fraser Institute Critical Issues Bulletin, May 1990, Figure 1, p. 36.

Figure 7
Average Waiting Time in Weeks for for the 20 Least Available Treatments in British Columbia



Note: Survey Data on the above chart was collected between November 1989 and February 1990.

Source:Steven Globerman with Lorna Hoye, "Waiting you Turn: Hospital Waiting Lists in Canada" (Vancouver, British Columbia: Fraser Institute Critical Issues Bulletin, May 1990, Figure 2, p. 36.

WHAT A CANADIAN-STYLE SYSTEM WOULD COST THE U.S.

If all of these findings are not enough to dissuade U.S. policy makers from instituting a Canadian-type system, the projected costs definitely should be. During the past year, two estimates of the cost of adopting a Canadian type system have been calculated. One is contained in the Neuschler study, and the other is from a study prepared for the Dallas-based National Center for Policy Analysis, by economists Aldona and Gary Robbins.[19]

19 Aldona Robbins and Gary Robbins, "What a Canadian Style Health Care System Would Cost U.S. Employers and Employees," National Center for Policy Analysis, *Policy Report* No. 145, February, 1990.

AUTOMATIC COVER SHEET

DATE: FEB- 3-92 MON 15:08

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Withdrawal/Redaction Sheet
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Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
01a. Note	Hanns Kuttner to David Demarest, re: Health care issues. (1 pp.)	01/29/92	P-5	

Collection:

Record Group: Bush Presidential Records
Office: Speechwriting, White House Office of
Series: Speech File, Backup
Subseries:
WHORM Cat.:
File Location: Greater Cleveland Growth Association 2/6/92 [5]

Open on Expiration of PRA
(Document Follows)
By: [illegible] (NLGB) on 4/5/2005

Date Closed: 11/18/2004	**OA/ID Number:** 07567
FOIA/SYS Case #:	
Re-review Case #: 2004-2265-S	
P-2/P-5 Review Case #:	
MR Case #:	**Appeal Case #:**
MR Disposition:	**Appeal Disposition:**
Disposition Date:	**Disposition Date:**

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THE WHITE HOUSE
WASHINGTON

January 29, 1992

FYI -
Jeanne, pls. add to file -
from DD.
- DM 2/3/92

NOTE TO DAVE DEMAREST

We should be careful about saying we want to preserve choice of doctors -- our health proposal will encourage people to choose options that restrict choice of physicians.

See the attached for details.

Hanns Kuttner

Withdrawal/Redaction Sheet
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Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
01b. Paper	RE: "Criticism of a Nationalized Health System." (1 pp.)	n.d.	P-5	

Collection:

Record Group: Bush Presidential Records
Office: Speechwriting, White House Office of
Series: Speech File, Backup
Subseries:
WHORM Cat.:
File Location: Greater Cleveland Growth Association 2/6/92 [5]

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Criticism of a nationalized health system: that patients would be denied choice in selecting a doctor

The allegation that national health insurance programs deny patients choice of doctors does not hold. In all the industrialized countries which have gone the national health insurance route, patients have their choice of primary care physician.

In the United Kingdom, where the health care system has been most nationalized, patients have the ability to choose a primary care physician.

In fact, while the "one size fits all" approaches pursued by some industrialized countries all feature free choice of physician, the pluralistic system in the United States has produced delivery organizations that do not include freedom to choose one's physician. Health Maintenance Organizations (HMOs), especially those where all physicians are on the salaried staff of the HMO, typically seek to limit choice.

Choice in the United States tends to be at the plan level. The Federal Employees Health Benefits (FEHB) plan is an example of this, where federal employees can voluntarily choose arrangements (HMOs, Preferred Provider Organizations) that restrict freedom of choice of physician.

Advocates of "pay or play" and the Canadian approach want to abandon choices among plans in favor of an approach that still allows choices among physicians.

The Administration plan also includes overriding state laws that impair managed care. Some of these state laws provide than any physician who wants to participate in an HMO or PPO may do so. These laws, while preserving choice of physician, restrain efficiency. Yet in offering to pre-empt these state laws, the Administration is restricting choice of doctors.

More importantly, the whole thrust of the Administration's cost containment approach is to reduce the range of choice of doctor, albeit voluntarily. The Administration plan seeks to encourage coordinated care. Two popular forms of coordinated care, HMOs and Preferred Provider Organizations, are explicitly anti-choice by trying to restrict patients to the most efficient doctors.

Withdrawal/Redaction Sheet
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Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
02. Notes	RE: "Cleveland Sppech: Announcing the President's Health Plan." (1 pp.)	n.d.	P-5	

Collection:

Record Group: Bush Presidential Records
Office: Speechwriting, White House Office of
Series: Speech File, Backup
Subseries:
WHORM Cat.:
File Location: Greater Cleveland Growth Association 2/6/92 [5]

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Date Closed:	11/18/2004	**OA/ID Number:**	07567
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P-2/P-5 Review Case #:			
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Cleveland Speech: Announcing the President's Health Plan

- Convey the message that the President has a plan for comprehensive health care reform.

- There are choices to be made. They are tough choices, and the President has not shied away from making them.

  - First, **what kind of radical reform should we have?**

    Philly Chamber of Commerce Speech (1/30/92): "we can either go the way of greater government mandates, resulting in a system of nationalized care. Or we can reform our private system, preserving the greatest possible patient choice and maintaining the quality of care."

    The President is opting for the latter approach.

  - Second, **how should we pay for greater access?**

    Again two choices: raise taxes or make our health care system more efficient. Again, the Congressional Democrats want the former and we want the latter.

    The President's approach means taking on special interests: trial lawyers (malpractice), doctors, hospitals, and insurance companies.

- Outline the plan

  - Principles: build on strengths of our health care system; preserve and expand choice; assure access to health insurance; strengthen incentives; emphasize prevention; reduce abuse and excess.

  - Features: two new acronyms -- HICs and HINs. HIC = health insurance credit. HIN = Health Insurance Networks.
    (1) New health insurance credit and tax deduction to make insurance more affordable.
    (2) Reforms of the insurance market to make insurance accessible for those who today can not get it and steps to make it more affordable: HINs to reduce administrative costs, and ending excess state mandated benefits to make insurance more affordable.
    (3) Attacking waste and excess: malpractice reform, cutting away at insurance costs.
    (4) Restraining the growth of federal health programs
    (5) Information for consumers so they can make more informed choices in buying health care services.

Withdrawal/Redaction Sheet
(George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
03. Notes	"Possible Structure," re: POTUS health plan. (1 pp.)	n.d.	P-5	

Collection:

Record Group: Bush Presidential Records
Office: Speechwriting, White House Office of
Series: Speech File, Backup
Subseries:
WHORM Cat.:
File Location: Greater Cleveland Growth Association 2/6/92 [5]

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Possible Structure

I. Missions to accomplish

The President set out missions in 1990 state of the union, when he instructed Secretary Sullivan to study the cost, quality, and accessibility of our health care systems.

Facts on each: rate at which costs are growing, quality is first in the world, and there are serious access problems resulting from the growth in costs.

II. Choices to make

The choices:

- National health insurance. Government take over of the system. Everyone has the same government insurance card in their pocket. Government sets the prices. This is rescuing central control from the ash heap of history.

  This is the approach across Lake Erie, in Canada. Proponents give the positive side: everyone has insurance, government pays for it. Let me give you the other side: no choice; lines to wait for services, no effective cost control.

- "Play or pay." Every employer provides insurance ("play") or pays a payroll tax ("pay.") But this is just a back door way to national health insurance, to Medicaid for all. Labor Department analysis showing why.

III. My choice

- I believe in a pro-competitive, market-based approach.

- <u>Strengthen</u> our system, not junk it.

- Enumerate elements of the plan.

The President's Health Plan

The President's plan seeks to improve access to health care, create incentives for reducing the cost of health care, and assure the quality that makes ours the best health care system in the world.

I. Access

A. Tax credit/deduction

A tax credit/deduction will help those who are uninsured or have low levels of employer contribution to their health plans. The deduction will allow individuals to deduct up to $1250 for health insurance, couples to deduct up to $2500, and families of three or more to deduct up to $3750.

The deduction would be for single persons with incomes of up to $50,000, heads of households with incomes of up to $65,000, and $80,000 for families of married persons filing jointly.

At the lower end of the income scale, where there is no tax liability, the plan provides for a tax credit for the purchase of health insurance. The maximum credit would be $1250 for individuals, $2500 for heads of households, and $3750 for families of married persons filing jointly. The credit would be phased in, in the first year phasing down from the maximum credit to a minimum credit between 50 and 100 percent of the tax threshold and when fully phased in, phasing down between 100 and 150 percent of the tax threshold. (100 percent of the threshold in 1993 is $6050 for individuals, $7800 for heads of households, and $10,900 for joint filers with no children.)

The minimum credit would be $125 for single persons, $250 for heads of households, and $375 for families of three or more.

B. Small group market

Significant reforms of market for small groups that purchase health insurance will help groups that today find insurance most expensive or unavailable.

These steps include: requiring insurers doing business in a state to sell insurance to any group that wants to buy it, requiring that all customers be renewed, and limiting the variation between the highest and lowest price.

C. Continuous access

Individuals who experience "job lock," who fear that if they change jobs, they will be without insurance coverage for a time, will be helped through a phase out of pre-existing conditions clauses. Over five years, the number of months that pre-existing conditions clauses apply to those who change jobs would be reduced, one month for every year. Thereafter no workers would be denied benefits because he or she had a pre-existing condition.

D. Prevention and cost-effective care

The President's budget includes numerous increases for federal programs that deliver preventive services, targeted to those most in need.

II. **Cost**

A. Legal Reform

In addition to the incentives for state reform of malpractice laws proposed last May, standards of care adopted by the Secretary of Health and Human Services would be presumed to be the local standard of care, and if a physician showed that he or she complied with the standard, there would be a rebuttable presumption that the standard had been met. Other changes would promote out-of-court resolution of differences and create an antitrust framework consistent with coordinated delivery of health care.

B. Incentives for coordinated care

While coordinated care arrangements such as preferred provider organizations (PPOs) have proliferated in the private market, Medicare beneficiaries only have access to HMOs. The Medicare program would be made more flexible to allow seniors to take advantage of innovations in health care delivery. In addition, states would have new incentives to use coordinated care to contain Medicaid costs.

C. Slowing the growth of Medicare and Medicaid

Slower growth in these programs will create the fiscal "space" that will largely pay for the new tax credit. The President's plan will show how Medicare costs could be constrained in a way that does not harm beneficiaries. Medicaid would move from an open ended entitlement to a system of per capita payments for the acute care

(hospitals, doctor visits) portion of the Medicaid program.

D. Reducing subsidies

Subsidies to upper income individuals would be curtailed. Similarly, for individual Medicare recipients with incomes over $100,000 and couples with incomes over $130,000 per year, the subsidy for Medicare Part B would drop from 75 percent to 25 percent of the monthly premium.

E. Health Insurance Networks

Small groups would be encouraged to band together to purchase health insurance. The encouragement would take the form of ERISA protection for plans that are not self-insured and escape from state mandated benefits.

F. Improved information

Information that would allow consumers to shop among health providers for the lowest price and highest value would be made available.

III. **Quality**

A. Incentives for reforms by states

As part of the malpractice proposal, states would have incentives to improve their oversight of problem physicians and provide remedial training for physicians whose performance is found deficient.

B. Information

As well as providing information about costs of care, additional information will be generated about the performance of hospitals and other providers that will enable consumers to make choices taking quality as well as cost into account.

C. By-product of other reforms

Giving uninsured people access to health insurance and more regular sources of care (own doctor v. emergency room) and incentives for Medicaid programs to favor preventive over remedial care will improve quality.

34.7 million

↑ 13% to 82% → 4.9 min

pop. from uninsured declines significantly

w. @ pt. decision

rural co. median reimbursement

Hans Hattmer

Dr. Weaver 301-443-2900

Pat Norris 443-4814

Dr. Bob Harmond — 301-443-2216

created work universities to program docs in Nev.

$120 mil this yr. budget

19% inc. over current yr.

expand phys physicians

manpower shortage areas

Nevada

13 vacancies in Nevada

low pop. areas in west

American
Medical
Association
Washington, D.C.
(202)
789-7400

53,411 took the test.

Info. can be obtained from [Association of American Medical Colleges. (202) 828-0600

(AMA – Washington)

Chicago (312) 464-4430

* Med School admissions Jack Segal 312 464-5970

x Liability rates

& Costs imposed on Drs. defensive medical costs are passed on to patient

✓ ~~patients forth @ Mardi Gras~~

✓ ~~Hippocratic Oath~~

20 lbs in 4 mo w/ exp. lunch

5 law pts. in my 15 law students and many other pts. students

Dr. Joel Frieschmer

* Cesar's Palace

Gabin jokes

New Eng. Journal of Med.

(C Binay? March when

TWANA @ DOE

don't

SA

FACTS AAMC

MCAT – Am. College Test program

319-337-1305

went 4 pm Los Vegas time

Memo to Mrs.

2705 Omn

Hans

Called Scully said read (2) OMB approves ok

Bootleg fact sheet

White Paper

Soon to call and school

sig said still TBD

3:30 Bookclub

(1) if State council

Employment Services or Soc Security

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04. Memo	The Boss to Jeannie Bunton, re: Las Vegas Speech. (2 pp.)	02/03/92	P-5	

Collection:

Record Group: Bush Presidential Records
Office: Speechwriting, White House Office of
Series: Speech File, Backup
Subseries:
WHORM Cat.:
File Location: Greater Cleveland Growth Association 2/6/92 [5]

Open on Expiration of PRA
(Document Follows)
By SN (NLGB) on 4/5/2005

Date Closed: 11/18/2004	**OA/ID Number:** 07567
FOIA/SYS Case #:	
Re-review Case #: 2004-2265-S	
P-2/P-5 Review Case #:	
MR Case #:	**Appeal Case #:**
MR Disposition:	**Appeal Disposition:**
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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P-1 National Security Classified Information [(a)(1) of the PRA]
P-2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P-3 Release would violate a Federal statute [(a)(3) of the PRA]
P-4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P-5 Release would disclose confidential advise between the President and his advisors, or between such advisors [a)(5) of the PRA]
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(b)(9) Release would disclose geological or geophysical information

THE WHITE HOUSE

WASHINGTON

met w/ leaders of Am. Med. Com
did consult w/ Head of AMA James Todd

FEBRUARY 3, 1992

MEMORANDUM FOR JEANNIE BUNTON

FROM THE BOSS TB

REGARDING LAS VEGAS SPEECH

A few extremely random questions re: health care, etc.

1) Can we argue that we developed our plan in consultation with doctors and health care providers generally? If so, how? We ought to butter up this audience by showing our high regard for future BMW owners.

2) What will this plan do to the cost of entry into the medical field? Nowdays, young doctors sometimes must absorb hundreds of thousands of dollars in debt, just to buy into the practices they join. Will this plan have any effect on that. If so, how?

won't effect it — & help if go off to Nat'l Health service Corps - either $ pay scholarship or pay back loans if go off to a remote area medically underserved in exchange 4 fulfilling -

increase funding for national service corps

3) What will this plan do for the availability of doctors in Podunk places that now have no doctors? Anything?

4) Does this plan put an end to the free rider problem? Will everyone actually pay for health care, rather than having hospitals fob off their indigent care costs on everyone else?

5) Please ask Jay Lefkowitz in the Veep's office to pass on some stuff about malpractice reform, and what changes we hope to make.

6) I'd like to put together some sort of soft moral lecture on the importance of faith in the system. Can we scrap together some quotes on how wonderful the family doc used to be, and note the irony that people seemed more comfortable with lousy care that was personal than they do with great care that's impersonal? We should leave these young docs with some sense of higher purpose, a feeling that our health care plan stems not just from our desire to beat the Democrats to the punch, but out of moral convictions about the proper role of public service -- including medical care. These people have entered one of the noblest of all professions. Let's restore some nobility to their craft.

Amen.

Update

FEBRUARY, 1992 VOL.14, ISSUE 36

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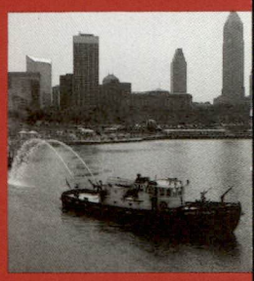
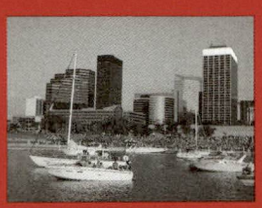
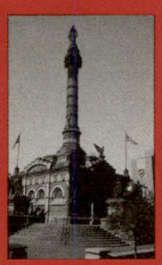


WENTY YEARS OF SERVICE TO THE CLEVELAND SMALL BUSINESS COMMUNITY





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COSE

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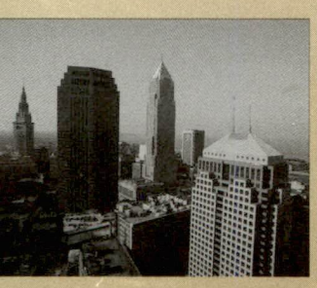

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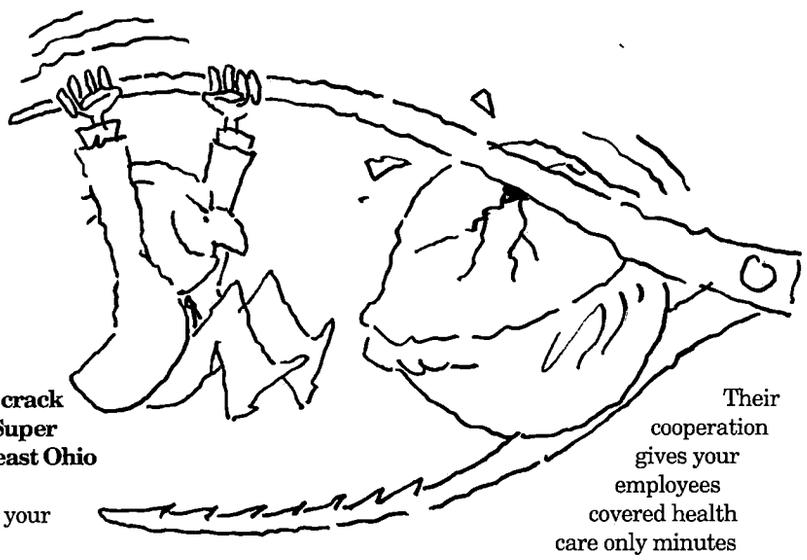
Health nutcracker



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IN THIS ISSUE

Twenty Years Of Service To The Cleveland Small Business Community

COSE — the nation's largest small business organization with over 11,000 member companies — is celebrating its 20th anniversary in 1992. This month's editorial focus commemorates the occasion by providing insight on why COSE is **THE** organization of Cleveland area small business people.

COVER DESIGN
Buck-Gibson Design Consultants Inc.

COSE Update
COUNCIL OF SMALLER ENTERPRISES
A DIVISION OF THE GREATER CLEVELAND GROWTH ASSOCIATION

The *COSE Update* is published monthly for $24 per year by the Council of Smaller Enterprises (COSE), the small business division of the Greater Cleveland Growth Association, 200 Tower City Center, 50 Public Square, Cleveland, Ohio 44113-2291, (216) 621-3300, FAX (216) 621-6013. Second-Class postage pending at Cleveland, Ohio.

COSE is **THE** organization of Cleveland area business people who combine to share talents, experiences and resources to create an environment in which small business, entrepreneurship and free enterprise flourish. Therefore, our responsibility is to:

LEAD — To formulate and promote new concepts and ideas, and to monitor emerging trends in the small business marketplace.

ADVOCATE — To concentrate the power of small business as a constituency to affect public policy and opinion.

SERVE — To understand the needs of our members and to respond to those needs by providing superior programs, services and benefits.

John J. Polk .....Executive Director
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Fran Feiner .....Advertising Manager
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POSTMASTER
Please send address changes to COSE, attention Edna Kleinhenz.

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FEATURES

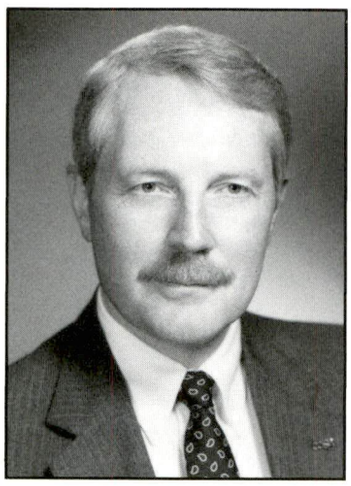
- **Our Continuing Mission: Leadership, Advocacy And Service** 7
- **Vision For The 90s: COSE's Mission Statement**
- **What's A "COSE"?** 8-11
- **The History Of COSE (The Short Version)** 13-14
- **COSE So Far: The First 20 Years** 15
- **A User's Guide To COSE Voluntarism** 18
- **Your COSE Connection** 19

DEPARTMENTS

- **Straight From The Chairman** 4
  - COSE's Success Is In The "Stars"
- **Breaking News** 5
  - Group-Rated Workers' Compensation Program Slashes Members' Premiums • Networking Expo '92 Set For February 27
  - WBOA Outings • April Focus: Business Planning
- **Programs And Activities** 16-17
  - February • March

- **Health Care** 21
  - President Bush Seeks COSE Counsel On Health Care Policy
- **Profile** 22-23
  - Former COSE Head Laid Foundation For Success
- **Health And Wellness** 25
  - Understanding Hypertension: Combatting High Blood Pressure
  - Become Heart Smart By Reducing Risks
- **Small Business Development Center** 26
  - Employee Vs. Independent Contractor: Which Are You?
- **Government Action** 27
  - Workers' Comp: Fixing The System
- **Growth Association** 28
  - Webb Named CADC Vice President • GCGA Helps Plan Winter Escape
- **Small Business Resources** 29
  - WINOC
- **Membership Information** 30
  - Member Benefits • 15% Ad Discount In *COSE Update*

COSE's Success Is In The "Stars"



Lan Patterson

When I was a kid, I often visited a favorite aunt who lived on a farm. Sometimes on warm summer nights a cousin and I would lie on our backs in the yard and try to figure out which stars made up all those animals and people that we saw depicted so vividly in astrology charts.

On one occasion we got so frustrated, having succeeded in identifying nothing save the Big Dipper and the Milky Way, that we called upon my aunt for help.

That night we learned that the Milky Way is not a celestial cloud, as my cousin and I had opinioned, but that it is in fact an enormous collection of individual stars. We learned that the cloud was expanding at a rapid rate, although I could not discern movement no matter how hard I concentrated.

Then came the real mind blower: Our own sun, we found, was numbered among the members of the Milky Way. I must confess, this last bit had me questioning my aunt's veracity. We could clearly see the Milky Way but not our sun, and we knew the reverse would be true in the morning.

The Big Bang Theory

This experience provides me with a useful framework for talking about COSE's 20th birthday. The big bang for our organization came in 1972, and we haven't stopped expanding since. We aren't some amorphous mass, though. COSE is made up of some 11,000 individual organizations. But we usually talk about COSE as if it had form and substance of its own.

In many ways, the organization even behaves that way. Our power in obtaining excellent rates for health care coverage arises from the fact that we are treated like a single, very large, employer. Politicians and political bodies (not to be confused with heavenly bodies) listen attentively because we look like a single cohesive force.

Of course, the collected individual members of COSE are the only thing that's real. The mass is enormous, growing and we are in it. A dilemma arises from our individual inclinations to look at our association as though it were a thing apart from us.

We complain that COSE is not concerned with our needs, or that it does not understand our needs. Let's strive to communicate and interact more effectively so that this feeling of "me-and-it" starts to fade and we realize better our dependence upon a unified organization and its dependence on us.

I still have trouble finding constellations among all those stars. This suggests to me problems we have in some of our committees. We have a birthday opportunity to make our committees better focus on objectives and thus become more easily seen as the animal they are said to be.

Sharpening The Vision

If you are involved actively in a COSE committee, task force, council, etc., ask yourself if you or others can clearly discern your objective. If the shape is too weak, maybe it's time to move to a sharper constellation. Alternatively, take another look at our "Vision For The 90s" framework (see page 7) and try again to get the focus right.

Certain stars are more visible to the naked eye than others. Leadership in COSE consists of individuals who have taken on a more visible role in the organization. These points of light are as critical to the navigation of COSE over the coming years as the stars used for navigation are to ships at sea.

Those of us who accept this responsibility live by a more demanding set of rules than other members. I think the term "white noise" may, in some way, refer to things emitted by leaders who have mixed agendas or who are themselves unclear as to their goals.

My personal vow to you is to reread our mission statement and "Vision For The 90s" frequently so that I can remain clear as to the charted course and my role in it. I urge all members of our volunteer and staff leadership to take this vow.

Finally, don't be like some stars that are up there but are never visible in our hemisphere. Don't be a stranger. Be a visible part of COSE and get active and involved. Who knows how bright we may be when we celebrate our 40th year.

Happy birthday to us!■

By Lan Patterson

Patterson is a strategic systems consultant with Patterson Associates and owner/co-founder of Pro-Resource, Inc., an interim staffing firm.

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Group-Rated Workers' Compensation Program Slashes Members' Premiums

COSE is pleased to introduce a Group-Rated Workers' Compensation Program which will save participating members between 54% to 87% of current workers' compensation premiums.

Unlike larger companies which typically self-insure their workers' compensation programs, small businesses must participate in the State Insurance Program. Under this program, risk ratings and premiums are based on the anticipated claims experience of each industrial classification, not on the actual claims experience.

Under a program offered by the Ohio Bureau of Workers' Compensation, association groups like COSE can pool claims experience to form a group-rated workers' compensation program to lower risk ratings and premiums.

In September, 1991, surveys were sent to the entire COSE membership requesting information on their individual workers' compensation programs. Nearly 2,000 members responded to this request, sending detailed information to Gates McDonald, the selected service company for the program.

Gates McDonald analyzed this information and estimated the savings a group-rated program could offer.

Since the projected savings of the program are based on the experience of the participating companies, members who are currently being assessed a penalty are not eligible for the program. In addition, state regulations require that each industrial classification participating in a group-rated program have 100 companies and/or $150,000 in annualized premiums.

Of the nearly 2,000 members who responded to the initial information request, 1,556 companies are eligible to enroll in the program. This eligibility ratio of nearly 80% compares to an average 50% ratio for other trade or association groups forming similar programs.

The savings of the COSE program are enormous. The 1,556 eligible companies reported premiums of $15,052,391 for the year. The premiums payable under the group plan are $6,262,443, for a savings of $8,789,948.

Premium modifications by individual industry groups range from 54% savings in the manufacturing group to 87% for office work. Actual premium savings for participating members will be reflected on the Workers' Compensation billing due in January, 1993.

The enrollment fee is very affordable and covers the cost of establishing and administering the COSE group and all services provided by Gates McDonald. The enrollment fee is based on the savings of the program and averages $225.

The state allows trade and industry groups to organize group rating plans once a year. Participation during the initial year of the COSE program was extended to those eligible companies who responded to the membership survey last fall. Information on the program and an enrollment period will be conducted during the fall of 1992 for the plan year beginning January 1, 1993. ■

Networking Expo '92 Set For February 27

On **Thursday, February 27** the *Small Business News* is holding its second business-to-business show of the year at Tangier Restaurant & Cabaret on West Market Street in Akron. "Networking Expo '92" will be held from 4-8 p.m and features 75-100 companies exhibiting their products and services. Complimentary hors d'oeuvres, entertainment and cash bar will be part of the festivities. Admission is free with one business card.

The next two networking events will be held April 1 at the Holiday Inn Independence and April 2 at the LaMalfa Party Center in Mentor.

For more information call 331-6397. ■

COSE *Update*

April Focus: Business Planning

Most entrepreneurs don't plan to fail, but they often fail to plan. Business planning is a management tool to shape your company's short- and long-range goals. Strategic business planning will be the editorial focus of the April *COSE Update*. Topics to be discussed include:

- The Need For Strategic Business Planning.
- Maintenance Of The Business Plan.
- What Bankers Look For In A Business Plan.
- The Role Of The CEO In Overseeing The Business Plan.
- Succession Planning.
- Case Study: Taking A Business Plan To Heart.

For a rate card and ad placement call Fran Feiner, advertising manager, at 621-3300, ext. 370. Closing date for space reservations: Friday, February 10. **COSE members get 15% off!** ■

WBOA Outings

The Women Business Owners Association (WBOA) has a busy schedule planned for February. At 5:30, **Tuesday, February 18**, the group will hold its monthly dinner meeting at the Clinic Center Hotel, Carnegie Ave at E. 96th St. Topic: "Stress & The Super Woman Syndrome." Speaker: Dr. Joyce Alexander, clinical psychologist.

On **Tuesday, February 25,** the WBOA will hold its monthly workshop: "How To Avoid Being Taken By Professional Thieves And Cons" at 6 p.m. at the Holiday Inn Independence, I-77 at Rockside Rd. Speaker: Detective Arvin Clar, Cleveland Police Fraud Unit.

Cost for each of the events is $20 WBOA members/$23 non-members. For reservations call WBOA at 892-2570. ■

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MEMBER FDIC

Our Continuing Mission: Leadership, Advocacy And Service

Take a moment or two, if you haven't already done so, to review COSE's Mission Statement at the bottom of this page. That new statement of our vision, values and purposes says a lot about the fundamental strengths of the organization, and about what we must do to assure our continued success into the 21st century.

Our strategic planning mavens tell me that a mission statement drives the remainder of the planning process by helping to remind us of why we're in business, what we think is important and how proposed activities relate to our vision of the organization. Probably because that's true, our volunteer leaders spent much time formulating and revising our mission statement.

Of, By And For The People

In addition to preserving an important focus on our traditional areas of activity — group purchasing, management education and assistance, and government action — we have made changes which make the mission statement particularly powerful for what it says about what COSE strives to be.

The most refreshing change is the statement's reference to COSE in personal terms — to COSE not as an "institution" but as an organization of people who come together to share their talents to help individual businesses, to promote entrepreneurship as an ideal and to support free enterprise.

This change is important because it changes the ideas of "What's COSE's job?" to "What's our job?" For the people who are part of COSE, these changes balance the question, "What do I get out of it?" with the question, "How can I contribute?" In other words, this vision really makes clear the notion that the benefit we derive from COSE is related to our investment in it.

Most COSE members would accept that a key part of our job is to serve them in ways they will find valuable.

But we recognize it to be true also that if COSE is the community's premier organization of, by and for entrepreneurs, that we also have a responsibility not just to respond, but to lead, to be at the forefront of issues which are important to our members and to be the foremost organization effecting change to benefit small business.

COSE: Synergy In Action

Our goals are stated as an integral part of our mission. They recognize first that we cannot get our job done unless we fully use the talents of both our volunteers and staff in partnership; it's our responsibility to get the best possible synergy between our volunteers and staff.

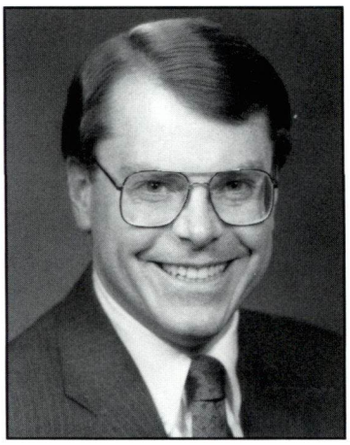
COSE's collective purchasing power is the key to our popularity as a membership organization. Our first priority is to preserve the gains our collective purchasing power have won for use, and find new ways to use it.

Our other goals represent our traditional activities in education, assistance, advocacy and membership interaction.

Finally, the statement focuses on our shareholders, those who have a stake in COSE's success. Two things are important here. First, the COSE membership in general is very large, active and supportive. Members' investments in COSE programs and activities go well beyond dues.

Even our members who "only join for the insurance" do a great deal to support the organization's mission.

Second, COSE enjoys a very important position of leadership within the Growth Association. We owe the Growth Association our support, and have the right to expect support from the Association's leaders.



John Polk

A mission statement should help an "outsider" unfamiliar with the organization to understand:

- **Why** the organization exists.
- **What** business is it in.
- **How and why** it allocates resources.
- **What** it aspires to be.

Our new mission statement gives us a very powerful tool for communicating those basics to our membership and the community. ■

By John Polk

Polk is executive director of COSE.

Vision For The 90s: COSE's Mission Statement

COSE is **THE** organization of Cleveland area business people who combine to share talents, experiences and resources to create an environment in which small business, entrepreneurship and free enterprise flourish.

Therefore, our responsibility is to:

LEAD — To formulate and promote new concepts and ideas, and to monitor emerging trends in the small business marketplace.

ADVOCATE — To concentrate the power of small business as a constituency to affect public policy and opinion.

SERVE — To understand the needs of our members and to respond to thoses needs by providing superior programs, services and benefits.

COSE pursues its mission through the cooperative efforts of:

- A committeed core of volunteer leadership.
- A large, active and supportive membership.
- A productive and mutually supportive partnership with other leaders of the Greater Cleveland Growth Association.
- Selected providers of high quality services and products, and other organizational partners. ■

What's A "COSE"?

14 Top Business Leaders Tell Why COSE Is *THE* Small Business Organization

After twenty years of leadership for small business in Greater Cleveland, a group of COSE's volunteer leaders decided it was high time for COSE to submit itself to the kind of discipline we preach to our members: a rigorous exercise in formal strategic planning.

In addition to the obvious operational aspects of such a plan, COSE's leaders were challenged to relate COSE's traditional mission of advocacy and service to the complex world of the 1990s. The organization addressed how it must change in order to:

- Serve both as a large and influential leadership institution in the community.
- Continue as a provider of personalized services to members and other small businesses throughout our area.

Through three months of analysis, discussion and sometimes heated debate, a committee of COSE volunteers and staff hammered out a new consensus which represents the collective vision, values and purpose of the organization.

The new plan builds on the traditional strengths and acknowledged success of the organization, and adds a new focus to COSE's role as a volunteer-driven organization with a mission of service to small business and leadership for the community.

Key to the process was developing a broad consensus around those factors which make COSE different from other organizations like us in our community and beyond. An understanding of what we do well is important in helping COSE to maintain its position as the preeminent small business organization in the country.

Below, members of our "Vision For The 90s" Steering Committee discuss their role in the process, and their vision of what makes COSE the success it has become, and what it will take to sustain that tradition of excellence well into the 21st century. ■

John Ringenbach
President
Commerce Exchange Bank

My belief in COSE is from the perspective of running a small business which serves small businesses. COSE has helped us manage the challenges of growing our business. At the same time, I have seen our customers benefit from COSE's health care, education and advocacy programs.

An advantage we have as bankers in managing our business is the broad exposure we have to the ideas, methods and techniques used by our customers to achieve excellence.

One of the most important opportunities COSE provides is the chance for each and every business person to share in the success and failure of other small business people.

If you are thinking of being in business or are already deep into the small business "twilight zone," COSE can be the resource to help make success a reality. ■

Ed Schmith
President
G-Thanks Gifts

COSE's size, benefits, networking and education programs make COSE the premier small business organization in town. Activities encourage members to develop and use new skills and disciplines, often ones that prepare them for a time when these talents will be needed in their own companies.

Volunteering is a way to develop and perfect one's management, communication and public speaking skills. Volunteering also represents: an opportunity to take responsibility for a COSE program and to be a part of the decision-making process, invaluable experiences and a chance to learn and grow.

I know of no other organization that offers such a wealth of opportunities for hands-on experience. It really makes COSE stand apart and makes it **THE** small business resource. ■

Jeff Susbauer
Chairman
Growth Strategies, Inc.

COSE's Strategic Planning Course had its genesis in 1972-73, not in 1979-80 as many think. Then-Governor Gilligan (1972) created an Entrepreneurship Office (OEO) in Columbus.

OEO borrowed this concept. There were thirteen Ohio companies participating. There may have been others from the Cleveland area, but Jack Bares, Milbar Corporation; was the entrepreneur from Cleveland who really took the concept of strategic planning to heart.

Bob Baker, Venture Resources International in Columbus; was a resource person for the OEO/IMI Strategic Planning Program in which Jack participated. They both thought it was something COSE should consider doing.

The first year, we hadn't the foggiest idea where this would lead. We only knew it worked well elsewhere, and it was something that COSE's CEOs needed. The rest is history. The program is now in its twelfth year in Cleveland, and is being offered around the country.

The program would not have been possible without Jack, Bob and the others on the original founding team — Lan Patterson, Patterson Associates; Nick Siropolis and Joe Pahl, Society Bank in Findlay. Mike Greer was a near founder, joining Society in midyear. The long-term commitments of over 200 business owners and consultants (mongooses) is the course's heart and soul. ■

"What's A COSE?" was prepared by Rebecca Yuhasz, a Growth Association intern and a graduate of Miami University.

(Continued on next page)

(Continued from previous page)

Karen Spero
President
Spero Financial Services, Inc.

We all belong to trade organizations to learn about our own industry. But in COSE, you learn about running your business regardless of the business you are in. There is tremendous benefit in exchanging information and experiences with other COSE members.

I enjoy the friendships that develop, and the fellowship that is available whether at social events, programs or committee meetings.

COSE has its pulse on the current concerns of the small business owner. A large pool of committed volunteers and dedicated COSE staff work to keep us aware of what we need to know to run our businesses better and more profitably. The volunteer-staff partnership makes COSE work to the benefit of the Greater Cleveland community.■

John Hexter
President
Hexter & Associates, Inc.

Nowhere else IN THE COUNTRY can you find so much support than through COSE. Volunteers and staff:

- Combine the purchasing power of members to offer an unmatched array of benefits.
- Share problems and solutions among business people who would not have their own resources.
- Care about the economic welfare of the Greater Cleveland community.
- Lead the effort to foster a climate that encourages economic development through entrepreneurship.
- Advocate issues which enhance the role of private initiative.
- Provide the best small business networking and affordable educational opportunities in Cleveland.

All this is done with guidance by volunteers (some around since COSE's inception 20 years ago) and an efficient, overworked and truly superb professional staff.■

Lan Patterson
President
Patterson Associates

As entrepreneurs, we have always taken pride in the fact that our hat rack holds several varieties of chapeaux. However, today we are expected to be knowledgeable in a wide range of topics: environmental compliance, employee benefits and computer systems. The list grows daily. Here's where I get my answers:

- I place a call to another business person in the COSE network.
- I attend a well-focused COSE education program.
- I call for free management assistance at COSE's SBDC.
- I ask the research department at The Growth Association to provide me with information.

Lucky for me I don't have to wear many new hats and I'm not even losing as much hair. I've got the best resource anywhere — COSE.■

Tim Sweeney
Attorney at Law
Zellmer & Gruber

COSE goes further than any other organization in providing the support to fill the void where support systems for small business are concerned.

No other group or agency offers benefit programs, education, legislative vigilance or networking advantages that can assist entrepreneurs and allow them to avoid feeling "lonely at the top" to the extent COSE does.

Thanks to the incredible volunteer assistance which the organization enjoys, COSE allows small business to speak as one voice with the strength of numbers in addressing legislative concerns unique to its constituency, to utilize collective purchasing power and to enjoy moderately priced programs to enhance their business skills.■

(Continued on next page)

Some banks just deliver lip service when it comes to small business.

Some banks deliver quality service.

Give us a call and see which one we are.

Brian R. Tomek
Branch Manager
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Independence
524-0009

Dale A. Guthman
Branch Manager
Renaissance at Playhouse Square
1350 Euclid Avenue
241-7511

Susan R. McLaughlin
Branch Manager
6189 Mayfield Road
Mayfield Heights
446-1212

R. Corbin Washington
Vice President/Senior Lender
Commercial Lending
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What's A COSE?

(Continued from page 9)

Jack Bares
Chairman
Milbar Corporation

COSE is the greatest in that all the help, education and networking is available for the person working towards business success. In turn, those people who have tasted success give back to the community through COSE.

Without question, one of the reasons COSE has become so great has been its volunteer and professional leadership and the Growth Association partnership. COSE has essentially had two executive directors, Mike Benz and John Polk, who with Growth Association President Bill Bryant, have worked with the volunteer leadership to bring about the COSE miracle.

COSE, without a doubt, has been the most important part of the third corner of my life (family, business and individual pursuits).

I concur with Ed Schmith's recent statement: "I want to thank COSE for the opportunity to serve as Chairman. I have grown as an executive in serving this great organization." ■

Jock Thompson
President
Thompson Builders, Inc.

COSE is:

- Dr. Jeff Susbauer, Growth Strategies, Inc., welcoming Strategic Planning CEOs with the bad joke of the week.
- Bill Beckenbach, Consolidated Electric Supply, Inc., telling his rollicking story of "The Family and the LEO."
- Michael Cristal, Consolidated Risk Management Agency, Inc., explaining how COSE can improve how our government works.
- Sue Seidman, The DMA Group, working with struggling entrepreneurs to solve their marketing problems.
- Jack Bares, Milbar Corporation, the godfather of COSE.
- John Polk, COSE executive director, using his rapier wit to find solutions to small business' health care problems.
- Brad Roller, Swiger Coil Systems, Inc., an entrepreneur stuck in fast forward.
- Karen Spero, Spero Financial Services, showing us the way to manage and invest our money.
- Tim Sweeney, Zellmer & Gruber, whose Irish eyes always turn our work into fun.
- Mark Gresham, Soup to Nuts Catering, keeping COSE's vision of community service in focus.
- Ed Schmith, G-Thanks Gifts, focusing COSE on the needs of small business for the year 2000.

These are just a few of the great people that make up the COSE network. I invite all our members to help us continue making Cleveland a great place to live and do business. ■

Barbara Bissett
President
The Bissett Steel Company

COSE is:

- The Hub — The center where small business people convene to network and share problems and information necessary to solve the ongoing challenges that address us.
- The Information Resource — COSE points the way to benefits and information necessary to support the changing needs of its members.
- The Support Group — Through the pro-activity of COSE's volunteers and staff, COSE reaches out into the community and the nation to access the resources needed by its members.
- The Advocate — COSE's staff and volunteers identify the issues and policies affecting small business through legislative matters.
- A diverse and highly pro-active organization that is focused on meeting the changing needs of its members.

COSE represents small business people with a vision of their success and the success of those like themselves; it is truly a community of winners. ■

Brad Roller
President
Swiger Coil Systems, Inc.

There are three major areas where COSE accomplishments are unparalleled:

- Health care — COSE has essentially changed the name of the game of health insurance for small companies in the Greater Cleveland area. I shudder to think about the price of health care and health insurance for small companies in town without COSE's presence in the marketplace.
- The COSE network — I think the importance and value of information exchanged at the numerous COSE networking opportunities is vastly underrated. I don't know anyone who has attended any COSE function that has not come away from it a better business person. There is no other place you can go to get more thoughtful, more intelligent, more progressive business information.
- Government advocacy — Input from COSE staff, leadership and members has caused numerous pieces of harmful legislation at the federal, state and local levels to be modified or not enacted. I don't know who would be doing this if COSE wasn't. ■

Greg Skoda
President
Skoda, Minotti Reeves & Company

COSE is the unique organization of Cleveland area business people who have actively combined our resources to build a better tomorrow. COSE people are committed to developing both their companies and the community in which they live.

COSE provides an avenue for both individual and team development. We also pool our purchasing power for high quality, low-cost health care.

COSE is generating record national recognition for our efforts and we have brought community-based legislative action and influence to new levels. ■

Michael Cristal
Vice President
Consolidated Risk Management Agency, Inc.

There are a number of different organizations that offer various services for small business people. Some organizations offer management education, some offer management assistance, others health insurance and still others follow government legislation.

But how many small business organizations do all of the above? And how many of these organizations are entering their third decade of providing these services. Allow me to go out on a limb: NONE.

Frankly, this alone could qualify some organizations to claim that they are THE small business resource. But not COSE. What sets COSE apart from all the other organizations is the proprietary pride that the volunteers and staff take in the organization.

Not only is it unlike any small business organization of its type, but I know of no other volunteer organization that has the same intensity in pride of ownership. ■

Raymond Arth, Jr.
President
Phoenix Products, Inc.

We joined COSE in 1979 and, like most new members, were attracted to the medical insurance plans. The quality and proven economy of the COSE plans can't be beat.

In 1984 I became involved in the Strategic Planning Course and have continued to participate in COSE's educational programs. Through these programs I have obtained knowledge that has helped me grow my business and have met other business owners who have become my friends and advisors.

In November I participated in the NSBU Federal Issues Retreat as a COSE representative. Based on my experiences with COSE in the benefits area, educational programs and government action, it is clear to me that COSE is **THE** small business resource serving the Greater Cleveland area. ■

Cohen & Company has won the coveted CPA Digest Award, recognizing the nation's top 50 CPA firms. We are the only firm in the country to have won the award in each of the five years it has been given.

To all of our fantastic employees who made this achievement possible, we say . . .

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The History Of COSE (The Short Version)

Who would have ever thought that COSE, which began as a support group for small businesses crippled by a truckers' strike, would blossom into a multi-faceted organization meeting the needs of small businesses of all sizes — start-up, on track and high growth?

It's been 20 years since COSE was born. For those who were not with COSE in the beginning, we were tempted to tell the long version of the COSE story. However, we do want to keep you as members. Therefore, we have elected to tell the COSE story from the perspective of the founders who played a significant role during COSE's formative years. ■

How COSE Began

Bill Jones
President
Cleveland Machine Controls

COSE was created by the consolidation of the Growth Association, which wanted to enhance its services for smaller companies to attract more members; and the Industrial Action Group (IAG), which was strongly committed to independent operation and regarded the Growth Association as bureaucratic and big business oriented.

However, while IAG had attracted a substantial number of members, its revenues were inadequate to support any staff, and its activities were severely limited.

The obvious benefits of pooling our resources motivated us to bring these two organizations together. We were able to resolve our differences and, thus, COSE was launched.

I'm very proud of COSE's continuing accomplishments. I'm also gratified that it still functions in essentially its original form. ■

Resources

Carol Rivchun
Vice President
Growth Association

One reason COSE was formed was because there were so few programs specially tailored for small business people. In 1972 universities didn't have courses or counseling targeted to entrepreneurs and the small business viewpoint.

COSE's use of volunteers led to its designation as the Small Business Development Center (SBDC) for Greater Cleveland. Part of its focus was to provide one-on-one counseling for start-up businesses.

We started a whole new generation of programs for start-ups: the Start-Up! Roundtable, the Start-Up! Business Planning Course and the Business Start-Up! Line. Relationships were started with the State of Ohio, Cuyahoga County Public Library, Tri-C, SCORE and others. ■

Advocacy

Chuck McDonald
President
McDonald Equipment Company

COSE's interaction with other national small business groups led to the formation of COSIBA (Council of Small and Independent Business Associations).

At the White House Conference on Small Business in January of 1980, COSE was instrumental in the merging of the NSB (National Small Business) and the SBU (Small Business United) into NSBU (National Small Business United).

At the state level, COSE helped organize the "Columbus Presentation". COSE volunteers carried leadership roles in the statewide OSBC (Ohio Small Business Council).

Today we enjoy the results of these dedicated efforts. Now, legislators consult the small business community. ■

(Continued on next page)

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Tanglewood Country Club
8745 Tanglewood Trail, Chagrin Falls, Ohio 44022

The History Of COSE

(Continued from page 13)

Health Care

Mary Jane Fabish
Executive Vice President
CWC Industries, Inc.

As membership grew in the mid-70s, changes began to occur in the health care industry, and costs began to soar. The idea of "self administration" had many skeptics. Many large corporations were already taking advantage of the cost savings. The question was: Could an organization as diversified as COSE do it?

The negotiations with Blue Cross and Blue Shield were long and tough. The Blues were going through their own merger at the time. The Growth Association caught the spirit and gave us their endorsement. The VISION (COSE Group Services) became a reality.

What a privilege it was to be a part of the dream and presently see it work for the benefit of all our members. ■

Advocacy

Ron Cohen
Managing Partner
Cohen & Company

Our firm joined COSE for the insurance benefits. I signed up for the Legislation Committee. We made a difference then and our impact on the national scene continues. We've fought mandated socialized health care, worked to repeal Section 89 and change Section 2036 (c) on estate taxes and kept regulations like parental leave from becoming law.

As COSE vice chairman and head of Government Relations, COSE's government activities moved from an "ad hoc" activity to one of COSE's primary program areas. We opened up involvement opportunities for members and hired a staff person to work full-time on COSE's legislative agenda. ■

Education

Milton Garrett
President
The Highland Group, Inc.

Twenty years have flown by. From a small group of independent business owners who met because of a truck strike, it has grown into this wonderful, amazing organization called COSE.

Originally our goal was to help other businessmen like us cope with problems and exchange information on solving problems.

Then evolved the idea of offering seminars and roundtables addressing such subjects as taxation, health care and hiring practices, etc. Referrals and networking among COSE members also started.

Another important cornerstone of our volunteer base was involvement in the political arena, which had a powerful influence on our ability to function. ■

Resources

John Young
President
Speed Exterminating Company

Imagine the COSE of 1974 with approximately 500 members rather than the 11,000 of 1992. My first few years as a COSE volunteer were spent attracting more new members.

Ten years later as Chairman, I witnessed COSE coming into its own. With the formation of COSE Group Services, we laid the foundation for the future.

When I took office in June, 1984, I said that "COSE had the energy, the ideas and the people to be successful, an excellent executive committee, a talented Board of Directors and staff, and a dedicated group of volunteers prepared to be of service to the membership." Still true, words are inadequate to express the pride I feel everyday as a COSE member. ■

IT'S NICE TO HAVE PLAYED A PART IN YOUR GROWTH BY COMMUNICATING YOUR PRINTED MESSAGES TO CLEVELAND'S SMALL BUSINESS COMMUNITY.

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COSE So Far: The First 20 Years

- In 1990 membership grew to over 10,000 companies, establishing COSE as the nation's largest small business organization.
- COSE Group Services grew to 8,200 companies covering 62,000 employees with annual premiums exceeding $175 million.
- COSE, through designation by the State of Ohio, produced the *Inc.* 500 Conference in May, 1988.
- Legislative volunteers and staff testified before the United States Congress and the Ohio General Assembly on numerous issues.
- Since 1972 over 33,000 people have attended COSE education programs which have also involved 1,600 program presenters.
- Since 1980, COSE's Strategic Planning Course has graduated over 300 people and involved over 20,000 volunteer hours.
- The COSE Business Planning Course has assisted over 250 companies develop business plans. Volunteer mentors have committed over 5,000 hours to the course.
- Since 1972, over 2,300 sales professionals and small business owners have taken COSE's Dynamic Selling Course (formerly The Sales Training Course).
- COSE's Small Business Development Center, established in 1985, has provided management assistance to over 10,000 people. Nearly 300 volunteer counselors participate annually.
- Since 1983, over 1,000 people have been involved in nine annual Entrepreneurship Conferences.
- Other Start Up! Programs have involved over 1,000 attendees since 1986. ■

"What's A COSE?" and "COSE So Far: The First 20 Years" were prepared by Rebecca Yuhasz, a Growth Association intern and a graduate of Miami University.

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FEBRUARY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1
3	4	5 FORUM	6	7	8
10	11 COURSE	12	13 ROUNDTABLE	14	15
17	18	19	20 WORKSHOP	21	22
24	25	26 WORKSHOP	27 FORUM	28	29

Business Breakfast: Negotiating Successfully With Customers and Vendors
FORUM #204

MODERATOR: Betsie Saltzberg
DATE: February 5 (Wednesday)
PLACE: University Club
TIME: 7:30 - 8:45 a.m.
REGISTRATION FEE: $15
MEMBER PRICE: $10
DETAILS: Call Beth at 623-6388.

Successful Sales Management
COURSE #330

PRESENTER: Len Strnad, L.J. Strnad & Associates
DATE: February 11 - March 17 (Tuesdays)
PLACE: Herman Education Center, #140 (I-77 at Rockside Rd.)
TIME: 6:30 - 9:30 p.m.
REGISTRATION FEE: $475; each additional $400
MEMBER PRICE: $400; additional members $325
DETAILS: Call Sherry at 623-6388.

CEO Roundtable
ROUNDTABLE #223

DATE: February 13 (Thursday)
PLACE: Herman Education Center, #140 (I-77 at Rockside Rd.)
TIME: 8:00 - 10:00 a.m.
MEMBER PRICE: $25 each
DETAILS: Call Sherry at 623-6388.

Leadership: Vision + Values = Vitality
WORKSHOP #243

PRESENTER: Leslie Yerkes, president Yerkes Marketing & Management Design Group, Inc.
DATE: February 20 (Thursday)
PLACE: Herman Education Center, #140 (I-77 at Rockside Rd.)
TIME: 8:30 a.m. - 12:00 noon
REGISTRATION FEE: $75; each additional $60
MEMBER PRICE: $60 each; additional members $45
DETAILS: Call Sherry at 623-6388.

COSE REGISTRATION HOTLINE 623-6388

VISA AND MASTERCARD ACCEPTED

Profitability Challenge Workshop: Everything is Negotiable! (If You Know How)
WORKSHOP #413

PRESENTER: Roger Dawson, author of *You Can Get Anything You Want*
DATE: February 26 (Wednesday)
PLACE: The Forum Conference and Education Center
TIME: 8:00 - 11:30 a.m. OR 1:00- 4:30 p.m. (Lunch included from 11:45 a.m. - 12:45 p.m.)
REGISTRATION FEE: $275; each additional $195
MEMBER PRICE: $195 each; additional members $105
DETAILS: Call Michelle at the High Growth! Hotline, 561-3663.

Maximizing Your Banking Relationship
FORUM #230

PRESENTER: Bill Smith, vice president, Ameritrust
DATE: February 27 (Thursday)
PLACE: Ameritrust Amphitheatre, East 9th at Euclid Ave.
TIME: 7:45 - 9:45 a.m.
REGISTRATION FEE: $20; each additional $15
MEMBER PRICE: $15 each; additional members $10
DETAILS: Call Sherry at 623-6388.

MARCH

CEO Roundtable
ROUNDTABLE #224

How do you select a board of professional advisors? How do you market yourself as a professional consultant? What is leadership charisma and how do you get it? At each CEO Roundtable, YOU set the agenda for discussion. Receive timely and seasoned advice from other COSE business owners who have been there and can help you solve your business problems.

FACILITATOR: Jack Bares, Chairman, Milbar Corp.
DATE: March 12 (2nd Thursday of each month)
PLACE: Herman Education Center, #140 (I-77 at Rockside Rd.)
TIME: 8:00 - 10:00 a.m.
MEMBER PRICE: $25 each
DETAILS: Call Sherry at 623-6388.
Receive timely advice and discuss solutions to your business

Beginning Business Series: Marketing
WORKSHOP #102

PRESENTER: Jeff Gessler, Response Marketing, Inc.
DATE: March 16 (Monday)
PLACE: Herman Education Center, #140 (I-77 at Rockside Rd.)
TIME: 6:30 - 9:00 p.m.
REGISTRATION FEE: $15; $35 for all three Beginning Business Workshops
DETAILS: Call Beth at 623-6388.

Profitability Challenge Workshop: Recruiting & Selecting - 275+ Ways to Find the People You Want
High Growth! WORKSHOP #414

Catherine Fyock, author of *The Recruiting Idea Book: 275+ Ways to Find the People You Want*, will share specific "how to" advice on recruiting and selecting excellent employees. She is currently president of Innovative Management Concepts, a management consulting firm specializing in non-traditional solutions to employment issues. Some of her clients include: Federal Express, AT&T, Westin Hotels and the Society for Human Resource Management. Finding and attracting quality employees will continue to be a high priority for the 1990s, especially with business combating labor cutbacks, and dealing with the issues of managing a diverse work force.

DATE: March 18 (Wednesday)
PLACE: The Forum Conference and Education Center
TIME: 8:00 - 11:30 a.m. OR 1:00- 4:30 p.m.
(Lunch included from 11:45 a.m. - 12:45 p.m.)
REGISTRATION FEE: $275; each additional $195
MEMBER PRICE: $195; additional members $105
DETAILS: Call Michelle at the High Growth! Hotline, 561-3663.

The Check is in the Mail...Or is It? How to Bring More Cash to the Bottom Line Through Improved Credit and Collections
WORKSHOP #244

Today's economy has caused cash flow to more important than ever to small businesses. This workshop will enable your company to get those hard-to-come-by receivables sent to you, as opposed to other creditors, through effective credit and collection procedures. You'll learn about effective credit applications; internal collection policies; skip-tracing hard-to-find customers; types of bankruptcy and their effect on your business; disputes—plus how to prevent them; and how and why third-party collection becomes your best option.

PRESENTER: Perry Creed, Grable, Greiner, & Wolff; Carol Davignon, Channel 43, WUAB
DATE: March 19 (Thursday)
PLACE: Herman Education Center, #140 (I-77 at Rockside Rd.)
TIME: 8:30 a.m. - 12:00 noon
REGISTRATION FEE: $60; each additional $45
MEMBER PRICE: $45 each; additional members $30
DETAILS: Call Sherry at 623-6388.

Beginning Business Series: Bookeeping
WORKSHOP #103

PRESENTER: Jon Green, Heiber, Green & Company
DATE: March 23 (Monday)
PLACE: Herman Education Center, #140 (I-77 at Rockside Rd.)
TIME: 6:30 - 9:00 p.m.
REGISTRATION FEE: $15
DETAILS: Call Beth at 623-6388.

Dynamic Selling
COURSE #302

If you desire to be a top performing salesperson, the Dynamic Selling Course is for you. You will have the opportunity to learn and practice the techniques and tactics of winners. Develop your sales skills in listening, questioning, overcoming objections, closing sales, planning sales calls and customer follow-up to reach your potential for more sales.

PRESENTERS: Hal Becker and Marvin Montgomery
DATE: March 25 - May 6 (Wednesdays)
PLACE: Herman Education Center, #140 (I-77 at Rockside Rd.)
TIME: 6:30 - 9:00 p.m.
REGISTRATION FEE: $315; each additional $275
MEMBER PRICE: $275 each; additional members $225
DETAILS: Call Sherry at 623-6388.

Beginning Business Series: Cash Flow
WORKSHOP #104

PRESENTER: Tom Genco, Rothchild Meckler & Company
DATE: March 30 (Monday)
PLACE: Herman Education Center, #140 (I-77 at Rockside Rd.)
TIME: 6:30 - 9:00 p.m.
REGISTRATION FEE: $15
DETAILS: Call Beth at 623-6388.

A User's Guide To COSE Voluntarism

While COSE expands its programs and services, and membership continues to grow, involvement by its members is needed today, more than ever.

COSE staff have suggested ways in which new and existing members can help continue to provide resources, guidance and experience for small business owners.

Start Up! Programs

Many people have become successful business owners through the encouragement and support of COSE's Small Business Development Center (SBDC), which coordinates a Management Assistance Program (MAP) and the Start Up! Programs.

SBDC staff counselors provide free management counseling to prospective and established business owners. In addition to the staff counselors, the Management Assistance Program utilizes over 260 professionals and business owners, who volunteer their expertise to help business owners overcome difficulties and capitalize on opportunities.

The higher demand by business owners, however, has increased the demand for volunteer counselors in industry specific areas.

There are three primary areas within the Small Business Development Center where volunteers can become involved:

- Management Counseling
- Start Up! Programs
- Resources

On Track! Programs

Whether it's selling, marketing or financial planning, COSE's On Track! Programs are designed to enhance the competitive advantage for the small business owner.

On Track! Programs are presented by business owners and professionals and provide networking opportunities, hands-on training, role playing and group discussion.

There are many ways for COSE members to become involved in the development, planning and evaluation of new On Track! Programs. These include:

- Focus groups
- On Track! Advisory Committee
- On Track! Program Committees
- Business Planning Course Committee

High Growth! Programs

Together, members and volunteers of COSE support today's high growth companies as well as businesses which are planning for sustained growth over the next business period.

COSE's High Growth! Programs are designed for companies which have been in business for a minimum of three years, have at least $1 million in revenues or are a service company with a $250,000 payroll, and have had a 25% growth rate over the last three year period.

Naturally, COSE evaluates each candidate individually.

For businesses which meet these criteria, COSE currently offers three areas of programming:

- The Strategic Planning Course
- High Growth Workshops
- Strategic Dialogue Roundtables.

Each program offers opportunities for COSE members to become involved with the planning and marketing committees.

COSE needs the experience and knowledge of today's business owners to help evaluate the effectiveness of the High Growth! Programs.

Government Action Group

COSE's Government Action Group works on legislative issues that impact the bottom line of a small business' operations and encourages them to join together and speak out on their own behalf.

There are two areas that must be developed in order to impact the political process. The first is Issue Development, involving small business people in ongoing research, writing COSE policies and monitoring the progress of key legislation.

The second area involves implementing COSE's small business agenda. Bringing business people and public officials together to discuss issues and achieve a higher level of understanding is the primary function of COSE's government activities.

COSE's Government Action Group is one of the only regional organizations whose legislative agenda is established and implemented by small business people, not by professional lobbyists.

Currently, over 250 volunteers work together to effect the outcome of the legislative process in favor of small business. However, there are always opportunities for COSE members to become involved.

Member Services

COSE, in conjunction with health insurance carriers and local businesses, has created many opportunities for its members to save money and receive quality service in many areas.

Current programs include a Group Rated Workers' Compensation program, and exclusive discount arrangements with Cellular One, Speedy Muffler, Lube Stop, Park Air Express and TRW Credit Reports.

In order to expand the services offered, an Advisory Council is being developed to seek business owners interested in working with COSE and its members. The council will include Leadership Council members, Board members and any interested non-vendors. Services are provided only by COSE members and their respective businesses.

Volunteers are needed to assist the COSE staff in the planning of special events for networking opportunities. Current events include:

- The Cleveland Indians "Behind the Fence Party"
- Annual golf outings
- Volunteer Recognition
- The COSE Annual Meeting
- Various cultural and sporting events.

Any COSE member who enjoys planning or hosting special events should call COSE for details on how to get involved today.

All of COSE's committees and programs provide excellent networking opportunities for all business owners and professionals. To get involved, just call 621-3300. ■

Carole Pass, a freelance marketing specialist, contributed to this article.

COSE BOARD OF DIRECTORS

Chairmen	Staff Contact	Chairmen	Staff Contact
Chairman of the Board: Lan Patterson	John Polk	**Vice Chairman:** Government Action Group Raymond Arth	Suzanne Martin
1st Vice Chairman: Volunteer Involvement Michael Cristal	Janet Haar	**Vice Chairman:** Management Education Bob Horn	Janet Haar
Vice Chairman: Member Services Carolyn Dickson	Scott Lyon	**Vice Chairman:** Small Business Development Center John Ringenbach	Russ Molinar

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Assistant: Valerie Schepke x217

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Scott Lyon x245
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Program Coordinator:
Sherry Tucker x352

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FOUNDATION

COSE's strong FOUNDATION is its 11,000 member companies!
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We've been growing to serve you better. Just CONNECT with a COSE staff person who can help you with the service or product of your choice. Call 621-3300 and the extension numbers below,

OR call direct by dialing 623-6399, press 1 and the extension number of the person you want to reach. For your convenience, the direct dial service will access voice mail 24 hours a day.

John Polk X247
Asst: Valerie Schepke X217
- Group Health Insurance Program
- Group Life and Disability Insurance
- Group-Rated Workers' Comp.
- Government Advocacy
- COSE Marketing and Commun.

Janet Haar X346
Asst: Karen Koeth X452
- Marketing, Management Programs
- Volunteer Involvement
- Sponsorship of COSE Programs
- COSE Communications
- Business Management Group Advisory Council
- Staff Training and Development

Scott Lyon X245
Asst: Gina Messina X252
- Group Health Insurance Program
- Group-Rated Workers' Comp.
- Group Life and Disability Insurance
- Cellular One Discount Program
- COSE Member Services/Benefits
- Administration and Operations for Group Services, Inc.

Suzanne Martin X203
Asst: Valerie Schepke X217
- Government Action Group
- Small Business Legislative Issues
- Small Business Government Issues Seminars
- Legislator Contact Program
- Small Business Legal Seminars

Martha Lanning X269
Asst: Gina Messina X252
- Group Health Insurance Inquiries
- Group Life and Disability Insurance
- Group-Rated Workers' Comp.
- Workers' Compensation Cost Containment Program
- Member Benefits and Discount Programs

Russ Molinar X232
Asst: Beth Neiman X530
- Small Business Development Center Programs
- Management Assistance Program
- Entrepreneurship Conference
- Internal Operations for Education Programs and Counseling Services
- Cleveland Small Business Resource Consortium

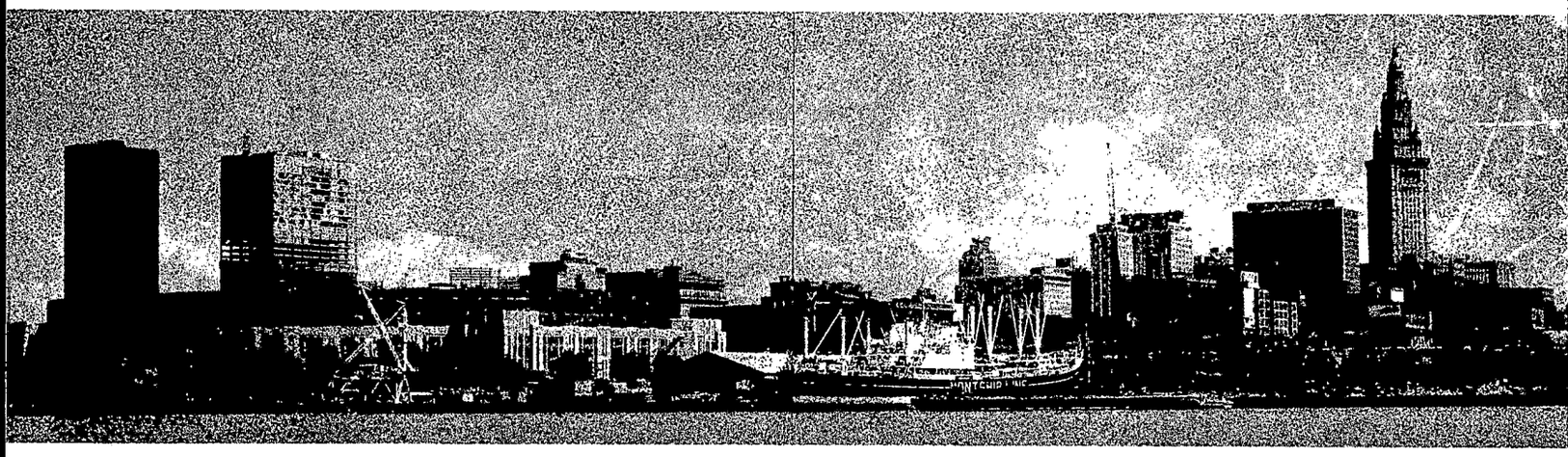
Jeanne Coughlin X458
Asst: Karen Koeth X452
- Strategic Planning Course
- Profitability Workshops
- Strategic Dialogue Roundtables
- Marketing and Sponsorship of High Growth! Programs

Ken Hudiak X244
Asst: Sherry Tucker X352
- Business Planning Course
- Organizing for Growth Course
- Dynamic Selling Course
- Powerful Sales and Negotiations
- Successful Sales Management
- Business Breakfast Forums
- On Track! Workshops
- CEO Roundtables
- Marketing and Sponsorship of On Track! Programs

Gail Gibson X229
Asst: Linda Enriquez X219
- Business Consulting/Assistance
- Management Assistance Program
- Start Up! Roundtables
- Volunteer Recruitment for Management Assistance Program

Anne Blum X457
Asst: Linda Enriquez X219
- Business Consulting/Assistance
- Start Up! Planning Course
- Beginning Business Workshops
- Management Assistance Program■

THINGS WERE A LOT DIFFERENT TWENTY YEARS AGO.



Twenty years ago, the Growth Association's Council of Smaller Enterprises quietly opened up for business – for smaller business. COSE's mission was – and still is – to stand up for the employers you don't hear much about. To enhance the voice and the buying power of its growing member organizations.

COSE spoke up in Columbus and in Washington D.C. on the issues that are important to its audience – employee benefits, taxes, unfair business restrictions. They fought the battles for affordable group health care and opened up channels of communications to entrepreneurs with ideas. And they got noticed. Today COSE consists of more than 10,000 area companies, and is nationally known for its leadership, service and advocacy on behalf of the principles of entrepreneurship.

As COSE turns 20, we at FitzSimons Advertising and Public Relations salute the dedicated staff and volunteers who began with a goal and then achieved it. And we are grateful for the opportunity to have a small part in contributing to COSE's success.

So save us some birthday cake, John.

FITZSIMONS
ADVERTISING AND PUBLIC RELATIONS

President Bush Seeks COSE Counsel On Health Care Policy

COSE was in the national spotlight recently when a delegation of COSE representatives met with President George Bush in Washington to discuss our highly successful health care programs.

The group, including Executive Director John Polk and former COSE Chairmen Ed Schmith, Brad Roller and John Hexter, went to Washington on December 13 at the invitation of the White House.

The purpose of the meeting was to share information on how private-sector initiatives can help to control health care costs and increase access to care without the need for massive government programs and subsidies.

Three other private-sector programs, including Cleveland Health Quality Choice, and groups from Missouri and Florida, also attended the meeting in Washington.

Before being joined by the President, the attendees also briefed three of the White House's top advisors on health care and domestic policy: Health and Human Services Secretary Louis Sullivan; Budget Director Richard Darman; and Roger Porter, the President's key advisor on domestic policy.

COSE is well known in Washington, having been cited in the President's 1992 budget as a model for private sector action on health care issues.

COSE Executive Director John Polk (left) meets with President Bush at the White House to discuss health care reform and COSE's own health care programs.

"The COSE Bill"

In addition, earlier this year, COSE was the model for legislation, known informally as "The COSE Bill," introduced in Congress that would facilitate the formation of other business coalitions, like COSE, for the purpose of gaining group purchasing power for health care coverage in other parts of the country.

COSE staff and volunteers have also testified extensively before the Congress on health issues.

Members of the COSE delegation urged the President to resist pressures to adopt national health care insurance for all citizens without careful consideration of how such a plan would be managed and funded.

"The Administration is looking for a way to deal with the twin problems of access to, and affordability of care," said Polk, "while at the same time not breaking the back of the federal budget. The President is looking for input from programs like COSE, as he develops his health care agenda for 1992.

"The fact that two of the four groups asked to meet with the President were from Cleveland is a testament to how the business community here has exercised leadership on a national scale," Polk added.

Why The COSE Plan Works

The COSE group stressed three points in describing why the COSE plan works and how its lessons may be of value on a national scale:

- **COSE is a local-market solution.** Making health care accessible and affordable must take local-market conditions into account. No federal program can be comprehensive enough to do this.
- **COSE is a private-sector solution.** The private sector, given support and empowerment by government, has the ability to address many aspects of the health care crisis — without massive federal programs and expenditures.
- **COSE's cooperative working relationship** with its insurers has enabled it to succeed where similar programs have failed in the past.

The Washington meeting was widely covered by media ranging from local Cleveland-area newspapers, radio and television, to major national media including *USA Today* and the *Washington Letter on Medicine and Health.*■

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Former COSE Head Laid Foundation For Success

Their flight canceled by a blizzard one day some 15 years ago, two COSE volunteers and Mike Benz drove to Washington, D.C. to testify before Sen. Gaylord Nelson's committee, which was conducting hearings on the pending Tax Act.

"The hearing ended just as we arrived, but a staffer invited John Ellsworth and me into Sen. Nelson's private office. We sat there and helped write an amendment that would give small business owners a better tax credit and enable them to keep more of the dollars they earned."

That direct, hands-on involvement and action by a small group of volunteers and a tiny staff was typical of COSE in the early days, says Mike Benz, who headed COSE's staff from 1973 until 1980, when he was promoted to Executive Vice President of the Growth Association.

Started As An Idea

"COSE started as an idea in 1972, during a truckers' strike which posed a very serious threat to small businesses. A few small business owners sat down with the Growth Association's administrator Richard Adler to talk about how they could tackle their problems.

"They decided small businesses need four basic things. First: nuts-and-bolts education. Second: direct help on problems — management assistance. Third: cost saving benefits — especially on health insurance. And fourth: advocacy representation in government — small business had a lot of problems and no spokesman.

K. Michael Benz

"Significantly, those four areas are the important ones today. We measured everything we did by those four things. COSE was very much driven by small business and its members' needs," said Benz.

"We started health insurance in 1973. We offered short classes and an eight-week sales training. We offered management assistance.

"We made our first trip to Washington in 1974 as part of a coalition of small business organizations that presented issues such as product liability, taxation and small business set-asides for government contracts."

Joined GCGA In 1970

Mike became part of COSE in 1973. He had joined the Growth Association in 1970 as a trainee and later became a manager. Next he moved to Danville, Illinois to be VP of its Chamber. He returned to Cleveland to head COSE's staff of two. He was involved in every aspect: he took part in management assistance, taught sales training if the instructor was sick and drove to Washington in a blizzard.

In the early days, COSE had 180 member companies and 18 volunteers who were the Board. Among them were Margaret Kahliffe, George Qua, Ed Richard, Bob Rose, Bill Jones, Chuck McDonald, John Ellsworth, Jack Bares, Mary Jane Fabish and Mel Rose.

"These were zealots, hands-on involvement types, which COSE very much needed. They planned COSE's early principles and where the organization would go. Our members took COSE in dead earnest — it was a matter of survival — yet we had fun.

"Back then we knew every single COSE member, company and its problems. Wherever we went, the owner gave us a tour of the company — they were proud of it, and we learned a lot about everything from machine tools to retail.

"What struck me most was that whatever the problem or the task, when we asked for help, small business owners — and big or large company executives — did help and share.

"Our first financial seminar was sponsored and led by a big accounting firm. Of course we had too few resources and too many requests. We constantly borrowed people's time to tell and to sell the small business story and to get more members.

"We built COSE with dedicated volunteers, with strong benefits and other services."

"We studied other small business organizations, which had memberships of anywhere from 200 to 1800. We learned a lot about advocacy from organizations in Pittsburgh, Milwaukee and New England.

"But when it came to education and benefits, we learned on our own. We built COSE with dedicated volunteers , with strong benefits and other services. And as part of the Growth Association, we had its resources from day one, including its facilities, research and staff assistance.

"Between benefits and the other things we offered, COSE grew. COSE was — and is — a leader in the small business movement.

(Continued on next page)

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(Continued from previous page)

"By 1980, COSE had laid the groundwork and had a local, state and national reputation. George Voinovich was a COSE volunteer — one year he went with us to Washington. We knew Mayor Mike White from his days on City Council and later in the Ohio Legislature."

COSE played a key role in the first White House Conference on Small Business. Mike explains: "We dealt directly with Presidents Carter and Ford and their people to formulate the Conference. We provided many policies and ideas, as well as a large delegation.

"And by 1980, we had grown to 3,000 members, making us the largest small business organization in the U.S. We had a huge core of committed volunteers. And the small business movement was just beginning to crest."

Became Executive VP

In February, 1980, Mike was promoted to his current position at the Growth Association. One of his biggest projects has been to chair the civic committee to get the Rock 'n' Roll Hall of Fame in 1985-86. Another was assisting with winning the CART race:

"We did it twice — first, when we brought the Budweiser 500 here in 1981; and, second, when we won it back this past November," explained Mike.

And there are hundreds of other projects, accomplished and in the works, plus a full roster of volunteer activities.

Of everything he has done, Mike has a special spot for his time with COSE.

"A totally dedicated group of volunteers brought COSE from those first days in the 1970s when the importance of small business certainly was not obvious to people. Today, people realize small business is an important part of the economy, that big and small businesses are intertwined and interdependent." ■

By Florence Mustric

Mustric is president of Mustric and Associates, a local public relations firm.

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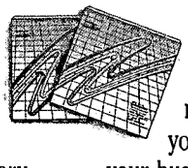

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AMERITECH

Understanding Hypertension: Combatting High Blood Pressure

Research shows that diet is an important factor in managing high blood pressure (hypertension). Understanding what blood pressure is, what causes it to rise and how dietary changes can affect it, can help you or your loved ones control your blood pressure for better health.

What Is Blood Pressure?

The beating of your heart pumps blood through arteries which conduct blood from your heart to other parts of your body. As your blood is pumped through your arteries, it pushes against arterial walls. This force against the arterial walls is called blood pressure.

A healthy person's arteries are muscular and elastic. They stretch or contract when the heart pumps blood through them; the amount of stretching depends on the amount of force blood exerts.

Each time your heart contracts (about 60-80 times a minute), it sends a surge of blood into your arteries and the blood pressure in your arteries increases. When your heart relaxes between beats, your blood pressure decreases.

You have two measurements of blood pressure: an upper level (systolic), when your heart is beating, and a lower level (diastolic), when your heart is resting. Systolic pressure tells the maximum amount of pressure on your arteries, while diastolic pressure tells the minimum pressure on your arteries.

What Is Hypertension?

Arterioles are smaller vessels that branch off from the arteries and regulate blood pressure. If, for some reason, the arterioles are narrowed, it's harder for the blood to pass through them. When that happens, blood pressure rises and your heart works harder. If your blood pressure increases (and stays at) 140/90 or more, you may have high blood pressure.

Who Is At Risk?

High blood pressure affects one out of four Americans, with African-Americans being at highest risk. If your parents had high blood pressure, you may be at greater risk. Sex, age, obesity, alcohol consumption, oral contraceptives and sedentary lifestyles may also be factors. Heavy sodium consumption increases blood pressure in some individuals.

Controlling Blood Pressure

For some people, weight loss, exercise and recreation may lower blood pressure. For others, medication is required. In most treatments, however, dietary restrictions such as restricting sodium and decreasing dietary fats and cholesterol are recommended. ■

Become Heart Smart By Reducing Risks

Coronary Artery Disease (CAD) is the progressive narrowing of the arteries that provide oxygen-rich blood to the heart. This narrowing results from waxy deposits called plaque on the walls of the coronary arteries. If an artery becomes totally blocked, heart attack can occur.

Fortunately, while there is no known cure for CAD, you can slow or stop its progression by reducing your intake of dietary cholesterol and saturated fats, exercising regularly, controlling blood pressure and reducing risk factors like smoking, all of which are known to contribute to the development of CAD.

Cholesterol is an essential part of every cell, but too much cholesterol in the blood has been linked to the artery-clogging formation of plaque. Cholesterol can be either "good" or "bad". Cholesterol is "bad" when its bundled in a ball of protein called low density lipoprotein (LDL).

High density lipoprotein (HDL)—the "good" cholesterol, removes cholesterol from the artery wall and slows, or may even prevent, the development of plaque.

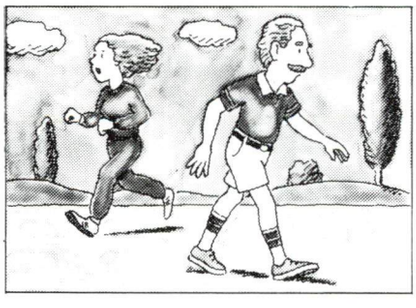
Cholesterol and fat are the main components of plaque, so it makes sense to reduce your intake of foods containing these substances.

For healthy people, it is best to limit your daily cholesterol intake to 250-300 milligrams, and your fat intake to no more than 30% of your total daily calories.

Regular exercise, particularly aerobic exercise, can help reduce your risk of CAD.

Quitting smoking and controlling blood pressure are two key components of reducing your risk for heart disease. It's never too early to reduce your risks and start being heart smart. ■

Limit your intake of cholesterol and saturated fats.



Do some form of vigorous exercise at least 3 times a week.

Reduce your risk by stopping smoking and controlling blood pressure.

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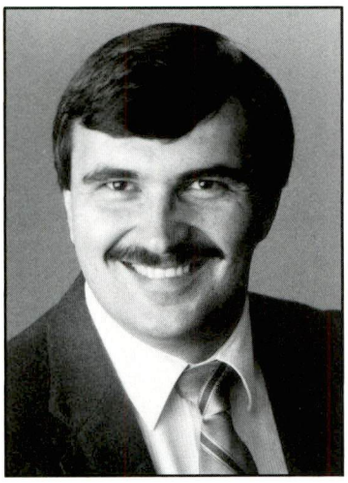
Cut out and distribute to employees.

Employee Vs. Independent Contractor: Which Are You?



Gerry Blanda

This month's ***SBDC Spotlight*** *shines on Gerry Blanda, a CPA with William C. Skaryd & Company and a volunteer for the Small Business Development Center (SBDC).*

SBDC: *What factors determine whether an individual is an employee or an independent contractor?*
Blanda: It would likely be concluded that an employer/employee relationship exists if the business owner:

- Provides extensive training and/or instructions as to when, where and how the work is to be performed.
- Sets specific work hours.
- Requires a full-time commitment.
- Requires the submission of periodic reports.
- Reimburses the individual for business and travel expenses.
- Provides the individual with the tools and materials necessary to conduct the agreed-upon service.

SBDC: *What procedures should a business owner follow to indicate, on payroll records, the status of an individual as an independent contractor?*
Blanda: Several tests need to be met in order to assure that the individual's employment status falls within the safe harbor provisions of the tax law. The first is a consistency test. It must be shown that an individual has been consistently treated as an independent contractor.

The individual who, over time, has changed back and forth between employee and independent contractor will not fall within this safe harbor position.

The second test is a reporting test. It is important for the business owner to correctly and timely file all federal payroll and information tax returns. Any individual working as an independent contractor should receive a 1099 form for a given tax year if the total compensation paid to that individual is $600 or more.

The third test is a "reasonableness" test. The taxpayer should have a reasonable basis for concluding that an individual is an independent contractor. Factors which enter into consideration would be:

- Precedence set by prior tax cases or a private letter ruling.
- A past Internal Revenue Service audit which found that the independent contractor status was appropriate.
- Industry practice showing that it is common for individuals working in a specific industry be treated as independent contractors rather than employees.

SBDC: *What does an independent contractor need to be concerned with for tax purposes?*
Blanda: An individual operating as an independent contractor is, in effect, a business owner. In filing his/her individual income tax return, a tax from Schedule C should be included with the return. This schedule would report all income earned and any expenses directly related to the generation of that income. The net figures shown on this Form is the taxable amount of income for the individual.

This information is meant to provide general knowledge of the subject in question. It is always best to consult with your own professionals before making any final decisions. ■

CLIENT TESTIMONIAL

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Client Overview
From several locations in Ohio and Indiana, McDonald Equipment Company distributes American manufactured generators and European manufactured industrial engines to the recreational vehicle industry. A network containing 175 dealerships provides equipment to electronics contractors in original equipment manufacturing facilities.

McDonald Equipment Company has made the Inc. Magazine's 500 List, highlighting America's 500 fastest growing businesses, three of the last four years. Current revenues are well in excess of $30 million, and owner Chuck McDonald, a Cleveland entrepreneur, expects that the 1990's will be a period of even greater growth.

Services Retained
McDonald Equipment Company retains Saltz, Shamis & Goldfarb, Inc. for general accounting, tax planning and tax compliance purposes. The accounting firm worked closely with Chuck McDonald in structuring the sale of a company division and in developing a succession and estate plan.

During the 30 years that McDonald Equipment Company and Saltz, Shamis & Goldfarb, Inc. have been associated, Saltz, Shamis & Goldfarb, Inc.'s accurate, reliable and solid tax advice has translated into substantial tax savings for the company.

Workers' Comp: Fixing The System

Reform of Ohio's Workers' Compensation system has been a top COSE priority for a long time. 1992 will be the year some significant changes are made — but it's up to small business to spur the Ohio General Assembly into action.

In January, 1991, Governor George Voinovich instituted a Workers' Compensation Operations Improvement Task Force to study the system and suggest necessary changes. McKinsey and Company conducted an in-depth review of the Bureau of Worker' Compensation (BWC) and the Ohio Industrial Commission. The final report was released in September, 1991.

COSE has endorsed the proposal as a model for reform and is pushing for legislative changes.

Contact your state legislators and urge them to support comprehensive reform NOW!

The McKinsey study first clearly states that fixing the system will require a "dramatic departure from traditional practices." In addition, a piece-meal approach will not work. The study offers four recommendations:

Improve Service, Timeliness, Cost

This would occur by restructuring the Bureau of Workers' Compensation operations. Transforming BWC into a service-oriented operation should begin with a restructuring of Risk Management and Claims Management operations. Effective implementation can result in increased service and a 30% reduction in overall system costs.

- Risk Management Reforms:
  1) Restructure current activities into industry-specialized risk teams that bring together loss prevention, underwriting and account auditing capabilities so employers have a single contact point.
  2) Allow risk teams to tailor products for individual employers and to match services to employer-specific requirements.
  3) Improve accuracy in pricing to more closely match employer risk.
- Claims Management reforms:
  1) Restructure claims management activities into decentralized, multi-disciplinary teams with life-cycle responsibility for claims from specific accounts.
  2) Develop systems and procedures to support early notification, intervention and resolution of claims.
  3) Expand subrogation rights
  4) Remove benefit structure disincentive to returning to work.

Accelerate Improvement Timetable

The pace of performance improvements can be sped up by leveraging private sector capabilities. The current infrastructure is inadequate to support the close to 100,000 new lost time claims received annually. This burden is increased by the need to continue tracking the 5 million open claims in the system.

Using the private sector to assist the Bureau will allow for substantial improvements in service to be made in two years instead of a projected eight years.

Improve The Process

Refocus and streamline Industrial Commission (IC) activities in order to improve consistency and timeliness of the adjudication process. Currently, the Industrial Commission's involvement in claims administration and an inability to resolve issues early in the process forces workers and employers to potentially wait years for resolution.

The McKinsey study recommends the following changes:

- Focus the IC exclusively on disputes arising from administrative determinations, eliminating their jurisdiction over claims settlements.
- Eliminate Regional Boards and mandatory de novo reviews.
- Focus the Industrial Commissioners on matters of policy and precedent to be used as guidelines by hearing officers.

Monitor System Performance

Focus the Workers' Compensation system on improving performance by realigning government oversight from controlling system inputs to monitoring system performance.

Currently, the leaders of the Workers' Compensation system are diverted from their primary mission — improving performance — and consumed in political negotiations. Therefore, no one can be held accountable for transforming the system.

By giving the Board of the Bureau of Workers' Compensation the authority to act, and insisting that the General Assembly serve as the "watchdog" — a beneficial balance is added to the system.

Get Involved!

Small business people must speak out on this issue. COSE's Government Action Group has started, but we need your help. Contact Suzanne Martin at 621-3300, ext. 203 and get involved today. ■

YOU CAN MAKE A DIFFERENCE!

Join COSE's Government Action Group

Call 621-3300 ext. 203

Webb Named CADC Vice President

Charles Webb

With Cleveland now a forerunner in economic development, the Growth Association continues to recruit leading professionals to ensure the city remains one of those first considered for business expansion and attraction.

GCGA has brought on board nationally-recognized economic developer Charles Webb as vice president of the Cleveland Area Development Corporation.

Webb, who succeeds William Plato, will oversee GCGA's economic development program.

Webb most recently served as director of national marketing for The Corporex Companies, which are regional development firms involved with developing office buildings and office parks in Ohio, Kentucky, Georgia and Florida.

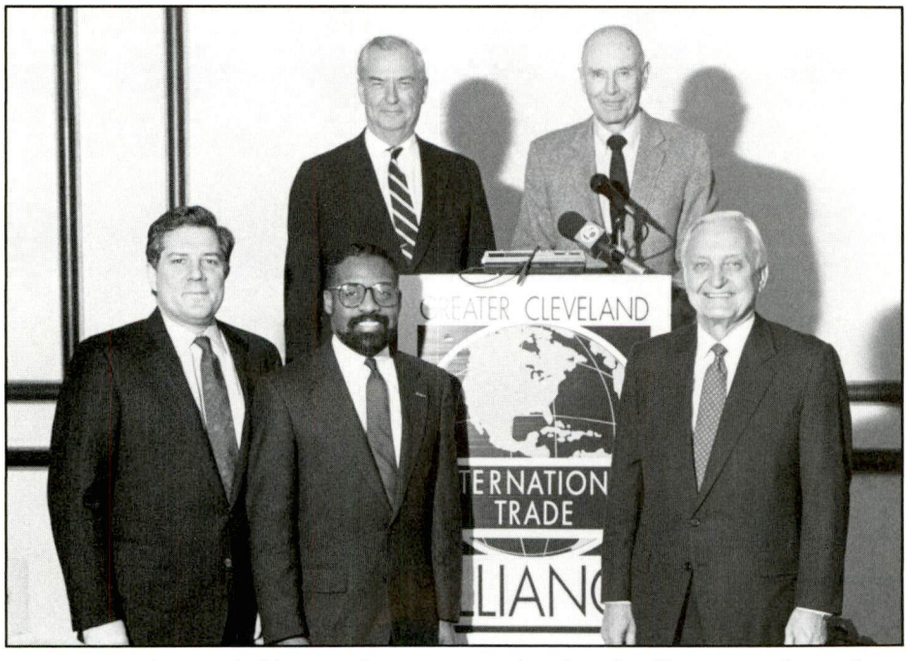
Prior to joining The Corporex Companies, Webb headed his own business, Profile Associates, a consulting firm specializing in development counseling for large company owners.

Webb also brings 16 years of top level chamber of commerce experience to the Growth Association. He has served as executive vice president of the Winston-Salem Chamber of Commerce, executive vice president of the Greater Des Moines Chamber of Commerce and group executive of economic development for the Greater Cincinnati Chamber of Commerce.

Upon receiving his Master of Arts Degree from Florida State University in 1966, Webb assumed the position of Administrator of the New Industry Bureau for the Florida Department of Commerce where he worked until 1977.

When asked what his short-term goals are as new vice president of CADC, Webb said he plans to get acquainted with the "personality" of Greater Cleveland's communities so they can be marketed in a dynamic manner.

"What interests me in this position is the fact that Cleveland and Northeast Ohio are now on most short lists for economic expansion — we are a leading city and region— and the fact that the Growth Association is one of the most respected organizations in the entire country," said Webb. ■



At a news conference held December 17, International Trade Alliance Board Members gather for the kick-off. From left to right; County Commissioner Timothy Hagan, Mayor Michael R. White, GCGA Chairman Richard W. Pogue, Port Authority Chairman Jay Ehle, and Alliance Chairman Adolph Posnick.

GCGA Helps Plan Winter Escape

Activity will surround Public Square as the Growth Association's Downtown Business Council presents its fourth annual Winter'Scape festival. The event takes place at Public Square during the weekend of **February 14-16**. An ice sculpture competition and a snow volleyball tournament are just two of the many weekend events.

Musical entertainment, hot food and beverage will continue throughout the weekend. Call the Growth Association at 621-3300 for more information on this event. ■

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WINOC

Periodically the COSE Update *profiles area resources which have fostered economic development through entrepreneurship.*

Contrary to the belief of many Northeast Ohio residents, Greater Cleveland is still a strong manufacturing region. And to address the growing need for companies to become more competitive, the Work in Northeast Ohio Council (WINOC) was created in 1981.

WINOC was formed to help small to medium-sized manufacturers improve their productivity, quality and employee involvement and, in turn, their competitive position.

Today more than ever WINOC's mission really makes sense. As organizations become customer-obsessed and quality-driven, WINOC's resources and training help fill the gap between where companies are now and where they want to be next year or 10 years down the road.

During its ten year history, over 300 organizations have received assistance from WINOC on how to implement people-based improvement processes.

Within its 17 county service area, WINOC offers the following total quality services:

Total Quality Assessment

WINOC's comprehensive assessment is based on good business practices like the Malcolm Baldrige National Quality Award criteria and ISO 9000 Standards.

The assessment report helps small businesses identify their strengths and weaknesses in the areas of quality and productivity. The key to success is to have a customer-focused improvement strategy involving all employees in the process.

Employee Training

Employee involvement forms stronger working relationships based on trust, mutual concern, respect and open communication. WINOC helps organizations form employee involvement teams to identify, analyze and formulate solutions to problems in their work area.

Management Training

WINOC training of management in participative techniques uses an interactive approach to help employees, both salaried and hourly, understand behavior and effective leadership styles and how to ensure more effective meetings using group problem-solving techniques.

Customer Satisfaction

This program develops the skills necessary to produce an "I care" attitude when serving internal staff as well as external customers. When management and employees work together to improve customer service; productivity, morale, attitude and communication improvement are the natural outcome.

Gainsharing Programs

A gainsharing system supplements traditional salaries or wages by rewarding employees with a performance bonus for actual improvement in measured productivity. WINOC advisors assist in planning, development and implementation at the worksite.

WINOC has helped improve the competitive climate in Northeast Ohio. For further information about WINOC, call (216) 749-0150.■

By Lisa Kay

Kay is manager of communications, WINOC.

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Member Benefits

Here are some of the benefits and services available to COSE member companies and their employees:

Insurance Programs

- Blue Cross & Blue Shield of Ohio
  —Group Sales Office: 642-3130
  Products A-D, Super Blue 1-4, Preferred Care of Ohio, HMO Health Ohio, Medifil
  —Customer Service: 687-7444
  *Products A-D, Super Blue 1-4 and Medifil. Hospital charges, I.D. cards, blank claim forms, doctor charges/major medical claims
  *Preferred Care: 522-8686 or 1-800-367-7655
  *HMO Health Ohio: 522-8622 or 1-800-258-3466
- Kaiser Permanente - 621-5600
  Enrollment Services: x5237
- Medical Life Insurance Company
  —Sales Office - 642-3130
  —Customer Service - 687-6800
- CIGNA Dental Options
  —Group Sales: 687-7100
  —Customer Service
  *Managed Care: 1-800-367-1037
  *Traditional: 1-800-338-7622
- Combined Insurance Long-Term Disability IMAGE Plan
  Ted Pinkerton - 751-7222

Services

- COSE Group Services - 687-7100
  All billing and enrollment of insurance plans
- TRW Credit Reports offered by HQ 779-3264
- Gates, McDonald - 781-5555
  Workers' Compensation Services - Steve Kessler
- COSE Management Assistance Program - 621-3300
- Business Start-Up Line - 398-9113
  Free information on how-to start a business - covers 50 topics

Member Discounts

- Cellular One - 642-1600
  Preferred Subscriber Program
  Patricia Bonk
- Lube Stop - $4.00 discounts on oil and lube. Call COSE office for discount coupons.
- Park Air Express - $2.00 per day discount for airport parking and the seventh consecutive day of parking free. Call the COSE office for discount coupons.
- Speedy Muffler King — Discounts for company- or employee-owned vehicles. Call the COSE office for discount coupons.■

For More Information On Member Benefits Call COSE At 621-3300.

15% Ad Discount In *COSE Update*

As a membership benefit, COSE member companies are entitled to a **15% discount** on all display ads reserved in the *COSE Update*. Advertising is currently being reserved for the April, 1992 *COSE Update*. Editorial theme: Business Planning. Closing date for space reservations: February 10.

For a rate card or ad placement, call Fran Feiner, *Update* advertising manager, at 621-3300, ext. 370.■

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And while some insurance company rates have skyrocketed 152%* during the past five years, COSE rates have risen 57%, about 10% a year.

We keep rate increases down while offering you the highest quality group health insurance plans. Plans that guarantee new employees will be covered – at standard rates. Plans that guarantee your rate through June 30th next year. Plans that limit any possible rate increases after that.

This is why 90% of the COSE group renews every year. Many insurance companies lose as much as half their small business customers annually. And of the few who drop out of the COSE group to try another health plan, half come back to COSE the next year. Fortunately, they still qualify.

As a COSE member, you also get the advantage of thousands of valuable business contacts, good information and plenty of opportunity for qualified counsel.

If you're buying health care coverage for your business, your choices are simple. Get a high-quality plan and big savings with COSE, or suffer the consequences with someone else.

**ANNUAL RATE INCREASE.
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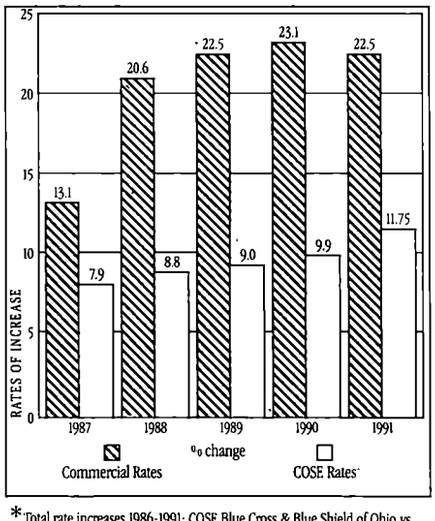

*Total rate increases 1986-1991; COSE Blue Cross & Blue Shield of Ohio vs. four major insurance carriers operating in Northeast Ohio. Rates for qualifying companies may vary due to composition of workforce and other factors. Details on request.

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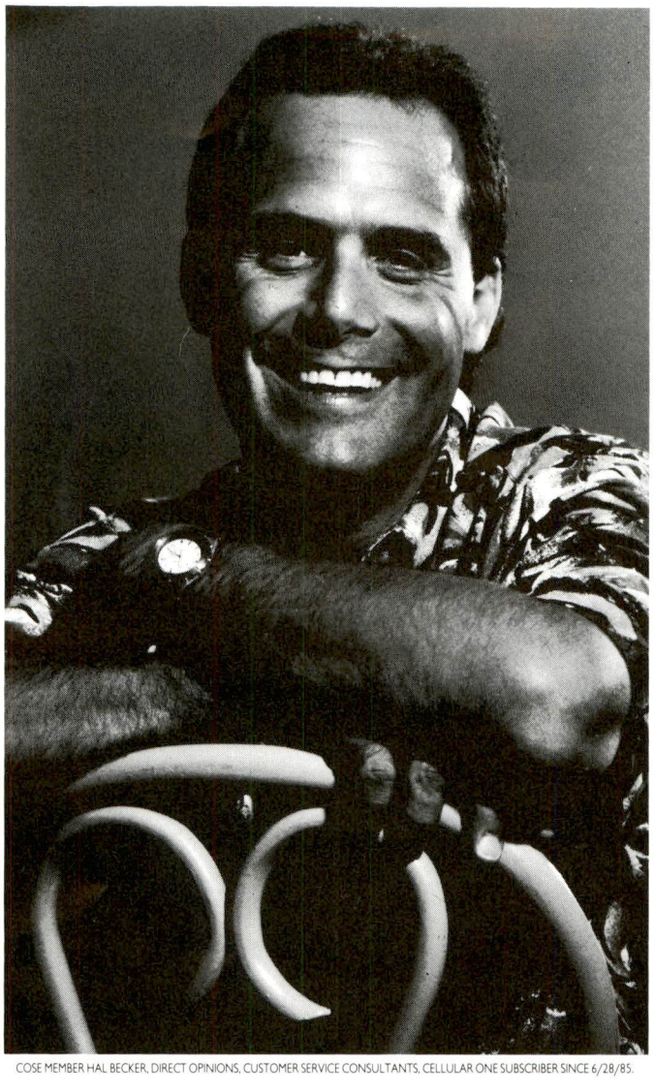

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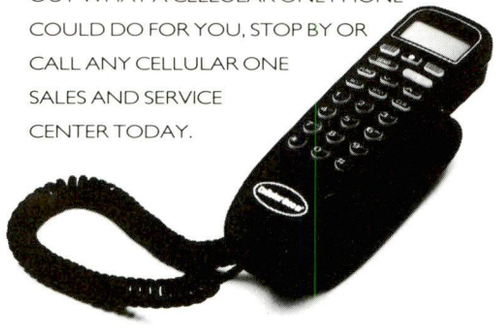

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