MARY McGRORY

Hillary's Home Field Advantage

HOPE DIES hard in the District of Columbia, home to the country's highest homicide and infant mortality rates. We in the District believe that the president of the United States, no matter who he is, will notice the disarray on his doorstep in the capital of the Western world—and try to do something about it.

Bill Clinton started out extra-promising. Not only did he make a pre-inauguration tour of Georgia Avenue, he visited a public school. But when I suggested to one of his aides that he make a practice of it, jogging into classrooms, I was told that "if you show an interest, they expect you to do something—and we have no money." I've given up on Clinton as the savior of the District. But he has a wife, and she's smart, and needs a new interest. She was a long-time board member of the Children's Defense Fund. She promised that when she finished health care, she would take on violence. There could be no better place than this city, where violence is so rampant that four people were killed in a gunfight inside police headquarters.

Hillary doesn't have to take on the whole thing. She could just appoint herself the town nanny, looking after its endangered

See McGRORY, C5, Col. 4

Mary McGrory is a Washington Post columnist.

defining morality as a sort of sanctified vindictiveness.

Stephen Hanan is an actor, writer and flower adult living in New York.

the Founding Fathers, conveniently forgetting the ones who in their time were so much farther to the left in their way than President Clinton (let alone King George) that they were practically countercultural. The ding Fathers' grossest dreams. You would label no idea seditious simply because it asks us to think in new ways—"traditional" ways—about how we really feel about each other, about being here, together.

MARY McGRORY

Hillary's Home Field Advantage

McGRORY, From C1

children, who come from indifferent homes, attend indifferent schools and often despair of getting any attention unless they get pregnant or sell drugs. It doesn't take that much money to make a change in these lives. What is needed is time and attention and involvement.

The First Lady is weary of policy-making. The collapse of health care reform is given as a principal reason for the Democratic rout. An angry populace, which hated the program she so laboriously assembled, was nonetheless infuriated by her husband's failure to deliver it. White male voters, for some reason, were particularly offended. Lately, she has expressed startling opinions about social questions. She said, for instance, that abortion is "wrong" and that she is not "comfortable with the school distribution of condoms." These views conflict with those of the administration's surgeon general, her husband and herself not so long ago. She says no more. She is disinclined for dialogue.

Nothing would change the air around her more drastically than a new project in a stricken city. Writer Sally Quinn, a member of the Mayor's Advisory Committee on Maternal and Child Health, has broached the subject and ascertained that Mayor-to-be Marion Barry, the redeemed rogue recently re-elected, would be delighted to have Mrs. Clinton.

Saving children means paying attention to them. It means rescuing them, particularly boys, from stepping onto the slippery slope that begins with a bad attitude in school—for good reason—and ends up in jail. It means taking them in first grade and explaining A-B-C and 1-2-3. It means understanding that many children go to school without ever having had a story read to them or even a kind word passed along. It could mean working against the

It doesn't take that much money to make a change in these lives. What is needed is time and attention and involvement.

Family Reunification Act, which sends children back to abusive parents.

If Mrs. Clinton goes to a school once a week for two hours and helps a child with homework, many other people may be so minded. There are some fine programs: Operation Rescue, the Family and Community Life Service of First Trinity Lutheran Church.

My favorite vignette of the marvels of personal attention comes from an encounter between a visiting judge and a homeless child at St. Ann's Infant Home. Judith Rogers, a district judge who has since progressed to the federal bench, met with the boy when he was 8 and in big trouble. He was a big kid who looked as if he knew more than he did. School was hell to him. He was surrounded by smaller children who knew how to read, recite poems and do other things that exposed him for a dunce. He did the usual: He hit them. He was sent home, suspended. I asked Judge Rogers to speak to him.

Beforehand, I took the boy aside and told him that the judge sat on a high bench and sent people to jail for doing bad things—all familiar subjects to him—and I hoped he wouldn't end up in her courtroom. They withdrew and sat on a bench in long conversation.

They came back looking very pleased. She had got it out of him that he wanted to be a fireman. She was inspired to say, "You can't just go and be a fireman. You have to take a test, and you have to study hard in school to pass it." It was as if a giant light had been switched on in his head. He had never associated school with anything good or important. He stopped hitting, bragged about "the judge who talked to me."

Such are the fortuities when you get into the business of letting children know they matter. Hillary Clinton, after her experience with ungrateful politicians, deserves them. She should think of the photo-ops and remember that nobody is going to get mad at her for watching over poor children—although Jesse Helms may try.

Childhood's End

In the Capital of Infant Mortality, Marion Barry Calls for Radical Steps

By Sally Quinn

PEGGY GALLEN, a nurse-midwife at D.C. General for 19 years, delivered a baby in May. The mother was a 15-year-old giving birth to her second baby, her first child having been born two years earlier. While she was in labor, her boyfriend, the reputed father of the new infant, sat in the delivery room and sucked his thumb. The grandmother, a young woman herself, was too drunk to stay awake during the delivery.

"When new-borns are brought into a situation like that," says Gallen, who finally left D.C. General last month in frustration, "how can you expect to turn it around?"

A critical question for this community—but not a new one. Fifteen years ago, when Mayor-elect Marion Barry began his first term, he called the District's infant mortality rate its "number one health problem." Nine days after taking office in January 1979, he called the infant death rate "at best a disgrace and at worst an act of collective criminal negligence . . . in the capital of the most technologically developed country in the world."

Nothing much has changed since—although Barry kept his word and took steps toward reforming the system. Today, surveying the social wreckage of the city, the mayor-elect in an interview last week called for draconian measures—including, in some cases, a mandatory five-year contraceptive implant (Norplant) for women on welfare. "If you don't want the government in your business, then you don't have to [ask the government for] any money," Barry says. *(Excerpts from the interview with Barry appear on Page C4.)*

As Barry looks ahead to his next term, he must consider these facts from the little-publicized 1990 Infant Mortality Review Progress Report: the District had "the highest infant mortality rate of any similar geopolitical entity, state, or territory among the United States . . . . Fifteen percent of families live in poverty . . . two thirds are headed by women. The high school drop-out rate exceeds 45 percent. There is a major drug problem and homicide numbers are among the highest of all cities."

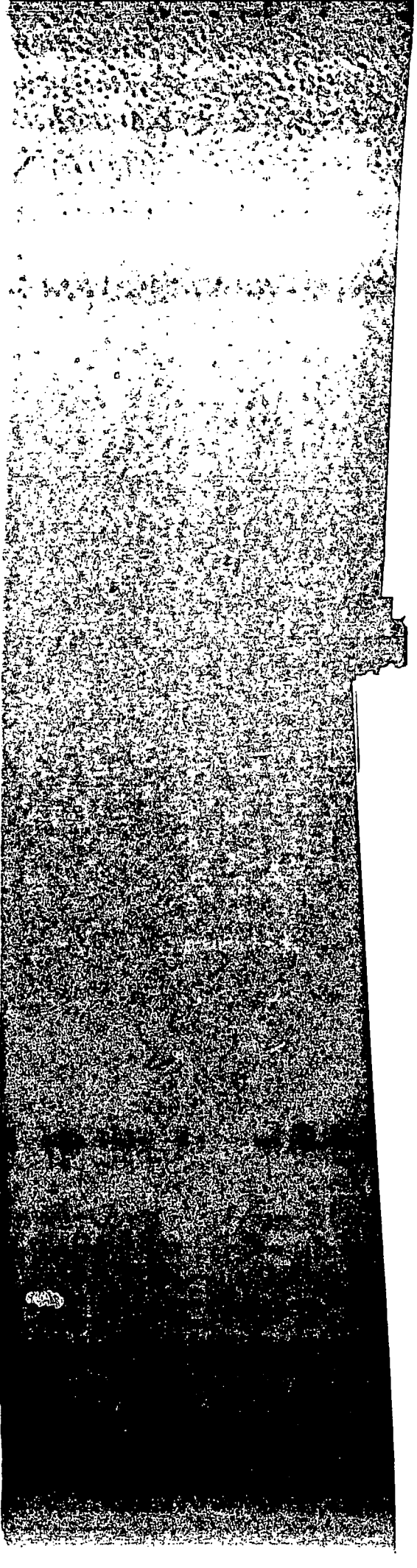
But if the news is still bleak, the good news is this: Barry understands as well as anyone that Washington must begin at the beginning by addressing the root causes of the problem—women having babies they either don't intend, don't want or won't take care of.

He understands that young girls must be educated not only about sexuality but about drugs, alcohol and cigarettes; sexually transmitted diseases (STDs); and about abuse and violence. They and their boyfriends must be taught about—and have

See CHILDREN, C4, Col. 1

Sally Quinn, a Washington writer, is a member of the Mayor's Advisory Committee on Maternal and Child Health and a member of the board of Children's Hospital.

BY FRANCES JETTER



CHILDREN, From C1

access to—contraceptives. And if they do get pregnant, they must get adequate prenatal care to ensure that their children are properly fed, immunized and nurtured.

You think you've heard all this before, that the situation is hopeless, right? In fact, a highly unlikely pair—working together—could bring about positive change: Marion Barry and Hillary Clinton, longtime activist for children's rights. Says Barry, "Oh God, it would be great to have that kind of a resource!"

Washington should be a model city, the jewel in the crown. Instead it is a national embarrassment. The 1990 Infant Mortality Review Progress Report said this: "There has been and continues to be, disproportionately high black infant mortality and low birth-weight rates. Indeed the low birth-weight rate, at 16 percent, is almost double the national average."

If this is the 1990 report, imagine what the 1995 report would look like! Many simply turn away. But the problem is not a liberal-conservative, rich-poor or black-white problem. We are all in this together and, without fixing it, we will all pay the price in more crime, more disease, more children with low cognitive skills and more people being raised to be burdens on society rather than contributors.

But how to do it?

In his first term as mayor, Marion Barry put the issue of maternal and child health at the top of his agenda. He hired the dynamic Reed Tuckson as his health commissioner and gave him freedom to deal with the problems as he saw fit. Together they formed a blue ribbon commission on infant mortality and, according to Peg Gallen, "The reason babies are being saved at all is because of that."

"Barry politicized the issue," says Sarah Brown, of the Institute of Medicine and the co-chairman of the Mayor's Advisory Board on Maternal and Child Health. "He was willing to get out front on it."

John Scanlon, director of Neonatology at Columbia Hospital for Women, agrees: "Barry recognized right away that this issue was not just medical, it was not just social, and he was always very interested in it."

"This is his issue," says Tuckson, now president of Charles Drew University of Medicine and Science in South Central Los Angeles. "Marion always said, 'Do it' without blinking an eye. This is his thing."

Saying "do it" and actually getting it done in 1995 is going to be a very different matter than in the early '80s. That is particularly the case with a new Republican Congress in an anti-welfare climate, although Barry, in his interview, sees the chance for "empowerment" in a Republican era. He believes that "the welfare system has enslaved the recipients."

Barry says, "You're torn between punishing the child or punishing the parent . . . . There are 23,000 families on AFDC [Aid to Families With Dependent Children] . . . . That would be part of our plan—that you would have to have a mandatory X-number of hours of parenting [classes] in order to receive your benefits."

A major obstacle to solving any problem the District is the stultifying bureaucracy th has broken the spirits of even the most dec cated workers. It did not help that the outg ing mayor, Sharon Pratt Kelly, showed seemingly inexplicable lack of interest in th problem of maternal and child health.

John Scanlon, who has just overseen th spending of $365,000 for a study of 220 infa deaths, is nearly apoplectic with frustratio "The District," he says, "is a large sinkhol The Department of Human Resources is mor self-replicative than DNA. There's no comp tence for anything but survival skills. It nee a major overhaul. The Office of Maternal ar Child Health is a byzantine structure to mai tain the careers of people who have jobs."

Renee Jenkins, the new chief of pediatri at Howard University Hospital, is just as veh ment. "There are too many advisory commi tees," she says. "There is a communicatio and an information gap."

Dealing with the District's bureaucrac says Peg Gallen, "is like swimming throug pudding."

If Marion Barry has been in this "puddin before, Hillary Clinton has not. But the forme co-chairman of the Children's Defense Fund no stranger to the problem. And as the secon most visible resident of the city, she coul make an enormous difference. "I'm sure sh could probably help attract some of the bes minds in the country," Barry says.

If the problem in the District is to be pro erly addressed, short of closing down th Department of Human Services, a goo way to begin is to appoint a "czar" to overse all maternal and child health problems. "Ther has to be somebody who has the power of th mayor to cut across all these bureaucracie and has the prestige enough where the privat sector and nonprofit sector will respond," Bar ry says.

Money is clearly a problem. Any major ef fort will be costly, and sorely-taxed resident will want to know where it comes from. Bu money is already available in the form of Titl 10 grants, Healthy Start money, a $53 millio grant from NIH to the Georgetown Medica School and more. But none of this money i consolidated.

"You have to set up an independent tas force," says John Scanlon. "It has to be pulle out of the District bureaucracy. It has to b responsible to the outside. A czar has to b somebody who can't be bought, who can sta focused."

For this czar, no issue is more importan than contraception—a question that has lon been regarded as too controversial for polic makers. "Family planning and contraceptio have always been a hot potato in this busi ness," Peg Gallen says, "and people don't want to make that the principle objective."

But as Sarah Brown points out vividly "What's more of a hot potato? Dead babies o contraception? I don't understand what's con troversial about contraception. We have t take back the night on this issue."

Barry, with his advocacy of mandatory Nor plant in some cases, has certainly taken a con troversial step in that direction.

BY FRANCES JETTER FOR THE WASHINGTON POST

Brenda Cooper, of Planned Parenthood, understands the nature of the controversy.

"I run into people who suggest that birth control is genocide," Cooper says. "But real genocide is having babies when you can't take care of them and don't want them and let them run wild. No one ever suggests that if you're middle class with ambition and aspirations, that it is wrong to control your fertility. But give a poor woman the same options and suddenly it's genocide. Why not encourage people with the least resources not to have children? Constant childbearing gives you no freedom to dream, to plan."

Without strong leadership in this area, you can forget the whole thing—or so most people who work in this field believe.

"You have got to implement family planning first," says John Scanlon, definitively.

"People who are interested in children's issues," says Sarah Brown, "have a long list of things they want to do . . . . Head Start, improved schools, school lunches, anti-violence programs, special ed, health care, pediatric care, immunization . . . but they have been silent on the issue of contraception. We want to make contraception a children's issue."

Brown points out that these babies are not all "unwanted"; some are simply "unintended." But many *are* unwanted, she says, and that's why these children are at special risk—their mothers engage in risky behavior and get prenatal care later if at all.

"We're willing as a society to intervene once they are born," says Brown, "but these women themselves are telling you that they do not want to have these babies."

Brown cannot understand why those opposed to abortion are so against family planning.

"The abortion issue has spoiled the soup for contraception" she says. "The family planning people have been isolated from the mainstream of child welfare issues and isolated from children's groups."

The controversy, Brown believes, "gets to the issue of sex. This country is squeamish about sex. But if you talk about contraception you have to talk about sex. The anti-family-planning people will say that to talk about sex only increases sexual activity, but statistics show that good information and services can delay the age of first intercourse."

Lawrence D'Angelo, the chairman of the Department of Adolescent and Young Adult Medicine at Childrens Hospital, acknowledges the controversy. But he stresses the importance of promoting contraception. Condoms, he says, are particularly effective because they also protect against sexually transmitted diseases.

"There's been a dramatic increase of kids with HIV," D'Angelo says. "In 1987 it was .04 percent and by 1993 it was 3.1 percent. We would like to see a wide availability of condoms. We would like to delay adolescent sexual activity but we need to protect against STDs. That's why we stress the use of both contraceptives and condoms."

D'Angelo's clinic has had fairly good success with Norplant because the staff is supportive and skilled at removing the implant from women's arms. A new, safe IUD, everyone agrees, is not satisfactory because so many of these young girls have 20 or more partners and pelvic inflammatory disease. And pills are not practical because people forget to take them.

The current contraceptive of choice is the synthetic hormone Depo Provera, which lasts three months. But, D'Angelo says, "a lot of kids want to get pregnant, for status, for somebody who is theirs, because it is the accepted norm. We have to be supportive of young mothers, but the message needs to be that there is a better way to approach adulthood."

Renee Jenkins at Howard favors Depo Provera and says that despite the regular shots, "the kids I'm seeing are surprisingly interested in it. It's not so permanent," she says. "They have control over it." She finds herself frustrated by bureaucratic stupidities: "At Ballou [High School]" she says, "you can't get condoms from the school clinic but you can from the school nurse. Now, does that make sense?"

Says Barry, "I have a problem with condoms without the prerequisite educational and counseling functions [that] go with it."

One of the problems, according to Peg Gallen, is that "young women are menstruating at 10 and 12 now. At the turn of the century women didn't ovulate until age 15. Now they're expected to go 10 years before the first ovulation and sexual relationships or marriage"—which she says isn't realistic.

Like so many others, Gallen too has been frustrated by the bureaucracy. She cites the 30-day waiting period between signing for a tubal ligation and getting it. "People who need it and want it," she says, "are down on their knees begging for it, particularly at delivery of an unintended pregnancy. Many of them are addicts, many HIV positive, many suffering from abuse, most with no prenatal care. At delivery they are saying please give it to me, and we make them wait. The next time we see them is at their next delivery."

She adds, "I remember growing up during World War II. Well, this problem is more lethal to our culture than the Nazis ever were."

"The dominant theme of this whole situation," says Reed Tuckson, "is that things seem so out of control . . . We know what works, the blueprint is there"—one-stop shopping, comprehensive and easily accessible services in a single place. "But how do we catch matters early enough so that infant mortality as an issue begins with the sixth-grader who tells her mother what dress she wants to be buried in."

Tuckson thinks Barry is one of the few people who can actually do something.

"He has the charisma and the capacity to make it happen. You should hold the mayor accountable and hold each other as a city accountable. At his first meeting of the entire cabinet he should say this is the number one way I'm going to evaluate you—on your success to coordinate to save these babies' lives. He has to make it so that if you want status in this community, you won't get it unless you do something that is related to mentoring children. All these people are just wringing their hands and saying it's hopeless. Well, it isn't hopeless if we can get enough people to band together and do it."

Barry says, "You've got to be realistic but you've got to also believe that it can happen if you put the right kind of energy in it and the right kind of people together. You've just got to."

The Mount Airy Baptist Church is situated right in the middle of one of the most depressed projects in Washington, Sursum Corda, where the annual income is between $7,000 and $9,000 a year. There, Planned Parenthood's Brenda Cooper has started a sex education project for girls aged 7 to 12. Another for the early teens is about to be started and a third, at Dunbar High school down the block, is for young mothers.

Overseeing these projects is Philip Johnson, the pastor, who is trying to reach out and make contact. He meets with ministers in the area, and walks the streets of Sursum Corda, talking to teenagers who won't come to church.

"The only time these girls get attention is if they get pregnant," he says, sounding much like Marion Barry. "We're trying to give them a lot of attention now. Our society rewards negative behavior and ignores good behavior. If they get pregnant they are showered with attention and presents and blessings by both boys and society. Then they start getting checks. That's a trend that has to be changed. They should be rewarded and celebrated for going to school, for not getting pregnant."

The class of "Young Treasures" meets once a week and is conducted by Lenora Sweeny. On this day, there are approximately 10 little girls, some in uniform from a nearby Catholic school, others in jeans. They are polite, interested, excited and embarrassed by the idea of having a guest, reading a new, rather graphic and frank sex book and discussing it in front of a guest. But soon their reserve breaks down; they are laughing and giggling and telling stories on each other, jumping out of their seats with glee, desperately waving their hands to be recognized.

They reveal that a friend of theirs, a 13-year-old, has recently become pregnant. All agree it is a bad thing. They feel sorry for her, they would never do that themselves, they regard her as a "freak." But then they tell how the boys hang around the playground and get them to play Seven Eleven ("seven kisses and 11 humps") and they begin finger-pointing, who had played and who had not.

"They're so full of light now,' says Brenda Cooper sadly. "And yet you know that before long that light will get diminished."

Reflections of Marion Barry

The D.C. Mayor-Elect on Welfare, Sex, Hillary Clinton and Family Values

In an interview last week with Washington journalist Sally Quinn, Mayor-elect Barry addressed the crisis of unwanted pregnancy in the District, saying, "This is going to be a part of my high priority, 100-day plan, figuring out what we do and how we start doing it." In the course of the interview, he addressed various topics affecting maternal and child care in the city:

■ *On welfare:* "Somebody [from the GOP has talked] about how the welfare system has enslaved the recipients. I agree with that. . . . So you find that Republicans are talking about ways of reform that are going to help us to empower the people. And not having a baby is an empowerment in itself because it's so rare now among teenagers to find those who have not had a baby."

■ *On welfare mothers:* "You start out with the philosophy that you can have as many babies as you want . . . if you don't ask the government to take care of them. But when you start asking the government to take care of them, the government now ought to have some control over you. I would say, for people like that, if they want the government to take care of their children I would be for something like Norplant, mandatory Norplant.

"If you ask the government to take care of those you already have and you've had five or six children or some number, whatever they decide, and you want the government to continue to take care of you and those that may be coming, then I think the government ought to impose that on it. Now if you don't want the government in your business then you don't have to [ask the government for] any money."

■ *On teenage pregnancy.* "This is really a community problem in the sense that it's a value system problem where young ladies feel, for whatever reason . . . they want to get pregnant. Some of them get pregnant deliberately and they just want to have a baby for a lot of psychological reasons.

"The second part of the pregnancy situation is young ladies or young men refuse to use any kind of contraceptive. They just don't believe in it. It messes up the feeling and those are the crazy kind of things you hear."

■ *On sexual behavior:* "Now I'm a strong church person, I go to Union Temple Baptist Church and I believe strongly in God, believe strongly in values and morals . . . but the reality is that young people . . . are going to engage in sex whether we like it or not. There's a view put forth by Dick Gregory and others that all these hormones that are in chickens and other things are being passed on to these young people and therefore their hormonal thing is higher than ever before. Ever heard that theory? Dick Gregory said that these produce, chickens and beef are filled with so many hormones that the hormones are passed onto the food into [their] bodies.

"And that's why young people are growing bigger now, that's why young ladies are more developed. You see somebody who is 12-years-old now as physically developed as some 18- or 19-year-olds . . . . . "Whatever's causing it, you've got the hormonal drive, the sex drive, and you've got these young people with all this energy and you've got this whole thing on television about sex . . . . And so I think you've really got to have a serious health-sex parent and education course that involves contraceptives in schools, in health centers. In fact to be serious, I'm opposed to just giving out contraceptives. . . .

"I have a problem with condoms without the prerequisite educational and counseling functions [that] go with it. . . . There has to be some education about what sex is all about. Even with a condom, if you don't use it properly or don't understand why it's being used, you know you've got pregnancy, you've got AIDS . . . ."

■ *On the streets:* I was so sad. [I saw a young woman] and she's waving my car down . . . on Alabama Avenue. I stopped . . . and I always do this, 'Hey Marion Barry, what's up, hey what's up?' And she was pregnant. I said, how old is she. She said, 16. She said, 'You've got, can you lend me $5?' And then we talked . . . . She was doing drugs and she told me, 'I ain't going to lie to you,' she said, 'I really think that I need something to get high, I need some money. . . .' So I talked to her about going someplace. She said she'll think about it, but I knew she wasn't going to, she wouldn't give her name. Ordinarily they give me their names. . . . I could tell by her attitude that she was going to get high and the baby is going to be born addicted to drugs. That's a sad situation."

■ On low birth weight: "It seems to me that when a woman goes to see a physician or community health clinic or wherever she goes and it is clear then that she may have a low birth weight baby . . . that there ought to be some way to begin to alert the health systems that this is happening . . . .

"I get the impression now that when a lady has a low birth weight baby at D.C. General, Columbia Hospital, etc., there is nothing in the present process where anybody in the health system knows about it outside of the hospital where they are located . . . . If you don't start taking care of your body when you're pregnant, take care of your body long before, if you don't care of your body, it'll show up in [the] pregnancy."

■ *On Hillary Clinton's participation:* "I welcome it. I mean we'd start tomorrow morning. Oh God, it would be great to have that kind of a resource.

"I'm sure she could probably help attract some of the best minds in the country that [have] got ideas about this and worker bees who put up their sleeves and sit down and, piece by piece, help put this together on a larger scale."

George that firing him would be incredibly stupid and improper."

It was around this time that Ickes, in a one-on-one chat, told Clinton about Stephens' new role as RTC sleuth. Clinton, Ickes admitted in his deposition, was "gravely concerned." In testimony last week, Ickes hastened to add that Clinton did not direct him or anyone else to do anything about Stephens' appointment. Stephanopoulos and Ickes later called Altman from Stephanopoulos' office and complained about "the manner" of Altman's recusal. During this conversation, Altman maintained last week, Ickes and Stephanopoulos pressed Altman to remove Stephens. Later Altman told Steiner, who was in the room during the call, that Ickes and Stephanopoulos must be "crazy" to try to pressure him to remove Stephens. Testifying under oath last week, both Stephanopoulos and Ickes denied telling Altman to get rid of Stephens. "I never directed anyone to impede with that investigation in any way," said Stephanopoulos.

FEB. 28. With Altman out and Stephens not budging, the hunt for a new RTC chief began. Associate counsel Eggleston completed a six-page memo, addressed to Ickes but bound for Hillary Clinton, in which he asked, "Now that Mr. Altman has recused himself from further involvement in the Madison Guaranty matters, who at the RTC will be the decision maker on whether to bring a civil action arising out of the failure of Madison Guaranty?" Noting that the White House would soon nominate a replacement for Altman, Eggleston added, "If the person refuses to recuse and is confirmed, then that person will become the decision maker." (Eggleston said last week that he presumed anyone Clinton appointed would "be forced" to recuse himself.)

VETERAN BANK REGULATOR JOHN RYAN IS now the acting chief of the RTC and Bentsen has promised to name a permanent CEO quickly. But there are likely to be farewells soon. Altman is a marked man, seeming too anxious to please his White House superiors but less than candid with the Banking Committee. Also departing soon may be Hanson, too slow to correct Altman's Senate testimony and too quick to do Nussbaum's bidding. Steiner's odds of survival are better, but Treasury Secretary Bentsen may want to sweep clean.

What got the White House in trouble in the first place was that it worried too much about people it could not control at the RTC: first Altman, then Kulka, then Stephens. Now, partly as a result of seeking control, the White House has lost control. And it has Kenneth Starr to worry about. *—With reporting by Nina Burleigh and Sunsel Ratan/Washington and Michael Kramer/New York*

THE POLITICAL INTEREST

Michael Kramer

Slippery Hillary

DID YOU CATCH THAT LITTLE-NOTED STUNNER IN THE MIDST OF LAST week's Whitewater drone? If you were glued to the congressional hearings, to the repudiated diaries, sworn contradictions and "I don't recalls," you may have missed it. A year after the suicide of deputy White House counsel Vincent Foster, the Administration admitted that its previous accounts about the search of Foster's office following his death were, as the Nixonites used to say, inoperative. Even more amazing, the person at the center of this particular storm isn't the President; it's his wife.

To appreciate what the New York *Times* headlined NEW MISSTATEMENTS, flash back to Mrs. Clinton's April 22 press conference. During most of that session, journalists sought to understand how a novice makes a bundle in the commodities market. The most benign spin on the First Lady's explanation that day is that she had an expert for a friend, although even that seemingly harmless tale refuted the initial story, which attributed Mrs. Clinton's success to her perusal of the *Wall Street Journal*.

DIANA WALKER FOR TIME

In April: "We've been candid all through this"

The Foster matter arose only briefly during the hour and 12 minutes. "There's been a lot of concern and criticism" about the removal of documents from Foster's office, Mrs. Clinton conceded, but "*I* cannot speak to that in any detail" because ". . . I was not here, I was in Arkansas." And anyway, she added, "I believe [the search] was done in the presence of officials from the park police," which had jurisdiction over the case. That sounded fine: Mrs. Clinton was away, and the cops controlled the scene. But, as the park police confirmed to the Senate Banking Committee last week, they were only near the zone; they were not in it. They had been forced to "sit outside" Foster's office while White House aides segregated the material. Well, Mrs. Clinton might say today, "all I said in April was what 'I *believed*' to be true."

That kind of legalistic parsing might not rival the President's occasional hedging, but an actual exchange revealed the First Lady's own artful way with words. Near the end of her press conference, Mrs. Clinton was asked why her chief of staff, Maggie Williams, was "involved at all" in the document retrieval. "I don't know that she did remove any documents," Mrs. Clinton answered. "I didn't send anyone into [Foster's] office to retrieve anything," she elaborated several weeks later—which was technically correct. It was Bernard Nussbaum, then the White House counsel, who distributed the documents. The whole truth, though, is that Nussbaum gave a file marked "Whitewater" to Williams, who then had it stored on the third floor of the White House residence. Five days later, the papers were transferred to the Clintons' personal attorney. They eventually reached special counsel Robert Fiske, but not voluntarily, as the White House first said. Fiske had to subpoena them. What's more, the White House now admits that Williams acted at Mrs. Clinton's direction after she phoned the First Lady in Little Rock. Mrs. Clinton may not have known all the details, but she was directly responsible for some of the details that mattered most—and that she conveniently avoided mentioning on two occasions.

No one yet knows why the Clintons appear to have ignored the lesson of Watergate: the cover-up is invariably worse than the matters the participants seek to conceal. What we now do know, however, is that Mrs. Clinton is more like Mr. Clinton than anyone ever realized. Slick Willie, meet Slippery Hillary. ■

Boston Globe
Thursday, March 9
Front Page above centerfold

Mrs. Clinton switches to low-key role

By Bob Hohler
GLOBE STAFF

WASHINGTON – A first lady had never given a speech at the Pentagon.

So when Hillary Rodham Clinton ventured last week into the military labyrinth, Gen. John Shalikashvili, chairman of the joint chiefs, claimed a front-row seat for the historic occasion. Defense Secretary William Perry and legions of military brass also attended.

But the nation's press was all but absent. A half-dozen reporters lingered behind two television cameras.

A similar scene unfolded a few hours later when Clinton addressed nearly 1,000 members of the Child Welfare League of America at a Washington hotel. Again, only a handful of journalists beheld her new world.

AP PHOTO

Hillary Rodham Clinton attends a brunch yesterday in Copenhagen.

A year after a monumental campaign to revolutionize the health care system – perhaps the most daunting road taken by any presidential wife – Clinton has shifted into a more traditional role than the hard-charging reformist she played in the first two years of her husband's presidency. Her new duties, more ceremonial than controversial, have reduced her public profile after a period when

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THE BOSTON GLOBE • THURSDAY, MARCH 9, 1995

Mrs. Clinton switches to a lower profile

Assumes the aspect of traditional first lady

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many Americans believed she had overstepped the bounds observed by previous presidential spouses.

Her pace remains as brisk as that of any other recent presidential wife. She completed her first solo mission overseas yesterday, a two-day trip to Copenhagen to partcipate in a UN summit on poverty and development. She told the summit that the United States would invest $100 million over 10 years on programs to educate poor women in the developing world.

"The goals of this initiative are ambitious," she said.

Clinton plans to visit India and Pakistan later this month, and yesterday White House press secretary Mike McCurry said those plans had not changed despite the murders of two US consulate workers in Karachi, the Pakistani capital. "She is planning to proceed with her trip and obviously we always assess security issues related to any delegation," he said.

Clinton's influence on White House policy remains strong, friends say.

But in recent weeks, she has adopted a cause that other first ladies have pursued: the fight against breast cancer.

Her associates say Clinton's new initiative represents the evolution of her efforts to improve the health care system after last year's defeat. The difference, they said, is that she is pursuing incremental changes rather than sweeping reforms.

"Mrs. Clinton is continuing to do what she has always been doing, which is being an advocate for the administration on health care, women's and children's issues, the issues she has spent the past 25 years working on," said her spokeswoman, Lisa Caputo.

White House officials said that Clinton felt no pressure to scale back her public presence and that she entered the current phase of her tenure without bitterness.

But as the first professional woman to serve as first lady, a Yale-trained lawyer who said during the 1992 campaign that she "would be a terrific president," she continues to fight conventional barriers to women's achievement.

She appeared to be answering critics of her more active role when, in kicking off Women's History Month with her visit to the Pentagon, she said women deserve the freedom to be pursue any course in the life that they desire.

Women should be recognized, she said, "as individuals, not to be stereotyped, not to be expected to assume certain roles because they are women's roles, but instead to be seen as the individuals they are."

Doris Kearns Goodwin, who has written about Eleanor Roosevelt, suggested that Clinton has entered a transitional phase in which she "is rethinking how to spend her time and energies over the next two years."

"It seems like a more traditional first lady's role, but it's hard to imagine she will stay there because of her great interest in making policy," Goodwin said. "Hillary Clinton could no more become Barbara Bush than Barbara Bush could become Eleanor Roosevelt."

In her new role, Clinton has traveled to five states from New York to California to urge women to obtain mammograms, particularly older women who may face the greatest risk of breast cancer and whose Medicare insurance may cover the screenings, and she plans to kick off a national campaign on breast cancer on Mother's Day. Clinton's mother-in-law, Virginia Kelley, died of breast cancer last year.

Clinton also has visited hospitals around Washington as she heads the White House effort to address the concerns of veterans of the Persian Gulf War who suffer from undiagnosed illnesses.

She traced the footsteps of other first ladies by visiting the Smithsonian Institution on Monday and donating her inaugural gown to the museum's collection.

Her efforts continue to impress her most ardent supporters.

"No, she's not running health care, but we're not doing health care," said Rep. Patricia Schroeder, Democrat of Colorado. "She's remaining active in the things she really cares about, like spending time with her adolescent daughter."

But other supporters long for the former Clinton, the hard-nosed politician who faced down her toughest foes on Capitol Hill last year under the harsh glare of the national media's klieg lights.

"It appears the political handlers are trying to get her into a more traditional role, but I think they should reject that," said Rep. Martin Meehan, Democrat of Lowell.

"Hillary being Hillary is what I'd like to see," he said. "She's tough. She's independent. And maybe that offends some people. But that's the way she ought to be. She ought to speak her mind."

Clinton appeared to do precisely that in addressing the Child Welfare League of America, which honored her for "her outstanding volunteer service to children."

She decried the proposed Republican cuts in child nutrition and foster care programs as "a massacre of the innocents" and castigated those who believe "we can rid ourselves of all our social problems by scapegoating children and exiling them to a wilderness of greater poverty and hopelessness."

Her voice rising, Clinton added, "It is time to end the false debate that pits national policies against personal values."

AP PHOTO

Hillary Rodham Clinton and UN Secretary General Boutros Boutros-Ghali share the podium yesterday at the United Nations' World Summit for Social Development in Copenhagen.

THE WASHINGTON POST Sunday, 9-24-95

David S. Broder

So Much for Fairness

The Republican Revolution in Congress is dropping its cloak of fairness faster than the trees on Capitol Hill are shedding their leaves. Last week almost all pretense of equality in sharing the burden of budget cutbacks disappeared.

While one House committee called for the abolition of the Medicaid program of health care for the aged, the indigent and the disabled, another took a whack out of what President Reagan and many others had called the most effective and incentive-building device for bolstering the income of the working poor.

It would be pleasant to pretend that these are oddities, but the accumulating evidence points clearly to the conclusion that Republicans, who love to accuse their opponents of practicing "class warfare," are really sticking it to the economically struggling families of America. I'll come back to that bigger pattern another day, but let's focus for now on one example that captures the whole sad picture.

Twenty years ago, President Ford signed into law the first bill creating the Earned Income Tax Credit (EITC), which basically gives low-income workers modest help by refunding some or all of the taxes they pay, or, if their wages are very low, writing them a small government check.

It's a device for getting people off welfare; if you don't work, you don't get the EITC benefit. It's also a device for helping workers stay above the poverty line. Today, some 20 million workers are getting tax credits averaging about $25 a week. The credit ranges from 7 cents to 40 cents per dollar earned, phasing down as you approach the top limit and ending for most families when earnings reach between $500 and $600 a week. It costs about $28 billion this year, and all but $1.5 billion of that goes to families making less than $2,500 a month.

President Reagan in 1986 called the EITC "the best antipoverty, the best pro-family, the best job creation measure to come out of Congress." Arguing against a boost in the minimum wage earlier this year, House Majority Leader Dick Armey (R-Tex.) said that "a direct subsidy like the Earned Income Tax Credit is a more compassionate means of assisting low-income families."

But last week, with minimum debate and on a party-line vote, the House Ways and Means Committee's Republican majority decided to reduce or eliminate the EITC benefits for two-thirds of the working poor who now get help from the program, in order to save $23 billion over the next seven years. Populist conservatives such as Armey and House Budget Committee Chairman John Kasich (R-Ohio) who claim the Reagan legacy, went along with the deal. And Friday Senate Finance Committee Republicans upped the ante to at least $40 billion.

Republicans talk a lot about "providing incentives." The rationale for their plan to cut capital gains taxes is that the top-bracket taxpayers, who will receive most of the direct benefits of that cut, need more incentives to save and invest. Letting them keep more from their stock market and real estate deals will do that.

But when it comes to the working poor, the Republicans apparently decided that incentives aren't really that important. Their plan phases out EITC benefits faster than current law, and thereby reduces the work incentives for more than 9 million families in the House version and 11 million in the Senate bill.

It eliminates the EITC entirely for childless workers, knocking out 4 million people making between $350 and $750 a month who otherwise would have received an average benefit of $15 a month and a maximum of $27 a month.

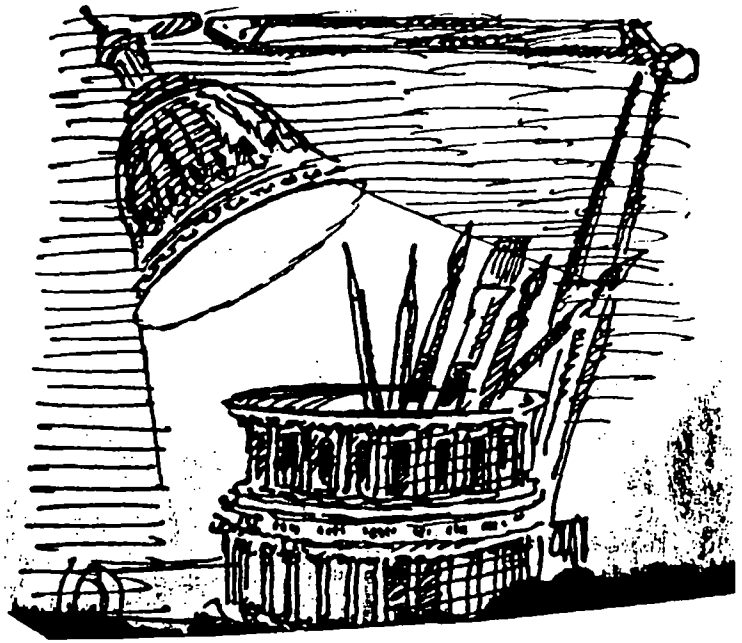
The Republicans say the EITC benefits should go "only to those families with qualifying children." Ask yourself if you have ever heard a Republican argue that capital gains tax cuts should go "only to those families with qualifying children." The wealthy retirees living off their investment income at their favorite golf resorts wouldn't send their contributions to a party that did that.

Republicans will tell you that some people have been fraudulently ripping off the EITC. They have been, but the IRS has been cracking down. The bills call for added compliance measures, which are calculated to yield only $1.5 billion to $2 billion of the savings. The bulk of the $23 billion (House) or $40 billion (Senate) will come right out of low-income working families now eligible for the program.

Well, the Republicans say, "We're going to give every family a $500-per-child tax credit in our tax cut plan." That answer is the phoniest of all.

The Republicans don't make the credit refundable, so one-third of the children in America would not benefit at all, because their family's income is too low to be taxed. On the other hand, because families with incomes up to $250,000 are eligible, 3 million families making more than $100,000 each would divvy up a pool of $11 billion to $12 billion.

The Republicans' economics sure don't jibe with their family values.



CHICAGO SUN-TIMES, SUNDAY, OCTOBER 1, 1995

Insurers Add to Risks of Moms, Babies

Before my daughter was born, I did everything I could think of to prepare for the arrival of my new baby.

I asked my doctor hundreds of questions. I read every book I could get my hands on. And my husband and I went together to childbirth classes.

Even so, I was in for some surprises.

I remember lying in bed a few days after Chelsea's birth, when I was still getting accustomed to breast-feeding. Suddenly, I noticed foam in her nose. Afraid that she was convulsing, I pushed every call button within reach.


HILLARY CLINTON

When the nurse arrived, she assured me that I was simply holding the baby at an awkward angle, making it difficult for her to swallow the milk she took in.

That wasn't the only time nurses came to my rescue during my stay at the hospital. They taught me to bathe and feed my daughter, and also gave me a chance to recover from the emotional and physical toll of a Caesarean section.

Nowadays, experiences like mine are far more common in countries like Australia, Germany, Japan, Ireland and France than here in the United States.

As insurance companies look for ways to cut costs, new mothers routinely are rushed out of the hospital 24 hours after an uncomplicated birth and three days after a Caesarean.

I have one friend who was pregnant with twins and began hemorrhaging during labor. She had to undergo an emergency Caesarean under full anesthesia. After the delivery, she was severely anemic and was placed in intensive care.

Even so, based on a "checklist" of medical factors, her insurance company said it would not pay for more than three days in the hospital. In the end, the company did cover a longer stay, but only because her doctor spent hours on the phone arguing that it was medically unsafe to send her home.

Unfortunately, some doctors won't take on such battles because they fear being dropped by the managed care companies with which they do business.

Another friend's wife was covered for seven days in the hospital after a complicated childbirth. But the insurance company wouldn't cover the child after three days, making it impossible for the mother to nurse the baby and much more difficult for mother and child to bond.

When my friend was told the child was considered independent of its mother, he asked, "Do you expect the baby to walk down to the parking lot and drive himself home?"

Insurance companies insist that limiting a baby's time in the hospital is not only a money-saver, but it also reduces exposure to hospital germs.

Most experts agree there is little medical risk to the majority of new mothers and babies discharged in the first 24 hours. But what happens if the baby develops an infection or other complication like jaundice that only becomes apparent on the second or third day after birth? What if the new mother has difficulty learning to breast-feed properly, which could result in dehydration or other serious problems for her baby?

Insurance companies say most new mothers are entitled to home visits by a nurse who can help spot problems after they leave the hospital.

But the reality is that many insurance companies only cover one home visit per patient; others simply provide for a phone consultation with a nurse in the days after childbirth.

A retired transit worker in New Jersey, Dominick A. Ruggiero Jr., told this story to the New Jersey legislature earlier this year:

His niece had an uneventful pregnancy and childbirth and was discharged after 28 hours. At home, however, her baby, Michelina, suddenly took a turn for the worse. A nurse was supposed to visit the home on the second day but never came. When the family called, they were told the visiting nurse wasn't aware the baby had been born.

Several times, the family called the pediatrician, who said the baby had a mild case of jaundice and did not need to be examined.

The baby died from a treatable infection when she was 2 days old.

Thanks in part to Ruggiero's testimony, New Jersey now has a law that will make sure that insurance covers mothers for a minimum of 48 hours in the hospital after uncomplicated deliveries and 96 hours following Caesarean deliveries. Maryland passed similar legislation last spring, and Congress is now considering a bill.

Although some critics have suggested that this is another example of government intrusion into the health care system, I think that protecting the health of new mothers and infants is a clear case where government safeguards are needed.

No government employee should ever decide whether an infant has jaundice or a new mother is anemic. But at the same time, no insurance company accountant should make the final judgment about what is medically best for newborns and their mothers.

That decision should be left to doctors, nurses and mothers.

What have they done to Hillary?

She was one of the leading lawyers of her generation. But now the First Lady is a Stepford Wife

Independent
11/30

POLLY TOYNBEE

Two dozen "prominent British women" were rustled up overnight. Would we be available for coffee and a discussion with Mrs Clinton at 9.15 yesterday morning? She wanted to talk about problems facing professional women – or so the message said. Well, that is an invitation not to be sneezed at, murmured confidentially late night down the phone from the head of embassy personnel.

The first question was, who were the other 23 selected "prominent women"? Some had no trouble earning the sobriquet – Lady Blackstone, the Labour baroness without whom no conference or committee is ever complete; Gillian Shephard, the most senior woman in the Cabinet; Sue MacGregor of the *Today* programme; Sue Slipman, erstwhile patron saint of single parents, now head of the Training and Enterprise Councils; Deborah Warner, the distinguished theatre director. There were two of us journalists from the only liberal broadsheets, no Tory press. A clanger of a non-PC note was struck in the list of participants: "Sarah Ebanja – Hailing from south of the Thames where most persons of color live. Ms Ebanja is a local government official with one of the lower-income sections of the London community."

We eyed one another with fascination over orange juice, in the opulence of the ambassador's Regent's Park palace. As we awaited the First Lady's entrance, we tried, unsuccessfully, to guess the rationale for this curiously arbitrary grouping. And wasn't there something oddly uncomfortable about a lot of achievers gathering together to whinge about women's failures?

Mrs Clinton, we were told, conducts one of these meetings in every country she visits. We were, in other words, a necessary photo-opportunity in her itinerary, as the cameras rolled in for her opening remarks. In royal blue polo neck and hair swept into a chignon that said "serious", she entered the room and pressed our flesh, each woman getting the firm handshake and the long, intimately significant look. This woman is a professional. Or at least a professional First Lady. But is she still a professional in her own right?

"There is a special relationship between our countries and I think that is especially true on a personal level," she started out, a pensée straight from the Handbook for First Ladies Visiting Britain. She wanted to "trade thoughts or ideas you might have about common interests, particularly among women ... we have so much more in common than the things that separate us." And there was more from the same little book, handed down no doubt from Tricia, to Betty, to Rosalyn, to Nancy, to Barbara to Hillary. Bone china cups clinked, petit fours went uneaten.

What had they done to her? The men with the mind-machines have captured her at last, sucked the life and guts out of her, fashioned her into the only acceptable model – a fully fledged First Stepford Wife. She sits stiffly, like a mannequin, her head nodding up and down mechanically, her expression glazed, half smiling, hardly changing, her views anodyne, her words as carefully manicured as the lawns outside the window. What have they done to the woman who was once one of the brightest lawyers of her generation, one of the team that impeached Richard Nixon? What have they done to the

woman who set out so boldly to bring radical reform to the whole American health-care system? Was it the disastrous defeat of that project, and the catastrophic mid-term elections that finally drove her back to the hearth?

Aficionados of her truly dreadful column – "Hillary Clinton – A View from the White House" – in the London *Evening Standard* will not be surprised to hear that the Stepford doctors have had their way with her. (Except for those readers who still think, as I did at first, that her column must be a pastiche from the pen of some wicked satirist). One of last month's columns might have made Nancy Reagan blush: "On Wednesday my husband and I will celebrate our 20th wedding anniversary. I know it sounds corny, but we love each other more now than when we married." You don't want to know the rest. It gets worse.

Talk was at first desultory. After all, what did we have to say that we had not all said a thousand times before? But dutifully we rambled round the usual buzz words – glass ceilings, child care, paternity leave, the long-hours culture, men's refusal to change, zero-hours contracts and the pitiful pay of most part-timers. What could we say that she had not heard wherever her travels take her? But now and then a little light glimmered in her glassy eyes. She talked of the backlash against women, the rush for traditional family values, the confusion exploited by a small but well-financed group of fundamentalists. Fine.

But when Sue Slipman asked her about single mothers, it triggered a Stepford response: "There really is a reality to that problem," she said. "Whether you like it or not, children of lone parents don't do as well in school, they get in trouble with the law, and more often need assistance with behavioural and emotional problems. I am writing a book about children, on this subject. It's a problem feminists are going to have to confront." She went on to say, "Divorce is a bad deal for women and children. I think divorce should be made harder. It's gotten too easy for women and men." Many women, she said, do not like it when she delivers these home truths.

Herbert Morrison it was, I think, (Peter Mandelson's grandfather, incidentally) who once said: "Don't tell me what's in the motion, just tell me who put it up." Much of politics is like that: to understand the real issue, you need not only the bare words on the page, but also their origin and real intent before you know what's going on. There is nothing so exceptional in what Hillary Clinton says about the economic disaster of divorce for women and children. But it is the fact that she is saying it that sends out alarm signals. Read her lips,

She began with a pensée straight from the Handbook for First Ladies Visiting Britain

this plays straight into the family-values, cookie-baking, home-making lobby in whose image she is now moulded. She may be right – but that is beside the point. Her book sounds as though it will be written by the same hand and brain that pens her column.

Gillian Shephard, interestingly, was not keen to jump in on this theme. Sitting beside the Prozac First Lady, she shone in warmth, humanity and common sense by comparison – despite a routine, but not particularly heart-felt, defence of some of the Government's harsher policies. (Her, alas, off-the-record murmured comments about sexism in the Cabinet warmed the cockles of those few of us who heard them.) But then it is a far easier thing to be a politician in your own right than Caesar's wife.

Hillary Clinton still attracts an encyclopaedia of invective: "Doesn't this exhaustively combative, unbearably confident little blonde know when she's beaten?" wrote Ann Leslie (not an uncombative woman herself) in the *Daily Mail*; pushy ideologue; protean schemer; Lady Macbeth; and even, according to Newt Gingrich's mother, bitch. How does she feel about the attacks on her? She replied in straight Stepfordese: "I don't take criticism personally. No matter what you do, you never satisfy your critics. You can spend too much time worrying about whether people approve of you, when what matters is whether you approve of yourself."

Can she be de-programmed? Perhaps, but rescue for the author of a nauseating description of a secret husband and wife midnight dip in the moonlit White House pool may come too late.