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Folder Title:
Health Care Event--San Diego [CA] Rotary Club 2/7/92 [OA 7568] [1]

Stack:	Row:	Section:	Shelf:	Position:
G	26	22	3	1

THE WHITE HOUSE

WASHINGTON

January 2, 1992

MEMORANDUM FOR RECORDS MANAGEMENT

FROM: Drucie Scaling *DS*
Administrative Officer
Office of Speechwriting
Room 116, x7702

SUBJECT: FILING OF PRESIDENTIAL SPEECH FOLDERS

The files listed below were compiled by the Office of Research for use in President Bush's speeches. These files are the backup material for each of the President's speeches as they are listed. The Speechwriters were Dan McGroarty, Tony Snow, Andrew Ferguson, Jean Bunton, Beth Hinchliffe, Robert Simon, Joseph Duggan, and Curtis J. Smith. The Researchers were Robert Simon, Jean Bunton, Carol Aarhus, Jennifer Grossman, Gary Gershowitz, and Michele Nix. The date, location of the speech, and Writer and Researcher assigned to the speech are listed below.

2/7/92	Health Care Event San Diego, CA	Smith/Grossman
2/10/92	Healthy Children Washington	Ferguson/Aarhus
2/11/92	Demirel Departure South Lawn	Smith/Grossman
2/11/92	Multilateral Investment Fund Roosevelt Room	Duggan/Nix
2/11/92	Chi Chi Rodriguez Video	Bunton
2/12/92	New Hampshire State Legis. Concord, NH	
2/12/92	Announcement Speech Washington	Snow/Simon
2/12/92	US First Manchester, NH	Simon
2/13/92	Maryland Const. Visit Baltimore, MD	Ferguson/Aarhus

OA 7568

2/15/92	Nashna Arrival Nashna, NH	Smith/Grossman
2/15/92	Pinkerton Academy Derry, NH	McGroarty/Bunton
2/16/92	ASIC Talking Points New Hampshire	Snow/Nix
2/19/92	African-American Hist. Month East Room	Smith/Grossman
2/19/92	Oak Ridge Knowville, TN	Ferguson/Gershowitz
2/20/92	Departure Statement South Lawn	Hinchliffe/Nix
2/21/92	Amer. Legislative Exch. Council Room 450 OEOB	Hinchliffe/Nix
2/21/92	Alabama Hall of Fame Video	Smith/Grossman
2/22/92	Radio Address to Nation	Snow/Grossman
2/24/92	US Chamber of Commerce Constitution Hall	Duggan/Simon
2/24/92	Chevy Chase High School Chevy Chase, MD	Ferguson/Aarhus
2/25/92	US Mexico Environ. Plan LA, CA	Duggan/Simon
2/25/92	B/Q Fundraiser San Francisco, CA	McGroarty/Bunton
2/25/92	San Antonio Spurs San Antonio, TX	Hinchliffe/ Nix
2/25/92	B/Q Fundraiser LA, CA	Snow/Gershowitz/ Grossman
2/26/92	San Antonio Drug Summit San Antonio, TX	Duggan/Simon
2/28/92	Livestock Show Houston, TX	Smith/Gershowitz
2/29/92	GA Republican Party Atlanta, GA	McGroarty/Bunton

OA 7568

THE WHITE HOUSE

Office of the Press Secretary
(San Diego, California)

For Immediate Release

February 7, 1992

REMARKS BY THE PRESIDENT
TO THE SAN DIEGO ROTARY CLUB

Sheraton Island Harbor Hotel
San Diego, California

10:20 A.M. PST

THE PRESIDENT: Thank you all very, very much for that welcome. And, Governor Wilson -- Pete -- thank you for that introduction, for being at my side in so many battles that I think affect this country. May I also salute Secretary Lou Sullivan, our distinguished Secretary of HHS who is sitting here, who came with me today. The Surgeon General, Surgeon General Novello is here somewhere out in the audience, sitting right over here. And next to her, Bill Roper, who is the head of the CDC, the Center for Disease Control, in Atlanta; and Dr. James Mason, who is our Assistant Secretary of HHS for Public Health.

So you are surrounded, literally surrounded by health experts -- our very best. And they are awful good and I'm proud to be working at their side as we come to grips with some of these problems facing our nation in health care.

May I also salute the members of Congress who are here: Representative Duke Cunningham, over here; Duncan Hunter I believe is with us, too. Bill Lowery and Ron Packard, somewhere modestly in the crowd. (Applause.) We've got a wonderful representation from this broad area in Washington, D.C.

And may I thank Craig Evanco, the President of this Rotary Club, for assembling such a distinguished group at an awkward time, I'm sure, for some. But in any event, I'm just delighted to be here. And let me salute all, ladies and gentlemen.

It's a pleasure to be in San Diego. I've always loved it; been here many, many times. This is where I set sail for overseas way back in 1944, and this is where I returned to from overseas. And ever since then I've been coming here a great deal. It's a truly American jewel. And thank you for the privilege of visiting this beautiful city on the Pacific once again.

I know that the eyes of the sailing enthusiasts are again on San Diego this year with the America's Cup competition. And if you run low on wind -- (laughter) -- no, we've got a surplus back in Washington and we'd be glad to help out. (Laughter.) But good luck on all of that.

Earlier today -- and I apologize for keeping you all waiting by some 15 minutes, I'm afraid -- but I visited a catalyst of caring; something that I'm sure everyone in this Rotary Club that believes in service is proud of -- the Logan Heights Family Health Center, founded by one Laura Rodriguez, one of what we call a Point of Light, one of San Diego's true Points

MORE

of Light. And I saw the families and the children and watched one little guy get immunized there. Later, I had a chance to talk with the parents and community leaders about how greater immunization can increase illness prevention.

This morning, like immunization, I will try to be brief -- and also like immunization, I will try to keep the pain to a minimum. I was so moved by that warm response to just being here that I'm sorely tempted to give a flamboyant political speech here today. (Laughter.) But I'm going to resist that because I think we've got a lot to get done for the country in health care, and I want to talk to you about that subject and discuss how prevention can achieve a priceless gift: good health in America. So let me begin, then, with an equation: Good health equals a change in the health care system plus a change in the way we act.

This country has the best health care system in the world -- the best. The quality of health care in America is unrivaled. You couldn't tell it from some of the political criticism, but it is unrivaled. So that's not the problem. Rather, the problem is, first, that too many Americans are excluded, leaving one-seventh of our people without health insurance coverage. And second, millions of Americans fear losing access to coverage when they change jobs or develop illness. This is absolutely unacceptable for the United States of America, and it's got to stop.

Finally, health care costs too much. And this year -- listen to this number now -- this year Americans will pay more than \$800 billion for health care, one-tenth of all we spend. The health of our economy and the health of our nation cannot afford it. And we've got to do something about it. And now is the time to start. (Applause.)

Imagine. Let's say you're making do -- just getting by in your current job that offers health care for your disabled child. Let's say you get offered a better job with a higher salary. You want to take it. You need to take it. But you can't take the chance that it won't cover your child. That is not the American way. And I know we can do better, and my plan does. And we've got to roll up our sleeves and meet this challenge head on.

Affordability, access, portability -- these are the issues we've got to address. So yesterday in Cleveland, I announced a pioneering plan to do just that: to stabilize costs, ensure access, and free workers from the fear of losing coverage. My plan will preserve what works and reform what doesn't work. It consists of four points -- and I ask you to support this plan and help me make the best system in the world even better.

First, our plan will make health insurance more accessible by making it more affordable for millions of low-to-middle income families. For low-income families, I want a health insurance credit of up to \$3,750 a year to help them buy insurance; for middle-income, a tax deduction up to the same amount. Second, we will cut health care costs by making it more efficient. Studies show that the larger the group being insured, the lower the cost per individual. So we will create what we call health insurance networks that help companies band together and cut administrative costs.

And the third point will also lower costs. We must reform medical malpractice litigation. (Applause.) Today we have too many malpractice suits driving up costs for a doctor, a nurse, or a hospital stay. And I might say parenthetically this

MORE

malpractice suit is just a symptom of what's happening all across the business spectrum in this country and in the eleemosynary area, like in the little league. We've got too darn many lawsuits out there, very candidly. (Applause.) A recent study found that -- listen to this one -- that in 1989 the cost of defensive medicine, just for physicians' expenditures to be over \$20 billion, or nearly 18 percent of their total costs.

I don't want to get into trouble with the Bar Association -- (laughter) -- but I once quoted to someone that line, "An apple a day keeps the doctor away. He says, What works for lawyers?" (Laughter.) But this is a very serious point, and here's what will work for America: Let's spend as much time building a better health system as we do wrestling with our legal system. We'd do better caring for each other if we stop solving problems by suing each other. (Applause.)

And that brings me to point four. We will cut the outrageous growth of federal health programs -- growth, now -- listen carefully to what I've said -- we will cut the growth of health programs like Medicare so that we can protect the benefits. And our reform program will cut costs, ensure choice, and give everyone -- rich or poor, sick or healthy -- access to health care.

And yet there are those who, like an old dog, refuse to learn new tricks. Instead of a better health care system, they demand a nationalized health system. Very candidly, you want to call it what it is, that means a socialized system. Let me tell you straight. I will not allow those people to give American a prescription for failure. I am going to fight against a nationalized socialized medicine approach for this country. (Applause.)

Folks who want national health care are the same people who said that Tony Gwynn would never amount to much of a hitter. (Laughter.) Now, they can't see the future. They think socialized medicine -- everything provided by the government, totally government-controlled medical care -- is just the ticket for health care in America. And what they're not saying is it's also the ticket for treatment waiting lines.

Anyone who's spent months checking the mail for that income tax refund, or tried to track down a missing social security check, or wasted a day in line at the Department of Motor Vehicles is going to think long and hard before they let the government play doctor. (Applause.) Some say nationalized health care would serve everyone. Sure, it would -- yes, just like a restaurant that serves bad food -- but in very generous proportions. (Laughter.)

Look at countries where socialized medicine violates the number one rule of the medical profession: "Do no harm." They can tell you, nationalized health care is a nationalized disaster. And it's true, socialized medicine plans have increased exports to our country. But what are the exports? I'll tell you: patients coming here for prompt surgery and the finest care in the world. Doctors coming here for better working conditions.

And as long as I am President, we are not -- again, I want to repeat it -- we are not going to go down the road of nationalized health care. And nor will we jump from the frying pan into the fire. I oppose the other government-takeover plan. They call it pay or play, where employers are forced either to

MORE

accept a health insurance plan or pay a payroll tax and join the government plan.

The play-or-pay choice costs jobs and money. And it reminds of the guy with the gun in your back, who says your money or your life. Jack Benny used to respond by saying, "I'm thinking, I'm thinking." (Laughter.) Well, we'd better think long and hard about a pay-or-play plan that would make us pay, and pay, and pay -- and drive a lot of small businesses out of work, out of business in the first place. And I'm not going to let Congress try to cure America's health care ailments by binding wounds in red tape.

I have proposed a plan that is sensible and really it will work. And I ask you to help, too. One of the best ways is keeping people healthy -- keeping them healthy. So let me talk just a minute about how we must also change the way we act. And in this field I again salute Dr. Sullivan, our Secretary of HHS who's been way out in front of the power curve on this concept. If you'll forgive me for altering an old saying -- Pete used it a minute ago -- "A pound of prevention is worth a ton of cure."

My good friend, Lou -- Dr. Sullivan -- has said, better control of fewer than 10 risk factors could prevent up to 70 percent of premature deaths, one-third of all cases of acute disability and two-thirds of all cases of long-lasting disability, and, yes, many, many AIDS cases. And if you exercise and eat right and don't smoke or abuse drugs and drink less and avoid risky sexual behavior, you live longer. And America will live better. And let's change the behavior that costs society tens of billions -- this is no exaggeration -- tens of billions of dollars in lost earnings and productivity, treatment related programs, accidents and certainly crime.

Maybe I am a little old-fashioned, but I believe personal responsibility has a lot to do with making America a better country. (Applause.) And now let's also act through another prevention measure, immunization. With health care costs stretched to the limit, we can't afford not to immunize our youngest children.

And last June, Secretary Sullivan and I announced our administration's Immunization Initiative. And our goal was simple, to bring immunization to every American child. This effort pays huge dividends. Every \$1 spent for immunization now for measles, mumps, and rubella saves an estimated \$14 later on.

Consider two facts. Two years ago, measles cases soared to a high of 27,000. In 1989 to '90 alone, measles caused 130 deaths, 60 percent of which were children under five years of age. Because of our Immunization Initiative we now have a national blueprint to bring this needless and tragic story to a speedier end. We're also working on immunization's equivalent of putting a man on the moon -- the one-time, all-in-one vaccine that immunizes a child against all vaccine preventable childhood diseases.

You know, since September of 1991 there's not been a single reported polio case in the Americas. Now, that's an extraordinary immunization accomplishment. We've got to do better. And that's why we've more than tripled the dollars for federal immunization efforts since I took office in 1988 -- '89, January -- (laughter) -- from \$98 million to \$297 million for 1992. And our work will only be complete when we eradicate these terrible diseases not only from our neighborhoods, but from the world's as well.

Let me tell you a story about a family right here in San Diego. Michael and Barbara Baines had always watched closely over the health of their children. And last year they were preparing for the holidays but they were not prepared for the news -- their two littlest stricken by whooping cough. Thank God, two-and-a-half year old Kensington has now left the hospital and little 18-month old Colleen has stabilized. And as Michael and Barbara prayed they asked that other parents would not make the same mistake. And said Michael, "You can't fight something you can't see. You've got to have them immunized, give them as much protection as you can as early as you can."

It's because of families like the Baines that I put forth this message: We need improved immunization. We also need earlier immunization -- not merely of school-age kids where immunization approaches 100 percent, but of our smallest victims, where a year of wait can be a year too long. Kids need to be completely vaccinated in the first and second years of life. Yet immunization rates at two years of age are only 50 percent in many states and often as low as 10 percent in some of the inner cities. We have to change that and I am determined that we will.

It won't be easy to immunize every child. And yet the government will do its part. And the private sector needs to do its part as well. We need to help it try creative ideas like one-stop shopping for health care, and escorted referral for express lane immunization at the clinics. And finally I ask each of you -- mothers, fathers, spouses, friends -- call your health official or physician. Join groups which encourage childhood immunization. Please, please, make sure your child is immunized.

I have outlined today a reform program to make health care accessible and affordable. It's a program which rejects outright the dead end of government-controlled, of socialized medicine -- a program which will be good medicine for the American economy and the American people. And so please help me take this message to the Congress: "He who has health has hope, and he who has hope has everything." I need your support. I need you to be involved. And let's bring quality health care to every American.

You know, when I was little, I read a quote by Saint Francis of Assisi. "Give me a child until he is seven," he wrote, "and you may have him afterward." Through a better system and better behavior, we can ensure that the future will have our children afterward -- hoping, building, dreaming -- as Americans always have and as Americans always will.

Thank you very, very much and may God bless the United States of America. Thank you. (Applause.)

END

10:43 A.M. PST

(Smith/Grossman)
January 31, 1992
SHOT

PRESIDENTIAL REMARKS: ROTARY CLUB
SAN DIEGO, CALIFORNIA
FRIDAY, FEBRUARY 7, 1992

*America the
quotable
p. 113*

It is a delight to be in what, nearly thirty years ago, a
writer called "a pleasant and leisurely city . . . [glistening]
under a flood of sunlight." // Today, San Diego shines and
bustles -- a truly American jewel. // Thank you for the
privilege of visiting this Valhalla on the Pacific. //

((I know that the eyes of sailing enthusiasts are on San
Diego this year with the "America's Cup" competition in progress.
// If you run low on wind, let me know -- I can send you some of
the surplus we have in Washington.)) //

*JB Memo
of 1/29/92
LHFHC
Annual
Report*

Earlier today, I visited a site with a surplus of caring --
the Logan Heights Family Health Center. I saw the families and
the children / watched little ones being immunized / and listened
to cries that will pre-empt future tears. // Later, I talked
with parents and community leaders about how greater immunization
can increase illness prevention. //

This afternoon, I want to discuss how prevention can achieve
a priceless gift: Good health in America. // Let me begin with
an equation: Good health equals a change in the health care
system plus a change in the way we act. //

All of us know the problem with America's health care
system. Health care costs too much. This year, Americans will

1/7 Uninsured
(14%)

Many people

IN 2

SOTU

pay over \$800 billion ~~in~~ health care -- one-tenth of all we spend. / So yesterday in Cleveland, I announced a plan to reform the system. My plan also attacks its other flaw: Too many are excluded -- leaving one-seventh of our people without access to health insurance when they change jobs, or develop illness. //

Imagine. Let's say you're making do -- getting by on a low-paying job -- a job that offers health coverage for your disabled child. / Let's say you get offered a better job with a higher salary. You want to take it. / You need to take it. / But you can't take the chance it won't cover your child. //

Some say the answer is a nationalized health system. ((These are the same folks who said that Tony Gwynn would never amount to much of a hitter.)) // These people believe socialized medicine is just the ticket for health care in America. What they're not saying is that ticket is a number you have to take to stand in line and wait your turn for treatment. //

Now, I'll admit that Canada's system of socialized medicine has increased that country's exports. What's been exported are patients coming to the U.S. for prompt surgery and doctors coming here for better working conditions. // As long as I am President, we will not go down the dead-end road of nationalized health care. // Nor will I accept another government-t takeover plan: Pay or play -- where employers are forced either to accept a health insurance plan or pay a payroll tax and join the government plan. // It's like the joke about choosing your own poison: The

hangman or the pill. // Socialized health care is a prescription for failure. Yesterday, I announced a program for success. //

My plan will preserve what works -- reform what doesn't -- and thus stabilize soaring health care bills. It consists of five points -- each based on choice. // First, we will make health insurance more affordable for low-to-middle income families. For low-income families, I want a health insurance credit of up to \$3,750 a year to help them buy insurance: For middle-income, a tax deduction for the same amount. / Second, we will make health care more efficient. How? In part, through Health Insurance Networks that cut administrative costs. /

The third point will also lower costs. Today we have too many malpractice suits / too many lawyers / too many hustlers looking to soak the system. ((I don't want to get into trouble with the Bar Association, but I once quoted to someone that line, "An apple a day keeps the doctor away." He said, "What works for lawyers?")) // By reforming malpractice, ^{litigation} we're going to slash waste and excess in the present system. / That brings me to point four. We will cut the outrageous growth -- so that we can protect the benefits -- of Federal health programs like Medicare. / Finally, we will expand information to help consumers know more / act ^{more} wisely and shop better in choosing health care.

These five points will cut costs / ensure choice / and give everyone -- rich or poor; sick or healthy -- access to the world's best health care. / Yet an even better way to cut costs is to keep people from getting sick. So I want to talk about how

5-Point
Plan

we can change the way we act. / If you'll forgive me for altering an old saying: "A pound of prevention is worth a ton of cure."//

My good friend and Secretary of HHS, Lou Sullivan, has said: "Better control of fewer than 10 risk factors could prevent [up to] 70 percent of premature deaths, one-third of all cases of acute disability, and two-thirds of all cases of long-lasting disability." / If you avoid drugs / smoke less / drink less / and exercise more / you'll live longer. America will live better. //

((You know, this morning I got to thinking about how preventing disease can give kids the chance to build that model airplane / learn to play shortstop for the Padres / go to the world-famous San Diego Zoo. / Someone asked me if I was going to the zoo. I said I didn't have the time, but not to worry. Some consider Washington the San Diego Zoo East.)) //

It is for our children that we must teach that better health equals better lives. // Let's show how exercise can keep you physically and mentally fit. // Let's morally avoid the behavior which last year caused __ deaths by drugs and __ by alcohol / __ by smoking and __ by AIDS. // Let's also act through another prevention measure: immunization. // With health care costs stretched to the limit, we can't afford NOT to immunize our youngest children. //

Last June, Secretary Sullivan and I announced our Administration's Immunization Initiative. Our goal was simple: to bring immunization to every American child. // Since then, he has traveled across America to make this goal reality. //

Hanns
Kotner

HHS
Fact
Sheet
June
13, 1991.

Not just Health costs

* For Measles Mumps Rubella (Sec. Sullivan speech 1/10/92.)

Not Immun. in General

Enlisting the non-profit and private sectors to protect our littlest citizens / our most precious citizens / our future / our kids. // This effort pays huge dividends: Every \$1 spent on

Dean Mason CDC

immunization now saves an estimated \$14 in health costs later. //

Consider two facts. / Last year's ^{Two ago} measles cases soared to a

high of 27,000. In 1989-90 alone, measles ^{caused} killed 130 ^{Deaths} kids ^{in 1991} children. How needless. How tragic. To this wrong which breaks

1990 27,786 27 Deaths in 1991

our hearts, we need immunization to set things right. //

Dr. Bill Atkinson Medical Epidemiologist at CDC (404) 639-1870

((Let me tell you a story about a family right here in San Diego. Michael and Barbara Baines had always watched closely the health of their children. Last year, preparing for the holidays, but they were not prepared for the news -- their two littlest, stricken by whooping cough. // Thank God, 2 and 1/2 year-Kensington has now left the hospital. Little 18-month-old Colleen may have ^{has stabilized} turned the corner. As Michael and Barbara prayed, they asked that other parents would not make the same mistake. // Said Michael: "You can't fight something you see . . . You've got to have them immunized. Give them as much protection as you can -- as early as you can.")) //

updated 8/8/91 1991 7/91

It's because of families like the Baines that I put forth this message: We need improved immunization. We also need earlier immunization. / Not merely of school-age kids -- where immunization approaches 100 percent -- but of our smallest victims -- where a year of wait can be a year too long. // Kids need to be completely vaccinated in the first and second years of life. Yet immunization rates at two years of age are only 50 per

Dean Mason CDC (404) 639-1284

Over 95% in every State

~~Measles (HHS Fact Sheet, 6/13/91) (Sec. Sullivan speech, 1/10/92.)~~

Dean Mason

only in large cities (40-60%)

6 - The exception generally 40-50% one as low as 12%

Below 40% in Cities

cent in many States -- and often as low as 20 per cent in some inner cities. / We have to change that -- and we will. //

It won't be easy to immunize every child: The only place where success comes before work is the dictionary. / Yet government will do its part. Our 1992 budget calls for an additional \$401 million for the CDC immunization program. In addition, we have emphasized our Healthy Start Program. / Today, I again ask Congress to fully fund this initiative to curb infant mortality. Last year, it appropriated only \$25 million. Our kids deserve the funding of more than twice that much. No longer can we simply live and let live. We must live and help live. //

Next, I ask the private sector to do its part. / We need to help it try creative ideas like "one-stop shopping" for health care, and escorted referral for "express lane" immunization at clinics. // Finally, I beseech each of you -- mothers, fathers, spouses, friends. / Call your health official or physician. Join groups which spur childhood immunization. By serving as points of light, you can become stars of life. Please -- please -- make sure your child is immunized. //

When I was little, I read a quote by Saint Francis of Assisi. "Give me a child until he is seven," he wrote, "and you may have him afterward." // Through a better system and better behavior, we can ensure that the future will have our kids afterward -- hoping / building / dreaming / as Americans always have / as Americans always will.

God bless you, and the United States of America.

OMB
Fanny Anderson
4630
Phil Darr
6953
Kim
Gibson
3080
Budget
p. 69
Tom Sculley
OMB
395
5178

Tom Sculley

BB

29 January 1992

MEMO SMEMO FOR JAG

FROM: J BUNTON *[Signature]*

SUBJECT: SITE SURVEY SAN DIEGO/BARRIO HEALTH CARE/SOTU FOLLOW-UP

SETTING: Two tier event: Friday, 7 February 1992
9-10 am
Logan Heights Family Health Center

POTUS: Tours center/ witnesses immunization
gives wailing child sticker for getting stuck

table discussion with 20+ community
le of parents and recently immunized
suss health issues/innitiatives

To Jennifere
 Date 2/3 Time 5:30p

WHILE YOU WERE OUT

M. Bill Gate
 of _____
 Phone 395-547
Area Code Number Extension

TELEPHONED	PLEASE CALL	
CALLED TO SEE YOU	WILL CALL AGAIN	
WANTS TO SEE YOU	URGENT	

RETURNED YOUR CALL

Message Re: # on drug abuse
auto accident
crime *NS*

Operator _____

d 1969 by Laura Rodriguez [age 82]
t recipient, she still opens the
g, ^Spanish style facade, adobe house
ountable discussion, signs inside
see about 75,000 patients a year -
ies, some patients ride the bus all
r for health care

e process of raising capital for
s, rennovating the adobe building to
Track Immunization program,

ter "lay-teachers" who do community
about need for immunization ---
zation package
*will to make luncheon in the center parking lot under
a white canopy - big community event*

Ast. Sec. Health Dr. Mason, Dr.
oper of CDC, Possibly Gov. Wilson,

Director
enter



23-021 CARBONLESS

POTUS GOES TO SHERATON ADDRESS ROTARIANS

ADDRESS TO SAN DIEGO ROTARY CLUB

7 Febraury 1992

SETTING: Breakfast meeting -- speech 10 am
Sheraton Harbour Island Hotel, Grand Ballroom

AUDIENCE: 400 Rotarians, 50-70 health care officials who will
have attended health care summit, officals mentioned in
Logan event

Open Press

Rotary Contact: Chet Lathrop, Exec. Dir. San Diego Rotary
619-299-3309

Both Events Healthcare/SOTU follow-up; healthcare bullets
attached. For HHS detes contact Mike Hess, Confidential Ast. to
Sec. Sullivan HHS 245-0409

Element of Healthcare pertaining to San Diego include
VIP/Fastrack immunization program --- a volatile issue is over
the border healthcare [Mexicans coming in and out of ocuntry]

ACKNOWLEDGEMENTS FOR SAN DIEGO ROTARY

- 1) (introduced by Governor Wilson)
- 2) Sec. Sullivan
- 3) Surgeon General Antonia Novella
- 4) Rotary Club President Craig Evanco
- 5) Mayor Maureen O'Connor

To DOUG
Date 2/5 Time 4:55

WHILE YOU WERE OUT

M Mrs. Kayfort Kline
of _____
Phone 202 245 6867
Area Code Number Extension

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		URGENT	
RETURNED YOUR CALL		<input checked="" type="checkbox"/>	

Message _____

101
sys
0715
Kent
Bart
Operator

Lorraine Fishbein



AMPAD
EFFICIENCY®

23-021

CARBONLESS



City/State: San Diego, CA
 Event: Address Rotary Club
 Date: 1/28/92

OFFICE OF PRESIDENTIAL ADVANCE CONTACT SHEET

Name	Office	Phone Number
Presidential Advance Office		202/456-7565
Presidential Advance Fax Number		202/456-2820
Leo Tomou	WH Advance	202-456-7565
John Herrick	" " - Press	" "
Kris Goodwin	WH Advance	" "
JEANNIE BUNTON	PRESIDENTIAL SPEECHWRITING	202-456-7750
WAYNE JUSTICE	COAST GUARD AIDE TO PRESIDENT MILITARY OFFICE	202 395 1747
Tom Emerick	U S S S	619/557-5640
Cindy Tanguay	Sheraton/Catering Mgr.	619 692 2230
Gordon Errington	WHITE HOUSE COMMUNICATIONS	(202) 395-2000
Butch Wincham	- U.S. Secret Service	619-747-6952
Thomas F Farrell	U.S. Secret Service	202-395-6340
JOSEPH J. PEREZ	U.S. SECRET SERVICE	619/557-5640
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FOR RELEASE UPON DELIVERY
FRIDAY, JANUARY 10, 1992

*REMARKS BY

LOUIS W. SULLIVAN, M.D.

SECRETARY OF HEALTH AND HUMAN SERVICES

IMMUNIZATION SUMMIT PRESS CONFERENCE IN DETROIT

DETROIT, MICHIGAN

*TEXT IS THE BASIS OF SECRETARY SULLIVAN'S ORAL REMARKS.
IT SHOULD BE USED WITH THE UNDERSTANDING THAT SOME MATERIAL MAY
BE ADDED OR OMITTED DURING PRESENTATION.

Thank you. It is a pleasure to be here for the launching of Detroit's Immunization Action Plan. This plan is a crucial part of an historic immunization initiative. Similar plans are in place in Rapid City, (South Dakota), Dallas, and the Phoenix area; San Diego and Philadelphia are soon to follow. Within two years we will have support systems in place nationwide that will result in complete immunizations for at least 90% of our children under 2 years of age.

As you may know, the United States has been experiencing a resurgence of previously conquered communicable childhood diseases. For example, the number of measles cases has increased from a record low of 1500 in 1983, to a high last year of 27,000, and 130 deaths in 1989 - 1990. Without immunizations, the numbers will only get worse. If we want change we must immunize our children to give them the best possible start -- a healthy start.

Detroit has the method -- the vaccines -- to inoculate all of its children. The problem is not one of availability, but access. If we are to increase immunization rates, services need to be improved so that they accommodate all of our children.

In too many cases, children don't receive immunizations because their parents are consumed by problems like drug and alcohol abuse, AIDS, or homelessness. Some parents are overwhelmed by language and cultural barriers. Still others have become complacent because they think that measles, mumps, rubella, and polio, (yes, even polio), have been eliminated from the medical picture. But they're wrong, and we need to let them know how important immunizations are.

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- unghatid
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In many instances, this will require extraordinary measures. Some clinics have extended their hours. Some clinics will be temporarily set up in churches, schools, shopping malls, and housing projects.

The "Bring Your Record Campaign" is an excellent example of another way to stress the importance of immunizations. The campaign will stimulate parents of at-risk children to keep good records, keep appointments, and ensure that their children are fully immunized.

At the federal level, we are providing support and resources for such local efforts. The Centers for Disease Control are experimenting with a variety of approaches -- from express lanes for vaccinations in public clinics, to making vaccines available in emergency rooms and through the Special Supplemental Food Program for Women, Infants, and Children (WIC), and Aid to Families with Dependent Children (AFDC).

The CDC immunization budget has more than doubled from over \$98 million in 1988 to a current budget of \$218 million. President Bush has requested an additional increase of \$40 million for the program. With health costs stretched to the limit, we cannot afford not to immunize. For every \$1 spent on measles, mumps, and rubella immunizations, \$14 are saved.

Because of school regulations, our country's school age children have a level of immunization approaching 100%! However, children being vaccinated to go to school are being vaccinated too late to give them the earliest protection possible. Children need to be completely vaccinated in the first and second years of life. At present, immunization rates at two years of age are only about 50% in many states, and often as low as 20% in some inner-cities. By installing a comprehensive immunization plan, the City of Detroit ensures protection against eight serious, but entirely preventable, diseases which can cripple, maim, and kill.

Food for Thought... Dining Options at the Sheratons on Harbor Island



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"Cyprus Point" at Pebble Beach. The action continues with pool, shuffleboard, air hockey, darts, and more.

Roger Bernier

CDC

Dir. of Incident

Invest. Program

FB: 236-1867

redacted by

Debbie Messick



ITT Sheraton

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S A N D I E G O

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HHS FACT SHEET

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

June 13, 1991
Contact: Bill Grigg-PHS
202/245-6867

IMMUNIZATION INITIATIVE

Immunizations are among the most vital and cost-effective medical interventions available. They save countless lives and prevent untold illness and suffering. They also allow significant savings in health care costs.

Yet, despite the availability of vaccines, many preventable illnesses and deaths are still caused by infectious diseases in the United States each year.

Prior to the licensure of measles vaccine in 1963, an average of 500,000 to 1 million cases of measles was reported annually. Of that number 500-1,000 people died per year.

Despite exceptional progress made in the control of measles since 1963, the nation has experienced a marked resurgence in measles cases and a number of urban epidemics of measles during 1989 and 1990. In the last 2 years, 45,000 cases of measles and over 100 deaths occurred. Almost one-half of all cases have occurred in unvaccinated preschool children.

I. BACKGROUND

Few measures in public health surpass the effectiveness of immunizations. In the United States, 90% or greater reductions from peak reported incidence have been achieved for diphtheria, measles, mumps, pertussis, polio, rubella, congenital rubella syndrome, and tetanus. Even with the recent resurgence of measles, reported cases are still only a fraction of the cases reported in the pre-vaccine era. This success is due to the availability of highly effective vaccines and the high immunization levels achieved prior to and at the time of school entry through the enforcement of school immunization laws. Since the 1981-1982 school year, immunization levels against all routinely used vaccines have been 95% or greater among children entering school.

II. THE MEASLES EPIDEMIC

Measles cases and deaths have risen sharply to more than 18,000 cases and 41 deaths in 1989 (the largest number of reported cases since 1978 and the largest number of deaths in almost two decades). The epidemic intensified during 1990, with over 27,000 reported cases and 60 confirmed deaths.

The current epidemic has hit the Nation's youngest and most vulnerable children hardest. Minority children residing in urban areas faced a 7 to 9 times greater risk of measles than white children of comparable age. Measles vaccine coverage is reported to be as low as 50% among 2-year-olds in some inner-city populations. The principal cause of the measles epidemic is not failure of the vaccine to protect but failure to deliver the vaccine to susceptible children at the recommended age.

Children in the United States should be vaccinated routinely against 8 diseases. The immunization series begins at two months of age with vaccination against diphtheria, tetanus, and pertussis (DTP), polio (oral polio vaccine [OPV]), and Haemophilus b influenzae and ends in the second year of life with the addition of measles, mumps, rubella, and the final doses of the other vaccines. Only 4-5 health care provider visits are needed to prevent these diseases in the vast majority of preschoolers. Despite the relative simplicity of the immunization schedule, many children, particularly in the inner cities, are not being vaccinated on time.

Though state and local health departments hold primary responsibility for childhood immunizations, the federal government--through CDC--has worked closely with them to reach the current high levels of immunization among children entering school.

Specifically, CDC:

- o Provides financial assistance through grants to all states and major city health departments to support immunization outreach programs.
- o Buys vaccines in bulk for state and local health departments so they receive the benefits of better prices for vaccine.
- o Assigns more than 600 CDC specialists as public health advisors to work in states and municipalities. Some 85 of these public health advisors provide technical assistance and coordination for immunization programs.
- o Supports demonstration programs to develop new and better ways to provide immunizations. For example, current support for efforts to provide immunization through agencies where other social services are available.

The CDC budget for immunization activities has grown from \$98,198,000 in 1988 to a current budget of \$217,531,000. The budget proposed for fiscal 1992 is \$257,845,000, an increase of nearly 20 percent over this year.

III. ACTIONS

A number of activities are planned or underway to improve immunization coverage among our nation's preschoolers. Chief among these are:

1. Pilot demonstration projects have begun in three cities (New York City, Jersey City and Chicago) to evaluate the most cost-effective approaches to integrating immunization services with the routine services being delivered by the agencies which run the Women, Infants and Children program (WIC) and the Aid to Families with Dependent Children program. Such programs offer another access point to children. The goal of these demonstration projects is to make immunization more "user friendly" through one-stop-shopping-type techniques. Among the approaches being evaluated, for example, involves screening the children when they come with a parent to a WIC facility and then providing immunizations to those who need them at a facility set up in the same building, next door or nearby.
2. Secretary Louis W. Sullivan and other distinguished HHS health officials with special expertise in this subject -- including the head of the Public Health Service James O. Mason, Surgeon General Antonia C. Novello and Centers for Disease Control Director William Roper -- will travel with teams of immunization experts to six locations: Philadelphia, Detroit, Phoenix, Dallas, San Diego and the area around Rapid City, S.D. Since much of the success of the effort to raise immunization levels will have to come from work done at the state and local level, the federal government's foremost health leaders will work with state and local officials in developing or refining their state or city plans to raise immunization levels to 90% by 2 years of age.
3. The Healthy Mothers, Healthy Babies Coalition will undertake new efforts to increase the awareness of parents and guardians of the importance, efficacy, and safety of childhood immunizations; develop informed advocates and community leaders for adequate resources for immunization services; and, promote the optimal use of resources by fostering collaboration among public and private health care providers and the community. To steer the new efforts, an Immunization Education and Action Committee has been formed within the coalition. The committee is chaired by Dr. Antonia Novello, Surgeon General of the United States.

4. Standards of immunization practice for use in publicly-funded Federal clinics are currently being developed. The standards are aimed at ensuring that administrative and medical barriers to immunization be removed and that immunizations are available and accessible, particularly in high risk, inner-city populations. Some of these standards for clinic immunization practices are expected to apply to providers in private practice as well, particularly those calling for the simultaneous administration of needed vaccines and those calling for the elimination of invalid contraindications.
5. A government-wide Interagency Committee on Immunization has been convened by the National Vaccine Program to develop a plan to improve immunization services. The plan is focused on improving the health care delivery infrastructure for immunization.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

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Jennifer -

*Here's the info on Immunization -
Call me w/ any questions
Debbie*

FROM: Debbie Messick, Deputy Assistant Secretary for Public Affairs

FAX NUMBER: (202) 245-5673

OFFICE NUMBER: (202) 245-1850

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
Friday, January 10, 1992

Contact: HHS Press Office
(202) 245-6343

DETROIT, Mich. -- HHS Secretary Louis W. Sullivan, M.D., today was joined by Governor John Engler and Mayor Coleman Young to unveil the Detroit early childhood immunization plan -- the fourth of six plans developed to address under-immunization of America's youngest and most vulnerable citizens and to ensure 90 percent of children under 2 are fully immunized by the year 2000.

Secretary Sullivan said, "With health care costs stretched to the limit, we can't afford NOT to immunize our youngest children. For every \$1 spent on measles, mumps and rubella immunization, for example, \$14 in costs to society are saved."

Secretary Sullivan was accompanied by U.S. Department of Agriculture Assistant Secretary for Food and Consumer Services Catherine Bertini; HHS Assistant Secretary for Health James O. Mason, M.D., who heads the Public Health Service; Surgeon General Antonia C. Novello, M.D.; and William L. Roper, M.D., director of the Centers for Disease Control.

Under-immunization of our nation's 2-year-olds gained widespread attention recently with the largest reported measles outbreak in the nation in 20 years -- with more than 27,600 cases and 89 deaths reported in 1990. The immunization plan for the Detroit area is its contribution to the nationwide effort to provide more innovative and effective means for vaccinating children who are not now being reached.

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President Bush proclaimed early childhood immunization a priority for his administration in a Rose Garden ceremony for immunization experts on June 13. At that time, he called on Secretary Sullivan and leading public health officials to travel to Dallas, Phoenix, Rapid City (South Dakota), Detroit, San Diego and Philadelphia to see what could be done by local health officials to get "kids (vaccinated) at an earlier age...To solve the problem of late immunization, we've got to assault it from all angles and levels with public health efforts, with creative partnerships between the nonprofit and the private sectors, with conscientious action on the part of parents, teachers and citizens."

A recent analysis of Detroit's 2-year-old population showed that only 57 percent of these children had received the measles, mumps and rubella (MMR) immunization, and only 31 percent had received all vaccines (4 DTP, 3 OPV and 1 MMR). The Detroit plan attempts to correct this situation by improving service delivery. For example, it will:

- o establish new walk-in immunization clinics offering immunizations Monday through Friday, over four hours per day (e.g., Herman Kiefer Complex, Beryl Spruce and Harper-Gratiot);
- o establish a rotating team composed of at least one Public Health Nurse and one clerk to extend hours for immunization services from four to eight hours at Grace Ross, Eastside, Bruce Douglas and Northeast;
- o establish a new immunization service in conjunction with the WIC (Women, Infants and Children) supplemental food program;
- o establish linkages between immunization activities and Detroit area maternal and infant outreach or maternal-child health (MCH) programs;

- More -

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- o establish and provide free immunization services to children 0-4 years of age residing in and/or about Detroit's public housing projects;
- o assess the immunization status and immunize the eligible pediatric in-patient population at Children's Hospital.

The City of Detroit proposes to implement a multilingual "Bring Your Record Campaign" to stimulate parents of at-risk children to keep good records, keep appointments and ensure their children are fully immunized. The campaign will include a variety of materials (posters, billboards, transit cards and pamphlets) and will be promoted simultaneously by primary care centers, WIC centers, evening clinics, private health care providers, Children's Hospital and government agencies. Immunization information packets that are audience-appropriate would be distributed through existing outreach programs like Healthy Start, Latino Outreach Program, Operation Get Down and a number of others.

The plan allows for tracking and assessing immunization levels through unique partnerships with social and health services, such as, Maternal and Child Health/Maternal and Infant Outreach programs, EPSDT, and Detroit Housing Department, to name a few.

Dr. Sullivan complimented the Detroit Health Department on an "outstanding plan" for immunizing children age 2 and younger. "When implemented," Secretary Sullivan said, "the plan will ensure that our most vulnerable, younger children are protected against eight preventable diseases which can cripple, impair and kill-- diphtheria, tetanus, pertussis or whooping cough, polio, measles, mumps, rubella and bacterial meningitis."

The Detroit effort fits into the ongoing national immunization initiative, Dr. Sullivan said.

- o The federal immunization budget has more than doubled in the past three years, growing from \$98.2 million in FY '88 to \$217.5 million in FY '91.
- o The Detroit early childhood immunization plan is the fourth of six local area plans being developed around the country --Dallas, Maricopa County (Phoenix) and (Rapid City) South Dakota have completed their plans; and San Diego and Philadelphia are in development. These cities are representative of areas around the nation and the immunization problems they all face. These plans, when completed, will be used to guide over 56 other immunization project areas around the country as they develop their community-specific plans over the next 12 months. The aim is to have local plans in place, nationwide, to address the under-immunization needs of individual communities.

- More -

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- o The ongoing national immunization initiative consists of several key actions to address under-immunization problems. For example:
- development of new standards for immunization practices to be adopted by all public and private vaccine providers in America;
 - sponsorship of 18 new intervention and assessment demonstration projects in 14 different cities and states to test the effectiveness of new approaches to raising immunization levels;
 - formation of an immunization unit in the Healthy Mothers-Healthy Babies Coalition specifically to address health issues for these constituents, including infant immunization;
 - formation of a federal interagency coordinating committee to unite all key federal partners with a role in immunization.

Getting children immunized in order for them to go to school is not enough, Dr. Mason said: "We as a nation do a great job of getting our kids immunized by the time they go to school -- partly because many school systems require it. But the outbreak of measles shows our kids are vulnerable to fast-moving, potentially crippling epidemics because we are not reaching our children at the appropriate times -- starting at 2 months and at specific times during the first 2 years of life."

At the local press conference, Dr. Sullivan reiterated HHS' commitment to the immunization goal. He said the Centers for Disease Control, a Public Health Service agency within HHS, is committing resources, both people and dollars, to several immunization projects -- (1) pilot projects linking immunization with WIC services, (2) school-based retrospective surveys to assess community-wide immunization levels, (3) pilot tests of new computer software for the purpose of clinic-based immunization assessment and (4) an evaluation of the perinatal Hepatitis B screening and vaccination program. CDC technical experts in data systems management, program administration, evaluation and information-education outreach also provided assistance to Detroit in developing its plan. Dr. Sullivan also stated that he looked forward to coming back to see Detroit's progress in implementing the plan.

The Detroit plan was developed by the city health department in cooperation with public and private sector agencies within the community. Once implemented, these activities will raise immunization coverage levels and, as a result, reduce the number of children who would otherwise suffer from vaccine-preventable disease.

#

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.

cut -- do we have
something like
this in the speech?
If so, check for
match.

"Better control of fewer than 10 risk factors -- such as poor diet, infrequent exercise, tobacco use, alcohol and drug abuse -- could prevent between 40 and 70 percent of all premature deaths, one-third of all cases of acute disability and two-thirds of all cases of long-lasting disability."

JG:
The Sullivan quote
I gave you was
approximate, this
one is accurate
Hans Father

biner our efforts—those of a government properly defined, the marketplace properly understood, and services to others properly engaged. This is the only way—all three of these—to an America whole and good.

It requires all three forces of our national life. First, it requires the power of the free market; second, a competent, compassionate government; and third, the ethic of serving others, including what I call the Points of Light. These three powerful forces create the conditions for communities to be whole and free—and it's time that we harnessed all three of them.

In our complex democracy, power is fragmented. And that can be frustrating. But on balance it's for the good. And power tends to move toward those who serve the greater good: entrepreneurs like John Bryant, a young self-starter who has built a multimillion-dollar enterprise and now helps rebuild inner-city Los Angeles; caring individuals like Mack Stolarski, a retired carpenter who now helps his student apprentices repair homes for the poor and disabled.

And because of the power of the free market, what so much of the world can only imagine, we take for granted: abundant food on the shelves of our supermarkets, quality products at our shopping centers. Nothing beats the free market at generating jobs and income and wealth and a better quality of life.

The good news in communities is that the free market is now applying its resources and know-how to our social problems. Many companies, recognizing that tomorrow's workers are today's students, are leaders of a revolution in American education—partners in the exciting America 2000 strategy. Others are crusaders for environmental protection, while still others are innovators from health care to child care.

Transforming America requires not only the power of the free market, but also a dynamic government. To be the enlightened instrument of the people—the government of Jefferson and Lincoln and Roosevelt, and the embodiment of their vision—it must truly be a force for good.

I believe in this kind of government—a government of compassion and competence. And I believe in backing it up with action. Here tonight, for example, is Mrs. Lauren Jackson-Floyd, one of the first Head

Start graduates. Now she teaches preschoolers in that same marvelous program. Her success is why we expanded Head Start by almost three-quarters of a billion dollars. And last year I signed our child care bill to expand parents' choices in caring for their children.

And we fought for a Clean Air Act that puts the free market in the service of the environment—and we won that one. And the Americans with Disabilities Act, the most important civil rights bill in decades, has brought new dignity and opportunity to our nation's disabled. Disability leaders like Justin Dart and Sandy Parrino and Evan Kemp were right here, right on this platform when I signed it, and they're with us tonight.

Jack Kemp and I stood with Ramona Younger across the river in Charles Houston Community Center, over there in Alexandria. And if the Congress enacts our HOPE Initiative—H-O-P-E—these public housing tenants can become America's newest home owners. Dewey Stokes here, President of the Fraternal Order of Police, wants to help make our neighborhoods safer, and that's why he supports our crime bill. And if we get a civil rights bill—and I want one—like the one I sent to Congress, we will take an important step against discrimination in the workplace.

This is not big government—this is good government.

And finally, along with the forces of the free market and the government, we must add this ethic of voluntary service—we call it Points of Light. This is not a phrase about charity. It's about the light that is within us all, in our hearts. A light that brightens the lives of others and makes whole the lives of those who shine it. I love Randy Travis' new song. It says, "a ray of hope in the darkest hour".

Points of light is a call to every American to serve another in need. But no one of us can solve big problems like poverty or drug abuse all by ourselves. Only the combined light from every school, every business, place of worship, club, group, organization in every community can dissolve the darkness.

Whether a company holds an after-hours literacy program for its workers, a police

station counsels tough kids, or third-graders phone lonely homebound citizens—these senior citizens assigned to their rooms—points of light show those in need that their lives truly matter.

Government and the market, joined with Points of Light, will overwhelm our social problems. And this is how we must guarantee the next American century. Every person, every business, every school board, our associations, our clubs, our places of worship—we all have the duty to lead.

And only then—only then can we truly think and act anew. And now Congress, too, must understand the successes and the failures of the past and help us forge a certain future in America.

You people gathered here tonight represent those who refuse to rest easy. I look out and I see so much reflected in your faces—the strength, the conviction, the commitment. You represent those millions of Americans who use power to achieve a greater good. And I know because you brought me into your homes and your neighborhoods and your schools and your churches.

And last year, I walked through a reclaimed crack house in Kansas City with Al Brooks, the leader of an anticrime coalition. And I learned more about how we can fight crime in 2 hours than in 2 months of TV news.

Another day I visited General Hospital here in DC, and held a tiny boarder baby in my arms, the child of cocaine addicts. And the remarkable dedication—I wish every one of you could have been with me—the remarkable dedication of the women who rescued these babies was just as moving. America needs to hear that story, too.

Just a few months ago, I dropped in on a little West Virginia school in a town called Slanesville. The National Teacher of the Year teaches remedial reading there. And her name is Rae Ellen McKee, and she's here tonight. And visiting her gave me the opportunity to say to the Nation, "Thank God for our teachers".

And just yesterday, Lamar and I—Lamar Alexander, the Secretary, and I flew over and I spoke before the graduating class of the James H. Groves Adult High School in Sussex County. And we were the guests of the Governor, Mike Castle. And I invited

the class to join us tonight. And I went there with the Governor and the Secretary to honor these men and women who had the courage to go back to school and get their diplomas. And they honored us by telling America to be a nation dedicated to lifelong learning.

These are the Americans who love this country for what it is and for what it can become. These are the Americans who make this a nation of boldness—filled with problem solvers, gifted with the American tradition of living up to our ideals. And these are the Americans who prove that no one in America is without a gift to give, a skill to share, a hand to offer.

This is the genius of America—ordinary Americans doing extraordinary things.

The Congress can tie our proposals to its committees and refer itself up with debate, and produce complicated and sometimes expensive and sometimes unworkable legislation. But in the end, we and them must carry forward the magic of America. We must carry forward what is good, and reach out and embrace what is best and we must do the hard work of freedom. You see, I know you have. And I know you will. Through you, our country can become an America whole and good.

For that our country is grateful, and because of that our country—the greatest and freest on the face of the Earth—will prevail.

Thank you all very, very much.

Note: The President spoke at 8:02 p.m. on the South Lawn at the White House. In his remarks, he referred to Gov. Carroll Campbell of South Carolina; Gov. Michael N. Castle of Delaware; and Secretary of Housing and Urban Development Jack Kemp. The audience of invitees, made up of elected officials, service organization representatives, and Point of Light award recipients sang a chorus of "Happy Birthday" to the President when he appeared on the South Lawn. A tape was not available for verification of the contents of these remarks.

Remarks on Childhood Immunization June 13, 1991

The President. Let me just say at the outset of these remarks how proud I am of our Secretary, who is taking the lead in

matters like immunization, the subject at hand today, and so many others, going across this country, the message of hope, recognizing our shortcomings, but also outlining programs that are essential to the health of this nation.

I'm delighted to see Chairman Whitten here, long interested in the health of our children, and Congressman Norm Lent and three Senators whose passion is this kind of caring for others. And I'm talking about Senator Bumpers, Senator Hatch, and Senator Chafee, all with us here today.

And I also want to just second the motion as to what Lou said about Assistant Secretary Mason and Surgeon General Novello and, of course, our old associate here who now heads the Center for Disease Control, Bill Roper. Welcome back, Bill. Glad to have you here.

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When we announced our national education goals, the very first was that by the year 2000 all children in America will start school ready to learn. And that's one reason we put such emphasis on our Healthy Start Initiative. Every child deserves a chance. And in the 1990's, no child in America should be at risk to deadly diseases like diphtheria and polio or the one that Lou was stressing here today, measles.

A decade ago, we hoped to eradicate these threats. And thanks to those of you here today and many others across our country, we have made remarkable progress. And on behalf of a grateful nation then, let me thank all of you and others like you for what you have done by being in the leadership role in these important questions.

I urge you to get on now with the job at hand because, despite our successes, 1990 brought the largest number of measles cases since 1977—1977—a 50-percent increase over '89. And that's why I, again, commend

the Secretary of HHS Dr. Sullivan, and Dr. Mason, Surgeon General Novello, and Mr. Roper and others for performing their HHS SWAT team to visit six major cities—Lou gave you the names—work with State and local officials—some of you here today.

And they want to learn why kids aren't getting immunized. And they want to get every community mobilized. And out of this testing they'll come forward with ideas that I hope will help this nation's health.

We've got to find out what works and make sure the word spreads so that the disease does not. By getting to kids at an earlier age, by educating parents, and finding creative ways to get them into the clinics, we can see that no child is left vulnerable without a vaccine for preventable childhood diseases.

My budget for '92 calls for an additional \$40 million for the CDC immunization program, targeted especially to communities where the need is the greatest. Overall, Federal funding for immunizations has more than doubled since '88. But a problem like this one won't be solved by directives out of the White House or out of HHS or out of NIH or wherever. We've got to assault it from all angles and levels with public health efforts with creative partnerships between the nonprofits and the private sector with conscientious action on the part of parents, teachers and citizens.

And we have plenty of vaccines. But we must do the hard work of logistics, of planning, of coordination to get the medicine to kids who need it, especially in the urban neighborhoods.

So, let me thank all of you here today, singling out a few Points of Light in this effort: the Junior Leagues, the Children's Action Network, and many other organizations and individuals who have been committed to childhood immunization programs for years. You've been doing the Lord's work for years, long before we've got the proper focus on it here at the Federal Government. Your remarkable work to build awareness will get results. And I'm certain of that.

Throughout our health policy programs, we're putting new emphasis on prevention. America's a humane and caring society that cannot condone unnecessary suffering. And

what's more, to remain a vital society, we can't afford to waste human resources either. Disease prevention represents our best opportunity to reduce the ever-increasing portion of our resources that we now spend to treat preventable illnesses.

For the sake of children who need protection from childhood diseases, we need to try creative ideas like "one-stop shopping" for health care, and escorted referral for "express lane" immunization at clinics. By encouraging all health care professionals never to miss a chance to give a shot, we'll have a fighting chance to get ahead of these diseases.

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American decency demands that we not let complacency lead to contagion, and never let apathy lead to epidemic. So, with the efforts of people like you, with the help from these five Congressmen and many Members of Congress and many others—Chairman Whitten, Norm Lent, Senator Bumpers, Senator Hatch, and Senator Chafee—the help of these leads—who else did I miss? Where is Arlen? Now, Senator Specter has done something he normally doesn't do, he's blended in with the crowd back there. [Laughter] But you should be sitting up here so I could finger you. But stand up, because I want these other—or you could come up with us. But Senator Specter has been a leader in this whole quest for helping kids.

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Reporter. Mr. President, who will submit your health package to Congress? Who will submit it, sir?

The President.—piece by piece. You're hearing a very important part of it right now.

Note: The President spoke at 9:26 a.m. in the Rose Garden at the White House. In his remarks, he referred to Jamie L. Whitten, chairman of the House of Representatives Appropriations Committee, and James O. Mason, Assistant Secretary for Health at the Department of Health and Human Services and Head of the U.S. Public Health Service.

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June 13, 1991

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matters like immunization, the subject at hand today, and so many others, going across this country, the message of hope, recognizing our shortcomings, but also outlining programs that are essential to the health of this nation.

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who I met, the hospital CEO, medical director, and guiding spirit.

And to Stephen Montgomery, the introducer, the chairman of this hospital's board, a person who epitomizes what we refer to as the Points of Light. Let me say to you and all the other volunteers and all the others that give their lives to helping others here, we are very, very grateful to you.

And to the representatives of the District that are with us today, may I salute you. And welcome also to the doctors, the nurses, the therapists, the aides, the volunteers who fill these halls with life and love. A special welcome—a special welcome to the parents who are here, but even more than that, most of all to the kids themselves right over here.

Barbara and I are thrilled to be here. She heard that 62 years ago, the First Lady, Mrs. Herbert Hoover, laid the cornerstone of the main building here. And so, she and I are both thrilled that we'll get to do this job today. She talked with me about her very moving visits here, and she speaks for the mothers' special love for those most in need.

Some of you kids have been to our house, the White House, the people's house, when you've come for Christmas tours. But I wanted to see this place for myself. And you know something, I'm sure that Barbara's stories even didn't prepare me for the majesty of this place. I expected to feel sadness when I got out of the car, and I felt a sense of joy and real hope projected by those who have committed a lot of their lives to helping others here. As parents, we desperately want to protect our kids; we want to spare them pain or fear. And that's why our hearts go out to families whose kids lie in incubators or cribs, wheelchairs behind the walls here. And it's hard to face a world in which your children suffer. You ride an emotional rollercoaster, and you must draw upon all reserves of courage and love and certainly faith just to make it through each day.

These marvelous kids—and I wish all of you could see them from this vantage point, at least the ones we have with us—have won their first great battle, the battle for life. And now they're fighting the battle for

recovery. And my money's on them; I believe they're going to make it. And they're being very good listening to all of this. [Laughter] And this is the place where they start. It may be hard for some of us to walk into a hospital, I confess that myself, but you get drawn into the drama of life within its walls. And you see notes at the end of the cribs, I'm told, "She smiles when tummy is rubbed," or "He reaches for panda when it's moved away." Some tiny bodies bear the marks of what brought them here, regrettably, society's ailments: abuse, accidents, drugs. But the staff's love and care casts a special light upon everything.

I was reminded of a Bible verse that describes apostles who did their work because it was right: "We were gentle among you like a nurse taking care of her children." The Bible says that. Gentle among us like the nurse in a rocking chair, cradling an infant swathed in tubes, or the one who dressed the comatose girl in a new dress. The little girl in her twilight world will never see her outfit, but it shows that somebody cares. Gentle like the senior citizen volunteer sitting next to a window, feeding the blind toddler on his lap. The caregivers have created within a maze of machines and respirators a human world; a community of hugs and kisses, a world where people talk not of how sick the kids are—that's with them every day—but of how well they can be; a world where a nurse, explaining why she does what she does, says without pausing to think it over, "They feel our love."

You know, when you're dealing in medicine, whether you're a doctor or not, we toss around the word "miracle" a lot. But this hospital reminds of its true meaning. A real miracle is saving one child. It's watching a toddler take that first unassisted breath in his life. It's seeing a young girl, paralyzed from the neck down, learning to draw with her mouth. Well, Bobetta, I'm talking about you. Or it's saying goodbye to a boy who came 14 months ago as a premature newborn and who will be leaving next month, going home with his mom and dad.

Really, I think, that's the legacy of the Hospital for Sick Children. It's a legacy that

must spread. I was amazed to hear that this is one of only a handful of similar hospitals in this country. We need more places like this, transitional care facilities for kids who no longer require a hospital's acute care, but who aren't well enough to go home yet. We need communities like this, where parents can apply the salve of love and can learn how to care for their kids in the years ahead. And the staff here, I'm told, is developing a magnificent program that shows how to set up this kind of hospital.

I hope health care professionals across this country will learn from it and go on to develop more facilities like this one. They're cost-effective. They work. They stabilize children and give them the best possible chance to live and to recover. We'll need more such centers since the technologies that save lives also create more long-term health challenges.

Barbara's told me that you always have a waiting list here. She's also told me that you never turn away any children whose families cannot pay. And I look at your plans for expansion and think of how many more lives you'll be able to reach out and touch.

The Hospital for Sick Children is a hidden treasure. And it brings out the hidden treasure in kids who otherwise might have been forever forgotten. No one who walks through your doors can leave without feeling a kind of awe. You bring alive the prayer of St. Francis: "Where there is despair, let me sow hope. Where there is darkness, light. And where there is sadness, joy".

And thank you for the life-transforming love that you show. Barbara and I will never forget this place or any of you. And may God bless you for your inspiring work and the very special kids that you love.

Thank you all very much.

Note: The President spoke at 10:02 a.m. on the grounds of the hospital. In his remarks, he referred to Antonia C. Novello, Surgeon General of the Public Health Service, and Bobetta Ricks, a patient at the hospital.

Remarks on Signing the Baltic Freedom Day Proclamation

June 13, 1991

Welcome everybody, and please be seated. First of all, may I welcome Senator Riegle from Michigan and Congressmen Ritter and Hertel with us here today. Just delighted to have you here. And let me begin by thanking all of you. I'm sure it's inconvenient coming from as far away as some of you have, but you're welcome here, and we're delighted to have you.

I had the pleasure of meeting some of you all a few months ago here at the White House. And I, frankly, valued and got a lot out of the exchange of views on the situations in the Baltic. And I pledged then and pledge again our desire to continue close consultation with Baltic-Americans from whatever State and, of course, the Congress as well on these important questions.

And it's an honor to mark this occasion, this important occasion with so many of the men and women who champion the cause—and have for years—of freedom for the Baltics.

More than 50 years have passed since the dark days of June in 1940, when three sovereign nations were subjugated by superior force. In those 50 years, the courage of the Baltic peoples has shown that force can subjugate a nation, but it cannot rob a people of their desire to be free.

Never has anyone in this room believed that the fate of the Baltic States was sealed by that secret pact between Hitler and Stalin. Never has the United States recognized the forcible incorporation of the Baltic States into the Soviet Union. Never in five long decades have the people there—and all of you too, I might add—lost hope: the indomitable spirit that sustains the history and heritage of the Baltics. Generations of sons and daughters who have never known freedom have faith that the Baltics will one day once more be free. Today, that dream of self-determination—the Baltics' democratic destiny—burns fiercely and brightly.

In Estonia, in Lithuania, and Latvia, freely elected legislatures now govern in the name of the people. The popular will has expressed its clear and unmistakable

THE WHITE HOUSE

WASHINGTON

02 JAN 3 P1:21

February 3, 1992

MEMORANDUM FOR TONY SNOW/CURT SMITH

FROM: John S. Gardner *J.S.G.*

SUBJECT: San Diego Rotary Club Speech

This is a good speech, but I would punch up the prevention angle a little more. Specifically, can we get the figure (CEA should have it) of the total cost to the economy (in productivity loss, hospitalization, etc.) from smoking, alcohol abuse, and drugs? I've heard it before, and it's very, very high. The implicit assumption here, of course, is that without these costs, national health care really wouldn't be so much of an issue, because these factors drive up insurance costs, drive up emergency room costs, and burden the health care system. The cost of health care would be sharply lower -- and more people would have ready access to care under our current private system -- if these steps could be taken on prevention.

I marked a couple of other comments. Thanks.



Dallas Times Herald

Today's paper for Dallas

Dallas, Dallas Times Herald

SEPTEMBER 22

Immunize our children

By Louis W. Sullivan

The Dallas area has proven, once again, that no one gets ahead of Texas. You have led the nation in making plans to conquer the current measles epidemic and immunization crisis. The Dallas Plan was recently unveiled and will serve as a model for the rest of the country.

The Dallas Plan is an important component of our nation-wide initiative to get at least 90 percent of America's infants and children immunized before their second birthday. Besides being the first local immunization plan in the nation, the Dallas Plan includes doubling the number of immunization clinics and establishing "express lanes" for immunization of walk-in patients. The plan will utilize social service programs like AFDC and WIC for screening and for referral.

I participated in the opening ceremonies for the project and will be closely following its effectiveness — even returning periodically to observe, firsthand, your progress.

America, and Dallas, has the nurses, the vaccines and the programs to inoculate all our children. But, these services need to be more user-friendly for the at-risk groups to easily obtain the recommended immunizations. Through the Dallas plan, some clinics will extend their hours for working parents or outposts will be set up in local churches, schools and housing projects.

Volunteers are needed to make an all-out effort to turn the immunization crisis around. In many instances, that will require extraordinary measures. It is vital for children to be vaccinated at an early enough age. Medical experts agree that children must begin the immunization process at 2 months old in order to be protected when they are most vulnerable to disease.

We have not had to worry about measles for so long that many parents have become



Photo Courtesy: Dallas Times Herald

and with more women working outside the home, some mothers are so consumed with everyday survival, they are losing their grip on the long-term aspects of child care.

In too many instances, children fail to get their immunizations because their parents are submerged in problems such as drug and alcohol abuse, AIDS, and homelessness. For some immigrant parents, language and cultural differences stand in the way of their children getting adequate immunizations.

At the federal level, we are providing support and resources for local efforts. The Centers for Disease Control is experimenting with a variety of approaches — "express lanes" for vaccinations in public clinics, making vaccinations available in emergency rooms, and making vaccinations available through the Special Supplemental Food Program for Women, Infants, and Children and Aid to Families with Dependent Children.

Also, the Centers for Disease Control immunization budget has more than doubled from \$68 million in 1988 to a current level of \$218 million.

Our country excels in inocu-

more than 95 percent of children are vaccinated before they enter school. And, 70-90 percent of all American children routinely receive their immunizations on schedule. The problem is that only 50 percent of the children in many inner-city and rural areas are vaccinated by their second birthday.

Dallas County suffered the second largest measles outbreak in the United States during the past year with 1,800 measles cases and 10 measles-related deaths.

The people of Dallas have approached the measles crisis with creativity and aggressiveness. The Dallas Area Infant Immunization Plan is truly an outstanding plan and one that other cities and counties in the nation will be challenged to equal. It will save countless children from needless suffering and death — if we all get involved!

One of our public service media challenges has appropriate urgency when it says, "Before it's too late. Vaccinate." Let me paraphrase the media challenge, "Before it's too late. Participate!"

Louis W. Sullivan is the secre-



FAX TRANSMISSION

Department of Health and Human Services
Office of the Secretary

DATE: February 3, 1992

TO: Jennifer Grossman

Phone -> (202) 456-1414

Fax -> (202) 456-6218

FROM: Christine Quinn | Researcher, Speechwriter OASPA
Phone: (202) 245-7470
Fax: (202) 245-2247

TOTAL NUMBER OF PAGES TRANSMITTED: _____

(including cover sheet)

COMMENTS:

February 3, 1992

MEMORANDUM

TO: Jennifer Grosman

FROM: Christine Quinn/ OASPA

RE: Mortality statistics per your request.

Jennifer,

As I explained during our conversation, 1991 stats are not currently available. I attempted to get 1990 stats but they were inconsistent with your requirements. With the help of the National Center for Health Statistics I managed to find a representative and consistent data set for 1989.

If you have any questions or need further assistance, please don't hesitate to call.

Christine
(202) 245-7470

ATTACHED:

- 1) 1989 data.
- 2) Miscellaneous data.

1989 DATA**0 VIOLENCE/DEATHS BY HOMICIDE**

* 22,909 deaths occurred in 1989 as a result of homicide.

* 30,232 deaths occurred in 1989 as a result of suicide.

0 DRUG-INDUCED DEATHS

* 10,710 deaths in 1989 were drug induced.

* 19,810 deaths in 1989 were alcohol related.

-- Approximately 50 percent of all deaths in motor-vehicle accidents and fatal intentional injuries are related to alcohol use.

0 AIDS/HIV

* 22,082 deaths in 1989 were caused by AIDS.

(NOTE: 132 of these deaths were children ages 0 to 4-years-old.)

0 DEATHS RESULTING FROM DISEASES ASSOCIATED WITH TOBACCO USE

* Approximately 434,000 deaths in 1989 (to the present) due to tobacco related diseases.

Miscellaneous Data

Jennifer -- The following statistics are just for your own information.

0 TOBACCO (Data found in the conference edition of "Healthy People 2000.")

- * 1 of every six deaths in the United States is caused by tobacco use.
- * An estimated 390,000 people per year die from using tobacco.
- * 21 percent of coronary related deaths are caused by tobacco use.
- * 87 percent of lung cancer deaths are caused by tobacco use.
- * 30 percent of all cancer deaths are caused by tobacco use.

0 AIDS/HIV (Data obtained from the Public Health Service.)

- * It is projected that by the end of 1993, 285,000 to 340,000 people will have died from AIDS.
- * An estimated 10 million people will die from AIDS by the year 2000.

0 VIOLENCE (Data obtained from "Crime in the U.S., 1990" a Uniform Crime report distributed by the FBI.)

- * In 1990 approximately 23,438 murders were committed in the United States.

0 ALCOHOL/DRUNK DRIVING (Data obtained from "Healthy People 2000.")

- * In 1987 approximately 9.7 out of every 100,000 people died in an alcohol-related automobile accident.
- * As of 1987, drunk driving was the fifth leading cause of death in the United States.

home with two people in it. It [Death Valley] because it was the largest of 140 miles."

Ernie Pyle
Home Country
1947

Death Valley to remind a visitor of the 'shadow of death' in the 23rd century. It arrives there by way of nearby mountains. Imagine the place as a conventional landscape to atone for a luxurious stay at the hotel."

Reader's Digest
Scenic Wonders of America
1973

Every ravine and canyon becomes a landscape of purple haze, shrouding the towers and battlements that seem like a mosaic more brilliant and intricate than the Venetian artists."

Quoted by Donald Dale Jackson
Sagebrush Country
1975

Every face, every ledge, every declivity, every stratum, every rock, has a color and there are no two breadths of color. They vary from marble white to the palest green to the darkest purple and every brilliant and every dull and all mingled, contrasted, and piled up in such magnificent masses as to be a temptation."

John Spears
Quoted by Donald Dale Jackson
Sagebrush Country
1975

There are a number of English and Spanish or 'Ingles' all are called who speak the language who have married California women, united to the Catholic Church, and who own considerable property. Having more industrial enterprise than the natives, they have taken all the trade into their hands."

Richard Henry Dana, Jr.
Two Years before the Mast
1840

"After the scenery—which seems to possess a perennial charm, giving the visitor fresh surprises every morning—there is nothing more attractive about Monterey than this dreamy Spanish life that takes no account of time or progress, the changes in governments or the new discoveries of science."

J. R. Fitch
Picturesque California
1888

"I could see people [on the Monterey coast] living—amid magnificent scenery—essentially as they did in the idylls or the Sagas, or in Homer's Ithaca. Here was life purged of its ephemeral accretions. Men were riding after cattle, or plowing the headland, hovered by white sea gulls, as they have done for thousands of years, and will for thousands of years to come."

Robinson Jeffers
Preface to *Selected Poems*
1938

"They [the people of Monterey] fish for tourists now, not pilchards, and that species they are not likely to wipe out."

John Steinbeck
Travels with Charley
1962

"Why, I've read there's more unexplored country in the mountains of Monterey County than any place in the United States."

John Steinbeck
The Red Pony
1933

Sacramento

"In that gentle sleep [in years before World War II] Sacramento dreamed until perhaps 1950, when something happened. What happened was that Sacramento woke to the fact that the outside world was moving in, fast and hard. At the moment of waking, Sacramento lost, for better or worse, its character."

Joan Didion
"Notes from a Native Daughter"
Slouching Toward Bethlehem
1968

"It [Sacramento] is a town many of whose most solid citizens sense about themselves a kind of functional obsolescence."

Joan Didion
"Notes from a Native Daughter"
Slouching Toward Bethlehem
1968

[On local aerospace industry in Sacramento]: "People here talk, eat and sleep rockets."

Philip Hamburger
An American Notebook
1965

San Diego

"You are struck by the fact that it [San Diego] is rich communally . . . and then you come to one reason for these communal riches: San Diego is also a great naval base, and Southern California the setting for a great concentration of military bases. The entire region therefore benefits from the lavish expenditures of a wealthy government, in an area—defense—in which expenditure is always freest."

Nathan Glazer
Commentary
August, 1959

"Unbelievably, in the wake of such explosive growth, [San Diego has remained a pleasant and leisurely city. It glistens under a flood of sunlight, and the toasted browns of its canyons and mesas form mountings for pampered green lawns, burnt-red tile roofs and pastel stuccos."

Neil Morgan
Westward Tilt
1963

"And when they [immigrants] move to San Diego, they find they are finally cornered, there is nowhere farther to go."

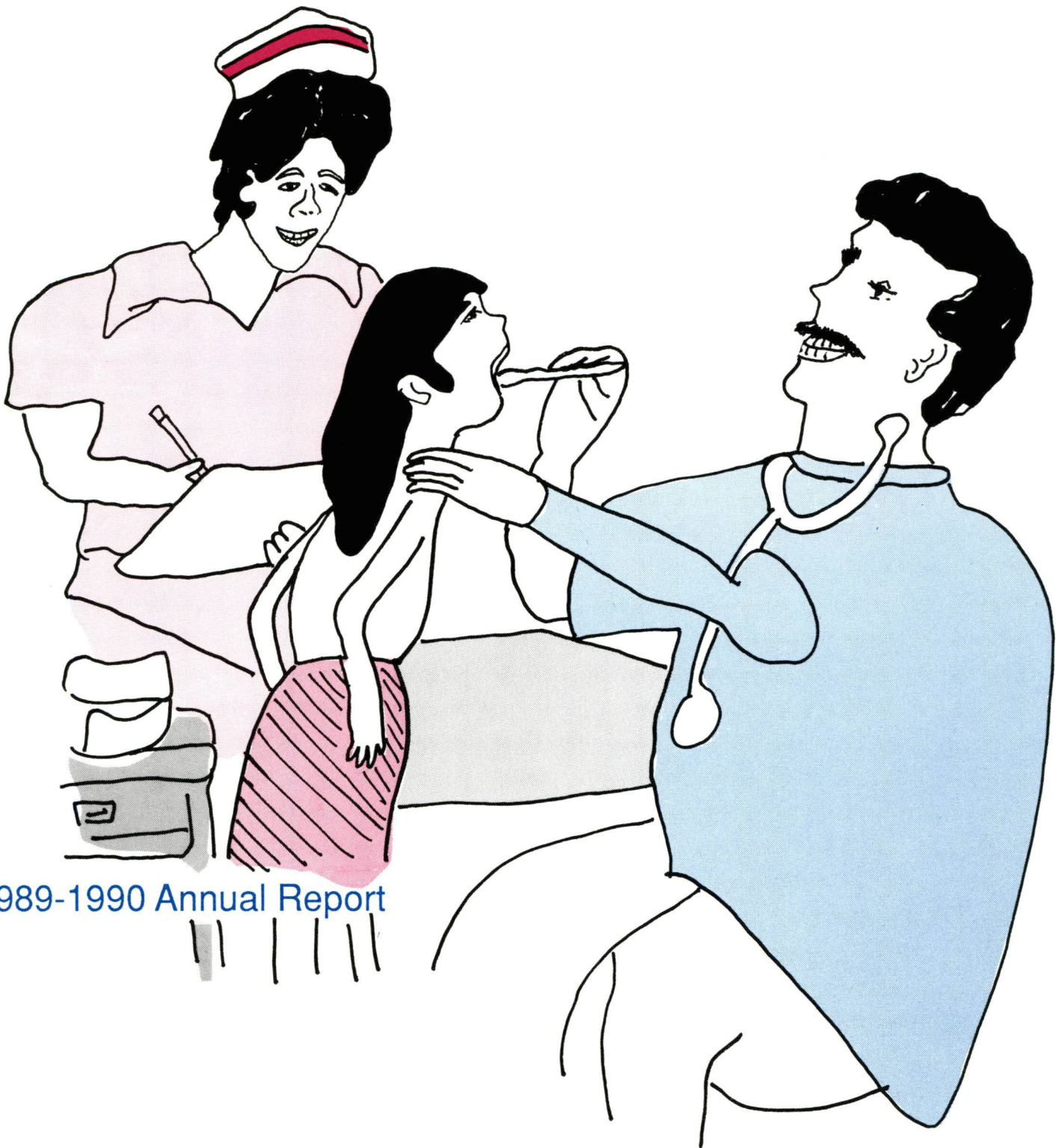
Edmund Wilson
"The Jumping-Off Place"
1931

San Francisco

"Of course, San Francisco has always been a gambling city. It is in the marrow and braincells of her people, whether their blood ancestors were 'forty-niners' or not, and as there is no evil out of which good may not come, it is the source of their superb powers of bluff, their unquenchable optimism, and their indomitability under the most harrowing afflictions."

Gertrude Atherton
California: An Intimate History
1889

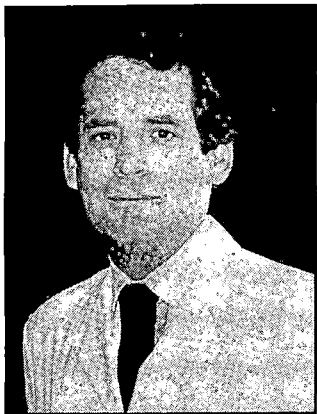
Logan Heights Family Health Center



1989-1990 Annual Report



Message from the Chairman of the Board



The Logan Heights Family Health Center could not fulfill its mission were it not for the support of the dedicated corps of volunteers who help make our operation possible. How else could the center cope with the provision of increased services, at a time of limited federal and state funding, for those members of society that need the most essential medical and social services.

This year's message is a note of appreciation to those who "make it possible". We thank the community at large, especially our local neighborhood and the business community, for their active participation in our "Spirit of the Barrio" monthly celebrations. We thank the individuals who give many hours in the clinic, and the translators who introduce our patients to the services we provide and help them to communicate with our staff. We are also more than

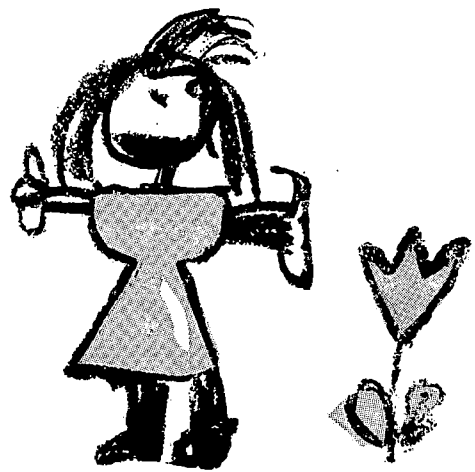
grateful to the many nurses and physicians who share their expert knowledge in the care of special medical problems.

Professionals who volunteer their time at our health centers come from some of the finest medical institutions in San Diego: the University of California, School of Medicine, San Diego; Scripps Clinic and Research Foundation; Children's Hospital; Scripps Memorial Hospital; and many others.

Lastly, a special salute to my colleagues of the Board of Directors for their involvement, at all levels, in helping a superior staff make the Logan Heights Family Health Center a place of excellence in the provision of health care for our city.

Alberto Hayek, M.D.
Chairman of the Board

Dr. Hayek is the head of the Lucy Thorne Whittier Children's Center at the Whittier Institute, as well as the head of the division of pediatric endocrinology at the Institute.



BOARD OF DIRECTORS	
Lois Bernstein	Cathie Lester, C.P.A.
Mickie A. Beyer	Art Madrid
Margarita Carmona	Jorge A. Molina
José R. de la Garza	Rodrigo Muñoz, M.D.
Alberto Hayek, M.D.	Stephanie Perez
Hildo Hernandez	Paula Rotenberg
Jim Kennedy	Carl Zeiger

Volunteers: Giving Back to the Community

What is a volunteer? Webster's simply states it is "one who enters into a service of their own free will," but there are no adequate words to describe the giving spirit of the volunteer. This year's Annual Report of the Logan Heights Family Health Center is dedicated to those volunteers who ask not for recognition, but give selflessly of themselves to better the lives of those less fortunate. These spotlighted volunteers exemplify the spirit of the many individuals who serve our health center.



Walter Scott, San Diego Gas & Electric, has been actively involved with the Logan Heights Family Health Center since 1986, when he became a Community Affairs Representative for SDG&E. Employed by SDG&E for twenty-one years, he is now the District Office Manager of the Mission Valley District. Walter's childhood was spent in the "Barrio Logan" community and he has fond memories of playing basketball in the area where the

Women's Health Center now stands. A committed volunteer since his first "Spirit of the Barrio" luncheon, Walter has reached out to the community both personally and through SDG&E. Increasing awareness of the great need of this community for a quality health facility and seeing little children with virtually no other place to go for health care were two things that initially sparked his interest in the health center and generated his involvement in seeing the new ped's wing built. Modestly, Walter gives credit to others for his initial

contribution, as well as for the continuous and generous support of SDG&E. We thank Walter for his unfailing support and continuing efforts of behalf of the Logan Heights Family Health Center.



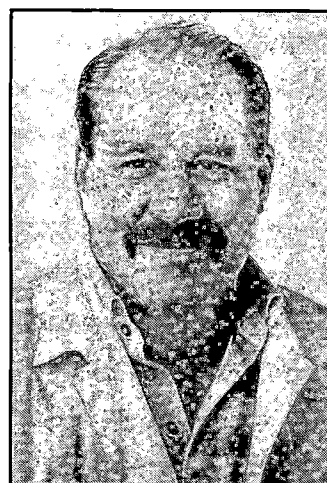
Tony Lopez, M.D. is a family practice and internal medicine physician with a busy full time schedule as Assistant Head, Division of General Internal Medicine at Scripps Clinic, La Jolla; however, he still finds time to

volunteer his services twice a month, seeing patients in the adult medicine clinic at Logan Heights Family Health Center. "We are extremely fortunate to have Dr. Lopez volunteering at the health center," states Medical Director, Dr. Rhonda Simpson. "He is an excellent physician and the patients think he is just wonderful."



Bob Heim is a Vice-President and Branch Manager of Home Savings of America. Bob is a true example of a community spirited individual and one of the health center's most enthusiastic volunteers. His activities include the Harbor View Urban Foundation and the TENS organization (they supply tokens to people needing transportation to and from work), as well as being a member of the Central City Association Board of Directors.

During the last year, he has become increasingly involved with the Logan Heights Family Health Center Foundation. As one of the tile captains, Bob supervises the "Tradition of Care" Tile Campaign table at the monthly "Spirit of the Barrio" luncheon. He finds it extremely rewarding working with the staff and other volunteers and seeing the benefits that the residents of the community derive from the health center.



Craig Holmes, R.N. works at Kaiser Permanente Medical Center as a primary care nurse and team development coordinator. At our Ciaccio Memorial Clinic at the Beach Area, Craig gives generously of his time in an early intervention screening program for HIV care and counseling. Volunteering at the Ciaccio Clinic has reinforced a strong commitment to help the community in effectively confronting HIV disease. "Providing counseling to people regarding the presence of HIV antibodies is a challenge," according to Craig. "The environment at the Ciaccio Clinic affords me the opportunity to utilize my skills, broaden my knowledge base and be nurtured by some very fine people."

Volunteers



Art Hernandez, Hernandez Construction, was first brought to the Logan Heights Family Health Center by the construction of the Laura Rodriguez Pediatric Wing. His caring nature and a deep sense of responsibility to help make things a little better for the people of the community is what has brought him back on numerous occasions donating time, labor and materials to sorely needed renovations and repairs at the health center. In-

volvement with the health center has become a family affair in the Hernandez household, with his wife Carlynne and sons Art, Jr. and Michael giving their support as well. Art's generous response to our frequent calls for "Help!", to improve the surroundings and the functioning of the health center, is very much appreciated by our staff and patients.



The Alba 80 Society/Steven Ramirez: The Alba 80 Society is a nonprofit agency formed to benefit youth education from junior high school level through college or trade school. Alba 80 volunteers are instrumental in the continuing success of the "Spirit of the Barrio" luncheons. Steven Ramirez stands out among these volunteers and has given unfailing support to this event since 1984. Steven grew up in Barrio Logan and as a child used

to go to the community center formerly located on the LHFHC site. Since graduating from college and working as a Training and Development Specialist for the City of San Diego Waste Management Department, Steven has integrated himself into a cycle of helping others who then, themselves, go on to help others. Through his volunteer work with LHFHC, Alba 80 and coaching high school kids in soccer, he has found, "It is more motivating (for kids) to learn from someone who has been there...who has come out of the same neighborhood and the same schools and living situations." Steven, who still lives in the same neighborhood, feels good about helping the community and being a faithful volunteer at the health center.



Victoria Phippard, nursing student, SDSU, is also a dedicated volunteer in the Logan Heights Family Health Center's Women's Clinic. Victoria assists the providers with translation for patients who are monolingual Spanish speaking. She finds it very rewarding and stimulating to be able to gain experience in a community health center, rather than a hospital environment, and looks forward to being able to work in a like facility when she graduates from SDSU. Victoria has become a very valued volunteer since she came to the health center earlier this year.

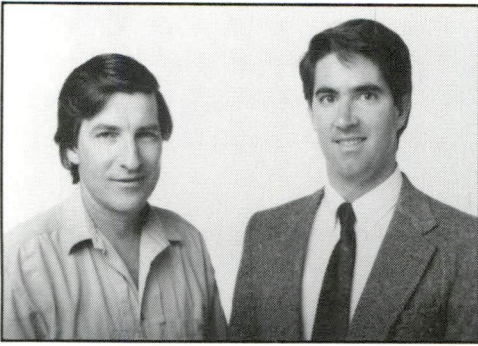
ity when she graduates from SDSU. Victoria has become a very valued volunteer since she came to the health center earlier this year.



Union Bank/Mark Legaspi-Cavin, Martha Mendez, George Ramirez, & Connie Rodriguez: Mark Legaspi-Cavin, Vice-President in the Loan Recovery Unit, hails from Cleveland, Ohio. Keenly aware of issues concerning less fortunate people, he was compelled to become involved personally and organizationally. Martha Mendez, a Human Resources Officer, illustrated the great need for health care in the Hispanic community through the serious illness of a friend who, as a child,

was not able to get the proper medical treatment. "It all goes back to children and not having money to take them to the doctor. The fact that children can come to the clinic and get regular check-ups is what has kept me interested," says Martha. George Ramirez, Manager of the National City Branch, says the health center just "captivated his heart," emotionally and culturally. He feels that there are very few things in the barrio that compare to what the health center has done. Connie Rodriguez, recently promoted to branch manager of the airport office, has been with Union Bank for twelve years. She first became involved with LHFHC through the Hispanic Bankers Association and hopes to get others involved with the health center and to further expand its presence in the community.

(Pictured: Mark Legaspi-Cavin & Martha Mendez)



World Runners, an international running club, is a non-profit organization with over 15,000 members in 50 countries. Members use their running to raise funds and

generate support for a world without hunger. Their contributions initially enabled LHFHC to begin an anemia screening program for children and now that the Child Health and Disability Prevention program has begun to absorb those costs, World Runners International has generously continued their support by funding the Pediatric Medicine fund. Skip Carter, the San Diego Event Director, is to be commended along with the other members of his team. Special thanks goes to Steve Kleinstuber, Peggy Carter, Kim Hutton, Frank Friedlander, Art Schwartz, Claudia Schwartz and Robert Opliger. (Pictured: Skip Carter & Steve Kleinstuber)



Schools: Twelve volunteers from two area schools (Balboa Elementary and Sherman Elementary) and the San Diego Unified School District give generously of their time each month for the "Spirit of the Barrio" fundraising luncheon and program. Our sincere thanks goes to these outstanding volunteers: Balboa School - Margarita Carmona, Principal, Georgana Winters and Aida Mendez; Sherman School - Cecilia Estrada, Principal, Teresa Nasseff, Yolanda Galindo, Estela Martinez and Maria Alvarez; San Diego Unified School District - Bea Fernandez, Maggie Perez Garcia and Sylvia Gonzales; and retired principal from the San Diego Unified School District, Jack Klein. Without the support of these folks, the health center would not be able to host this monthly fundraising event in such a successful manner. (Left - Right: Seated - M. Carmona; G. Winters; T. Nasseff; Standing - A. Mendez; M. Alvarez; J. Klein; Y. Galindo; S. Gonzalez; C. Estrada; B. Fernandez; M. Garcia; E. Martinez)

And many, many more:

There are many other individuals who volunteer their time and resources to the Logan Heights Family Health Center and we would like to give special acknowledgement to just a few:

- **Vicki Zeiger, SDG&E and Van Thaxton, West Johnston Turnquist & Schmitt**, both Human Resources specialists who reviewed our employee handbook and personnel policies;
- **MANA (Mexican American National Women's Association)** whose ladies volunteer their services at "Spirit of the Barrio";
- **Robert Spicer, M.D.**, a pediatric cardiologist at Children's Hospital, who has been a volunteer in the clinic since 1988;
- **Scripps Clinic Division of Dermatology**, a dedicated group of physicians who have run a dermatology clinic at LHFHC for over nine years;
- **Dawn Flores**, a student at SDSU, who has assisted the Health Promotion Department in researching data.

Finally:

The Logan Heights Family Health Center must acknowledge a most important group of volunteers, the **Board of Directors**; for without their time, dedication and expertise, none of the vast accomplishments of the health center would be possible. They are the heartbeat of the organization. This Board of Directors, with experts in finance, administration, medicine, computers, law, human resources, marketing, hospital operations, taxes, etc., has had the talent, foresight and vision to direct the health center to a respected and successful position in the community with the capability of serving over 100,000 patient visits per year.



Community Health in the Nineties



(Pictured, left to right: Steven Escoboza, Assistant Director, Dept. of Health Services; Maureen Stapleton, Deputy City Manager; W. Christopher Mathews, M.D., UCSD Medical Center, Owen Clinic; Terry Cunningham, Executive Director, San Diego AIDS Adult Day Health Care; Rick Siordian, Health Educator, Ciaccio Memorial Clinic; Alberto Hayek, M.D., Chairman, Board of Directors, LHFHC; Steven Oppenheim, M.D., Ciaccio Memorial Clinic and UCSD Owen Clinic)

In keeping with its Mission Statement, "to provide comprehensive, accessible, quality care services...with a special commitment to low income/medically underserved individuals", Logan Heights Family Health Center opened two satellite clinics in the beach area in February and July 1990. The Beach Area Family Health Center, located in Mission Beach, provides health care for the residents of the beach communities. Without the health center there, access to health care for a great number of people in the community would be difficult if not prohibitive.

In July, the Ciaccio Memorial Clinic began delivering service in its new facility to the growing number of individuals who have been exposed to the Human Immunodeficiency Virus (HIV). Formal dedication ceremonies were held on October 11, 1990. The Ciaccio Memorial Clinic is committed to providing primary health care services to these patients and is the largest of facility of its kind outside of UCSD's Owen Clinic.

The health center's main site has also continued to grow and expand. Last September, the new Otto and Olive Hurr WOMEN'S HEALTH CENTER was dedicated and in May of this year, the Speech, Hearing & Early Intervention, Optometry, Health Care for the Homeless, Health Promotion, Accounting and Billing Departments moved into their new second floor quarters above the women's health center. Addressing specific needs identified in our community, LHFHC began a diabetes clinic, a rheumatology clinic and will soon be starting an adolescent clinic to work with that very special age group.

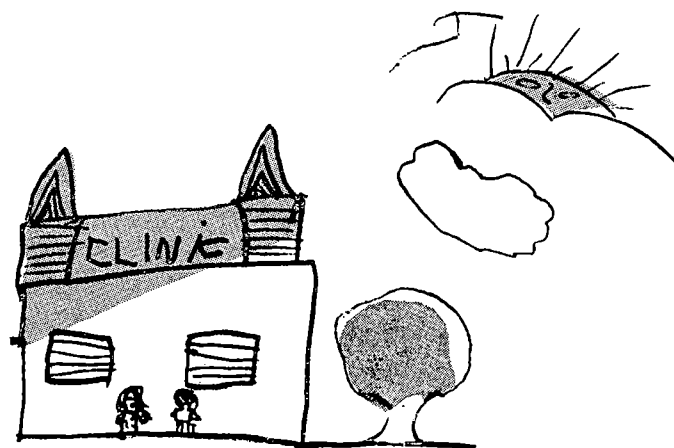
A number of new grants were awarded to the health center this year. A grant whose purpose is to reduce the incidence of infants affected by maternal substance abuse was received from the state. Another

was awarded by the federal Office of Substance Abuse Prevention to decrease the incidence and prevalence of alcohol and drug abuse among pregnant, postpartum and parenting women. Through the Tobacco Tax monies we were able to purchase new equipment and begin tobacco education programs. Finally, came an award of \$485,000 specifically designated for the enhancement of our services at the Ciaccio Memorial Clinic. Our Health Care for the Homeless Project began its third year, as did the four-state health education grant from the Centers for Disease Control.

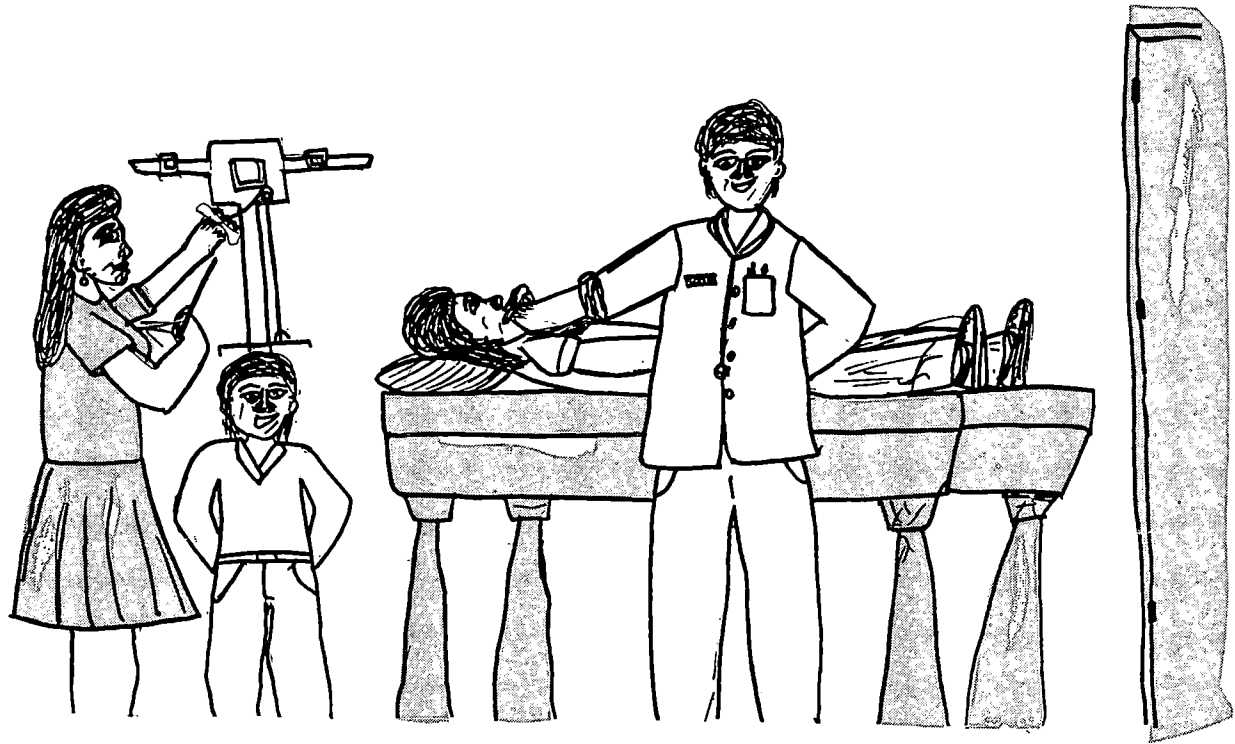
Logan Heights Family Health Center has begun the nineties with an expanded vision of health care for the future. Behind this vision are the Logan Heights Family Health Center Board of Directors, staff, volunteers, patients and supporters, building a team that will carry the health center forward with its "Tradition of Care".

Our comprehensive services include:

- Adolescent Clinic
- Adult Medicine
- Dental Clinic
- Dermatology
- Diabetes Clinic
- Health Promotion
- Laboratory
- Nutrition
- Optometry
- Pediatrics
- Pediatric Cardiology Clinic
- Pharmacy
- Podiatry
- Rheumatology Clinic
- Speech, Hearing and Early Intervention
- Social Services
- X-ray Services
- Women's Clinic: Child spacing, cancer screening, obstetrical care and gynecological services



Balance Sheet - June 30, 1990



Artwork donated by the children of Logan Heights Family Health Center: Cover art by Erica Saavedra; drawing this page by Andy Cuevas; additional art by Victor Ontiveros; Joe Duran; Brenda Dominguez; Patricia Alcala; Lizet Ontiveros; Irma Covarrubias; Vanessa N. Varela; Enrique Dominguez; Janeth Herrera; Dora Alicia Rubio; Agustin Ontiveros, Jr.; and Clalivel Meras

ASSETS

Current Assets:

Cash on hand and in bank - unrestricted.....	\$252,252
Cash in bank - restricted reserve.....	-0-
Grants and contracts receivable.....	1,060,555
Patient and third party receivable.....	912,980
Medical and dental supplies.....	37,362
Prepaid expense.....	65,475
Total current assets.....	2,328,624

Property and equipment.....	1,636,294
Total assets.....	<u>\$3,964,918</u>

LIABILITIES AND FUND BALANCE

Current Liabilities:

Accounts payable.....	\$547,653
Payroll payable.....	137,170
Accrued expenses.....	118,723
Deferred revenue.....	86,750

Total current liabilities.....	890,296
---------------------------------------	----------------

Capital obligations.....	101,414
Total liabilities.....	991,710

Fund balance.....	2,973,208
Total liabilities and fund balance.....	<u>\$3,964,918</u>

farmacia 

Spirit of the Barrio

FOUNDERS

Community Development Block Grant
San Diego Gas & Electric Company
San Diego Gas & Electric Contrib-Club
U.S. Dept. of Health & Human Services

SUSTAINING MEMBERS

C.J. & Dot Stafford Foundation
Tawfig & Richel Khoury
Rohr Industries
Rohr Industries Employees Will-Share Club
Southern California Edison

SPONSORS

James S. Copley Foundation
Home Federal Foundation
Martin & Enid Gleich
Union Bank
World Runners International

BENEFACTORS

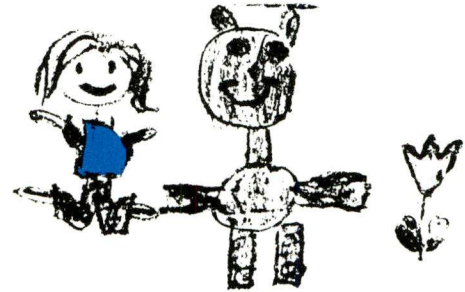
Carolyn Conner
Deloitte & Touche
Great American First Savings Bank
Home Savings of America
Luce Forward Hamilton & Partners
Pacific Bell
Price Waterhouse
Stewart Title

PATRONS

Adolf Coors Co.
Alto Waste Corporation
Anheuser-Busch Co, Inc.
ARCO Foundation
Arthur Andrews & Co.
City Schools Association
Claudia Valente Christianson
Coast Citrus Distributors
Coast Distributing Co.
Fran Butler-Cohen & Mark L. Cohen
Community Service Association
Berit and Thomas Durler
Paul Ecke Family
El Sol de San Diego
Ed & Mary Fletcher Foundation
Luis E. Garcia, Inc.
Great American First Savings Bank
Ernest W. & Jean E. Hahn Foundation
Harbor View Cont. Ed.
Hispanic Chamber of Commerce
IBM Corp.
Imperial Savings Association
Inter-American Medical Services
KFMB B100
Latino Peace Officers Association
J. Eduardo Lopez
Montoya Construction Consulting
Mulvaney and Kahan
Rodrigo A. Munoz, MD
"Nice Guys"
Oscar Padilla
Tom & Evelyn Page
Parking Co. of America
Pepsi-Cola Bottling Co. of San Diego
Radio Latina/Fiesta Americana
Alan Scarsella
San Diego City Firefighters, Local #145
San Diego Police Officers Association
San Diego City Schools Maintenance
San Diego Transit Maint. Workers,
IBEW #465
Mr. and Mrs. Robert F. Smith
Southland Corp. Employee Contrib-Club
Southwood Psychiatric
Strategies & Teams Inc.
The Henley League LTD
Trammell Crow Co.
WD-40 Company
Will Bendix Electric

FRIENDS

A friend - October 21, 1989
Gary & Carol Aden
Wenda Aldrich
Sandra S. Allen
Michael & Deirdre Alpert
Ariz-Altorfer -Bande
Sandra & David Arkin
Arnolds Interiors
Cathie Atkins
Nora & Donald Atlas
Ken Baker
Bank of Coronado
Bank of So. California
Gilbert Barnes
Carlos & Irma Batara
B-D-S
Mr. & Mrs. Arnold Belinsky
David & Janet Bell
Raquel Beltran
B.J.'s Rentals - Sugar
Bradshaw, Bundy & Thompson Architects
Sue Braun
Roberto Brito
Mr. and Mrs. Frank A. Bruni
Fran & Emanuel Buckley
Ronald Burgess
Kathy & Bob Burgreen
Cal Legal Processing
Margarita Carmona
Castillo & Guevara
Herb Cawthome
Channel 19/KBNT
Cesar T. Chavez MD
Ben Echeverria
City of San Diego
The Clabby Family
Kristy, Lynn, Danielle Clark
Lois & Milton Clow
County of San Diego
CSC/BCA San Francisco
D'Agostino, Underwood & Associates
Dai - Ichi Kangyo Bank
Brian and Joe DeWolf
Viola L. Douglas
MAAC Project
Sheriff John Duffy
Elite Racing
Energy Factors
Mary Eriehorn
Federal Home Loans
Feria Family
Suzanne E. Farrand
Financial Management & Trust Services
Flagship Federal Savings
Franklin & Associates
Fryer - Knowles Inc.
Marion Fujimoto
General Dynamics Convair Division
Mitch & Gerre Gold
Diana Gomez
Bea & Chuck Gonzalez
Stanley & Darby Gott
Ann & Morrie Greenberg
Gail Guth, Ph.D.
Harbor View ASB 1989
Harbor View Faculty '89
Farrest & Dawn Hayden
The Hedgecock Family
Hemar Gordon Rousso
Hildo Hernandez Family
Mr. & Mrs. Otto A. Hirt
Tom Jensen
Jerome's Furniture
Ruth, Rory, Brandon Jones
Juarez Real Estate
Bob & Cathie Kaplan
Jim Kennedy
Mr. and Mrs. Philip M. Klauber
KTTY Channel 69, San Diego
Otto and Linda Lacayo



Larson-Carpenter
Paulette & Jerry Leahy
Catherine Lester
Joseph Lopez Family
Maintenance SDUSD
M-Z, Inc
Theresa Marchese
Edward McKay
McMillin Communities
Clark & Midge Miller
CDR Bob Morris USN
Jean & Jack Morse
Dr. & Mrs. R.P. Morse
Municipal Employees Civil Responsibility
Organization
Willie Nagel Family
Eleanor & Jerry Navarra
Vincent & Esther Nares
Duane & Jane Nelsen
Lollie & Bill Nelson
Nelson Management, Inc.
Dr. & Mrs. Edward J. Neuner
Nuffer Smith Tucker
Pacific Coast College
Pacific Scene Inc.
Frank Panarisi
Don & Dale Parent
Richard M. Peters & Ann DeHuff
Peters, MD
Pinneck & Signs
POS Systems Co., Inc
Robyn Prime
Professional Recovery
S.A. Ramirez & Family
Cruz & Hermila Rangel
Jerry Renteria
Victor Romero
R&F Steel
Gerald Richards
Rosalba Rodriguez, M.D.
Bea & Robert Roppe
Manuel & Paula Rotenberg
Save The Children
Saxon, Alt, et. al.
The Saxod Family
Marilyn M. Schaefer
Andrea Schell
Jim & Jerrie Schmidt
Claudia & Art Schwartz
Walter Scott
San Diego Blood Bank
San Diego Trust & Savings.
San Diego City Schools Maintenance & OPS
SDG&E Centre City
San Diego Naval Hospital
SDUSD Foundation
SDUSD Electric Shop
Elsa W. Sears
RAdm Jim Sears
Tamara Seymour
Joann & Harry Sisk
Mary Smalligan
Snyder-Langston Builders
Solomon Ward Seidenwum & Smith

Dan Stephen
William L. Strahan
RAdm & Mrs. Stoecklein
The Best Service Co.
TMS Medical Group
Tobin & Tobin
Trans Union Credit '89
Kerry Tucker
Union Bank Personnel
Norma Manol Valente
Vivano & Bradley
Frank Watson
Harry & Susan Welsh
West, Johnston, Turnquist & Schmitt
Mary L. Worthington
Carl & Vicki Zeiger
Tom & Betty Ziegler

SPECIAL THANKS

Alba 80 Society
Anheuser-Busch & Coast Dist.
Tom Armstrong
Bakers Square
Bay Club Hotel & Marina
Big Bear Markets
Bird Production
Body Works Health Club
Casa de Pico
The Chart House
Diego & Sons Printing
El Indio Shops, Inc
Entenmann's/Oroweat
Hacienda Hotel
Hamburguesa Restaurant
India Street Flower Market
Kingston Hotel
M.A.N.A.
Old Globe Theatre
Old Towne Liquor & Deli
Olive Garden Restaurant
Pepsi Cola Bottling Co.
Piret's Bistro
San Diego Gulls
San Diego Hilton
San Diego Marriott Yacht Club
San Diego Transit
Kevin Sigler, Graphic Artist
Sea Jet Cruise Lines
Sybil's Down Under
Truly Yours American Cafe
Y-95 Radio
Z-90 Radio

Current through July 1990



Withdrawal/Redaction Sheet

(George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
01. Note	Note to Curt Smith, re: POTUS San Diego trip. (2 pp.)	01/28/92	P-5	

Collection:

Record Group: Bush Presidential Records
Office: Speechwriting, White House Office of
Series: Speech File, Backup
Subseries:
WHORM Cat.:
File Location: Health Care Event - San Diego [CA] Rotary Club 2/7/92 [1]

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

Date Closed: 11/19/2004	OA/ID Number: 07568
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:

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]
- P-6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

Freedom of Information Act - [5 U.S.C. 552(b)]

- (b)(1) National security classified information [(b)(1) of the FOIA]
- (b)(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- (b)(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- (b)(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- (b)(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- (b)(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- (b)(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- (b)(9) Release would disclose geological or geophysical information

January 28, 1992

NOTE TO CURT SMITH

The AM report to me from Dan Casse says San Diego is back on. Roger Porter also informs me that the current intent of management is to have the President's health plan announced the previous day in Ohio. This creates two possible contexts for San Diego: one in which the health care initiative has been announced and this is a follow on. In the other scenario, the health package still is not out, and the idea behind the trip is to stump for ideas that will undergird the plan.

San Diego/Immunization/Purpose

Overall:

- Immunization
- Our investment in prevention
- Most effective prevention is behavior change.
- "Culture of character" for changing behavior.

I assume the Ohio part of the trip will emphasize the small business and insurance aspects of the President's plan. The San Diego part is for the "kinder and gentler" side of the plan -- improving access, helping those most in need.

The Rotary Club audience will not have seen any of the immunization visuals. Immunization can not be the entire focus of the remarks, but it can be an effective teaching device in explaining what the Bush Administration is trying to do to improve the health of the nation.

The argument we are trying to advance goes something like this:

- We're in San Diego because of Secretary Sullivan's immunization initiative. The insight here is one that we have to make throughout our health care system: Improved systems must be met with improved behavior.

We are working with those who control the health system, who are local folk, to make the immunization system easier to use. In some ways the Bill Bennett arguments about the limited accountability of public schools follow here: there are worse consequences in our society for selling lousy hamburgers than for running an inconvenient,

difficult to use program for getting kids immunized.

At the same time, a better, easier to use system won't achieve anything if what physicians call "care seeking behaviors" aren't there.

- This leads to the behavior link. Health care is only one part of health.

- It is in this larger realm of health that our outcome measures, our accountability tools are to be found: life expectancy.

- May want to say something about life expectancy decline among black males -- almost solely because of AIDS and homicide.

- Gains in life expectancy were fastest before health care costs grew fastest, I'd note parenthetically.

This health/health care distinction is not to be underestimated; it is one way in which we distinguish ourselves from those on the left. They say its the system that needs fixing, and nothing but cash can solve its problems. We say you have a significant degree of control over your health.

- The old standard quote here is Secretary Sullivan's "better control of 10 risk factors could reduce premature deaths by 1/3, disabling injuries by 1/4th" or something to that effect.

- The "money isn't everything" line also fits with the whole immunization effort: we're increasing the resources (doubled since I took office) but without more effective delivery systems, we won't get twice as good a result.

- The potential is high for getting tough: If behavior changed, there would not be any more cases of AIDS ten to fifteen years from now.

- If Pete Wilson is there (and even if not) there is the potential for tieing in to his "preventive government" rhetoric and health initiatives.

Harmon Kuter

C. ...

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Samuel Kuttan

C: ...

Summary of The President's Comprehensive Health Plan: The President's plan will be a comprehensive, market-based reform that builds on the strengths of our current system to provide access to affordable insurance for all Americans. (The full details of the plan will be presented in early February)

- o The plan will guarantee access to all poor families through a transferable health insurance credit (voucher) that is large enough to purchase a basic health package (\$3,750 for a family).
- o Insurance security will be provided for all Americans. The fear of "job lock" -- where a worker can't move to another job without losing access to insurance is eliminated.
- o Major market reforms will change the way insurance is provided. Smaller businesses and individuals will be pooled into larger groups -- so they can enjoy the health coverage of large employers. Millions of people who now can't find affordable insurance will be covered.
- o The middle class will get new help to pay for health care. Millions of individuals will have increased deductibility of health care expenses to help make health insurance more affordable.
- o The plan will encourage the growth of coordinated care -- in private plans, Medicare and Medicaid.
- o Administrative costs will be reduced through regulatory reforms that will streamline the current paperwork maze.
- o Malpractice reform. A comprehensive liability reform plan will be proposed to reduce the costs of malpractice and the resulting defensive medicine that burdens the U.S. health system.
- o Services will be expanded in underserved areas. The inner city and rural America have acute shortages of doctors and clinics. The President's budget expands funding for Community Health Centers, Migrant Health Centers and the National Health Service Corps to expand preventive care in these areas.

The President's Plan does not:

- include government price regulation or rationing of health care,
- burden small business with new mandates,
- require any tax increases,
- threaten older Americans with benefit reductions or premium increases.

--Sullivan: "With health care costs stretched to the limit, we can't afford not to immunize our youngest children. For every \$1 spent on measles, mumps and rubella immunization, for example, \$14 in costs to society are saved."

--protecting our littlest citizens

--It has been said that those who forget the past are doomed to repeat it. Mumps, rubella, polio -- how quickly the veneer of time clouds these threats with complacency. But when vigilance went down, disease rates went back up. For example, the number of measles cases shot up to a high last year of 27,000, and 130 deaths in 1989-1990. This breaks my heart. Because I know, those children did not have to die.

The problem is not incurability. The problem is not availability. The problem is access. Too often, our littlest are left unprotected while parents are consumed by the problems of drug and alcohol abuse, AIDS, or homelessness. Some parents get shut out by barriers of language and culture. Still others have been lulled into false complacency, thinking that the threats of childhood communicable disease have been all but put to bed.

The good news is that school age immunization gets a solid "A plus" -- with a level of immunization approaching 100%. But for our smallest victims -- a year of wait can be a year too late. Children need to be completely vaccinated in the first and second years of life. At present, immunization rates at two years of age are only about 50% in many states, and often as low as 20% in some inner-cities. Clearly, we can -- and must -- do better.

pay for, surely these people have been denied a basic civil right.
(Applause.)

It is time to restore it. Congress, pass my comprehensive crime bill. (Applause.) It is tough on criminals and supportive of police, and it has been languishing in these hallowed halls for years now. Pass it. Help your country. (Applause.)

And fifth, I ask you tonight to fund our HOPE housing proposal and to pass my enterprise zone legislation, which will get businesses into the inner city. We must empower the poor with the pride that comes from owning a home, getting a job, becoming a part of things. (Applause.) My plan would encourage real estate construction by extending tax incentives for mortgage revenue bonds and low income housing. (Applause.)

And I ask tonight for record expenditures for the program that helps children born into want move into excellence, Head Start. (Applause.)

Step six -- we must reform our health care system. (Applause.) For this, too, bears on whether or not we can compete in the world. American health costs have been exploding. This year America will spend over \$800 billion on health, and that is expected to grow to \$1.6 trillion by the end of the decade. We simply cannot afford this.

The cost of health care shows up not only in your family budget, but in the price of everything we buy and everything we sell. When health coverage for a fellow on an assembly line costs thousands of dollars, the cost goes into the products he makes and you pay the bill.

We must make a choice. Now, some pretend we can have it both ways. They call it "play or pay", but that expensive approach is unstable. It will mean higher taxes, fewer jobs and, eventually, a system under complete government control.

Really, there are only two options. And we can move toward a nationalized system -- (applause) -- a system which will restrict patient choice in picking a doctor and force the government to ration services arbitrarily. And what we'll get is patients in long lines, indifferent service, and a huge new tax burden. (Applause.) Or we can reform our own private health care system, which still gives us, for all its flaws, the best quality health care in the world. (Applause.)

Well, let's build on our strengths. My plan provides insurance security for all Americans, while preserving and increasing the idea of choice. We make basic health insurance affordable for all low-income people not now covered, and we do it by providing a health insurance tax credit of up to \$3,750 for each low-income family. And the middle class gets help, too. And by reforming the health insurance market, my plan assures that Americans will have access to basic health insurance even if they change jobs or develop serious health problems.

We must bring costs under control, preserve quality, preserve choice and reduce the people's nagging daily worry about health insurance. My plan, the details of which I will announce very shortly, does just that.

And seventh, we must get the federal deficit under control. (Applause.) We now have in law enforceable spending caps and a requirement that we pay for the programs we create. There are those in Congress who would ease that discipline now, but I cannot let them do it, and I won't. (Applause.)

My plan would freeze all domestic discretionary budget authority, which means no more next year than this year. (Applause.)

Largest Cities in the United States (Over 100,000 population.)

City and State	1990 Population	Rank		City and State	1990 Population	Rank	
		1990	1980			1990	1980
New York, N.Y.	7,322,564	1	1	Corpus Christi, Tex.	257,453	64	60
Los Angeles, Calif.	3,485,398	2	3	St. Petersburg, Fla.	238,629	65	58
Chicago, Ill.	2,783,726	3	2	Rochester, N.Y.	231,636	66	57
Houston, Tex.	1,630,553	4	5	Jersey City, N.J.	228,537	67	61
Philadelphia, Pa.	1,585,577	5	4	Riverside, Calif.	226,505	68	84
San Diego, Calif.	1,110,549	6	8	Anchorage, Alaska	226,338	69	78
Detroit, Mich.	1,027,974	7	6	Lexington-Fayette, Ky.	225,366	70	68
Dallas, Tex.	1,006,877	8	7	Akron, Ohio	223,019	71	59
Phoenix, Ariz.	983,403	9	9	Aurora, Colo.	222,103	72	97
San Antonio, Tex.	935,933	10	11	Baton Rouge, La.	219,531	73	62
San Jose, Calif.	782,248	11	17	Stockton, Calif.	210,943	74	107
Indianapolis, Ind. ²	741,952	12	12	Raleigh, N.C.	207,951	75	105
Baltimore, Md.	736,014	13	10	Richmond, Va.	203,056	76	64
San Francisco, Calif.	723,959	14	13	Shreveport, La.	198,525	77	87
Jacksonville, Fla. ²	672,971	15	19	Jackson, Miss.	196,637	78	70
Columbus, Ohio	632,910	16	20	Mobile, Ala.	196,278	79	71
Milwaukee, Wis.	628,088	17	16	Des Moines, Iowa	193,187	80	74
Memphis, Tenn.	610,337	18	14	Lincoln, Nebr.	191,972	81	81
Washington, D.C.	606,900	19	15	Madison, Wis.	191,262	82	83
Boston, Mass.	574,283	20	21	Grand Rapids, Mich.	189,126	83	75
Seattle, Wash.	516,259	21	23	Yonkers, N.Y.	188,082	84	72
El Paso, Tex.	515,342	22	28	Hialeah, Fla.	188,004	85	108
Nashville-Davidson, Tenn. ²	510,784	23	25	Montgomery, Ala.	187,106	86	76
Cleveland, Ohio	505,616	24	18	Lubbock, Tex.	186,206	87	79
New Orleans, La.	496,938	25	22	Greensboro, N.C.	183,521	88	100
Denver, Colo.	467,610	26	24	Dayton, Ohio	182,044	89	73
Austin, Tex.	465,622	27	42	Huntington Beach, Calif.	181,519	90	85
Fort Worth, Tex.	447,619	28	33	Garland, Tex.	180,650	91	115
Oklahoma City, Okla.	444,719	29	31	Glendale, Calif.	180,038	92	114
Portland, Ore.	437,319	30	35	Columbus, Ga. ²	179,278	93	86
Kansas City, Mo.	435,146	31	27	Spokane, Wash.	177,196	94	82
Long Beach, Calif.	429,433	32	37	Tacoma, Wash.	176,664	95	98
Tucson, Ariz.	405,390	33	45	Little Rock, Ark.	175,795	96	96
St. Louis, Mo.	396,685	34	26	Bakersfield, Calif.	174,820	97	152
Charlotte, N.C.	395,934	35	47	Fremont, Calif.	173,339	98	119
Atlanta, Ga.	394,017	36	29	Fort Wayne, Ind.	173,072	99	80
Virginia Beach, Va.	393,069	37	56	Arlington, Va. ³	170,936	100	—
Albuquerque, N.M.	384,736	38	44	Newport News, Va.	170,045	101	109
Oakland, Calif.	372,242	39	43	Worcester, Mass.	169,759	102	91
Pittsburgh, Pa.	369,879	40	30	Knoxville, Tenn.	165,121	103	77
Sacramento, Calif.	369,365	41	52	Modesto, Calif.	164,730	104	147
Minneapolis, Minn.	368,383	42	34	Orlando, Fla.	164,693	105	124
Tulsa, Okla.	367,302	43	38	San Bernardino, Calif.	164,164	106	131
Honolulu, Hawaii ¹	365,272	44	36	Syracuse, N.Y.	163,860	107	87
Cincinnati, Ohio	364,040	45	32	Providence, R.I.	160,728	108	99
Miami, Fla.	358,548	46	41	Salt Lake City, Utah	159,936	109	90
Fresno, Calif.	354,202	47	65	Huntsville, Ala.	159,789	110	111
Omaha, Neb.	335,795	48	48	Amarillo, Tex.	157,615	111	106
Toledo, Ohio	332,943	49	40	Springfield, Mass.	156,983	112	103
Buffalo, N.Y.	328,123	50	39	Irving, Tex.	155,037	113	142
Wichita, Kan.	304,011	51	51	Chattanooga, Tenn.	152,466	114	88
Santa Ana, Calif.	293,742	52	69	Chesapeake, Va.	151,976	115	137
Mesa, Ariz.	288,091	53	102	Kansas City, Kan.	149,767	116	92
Colorado Springs, Colo.	281,140	54	66	Metairie, La. ³	149,428	117	—
Tampa, Fla.	280,015	55	53	Fort Lauderdale, Fla.	149,377	118	101
Newark, N.J.	275,221	56	46	Glendale, Ariz.	148,134	119	—
St. Paul, Minn.	272,235	57	54	Warren, Mich.	144,864	120	93
Louisville, Ky.	269,063	58	59	Winston-Salem, N.C.	143,485	121	120
Anaheim, Calif.	266,406	59	63	Garden Grove, Calif.	143,050	122	127
Birmingham, Ala.	265,968	60	50	Oxnard, Calif.	142,216	123	145
Arlington, Tex.	261,721	61	94	Tempe, Ariz.	141,865	124	148
Norfolk, Va.	261,229	62	55	Bridgeport, Conn.	141,686	125	110
Las Vegas, Nev.	258,295	63	89	Paterson, N.J.	140,891	126	116
				Flint, Mich.	140,761	127	95

City and State	1990 Population	Rank		City and State	1990 Population	Rank	
		1990	1980			1990	1980
Springfield, Mo.	140,494	128	118	Overland Park, Kan.	111,790	165	—
Hartford, Conn.	139,739	129	117	Hayward, Calif.	111,498	166	—
Rockford, Ill.	139,426	130	113	Concord, Calif.	111,348	167	155
Savannah, Ga.	137,560	131	112	Alexandria, Va.	111,183	168	160
Durham, N.C.	136,611	132	168	Orange, Calif.	110,658	169	—
Chula Vista, Calif.	135,163	133	—	Santa Clarita, Calif.	110,642	170	—
Reno, Nev.	133,850	134	169	Irvine, Calif.	110,330	171	—
Hampton, Va.	133,793	135	128	Elizabeth, N.J.	110,002	172	150
Ontario, Calif.	133,179	136	—	Agawam, Mass.	109,670	173	—
Torrance, Calif.	133,107	137	123	Ann Arbor, Mich.	109,592	174	146
Pomona, Calif.	131,723	138	—	Vallejo, Calif.	109,199	175	—
Pasadena, Calif.	131,591	139	134	Waterbury, Conn.	108,961	176	158
New Haven, Conn.	130,474	140	125	Salinas, Calif.	108,777	177	—
Scottsdale, Ariz.	130,069	141	—	Cedar Rapids, Iowa	108,751	178	141
Plano, Tex.	128,713	142	—	Erie, Pa.	108,718	179	130
Oceanside, Calif.	128,398	143	—	Escondido, Calif.	108,635	180	—
Lansing, Mich.	127,321	144	122	Stamford, Conn.	108,056	181	161
Lakewood, Colo.	126,481	145	138	Salem, Ore.	107,786	182	—
East Los Angeles, Calif. ³	126,379	146	—	Citrus Heights, Calif. ³	107,439	183	—
Evansville, Ind.	126,272	147	121	Abilene, Tex.	106,654	184	—
Boise, Idaho	125,738	148	162	Macon, Ga.	106,612	185	135
Tallahassee, Fla.	124,773	149	—	El Monte, Calif.	106,209	186	—
Paradise, Nev. ³	124,682	150	—	South Bend, Ind.	105,511	187	143
Laredo, Tex.	122,899	151	—	Springfield, Ill.	105,227	188	171
Hollywood, Fla.	121,697	152	129	Allentown, Pa.	105,090	189	156
Topeka, Kan.	119,883	153	132	Thousand Oaks, Calif.	104,352	190	—
Pasadena, Tex.	119,363	154	139	Portsmouth, Va.	103,907	191	154
Moreno Valley, Calif.	118,779	155	—	Waco, Tex.	103,590	192	166
Stirling Heights, Mich.	117,810	156	144	Lowell, Mass.	103,439	193	—
Sunnyvale, Calif.	117,229	157	149	Berkeley, Calif.	102,724	194	157
Gary, Ind.	116,646	158	104	Mesquite, Tex.	101,484	195	—
Beaumont, Tex.	114,323	159	133	Rancho Cucamonga, Calif.	101,409	196	—
Fullerton, Calif.	114,144	160	163	Albany, N.Y.	101,082	197	164
Peoria, Ill.	113,504	161	126	Livonia, Mich.	100,850	198	153
Santa Rosa, Calif.	113,313	162	—	Sioux Falls, S.D.	100,814	199	—
Eugene, Ore.	112,669	163	151	Simi Valley, Calif.	100,217	200	—
Independence, Mo.	112,301	164	140				

1. The estimates shown here are for Honolulu census designated place, which is treated as the city by the Census Bureau, rather than the Honolulu city/county governmental unit. 2. Consolidated city. 3. Census designated place. Data are latest Census Bureau report. Source: U.S. Department of Commerce, Bureau of the Census, April 1990.

Total Homeless Not Counted

Source: "Census and You," U.S. Department of Commerce, Bureau of the Census.

On the night of March 20-21, 1990, The Census Bureau conducted a special Shelter and Street Night (S-Night) operation as part of the over-all effort to count the Nation's population in the 1990 census. This tabulation was not intended to officially count the homeless population of the United States for the 1990 census.

Census Bureau Director Barbara Everitt Bryant had cautioned the Congress: "As we have been careful to point out since the inception of planning for Shelter and Street Night, these figures do not represent a count of the total population of homeless persons at the national, State, or local levels, nor were they intended to. They should not be characterized as such. There will be no count of the homeless population from the 1990 census. Even when all the results from

the 1990 census have been released, a complete count of the total homeless population will not exist that can be identified at any level of geography."

S-Night is best described as a count of persons who sought emergency shelter, or who were visible to census takers in pre-identified open street and public locations, on the night of March 20 and early morning hours of March 21, 1990.

The S-Night operation reported a count of 178,828 persons in emergency shelters for the homeless and a total of 49,793 persons visible in pre-identified street locations.

The Census Bureau did not attempt to adjust the final totals for overcounts or undercounts because of the mobile nature of the homeless population. □

22,033 (3.0/7). 1590 percent population under 18: 26.0; 65 and over: 11.9; median age: 32.4.
Land area: 623 sq mi. (1,614 sq km)
Altitude: Highest, 1,320 ft; lowest, 1,140
Avg. daily temp.: Jan., 35.9° F; July, 82.1° F
Location: In central part of state, on North Canadian River

County: Seat of Oklahoma Co.
Churches: Roman Catholic, 25; Jewish, 2; Protestant and others, 741
City-owned parks: 138 (3,944 ac.)
Television stations: 8
Radio stations: AM, 10; FM, 14
CIVILIAN LABOR FORCE: 226,927
Unemployed: 11,976, Percent: 5.3
Per capita personal income: \$15,536
Chamber of Commerce: Oklahoma City Chamber of Commerce, 1 Santa Fe Plaza, Oklahoma City, Okla. 73102

OMAHA, NEB.

Incorporated as city: 1857
Mayor: P.J. Morgan (to June 1993)
1980 population (1980 census) & (rank): 313,939 (48)
1990 census population, sex, & (rank): 335,795 (48); % change, 7.0; Male, 160,392; Female, 175,403; White, 281,603; Black, 43,989 (13.1%); American Indian, Eskimo, or Aleut, 2,274 (0.7%); Asian or Pacific Islander, 3,412 (1.0%); Other race, 4,517; Hispanic origin, 10,288 (3.1%). 1990 percent population under 18: 25.4; 65 and over: 12.9; median age: 32.2.
Land area: 102.98 sq mi. (267 sq km)
Altitude: Highest, 1,270 ft
Avg. daily temp.: Jan., 20.2° F; July, 77.7° F
Location: In eastern part of state, on Missouri River
County: Seat of Douglas Co.
Churches: Protestant, 246; Roman Catholic, 44; Jewish, 4
City-owned parks: 159 (over 7,000 ac.)
Radio stations: AM, 7; FM, 13
Television stations: 4
CIVILIAN LABOR FORCE: 193,056
Unemployed: 5,748, Percent: 3.0
Per capita personal income: \$16,753
Chamber of Commerce: Omaha Chamber of Commerce, 1301 Harway St., Omaha, Neb. 68102
1. Omaha, Neb.—Iowa MSA.

PHILADELPHIA, PA.

First charter as city: 1701
Mayor: W. Wilson Goode (to first Monday, January 1992)
1980 population (1980 census) & (rank): 1,688,210 (4)
1990 census population, sex, & (rank): 1,585,577 (5); % change, -6.1; Male, 737,763; Female, 847,814; White, 848,586; Black, 631,936 (39.9%); American Indian, Eskimo, or Aleut, 3,454 (0.2%); Asian or Pacific Islander, 43,522 (2.7%); Other race, 58,079; Hispanic origin, 89,193 (5.6%). 1990 percent population under 18: 23.9; 65 and over: 15.2; median age: 33.2.
Land area: 136 sq mi. (352 sq km)
Altitude: Highest, 440 ft; lowest, sea level
Avg. daily temp.: Jan., 31.2° F; July, 76.5° F
Location: In southeastern part of state, at junction of Schuylkill and Delaware Rivers
County: Seat of Philadelphia Co. (coterminous)
Churches: Roman Catholic, 133; Jewish, 55; Protestant and others, 830

City-owned parks: 630 (10,252 ac.)
Radio stations: AM, 40; FM, 43
Television stations: 14
CIVILIAN LABOR FORCE: 736,895²
Unemployed: 57,433¹, Percent: 7.8²
Per capita personal income: \$19,750¹
Chamber of Commerce: Philadelphia Chamber of Commerce, 1234 Market Street, Suite 1800, Philadelphia, Pa. 19107
1. PMSA. 2. Philadelphia City/County.

PHOENIX, ARIZ.

Incorporated as city: 1881
Mayor: Paul Johnson (to Jan. 1992)
City Manager: Frank Fairbanks (appt. May 1990)
1980 population (1980 census) & (rank): 789,704 (9)
1990 census population, sex, & (rank): 983,403 (9); % change, 24.5; Male, 487,589; Female, 495,814; White, 803,332; Black, 51,053 (5.2%); American Indian, Eskimo, or Aleut, 18,225 (1.9%); Asian or Pacific Islander, 16,303 (1.7%); Other race, 94,490; Hispanic origin, 197,103 (20.0%). 1990 percent population under 18: 27.2; 65 and over, 9.7; median age, 31.1.
Land area: 426.1 sq mi. (1,104 sq km)
Altitude: Highest, 2,740 ft; lowest, 1,017
Avg. daily temp.: Jan., 52.3° F; July, 92.3° F
Location: In center of state, on Salt River
County: Seat of Maricopa Co.
City-owned parks: 140 (30,314 ac.)
Radio stations: AM, 22; FM, 18
Television stations: 9 commercial; 1 PBS
CIVILIAN LABOR FORCE: 591,142
Unemployed: 23,639, Percent: 4.0
Per capita personal income: \$17,705
Chamber of Commerce: Phoenix Chamber of Commerce, 34 W. Monroe St., Phoenix, Ariz. 85003

PITTSBURGH, PA.

Incorporated as city: 1816
Mayor: Sophie Masloff (to Jan. 1994)
1980 population (1980 census) & (rank): 423,959 (30)
1990 census population, sex, & (rank): 369,879 (40); % change, -12.8; Male, 171,722; Female, 198,157; White, 266,791; Black, 95,362 (25.8%); American Indian, Eskimo, or Aleut, 671 (0.2%); Asian or Pacific Islander, 5,937 (1.6%); Other race, 1,118; Hispanic origin, 3,468 (0.9%). 1990 percent population under 18: 19.8; 65 and over, 17.9; median age: 34.6.
Land area: 55.5 sq mi. (144 sq km)
Altitude: Highest, 1,240 ft; lowest, 715
Avg. daily temp.: Jan., 26.7° F; July, 72.0° F
Location: In southwestern part of state, at beginning of Ohio River
County: Seat of Allegheny Co.
Churches: Protestant, 348; Roman Catholic, 86; Jewish, 28; Orthodox, 26
City-owned parks and playgrounds: 270 (2,572 ac.)
Radio stations: AM, 12; FM, 20
Television stations: 8
CIVILIAN LABOR FORCE: 172,507
Unemployed: 8,650, Percent: 5.0
Per capita personal income: \$17,763¹
Chamber of Commerce: The Chamber of Commerce of Greater Pittsburgh, 3 Gateway Center, Pittsburgh, Pa. 15222
1. PMSA.

PORTLAND, ORE.

Incorporated as city: 1851
Mayor: John (Bud) Clark (till Jan. 1993)
1980 est. population (1980 census) & rank: 368,148 (35)
1990 census population, sex, & (rank): 437,319 (30); % change, 18.8; Male, 211,914; Female, 225,405; White, 374,135; Black, 33,530 (7.7%); American Indian, Eskimo, or Aleut, 5,399 (1.2%); Asian or Pacific Islander, 21,185 (5.3%); Other race, 5,070; Hispanic origin, 13,874 (3.2%). 1990 percent population under 18: 21.9; 65 and over, 14.6; median age: 34.5.
Land area: 136.7 sq mi. (354 sq km.)
Altitude: Highest, 1073 ft; lowest, sea level
Avg. daily temp.: Jan., 38.9° F; July, 67.7° F
Location: In northwestern part of the state on Willamette River
County: Seat of Multnomah Co.
Churches: Protestant, 450; Roman Catholic, 48; Jewish, & Buddhist, 8; other, 190
City-owned parks: 200 (over 9,400 ac.)
Radio stations: AM, 14; FM, 14
Television stations: 5 commercial, 1 public
CIVILIAN LABOR FORCE: 217,156
Unemployed: 10,195, Percent: 4.7
Per capita personal income: \$18,163¹
Chamber of Commerce: Portland Chamber of Commerce, 221 NW 2nd Ave., Portland, Ore. 97209
1. PMSA.

SACRAMENTO, CALIF.

Incorporated as city: 1849
Mayor: Anne Rudin (to Sept. 1992)
1980 population (1980 census) & (rank): 275,741 (52)
1990 census population, sex, & (rank): 369,365 (41); % change, 34.0; Male, 178,737; Female, 190,628; White, 221,963; Black, 56,521 (15.3%); American Indian, Eskimo, or Aleut, 4,561 (1.2%); Asian or Pacific Islander, 55,426 (15.0%); Other race, 30,894; Hispanic origin, 60,007 (16.2%). 1990 percent population under 18: 26.2; 65 and over, 12.1; median age: 31.8.
Land area: 98 sq mi. (254 sq km)
Avg. daily temp.: Jan., 47.1° F; July, 76.6° F
County: Seat of Sacramento Co.
City park & recreational facilities: 131+ (1,427+ ac.)
Television stations: 7
CIVILIAN LABOR FORCE: 174,892
Unemployed: 13,061, Percent: 7.5
Per capita personal income: \$18,299
Chamber of Commerce: Sacramento Chamber of Commerce, 917 7th St., Sacramento, Calif. 95814; West Sacramento Chamber of Commerce, 834-C Jefferson Blvd., Sacramento, Calif. 95691

ST. LOUIS, MO.

Incorporated as city: 1822
Mayor: Vincent Schoemehl, Jr. (to April 1993)
1980 population (1980 census) & (rank): 452,801 (26)
1990 census population, sex, & (rank): 396,685 (34); % change, -12.4; Male, 180,680; Female, 216,005; White, 202,085; Black, 188,408 (47.5%); American Indian, Eskimo, or Aleut, 950 (0.2%); Asian or Pacific Islander, 3,733 (0.9%); Other race, 1,509; Hispanic origin, 5,124 (1.3%). 1990 percent population under 18: 25.2; 65 and over: 16.6; median age: 32.8.
Land area: 61.4 sq mi. (159 sq km)
Altitude: Highest, 616 ft; lowest, 413
Avg. daily temp.: Jan., 28.8° F; July, 78.9° F

Location: In east central part of state, on Mississippi River
County: Independent city
Churches: 900¹
City-owned parks: 89 (2,639 ac.)
Radio stations: AM, 21; FM 27¹
Television stations: 6 commercial; 1 PBS
CIVILIAN LABOR FORCE: 190,688
Unemployed: 15,419, Percent: 8.1
Per capita personal income: \$18,957²
Chamber of Commerce: St. Louis Regional Commerce and Growth Association, 100 S. Fourth St., Ste. 500, St. Louis, Mo. 63102
1. Metropolitan area. 2. St. Louis, Mo.—Ill. MSA.

SAN ANTONIO, TEX.

Incorporated as city: 1837
Mayor: Nelson Wolff (to May 1993)
City Manager: Alexander J. Briseno (apptd. April 27, 1990)
1980 population (1980 census) & (rank): 785,940 (11)
1990 census population, sex, & (rank): 935,933 (10); % change, 19.1; Male, 450,695; Female, 485,238; White, 676,082; Black, 65,884 (7.0%); American Indian, Eskimo, or Aleut, 3,303 (0.4%); Asian or Pacific Islander, 10,703 (1.1%); Other race, 179,961; Hispanic origin, 520,282 (55.6%). 1990 percent population under 18: 29.0; 65 and over: 10.5; median age: 29.8.
Land area: 341.23 sq mi. (884 sq km)
Altitude: 700 ft
Avg. daily temp.: Jan., 50.4° F; July, 84.6° F
Location: In south central part of state, on San Antonio River
County: Seat of Bexar Co.
City-owned parks: Approximately 6,385 ac.
Radio stations: AM, 19; FM, 19
Television stations: 9
CIVILIAN LABOR FORCE: 446,701
Unemployed: 33,631, Percent: 7.5
Per capita personal income: \$14,144
Chamber of Commerce: Greater San Antonio Chamber of Commerce, P.O. Box 1628, 602 E Commerce, San Antonio, Tex. 78296

SAN DIEGO, CALIF.

Incorporated as city: 1850
Mayor: Maureen O'Connor (to Dec. 11, 1992)
City Manager: Jack McGrory (apptd. April 1991)
1980 population (1980 census) & (rank): 875,538 (8)
1990 census population, sex, & (rank): 1,110,549 (6); % change, 26.8; Male, 566,464; Female, 544,085; White, 745,406; Black, 104,261 (9.4%); American Indian, Eskimo, or Aleut, 6,800 (0.6%); Asian or Pacific Islander, 130,945 (11.8%); Other race, 123,137; Hispanic origin, 229,519 (20.7%). 1990 percent population under 18: 23.1; 65 and over: 10.2; median age: 30.5.
Land area: 330.7 sq miles (857 sq km)
Altitude: Highest, 1,591 ft; lowest, sea level
Avg. daily temp.: Jan., 56.8° F; July, 70.3° F
Location: In southwesternmost part of state, on San Diego Bay
County: Seat of San Diego Co.
Churches: Roman Catholic, 39; Jewish, 9; Protestant, 334; Eastern Orthodox, 8; other, 18
City park and recreation facilities: 164 (17,207 ac.)
Radio stations: AM, 8; FM, 18
Television stations: 9
CIVILIAN LABOR FORCE: 553,612

Unemployed: 33,629, Percent 6.1
 Per capita personal income: \$18,651
 Chamber of Commerce: San Diego Chamber of Commerce, 402 West Broadway, Suite 1000, San Diego, Calif. 92101

SAN FRANCISCO, CALIF.

Incorporated as city: 1850
 Mayor: Art Agnos (to Jan. 1992)
 1980 population (1980 census) & (rank): 678,974 (13)
 1990 census population, sex, & (rank): 723,959 (14); % change, 6.6; Male, 362,497; Female, 361,462; White, 387,783; Black, 79,039 (10.9%); American Indian, Eskimo, or Aleut, 3,456 (0.5%); Asian or Pacific Islander, 210,876 (29.1%); Other race, 42,805; Hispanic origin, 210,717 (13.9%). 1990 percent population under 18: 16.1; 65 and over: 14.6; median age: 35.8.
 Land area: 46.1 sq mi. (120 sq km)
 Altitude: Highest, 925 ft; lowest, sea level
 Avg. daily temp.: Jan., 48.5° F; July, 62.2° F
 Location: In northern part of state between Pacific Ocean and San Francisco Bay
 County: Coextensive with San Francisco Co.
 Churches: 540 of all denominations
 City-owned parks and squares: 225
 Radio stations: 29
 Television stations: 10
 CIVILIAN LABOR FORCE: 390,871
 Unemployed: 19,039, Percent 4.9
 Per capita personal income: \$28,170²
 Chamber of Commerce: Greater San Francisco Chamber of Commerce, 465 California St., San Francisco, Calif. 94104
 1. San Francisco City/County. 2. PMSA.

SAN JOSE, CALIF.

Incorporated as city: 1850
 Mayor: Susan Hammer (to Dec. 31, 1994)
 City Manager: Leslie R. White (apptd. May 1989)
 1980 population (1980 census) & (rank): 629,400 (17)
 1990 census population, sex, & (rank): 782,248 (11); % change, 24.3; Male, 397,709; Female, 384,539; White, 491,280; Black, 36,790 (4.7%); American Indian, Eskimo, or Aleut, 5,416 (0.7%); Asian or Pacific Islander, 152,815 (19.5%); Other race, 95,947; Hispanic origin, 208,388 (26.6%). 1990 percent population under 18: 26.7; 65 and over: 7.2; median age: 30.4.
 Land area: 173.6 sq mi. (450 sq km)
 Altitude: Highest, 4,372 ft; lowest, sea level
 Avg. daily temp.: Jan., 49.5° F; July, 68.8° F
 Location: In northern part of state, on south San Francisco Bay, 50 miles south of San Francisco
 County: Seat of Santa Clara County
 Churches: 403
 City-owned parks and playgrounds: 152 (3,136 ac.)
 Radio stations: 14
 Television stations: 4
 CIVILIAN LABOR FORCE: 375,309
 Unemployed: 24,183, Percent 6.4
 Per capita personal income: \$24,581¹
 Chamber of Commerce: San Jose Chamber of Commerce, One Paseo de San Antonio, San Jose, Calif. 95113
 1. PMSA.

SEATTLE, WASH.

Incorporated as city: 1869
 Mayor: Norman B. Rice (to Dec. 31, 1993)

1980 population (1980 census) & (rank): 493,846 (23)
 1990 census population, sex, & (rank): 516,259 (21); % change, 4.5; Male, 252,042; Female, 264,217; White, 388,858; Black, 51,948 (10.1%); American Indian, Eskimo, or Aleut, 7,326 (1.4%); Asian or Pacific Islander, 60,819 (11.8%); Other race, 7,308; Hispanic origin, 18,349 (3.6%). 1990 percent population under 18: 16.5; 65 and over: 15.2; median age: 34.9.
 Land area: 144.6 sq mi. (375 sq km)
 Altitude: Highest, 540 ft; lowest, sea level
 Avg. daily temp.: Jan., 40.6° F; July, 65.3° F
 Location: In west central part of state, on Puget Sound
 County: Seat of King Co.
 Churches: Roman Catholic, 36; Jewish, 13; Protestant and others, 535
 City-owned parks, playgrounds, etc.: 278 (4,773.4 ac.)
 Radio stations: AM, 22; FM, 26
 Television stations: 3 commercial; 1 educational
 CIVILIAN LABOR FORCE: 349,072
 Unemployed: 17,901, Percent 5.1
 Per capita personal income: \$21,137¹
 Chamber of Commerce: Seattle Chamber of Commerce, 1200 One Union Square, Seattle, Wash. 98101
 1. PMSA.

TOLEDO, OHIO

Incorporated as city: 1837
 Mayor: John McHugh (to Dec. 1991)
 City Manager: Thomas R. Hoover
 1980 population (1980 census) & (rank): 354,635 (40)
 1990 census population, sex, & (rank): 332,943 (49); % change, -6.1; Male, 157,941; Female, 175,002; White, 256,239; Black, 65,598 (19.7%); American Indian, Eskimo, or Aleut, 920 (0.3%); Asian or Pacific Islander, 3,487 (1.0%); Other race, 6,699; Hispanic origin, 13,207 (4.0%). 1990 percent population under 18: 26.2; 65 and over: 13.6; median age: 31.7.
 Land area: 84.2 sq mi. (218 sq km)
 Altitude: 630 ft
 Avg. daily temp.: Jan., 23.1° F; July, 71.8° F
 Location: In northwestern part of state, on Maumee River at Lake Erie
 County: Seat of Lucas Co.
 Churches: Protestant, 301; Roman Catholic, 55; Jewish, 4; others, 98
 City-owned parks and playgrounds: 134 (2,650.90 ac.)
 Radio stations: AM, 8; FM, 8
 Television stations: 6
 CIVILIAN LABOR FORCE: 177,701
 Unemployed: 21,010, Percent 11.8
 Per capita personal income: \$16,893
 Chamber of Commerce: Toledo Area Chamber of Commerce, 218 Huron St., Toledo, Ohio 43604

TUCSON, ARIZ.

Incorporated as city: 1877
 Mayor: Thomas J. Volgy (to Dec. 1991)
 1980 population (1980 census) & (rank): 330,537 (45)
 1990 census population, sex, & (rank): 405,390 (33); % change, 22.6; Male, 197,319; Female, 208,071; White, 305,055; Black, 17,366 (4.3%); American Indian, Eskimo, or Aleut, 6,464 (1.6%); Asian or Pacific Islander, 8,901 (2.2%); Other race, 67,604; Hispanic origin, 118,595 (29.3%). 1990 percent population under 18: 24.5; 65 and over: 12.6; median age: 30.6.
 Land area: 156.04 sq mi. (404 sq km)
 Altitude: 2,400 ft
 Avg. daily temp.: Jan., 51.1° F; July, 86.2° F

Location: In southeastern part of state, on the Santa Cruz River
 County: Seat of Pima Co.
 Churches: Protestant, 325; Roman Catholic, 40; other, 74
 City-owned parks and parkways: (25,349 ac.)
 Radio stations: AM, 16; FM, 11
 Television stations: 3 commercial; 1 educational; 3 other
 CIVILIAN LABOR FORCE: 206,197
 Unemployed: 6,450, Percent 3.1
 Per capita personal income: \$15,203
 Chamber of Commerce: Tucson Metropolitan Chamber of Commerce, P.O. Box 991, Tucson, Ariz. 85702

TULSA, OKLA.

Incorporated as city: 1898
 Mayor: Rodger Randle (to May 1994)
 1980 population (1980 census) & (rank): 360,919 (38)
 1990 census population, sex, & (rank): 367,302 (43); % change, 1.8; Male, 175,538; Female, 191,764; White, 291,444; Black, 49,825 (13.6%); American Indian, Eskimo, or Aleut, 17,091 (4.7%); Asian or Pacific Islander, 5,133 (1.4%); Other race, 3,809; Hispanic origin, 9,564 (2.6%). 1990 percent population under 18: 24.4; 65 and over: 12.7; median age: 33.1.
 Land area: 192.459 sq mi. (499 sq km)
 Altitude: 674 ft
 Avg. daily temp.: Jan., 35.2° F; July, 83.2° F
 Location: In northeastern part of state, on Arkansas River
 County: Seat of Tulsa Co.
 Churches: Protestant, 593; Roman Catholic, 32; Jewish, 2; others, 4
 City parks and playgrounds: 113 (5,338 ac.)
 Radio stations: AM, 7; FM, 8
 Television stations: 5 commercial; 1 PBS; 1 cable
 CIVILIAN LABOR FORCE: 197,102
 Unemployed: 11,262, Percent 5.7
 Per capita personal income: \$16,016
 Chamber of Commerce: Metropolitan Tulsa Chamber of Commerce, 616 S Boston, Tulsa, Okla. 74119

VIRGINIA BEACH, VA.

Incorporated as city: 1963
 Mayor: Meyera E. Obendorf (to June 30, 1992)
 1980 population (1980 census) & (rank): 262,199 (56)
 1990 census population, sex, & (rank): 393,069 (37); % change, 49.9; Male, 199,571; Female, 193,498; White, 316,408; Black, 54,671 (13.9%); American Indian, Eskimo, or Aleut, 1,384 (0.4%); Asian or Pacific Islander, 17,025 (4.3%); Other race, 3,581; Hispanic origin, 12,137 (3.1%); 1990 percent population under 18: 28.0; 65 and over: 5.9; median age: 28.9.
 Land area: 258.7 sq mi. (670 sq km)
 Altitude: 12 ft
 Avg. daily temp.: Jan., 39.9° F; July, 78.4° F
 Location: Southeastern most portion of state, on Atlantic coastline
 County: None
 Churches: Protestant, 159; Catholic, 8; Jewish, 4
 City-owned parks: 151 (1,748 ac.)
 Radio stations: AM 18, FM 22
 Television stations: 4 commercial, 1 PBS, 1 cable
 CIVILIAN LABOR FORCE: 171,089
 Unemployed: 8,525, Percent 5.0
 Per capita personal income: \$15,721¹
 Chamber of Commerce: Hampton Roads Chamber of Commerce, 4512 Virginia Beach Blvd., Virginia Beach, Va., 23456
 1. Norfolk-Virginia Beach-Newport News MSA.

WASHINGTON, D.C.

Land ceded to Congress: 1788 by Maryland and Virginia (retroceded to Virginia Sept. 7, 1791)
 Seat of government transferred to D.C.: Dec. 1800
 Created municipal corporation: Feb. 21, 1871
 Mayor: Sharon Pratt Dixon (to Jan. 1995)
 Motto: *Justitia omnibus* (Justice to all)
 Flower: American beauty rose
 Tree: Scarlet oak
 Origin of name: In honor of Columbus
 1980 population (1980 census) & (rank): 606,900
 1990 census population, sex, & (rank): 606,900
 change, -4.9; Male, 282,970; Female, 323,930; White, 179,667; Black, 399,604 (65.8%); American Indian, Eskimo, or Aleut, 1,466 (0.2%); Asian or Pacific Islander, 1,879 (0.3%); Other race, 14,949; Hispanic origin, 11,879 (1.9%). 1990 percent population under 18: 24.4; 65 and over: 12.7; median age: 33.1.
 Land area: 68.25 sq mi. (177 sq km)
 Geographic center: Near corner of Fourth and M Streets, N.W.
 Altitude: Highest, 420 ft; lowest, sea level
 Avg. daily temp.: Jan., 35.2° F; July, 78.9° F
 Location: Between Virginia and Maryland
 River
 Churches: Protestant, 610; Roman Catholic, 100
 City parks: 753 (7,725 ac.)
 Radio stations: AM, 9; FM, 38
 Television stations: 19
 CIVILIAN LABOR FORCE: 283,702
 Unemployed: 19,725, Percent 7.0
 Per capita personal income: \$24,845¹
 Board of Trade: Greater Washington Board of Trade, 1129 20th Street, N.W., Washington, D.C. 20004
 Chamber of Commerce: D.C. Chamber of Commerce, 1319 F St., NW, Washington, D.C. 20004
 1. Washington, D.C.-Md.-Va. MSA.

The District of Columbia—identical to Washington—is the capital of the United States. It was the first carefully planned capital in the world. D.C. history began in 1790 when Congress selected a new capital site, 100 miles from the Potomac. When the site was determined in 1800, Congress returned that leaving the 68.25 square miles ceded by Maryland and Virginia.
 The city was planned and partly built by Pierre Charles L'Enfant, a French engineer who was an astronomer and mathematician during the War of 1812, a British general, and it was from the white paint fire damage that the President's home, the White House.

Until Nov. 3, 1967, the District of Columbia was administered by three commissioners appointed by Congress. On that day, a government consisting of a mayor and a 9-member Council, all appointed with the approval of the Senate, took office. In 1974, the citizens of the District of Columbia elected a Home Rule Charter, giving them an elected 13-member council—their first elected government in more than a century. The District is a non-voting member in the House of Representatives and has an elected Board of Education.

On Aug. 22, 1978, Congress passed a constitutional amendment to give Washington representation in the Congress. The amendment had to be ratified by at least 28 states in seven years to become effective.

A petition asking for the District of Columbia to be the 51st State was filed in October 9, 1983. The District is continuing to seek statehood.

Withdrawal/Redaction Sheet

(George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
02. Note	Page 2 of Note to Curt Smith, re: San Diego trip. (1 pp.)	n.d.	B5	

Collection:

Record Group: Bush Presidential Records
Office: Speechwriting, White House Office of
Series: Speech File, Backup
Subseries:
WHORM Cat.:
File Location: Health Care Event - San Diego [CA] Rotary Club 2/7/92 [1]

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

Date Closed: 11/19/2004	OA/ID Number: 07568
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:

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]
- P-6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

Freedom of Information Act - [5 U.S.C. 552(b)]

- (b)(1) National security classified information [(b)(1) of the FOIA]
- (b)(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- (b)(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- (b)(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- (b)(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- (b)(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- (b)(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- (b)(9) Release would disclose geological or geophysical information

Themes for follow-up

Heavy emphasis on the deadline for action, March 20

must continue to pump on this... make deadline real.

Public awareness is essential - "mark your calendar" Too little time? We won the ground war in four days. Other examples of when Congress acts quickly.

"Mark your calendar" "Check the date"

The onus is squarely on the Congress. Isolate the Congress - states, communities, individuals, this President have all acted already.

Personalize the connection between the President's proposals and the average American.

Health care - choosing a doctor
Cap gains - selling your house
Cost to consumers - tab for a bag of groceries
ETC.

ONUS IS on the Congress, not on PUS

Changed world requires continued American leadership - that's good for Americans - define it in human terms.

-- he has met his responsibility, he has taken the steps

Confident and determined -- we will lift this nation step by step.

Humor

The President's plan is the ONLY plan that is comprehensive, doesn't raise tax rates, doesn't gut defense, doesn't let Congress off the spending hook. What will it do? It will work.

Anticipate opponent's arguments.

-- so how many states, -- so how many committees
--- Who's the odd man out?

- Examples of how when Congress sets its mind to it -- it can act.

(stay away from Dem bashing)

MEMO MEMO FOR JAG

FROM: J BUNTON

SUBJECT: SITE SURVEY SAN DIEGO/BARRIO HEALTH CARE/SOTU
FOLLOW-UP

SETTING: Two tier event: Friday, 7 February 1992
9-10 am
Logan Heights Family Health Center

POTUS: Tours center/ witnesses immunization
gives wailing child sticker for getting stuck
POTUS goes to Roundtable discussion with 20+ community
leaders/a couple of parents and recently immunized
children to discuss health issues/initiatives

HEALTH CENTER TRIVIA: founded 1969 by Laura Rodriguez [age 82]
595th Point of Light recipient, she still opens the
center every morning, Spanish style facade, adobe house
in back will host roundtable discussion, signs inside
center bi-lingual, see about 75,000 patients a year -
about 60% are families, some patients ride the bus all
day to get to center for health care

Annual report attached

ATTENDEES: Sec. Sullivan, Ast. Sec. Health Dr. Mason, Dr.
Novello, Dr. Roper of CDC, Possibly Gov. Wilson,
Mayor O'Connor

Contact:
Fran Butler-Cohen, Executive Director
Logan Heights Family Health Center
1809 National Avenue
San Diego
619-234-8171

POTUS GOES TO SHERATON ADDRESS ROTARIANS

ADDRESS TO SAN DIEGO ROTARY CLUB

7 February 1992

SETTING: Breakfast meeting -- speech 10 am
Sheraton Harbour Island Hotel, Grand Ballroom

AUDIENCE: 400 Rotarians, 50-70 health care officials who will
have attended health care summit, officials mentioned in
Logan event

Open Press

Rotary Contact: Chet Lathrop, Exec. Dir. San Diego Rotary
619-299-3309

Both Events Healthcare/SOTU follow-up; healthcare bullets attached. For HHS detes contact Mike Hess, Confidential Ast. to Sec. Sullivan HHS 245-0409

Element of Healthcare pertaining to San Diego include VIP/Fastrack immunization program --- a volatile issue is over the border healthcare [Mexicans coming in and out of ocuntry]

Suggest more about what he did at ctr:

"I saw the families and the children. I watched those little ones being immunized. And I listened to the cries that would save so many future tears."

(Smith/Grossman)
January 28, 1992
Draft Two
SHOT

PRESIDENTIAL REMARKS: ROTARY CLUB
SAN DIEGO, CALIFORNIA
FRIDAY, FEBRUARY 7, 1992

[[ACKNOWLEDGEMENTS]]. Members of the San Diego Rotary Club.

It is a delight to be in what, nearly thirty years ago, a ^{described as} writer called, "unbelievably, ~~in the wake of explosive growth,~~ a pleasant and leisurely city." ^{... [listening] under a flood of sunlight.} / Today, San Diego remains all of that as America's largest city. // Thank you for the privilege of visiting this Valhalla on the Pacific. //

((I know that the eyes of sailing enthusiasts are on San Diego this year with the "America's Cup" competition in progress.

// If you run low on wind, let me know -- I can send you some of the surplus we have in Washington.)) //

Earlier today, I visited a true catalyst of caring -- ~~the site at~~ ^{THE LOGAN HEIGHTS FAMILY HEALTH CTR. *} ~~that focuses on childhood immunization.~~ / Later, at ^{parents + community leaders} ~~___ miles from here,~~ I talked with local small employers about how immunization can increase illness prevention. //

This afternoon, I would like to discuss how prevention can help America. // ((My remarks will be brief. // As with immunization, they will only hurt a little. // One thing about a democracy is that we have the means to prevent illness -- but not to prevent a speech talking about it.)) //

I begin with a proverb. "He who has health has hope, and he who has hope has everything." // Yesterday in Cincinnati, I

Laura Rodriguez found 595th point of light

lets stop making Presidential rhetoric

too stinky

Healon
555 13th St.
← Carole Hilliard 637-5890
research on anything that you would in Deborah Steelman's office

unveiled a plan to give hope to Americans who now despair about health care that is accessible, and affordable. //

All of us know the problem with America's health care system. ^{The cost of health care, -- what Americans must spend -- is far outstripping what most can pay.} ~~Medical care costs too much -- more than -- billion dollars this year //~~ ^{This year America will shell out over \$800 billion on health} fully one-tenth of all that Americans spend. // ^{And that is expected to grow to \$1.6 trillion by the end of the decade.} It also excludes too many -- leaving one-seventh of the population without access to basic health insurance when they change jobs, or develop serious illness. //

It is not enough to say: We must do better. I am here to say: We will do better. // ((I'm reminded of how a golf duffer once said, "I'd move heaven and earth to break 100." His friend replied: "You better concentrate on heaven. You've moved enough earth already.")) // I will move both to make quality health care America's New Reality in the New American Century. //

I don't really know if humor is appropriate here.

^{with the} Some say the answer is a nationalized health ~~system~~ ^{and} ~~which~~ ^{if you} ~~want less choice -- that's your plan. If you want government rationing would, among other things, deny patients choice and force the services -- that's your program. It's my opinion that that's not what government to ration health services arbitrarily. //~~ ~~((Here's America needs. It's my conviction that that's not where America's going. how wrong they are: These are the same people who said that Tony Gwynn would never amount to much of a hitter.)) //~~

I think humor is clouding the potency of your message

As long as I am President, we are not going down the road of nationalized health care. // Ask other nations: It leads to the socialized dead-end of long lines / poor service / and a multitude of new taxes. // There's a better / a new / road -- and we should take it: The road of choice. // We need to preserve what works -- and reform what doesn't. //

Imagine -- let's say you're making do, getting by on a low paying job -- but a job that offers health coverage for your crippled child. And let's say you get offered a better job w/ a higher salary. You want to take it. You need to take it. But you can't take the chance it won't cover your child.

sting our low pin jobs enjoying your
access to modern tools

The plan I announced yesterday will stabilize the soaring health care bills which show up not only in your family budget, but in the price of everything you buy and everything we sell. // When health coverage for an assembly worker costs thousands of dollars, the cost goes into the product he make -- and Americans pay the bill. // ~~It's why this year we will spend over~~ billion dollars on health -- and about by the year 2000. //

You have this line on previous page

Today, Americans have the world's most expensive health care -- paying twice per capita of Germany and Japan. // Yet funding alone will not help achieve the world's finest care. // Instead, we must change the system: Our plan calls for reform of the health insurance market to include low-income people -- also a health insurance tax credit of \$3,750 per family. // We must also change the way we act. // If you'll forgive me for paraphrasing an old saying, and adjusting it for inflation: "A pound of prevention is worth a ton of cure." //

way this word is kind of inappropriate since we're talking about a private system.

Segal: Immunization is the most straight-forward of all prevention measures. Every \$1 spent for prevention now saves an estimated \$14 in health care costs -- showing, as no Federal bureaucracy could, the power of what physicians call "care-seeking behaviors." // Put simply: Each one of us can help America become the world's healthiest -- not only wealthiest -- nation. As my good friend and Secretary of HHS, LOU Sullivan, has said: "Better control of 10 risk factors could reduce premature deaths by one-third; disabling injuries by one-fourth." // Those factors include not smoking / drinking less / and exercising more. They also include

You've got prevention and immunization too mixed up here.

Segal: Immunization is the most straight-forward of all prevention measures.

This is prevention. Let's structure this

so that these two aren't muddled in together

on immunization
bureaucratic
?? random
in 4-4-00

immunization: With health care costs stretched to the limit, we can't afford NOT to immunize our youngest children. //

Last June, Secretary Sullivan and I announced our Administration's Immunization Initiative. Our goal was simple, and ennobling: To bring immunization to every American child. //

Since then, I have traveled to Dallas and Phoenix, Rapid City and Detroit, and now San Diego to make this goal reality. //

Enlisting the non-profit and private sectors / parents, teachers, mothers, and businessmen / to protect our littlest citizens / our most precious citizens / our future / our kids. //

There is a saying: "Middle age is when nature takes its course -- and flunks it." // Consider immunization as a course. We have to help kids pass it at their youngest age. // If we don't -- if our vigilance goes down -- we know disease rates will go back up. / Recall how last year measles cases soared to a high of 27,000 -- or the 130 deaths in 1989-90. How unforgivably needless. How irretrievably tragic. To this wrong which breaks } awkward grammar

our hearts, let us use immunization to set things right. //

The problem is
~~Can we do it? We have to do it. ((I'm reminded of a story about doubt. Someone was talking about why today's teenager gets mixed-up. Half the adults are telling him to "find himself," and the other half is telling him to "get lost.")) // I am without doubt that prevention can solve the greatest problem of immunization. Not incurability. ^ Not availability. ^ Access. //~~

wait, immunization is not the problem. This is screening

Today, too often our littlest are left unprotected while parents fight drug and alcohol abuse, AIDS, or homelessness. Too

✓

✓

Who said this?

often, barriers of culture and language shut other parents out.
 // Another enemy is complacency. Some think that childhood communicable diseases -- measles, mumps, rubella, yes, even polio -- belong to yesterday. They are mistaken. // Without immunization, the children of today may be maimed and crippled tomorrow. //

(You know, raising kids in a household where you don't immunize will help both sides a lot / you do up / heavy / build a model / you do / build - from some books /

That is why I have taken this message to America: Improved systems must be met by improved behavior. // I speak not merely for school age kids -- where immunization approaches 100 percent -- but for our smallest victims -- where a year of wait can be a year too long. // Children need to be completely vaccinated in the first and second years of life. Yet today, immunization rates at two years of age are only 50 percent in many States -- and often as low as 20 percent in some inner cities. //

Somebody is it / the guy who / said it / was / on / the / radio / saying / the / computer / was / in / the / way / to / the / future /

It won't be easy to change all this: The only place where success comes before work is the dictionary. // Still, remember: Together, Americans braved independence / cleared the wilderness / and ousted Facism and Depression. / United, we can also help prevention bring true health care to America. //

For its part, government will do its part. Our 1992 budget calls for an additional \$40 million for the CDC immunization program. Overall, ^{15 /} Federal funding ^{of what?? CDC?} has more than doubled since 1988. In addition, we have emphasized our Healthy Start Program. Today, I again ask Congress to fully fund this initiative to curb infant mortality. Last year, it appropriated only \$25 million. I say: Our kids deserve funding of more than twice that much. //

Vicki / Sassoon! →

We begin with the post-Ph. R. program I wanted to see in the future.

Maybe we need a March 20 section here along the lines of what Dave said

use other papers.
Use's the main do. in

My plan is to stay in the city of the ... / don't let your ... / don't ...
don't ... / don't ... / the ...

Keep ... / keep ...
Keep ... by ... military ...

it's ... / Don't ...
Don't ... / Don't ...
Don't ... / Don't ...

Stay ... / Don't ...
Don't ... / Don't ...
Don't ... / Don't ...
Don't ... / Don't ...

Use ... in ... of ...
mission

Withdrawal/Redaction Sheet

(George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
03. Draft	Presidential remarks: Rotary Club (San Diego); personal information redacted. (1 pp.)	n.d.	P-6, (b)(6)	

Collection:

Record Group: Bush Presidential Records

Office: Speechwriting, White House Office of

Series: Speech File, Backup

Subseries:

WHORM Cat.:

File Location: Health Care Event - San Diego [CA] Rotary Club 2/7/92 [1]

Date Closed: 11/19/2004

FOIA/SYS Case #:

Re-review Case #: 2004-2265-S

P-2/P-5 Review Case #:

OA/ID Number: 07568

MR Case #:

MR Disposition:

Disposition Date:

Appeal Case #:

Appeal Disposition:

Disposition Date:

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]
- P-6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

Freedom of Information Act - [5 U.S.C. 552(b)]

- (b)(1) National security classified information [(b)(1) of the FOIA]
- (b)(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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- (b)(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- (b)(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- (b)(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- (b)(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- (b)(9) Release would disclose geological or geophysical information

Nanoleon

Next, I ask the private sector to do its part. ((Someone asked me if I was going to see the world-famous San Diego Zoo on this visit. I said I'd like to, but didn't have the time. Not to worry: There are some who consider Washington to be San Diego Zoo East.)) // We need to help business try creative ideas like "one-stop shopping" for health care, and escorted referral for "express lane" immunization at clinics. //

Finally, I beseech each of you -- mothers, fathers, spouses, friends. // Call your local public health official or your own physician. Join a group like the Junior Leagues / the Children's Action Network / and other groups which spur childhood immunization. By serving as points of light, you can become *protectors* sheaths of life. Please -- please -- make sure your child is immunized. //

Sounds like a conglom

When I was little, I read a quote by Saint Francis of Assisi. "Give me a child," he wrote, "and you may have him afterward. // Later, I saw a deadly plague called polio scar my generation / savage life / and turn sunlight into dark. //

pedophile

Today, let us end this and other plagues so what, as the song ordains, we may "Bless the . . . children. Keep them safe. Keep them warm." // Through prevention -- above all, immunization -- let us bless our children so the future may have them afterward -- hoping / building / dreaming of tomorrow / as Americans always have / as Americans always will.

God bless you, and the United States of America.

#

Chet's Laptop in Diego

- America's cup [redacted] Rotary P-6, (b)(6)
- Defending [redacted] started [redacted]
- 8 or 10 foreign countries are the challengers

→ lots of press there for cup, from all over the world

Public Relations at Rotary = Tom Gable of the Gable group
(619) 234-1300

[Club is 80 yrs old]
33rd club founded in Rotary
→ Club is celebrating its 80's birthday



DEPARTMENT OF HEALTH & HUMAN SERVICES

Dr Novello
Dr Roper (Dir CDC)

Office of the Secretary

Bob Wilson

Exec Dir of The Logan
Family help center

From Butler
Cohen

Round table
is that
a community
based

FACSIMILE

619 233
2630

**PLEASE NOTIFY OR HAND-CARRY
THIS TRANSMISSION TO THE
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Address: _____
Telephone: 404/236-1867
Fax: -404/236-1433

Number of pages being transmitted (including this one) 4

FROM: Mike Hesse

AREA Code (202)
FAX number: 245-6166
Office Number: 245-0409

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH SERVICES
DIVISION OF PUBLIC HEALTH EDUCATION



DATE: 1/24

NUMBER OF PAGES:
(including this page) 3

PLEASE DELIVER TO: Mike Hess

FROM: Lea Cassarino

SUBJECT: Description of Roles played by
medallion recipients

Sent from fax phone number (619) 239-2925

MESSAGE: Mike -
As requested.
lea

Public Health Services Voice Phone Directory

Public Health Administration
Early Intervention Program
Div. of AIDS and Community
Epidemiology

236-2237
236-2263
236-2263

Div. of Public Health Education 236-2705
Div. of Public Health Nursing 236-4532
HIV Antibody Testing Program 236-3848

**San Diego County I-3
Medallion Recipients**

1. **Donald G. Ramras, M.D., Health Officer
and Deputy Director for Public Health Services
County of San Diego Department of Health Services**

Provided leadership and support for County Health Services' participation in the development of the region's plan. Was instrumental in obtaining commitments from professional medical organizations in the region.

2. **Sandy Ross, Immunization Project Coordinator
Division of Community Disease Control
County of San Diego Department of Health Services**

Served as liaison with immunization providers throughout the region as well as the State Department of Health Services. Secured commitments from many of these immunization providers in both the public and private sectors, and support from state agencies.

3. **Jane Young, Chief
Division of Public Health Education
County of San Diego Department of Health Services**

Provided leadership and support in facilitating community involvement in the planning process. Led community planning efforts to develop immunization outreach and education strategies. Secured many commitments to the plan to carry out these activities.

4. **Lyn Wallis, Supervising Health Information Specialist
Division of Public Health Education
County of San Diego Department of Health Services**

Was responsible for developing the layout and graphics for the plan, and writing the Executive Summary and Background sections. Edited the plan and coordinated the printing and distribution.

5. **Lea Cassarino, Supervising Public Health Educator
Division of Public Health Education
County of San Diego Department of Health Services**

Was instrumental in organizing community involvement in the planning process. Developed the Coordination and Oversight section for the plan. Compiled and organized all commitments for the plan, and prepared the text for all Program Elements.

**San Diego County
Medallion Recipients -- 2.**

6. **Betty Collins, Chief
Division of Public Health Nursing
County of San Diego Department of Health Services**

Led community planning efforts to develop strategies that will link clients with immunization services in the region. Secured many commitments to the plan that will provide these linkages.

7. **Kim Yeager, M.D., CDC Liaison
Graduate School of Public Health
San Diego State University**

Served as liaison with San Diego State University Graduate School of Public Health for the planning process, and was instrumental in establishing fiscal arrangements which will facilitate the management of future funding for I-3 activities. Secured commitments from professional medical organizations in the region.

I would like to challenge the Detroit media to get involved! Information is our greatest weakness, but it could be our greatest strength. No matter what we, in government, do to increase availability and access, it will be worthless unless we have the communication power of the press.

You can help direct people to appropriate state or local agencies or to public and private care providers. You can help educate the public about the necessity of early and complete immunizations for children, and help deliver vital information to the public about safety and accessibility.

I would also like to challenge local physicians to join this effort -- your support is vital. Detroit already has an excellent program that you can be a part of. The "Physicians Network", which reimburses physicians for vaccinations "dose for dose", is without a doubt a crucial part of the effort to immunize.

You have proven that the City of Detroit is a caring community. I applaud what you are doing because such efforts help us to address the health concerns of the nation. It is good stewardship of our nation's greatest resource -- our children. Detroit is making excellent progress, and the Detroit Immunization Action Plan will save countless children from needless suffering and death.

###

**AT A GLANCE
COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
INFANT IMMUNIZATION INITIATIVE PLAN
FEBRUARY 7, 1992**

KEY FEATURES:

- (1) A broad based community-wide plan to raise immunization levels with participation of more than 50 health, business and civic groups ranging from the local health department and Catholic Charities to the U.S. Navy's San Diego and Camp Pendleton hospitals.
- (2) A "no barriers" policy for immunization has been adopted by more than 25 major health care agencies and includes a minimum of 10 "fast-track" immunization clinics with evening and week-end hours.
- (3) A plan to more than double the number of County Health Services (health department) immunization clinics at satellite locations.
- (4) Kaiser Permanente (Health Maintenance Organization) will provide immunizations for non-members at all 17 sites.
- (5) The UCSD Medical Center will establish a 5-day-a-week immunization service in its pediatric clinic and administer immunizations in the emergency room.
- (6) Significant improvement in immunization record linkage between different providers in both the public and private health care sector.
- (7) Specific plans for linkage with both WIC and Social Services (AFDC).

- (8) Commitment to provide an ongoing immunization education program through private and public sector employers ranging from General Dynamics to the Children's Hospital and Health Center.
- (9) Plans to develop culturally and linguistically specific messages, especially for the Hispanic, African-American and Asian communities.
- (10) Propose legislation requiring all primary care insurance companies to cover immunization costs in health care policies.
- (11) Establish a San Diego County I-3 Advisory Council for the purpose of ongoing support and evaluation.

MAJOR PROBLEMS:

- (1) In 1990, San Diego County reported 1,194 measles cases with at least two measles associated deaths. The 1990 San Diego measles outbreak was the fourth largest and accounted for 4 percent of all measles cases reported in the United States.
- (2) Children < than 5 years of age accounted for 44 percent of all reported cases.
- (3) Estimate that 43 percent of the total cases occurred in Latinos with measles incidence highest in Latinos and blacks.

GOAL

Ensure, by the year 2000, a minimum of 90 percent of San Diego County's children will be fully immunized by age two years.

KEY STRATEGIES:

- (1) Increase the number of immunization locations and expand service hours in both health department and community health center sponsored clinics.
- (2) Establish "user friendly" immunization policies and eliminate inappropriate reasons for the deferral of service through written agreements.
- (3) Establish satellite immunization clinics in locations which have reported the greatest number of measles cases, making intensive use of mobile vans.
- (4) Expand immunization delivery and/or education through non-traditional sites such as Catholic Charities, Head Start, Episcopal Community Services, Red Cross, Frenstel clinics, TB clinics and birth certificate registration offices.
- (5) Significantly expand immunization delivery through linkage with other care providers including HMO's and hospitals.
- (6) Establish formal relations between community agencies and the health care system as a means for public education and referral.
- (7) Utilize large employers in the community for education and outreach.
- (8) Coordinate immunization clinics with WIC and AFDC operations with the option of on-sight immunization or routine referral with easy access to clinic

- (9) Add immunization record to the WIC forms.
- (10) Utilize charities and community based organizations to reach the poor and disadvantaged with messages in a variety of languages.
- (11) Obtain endorsement from the County Medical Society for "Immunization Standards in Private Practice."
- (12) Annually evaluate I-3 policy implementation in all clinics.

TIMETABLE:

To be implemented immediately with incremental increases in immunization levels annually to attain the 90 percent goal by the year 2000.

COST:

- (1) Some policies and strategies will be implemented in 1992 within existing resources.
- (2) Additional resource needs are projected as follows: FY92-\$172,864, FY93-\$4,135,000, FY94-\$4,342,000, and FY95-\$4,403,000.

This summary is based on a preliminary draft (January 8, 1992) of the plan but not on the final plan itself.

- PRINCIPAL CAUSES:**
- (1) Immunization completion rates by the second birthday are slightly higher in San Diego (48 percent) than either Dallas (city: 28% - county: 33%) or Detroit (31%), but well below the established goal.
 - (2) For children 16 months to 4 years of age infected with measles, only 26% had evidence of vaccination.
 - (3) Significant drop out rates with 86% of infants having received at least one dose of DTP or polio vaccines by 7 months of age but dropping off to 48% fully vaccinated by their second birthday.
 - (4) Increasing referral of patients from the private to public sector for immunization services due to vaccine price increases.
 - (5) Increasing immigration from Mexico in a highly transitory community.
 - (6) Failure to link immunization services with social and health care programs.

Pointers For Parents

Your Child: Immunized?



Lauren deButts, 5, is comforted by her mom while nurse Minnie Harling immunizes Lauren to protect her from serious disease.

Knowing the facts about immunization can help keep your child safe from many dangerous diseases.

The U.S. Department of Health and Human Services' Centers for Disease Control recommends immunizations begin at age 2 months and continue at recommended intervals so the body can build up antibodies against certain diseases that can cripple or kill.

The progress the United States has made in fighting and controlling disease epidemics has only been accomplished by strong efforts to have children immunized by the time they are in school. More than 95 percent of children entering school are immunized because many districts require complete immunization records to register for school.

Dr. Louis W. Sullivan, Secretary of the U.S. Department of Health and Human Services, says preschool children and infants who haven't been protected with immunization remain the most at risk. For example, the nation had a resurgence in measles in the last 2 years. Some 45,000 cases of measles were reported and about 120 deaths occurred. Nearly half of the cases occurred in preschool children, most of whom were not vaccinated.

The biggest cause of the measles epidemic is not failure of the vac-

cine to protect, Dr. Sullivan says, but failure to get the vaccine to the most susceptible children at an early age.

Children should be vaccinated, starting at 2 months old, to protect them against eight serious diseases: diphtheria, tetanus (lockjaw), pertussis (whooping cough), polio, Haemophilus b influenzae, measles, mumps and rubella (German measles).

The following is the recommended immunization schedule:

- 2 months old—DTP (diphtheria, tetanus and pertussis vaccine); OPV (oral polio vaccine); HbCV (Haemophilus b Conjugate vaccine).
- 4 months—DTP, OPV, HbCV.
- 6 months—DTP, HbCV.
- Age 15 months—DTP, OPV, MMR (measles, mumps and rubella vaccine) and HbCV (depending on vaccine used, this may be given at 12 months).
- 4 to 6 years old—DTP, OPV, MMR.
- 4 to 16 years (every ten years throughout life)—Td (tetanus and diphtheria).

For more information on immunizations call your doctor or local health department or write for a free brochure to: Information Services (EO6), NCPS, CDC, 1600 Clifton Road, NE, Atlanta, GA 30333.