Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	SSN (Partial) (1 page)	12/17/1998	P6/b(6)

COLLECTION:
Clinton Presidential Records
Automated Records Management System
WHO (Biomedical, Reproductive, & Surrogacy)
OA/Box Number: 500000

FOLDER TITLE:
[3/27/1996 - 9/27/2000]

2013-0365-F
wr10696

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 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.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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 concerning wells [(b)(9) of the FOIA]

RECORD TYPE: PRESIDENTIAL (ALL-IN-1 MAIL)

CREATOR: Julie E. Mason (MASON_J) (WHO)

CREATION DATE/TIME:27-MAR-1996 08:37:19.39

SUBJECT: fyi - summary of gang o'4 meeting

TO: Stuart Schear (SCHEAR_S) (WHO)
READ:27-MAR-1996 08:51:27.22

TEXT:
PRINTER FONT 12_POINT_ROMAN
RE: SUMMARY OF 3/26 GANG OF 4 MEETING:
FR: MASON
Here is a brief outline of what was discussed/decided by Gang of 4.
1. RE: POTUS interviews with columnists.

Strategy: Structure interviews around events, chosing the columnists according to their areas of specialty.
examples: EJ Dionne (4/3) re corporate responsibilty
Tom Friedman (early April) will preview Japan/Russia trip
POTUS is interested in doing more off

-the

-record conversations
with these columnists. Suggestion: do these on deep background with the caveat that they can come back to McCurry if they want to quote POTUS on a specific thought.

2. RE: profiles, personality pieces on POTUS
Strategy: We should be using these -- free media blitz. Dole is doing many of these
interviews, and so should we. We need to emphasize putting out POTUS as
opposed to surrogates.
Baer suggested looking at POTUS' personal side (i.e., his mother's death). Decision was made wait until after Japan/Russia trip to really focus on these personal interviews.
examples: Todd Purdum, NYT (4/4) FYI: we're probably putting Alison Mitchell in the interview too

3. RE: convention interview requests
We have a few (Chicago Tribune, Chicago Magazine). Mason will organize and give to Joe Lockhart, do as written q

-and

-a.

4. RE: national tv interview requests
see notes on the attached list of requests.
Focus is on these interviews, post Japan/Russia trip (to be done in this order):
1st CNN (Blitzer, Shipman, Dougherty) - use to frame the next 6 weeks
2nd Lehrer NewsHour - key to a commencement address,

subject TBD
3rd Barbara Walters - for May
George mentioned the possibility of POTUS doing a quick 60 Minutes interview after the Japan/Russia trip looking back at the past year (POTUS can make hits on the anti

-terrorism bill, etc.)
(continued)
Baer brought up POTUS doing Court TV's new series, "Court TV: Kids & Teens" (or some similar title) in mid

-April to discuss tv violence. We decided to have FLOTUS do this.
Ann Lewis /Baer will follow up.
Wolf has also pitched a POTUS interview with Inside Politics for their ananniversary.
With weekend/morning shows, we will put POTUS on in the fall at a few key, tactical moments.

5. RE: print interview requests
The Advocate -- decision was made to wait until we have a line on gay marriages. We'll do interview in late July/early August, on the advice of Sosnik. The interview will be done via written qs

-and

-as. We will also offer Moss a 5 minute interview with POTUS as photo op/opportunity to get clarification on writtten answers.
see attached list of other pending print interview requests

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Elizabeth Drye (CN=Elizabeth Drye/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 9-JUN-1997 17:17:32.00

SUBJECT: unofficial Q&A

TO: Joshua Silverman (CN=Joshua Silverman/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

CC: Laura Emmett (CN=Laura Emmett/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

CC: Elena Kagan (CN=Elena Kagan/OU=OPD/O=EOP @ EOP [OPD])
READ:UNKNOWN

TEXT:
Q. Why is the Federal government getting involved? Shouldn't that be left to the states?

A. The federal government has the experience and expertise to evaluate emerging technologies -- particularly biomedical technologies -- and ensure that the public is not put at risk. This is why, for example, the Federal government has responsibility for ensuring the safety and development of pharmaceuticals and medical devices.

Q. But does the Constitution give the Federal government authority to ban cloning?

A. Under the Commerce Clause of the Constitution it is clear we have authority to act. Cloning facilities, like reproductive health facilities and biomedical research centers, would likely affect interstate commerce in a number of ways -- for example, by acquiring equipment and medical products from other states; by serving clients from other states; by advertising accross state lines, and by sharing information and research findings in a national arena.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Rachel E. Levinson (CN=Rachel E. Levinson/OU=OSTP/O=EOP [OSTP])

CREATION DATE/TIME:31-JUL-1997 16:19:07.00

SUBJECT: Ehlers Cloning bill

TO: Lucia A. Wyman (CN=Lucia A. Wyman/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

CC: Clifford J. Gabriel (CN=Clifford J. Gabriel/OU=OSTP/O=EOP @ EOP [OSTP])
READ:UNKNOWN

TEXT:
H.R. 922 states that federal funds may not be used to conduct or support any research that includes the use of human somatic cell nuclear transfer technology to create an embryo. Our bill language would extend the prohibition to the private sector and would prohibit somatic cell nuclear transfer with the intent of introducing the product of that transfer into a woman's womb or in any other way creating a human being. We stayed away from the issue of embryo research, as did the National Bioethics Advisory Commission. Our language is not perfect but does try to make clear a very narrow scope so as not to impede biomedical and agricultural research.

The current Congressional ban on embryo research already covers Ehlers scope. His vagueness is a source of concern to the biotech, pharmaceutical and reproductive biology research communities.

I will fax you an article on the mark up.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: HHSPRESS@LIST.NIH.GOV@INET@LNGTWY (HHSPRESS@LIST.NIH.GOV@INET@LNGTWY [UNKNOWN])

CREATION DATE/TIME:17-NOV-1997 14:09:39.00

SUBJECT: NIH press release--NIH Office of Research on Women's Health Spo

TO: Sarah S. Knight@EOP (Sarah S. Knight@EOP [WHO])
READ:UNKNOWN

TO: Barbara A. Menard@EOP (Barbara A. Menard@EOP [OMB])
READ:UNKNOWN

TEXT:
National Institutes of Health
Office of the Director

For Release: November 13, 1997

Ellyn Pollack

301-402-1770

NIH Office of Research on Women's Health Sponsors National Scientific Workshop
To Set the Agenda for Research on Women's Health for the 21st Century

BETHESDA, MD!The Office of Research at the National Institutes of Health is sponsoring a public hearing and scientific workshop on November 17-19, 1997, at the Bethesda Marriott, 5151 Pooks Hill Road. This final meeting, following a series of national meetings at regional sites, will bring together more than 400 advocates, policymakers, researchers, and other national leaders in women's health to set the women's health research agenda for the 21st century.

"This meeting will commemorate recent attention to women's health and provide multidisciplinary interaction between women's health advocates and scientists to focus on a new era in women's health research," says Dr. Vivian W. Pinn, NIH Associate Director for Research on Women's Health and Director of the Office of Research on Women's Health. "This public hearing and scientific workshop can provide a springboard for women's health research into the 21st century."

A public hearing will be held from 1 p.m. to 6 p.m. on Monday, November 17. More than 50 individuals representing

themselves or organizations interested in various aspects of women's health and biomedical careers will present testimony. The two-day workshop will begin at 8 a.m. on Tuesday, November 18, and will focus on scientific advances in women's health through plenary sessions, panel discussions, and smaller working groups.

On Tuesday afternoon and Wednesday morning, participants will break into 14 working groups. Each group will focus on a different area of women's health, identify scientific progress, and recommend future direction for research. The groups will consider the following topics: alcohol and other drug use, disorders and consequences; behavioral and social science; bone and musculoskeletal disorders; cancer; cardiovascular and pulmonary diseases; career issues for women scientists; digestive diseases; immunity and autoimmune diseases; mental disorders; neuroscience; oral health; pharmacologic issues; reproductive issues; and urologic and kidney conditions.

"Since the Office of Research on Women's Health was established seven years ago," Dr. Pinn reflects, "it has dedicated its efforts to building collaboration and encouraging interaction among the scientific, health care and public policy communities, as well as women's health advocates, to improve women's health through biomedical and behavioral research. The regional meetings have provided the groundwork to make this a positive and productive scientific workshop to help formulate a future focus for women's health research. Participants in this meeting, in accordance with the dramatic pace of progress in science, will be building on the first national conference to set the agenda for research on women's health, which was held in Hunt Valley, Maryland in 1991. "

U.S. Senator Barbara A. Mikulski and U.S. Representative Constance A. Morella will open the scientific workshop on Tuesday morning. At a Tuesday evening reception, U.S. Representative Louise M. Slaughter will speak on women's health research. U.S. Representative Louis Stokes will provide remarks on Wednesday afternoon. Audrey T. Haynes, Deputy Assistant to the President and Director, White House Office for Women's Initiatives and Outreach, will also address the meeting. Other keynote speakers at the two-day scientific workshop include Dr. Francis Collins, Director of the National Human Genome Research Institute; Dr. Claude Lenfant, Director of the National Heart, Lung & Blood Institute; Dr. Richard Klausner, Director of the National Cancer Institute; Bylle Avery, Founder of the National Black Women's Health Project; Dr. Linda Villa-Kamaroff, Professor at Northwestern University; and Dr. Antonia Novello, former U.S. Surgeon General.

A press briefing will be held at 3:15 p.m. on Wednesday,

November 19. The two workshop cochairs, Dr. Donna Dean of the National Institutes of Health and Dr. Marianne Legato of Columbia University will provide a summary of the workshop highlights, including recommendations from each working group. Working group cochairs and task force members also will be available to answer questions at the press briefing and throughout the two-and-a-half-day program.

Beyond Hunt Valley: Research on Women's Health for the 21st Century
PRELIMINARY AGENDA

November 17, 1997 -- PUBLIC HEARING
1-6 p.m. Public Testimony

November 18, 1997 -- SCIENTIFIC WORKSHOP: Putting it All Together: The Agenda for the 21st Century
8 a.m. Opening Plenary Session:
Opening Remarks Dr. Vivian W. Pinn
Welcome Dr. Ruth L. Kirschstein
Remarks The Honorable Barbara A. Mikulski, U.S. Senate
The Honorable Constance A. Morella, U.S. House of Representatives
Overview of Women's Health Research Dr. Vivian W. Pinn
10 a.m. Keynote Address: Francis S. Collins, M.D., Ph.D., Director, NHGRI
Genetics, Genomics, and Women's Health
Panel Discussion: Legal and Ethical Issues
John Fletcher, Ph.D.
Karen Rothenberg, J.D.
Robert Murray, Ph.D.
11 a.m. Keynote Address: Claude Lenfant, M.D., Director, NHLBI
Heart Disease Research in Women: A Look Back and a View to the Future
Remarks by Julie Buring, Sc.D. Research on Women: An Investigator's View
12 noon Lunch: Richard D. Klausner, M.D., Director, NCI, Speaker
The Cancer Program at the End of the 20th Century
1:30 p.m. Concurrent Working Groups

Alcohol and Other Drug Use Disorders and Consequences
Behavioral and Social Science
Bone and Musculoskeletal Disorders
Cancer
Cardiovascular and Pulmonary Disease
Career Issues for Women Scientists
Digestive Diseases
Immunity/Autoimmune Diseases

Mental Disorders
Neuroscience
Oral Health
Pharmacologic Issues
Reproductive Issues
Urologic and Kidney Conditions

4:30 p.m. Panel Discussion: Women's Health Research
Antonia C. Novello, M.D., M.P.H. Women and Research -
- Quo vadis?
Maureen Henderson, M.D., D.P.H. Beyond Hunt Valley:
Perspectives
Barbara Ross-Lee, D.O. Women's Health Research--
Implications for Education and Public Policy
Remarks by Audrey T. Haynes, Deputy Assistant to
the President and Director, White House Office
for Women's Initiatives and Outreach
6 p.m. Networking Reception
The Honorable Louise M. Slaughter, U.S.
House of Representatives

November 19, 1997 -- SCIENTIFIC WORKSHOP (continued)
8 a.m. Plenary Session:
Speaker: Lydia Villa-Kamaroff, Ph.D. Women
in Biomedical Careers
Remarks by Margaret Chesney, Ph.D. Women
and Health: Towards a New Paradigm
9 a.m. Concurrent Working Groups Continue
12 noon Lunch: The Honorable Louis Stokes, U.S. House
of Representatives
Byllye Avery, Speaker Putting It All
Together
1:15 p.m. Plenary Session: Presentation of Working Group
Reports
3 p.m. Closing Remarks and Adjournment
3:15 p. m. Press Briefing========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
RFC-822-headers:
Received: from conversion.pmdf.eop.gov by PMDF.EOP.GOV (PMDF V5.0-4 #6879)
id <01IQ4ADAUO7400XUFO@PMDF.EOP.GOV>; Mon, 17 Nov 1997 13:59:35 -0500 (EST)
Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01IQ4AD3AQGW00UDE3@PMDF.EOP.GOV>; Mon,

17 Nov 1997 13:59:30 -0500 (EST)
Received: from list.nih.gov ([165.112.130.6])
by STORM.EOP.GOV (PMDF V5.1-7 #6879)
with ESMTP id <01IQ4ACS1JS0001PHC@STORM.EOP.GOV>; Mon,
17 Nov 1997 13:59:09 -0500 (EST)
Received: from list.nih.gov (terrific.net.nih.gov [165.112.130.6])
by list.nih.gov (8.8.5/8.8.5) with ESMTP id NAA04995; Mon,
17 Nov 1997 13:56:18 -0500 (EST)
Received: from LIST.NIH.GOV by LIST.NIH.GOV (LISTSERV-TCP/IP release 1.8c)

with spool id 3416538 for HHSPRESS@LIST.NIH.GOV; Mon,
17 Nov 1997 13:55:49 -0500
Received: from imc.nih.gov (imc.nih.gov [128.231.90.85])
by list.nih.gov (8.8.5/8.8.5) with ESMTP id NAA04919 for
<HHSPRESS@LIST.NIH.GOV>; Mon, 17 Nov 1997 13:55:47 -0500 (EST)
Received: by imc.nih.gov with Internet Mail Service (5.0.1458.49)
id <XC0FH7JG>; Mon, 17 Nov 1997 13:55:49 -0500
X-Mailer: Internet Mail Service (5.0.1458.49)
X-Priority: 1
========== END ATTACHMENT 1 ==========

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Jeffrey M. Smith (CN=Jeffrey M. Smith/OU=OSTP/O=EOP [OSTP])

CREATION DATE/TIME:14-JAN-1998 16:31:38.00

SUBJECT:

TO: Michelle Crisci (CN=Michelle Crisci/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TO: Paul E. Begala (CN=Paul E. Begala/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TO: Rahm I. Emanuel (CN=Rahm I. Emanuel/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

CC: Donald H. Gips (CN=Donald H. Gips/O=OVP @ OVP [UNKNOWN])
READ:UNKNOWN

CC: Rachel E. Levinson (CN=Rachel E. Levinson/OU=OSTP/O=EOP @ EOP [OSTP])
READ:UNKNOWN

CC: Holly L. Gwin (CN=Holly L. Gwin/OU=OSTP/O=EOP @ EOP [OSTP])
READ:UNKNOWN

CC: John H. Gibbons (CN=John H. Gibbons/OU=OSTP/O=EOP @ EOP [OSTP])
READ:UNKNOWN

TEXT:
Rahm -- per our recent conversation on cloning, you asked that we keep you up-to-date...and also that we make sure Paul Begala is in the loop.

On Wednesday, January 14th, staff from OSTP, OVP, DPC, WH Counsel, and Leg Affairs met with representatives of the Biotechnology Industry Organization, the Pharmaceutical Research and Manufacturers of America and the American Society for Reproductive Medicine. While the three groups are not in complete agreement on legislative approaches to dealing with cloning of human beings, they all expressed support for the intent of President's draft bill to limit the prohibition to the use of cloning technology to create a child. They appreciated the protection of other biomedical and agricultural research, the &findings8 section and the sunset clause.

The key issue now before us is that legislation to prevent cloning a human being (using private funding) could well become a prime vehicle for constraining embryo research in the near term and abortion in the long term. The professional associations are trying to educate key Members of Congress about the risk to biomedical research posed by broadly worded legislation.

Following the briefing, EOP staff agreed to promptly produce an options

paper and map out a legislative strategy. We will work with input from technical experts on the implications of each option, e.g., what we learn from research, who are the affected parties in each option, possible fallout, etc... This should be ready by Friday, January 16th.

We will keep you posted.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Nicole R. Rabner (CN=Nicole R. Rabner/OU=WHO/O=EOP [WHO])

CREATION DATE/TIME:15-JUL-1998 14:45:42.00

SUBJECT:

TO: Katharine Button (CN=Katharine Button/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TEXT:
This is more than you need, and is at: http://www.plannedparenthood.org/

The 1910s

1916
Margaret Sanger and her sister, Ethel Byrne, both nurses, and a third woman, Fania Mindell, open the first birth control clinic in America in the Brownsville community of Brooklyn, New York. All three women are arrested and indicted under New York State's 1873 "Comstock Law," which forbids the dissemination of birth control information.

The Comstock laws, named after Anthony Comstock, a self-appointed anti-vice crusader, had been passed by Congress and by nearly every state in the 1870s. Among other measures, they defined contraceptive information and materials as obscene and forbade their dissemination throughout the U.S. Sanger's arrest in Brooklyn is her second for violating a Comstock law:
two years earlier she had been indicted under a federal Comstock statute for
sending birth control information through the U.S. mails in her publication,
THE WOMAN REBEL. Eventually, that indictment was dropped.

1917
Byrne is found guilty and sentenced to Blackwell's Island, where she holds a
hunger and thirst strike and becomes the first woman to be force-fed in an American prison. Mindell is found guilty and fined $50 for distributing copies
of a pamphlet written by Sanger, called WHAT EVERY GIRL SHOULD KNOW. Sanger is found guilty and, declining to pay a fine, serves 30 days in the Queens County Penitentiary. She then appeals her conviction. Only Mindell's conviction is later overturned.

1920
The 19th Amendment to the U.S. Constitution is ratified -- women win the right to vote.

1930
Almost 100 national, regional, and local groups in the fields of medicine, education, and religion pass resolutions favoring birth control.

1935
The American Birth Control League holds a mass meeting at Carnegie Hall in New York City, which draws protests from Cardinal Hayes. Thirteen prominent ministers reply to Hayes in a statement that defends the ethical and moral significance of birth control.

1936
Judge Augustus Hand, writing for a U.S. Circuit Court of Appeals in the case of U.S. v. ONE PACKAGE, rules that the U.S. Tariff Act of 1930, which contains Comstock language, cannot be construed to forbid the importing of contraceptives for use by physicians in saving lives or promoting well-being. Judge Hand bases his decision in part on clinical data outlining the dangers of pregnancy and the usefulness of contraception, saying that if this evidence had been available to Congress earlier, Congress would never have defined birth control as obscene.

As a result of this ruling, the National Committee on Federal Legislation for Birth Control disbands, considering that its objectives have been realized.
Sanger retires from the forefront of the family planning movement and moves to Tucson, Arizona.

1937
The American Medical Association officially recognizes birth control as an integral part of medical practice and education.

North Carolina becomes the first state to recognize birth control as a public health measure and to provide contraceptive services to indigent mothers through its public health program.

1939
The American Birth Control League and the Clinical Research Bureau merge to form the Birth Control Federation of America.

The 1940s

1940
The Connecticut Supreme Court of Errors upholds a state Comstock statute that makes the use of contraceptives illegal and denies any exception to allow prescription by physicians.

1942
Planned Parenthood Federation of America, Inc., is adopted as the new, more comprehensive name for the Birth Control Federation of America. Contraceptive services are available in 218 Planned Parenthood clinics across the country.

1944
A U.S. Court of Appeals further liberalizes the Comstock laws by ruling, in CONSUMERS UNION v. FRANK WALKER, that the Consumers Union can mail to members who request it a pamphlet about contraceptives that have been found to be effective.

1945
The Sanger Bureau establishes a fertility service to help childless couples.

1947
Six Protestant physicians are dismissed from the staffs of three Roman Catholic hospitals in Connecticut for refusing to withdraw from the "Committee of 100," a group of doctors supporting a birth control bill that would overturn the federal Comstock law.

1948
Largely as the result of Margaret Sanger's efforts, representatives from more
than 20 nations attend the International Conference on Population and World Resources in Relation to the Family. The conference leads to the formation of the International Planned Parenthood Committee.

Dr. Gregory Pincus, a research biologist and cofounder of the innovative Worcester Foundation for Experimental Biology, is awarded a small grant from Planned Parenthood Federation of America to test the contraceptive value of steroids.

The 1950s

1948
Dr. Gregory Pincus, a research biologist and cofounder of the innovative Worcester Foundation for Experimental Biology, is awarded a small grant from Planned Parenthood Federation of America to test the contraceptive value of steroids.

1951
Showing that injections of the steroid progesterone suppress ovulation in laboratory animals, Dr. Pincus persuades the Searle Company to undertake extensive research aimed at developing a contraceptive injection or pill.

1952
The International Planned Parenthood Federation, the first truly international
league representing worldwide advocates of family planning, is launched at a
conference in Bombay. Planned Parenthood Federation of America is one of the founding members.

1953
Katharine Dexter McCormick makes the first of many donations to Planned Parenthood, totaling $2,000,000, toward the development of the oral contraceptive.

1959
A presidential commission on foreign aid recommends that family planning assistance be given to foreign governments that request it. Catholic bishops denounce the suggestion, and President Eisenhower turns it down.

The American Law Institute's Model Penal Code recommends that states allow licensed physicians to perform abortions if two physicians certify in writing that pregnancy threatens the woman's physical or mental health, results from rape or incest, or if the fetus is gravely deformed. Opposition to such reform of the anti-abortion laws begins to take shape under the leadership of the Catholic church.

1960
The Food and Drug Administration approves the sale of oral steroid pills for contraception.

1961
Distinguished citizens from 19 countries present a statement urging the United Nations to help develop population limitation programs all over the world.

President Kennedy defines population growth as a "staggering" problem. He formally endorses reproductive research to make new knowledge and methods available worldwide.

1962
The First International Conference on IUDs (intrauterine devices) is held in New York, leading to a major collaborative effort to evaluate the safety and effectiveness of IUDs, under the leadership of Dr. Christopher Tietze.

Hundreds of women in the U.S. and Europe who had taken the drug thalidomide during pregnancy give birth to children missing arms and legs. Sherri Finkbine is refused an abortion in the U.S. even though she, too, had been prescribed thalidomide. She flees to Sweden where an abortion is performed and the fetus found to be gravely deformed. The Finkbine case, and others in which pregnant women had taken thalidomide, convinces much of the public of the need to reform anti-abortion laws.

1963
The U.N. General Assembly approves by a 690 vote a resolution on population growth and economic development.

Congress amends the foreign aid bill to authorize funds for research into problems of population growth.

The U.S. government establishes the National Institute of Child Health and Human Development (NICHD). Part of its mandate is to support and oversee research in reproductive science and contraceptive development.

1964
The Office of Economic Opportunity funds the first project grant for family planning to the city of Corpus Christi, Texas.

A rubella epidemic causes a high incidence of fetal deformity. The epidemic,
combined with the thalidomide tragedy, the Finkbine case, a growing public desire for openness about sexuality, and the affirmation of women's rights, helps to persuade the public to recognize the need for legal and safe abortion.

1965
The U.S. Supreme Court in the case of GRISWOLD v. CONNECTICUT rules that Connecticut's law prohibiting the use of birth control by married
couples violates a newly defined right of marital privacy. As a result, ten states liberalize their family planning laws and begin to provide family planning services with tax funds.

Congress amends the Social Security Act to authorize special grants for maternal and infant care projects, including family planning.

The amendment to the Social Security Act known as Title XIX establishes the Medicaid program, under which states may treat family planning as a reimbursable service.

The Department of Health, Education, and Welfare begins to fund maternity care projects that enable some states to provide family planning services through their own health departments.

1966
As a central element of his administration's War on Poverty, President Johnson singles out family planning as one of four critical health problems in
the nation needing special attention. To carry out his mandate, HEW outlines
an expanded program for all requesting birth control.

The National Organization for Women is founded to secure full equality for women by promoting passage of the Equal Rights Amendment and by ending prejudice and discrimination against women in America.

Margaret Sanger dies in Tucson on September 6, eight days short of her 87th birthday.

photo, Martin Luther King, who equated the equal rights & reproductive rights movements

1967
The United Nations Declaration on Population proclaims family planning a basic human right and establishes the United Nations Fund for Population Activities.

Amendments to the Social Security Act require that at least six percent of the annual appropriations for maternal and child health be earmarked for family planning and that family planning services be provided to public assistance recipients who request them.

The Agency for International Development (AID) is authorized to provide contraceptives in its overseas development programs.

Colorado reforms its abortion law to conform to American Law Institute recommendations. Within the next three years, 13 other states also liberalize
their anti-abortion laws.

1968
After an exhaustive review, the FDA issues a report stating that it has found
"adequate scientific data attesting to the effectiveness and utility of intrauterine contraceptive devices (IUDs)."

Pope Paul VI issues an encyclical affirming the church's traditional prohibitions against "artificial" means of birth control, including the Pill.

Planned Parenthood Federation of America establishes the Center for Family Planning Program Development as its arm for research, policy analysis, and public education. The center is now an independent corporation and special affiliate of Planned Parenthood known as The Alan Guttmacher Institute.

The Planned Parenthood membership approves policies that recognize abortion and sterilization as legitimate medical procedures, the decision for
which must rest with the individual and the individual's physician. The membership calls for the abolition of existing criminal laws regarding abortion, and the recognition that information, counseling, and referral with
regard to abortion are integral elements of sound medical care.

1969
President Nixon delivers a message on population and family planning that calls for increased federal support for domestic family planning services, biomedical and social research, and foreign aid assistance. He requests the appointment of a Commission on Population Growth and the American Future to report on the U.S. population problem.

The National Association for the Repeal of Abortion Laws, now known as the National Abortion and Reproductive Rights Action League, is founded to develop and sustain a pro-choice political constituency in order to secure and preserve the right to safe, legal abortion for all women.

1970
Congress enacts Title X of the Public Health Services Act, providing support
and funding for family planning services and educational programs and for

biomedical and behavioral research in reproduction and contraceptive development. Title X also authorizes funding for a Center for Population Research within NICHD. This marks the first time Congress has ever voted for a separate authorization of family planning services.

New York state enacts the most progressive abortion law in the nation, permitting abortion through the 24th week of pregnancy if performed by a licensed physician. Planned Parenthood of Syracuse, New York, becomes the first affiliate to offer abortion services.

1971
Congress repeals most of the provisions of the federal Comstock laws.

Planned Parenthood Federation of America establishes its own international program, Family Planning International Assistance (FPIA). Funded largely by the U.S. Agency for International Development, within 15 years FPIA becomes the largest U.S. non-governmental provider of family planning services to million of women and men in developing countries.

The National Family Planning and Reproductive Health Association (NFPRHA) is founded to serve as an umbrella organization for family planning and reproductive health care providers and consumers.

1972
In EISENSTADT v. BAIRD, the U.S. Supreme Court strikes down a Massachusetts statute that bars the distribution of contraceptives to unmarried people.

The Committee on Population Growth and the American Future releases its final report, stating that "no substantial benefits would result from continued
growth of the nation's population" and recommending that the U.S. "welcome and plan for a stabilized population." It outlines comprehensive recommendations to achieve stabilization.

Over 2.5 million patients are served by U.S. family planning clinics, an increase of 200 percent since 1968.

1973
In ROE v. WADE, the U.S. Supreme Court strikes down the 1859 Texas law that prohibited abortions except to save a woman's life. The court rules
that the constitutional right of privacy extends to a woman's decision, in consultation with her doctor, to have an abortion.

On the same grounds, DOE v. BOLTON strikes down a 1968 abortion reform statute in the state of Georgia that had prohibited abortions except in
cases of medical necessity, rape, incest, and fetal abnormality, had required
all abortions to be performed in hospitals, and had mandated the approval of
two doctors and a committee before an abortion could be performed.

The National Right to Life Committee is organized by the U.S. Catholic Conference's Family Life Division, which is administered by the National Conference of Catholic Bishops. The express purpose of the committee is to overturn these U.S. Supreme Court decisions, by constitutional amendment if necessary. The legislation it supports would outlaw the most effective forms of birth control as well as abortion.

Believing that reproductive freedom is intrinsically tied to religious liberty, the
Religious Coalition for Abortion Rights and Catholics for a Free Choice, are
founded to support the right to family planning and abortion.

1974
The United Nations World Population Conference, the first government-sponsored conference on population, is held in Bucharest. Attendees adopt the World Population Plan of Action, establishing voluntary family planning as a basic human right, pledging to improve the status of women worldwide, giving high priority to contraceptive research, and recognizing that population policies and programs must be part of overall social and economic development plans. Only the Vatican abstains from voting to support the plan.

The Dalkon Shield IUD is found defective and withdrawn from the market.

Federal District Court Judge Gerhard A. Gesell enjoins the U.S. Department of Health, Education, and Welfare (DHEW) from using federal funds for the sterilization of minors and other persons who are legally incompetent to give
informed and binding consent to the procedure. Revised regulations issued by DHEW state that individuals are free to refuse sterilization without prejudicing future care and without loss of other project or program benefits.

1975
The results of a national study show that, among U.S. couples who have had all the children they want, 43.1 percent are using sterilization as their method
of birth control -- an increase of more than 300 percent in ten years.

1976
In PLANNED PARENTHOOD OF CENTRAL MISSOURI v. DANFORTH, the U.S. Supreme Court strikes down state requirements for parental and spousal consent for abortion and sets aside a state prohibition
against saline abortions.

In BELLOTI v. BAIRD, the U.S. Supreme Court returns to the Massachusetts courts a statute that requires a minor seeking an abortion to first obtain the consent of both parents or a judge. The court asks the Massachusetts Supreme Court to define more precisely the grounds on which a judge could approve or deny an abortion to a minor (see entry for 1979).

Congress passes the "Hyde Amendment," which prohibits the use of federal Medicaid funds for the abortions of indigent women while continuing to allow
these funds to be used for pregnancy, delivery, and child care costs. The amendment is enjoined by Federal District Court Judge John F. Dooling.

The Alan Guttmacher Institute (AGI) publishes 11 MILLION TEENAGERS, the first nationally distributed document to focus attention on the problem of teen pregnancy and childbearing in the United States.

The Republican Party adopts its first anti-choice platform. The Democratic Party adopts its first pro-choice platform.

1977
In MAHER v. ROE and POELKER v. DOE, the U.S. Supreme Court finds that state and local governments have the right to refuse to fund nontherapeutic Medicaid abortions for the indigent and that localities may refuse to provide "elective" abortions in publicly funded hospitals.

The U.S. Supreme Court vacates Judge Dooling's injunction against the Hyde Amendment.

Congress passes a new version of the Hyde Amendment, and three dozen states move to cut off their state Medicaid reimbursements.

In CAREY v. POPULATION SERVICES INTERNATIONAL, the U.S. Supreme Court rules unconstitutional a New York statute that prohibited the sale or distribution of contraceptives to persons under 16, the display and advertising of contraceptives, and the sale of non-prescription methods outside drugstores.

The National Abortion Federation is founded to ensure quality care in the provision of safe and legal abortion by establishing standards, guidelines, training, and education for providers of abortion services. NAF also provides information that will allow women to obtain quality abortion services.

The Alan Guttmacher Institute is separately incorporated as the first independent agency devoted solely to research, policy analysis, and public education in family planning and population.

Family Planning International Assistance serves hundreds of thousands of contraceptive clients in 23 nations of the developing world.

1978
Congress passes a third version of the Hyde Amendment and adds anti-abortion restrictions to a number of federally funded programs, including
the Defense Department and the Peace Corps. Extending Title X funding for three years, Congress expands the program to include community-based sex education and other preventive services for teenagers at risk of pregnancy.

The City of Akron, Ohio, passes a restrictive ordinance, requiring that

women seeking abortions undergo a 24-hour waiting period and an elaborate "informed consent" procedure, including viewing of photographs of fetal development and a recital of half-truths about the procedure and the fetus. It also requires that minors obtain the consent of their parents or a judge and that second-trimester abortions be performed in hospitals.

1979

In BELLOTTI v. BAIRD (II), the U.S. Supreme Court finds that the Massachusetts statute restricting minors' access to abortion is unconstitutional as interpreted by the Massachusetts Supreme Court. The U.S. Supreme Court rules that if states require minors to obtain parental consent for an abortion, they must also give minors the alternative of obtaining the consent of a judge, in confidential proceedings and without first notifying their parents.

In COLAUTTI v. FRANKLIN, the U.S. Supreme Court strikes down a Pennsylvania law that requires a physician about to perform an abortion to first determine whether the fetus "is or may be viable" on the grounds that the meaning of "viable" or "may be viable" is unclear. The court holds that the determination of when a fetus is viable must be made by physicians on a case-by-case basis.

The 1980s

1980

Federal reimbursement for medically necessary abortions under Medicaid is reinstated after Judge Dooling rules in HARRIS v. McRAE that the Hyde Amendment unconstitutionally deprives indigent women of their First and Fifth Amendment rights by refusing to pay for medically necessary abortions.

Five months later, the U.S. Supreme Court overturns the Dooling decision, holding that the Hyde Amendment, by encouraging childbirth over abortion except in the most urgent circumstances, is rationally related to the legitimate governmental objective of protecting potential life.

For the first time, a U.S. president with political commitments to the anti-choice movement -- Ronald Reagan -- is elected to office. The Republican party takes control of the Senate.

1981

One of President Reagan's first official actions is to congratulate anti-abortion demonstrators on the occasion of the anniversary of ROE v. WADE.

In H.L. v. MATHESON, the U.S. Supreme Court upholds a Utah statute requiring a physician to notify the parents of an unemancipated, immature minor before performing an abortion, in the absence of any proof that harm would result to the minor if her parents were notified.

The administration urges folding the national family planning program (Title X) into a block grant. This would allow states not to offer subsidized family planning services but to use the funds for other programs. Congress defeats this proposal and re-authorizes Title X as a categorical grant for three more years.

Hearings are held in the U.S. Senate on the so-called Human Life Bill. This is a bill that would seek to overturn Roe v. Wade by declaring that human life begins at conception and awarding full constitutional rights to fetuses.

The Alan Guttmacher Institute (AGI) publishes TEENAGE PREGNANCY: THE PROBLEM THAT HASN'T GONE AWAY, a definitive analysis of teen sexuality, contraceptive knowledge and use, and pregnancy experience that convincingly documents the need for making confidential contraceptive services accessible to sexually active teens.

Family Planning International Assistance serves 921,582 contraceptive clients in 36 nations of the developing world.

1982

Planned Parenthood Federation of America, the American Civil Liberties Union, the National Abortion Rights Action League, the Religious Coalition for Abortion Rights, and other pro-choice activists orchestrate major victories by successfully lobbying against passage of the Hatch Human Life Federalism Amendment and other proposed "Human Life Bills."

The Reagan administration defies Congress by issuing an administrative regulation that orders the nation's 4,000 Title X-funded clinics to notify parents when teens are issued prescription contraceptives. This regulation becomes known as the "squeal rule."

1983

Challenges by family planning providers and by the state of New York lead to decisions by three different Federal district courts overturning the so-called "squeal rule." These decisions are affirmed by two Circuit Courts of Appeal, and the Reagan administration does not appeal to the Supreme Court.

In CITY OF AKRON v. AKRON CENTER FOR REPRODUCTIVE HEALTH, the U.S. Supreme Court overturns the Akron ordinance (see entry for 1978), reaffirming the basis of Roe v. Wade, establishing the right of women to obtain second-trimester abortions in outpatient facilities, and protecting the confidentiality of minors who seek abortion.

In PLANNED PARENTHOOD OF KANSAS CITY, MISSOURI v. ASHCROFT, the U.S. Supreme Court finds that states cannot require hospitalization for abortions after the first trimester, but that states can require pathology tests after every abortion, parental consent with

judicial
bypass, and the presence of two doctors during abortions after the first trimester.

In SIMOPOULOS v. VIRGINIA, the U.S. Supreme Court upholds a conviction of a physician under a Virginia statute requiring abortions after the
first trimester to be performed in hospitals. Since Virginia law provides for
licensing of freestanding ambulatory facilities as "hospitals," the Virginia law is
not as restrictive as the law struck down in PLANNED PARENTHOOD OF KANSAS CITY the same year, and is therefore constitutional.

The high court, in BOLGER v. YOUNGS DRUG PRODUCTS CORP., also strikes down as unconstitutional the last vestige of the Comstock laws by allowing unsolicited advertisements for contraceptives to be sent through
the U.S. mail.

1984
The Reagan administration announces the "Mexico City policy," which will bar most non-governmental foreign recipients of U.S. government family planning funds from using non-U.S. government funds to support "abortion-related activities."

The Food and Drug Administration approves the distribution of the Copper T380A IUD, but no manufacturers or distributors are willing to make it available to women in the U.S. Violent attacks on family planning and abortion clinics escalate. While four incidents occurred in 1983, in 1984 30
major attacks are reported, including bombings, arson, and attempted bombings and arson.

The death toll from AIDS (acquired immune deficiency syndrome) since 1981 rises to 3,665 Americans. The year ends with a total of 7,699 reported cases.

1985
The Mexico City policy goes into effect; Planned Parenthood Federation of America announces its refusal to comply; International Planned Parenthood Federation and the United Nations Fund for Population Activities are defunded. U.S. funding for international family planning is cut by $40 million.

Anti-abortion riders that would effectively eliminate the Title X program are
proposed by administration allies in Congress. They are defeated in a last-minute compromise.

The Alan Guttmacher Institute (AGI) publishes its report on TEEN PREGNANCY IN INDUSTRIALIZED COUNTRIES, demonstrating that the U.S. teen pregnancy rate of 96 per 1,000 is the highest in the developed

world. The study found that developed countries with the most accessible contraceptive services, the most effective programs for sexuality education,
and the most liberal societal attitudes toward sex, have the lowest rates of
pregnancy, abortion, and childbearing among teens.

A two-year study by the National Academy of Sciences concurs with the AGI study and concludes that "prevention of adolescent pregnancy should have the highest priority," and "making contraceptive methods available and accessible to those who are sexually active and encouraging them to diligently use these methods is the surest major strategy for pregnancy prevention."

Anti-family planning zealots launch a "Year of Pain and Fear." Targeted at family planning and abortion clinics, an epidemic of firebombing, vandalism,
burglary, death threats, and assault and battery breaks out.

1986
The risk of expensive product liability resulting from litigation leads G.D.
Searle to withdraw its Copper 7 and Copper T IUDs from the market.

In THORNBURGH v. AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS and in DIAMOND v. CHARLES, the U.S. Supreme Court reaffirms a woman's constitutional right to abortion and reverses state-imposed barriers to the free exercise of that right by striking
down certain informed consent and reporting requirements, as well as constraints regarding "post-viability abortions."

Also, in BABBITT v. PLANNED PARENTHOOD OF CENTRAL AND NORTHERN ARIZONA, the high court affirms a Ninth Circuit Court decision overturning an Arizona law prohibiting grants of state money for family planning to organizations that provide abortion or abortion counseling
and referral.

Planned Parenthood affiliate facilities in New York City; Kalamazoo, Michigan; Kansas City, Missouri; and Cambridge and Worcester, Massachusetts, are targets of arson, bombs, and other violent acts.

Planned Parenthood's international program, Family Planning International Assistance, serves four million women and men in 41 developing countries, becoming the largest non-government provider of family planning services to women and men in the developing world.

1987
President Reagan proposes the "gag rule," for Title X-funded clinics, similar
to the Mexico City policy, which forbids clinics from counseling a client about abortion -- even if she specifically requests such information, and even

if withholding the information would endanger her health.

Planned Parenthood Federation of America and other plaintiffs file a joint lawsuit against the U.S. Agency for International Development (AID) in U.S. District Court for the Southern District of New York to block implementation of the Reagan administration's Mexico City policy.

In an unprecedented coalition effort, Planned Parenthood joins more than 250 civil rights, civil liberties, religious, labor, education, legal, environmental,
health, and women's groups to successfully block the appointment of Judge Robert Bork to the U.S. Supreme Court. Judge Bork, nominated by President Reagan, holds restrictive views on freedom of speech and the press and denies the constitutional right to privacy.

Plans for "Operation Rescue," an organization to martial ongoing nationwide barricades against family planning and abortion clinics, are unveiled at the
annual convention of the Pro-Life Action Network.

1988
Demographic figures reflect dramatic reductions in maternal and infant deaths
and unwanted births since 1965, when contraception was legalized. These health benefits result largely from Americans' shift to more effective contraceptive methods that have become widely available. Since 1965, the percentage of married contraceptors using more effective methods (sterilization, the Pill, and the IUD, which have failure rates of three percent
or less) more than doubles, from 37.5 percent to 69 percent.

Between 1965 and 1988, the maternal death rate declines more than 75 percent, from 31.6 to 8.4 per 100,000 live births; deaths of infants under one year of age drop 60 percent, from 24.7 to 9.7 per 1,000 live births; only
12 percent of all births are unwanted, compared to 21 percent in 1965.

Despite President Bush's promise of a kinder, gentler nation, he demonstrates callous disregard for the needs of women, children, and families. On his first working day in office, he declares his solidarity with
anti-choice extremists and calls for passage of the Human Life Amendment. He pressures Secretary of Health and Human Services Louis Sullivan into publicly recanting his pro-choice position. At Mr. Bush's urging, the Justice
Department aggressively presses the U.S. Supreme Court to overturn ROE v. WADE.

France begins distribution of RU-486, a new drug developed by Dr. Etienne-Emile Baulieu and other researchers of the Roussel-Uclaf corporation as an alternative to early aspiration abortion. U.S. anti-family
planning, anti-abortion organizations pledge to keep RU-486 off the world market despite the fact that it could help reduce the number of women who

die from illegal abortion worldwide -- 200,000 each year.

Four years after the FDA approved the Copper T380A IUD, developed by the Population Council, the GynoPharma Corporation makes it available to U.S. women.

The Prentiff Cavity Rim cervical cap is approved by the FDA for use and distribution in the U.S.

PPFA and others file suit against the Title X "gag rule," proposed by President Reagan in 1987, claiming it violates the Title X statute, medical ethics, the principle of informed consent, and health care providers' constitutionally protected right to free speech.

PPFA obtains a court order to continue federal funding of its international programs pending resolution of the lawsuit challenging the administration's Mexico City policy.

1989
Hundreds of thousands of pro-choice advocates travel to Washington, D.C. on April 9 to join the March for Women's Equality/Women's Lives.

The U.S. Supreme Court on July 3 rules in WEBSTER v. REPRODUCTIVE HEALTH SERVICES that states may place increased restrictions on women's access to abortion. With the issue of abortion rights
thrown back to the states, divisive legislative and electoral battles at the state
level quickly ensue.

In November, two million pro-choice advocates participate in "Mobilization for Women's Lives Across the U.S.A. and Washington, D.C.," comprising 1,000 pro-choice events across the country.

One hundred and forty-seven pro-choice leaders in the U.S. House of Representatives and Senate introduce the Freedom of Choice Act to codify the rights enumerated by the U.S. Supreme Court in its 1973 ROE V. WADE ruling.

More than half (90) of Planned Parenthood's 172 affiliates now offer HIV antibody testing and counseling. The year closes with 171,781 cases of AIDS reported to the U.S. Centers for Disease Control.

Strengthening its commitment to advocate reproductive rights, Planned Parenthood Federation of America establishes the Planned Parenthood Action Fund© to meet the need for increased lobbying efforts to preserve the right to reproductive choice. The Action Fund, incorporated under section 501(c)(4) of the Internal Revenue Code, is allowed to lobby without limitation and participate in electoral politics as a secondary activity.

1990
The American Medical Association announces its support for testing and possible use of RU-486 (mifepristone) in the U.S.

The U.S. Supreme Court on June 18 rules in OHIO v. AKRON CENTER FOR REPRODUCTIVE HEALTH and HODGSON v. STATE OF MINNESOTA that states may require notification of one or both parents before a teenager may have an abortion, as long as she has the option of a court bypass.

The Second Circuit Court of Appeals rules against Planned Parenthood Federation of America in its suit against the government's Mexico City policy, and the U.S. Agency for International Development announces that funding to Family Planning International Assistance will be terminated on October 31. Planned Parenthood prepares to seek Supreme Court review and vows to seek private funding to preserve its international family planning
programs.

Thirty states and the District of Columbia mandate AIDS education in schools, but only 12 states and the District of Columbia mandate comprehensive sexuality education in grades K-12.

1991
In hundreds of commemorative events throughout the U.S., PPFA celebrates its 75th anniversary with the theme, "A Tradition of Choice for 75
Years."

The U.S. Supreme Court upholds the Title X gag rule in RUST v. SULLIVAN. In the aftermath, Congress votes overwhelmingly to overturn the gag rule, but an effort to override President Bush's veto fails narrowly.

1992
The Supreme Court upholds new Pennsylvania roadblocks to abortion, including a mandatory 24-hour waiting period, a parental-consent provision for minors, and the provision of state-authored anti-abortion materials. PLANNED PARENTHOOD OF SOUTHEASTERN PENNSYLVANIA v. CASEY reaffirms the right to abortion but outlines a weaker standard of review, allowing restrictions unless they constitute an "undue burden" to the
woman. Four of the nine justices argue that ROE should be overturned outright.

1993
On the 20th anniversary of ROE v. WADE, newly inaugurated President Bill Clinton announces administrative actions that reverse the Title X family planning gag rule; rescind the Mexico City policy; lift the ban on importation
of mifepristone (RU-486); permit privately funded abortions in overseas military hospitals; and lift the ban on the use of fetal tissue for medical research.

The Supreme Court rules in BRAY v. ALEXANDRIA WOMEN'S HEALTH CLINIC, an appeal by the militant anti-abortion organization Operation Rescue, that a federal civil rights statute known as the "Ku Klux Klan Act" does not protect women seeking abortions.

Dr. David Gunn, an abortion provider in Pensacola, Florida, is shot and killed by an anti-abortion protester outside the clinic where he worked. In the following year, four more health care center workers -- Dr. John Bayard Britton, James Barrett, Shannon Lowney, and Leanne Nichols -- fall victim to anti-abortion terrorism.

As Congress begins to engage in a protracted debate over health care financing and reform, Planned Parenthood announces a national health care campaign to ensure that universal access to reproductive health care, including abortion, becomes part of any reform efforts at the state and national levels. While in the end Congress fails to create a more equitable and humane national health care system, PPFA successfully ensures that coverage for reproductive health care remains a critical element of the plans
under consideration.

1994
Recognizing in the face of the BRAY decision that federal laws are inadequate to deal with growing violence at reproductive health care centers,
Congress enacts the Freedom of Access to Clinic Entrances (FACE) Act. FACE makes it a federal crime to use or attempt force, the threat of force, or physical obstruction to injure, intimidate, or interfere with providers of
reproductive health care services or their patients.

In NATIONAL ORGANIZATION FOR WOMEN v. SCHEIDLER, the Supreme Court rules unanimously that the Racketeer Influenced and Corrupt Organizations (RICO) Act can be used in the absence of an economic motive, allowing its use against violent anti-abortion protesters who attempt
to eliminate access to abortion by using extortion and intimidation to drive
the clinics out of business.

In MADSEN v. WOMEN'S HEALTH CENTER, an appeal by anti-abortion protesters in Florida, the Supreme Court holds as constitutional
a buffer zone around health care clinics that is intended to protect access to
the clinic.

Dr. John Bayard Britton, an abortion provider, and James Barrett, his volunteer escort, become the second and third victims of anti-abortion assassination outside an abortion clinic in Pensacola, Florida. Throughout the
year, violent attacks by abortion opponents include death threats; stalking incidents; assaults and kidnappings; and bombings, arson, invasions, blockades, and butyric-acid attacks at health care facilities.

The United Nations International Conference on Population and Development (ICPD) is convened in Cairo, Egypt. More than 160 official government delegations negotiate a Programme of Action for addressing

population over the next two decades. Evidencing a dramatic shift in position
since the 1984 population conference, where the Reagan administration announced the "Mexico City policy," the Clinton administration expresses strong leadership in promoting the ICPD's support for reproductive health and family planning services and the empowerment of women.

The year closes on a tragic note as two receptionists at Brookline, Massachusetts, health centers -- Shannon Lowney, at Planned Parenthood League of Massachusetts, and Leanne Nichols, from a Preterm clinic on the same street -- are shot in yet another episode of anti-abortion violence.

1995
U.S. clinical trials are conducted on mifepristone (RU-486), which has already been available to women in France, Sweden, and the United Kingdom. Eight Planned Parenthood affiliates participate in the Population Council-sponsored clinical trials, which will lead to submission of the medical
regimen for approval by the FDA.

1996
Following on the heels of the 1994 ICPD in Cairo, the Fourth World Conference on Women is held in Beijing, China. The conference, which is the largest gathering ever to attend a U.N. conference, produces a Platform for Action that reaffirms women's rights as human rights, calls for the decriminalization of women who undergo abortions in countries where it is illegal, affirms the concept of sexual rights, and affirms the right of all women
to control their own fertility.

As in other recent years, contraceptive services provided by Planned Parenthood affiliates avert an estimated 500,000 unintended pregnancies, of which 213,000 would have resulted in unintended birth. While Planned Parenthood provides approximately 8 percent of abortions in the U.S., it prevents an estimated 217,000 abortions in 1995 -- more than one-and-a-half times as many procedures as it provides.

Gloria A. Feldt, a longtime executive director of Planned Parenthood's Phoenix affiliate, is named president of Planned Parenthood Federation of America.

Through the services of 152 affiliates operating more than 900 clinics in 49
states and the District of Columbia, Planned Parenthood's more than 400,000 donors and 21,000 volunteers and staff members nationwide continue to meet the family planning needs of more than five million Americans.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	SSN (Partial) (1 page)	12/17/1998	P6/b(6)

COLLECTION:
Clinton Presidential Records
Automated Records Management System
WHO (Biomedical, Reproductive, & Surrogacy)
OA/Box Number: 500000

FOLDER TITLE:
[3/27/1996 - 9/27/2000]

2013-0365-F
wr10696

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 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.
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RR. Document will be reviewed upon request.

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 concerning wells [(b)(9) of the FOIA]

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Ellen Dahl (Ellen Dahl [UNKNOWN])

CREATION DATE/TIME:17-DEC-1998 11:19:34.00

SUBJECT: re: Press Guidance on South Korean Cloning

TO: Sarah E. Gegenheimer (CN=Sarah E. Gegenheimer/OU=WHO/O=EOP [WHO])
READ:UNKNOWN

[001]

TEXT:

Original Text
From: , on 12/17/98 11:14 AM:
FYI --

P.S. Pls e-mail me your DOB and SSN by noon for the party! Thanks!
---------- Forwarded by Sarah E. Gegenheimer/WHO/EOP on 12/17/98 11:12 AM ----------

Nanda Chitre
12/17/98 11:02:40 AM

Record Type: Record

To: See the distribution list at the bottom of this message

cc:
Subject: Press Guidance on South Korean Cloning

PRESS GUIDANCE
December 17, 1998

SOUTH KOREAN SCIENTISTS CLAIM TO CLONE HUMAN EMBRYO

CONTEXT: Both the Washington Post and the New York Times carry reports today of a claim made by South Korean scientists that they successfully used cloning techniques to produce a human embryo. As far as we know, this is the first time anyone has made such a claim. It is important to note that none of their work has been published, and they have released no data making it impossible to determine the veracity of their claim. According to reports, the cloned embryo was not implanted into a woman?s womb, but destroyed at the 4-cell stage. This is too early to know that the cloned embryo would have the potential to develop into a child. However, most scientists agree that their claim could be technically feasible. South

Korea is considering legislation that would restrict human cloning. The scientists stated they conducted this research for therapeutic reasons--to generate stem cells--not to produce a child. Human stem cells have enormous potential to treat many diseases such as diabetes and Parkinson?s.

General

This report indicates that human cloning research is proceeding rapidly and that the techniques are being used worldwide. There is growing international consensus that use of cloning techniques for purposes of reproduction is unethical and should be banned, but agreement on the ethical ramifications of using these techniques for therapeutic purposes are still being assessed. The South Korean scientists? work is consistent with the recommendations made in the U.K. last week that would allow limited human cloning research, but ban reproductive cloning.

Cloning techniques offer great promise in advancing biomedical research for a large number of devastating conditions, including diabetes, cardiovascular disease, neurodegenerative disorders, burns and spinal cord injuries, and cancer.

Currently, the type of research conducted by the South Koreans would be banned in the United States if the work were supported with public funds. No restrictions are in place for work conducted by the private sector. However, the President has called on the private sector to observe a moratorium on reproductive cloning until all the ethical issues can be sorted out.

Q: Can this type of research be conducted in the United States?

A: The answer to this question depends on the source of the funds used to support the research. Current law prohibits the use of federal funds to conduct human embryo research. Research supported entirely by private sector funds has no such restrictions.

Q: What does the Administration plan to do about these kinds of experiments?

A: The President asked his National Bioethics Advisory Commission to address the ethical, medical and legal concerns associated with this type of experimentation. The Commission has already issued a report that recommends banning reproductive cloning. The President supports this view and has called on Congress to pass appropriate legislation. The Commission is now in the process of assessing the ethical, medical and legal issues associated with therapeutic uses of cloning technology. The President believes we should strive to achieve the appropriate balance of medical and ethical considerations.

Q: Are we closer now to being able to clone humans?

A: There is no way to tell if the work reported by the South Koreans resulted in a viable cloned human embryo. However, based on recent work with sheep, cows and mice, there appear to be no known major technical barriers to cloning humans. The scientific community and the public worldwide have argued against taking this step.

Per Jeff Smith/OSTP

Message Sent
To:_____

Barry J. Toiv/WHO/EOP
Amy Weiss/WHO/EOP
Julia M. Payne/WHO/EOP
Sarah E. Gegenheimer/WHO/EOP
Roger V. Salazar/WHO/EOP
Julie B. Goldberg/WHO/EOP
Elizabeth R. Newman/WHO/EOP

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Nanda Chitre (CN=Nanda Chitre/OU=WHO/O=EOP [WHO])

CREATION DATE/TIME:17-DEC-1998 13:44:20.00

SUBJECT:

TO: vrivas-v (vrivas-v @ os.dhhs.gov [UNKNOWN])
READ:UNKNOWN

TEXT:
PRESS GUIDANCE
December 17, 1998

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CONTEXT: Both the Washington Post and the New York Times carry reports today of a claim made by South Korean scientists that they successfully used cloning techniques to produce a human embryo. As far as we know, this is the first time anyone has made such a claim. It is important to note that none of their work has been published, and they have released no data making it impossible to determine the veracity of their claim. According to reports, the cloned embryo was not implanted into a woman,s womb, but destroyed at the 4-cell stage. This is too early to know that the cloned embryo would have the potential to develop into a child. However, most scientists agree that their claim could be technically feasible. South Korea is considering legislation that would restrict human cloning. The scientists stated they conducted this research for therapeutic reasons--to generate stem cells--not to produce a child. Human stem cells have enormous potential to treat many diseases such as diabetes and Parkinson,s.

General

This report indicates that human cloning research is proceeding rapidly and that the techniques are being used worldwide. There is growing international consensus that use of cloning techniques for purposes of reproduction is unethical and should be banned, but agreement on the ethical ramifications of using these techniques for therapeutic purposes are still being assessed. The South Korean scientists, work is consistent with the recommendations made in the U.K. last week that would allow limited human cloning research, but ban reproductive cloning.

Cloning techniques offer great promise in advancing biomedical research for a large number of devastating conditions, including diabetes, cardiovascular disease, neurodegenerative disorders, burns and spinal cord injuries, and cancer.

Currently, the type of research conducted by the South Koreans would be banned in the United States if the work were supported with public funds.

No restrictions are in place for work conducted by the private sector. However, the President has called on the private sector to observe a moratorium on reproductive cloning until all the ethical issues can be sorted out.

Q: Can this type of research be conducted in the United States?

A: The answer to this question depends on the source of the funds used to support the research. Current law prohibits the use of federal funds to conduct human embryo research. Research supported entirely by private sector funds has no such restrictions.

Q: What does the Administration plan to do about these kinds of experiments?

A: The President asked his National Bioethics Advisory Commission to address the ethical, medical and legal concerns associated with this type of experimentation. The Commission has already issued a report that recommends banning reproductive cloning. The President supports this view and has called on Congress to pass appropriate legislation. The Commission is now in the process of assessing the ethical, medical and legal issues associated with therapeutic uses of cloning technology. The President believes we should strive to achieve the appropriate balance of medical and ethical considerations.

Q: Are we closer now to being able to clone humans?

A: There is no way to tell if the work reported by the South Koreans resulted in a viable cloned human embryo. However, based on recent work with sheep, cows and mice, there appear to be no known major technical barriers to cloning humans. The scientific community and the public worldwide have argued against taking this step.

Per Jeff Smith/OSTP

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Richard Socarides (CN=Richard Socarides/OU=WHO/O=EOP [WHO])

CREATION DATE/TIME:25-FEB-1999 07:54:32.00

SUBJECT: Child adoptions by gays/lesbians ignite legislative fights

TO: Nicole R. Rabner (CN=Nicole R. Rabner/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TEXT:
---------- Forwarded by Richard Socarides/WHO/EOP on 02/25/99 07:54 AM ----------

Doug.Case @ sdsu.edu
02/25/99 01:52:00 AM
Record Type: Record

To: Stuart D. Rosenstein, Richard Socarides
cc:
Subject: Child adoptions by gays/lesbians ignite legislative fights

SCRIPPS HOWARD NEWS SERVICE, Recommended for release, Feb. 27-28, 1999
CHILD ADOPTIONS BY HOMOSEXUALS IGNITE LEGISLATIVE FIGHTS
By JOAN LOWY, Scripps Howard News Service

A movement to prevent gays and lesbians from adopting children or becoming foster parents is gathering steam across the nation as homosexuals become more outspoken about their desire to create families and conservative critics more organized in their opposition.

``What we're seeing this year in terms of attacks on lesbian and gay prospective adoptive parents is unprecedented,'' said Kate Kendell, executive director of the National Center for Lesbian Rights in San Francisco.

Among the recent developments:

_ Bills have been introduced this year in the Texas and Indiana legislatures to prohibit gays and lesbians from adopting children. A similar bill is expected to be introduced in Michigan. Only two states _ Florida and New Hampshire _ currently have laws that bar gays and lesbians from adopting.

_ In January, Arkansas and Utah became the first states to adopt regulations specifically preventing gays and lesbians from becoming foster parents or adopting children. The Arkansas Child Welfare Agency approved by a vote of 6 to 1 a regulation barring gays and lesbians from becoming foster parents. The rule does not expressly forbid gays and lesbians from adopting

children in the state's care, but it is expected to make it more difficult.

The Utah Division of Child and Family Services adopted a regulation barring gays and lesbians, unmarried couples and polygamists from becoming foster parents or adopting children in the state's care. It does not pertain to private adoptions, but many adoption agencies look to state agencies for guidance.

_ Conservatives in Congress are expected to try again this year to pass legislation barring gays and lesbians and unmarried couples from adopting children in the District of Columbia. The House passed similar legislation last year, but it was later dropped at White House insistence.

Meanwhile, gay and lesbian activists are fighting back:

_ The New Hampshire legislature held a hearing this month on a bill to repeal the state's 1987 law barring gays and lesbians from adopting children or heterosexual couples from adopting if they have a gay or lesbian person living with them or visiting overnight. The proposal has split the state's religious community, with the Catholic Diocese opposing the repeal and the Episcopal Diocese supporting it.

_ The American Civil Liberties Union is preparing a lawsuit in Florida challenging the constitutionality of that state's ban on gay and lesbian adoptions. It will be the ACLU's fourth attempt to overturn the 1977 law. The ACLU also expects to file legal challenges in Arkansas and Utah.

_ The American Bar Association this month approved by a 3-to-1 margin a resolution in support of legislation to ensure that adoption is not denied on the basis of the adopting parents' sexual orientation when adoption is determined to be in the best interest of the child.

The Family Pride Coalition, an umbrella organization for gay and lesbian family support groups, conservatively estimates there are 2 million gay and lesbian parents nationally raising 3 million to 5 million children, most of them children from heterosexual marriages.

The National Adoption Information Clearinghouse, a federal agency, uses a higher estimate of 2.5 million to 8 million parents and 6 million to 14 million children.

While gays and lesbians in small numbers always have adopted children, they generally took pains not to draw attention to their sexual orientation. But in the late 1980s, the gay and lesbian community began to experience a baby boom, or ``gayby boom'' as some have dubbed.

In addition to children born through former heterosexual marriages, gay men began hiring surrogate mothers to bear their children, lesbian couples sought sperm donors, and interest in adoption and foster parenting grew.

By the mid-1990s, gay and lesbian couples seeking to adopt were increasingly open about their sexual orientation in their dealings with state officials, private adoption agencies and courts.

``There are some of us who choke on the notion that we should hide or be

ashamed of who we are. We want to actually present to the agencies and the social workers or whoever the families that we intend to be," said Beatrice Dohrn, legal director of the Lambda Legal Defense and Education Fund.

A turning point came in December 1997 when New Jersey state officials settled a lawsuit filed by a gay couple trying to adopt a 2-year-old boy. The state agreed to drop its policy prohibiting adoptions by unmarried couples and not to discriminate against prospective parents based on sexual orientation. The old policy had effectively ruled out gay and lesbian couples because no state recognizes same-sex marriages.

``That was the clarion call for resistance among pro-family groups to this trend,'' said Robert Knight, director of cultural studies at the Family Research Council and a prominent conservative critic of gay and lesbian adoptions.

Knight says that children raised by gay or lesbian parents are more li kely to become homosexual themselves _ a notion not supported by most scientific research. Knight, however, dismisses those studies as biased or conducted by gay and lesbian researchers.

``The point is children do best in homes that have a mother and father married to each other and, if you can establish that, why go for less? The interest of the child should come first,'' Knight said.

Conservatives gained a cause celebre last year when a Texas social worker was reprimanded and demoted for removing a foster child from the home of a lesbian couple seeking to adopt him. The social worker claimed the couple's lifestyle was immoral and a violation of the state's anti-sodomy law.

The conservative Liberty Legal Institute in Plano, Texas, has filed a lawsuit on behalf of the social worker and is seeking to ban gays and lesbians from adopting or becoming foster parents based on the anti-sodomy law.

``We're asking the state be enjoined from placing any child in a home where they know there is on-going criminal activity,'' said Kelly Shackelford, the institute's chief counsel.

Gays and lesbians contend they are as qualified as anyone else _ including the traditional married heterosexual couple _ to raise children, and that each adoption case should be decided on the particular circumstances involved without bias based on sexual orientation.

They also point out that they are sometimes a last resort for difficult-to-adopt children who might otherwise not gain a family.

The North American Council on Adoptable Children, one of the nation's largest adoption advocacy groups, estimates there were about 36,000 foster children adopted in the United States last year out of a pool of 100,000 children in need of adoption.

The pool of parents seeking healthy infants is ``unlimited,'' but ``if you've got a sibling group of three and they've been sexually abused and one of them is 12 years old, you're going to have to recruit like the dickens. There aren't any lines at the door for those kids,'' said Joe Kroll, the council's executive director.

In 1997, the council gave its Adoption Activist award to a gay Virginia father who adopted five boys over a period of several years while leading a support group for single adoptive parents and children.

Gay and lesbian parents have gained greater acceptance in recent years from the professionals who deal with adoption and foster care.

The Child Welfare League of America, the nation's largest organization concerned with child welfare, recommends ``gay and lesbian adoptive applicants should be assessed the same as any other adoptive applicant. It should be recognized that sexual orientation and the capacity to nurture a child are separate issues.''

The National Association of Social Workers has adopted a policy opposing discrimination against gays and lesbians. The policy of the American Psychological Association, which dropped homosexuality from its list of mental disorders in 1973, is that ``the sex, gender identity or sexual orientation of natural or prospective adoptive or foster parents should not be the sole or primary variable considered in custody or placement.''

Gays and lesbians said they fear the adoption issue will replace the gay marriage issue of recent years as a means for critics to undermine what many polls show is a growing public acceptance of homosexuals.

``There is no doubt in my mind that there is a very intentional and methodical strategy on the part of the radical right to make the issue of lesbian and gay families their cash cow wedge issue for this coming decade,'' Kendell said.

``Most Americans don't believe gays and lesbians should be discriminated against in things like housing and employment or other aspects of public life, but there is still a very entrenched prejudice in the area of gay and lesbian parenting.''

Knight denied conservatives are appealing to prejudice in order to generate contributions.

``They have no idea what's in our hearts and what motivates us,'' Knight said. ``We do this not to raise money, but to protect children and to discourage behavior that is destructive to individuals, families and communities.''

(Joan Lowy is a reporter for Scripps Howard News Service. Her e-mail address is lowyj@shns.com)

SCRIPPS HOWARD NEWS SERVICE, Recommended for release, Feb. 27-28, 1999
SAME-SEX PARENTS SHARE SAME CONCERNS AS HETEROSEXUALS

By JOAN LOWY, Scripps Howard News Service

In many ways, little Nora's parents are much like the parents of any other 2-year-old. They worry about how to get her to eat a wider variety of foods and what to do when she gets colds. They are trying to spend less time at work and more time at home.

The big difference is that Nora has two fathers, but no mother. Charles Spiegel and Jim Emery, two San Francisco attorneys who have been together since they met in law school 14 years ago, brought Nora home from the hospital to live with them shortly after she was born on Valentine's Day 1997. The adoption was finalized a few months later.

Spiegel and Emery are among a growing number of gay and lesbian parents who are choosing to adopt children or to become foster parents, a trend that has prompted a conservative backlash.

The couple said they knew from the beginning of their relationship that they wanted to have children. The decided four years ago to adopt rather than search for a surrogate mother because they felt there were enough children in need of a good home.

Their first attempt at adoption failed when the mother delivered prematurely and decided to keep the child, who was born with health problems.

But with the help of a private attorney specializing in adoptions, Emery and Spiegel were hooked up with Nora's mother, who chose them from among several dozen prospective parents to raise her daughter. She spoke to them on the phone before Nora was born and briefly met them at the hospital after delivery.

``I presume she wanted a family where her child would be open to different, progressive values,'' Emery said.

They each took three months family leave after bringing Nora home, Emery first and then Spiegel. Co-workers threw a baby shower for Spiegel at his law firm. Spiegel also recently cut back on his hours at the office so that he can leave work early to take Nora to swim classes.

The couple sends Nora to a preschool which boasts that 12 percent of its children come from gay or lesbian families.

``That's exciting to me because it reflects that a dominant value in San Francisco's straight families is that they want their kids to have the experience of going to school with kids from alternative families,'' Emery said.

But he adds: ``I still believe we could provide a wonderful home for a child no matter where we lived.''

From the start, the couple told Nora, who is Latino, that she is adopted.

``It's not like we're a heterosexual couple and we can hide from her for

very long that she's adopted. As soon as she goes to school, she's going to see that her family is different," Spiegel said.

But he isn't overly concerned that Nora will be teased by other children because her parents are gay, Spiegel said.

``Kids get taunted about a lot of things. The quality of this is whether you are a parent who is going to help your kid put that in perspective," Spiegel said.

Conservative critics of gay and lesbian adoptive parents contend that it is
wrong to deprive children of the experience of having a traditional family with a married mother and father.

``When you deliberately deprive a child of a father or a mother and then give a child an abnormal view of sexuality on top of it, you are serving the
interest of gay activism and not the interests of the child," said Robert Knight, director of cultural studies for the conservative Family Research Council.

Spiegel said he and Emery decided to talk publicly about their family in the hope that critics will ``see that what we're doing looks like what every
other parent of a 2-year-old is doing."

``People seem so upset on this issue," Spiegel said, ``but it seems to have nothing to do with what really creates a family, which is caring adults
with as much energy and love as possible."

(Joan Lowy is a reporter for Scripps Howard News Service. Her e-mail address is lowyj(at)shns.com)

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
RFC-822-headers:
Received: from conversion.pmdf.eop.gov by PMDF.EOP.GOV (PMDF V5.1-9 #29131)
id <01J856LIW1DS000UO1@PMDF.EOP.GOV>; Thu, 25 Feb 1999 01:55:47 EST
Received: from storm.eop.gov by PMDF.EOP.GOV (PMDF V5.1-9 #29131)
with ESMTP id <01J856LFQZ5S000X5A@PMDF.EOP.GOV>; Thu,
25 Feb 1999 01:55:43 -0500 (EST)
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by mail.sdsu.edu (8.8.7/8.8.7) with ESMTP id WAA10446; Wed,
24 Feb 1999 22:52:49 -0800 (PST)
X-Sender: dcase@mail.sdsu.edu
========== END ATTACHMENT 1 ==========

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Molly Melching <melching@telecomplus.sn> (Molly Melching <melching@telecomplus.sn> [UNKNOWN])

CREATION DATE/TIME: 9-APR-1999 02:26:36.00

SUBJECT: Information on FGC meeting

TO: Margaret L. Buford (CN=Margaret L. Buford/OU=WHO/O=EOP [WHO])
READ:UNKNOWN

TEXT:
Hi Molly B -

Thanks for sending the email address. I have just learned that the meeting at USAID has been changed again to June 3 from 8:30 to 1 PM because so many people want to attend. A larger meeting area was not available until this date.

Mrs. Clinton could intervene at ANY TIME she is available during the morning. The schedule would then be readjusted to fit her speech.

This symposium is crucial for the future of programs on Female Genital Cutting at USAID. Its success will have great impact on the way USAID will and should deal with the problems, especially if there is success in raising the awareness of the staff as to how this problem is affecting the status of women and their participation in all aspects of life.

Since the First Lady has shown great interest in the subject and has been cited internationally for her support of the women and men at the grassroots level struggling to end the practice, I think it is crucial that she speak on June 3. Obviously, her presence would make a great impact on those hesitating to work in this field at a time when there is real hope for success using the new strategy of education combined with public declarations. We are now working to encourage other countries to use this strategy and if that happens, this really could be the beginning of the end.
I would very much like Mrs. Clinton to continue to be associated with what appears to be a promising strategy for the end of suffering for millions of women.

Gerry Mackie was also recently invited to the symposium and will be included somewhere on the agenda. I am sending you the article he wrote on FGC for the New York Review of Books. He learned last week that it has been accepted for publication!

I will be anxious to hear from you. If you need any other information, please let me know. Also if Mrs. Clinton wants other case studies from the

field on FGC, I will be glad to provide these. I will be travelling to our villages quite a bit before that date and can send her new information on reaction to the law and new developments concerning the public declarations.
Indeed we are scheduling another declaration for 11 Bambara villages soon and we have just received word from our villages in the North that many want
to go ahead with their declaration despite the influence of Muntaga Tall the
religious leader from that area who has so strongly opposed the end of FGC.

More later! Warm greetings from Senegal. Molly M.

USAID SYMPOSIUM ON FGC
RRB, Washington DC
June 3, 1999

Subject: FEMALE GENITAL CUTTING (FGC): THE FACTS AND THE MYTHS

In 1993, USAID designated the WID office as the Bureau's co-ordinator on issues relating to female genital cutting (FGC). To co-ordinate activities in the different offices and bureaux of the Agency, a Working Group on (FGC) was formed in early 1994. The purpose of the group was to assess the Agency's approach to FGC, raise awareness, and share information within and outside the Agency. In 1997 the "Agency Program Guidelines for Integrating Activities to Eradicate FGC into USAID Programs," was completed. These guidelines were to assist in future programming for agency involvement in FGC
eradication. In line with the guidelines the Center for Population Health and Nutrition, the WID Office and the Africa Bureau sponsored a fellow from the Population Fellowship Program at the University of Michigan to work on FGC issues at USAID.
To raise awareness of the relevance of FGC to USAID's work, and enable the staff to integrate this issue in their work, the FGC group is planning a symposium to disseminate information.

The purpose of this symposium is to:

- Provide information about FGC from a cultural, human rights, health and aholistic developmental perspective, that can be helpful for the successful
integration of FGC into USAID programs.

- Discuss successful interventions by local NGOs and the impact of thoseinterventions on reducing the incidence of FGC.

- Highlight new strategies that are now being tested. The objective of this event is to raise awareness among USAID staff and
illustrate the broad range of sectors under which the issue can be addressed. Cultural appropriateness of approaches and the effectiveness of intervention have always been the concern not only on FGC, but all other

programs geared toward behaviour change. In this respect, the work on FGC can provide useful experiences for other programs, as well as benefit from other experiences.
****

8:30-8:45 Registration

8:45- 9:15 Plenary, opening session

Tentative speakers:
Chair: Ms. Vivian Derryck, AA Africa 15 Min.
Asma Abdel Halim, Office of population - Research 10 Min.

9:15-10:15 FGC as a human rights and reproductive health issue.
Chair: Asma Abdel Halim

? Nahid Toubia - President of RAINBO. 15 Min.
The presentation will propose a framework for analyzing different approaches
to stopping FC/FGM as a basis for monitoring and evaluating different projects and programs. This will be followed by an overview of some projects
and
programs undertaken in different countries and communities over the past 20 years and provide a preliminary evaluation of their approaches and outcomes based on the proposed framework. Interwoven in the presentation are examples of some of RAINBO's own programs and products as a demonstration of one particular approach to FC/FGM.

? Molly Melching - President of Tostan. 15 Min.
Tostan experience and the recent developments in Senegal. This presentation will highlight Tostan's interventions and how they addressed the different communities according to the priorities identified
by the people themselves. Using local languages Tostan developed nine modules that addressed issues from personal hygiene to human rights. Women who received training by Tostan are spearheading social change. The presentation will address the importance of participatory approaches and how they equip the people to address issues with a voice of their own.

? Qs & As

10:15-10:45- Video show, coffee break, information fair and publications display

? 10:45- 12:00 Successful field interventions
Chair : Marge Horn 10 Min.

? Asha Mohamed - Senior Program Officer- PATH 10 Min.
Alternative Rites of Passage: Building on Positive Community Traditions.
The alternative rites of passage program in Kenya brought together individuals who chose not to circumcise their daughters or are ambivalent about it. Such individuals usually remain silent and their stand does not affect the community. Using the positive parts of circumcision ceremonies, e.g. education of young girls by elders, a program known as circumcision by words was developed. The program involved the community at all the

stages from conceptualisation to implementation. Members of the community who participated at all stages, from concept to design, were able to talk to others who wanted to keep the tradition and convince them to join the alternative rites.

? Romany Abadir - CEDPA-Egypt 10 Min.
The Positive Deviance Initiative (PDI) , Egypt. What is it? How is it used as an empowerment tool.
The Positive Deviance Inquiry (PDI) is a fresh look at the practice of FGC in its attempt to instead answer the question, "What are the factors that enables some families to not circumcise their daughters?" In this way, communities themselves discover what is inherently positive and "working" within the community and are able to plan their own actions based on this information. Because community members themselves are conducting the research, analysis and program planning, the process builds the capacity of individuals and local organizations and fosters sustainability. Thus, the process of PDI becomes as empowering as the outcomes.

? Nafissatou Diop - Population Council 10 Min.
The results of Training programs for community leaders and circumcisors. Different countries have been trying different approaches. This presentation will identify interventions that targeted community leaders and circumcisors in Mali, Burkina Faso and Senegal and explore the successes of such programs.
? Qs & As

? 11:55-1:00

Chair: Ms. Sally Shelton-Colby
Integration of FGC into USAID programs.

Margaret Lycette, director WID office

John Flynn, Africa/AA
How can missions incorporate FGC: The Guinea experience

Liz Maguire, Director Office of Population
Guidelines for integrating FGC.
****

On display

1. Information Board: A poster highlighting FGC, its consequences, prevalence and why it is performed.

2. Information Packet that contains a background paper on USAID's activities on FGC, USAID strategy, Pamphlets, brochures and booklets that provide information on the issue.

3. Posters produced by different CA's will be displayed on the walls of the conference room.

4. Publications from CA's, especially the new publications that document experiences and advocate eradication.

List of Participating Organizations

1. Center for Development and Population Activities (CEDPA) is a non-profit international organization dedicated to empowering women at all levels of society to be full partners in development.

2. Equality Now: an advocacy organization based in New York. EN has an international membership of over 3000. NE is an active advocate against FGC and helps Indigenous organizations obtain public international support when those organizations call for it.

3. Program for Appropriate Technology in Health (PATH) is an international, non-profit organization whose mission is to improve health, especially the health of women and children. PATH works in partnership with host-country governments and local agencies to assess health problems and identify and implement creative and effective solutions.

4. The Population Council is a nonprofit, non-governmental institution that seeks to improve the well-being and reproductive health of current and future generations around the world and to help achieve a humane, equitable,
and sustainable balance between people and resources. The Council conducts biomedical, social science, and public health research and helps build research capacities in developing countries.

5. Research, Action and Information Network for Bodily Integrity of Women (RAINBO) is a not-for-profit organization working at the intersection between Health and Human Rights. Its approach is a holistic one which includes physical, psychological and social health. Currently RAINBO is focusing on the issue of FGC to assert women's rights to their bodily integrity.

6. Department of State

7. Tostan: a Senegalese based organization that pioneered educational modules
that lead to the eradication of FGC in several villages in Senegal.

8. Center for Communication Programs (JHCCP) is part of the Johns Hopkins School of Hygiene and Public Health. The Center works with many international agencies, foundations, governments, and non-governmental organizations in the US and overseas to promote healthy behavior.

----------\>De?: Margaret_L._Buford@who.eop.gov
\>? : melching@telecomplus.sn
\>Objet?: Hello from D.C.
\>Date?: Mer 7 avr 1999 22:30
\>

\>I got the book in the mail today. Thank you very much. I hope you had a
\>safe trip back to Senegal. I will look forward to getting your email and

I
>will pass it on to the appropriate people. Thanks.
>
>Molly
>
>
- new nyrb Gerry========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D44]MAIL44623231T.136 to ASCII,
The following is a HEX DUMP:

Breakthrough in Senegal

Female Genital Cutting: Findings from the Demographic and Health Surveys Programs
by Dara Carr
Macro International, 94 pp., single copy gratis
http://www.macroint.com/dhs/hom1.html

Breakthrough in Senegal: The Process Used to End Female Genital Cutting in 31 Villages
by Molly Melching
The Population Council, PAGES, PRICE

.

Female Genital Mutilation: An Overview
by Nahid Toubia and Susan Izett
World Health Organization, 73 pp., $23.40
http://www.who.int/dsa/cat98/fgmbook.htm

Gerry Mackie

Malicounda, a village in Senegal with a population of 3000 from the Bambara ethnic group, announced to the world on July 31, 1997 its decision to abandon female genital cutting (FGC) and urged other villages to follow its example. This was a public and collective commitment to stop the practice, and local media and dignitaries attended the unprecedented event. A neighboring village, Nguerigne Bambara, decided to renounce FGC forever on November 6, 1997. Another neighboring village, Keur Simbara, decided that they needed to consult with their extended family, among whom they married, in ten other villages near Joal. All 13 of these villages then joined together to enact the Diabougou Declaration announcing "a firm commitment to end the practice of female circumcision in our community" on February 14 and 15, 1998. The Clintons met with and congratulated the women of Malicounda on April 2, 1998, during their state visit to Senegal. Next, in an entirely different region, and among an entirely different ethnic group, the Fulani, 18 villages met together and, citing the example of Malicounda, enacted the Medina Cherif Declaration on June 1 and 2, 1998 which decisively renounced the practice of female circumcision. More such mass declarations will emerge shortly. As a result, Senegal enacted legislation against FGC on January 13, 1999 (there is hope that the government will emphasize needed education rather than counterproductive coercion).

FGC affects up to 136 million women in 28 countries across Africa. The practice is distributed more or less contiguously from Senegal in the west to Yemen in the east and from Egypt in the north to Tanzania in the south, and with explainable exceptions is unique to that zone. Rather than receding with modernization, this painful and dangerous practice is expanding as population expands. In some places FGC has even spread to new groups or has increased in severity. An estimated two million girls a year suffer the operation, according to the authoritative overview published by the World Health Organization (WHO).

Twenty-five years ago the wide prevalence of this perplexing tradition was barely suspected, often went unmentioned or was even denied by its practitioners, and was disregarded by international development agencies. Since then there have been an abundance of international and national meetings, publications, declarations, and plans of action. Opposition to FGC is now part of American human rights policy, and the U.S. Agency for International Development (USAID) is assisting the African organizations working to promote its abandonment, as is the United Nations Children's Fund (UNICEF), WHO and other agencies. Despite a surge of international publicity over the last five years, and new funding not so spectacular as the publicity, results have been disappointing. There have been individual abandonments, sometimes among the most cosmopolitan segments of the population, and also as a consequence of various programs, but these are collectively marginal. That is why the unequivocal, collective and contagious abandonments of FGC in a series of villages in Senegal in the last year and a half are of such great importance.

These dramatic events arose after women in the lead villages participated in a basic education program conducted by a nongovernmental organization called Tostan (which means *breakthrough* in Wolof, the primary language in Senegal). Tostan did not directly intend to end FGC. This innovative "literacy-plus" program provides a background of information and skills that facilitates autonomous changes in community health, education, and welfare. Participants say that a consequence of the program is that one is able to *tiim sa xel*, "to look down upon one's mind." Tostan never tells people what to do. It was the women of Malicounda themselves who decided to end FGC, as did the remainder of their village, and then their neighbors and kin who joined in. Indeed, the Tostan staff were surprised and sometimes even worried as the movement unfolded. Change was not slow and incremental, but rather was swift and general. The story is told in *Breakthrough in*

Senegal, written by Molly Melching, director of Tostan. This publication describes the sequence of change, and the narration is vivid and often of rich human interest.

* * *

Clitoridectomy involves the removal with the aid of a sharp instrument of part or all of the clitoris, and excision the removal of the clitoris as well as part or all of the labia minora. More than 80% of FGC is of this type. Less than 20% of FGC is infibulation, which includes clitoridectomy and excision and adds incision or removal of the inner walls of the labia majora. Then, the raw edges of the labia majora are stitched together or adhered by tying the legs together so that the opposite sides will heal into a wall over the vaginal opening. A small opening is left at the back. Typically, urination and later menstruation is difficult, upon marriage penetration is dreadful to accomplish, and reinfibulation follows childbirth. Sealing is a poorly understood variant that might be classed under infibulation: it involves at least incision of the infant's labia which then are healed together by coagulated blood from the wounds. FGC may take place from a few days after the girl's birth to after the birth of the her first child, depending on local custom, but most often seems to be performed on girls around ages six to ten, safely before puberty. Except recently among the affluent, the operation is inflicted without painkiller or antiseptic precautions. Potential complications are numerous and sometimes severe. The immediate risks of any FGC include bleeding, infection, and death. The more severe practice, infibulation, entails more prolonged risks as well, such as repeated infections, keloid scarring, dermoid cysts, obstructed menstruation, pelvic infections, and obstructed labor, among others. FGC has sexual and psychological consequences as well.

* * *

Why? Why all this suffering and death? There are some distinctive clues that suggest an answer. Where practiced, FGC is nearly universal within a group whose members marry one another. In such a group FGC is persistent from generation to generation. The most common reasons given for FGC is that it is tradition and that it is required for proper marriage. Most puzzling is that in a number of places people who oppose FGC nevertheless feel constrained to practice it. These generalizations are supported by the most thorough survey research on FGC, findings from fresh demographic and health surveys in seven countries, summarized by Carr. For example, in Eritrea, 95 percent of women are treated and 90 percent of mothers report that their eldest

daughter is cut. Yet, the continuation of FGC is opposed by well more than half of urban dwellers, and by well more than half of those with any education.

All this suggests that practitioners of FGC are trapped within a certain kind of "convention," as that concept was developed by the game theorist Thomas Schelling.[1] Almost all adherents say that FGC is required for proper marriage, and many say that it is required for the virtue of the woman, or for the honor of her family. FGC is the conventional prerequisite of marriage. However the custom originated, as soon as women believed that men would not marry an uncut woman, and men believed that an uncut woman would not be a suitable partner in marriage, the convention was locked in place. Moreover, because FGC is locally universal, many have been unaware until recent years that other peoples do *not* practice FGC, and many have believed that the only people who do not do FGC are unfaithful women or indecent people. Like many outsiders I find FGC horrifying to imagine, but for an insider FGC is more like orthodontia than it is like violence.

FGC is a matter of proper marriage. An individual in an intramarrying group that practices FGC can't give it up unless enough other people do too. FGC is a certain kind of convention such that what one family chooses depends on what other families choose. To understand, imagine that there is a group that has a convention whereby audiences (at the cinema, at plays, at recitals) stand up rather than sit down. Sitting has been forgotten. Standing is both universal and persistent. An outsider comes along and explains that elsewhere audiences sit. After the shock of surprise wears off, some people begin to think that sitting might be better, but it would be better only if enough other people sit at the same time. If only one person sits, she doesn't get to see anything on the stage. If only one family abandons FGC, its daughter doesn't get married (because of the belief that only unsuitable women forgo FGC). However, if a critical mass of people in the audience can be organized to sit, even just a column of people who are less than a majority, they realize that they can attain both the ease of sitting and a clear enough view of the stage. This critical mass then has incentives to recruit the rest of the audience to sitting, and the rest of the audience has incentives to respond to the recruitment. Similarly, if a critical mass of people in an intramarrying group pledge to refrain from FGC, then the knowledge that they are a critical mass makes it

[1] See my "Ending Footbinding and Infibulation: A Convention Account," *American Sociological Review*, 1996, 61:999-1017.

immediately in their interest to keep their pledges, and in their interest to persuade others to join in, and after persuasion makes it in everyone else's interests to join them. Without an understanding of the underlying mechanism, the abrupt end of such an entrenched practice by means of a mere public declaration would seem to be nearly miraculous.

A peculiar characteristic of a convention like this is that even if each individual in the relevant group comes to think that it would be better to abandon the practice, no one individual acting on her own can succeed. Every family could come to think that FGC is wrong, but that is not enough; FGC would continue because any family abandoning it on its own would ruin the futures of its daughters. Enough families must abandon it at once so that their daughters' futures are secured. One way to do this is to declare a public pledge that marks a convention shift.

* * *

The convention model explains the binding of women's feet in China, both the former universality and persistence of footbinding and its sudden demise. At about the age of eight, the mother would bend the toes under her daughter's feet, force the sole to the heel, and tightly wrap the girl's foot so that as she matured her feet remained tiny, perhaps a mere five inches in length. Footbinding was painful, dangerous, and disabling. Why did the Chinese do it? Again, it was necessary for a proper marriage, for the virtue of the woman, for the honor of her family. Footbinding and FGC are essentially equivalent practices, and originate from similar causes. Footbinding and FGC persist because of the same convention mechanism. Footbinding lasted for a thousand years, was universal among all "decent" Chinese, and was undented by liberal agitation and imperial prohibition in the 19th century. The most optimistic reformers in 1899 thought that it would take several generations to end, but to everyone's surprise footbinding ended for the vast majority by 1911. In localities where it did end, it ended quickly and universally, just as the convention model predicts. Therefore, the methods used to end footbinding in China, properly adapted, should work to end FGC in Africa.

The work of the antifootbinding reformers had three aspects. First, they carried out a modern education campaign, which explained that the rest of the world did not bind women's feet. The discovery of an alternative is necessary but not sufficient for change. Second, they explained the advantages of natural feet and the disadvantages of bound feet in Chinese cultural terms. Credible new information about health consequences, again, is necessary but not sufficient for change. Third,

they formed natural-foot societies, whose members publicly pledged not to bind their daughters' feet nor to let their sons marry women with bound feet. The problem is that if only one family renounces footbinding their daughters are thereby rendered unmarriageable. The pledge association solves this problem – if enough families abandon footbinding together then their children can marry one another.

The pledge technique had not been applied to the problem of FGC in Africa. The technique was reinvented by villagers around Malicounda, with explosive results: collective and contagious abandonments as with footbinding in China. I believe that the practice in Senegal supports the convention theory, and reformers there believe that the theory supports their practice. I recently completed a two-week visit to Senegal where I visited nine villages.

* * *

The country of Senegal is at the westernmost tip of Africa, where the savanna meets the Atlantic. It is an unusually open, democratic, and materially impoverished country. Its capital, Dakar, used to be the capital of colonial French West Africa, and is cosmopolitan in its own way. French tourists swarm the coast over the winter holidays. The Wolof ethnic group, which does not practice FGC, is almost half of Senegal's population. Some of the other major ethnic groups are the Bambara and the related Mandinka, and the Fulani and the related Tukolor, all of whom practice FGC. The country is 95% Islamic. The flat savanna unfolds as far as one can see, covered with scrub, and accented by the uncanny baobab tree, the national symbol. Large villages dot the countryside, each of a few hundred to several thousand people. Men and women dress in gorgeous, flowing clothing on most occasions. Villagers live in circular structures topped with conical thatched roofs, along dirt lanes lined by mango trees, lively with children, chickens, sheep, goats, and ass-drawn carts. Women congregate at the well in the morning, and village meetings take place under a shade tree in the crossroads of the village, just as in Rousseau's portrayal. People grow peanuts, cotton, millet, sorghum, rice, maize, calabash, keep cattle, and catch fish. Almost everything is grown or made locally. People work hard to get by, and women are always busy – fetching water, tending crops, shelling peanuts, pounding millet, drying fish, cooking meals, minding children. Rural literacy is rare or recent.

I went south of Dakar near the coast with Demba Diawara and his nephew Cheikh Traoré to some of the villages around Malicounda that had joined in the Diabougou Declaration. The practice in these Bambara

villages was often sealing. Diawara is the imam of the village of Keur Simbara and a former student in the Tostan program. He is a gentle yet magnetic figure, much admired, with a gift for turning the right phrase at the right time, and is an energetic 66 years of age. The women of Malicounda heard that cuttings were being organized for the village of Keur Simbara, and went there to put on their play about a girl who dies from the operation, followed by public discussion of the issue. The problem, as Diawara said, is that "Keur Simbara is a small village but it is a very large village." It was Diawara who realized that for Keur Simbara it was necessary for the whole marriage pool to discuss the issue amongst themselves and coordinate on an end, culminating in the Diabougou Declaration. "Only when all members of the extended family agree will we assure that uncircumcised girls will be free from prejudice and able to find men to marry," he explained to Melching.

Over three months Diawara and Traoré went one by one to Keur Simbara's ten sister villages. This required courage, as there was a belief that even to mention this tradition would bring doom to all concerned. The wrong approach would provoke serious trouble. That the Malicoundans had succeeded at a collective abandonment and had avoided bad consequences proved a powerful message. Also, because FGC was locally universal, its connection to negative health consequences was unrecognized. When the connection was credibly presented, people immediately recognized the causal relation, and were motivated to change. Diawara agreed with my formulation: "The people who do FGC are honorable, upright, moral people who love their children and want the best for them. That is why they do FGC, and that is why they will decide to stop doing it, once a safe way of stopping is found."

We asked if there had been any cuttings since the declaration. Absolutely not. You couldn't hide such things in a village! The public declaration makes it a matter of honor. A committee is established to monitor compliance. Anyone cutting would be taken to the police. They are determined to prevent a single exception as they want to assure the declarants that the reputations and marriageability of their daughters are secured. One hot afternoon we were meeting the influentials in Samba Diallo, one of the Diabougou villages. A man in his twenties edged up to the circle and said, loudly, "We heard you people were going to be here, so we made it a point to come over from Fimela to visit our relatives here today. You know, the Bambara are one family, and what happens to one part of the family affects the whole family." "Uh-oh," I thought, "here comes trouble." "What we want to know," he continued, "is why weren't we invited to the declaration?" People are not forsaking the declaration,

but are clamoring to join in. Many Bambara villages and neighborhoods have made the same request, and Demba Diawara is organizing a new declaration. I looked at his notes. When he goes to a village he records the name of every individual, which indicates his or her conditional commitment to the declaration. It is important that everyone knows that everyone else will stop.

Trustworthy new information, the opportunity for a critical mass to form, a period when the critical mass conducts persuasion among the remainder of the population, climaxed by a coordinated decision on abandonment, the news that a positive alternative can be safely attained, followed by replication of the process among neighbors: this parallels Chinese events and supports the convention hypothesis for FGC.

Much reform activity across Africa is simple education and publicity about health consequences of FGC, which helps, because there must be some critical level of attitude change before convention shift can be organized. Harsh propaganda or criminal prohibition have been shown to backfire. One strategy is to compensate the cutters, but such programs have not yielded abandonments of FGC, since it is the concern of the parents over their daughter's marriageability, not the incidental benefit to the cutters, that maintains the practice. Another strategy understands FGC as essentially an initiation rite, though it is not over much of its range. Even where initiation and FGC were once found together, usually initiation has faded but FGC stubbornly remains.[2] These strategies were discussed at the Diabougou Declaration, according to Melching. A former cutter told the meeting, "I have heard that some cutters have asked for projects or money to stop this practice. I don't ask for money, I ask for *forgiveness* for having caused girls and women such suffering in their lives. We will now be like all the other women in the village who together must work to create income generating projects." The declarants also unanimously opposed substitute initiation rituals. One said, "We need to do away with these rites altogether. We need a means of controlling what goes on and if you have the drumming and singing, it will be associated with cutting. People will use this pretext to cut in secret. This must end." Another said, "Let's be honest, we were cutting our girls at 2 weeks to 3 months over the past years so this was

[2] I discuss heterogeneity in meaning and form of FGC, and alternative reform strategies, in "Female Genital Cutting: The Beginning of the End," in *Female "Circumcision": Multidisciplinary Perspectives*, edited by Bettina Shell-Duncan and Ylva Hernlund (Lynne Rienner Publishers, forthcoming).

not even part of the ritual any longer. This is a romantic notion you westerners have and want to impose on us now!"

* * *

We also journeyed to the region of Kolda, beyond the Gambia in the southeast of Senegal, to the Futa Jallon where the Fulani dwell. We arrived in distant Medina Cherif three hours late because of a punctured radiator (one of three breakdowns in the bush of our decrepit 1986 Toyota – Tostan employs 48 staff and educates thousands of people on a budget equivalent to the expense of posting a single western aid official abroad). Nevertheless we were welcomed with enthusiasm. I have seldom seen, anywhere, such a group of confident, determined, organized, and articulate women. Before the education program, women hereabouts did not speak at meetings. Lala Baldé, head of the women's group, told me that the day the class first understood the contents of the lesson on FGC, which included the Diabougou Declaration, they sat down together and cried. Her daughter Mani was in very good health before cutting, but she bled badly, and she's had many health problems since then because of that. They thought of girls who were the same age, and realized that the smaller and sicklier were those who had hemorrhaged at cutting. Also, "to be honest, it had killed many girl children." Once they worked through the connection, they devised a plan to end the practice. Right after class they went to the chief and asked him to call a meeting. Meanwhile, they went to the other women in Medina Cherif with the news.

They held a big village meeting, with both women and men. "We decided to call the men, especially the young men. They are the future husbands. If they were not involved in the decision then they would refuse to marry uncircumcised women. We had to show them that circumcision has nothing to do with marriageability." The women put on their play about a girl dying from cutting. At the beginning of the discussion there was some opposition, mostly from some men, but the women had rehearsed their facts and arguments. The defenders of FGC said one reason we do this is to prevent premarital sex, and if you stop then girls will go running wild. The women answered that, as is too well known, there is no evidence that circumcised girls are able to avoid pregnancy. The way to keep girls from getting pregnant is to give them education, not circumcision. Finally, since women were the victims of this practice, their views should count most. That was the end of it. Everyone understands and agrees now because of the public deliberation. The Medina Cherif women then took their message on FGC to the women of a second village, Saré Moody, and women from both those

villages went to Saré Kadri, and the three villages had a meeting on it, and this extended to a further 15 villages, then all 18 villages met to enact the Medina Cherif Declaration, and now more villages want to join in.

They said they were sure that all the declarants had stopped. One village didn't join in the declaration. "They did their circumcision rites this year and a girl hemorrhaged and died, just like in the theater we did. Then they stopped! Because now they know that the death is from the cutting and not from bad spirits." Melching asked if the men had anything to say. One said, "I don't know, this is a women's meeting." Lala Baldé said, "This is a democracy, the men can speak too." The man continued, "I was worried about the cutters. They got money for this and I thought they would never stop. But the cutters themselves said they would stop, and they did, we check up on it. It's incredible that this has happened!"

The day before, we had visited Mampatim, a very large village that joined the declaration but has not yet undertaken basic education. There we met privately with a respected grandmother. She provided several reasons why it had been easy to stop FGC, and why the decision will stick. She added, though, that the women miss the circumcision ceremonies, a special time for them to get together, dance, and sing. I asked the women of Medina Cherif the next day how they would answer her concern. One said, "The class replaces that experience. At the learning center we sing, we dance, we do learning games, but at the same time we learn about child development, nutrition and health." A second said, "Those ceremonies were a big waste of money. Now we can spend that money on something important: the education of our children." A third added, vehemently, "Suppose you have your ceremony and the girl dies. What about that? When death comes to the little girl, what good is your singing and dancing then?"

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Molly Melching <melching@telecomplus.sn> (Molly Melching <melching@telecomplus.sn> [UNKNOWN])

CREATION DATE/TIME:14-APR-1999 23:55:03.00

SUBJECT: Re : Alice J. Pushkar/WHO/EOP is out of the office.

TO: Alice J. Pushkar (CN=Alice J. Pushkar/OU=WHO/O=EOP [WHO])
READ:UNKNOWN

TEXT:
Dear Alice -

Hello again! I hope you had a great trip to North Africa. I heard very good things about it in the press and was so pleased!

Molly Buford called while I was at my mother's house in Arizona and I explained that I was no longer going to be in Washington as originally planned because the meeting had been cancelled for April 8. Now the meeting is rescheduled for June 3 and I'm really hoping that Mrs. Clinton will be able to speak at this meeting. I sent the details to Molly B and have included them with this email for your information. I would really like Mrs. C to continue to be associated with this successful movement to raise awareness on FGC and end the practice. Her involvement has already helped so much and now that USAID is finally getting interested she could make a real impact!

We have such great hope now for Senegal. Things look quite good at this point - we have produced short television spots (3 minutes each) with Unicef using influential people here - a leading religious leader, traditional village leaders and respected members of the government who speak for women's health and against practices which can harm women's health. There has been a wonderful reaction to these! (showing no bloody pictures or shocking scenes - very respectful messages which are culturally sensitive)

Also, the Senegalese Parliament has called me in several times now and has decided that they want to do a project with Tostan to cover 1,500 villages for basic education for women in areas where FGC is practised. An ambitious program but one which would be very exciting!! I am writing up the proposal for them now. Meanwhile, the Global Parliamentarians for Action is holding a seminar here in Dakar next week and I will be speaking with Waris Dire (the Somalian model who wrote the book on her experience and did the interview with Barbara Walters) at the session on FGC. I was very worried about her coming at first because she is a supermodel and thus could be seen as Western and rejecting African traditions in general. The religious leaders could use this to say - look at the women who end FGC - they pose half naked in the West, etc. - But since she has already been invited, we are going to make sure she wears traditional Senegalese dress

and speaks in a manner which will help our movement here. I have heard she is very nice and her manager says she is very excited to be coming to another African country. I will be meeting with her this Sunday and we may possibly go to Malicounda so that she can meet the women there. I also began to realize this past week that NO ONE knows her here anyway (no one can afford international magazines!!).

Anyway, please say hello to everyone for me! I sent Melanne and Mrs. C 2
copies of the book by Tostan on FGC (have you seen it?) How is Katie?

Warm greetings and hope we can meet when I come the week of June 3 (I'll
probably come for one week or more - I am going to do some fund raising while there hopefully!)

Warm greetings - Molly

USAID SYMPOSIUM ON FGC
RRB, Washington DC
June 3, 1999

Subject: FEMALE GENITAL CUTTING (FGC): THE FACTS AND THE MYTHS

In 1993, USAID designated the WID office as the Bureau's co-ordinator on issues relating to female genital cutting (FGC). To co-ordinate activities in the different offices and bureaux of the Agency, a Working Group on (FGC) was formed in early 1994. The purpose of the group was to assess the Agency's approach to FGC, raise awareness, and share information within and outside the Agency. In 1997 the "Agency Program Guidelines for Integrating Activities to Eradicate FGC into USAID Programs," was completed. These guidelines were to assist in future programming for agency involvement in FGC eradication. In line with the guidelines the Center for Population Health
and Nutrition, the WID Office and the Africa Bureau sponsored a fellow from the Population Fellowship Program at the University of Michigan to work on FGC issues at USAID.

To raise awareness of the relevance of FGC to USAID's work, and enable the staff to integrate this issue in their work, the FGC group is planning a symposium to disseminate information.

The purpose of this symposium is to:

- Provide information about FGC from a cultural, human rights, health and a holistic developmental perspective, that can be helpful for the successful integration of FGC into USAID programs.

- Discuss successful interventions by local NGOs and the impact of those interventions on reducing the incidence of FGC.

- Highlight new strategies that are now being tested.

The objective of this event is to raise awareness among USAID staff and

illustrate the broad range of sectors under which the issue can be addressed. Cultural appropriateness of approaches and the effectiveness of intervention have always been the concern not only on FGC, but all other programs geared toward behaviour change. In this respect, the work on FGC can provide useful experiences for other programs, as well as benefit from other experiences.

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8:30-8:45 Registration

8:45- 9:15 Plenary, opening session

Tentative speakers:
Chair: Ms. Vivian Derryck, AA Africa 15 Min.
Asma Abdel Halim, Office of population - Research 10 Min.

9:15-10:15 FGC as a human rights and reproductive health issue.
Chair: Asma Abdel Halim

- Nahid Toubia - President of RAINBO. 15 Min.
The presentation will propose a framework for analyzing different approaches
to stopping FC/FGM as a basis for monitoring and evaluating different projects and programs. This will be followed by an overview of some projects
and
programs undertaken in different countries and communities over the past 20 years and provide a preliminary evaluation of their approaches and outcomes based on the proposed framework. Interwoven in the presentation are examples of some of RAINBO's own programs and products as a demonstration of one particular approach to FC/FGM.

- Molly Melching - President of Tostan. 15 Min.
Tostan experience and the recent developments in Senegal. This presentation will highlight Tostan's interventions and how they addressed the different communities according to the priorities identified
by the people themselves. Using local languages Tostan developed nine modules that addressed issues from personal hygiene to human rights. Women who received training by Tostan are spearheading social change. The presentation will address the importance of participatory approaches and how they equip the people to address issues with a voice of their own.

- Qs & As

10:15-10:45- Video show, coffee break, information fair and publications display

- 10:45- 12:00 Successful field interventions
Chair : Marge Horn 10 Min.

- Asha Mohamed - Senior Program Officer- PATH 10 Min.
Alternative Rites of Passage: Building on Positive Community Traditions.
The alternative rites of passage program in Kenya brought together individuals who chose not to circumcise their daughters or are ambivalent about it. Such individuals usually remain silent and their stand does not

affect the community. Using the positive parts of circumcision ceremonies, e.g. education of young girls by elders, a program known as circumcision by words was developed. The program involved the community at all the stages from conceptualisation to implementation. Members of the community who participated at all stages, from concept to design, were able to talk to others who wanted to keep the tradition and convince them to join the alternative rites.

- Romany Abadir - CEDPA-Egypt 10 Min.
The Positive Deviance Initiative (PDI) , Egypt. What is it? How is it used as an empowerment tool.
The Positive Deviance Inquiry (PDI) is a fresh look at the practice of FGC in its attempt to instead answer the question, "What are the factors that enables some families to not circumcise their daughters?" In this way, communities themselves discover what is inherently positive and "working" within the community and are able to plan their own actions based on this information. Because community members themselves are conducting the research, analysis and program planning, the process builds the capacity of individuals and local organizations and fosters sustainability. Thus, the process of PDI becomes as empowering as the outcomes.

- Nafissatou Diop - Population Council 10 Min.
The results of Training programs for community leaders and circumcisors. Different countries have been trying different approaches. This presentation will identify interventions that targeted community leaders and circumcisors in Mali, Burkina Faso and Senegal and explore the successes of such programs.
- Qs & As

- 11:55-1:00

Chair: Ms. Sally Shelton-Colby
Integration of FGC into USAID programs.

Margaret Lycette, director WID office

John Flynn, Africa/AA
How can missions incorporate FGC: The Guinea experience

Liz Maguire, Director Office of Population
Guidelines for integrating FGC.
****

On display

1. Information Board: A poster highlighting FGC, its consequences, prevalence and why it is performed.

2. Information Packet that contains a background paper on USAID's activities on FGC, USAID strategy, Pamphlets, brochures and booklets that provide information on the issue.

3. Posters produced by different CA's will be displayed on the walls of the conference room.

4. Publications from CA's, especially the new publications that document experiences and advocate eradication.

List of Participating Organizations

1. Center for Development and Population Activities (CEDPA) is a non-profit international organization dedicated to empowering women at all levels of society to be full partners in development.

2. Equality Now: an advocacy organization based in New York. EN has an international membership of over 3000. NE is an active advocate against FGC and helps Indigenous organizations obtain public international support when those organizations call for it.

3. Program for Appropriate Technology in Health (PATH) is an international, non-profit organization whose mission is to improve health, especially the health of women and children. PATH works in partnership with host-country governments and local agencies to assess health problems and identify and implement creative and effective solutions.

4. The Population Council is a nonprofit, non-governmental institution that seeks to improve the well-being and reproductive health of current and future generations around the world and to help achieve a humane, equitable,
and sustainable balance between people and resources. The Council conducts biomedical, social science, and public health research and helps build research capacities in developing countries.

5. Research, Action and Information Network for Bodily Integrity of Women (RAINBO) is a not-for-profit organization working at the intersection between Health and Human Rights. Its approach is a holistic one which includes physical, psychological and social health. Currently RAINBO is focusing on the issue of FGC to assert women's rights to their bodily integrity.

6. Department of State

7. Tostan: a Senegalese based organization that pioneered educational modules
that lead to the eradication of FGC in several villages in Senegal.

8. Center for Communication Programs (JHCCP) is part of the Johns Hopkins School of Hygiene and Public Health. The Center works with many international agencies, foundations, governments, and non-governmental organizations in the US and overseas to promote healthy behavior.

>De?: Alice_J._Pushkar@who.eop.gov
>? : melching@telecomplus.sn (Molly Melching)

>Objet?: Alice J. Pushkar/WHO/EOP is out of the office.
>Date?: Ven 19 mars 1999 23:12
>

>I will be out of the office from 03/19/99 until 04/05/99.
>
>I will respond to your message when I return.
>
>

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Jeffrey M. Smith (CN=Jeffrey M. Smith/OU=OSTP/O=EOP [OSTP])

CREATION DATE/TIME:22-JUL-1999 10:00:20.00

SUBJECT: add'l message material for stem cell event

TO: Loretta M. Ucelli (CN=Loretta M. Ucelli/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

CC: Arthur Bienenstock (CN=Arthur Bienenstock/OU=OSTP/O=EOP@EOP [OSTP])
READ:UNKNOWN

CC: Joanne S. Tornow (CN=Joanne S. Tornow/OU=OSTP/O=EOP@EOP [OSTP])
READ:UNKNOWN

CC: Richard A. Kostro (CN=Richard A. Kostro/OU=OSTP/O=EOP@EOP [OSTP])
READ:UNKNOWN

CC: Holly L. Gwin (CN=Holly L. Gwin/OU=OSTP/O=EOP@EOP [OSTP])
READ:UNKNOWN

CC: Rosina M. Bierbaum (CN=Rosina M. Bierbaum/OU=OSTP/O=EOP@EOP [OSTP])
READ:UNKNOWN

CC: Rachel E. Levinson (CN=Rachel E. Levinson/OU=OSTP/O=EOP@EOP [OSTP])
READ:UNKNOWN

CC: Anthony J. Gibson (CN=Anthony J. Gibson/OU=OSTP/O=EOP@EOP [OSTP])
READ:UNKNOWN

CC: Neal Lane (CN=Neal Lane/OU=OSTP/O=EOP@EOP [OSTP])
READ:UNKNOWN

TEXT:
Loretta -- to build on Neal Lane's earlier note to you... here's some additional meat for you to consider for the message bones on the stem cell event...

Stem Cells are about Health!

Stem cells are cells that have the potential to form any cell of the body. They can be isolated from embryos, fetuses and adults, although the stem cells from adults have more limited capacity to form different types of cells and are often difficult to locate. The discovery of embryonic stem cells is a major scientific breakthrough, the full value of which cannot be underestimated. Potential applications for stem cells include alleviation of virtually any disease or disorder resulting from defective tissue. The range covers neuronal cells for treating Parkinson,s disease, Alzheimer,s and other brain disorders or spinal cord injury; islet cells for alleviating diabetes; bone marrow cells for cancer patients or sickle cell anemia; and skin cells for burn victims. Scientists are just

beginning to discover ways to make stem cells grow into the desired cell types. It is too early to say which stem cell sources will work for each possible application and too risky to close the doors on research that may one day offer an actual cure for juvenile diabetes, for example, instead of merely treating the symptoms. Robust government funding is the only avenue to turning potential into real medical uses of stem cells. Strong government oversight is the only way to ensure that such research is conducted under the highest ethical standards.

Plus here's a draft letter that is ready to go... we can influence when it goes... and tie it and the leaders of these organizations into the event... it is signed by over 110 national organizations.

July 21, 1999

The Honorable _____
U.S. House of Representatives
Washington, DC 20515

Dear Representative _____:

This past February we wrote to you regarding our support for federal funding of research using human pluripotent stem cells. With the Appropriations process progressing we write now to reiterate that support and to urge you to allow this research to move forward.

Human pluripotent stem cells have enormous potential for treatment of disease because they have the ability to form into any type of cell in the body. But only a fraction of the work that will be necessary to transform this potential into reality has yet begun, and only a fraction of the biomedical research community has been able to participate because the federal government has not yet funded any of this work. The National Institutes of Health are in the process of completing guidelines that will permit and govern the use of these cells by federally funded investigators. Only when these guidelines are in place will it be possible to unleash the full capability of the biomedical research workforce toward bringing the remarkable potential of human pluripotent stem cells to fruition.

It is also clear that the American public supports federal funding of this research. A recent nationwide survey conducted by Opinion Research Corporation International has found that 74% of those polled favor funding of stem cell research by the NIH.

Some have argued that "adult" stem cells will be sufficient in our pursuit of treatments or cures of various diseases. While we believe that research in the area of adult stem cells is vital to the research effort, we are concerned that to restrict work to that area alone will prove insufficient and would be a grave mistake. The prospect of cutting off an avenue of research as promising as that with embryonic stem cells at this very early stage of discovery deeply troubles those of us who conduct and promote health research. Such a prohibition could delay possible treatments for

diseases like diabetes, cancer,
Alzheimer's and Parkinson's by years. Past work on animals has shown us that it is the embryonic stem cells that hold the greatest potential in their ability to be manipulated for treatments of disease.

We are also concerned by the argument that embryonic stem cell research can be left to the private sector. While it is clear that a few privately funded centers are working on pluripotent stem cell research, it is not generally the practice of private companies to conduct this kind of basic research into fundamental developmental processes. That is why it has been and remains the role of the federal government to make the lion's share of the investment in basic research, which has then been used by biotechnology and pharmaceutical companies to develop products used for treating diseases. And that is
why we cannot rely on private industry to conduct the kind of basic research necessary to move the field of stem cell research from the laboratory bench to the clinic.

Our intent is simply to ensure that research on stem cell lines is not unduly restricted. With appropriate ethical safeguards, such as those being developed by the National Institutes of Health, we believe that a balance can be achieved, which respects both the moral status of the embryo and the public's sensitivity to this issue while ensuring progress in critical medical research. As we have said before, the government can play an important role of oversight so that our nation's federally funded scientists can conduct this critical work. Federal support will also increase the financial resources directed to this area of research, which will speed the pace of scientific discovery.

With the great hope pluripotent stem cell research provides to patients ailing or dying from devastating diseases we urge the Congress to allow this research to move forward with federal support.

Sincerely,

Academy of Clinical Laboratory Physicians and Scientists
Alliance for Aging Research
Alliance for Lung Cancer Advocacy, Support and Education
American Academy of Allergy, Asthma and Immunology
American Academy of Child and Adolescent Psychiatry
American Academy of Ophthalmology
American Association for Dental Research
American Association of Anatomists
American Association of Dental Schools
American Association of Immunologists
American Autoimmune Related Diseases Association
American Burn Association
American College of Clinical Pharmacology
American College of Neuropsychopharmacology
American College of Obstetricians and Gynecologists
American College of Physicians - American Society of Internal Medicine
American Gastroenterological Association
American Medical Association
American Neurological Association

American Pediatric Society
American Physiological Society
American Society for Biochemistry and Molecular Biology
American Society for Bone and Mineral Research
American Society for Cell Biology
American Society for Clinical Nutrition
American Society for Investigative Pathology
American Society for Microbiology
American Society for Pharmacology and Experimental Therapeutics
American Society for Reproductive Medicine
American Society of Clinical Oncology
American Society of Hematology
American Society of Human Genetics
American Thoracic Society
American Veterinary Medical Association
Americans for Medical Progress
Association for Research in Vision and Ophthalmology
Association of Academic Health Centers
Association of American Cancer Institutes
Association of American Medical Colleges
Association of American Universities
Association of Chairs of Departments of Physiology
Association of Independent Research Institutes
Association of Medical and Graduate Departments of Biochemistry
Association of Medical School Pediatric Department Chairs
Association of Medical School Psychologists
Association of Professors of Medicine
Association of Subspecialty Professors
Association of Teachers of Preventive Medicine
Association of University Radiologists
Boston University School of Medicine
Cancer Research Foundation of America
Citizens for Public Action on High Blood Pressure and Cholesterol
Coalition for American Trauma Care
Columbia University
Cure for Lymphoma Foundation
Dartmouth Medical School
Duke University
East Carolina University School of Medicine
Easter Seals
The Endocrine Society
Eye Bank of America
Federation of American Societies for Experimental Biology
Fred Hutchinson Cancer Research Center
Genetics Society of America
Glaucoma Research Foundation
Harvard University
Interstitial Cystitis Association of America, Inc.
Johns Hopkins University
Joint Council of Allergy, Asthma, and Immunology
Juvenile Diabetes Foundation International
Krasnow Institute for Advanced Study
March of Dimes
Massachusetts Institute of Technology

Medical College of Wisconsin
Myasthenia Gravis Foundation of America, Inc.
Myositis Association of America, Inc.
National Alliance for Eye and Vision Research
National Alliance for the Mentally Ill
National Association of State Universities and Land-Grant Colleges
National Caucus of Basic Biomedical Science Chairs
National Childhood Cancer Foundation
National Coalition for Cancer Research
National Health Council
National Osteoporosis Foundation
The National Pemphigus Foundation
National Psoriasis Foundation
National Spinal Cord Injury Association
New York University School of Medicine
Oncology Nursing Society
Osteogenesis Imperfecta Foundation
Paralyzed Veterans of America
Parkinson's Action Network
The Protein Society
Research!America
Resolve, the National Infertility Association
Roswell Park Cancer Institute
Scleroderma Foundation
Sjogren's Syndrome Foundation
Society for Investigative Dermatology
Society for Pediatric Research
Society for Reproductive Endocrinology and Infertility
Society for the Advancement of Women's Health Research
University of California
University of California, San Diego, School of Medicine
University of Florida
University of Illinois at Chicago
University of Michigan Medical School
University of Pittsburgh
University of Rochester Medical Center
University of Utah Health Sciences Center
University of Washington
University of Wisconsin-Madison
UPMC Health System
Vanderbilt University Medical Center
Yale University

---------- Forwarded by Jeffrey M. Smith/OSTP/EOP on 07/22/99 09:51 AM ----------

Neal Lane
07/22/99 08:45:59 AM
Record Type: Record

To: Loretta M. Ucelli/WHO/EOP@EOP
cc: Betty J. Fountain/OSTP/EOP@EOP, Jeffrey M. Smith/OSTP/EOP@EOP, Holly L. Gwin/OSTP/EOP@EOP
Subject: followup comment on scheduling

Dear Loretta,

It seems to me that if at all possible--before Congress departs--we ought to have a POTUS energy budget event and a 'stem cell research' event.

It's timely to challenge their drastic cuts on the domestic and international funding fronts that contradict the alleged spirit of the BRT report (released yesterday) and the Murkowski bill. We have the perfect reason to hold such an event. I submitted an event request on July 2 and Roger Ballentine submitted one 7/20 along the same lines--use the occasion of industry and academic leaders delivering the just-completed PCAST energy report to the President (it calls for bolstering our domestic and international efforts) as a rallying around our CCTI FY2000 request. This would be best next week if either the Tuesday or Wednesday POTUS message times can be used. If not, the last chance would be the following week--the first week in August.

On the 'stem cell research' issue, the potus has been visible on supporting such research - that could directly improve the health of 128 million Americans - while being sensitive to ethical and moral concerns. There are efforts in Congress to kill all such research.

I also support the POTUS and VP request for dual biomass events in early August--one here and one in Iowa,as submitted by Roger Ballantine and George Frampton on July 2. This would have bipartisan support, and will build goodwill in the farming communities. We have been working for 3 years to build a biomass initiative, and the technical analysis, agency buy-in and community support are finally all in place.

Please call if I can answer any questions or help you move these along.
Many thanks. Neal

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Barbara D. Woolley (CN=Barbara D. Woolley/OU=WHO/O=EOP [WHO])

CREATION DATE/TIME:27-SEP-1999 18:06:27.00

SUBJECT: List of Members on Patient Advocacy Coalition - Stem Cell.

TO: Mary E. Cahill (CN=Mary E. Cahill/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

CC: Joseph D. Ratner (CN=Joseph D. Ratner/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

TEXT:
Should you need the list for JP.
---------- Forwarded by Barbara D. Woolley/WHO/EOP on 09/27/99 06:05 PM ----------

Rachel E. Levinson 09/27/99 05:50:23 PM

Record Type: Record

To: Barbara D. Woolley/WHO/EOP@EOP
cc:
Subject:

Here are the groups who signed on to the recent letter. Below are those who should have. This is more than Patients' CURe. It's about 120. I would have just the CURe members plus a few, including the larger patient groups in the second category.

I'll try to get CURe member today.

Academy of Clinical Laboratory Physicians and Scientists
Alliance for Aging Research
Alliance for Lung Cancer Advocacy, Support and Education
American Academy of Allergy, Asthma and Immunology
American Academy of Child and Adolescent Psychiatry
American Academy of Ophthalmology
American Association for Cancer Research
American Association for Dental Research
American Association of Anatomists
American Association of Dental Schools
American Association of Immunologists
American Autoimmune Related Diseases Association
American Burn Association
American College of Clinical Pharmacology
American College of Neuropsychopharmacology
American College of Obstetricians and Gynecologists
American College of Physicians - American Society of Internal

Medicine
American Gastroenterological Association
American Medical Association
American Neurological Association
American Parkinson's Disease Association
American Pediatric Society
American Physiological Society
American Society for Biochemistry and Molecular Biology
American Society for Bone and Mineral Research
American Society for Cell Biology
American Society for Clinical Nutrition
American Society for Investigative Pathology
American Society for Microbiology
American Society for Pharmacology and Experimental Therapeutics
American Society for Reproductive Medicine
American Society of Clinical Oncology
American Society of Hematology
American Society of Human Genetics
American Thoracic Society
American Veterinary Medical Association
Americans for Medical Progress
Association for Research in Vision and Ophthalmology
Association of Academic Health Centers
Association of American Cancer Institutes
Association of American Medical Colleges
Association of American Universities
Association of Chairs of Departments of Physiology
Association of Independent Research Institutes
Association of Medical and Graduate Departments of Biochemistry
Association of Medical School Pediatric Department Chairs
Association of Medical School Psychologists
Association of Professors of Medicine
Association of Subspecialty Professors
Association of Teachers of Preventive Medicine
Association of University Radiologists
Boston University School of Medicine
Cancer Leadership Council
Cancer Research Foundation of America
Citizens for Public Action on High Blood Pressure and Cholesterol
Coalition for American Trauma Care
Columbia University
College on Problems of Drug Dependence
Cornell University
Cure for Lymphoma Foundation
Dartmouth Medical School
Duke University
East Carolina University School of Medicine
Easter Seals
The Endocrine Society
Eye Bank of America
Federation of American Societies for Experimental Biology
Fred Hutchinson Cancer Research Center
Genetics Society of America
Glaucoma Research Foundation

Harvard University
Interstitial Cystitis Association of America, Inc.
Johns Hopkins University
Joint Council of Allergy, Asthma, and Immunology
Juvenile Diabetes Foundation International
Krasnow Institute for Advanced Study
March of Dimes
Massachusetts Institute of Technology
Medical College of Wisconsin
Memorial Sloan-Kettering Cancer Center
Myasthenia Gravis Foundation of America, Inc.
Myositis Association of America, Inc.
National Alliance for Eye and Vision Research
National Alliance for the Mentally Ill
National Association for Biomedical Research
National Association of State Universities and Land-Grant Colleges
National Caucus of Basic Biomedical Science Chairs
National Childhood Cancer Foundation
National Coalition for Cancer Research
National Health Council
National Mental Health Association
National Osteoporosis Foundation
The National Pemphigus Foundation
National Psoriasis Foundation
National Spinal Cord Injury Association
New York University School of Medicine
Oncology Nursing Society
Osteogenesis Imperfecta Foundation
Paralyzed Veterans of America
Parkinson's Action Network
The Protein Society
Research Society on Alcoholism
Research!America
RESOLVE, the National Infertility Association
Roswell Park Cancer Institute
Scleroderma Foundation Scleroderma Research Foundation
Sjogren's Syndrome Foundation
Society for Investigative Dermatology
Society for Pediatric Research
Society for Reproductive Endocrinology and Infertility
Society for the Advancement of Women's Health Research
Society of Critical Care Medicine
Stanford University School of Medicine
University of California
University of California, San Diego, School of Medicine
University of Florida
University of Illinois at Chicago
University of Michigan Medical School
University of Pittsburgh
University of Rochester Medical Center
University of Utah Health Sciences Center
University of Washington
University of Wisconsin-Madison
UPMC Health System

Vanderbilt University Medical Center
Yale University

Here are some of other groups we might invite who are not part of CURe.

American Cancer Soceity
American Heart Association
Alzheimer's Association
American Academy of Pediatrics
American Lung Association
National Multiple Sclerosis Society
National Organization for Rare Disorders
Society for Neuroscience

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Rebecca Werbel <rwerbel@os.dhhs.gov> (Rebecca Werbel <rwerbel@os.dhhs.gov> [UNKNOWN])

CREATION DATE/TIME: 3-FEB-2000 14:20:29.00

SUBJECT: accomplishments

TO: Irma L. Martinez (CN=Irma L. Martinez/OU=WHO/O=EOP [WHO])
READ:UNKNOWN

TEXT:
Attached are HHS accomplishments documents from '93-'99, except for '95. I'm
trying to track that one down. I'm also waiting on an electronic version of
the memorandum to John Podesta with our accomplishments for '99 and our goals
for '00.
1993.12.22 : Year-End Accomplishment Fact Sheet

December 22, 1993

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES NEWS
1993 -- A YEAR OF ACCOMPLISHMENTS

"1993 has been an incredibly productive year for the people here at HHS and for those whom it serves. President Clinton has charted an ambitious course for the federal government to 'put people first,' and that's just what we have done and look forward to doing in 1994.

"During our 11 months in office, we have achieved enactment of a sweeping childhood immunization initiative that will guarantee free inoculation to all low-income children in the United States and substantially improve the nation's immunization delivery system; increased funding for such priorities as Head Start, the Ryan White AIDS services program, and programs to address women's health concerns; renewed our effort to control and eventually cure AIDS; processed a record number of Social Security old age, survivors, and disability benefit payments; and approved a dozen State applications for experimentation in health care and welfare. We have also begun a continuous improvement process that will streamline and improve how we manage our programs and deliver quality services to the public.

"The Clinton Administration also developed the most comprehensive health reform proposal in our nation's history. The President's Health Security Act will guarantee all Americans health care coverage that is affordable, portable, and permanent. And it will finally get a handle on runaway health care costs that have sapped the budgets of American families, business, and government.

"We look forward to the year ahead. It promises to be an exciting one, dominated by debate and enactment of the Health Security Act and introduction of the President's welfare reform proposal. We plan to build on our successes of 1993 as we move our nation forward toward the new century."

-- Donna E. Shalala

Highlights of 1993 include:

Health Reform. During his first week in office, the President appointed the White House Task Force on Health Reform, chaired by First Lady Hillary Rodham Clinton. The group conducted an exhaustive public review of the problems facing the American health care system and the people it serves. On September 22, the President outlined his proposals to achieve health security for all Americans. On November 20, the Health Security Act was introduced in both houses of Congress with the largest number of cosponsors of any reform plan now before Congress.

Childhood Immunization. The President proposed and Congress enacted the Vaccines for Children program, which guarantees low-income children access to free immunization against preventable diseases and vastly improves the nation's immunization delivery system. The National Outreach Campaign will improve public education as well as training of health care professionals who deliver vaccines. HHS also worked with the Office of Personnel Management to improve immunization coverage under the Federal Employees Health Benefits Program.

Children. HHS spending for children's programs has increased by more than $5 billion from $55.3 billion in fiscal year 1993 to $60.7 billion for fiscal year 1994. This includes an expansion of Head Start, child care, lead poisoning prevention, and Healthy Start (a demonstration program aimed at reducing infant mortality).

Head Start. The Clinton Administration has made expanding and improving Head Start a top priority. Congress approved a $550 million increase in the program's appropriation for fiscal year 1994. HHS established an Advisory Committee on Head Start Quality and Expansion to ensure that the program's quality is improved as it is expanded. The Committee's recommendations are expected early in 1994.

Deficit Reduction. HHS contributed substantially to the largest deficit reduction effort in the nation's history. As part of a five-year $504 billion package of deficit reduction, growth in Medicare spending was reduced by $56 billion and growth in the federal portion of Medicaid spending was reduced by $7 billion. In addition, discretionary domestic spending was effectively frozen for five years.

Reproductive Rights. Immediately upon taking office, the President signed Executive Orders lifting the bans on abortion counseling by

Title X (family planning) program grantees and on funding by the National Institutes of Health of biomedical research utilizing fetal tissue. The Administration also has restored funding to international family planning organizations and worked successfully toward a relaxation of restrictions on federally-funded abortions.

Waivers. HHS moved aggressively to speed the consideration of State proposals to test innovative approaches to health care and welfare. In its first 11 months in office, the Clinton Administration approved waivers allowing five States to conduct statewide health reform experiments (Oregon, Hawaii, Rhode Island, Tennessee, and Kentucky). Similarly, the Department has approved State requests for welfare demonstrations from Georgia, Illinois, Iowa, Vermont, Virginia, Wisconsin, and Wyoming.

Welfare Reform. A White House Working Group on Welfare Reform, Family Support, and Independence was appointed and has spent the past year considering methods to encourage independence and work and eliminate dependence on welfare programs. A comprehensive proposal will be forthcoming in 1994.

AIDS. Twelve years into the AIDS epidemic, the federal effort to find a cure to HIV disease and treatment for the effects of the AIDS virus was galvanized with a new influx of federal funding (including an 18 percent increase in research funds and a 66 percent rise in funding for Ryan White AIDS services) and the first top-level commitment to fighting this deadly disease. The latter was evidenced by the appointment of a National AIDS Policy Coordinator as a member of the White House Staff and direct Presidential participation in World AIDS Day commemorations. HHS also has created a new task force to identify and eliminate impediments to AIDS drug development.

Biomedical Research. Breaking a five-year impasse, Congress reauthorized programs under the National Institutes of Health. The new statute eliminates the ban on funding of fetal tissue research and establishes safeguards against imposition of such policies in the future. It also establishes requirements for the inclusion of women and minorities in federally funded research studies and strengthens the role of the Office of AIDS Research.

Women's Health. Federal efforts to confront and conquer health problems affecting women were redoubled. Federal funding for fiscal year 1994 in this area was increased by $203 million over fiscal year 1993; a permanent Office of Women's Health Research was created at the National Institutes of Health; a national conference on breast cancer was convened by the Secretary; and women's health concerns are at the center of the disease prevention package of benefits included in the President's Health Security Act.

Family Preservation and Support. The President proposed and the Congress enacted the Family Preservation and Support Act, which provides $1 billion over five years to states. Family support programs, such as family resource centers or home visiting

programs, work with families before a crisis occurs. The Family Preservation Programs provide services to families experiencing crises to help keep families and children intact.

Social Security. Faced with a 41 percent increase in applications for disability claims in the past three years, the Social Security Administration (SSA) released a $198 million contingency fund and was able to process approximately 300,000 more cases than anticipated. Efforts continue to re-engineer the disability process to make it easier for the customer and more efficient for the Agency. Nearly 7.5 million old age, survivors, disability, and Supplemental Security Income claims were processed. SSA handled a record 46 million telephone calls through its toll-free services.

Older Americans. The Commissioner on Aging was elevated to the level of Assistant Secretary and the White House Conference on Aging was put on track for May 1995. In addition, the Administration on Aging is preparing to unveil plans for four strategic initiatives in 1994. These are: a blueprint for future retirees; a long term care initiative focused on development of home and community-based care systems; an initiative on older women; and an initiative focusing on malnutrition and nutrition.

Management Improvement. Throughout HHS, modern management techniques have been introduced or enhanced to ensure that our products and services are delivered in a caring, effective, and efficient manner. Through the use of such tools as total quality management techniques, re-engineering, strategic planning, and outreach to our partners we have initiated a culture of combining meaningful public policy with proactive management processes.

HHS Appointments. Sixteen Presidential appointments have been made and confirmed by the Senate, including eight women and eight men. In addition, the nomination for Director of the Indian Health Service is pending before the Senate. The appointees are distinguished experts in their field, including the first Nobel laureate to lead the National Institutes of Health. The personal backgrounds of these individuals represent a broad array of ethnic, social, and practical experiences.

Contact: HHS Press Office
(202) 690-6343

- accomplishments98.wpd - accomplishments97.wpd - accomplishments96.wpd - accomplishments94.wpd - accomplishments99.wpd========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D56]ARMS24882414H.046 to ASCII,
The following is a HEX DUsMP:
========== END ATTACHMENT 5 ==========

•HHS FACT SHEET
December 31, 1998
Contact: HHS Press Office (202) 690-6343

HHS Achievements in 1998 Build a Healthier America

In 1998, the Department of Health and Human Services continued to make important progress in improving the health and welfare of all Americans. We made major investments to ensure the health of our nation's children, took steps to reduce the major disparities in health that exist between whites and racial and ethnic minorities, and we made significant strides in our fight against disease, including cancer and AIDS. Infant mortality reached an all-time low and the average life span for Americans reached an all-time high. The levels of immunizations for preschool children of all racial and ethnic groups reached nearly equal levels, wiping out a 26 percentage point difference a generation ago.

Protecting the health of our children has been a top priority of HHS, and in 1998, we approved 48 states and territorial plans under the Child Health Insurance Program, which together will provide health insurance for more than 2.5 million children in low-income families within the next three years. We also strengthened our Head Start program, initiated new regulations that require drug labels to include specific information about drug safety for children, and redoubled our efforts to reduce tobacco sales to minors.

In response to President Clinton's goal of eliminating major health disparities between whites and racial and ethnic minorities by 2010, HHS took important steps to meet these new national health objectives. We added an additional $156 million in our FY 1999 budget targeted to reducing the disproportionate burden of HIV/AIDS among racial and ethnic minority communities and awarded grants to promote diabetes prevention activities among American Indian populations.

This past year brought news of significant gains in biomedical research and in our efforts to prevent disease and promote health. We announced that for the first time in 20 years, cancer death rates declined, and AIDS dropped out of the top ten causes of death. HHS-supported researchers for the first time deciphered the entire genetic code of a multicelled organism, which holds tremendous promise for improving our understanding of a wealth of human genetic diseases. We secured a record level of funding for the National Institutes of Health, and President Clinton announced an historic increase in funding at the NIH to prevent and treat HIV-AIDS around the world, including a 33 percent increase over last year's funding to search for an AIDS vaccine. Overall, HHS will spend nearly $7.7 billion in 1999 for HIV/AIDS prevention activities.

With all of our appointees now confirmed, we will continue to build on our successes and accomplishments as we prepare for the new millennium. Improving health care access and quality, increasing food safety, enhancing our efforts to prevent and manage chronic disease, and reducing tobacco use are just a few of the priorities that we will address in the coming year.
Donna E. Shalala

PROTECTING THE HEALTH OF OUR CHILDREN AND YOUTH

In 1998, we made significant progress in improving the health of America's children by implementing the Children's Health Insurance Program, increasing immunization rates, decreasing tobacco and drug use, and implementing pediatric drug labeling regulations.

Improving Health Care for Children. In 1998, HHS worked diligently with the states to develop and implement plans to extend health care coverage to millions of uninsured children.

The Children's Health Insurance Program (CHIP), which was passed in the Balanced Budget Act of 1997, provides $24 billion in set-aside funds for health insurance for low-income children. To date 48 state and territorial plans have been approved under CHIP. These CHIP plans estimate that they will cover more than 2.5 million children within the next three years.

Making Child Care More Affordable and Accessible. In January 1998, President Clinton announced his historic proposal to enhance the affordability, accessibility and quality of child care for America's working families. The $21.7 billion initiative would increase subsidies and tax credits for low to middle income families, provide new resources to states to improve the quality of child care and choices for parents and expand after school programs. In the FY 1999 budget agreement, the President secured a down payment on the proposal with $200 million for the 21st Century Learning Center program and $180 million for states to improve child care quality.

Head Start Reauthorized, Strengthened, and Expanded. On October 27, 1998, President Clinton signed bipartisan legislation that reauthorized Head Start for four more years and strengthens and expands it to better serve America's families into the 21st century. The renewal also includes the President's goal of doubling the number of infants and toddlers served in the Early Head Start program by the year 2002. Under the Clinton Administration, funding for Head Start has increased by 68 percent and enrollment has increased by over 200,000 children, reaching 830,000 children this past fiscal year. With an increase of $313 million for FY 1999 -- the amount the President requested in his budget proposal -- Head Start will continue to expand toward the goal of serving one million children by 2002.

Making Prescription Drugs Safer for Children. HHS marked an important milestone in the Administration's effort to make drugs safer and more effective for children by requiring that drug labeling have specific information on the use of new drugs and biologics in children. Without adequate information, physicians may be reluctant to prescribe certain drugs for their pediatric patients, or they may prescribe them inappropriately. The new requirements make it more likely that children will receive improved treatment because doctors will have more complete information on how drugs affect children.

Reducing Tobacco Sales to Children. In February 1998, HHS launched a major national education campaign designed to help reduce illegal sales of tobacco products to children. The campaign, an important part of the administration's comprehensive strategy to prevent youth tobacco use, informs retailers and customers that it is a federal violation to sell cigarettes or spit tobacco to anyone younger than age 18 and requires retailers to ask for photo identification from anyone younger than 27. In addition, HHS made progress in implementing the Synar Amendment, legislation that requires states to monitor retailer compliance to ensure they prohibit tobacco sales to children. SAMHSA announced that more than 60,000 retail establishments have been inspected since the final Synar regulation was enacted in 1996. Four states -- Florida, Maine, New Hampshire and Washington -- have already met the retailer compliance requirements set by the law. FDA launched an educational campaign featuring radio, print, and billboard advertisements, as well as materials for retailers to display in their stores. The campaign is designed to remind retailers, clerks and customers about the law and the retailer's risk of fines.

Improving the Chances for Children at Risk for a Permanent, Safe Home. Under the expanded authority of the Adoption and Safe Families Act signed by President Clinton in 1997, HHS approved demonstration projects in eight states this year to test new ways to protect children at risk and secure permanent homes for those in foster care. We issued new proposed

child welfare regulations that will emphasize safety for children, improved well-being of children, and more accountability for children reaching permanent homes quicker. Finally, along with President and Mrs. Clinton, we announced our intent to develop a plan for expanding the use of the Internet. By putting the photos of children who are legally available for adoption on a national Internet service, the time that a child waits to find an adoptive family could be shortened.

Reducing Teen Pregnancy. In April 1998, HHS announced that the teen birth rate fell an estimated 3 percent in 1997, continuing a six-year downward trend. In addition, the teen birth rate for white, black, American Indian, Asian or Pacific Islander and Hispanic women ages 15-19 declined substantially nationwide from 1991 to 1997. In particular, the rate for black teens - until recently the highest -experienced the largest decline, down 23 percent from 1991 to 1997 to reach the lowest rate ever reported for blacks. In December 1998, we released a first-time report showing the rate of second births for teens was down by 21 percent between 1991 and 1996.

Teen Drug Use Levels Off, Declines in Some Groups. In December 1998, we released the 24th annual Monitoring the Future Survey, which showed that illicit drug use among teenagers remained stable for the second year in a row, and in some cases even decreased. The survey found general stability among the proportion of 12th graders using most illicit drugs in the past year or past month, including the most frequently used drug, marijuana. Past year use of illicit drugs among 10th graders decreased from 38.5 percent in 1997 to 35.0 percent in 1998. Past year use among 8th graders decreased from 23.6 percent in 1996 to 21.0 percent in 1998. This year's study also reported an increase in perceived risk of harm in using marijuana, which generally is predictive of a decline in marijuana use. This report is the first to find an increase in the perceived risk of marijuana use among 8th graders since 1991.

Over the past two years, HHS has re-engineered and expanded our substance abuse prevention programs, to include State Incentive Grants for Community-based Action, awarded to 19 governors to coordinate and fund local prevention efforts and Targeted Capacity Expansion Grants, awarded to 41 municipal, county, state, and tribal government substance abuse programs to help fill gaps in treatment for serious, emerging drug problems at the earliest possible stages.

FOCUSING ON WOMEN'S HEALTH

Preventing Disease in Women. Medicare expanded coverage of mammograms, pap smears, colorectal cancer screening, bone mass measurement for beneficiaries at risk for osteoporosis and other bone abnormalities, and diabetes self-management benefits. This emphasis on early detection and management of disease was a result of the President and Congress working together to expand the preventive benefits available to all Medicare beneficiaries in the Balanced Budget Act. During Breast Cancer Awareness Month in October 1998, Secretary Shalala announced new efforts to encourage mammography screening among special populations, especially to older, low income, and minority women, who tend to have the highest breast cancer mortality rates. The Health Care Financing Administration (HCFA) and the National Cancer Institute (NCI) joined in this breast cancer outreach effort. Also in 1998, the Mammography Quality Standards Act (MQSA) was reauthorized, meaning that approximately 10,000 mammography facilities in the United States have been accredited and women can have confidence that they meet uniform federal standards for mammography.

Improving Access to Health Information and Care. On November 16, 1998, HHS formally launched the National Women's Health Information Center, a combination Web site (http://www.4woman.gov) and toll-free hotline (1-800-994-WOMAN), which serves as a

"one-stop shopping" resource for comprehensive information on women's health. Because the service is available through the Internet or via a toll-free number, women in every corner of America will now have access to accurate and timely health information. Also in 1998, we established six new National Centers of Excellence in Women's Health, specifically to focus on serving minority populations. This brings to 18 the number of centers that unite women's health research, medical training, clinical care, public health education, community outreach, and the promotion of women in academic medicine.

Joint U.S.-Israeli Conference on Women's Health. In December 1998, the Department convened the first Bi-National Israel-U.S. Conference on Women's Health to discuss and exchange information on a range of global health topics that cover the life span of women. Hundreds of women's health leaders from the two nations discussed common issues such as breast cancer, heart disease, working women's health, and prevention strategies for adolescent risky behaviors. The Secretary opened the conference by affirming HHS' commitment to advance the health of women at home and around the world and to strengthen the bond of friendship we already feel for the women of Israel.

Helping Women Use Medicines Wisely. HHS launched in March 1998 a nationwide campaign to educate women about the importance of properly using medicines. Women often are the primary caregivers for their children and, increasingly, their own parents. Frequently their own health is overlooked in the process, so by taking time to learn to use medicines wisely, women will be able to take better care of themselves and their families. The grassroots campaign, "Women's Health: Take Time to Care, Use Medicines Wisely" is primarily directed at women over 45, particularly those who are underserved. In developing the campaign HHS partnered with the National Association of Chain Drug Stores and a broad network of organizations, including the League of Women Voters, American Heart Association, National Black Nurses Association, and American Association for Retired Persons.

CONTINUING THE FIGHT AGAINST HIV/AIDS

AIDS Falls From Top Ten Causes of Death. In October 1998, the Centers for Disease Control and Prevention reported that AIDS fell from the top ten causes of death in the U.S., declining an unprecedented 47 percent from 1996 to 1997 to an age-adjusted HIV death rate of 5.9 deaths per 100,000, the lowest it has been since 1987. The decline in AIDS deaths is primarily due to the continuing impact of highly active antiretroviral therapy in helping people with HIV live longer and healthier lives.

Preventing AIDS Through Medical and Behavioral Approaches. President Clinton announced an historic increase in funding to search for an AIDS vaccine. NIH plans to spend $200 million on AIDS vaccine efforts in FY 1999, up 33 percent from FY 1998. As of June 1998, NIH-supported researchers had evaluated 23 vaccine candidates and 10 adjuvants (substances incorporated into a vaccine that boost specific immune responses to the vaccine) in 3,200 volunteers in 49 phase I/II clinical trials. On June 3, 1998, the Food and Drug Administration granted permission to VaxGen Inc. for the nation's first phase III clinical trial for an AIDS prevention vaccine. The three-year trial of the vaccine, called AIDSVAX, will include 5,000 U.S. volunteers and 2,500 volunteers in Thailand. In April, HHS determined that needle exchange programs can be an effective part of a comprehensive strategy to reduce the incidence of HIV transmission without encouraging the use of illegal drugs.

Increasing Access to AIDS Care. In 1998, HHS also increased by 70 percent the funds earmarked for the AIDS Drug Assistance Programs (ADAP), ensuring that more than 100,000

low income individuals living with HIV/AIDS receive life-saving and -sustaining drug therapies. On December 18, 1998, HHS committed $479 million to fund primary health care and support services for low-income individuals in 50 eligible metropolitan areas. Part of these funds are targeted to cities with high numbers of affected African American and Hispanic populations under a special Clinton administration initiative with the Congressional Black Caucus.

CLOSING THE GAP IN HEALTH FOR RACIAL AND ETHNIC MINORITY POPULATIONS

Initiative to Eliminate Racial and Ethnic Disparities in Health. Launched by President Clinton in a White House Radio Address on February 21, 1998, the racial disparities initiative sets a national goal of eliminating major health disparities between whites and racial and ethnic minorities by the year 2010. The initiative focuses on drawing together public and private efforts - including local communities -to eliminate the health disparities in these key areas: infant mortality, diabetes, cardiovascular disease, HIV/AIDS, cancer and adult and childhood immunizations. The President is asking Congress for $400 million over five years to develop new approaches and to build on existing strategies to address these disparities, and Congress has appropriated $65 million for the first year, Fiscal Year 1999. The announcement has been followed up by a major community outreach campaign headed by Dr. Satcher. In October 1998, Secretary Shalala announced the formation of a broad, new Departmental Minority Initiatives Steering Committee, designed to provide guidance for a number of related HHS minority health initiatives. These include the Hispanic Agenda for Action and the Asian-American and Pacific Islander Action Agenda, as well as the White House's Historically Black Colleges and Universities Initiative and the White House Initiative on Tribal Colleges and Universities.

- **Diabetes.** In 1998 HHS' Indian Health Service awarded 286 grants to Indian communities in urban areas and on or near reservations for programs focused on primary prevention of diabetes and promoting healthy lifestyle choices. The programs will reach more than 100,000 American Indians and Alaska Natives suffering with diabetes as well as another 30,000-50,000 who are at risk or have undiagnosed cases. In addition, HHS' Health Resources and Services Administration (HRSA) launched an intensive effort to help its community health centers prevent, diagnose, and treat diabetes. HRSA's community health centers are the health care provider of choice for 10 million Americans, 65 percent of them racial and ethnic minorities.

- **HIV/AIDS.** In response to the severe and ongoing crisis regarding HIV/AIDS in racial and ethnic minority communities, the Department joined President Clinton and the Congressional Black Caucus in announcing a special package of initiatives aimed at reducing the disproportionate burden of HIV/AIDS on racial and ethnic minorities, especially African-Americans and Hispanics. Final Fiscal Year 1999 appropriations included an additional $156 million to enhance the federal response to HIV/AIDS in racial and ethnic minorities. The funding will be used for making available Crisis Response Teams to a number of highly-impacted areas; enhancing HIV/AIDS prevention efforts in racial and ethnic minority communities; and reducing disparities in treatment and health outcomes for minorities with HIV/AIDS.

- **Infant Mortality**. The overall infant mortality rate reached a new low of 7.1 deaths per 1,000 live births. Mortality from Sudden Infant Death Syndrome (SIDS) continued to decline, and

more Americans learned the importance of placing infants on their backs to sleep, in order to prevent SIDS. Timely prenatal care also reached record levels in 1997 as an estimated 82.5 percent of women received care in their first trimester of pregnancy. Low birth weight babies accounted for 7.5 percent of all births, compared to 7.4 percent in 1996. Unfortunately, this increase was confined to non-Hispanic white and Hispanic women. Low birth weight remained unchanged for births to black women.

- **Immunizations.** This year, HHS reported that immunization rates for the complete series of childhood immunizations has reached a record high of 78 percent, and that rates for the most critical vaccines are nearly the same for children of all racial and ethnic groups -- closing a gap that was as wide as 26 points a generation ago. In addition, the number of cases of vaccine preventable disease reached record lows, including the lowest confirmed number of measles cases since 1912. Increasing childhood immunizations has been a priority of the Clinton Administration since 1993, and our FY 1999 budget includes $656 million for vaccine purchases and $316 million for immunization program activities. In the coming years, we will be devoting increased attention to reaching minority children. While 79 percent of white children have received the complete series of vaccinations by age two, only 74 percent of black children and 71 percent of Hispanic children are fully vaccinated.

- **Cancer.** On March 12, 1998, CDC and NIH announced that the incidence and death rates for all cancers combined and for most of the top 10 types of cancer declined between 1990 and 1995, reversing an almost 20-year trend of increasing cancer cases and death in the U.S. The report showed that incidence rates declined for most age groups, for both men and women, and for most racial and ethnic groups. During Breast Cancer Awareness Month in October 1998, Secretary Shalala announced new efforts to encourage mammography screening among special populations, especially to older, low income, and minority women, who tend to have the highest breast cancer mortality rates. HCFA and the National Cancer Institute joined together in an education campaign to increase awareness of the new annual Medicare mammography benefit and the importance of regularly-scheduled screening mammograms. The new efforts focus on high concentration areas of older women. In addition, HCFA offered mammogram screenings to older African-American and Hispanic-American women in Atlanta, Chicago, Cleveland, Los Angeles, Philadelphia, San Antonio, and Washington, D.C.

- **Cardiovascular Disease.** In December 1998, HHS released a landmark study showing that total cholesterol levels for Americans decreased in men and women in all racial groups. However, the study showed that black adolescents experienced a smaller decline compared to non-Hispanic whites and Mexican Americans. Of all the groups, black females continued to have the highest total cholesterol and experienced the smallest decrease over time. The finding of higher total cholesterol levels in black adolescents differs from the pattern in adults, in whom blacks have lower total cholesterol than whites. This will be an area of continued research at NIH.

BETTER HEALTH AND CARE FOR OLDER AMERICANS

Medicare Project to Promote Healthy Aging. In October 1998, HHS announced the Healthy Aging Project, a five-year project designed to find improved ways to slow or prevent physical disabilities in our nation's elderly. With the number of seniors expected to increase to 68 million

by 2030, it is essential to identify the strategies that have been most successful in promoting a healthy aging experience. With this project, HCFA will rigorously evaluate or test some of the many programs that claim to improve health and reduce chronic disease.

Preventing Elder Abuse. According to a recent report to Congress, more than half a million older Americans suffered some form of abuse and neglect in 1996. In cases where a perpetrator of abuse and neglect is known, the perpetrator is found to be a family member in 90 percent of cases, and two-thirds of these perpetrators are adult children or spouses. On October 8, 1998, HHS announced the establishment of a new National Center on Elder Abuse designed to promote understanding among state and local networks of community workers, physicians, elderly volunteers, and others working to prevent elder abuse. The center is funded by a $1 million HHS grant and is led by the National Association of State Units on Aging. Operating as a partnership between several service and legal organizations, the center will especially expand its support of training activities, aiming at helping "senior sentinels" -- persons who work with older persons on a regular basis -- as well as medical and social service professionals to identify and respond appropriately to possible cases of elder abuse and neglect.

Improving Nursing Home Quality. On July 21, 1998, HCFA unveiled a nursing home initiative to enhance protections for nursing home residents, including tougher enforcement of nursing home rules and strengthened oversight of states nursing home quality and safety responsibilities. HCFA has implemented a new monitoring system and given new instructions to states on how to handle problem nursing homes and nursing home chains.

Lifestyle Changes May Help Elderly Eliminate Need for Blood Pressure Medication. On March 18, 1998, NIH announced that the results of a 30-month study of older Americans with high blood pressure showed that losing weight and cutting down on salt can lessen and even eliminate the need for blood pressure-lowering medications in the elderly. By modifying their own behavior, older Americans can play an important role in treating and managing their high blood pressure.

Addressing Substance Abuse Among Older Adults. On May 7, 1998, the Substance Abuse and Mental Health Services Administration (SAMHSA) released a new best practice guideline to assist the health care community in detecting and treating alcohol and medication abuse among older patients. By encouraging service providers to understand the effect that alcohol and drug abuse can have on older people, this report will provide opportunities to help older people who are in need of substance abuse treatment.

International Year of Older Persons. HHS' Administration on Aging, as head of the Federal Committee to Celebrate the International Year of Older Persons, launched the International Year of Older Persons, which began on October 1, 1998 and will last through October 1, 1999. More than 40 federal departments and agencies are involved in the planning for the International Year. Activities are planned throughout 1999 at the national, state and local level and include media roundtables and a two- day conference in June of 1999. A kick-off event featuring the Secretary was held on October 19.

PREVENTING DISEASE AND IMPROVING THE QUALITY OF HEALTH CARE

Cancer Rates Drop, Overall Quality of Life Improves. On March 12, 1998, CDC and NIH announced that the incidence and death rates for all cancers combined and for most of the top 10 types of cancer declined between 1990 and 1995, reversing an almost 20-year trend of increasing cancer cases and death in the U.S. The report showed that incidence rates declined for most age groups, for both men and women, and for most racial and ethnic groups. In October 1998, CDC

reported improvements in a number of quality of life indicators. The overall infant mortality rate reached a new low of 7.1 deaths per 1,000 live births. In addition, life expectancy reached a record high of 76.5 years for those born in 1997. And the preliminary age-adjusted homicide rate continued to decline, falling 12 percent in 1997.

Improving Food Safety. In May 1998 CDC established PulseNet, a national computer network of public health laboratories that will help rapidly identify and stop episodes of foodborne illness. The new system enables epidemiologists to identify serious and wide-spread food contamination problems up to five times faster than previously possible. In July, HHS issued a new food safety regulation requiring a warning on packaged fresh fruit and vegetable juices that have not been processed to prevent, reduce or eliminate illness-causing microbes. Unprocessed juices constitute only about 2 percent of the total juice sold in the U.S., but they have been linked to increasing numbers of foodborne disease outbreaks in the past few years. These actions are part of a series of steps the Clinton administration has taken to improve the safety of foods Americans consume.

National Initiative to Prevent Skin Cancer. In May 1998, CDC launched a national, multi-year awareness initiative to prevent skin cancer among Americans. Skin cancer appears to be related to increases in voluntary sun exposure, making skin cancer largely preventable when sun protective practices and behaviors are consistently followed. The "Choose Your Cover" campaign educates, encourages and empowers young people to protect themselves from the sun's ultraviolet rays by practicing sun-safe behaviors.

Bringing Medicare and Medicaid into Compliance With the Consumer Bill of Rights. In June 1998, HHS established a series of new patient protections for the 39 million beneficiaries of Medicare to bring Medicare into compliance with the Clinton Administration's Consumer Bill of Rights. These new protections include access to emergency services when and where the need arises, patient participation in treatment decisions, and access to specialists. In addition, the 38 million Medicaid beneficiaries also are being assured essential protections in the Consumer Bill of Rights. In September 1998, HCFA published a Notice of Proposed Rulemaking adding new patient protections such as access to specialists and an expedited independent appeals process to bring the program in compliance with the patients' bill of rights, where possible.

HHS Releases Consumer Survey to Empower Medicare Beneficiaries to Make Informed Choices. On February 20, HHS launched a nationwide effort to help patients rate their health plans and to help consumers choose among plans. The effort is built on a new survey tool, the Consumer Assessment of Health Plans (CAHPS), developed by the Agency for Health Care Policy and Research, that provides a consumers-eye view of the care and service they receive from health plans. The survey asks how easily beneficiaries can access specialists and emergency care services and seeks information on the general level of consumer satisfaction. In 1998, CAHPS was adopted by the Office of Personnel Management for use by the Federal Employees Health Benefits Program to survey federal employees and report back the findings of the survey to them to help in the selection of health plans during the federal open season. CAHPS also was merged with another health care quality tool, the HEDIS Member Satisfaction Survey and will be used by the National Committee for Quality Assurance to evaluate and accredit commercial managed care plans. In 1998, HCFA used a specially developed version of CAHPS to survey Medicare enrollees in managed care plans to assess their experiences. The survey results, which will provide extensive information about Medicare managed care plans currently available, will be sent to every Medicare beneficiary in early 1999, helping them make better informed choices about their health plan options.

FIGHTING HEALTH CARE FRAUD, WASTE AND ABUSE

Redoubling Our Commitment. With leadership from HHS' inspector general, the Department-wide initiative against waste, abuse and fraud continued to make progress. On December 7, 1998, President Clinton unveiled a new legislative package as part of his FY 2000 budget that will save Medicare more than $2 billion by combating fraud, waste and abuse. The President's proposals, which will give HCFA more tools to root out fraud in the Medicare system, focus on eliminating excessive Medicare reimbursement for drugs, preventing abuse of Medicare's Partial Hospitalization Benefit, ensuring Medicare does not pay for claims owed by private insurers, empowering Medicare to purchase cost-effective high-quality health care, and requesting new authority to enhance contractor performance.

Ensuring Access to Care in Community Mental Health Centers. In September 1998, HHS took action to ensure that Medicare beneficiaries with acute mental illness get quality treatment in community mental health centers and that Medicare pays appropriately for those services. HCFA now has the authority to begin termination actions against centers that appear unable to provide Medicare's legally required core services, and will require others to come quickly into compliance. HCFA also can demand repayment of money paid inappropriately for non-covered services or ineligible beneficiaries.

Medicare Hires Special Fraud Fighters, Enlists Citizens to Report Fraud. On September 15, 1998, HHS announced that for the first time, Medicare will hire special outside contractors, or "fraud fighters," to carry out audits, conduct medical reviews and conduct programs that will expand the Clinton administration's fight against waste, fraud and abuse. These special fraud fighters will work with the Medicare Integrity Program to end criminal activities by fraudulent health care providers, ensure that Medicare pays only for medically necessary services, and identify honest errors that lead to improper payments. As a further incentive to weed out fraud and abuse, HHS announced that beginning in January 1999, it will give rewards up to $1,000 to Medicare beneficiaries and others who report fraud and abuse in the Medicare program and if their information leads directly to the recovery of Medicare money.

Fighting Fraud and Abuse Among Durable Medical Equipment Suppliers. Suppliers of durable medical equipment, such as wheelchairs, canes and other medical supplies have been an area of special vulnerability to fraud and abuse. As a result of a regulation issued by HHS in January 1998, such suppliers are now required to obtain surety bonds of at least $50,000, to assure that those who sell durable medical equipment for Medicare beneficiaries are legitimate and responsible businesses, not fly-by-night companies, inexperienced individuals without adequate resources, or even criminals who will defraud and abuse the Medicare program."

IMPROVING CUSTOMER SERVICE

Implementing the FDA Modernization Act of 1997. The FDA Modernization Act of 1997, which became law in November 1997, requires FDA to improve the regulation of food, medical products and cosmetics. By November 1998, FDA had met nearly all of the deadlines for carrying out the law's provisions and completed a number of initiatives, including: a final regulation establishing parameters for distributing sound and balanced information about "off-label" uses for marketed drugs, biological products, and medical devices; guidance on FDA's fast track programs, intended to ease the development and evaluation of new drugs and biologics to treat serious and life-threatening illnesses; and an overall FDA plan for complying with the terms of the new law, developed through a series of meetings with stakeholders across the U.S.

Online Access to Information. Throughout 1998 HHS made valuable use of the Internet by

developing numerous Web sites to make information more accessible to the public. HCFA unveiled a new Web site (http://www.medicare.gov) that contains information for Medicare beneficiaries and others involved in making health care decisions, including Medicare Compare and preventive benefits information. The AoA launched a limited access interactive Web site (AgingNet) specifically devoted to the key members of its national aging network, the state and area agencies on aging. Through this personalized service, customized information and technical assistance can be quickly disseminated and provided to our partners throughout the country. Both NIH and AoA unveiled Spanish-language Web sites that provide resource and referral information and selected Spanish-language publications to those interested in hispanic aging and health issues.

Assuring Year 2000 Readiness. HHS finished 1998 with Year 2000 (Y2K) preparedness ahead of schedule. The majority of HHS mission-critical systems were Y2K-compliant at the end of December, three months prior to the government-wide March 31, 1999 deadline. For the particularly complex Y2K tasks in Medicare, HCFA ended the year with all internal systems fully Y2K-compliant, and 95 percent of the renovation of the code for the 78 external mission critical systems (payment systems operated by Medicare contractors) also compliant. FDA worked throughout 1998 with medical device manufacturers to gather and post information to help hospitals, doctors, and researchers ensure that medical and laboratory equipment will be ready for the date conversion, which takes place on January 1, 2000. During 1999, in addition to extra testing of computer systems, HHS will accelerate outreach activities to assure that private sector partners, providers and suppliers, know how to ensure their own Y2K readiness.

CONTINUING PROGRESS ON WELFARE REFORM

Welfare-to-Work Efforts Paying Off. An HHS report sent to Congress in August 1998 found welfare reform succeeding overall, and state have not cut benefits in "race to the bottom" that was feared. Almost every state requires personal responsibility contracts, and most states have adopted a work-first model, with 32 states expecting clients to work within six months. For the first time, half of all low-income single mothers with children under six-the population most affected by welfare policy-are working, a dramatic increase from 35 percent in 1992. State evaluations of welfare programs show employment increases of 8 to 15 percentage points. A Maryland study found that less than one half of 1 percent of families leaving welfare placed a child in foster care, and most of those families had already been under investigation for abuse and neglect.

Welfare Caseload Continues Unprecedented Decline. As of June 1998, HHS announced that welfare caseloads have declined to approximately 8.4 million recipients and slightly over 3 million families. Since January 1993, the number of recipients on welfare has dropped by more than 41 percent, including a decline of more than 30 percent since the enactment of the welfare reform law on August 22, 1996. There are 5.7 million fewer recipients on the welfare rolls since President Clinton took office, and 3.8 million fewer welfare recipients since the passage of the 1996 law. The rate of decline remains strong with nearly 2 percent reductions each month, almost double the rate for the same period in 1997.

Tracking Delinquent Parents. HHS reported that the National Directory of New Hires, a child support collection system launched in October 1997, marked a year of record achievements in collections and paternity establishments and found more than 1.2 million delinquent parents. On June 24, 1998, President Clinton signed into law the Deadbeat Parents Punishment Act of 1998. The law is based on his 1996 proposal for tougher penalties for parents who repeatedly fail to

support children living in another state or who flee across state lines to avoid supporting them. On October 1, 1998, HHS started operating the Federal Case Registry, which will contain records of all parents who owe child support. Combined with the National Directory of New Hires, HHS now has the strongest child support enforcement resource in the history of the program for finding parents who are earning money, but not paying child support.

Federal Government Helps to Shrink Welfare Rolls. President Clinton announced in August 1998 that the federal government had hired 5,714 new workers off the welfare rolls, which is more than half-way to its goal of 10,000 by 2000. Nearly 80 percent of these new workers are outside the Washington, D.C. metropolitan area. HHS has hired 282 new workers from the welfare rolls and is well ahead of schedule in reaching its goal of 300 new welfare hires by 2000.

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•Date: Wednesday, December 31, 1997
FACT SHEET
Contact: HHS Press Office (202) 690-6343

1997: HHS CONTINUES PROGRESS TOWARD KEY GOALS

In 1997, HHS made significant strides toward ensuring that Americans have the tools they need to lead healthy and productive lives. Through targeted investments, we helped continue the important progress we've made since 1993 toward creating a stronger and healthier nation. And through better management, we streamlined and strengthened our services.

In particular, we took important steps toward improving health care access and quality. Under the Balanced Budget Act of 1997, we launched an historic expansion of health care for our nation's children. We also strengthened the Medicare and Medicaid programs, adding important new benefits and extending the life of the Medicare Trust Fund without raising premiums. President Clinton also appointed a new advisory commission to improve health care quality, which proposed a new Consumer Bill of Rights. And we began implementation of the landmark Health Insurance Portability and Accountability Act of 1996, which includes important new protections for an estimated 25 million Americans who move from one job to another, who are self-employed, or who have pre-existing medical conditions. We also initiated a new effort to ensure privacy of personal health records, and achieved unprecedented levels of recoveries and prosecutions under our expanded effort to fight health care fraud and abuse.

In addition, HHS again reported significant gains in key indicators of our nation's health. AIDS deaths declined for the first time in the history of the epidemic, and teen birth rates declined for the fifth straight year. Infant mortality rates reached a new record low, and more women than ever before received prenatal care. Childhood immunization rates reached a record high, meeting the goals we set in 1993, and rates of vaccine preventable childhood disease fell to all-time lows.

HHS also announced new signs of progress in combating teen drug use with two comprehensive studies showing the first leveling off of drug use among young teens since 1992. And we achieved the largest decline in welfare caseloads in history.

In the coming year, we will continue to build on these accomplishments and prepare HHS -- and the nation -- for the 21st century. As part of this effort, we will work with Congress to craft bipartisan legislation to enact the Consumer Bill of Rights for health care, protect the privacy of health records, and dramatically reduce youth tobacco use.

Guide to HHS Progress Toward Goals

BUILDING STRONG FOUNDATIONS FOR INFANTS AND YOUNG CHILDREN

- ☐ New Children's Health Insurance Program
- ☐ Increasing Adoptions
- ☐ Improving Child Care
- ☐ Head Start Expansion Initiative
- ☐ Record Vaccination Levels

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☐ Record Progress In Preventing Infant Mortality

■

☐ Increasing Availability of Pediatric Use Information for Prescription Drugs

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☐ ENSURING SAFE PASSAGES TO ADULTHOOD FOR ADOLESCENTS

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☐ National Strategy to Prevent Teen Pregnancy

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☐ New Signs of Progress in Combating Youth Drug Use

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☐ First Provisions of the President's Plan to Reduce Youth Tobacco Use Become Effective

☐

☐ IMPROVING HEALTH CARE QUALITY

☐

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☐ HHS Takes First Steps Toward Implementing Landmark Health Insurance Legislation

■

☐ Advisory Commission on Consumer Protection and Quality in the Health Care Industry

■

☐ Consumer Bill of Rights

■

☐ Ban on Time Limits for Breast Cancer Surgery

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☐ New Patient Appeals Rights

■

☐ Physician Incentive Rules

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☐ Standardizing Health Plan Performance Measurement

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☐ Medicare Managed Care Marketing Guidelines Released

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☐ FIGHTING HEALTH CARE FRAUD, WASTE, AND ABUSE

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☐ Record Recoveries and Prosecutions

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☐ Expanding Operation Restore Trust

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☐ Tightening Standards for Health Care Providers Participating in Medicare and Medicaid

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☐ New Resources for Fraud and Abuse Control

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☐ Medicare Fraud Hotline Improved and Expanded

■

☐ Medicare Secondary Payer Initiatives Produce Significant Savings

☐

☐ PROGRESS IN THE FIGHT AGAINST HIV/AIDS

☐

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☐ First Ever Decline in AIDS Deaths

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☐ IDS Vaccine Initiative

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☐ New Treatment Guidelines

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☐ Increased Access to AIDS Drugs

☐

☐ IMPROVING DEPARTMENT MANAGEMENT

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☐ Increasing On-Line Access to Health Information

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☐ Streamlining and Modernizing the FDA

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☐ MOVING FORWARD ON THE PROMISE OF WELFARE REFORM

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☐ Largest Caseload Decline in History

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☐ Overhauling the Welfare System Nationwide

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☐ Record Child Support Enforcement

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☐ New Proposal to Improve State Child Support State Incentive Payments

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☐ OTHER SIGNIFICANT ACCOMPLISHMENTS

☐

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☐ Ensuring Food Safety

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☐ Improving Guidance on Mammography

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☐ First Biotechnology Product to Treat Cancer

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☐ Increasing Organ Donation

BUILDING STRONG FOUNDATIONS FOR INFANTS AND YOUNG CHILDREN

New Children's Health Insurance Program. At President Clinton's urging, the Balanced Budget Act of 1997, signed into law by the President on August 5, 1997, provides the largest increase in funds available for health insurance for low-income

children since the creation of Medicaid in 1965. The $24 billion set-aside for children, administered by HHS, will allow states to extend health coverage to millions of uninsured children by expanding their current Medicaid programs or by creating new health insurance plans.

Increasing Adoptions. On February 14, 1997, HHS submitted to President Clinton Adoption 2002, a new action plan to help states set and meet urgent new adoption targets. The report, developed under a Presidential directive signed by President Clinton in December 1996, takes its name from the President's goal to at least double by the year 2002 the number of children adopted or permanently placed each year. Specific recommendations contained in the report included changing federal law to clarify reasonable efforts to reunite families, offering financial incentives to states to increase adoptions and permanent placements, and providing technical assistance to states, courts, and communities to move children more rapidly from foster care to permanent homes. In November 1997, President Clinton signed into law the Adoption and Safe Families Act of 1997, enacting a key part of the President's plan by changing federal law to require that children in foster care receive permanent placements within 12 months. As part of the President's initiative, HHS also awarded 40 demonstration grants in October 1997 for programs aimed at increasing adoptions and reducing the number of children in foster care. In 1997, HHS also awarded child welfare waivers to six states to allow them to test innovative strategies to improve child welfare systems.

Improving Child Care. On October 23, 1997, President Clinton hosted the first-ever White House Conference on Child Care to focus the nation's attention on the importance of addressing the need for safe, affordable, quality child care. This Conference underscores and builds upon the Clinton Administration's commitment to strengthening the American family by giving parents the tools they need to fulfill their responsibilities and giving children the ability to reach their full potential. At the Conference, HHS proposed a National Child Care Provider Scholarship Fund that will increase child care providers' incentives to complete child care-related course work.

Head Start Expansion Initiative. In March 1997, HHS announced a new Head Start initiative that will expand Head Start services for children while also helping parents on welfare move to work. Under the new initiative, Head Start expansion funds are being used for the first time to build partnerships with child care providers to deliver full-day and full-year Head Start services. Full-day and full-year services, in turn, can help parents attain full-time work. Through the Head Start-child care partnerships, Head Start and child care agencies combine staff and funds to provide high quality services. Children stay in one place all day, rather than attending Head Start for half a day and then moving to child care for the remainder of the day. Since taking office, the Clinton Administration has nearly doubled funding for Head Start, increased the number of children and families served by approximately 35 percent to about 836,000, and expanded the number of children age 0-3 in Head Start to over 37,000.

Record Vaccination Levels. In July 1997, HHS announced that childhood immunization rates reached a new all-time high of 78 percent in 1996 for the

complete series of recommended vaccinations. In addition, HHS announced that the nation had exceeded its childhood vaccination goals for 1996, with 90 percent or more of America's toddlers receiving the most critical doses of the most routinely recommended vaccines for children by age two. Also in 1996, reported levels of preventable childhood diseases were at near or record lows, and three diseases reached the elimination targets. The 1996 goals were set in 1993 when President Clinton launched the comprehensive Childhood Immunization Initiative (CII), led by the CDC, in response to low vaccination rates among preschool children.

Record Progress In Preventing Infant Mortality. In 1997, HHS announced that the nation had again reached a record low infant mortality rate. Driving the overall decline in infant mortality was a 15 percent decline in infant deaths attributed to Sudden Infant Death Syndrome (SIDS) between 1995 and 1996. This decline is largely attributed to the increase in awareness produced by the Department's Back to Sleep campaign, which spreads the message that infant caregivers can reduce the risk of SIDS by placing babies on their backs to sleep. In addition, HHS announced in 1997 that a record number of women are receiving prenatal care in their first trimester of pregnancy. To help build on this progress, HHS in February 1997 announced the nation's first toll-free referral and information service to help women obtain proper prenatal care throughout their pregnancies. Callers in all 50 states can now call 1-800-311-BABY (2229) for pregnancy and prenatal care information, including referral to local clinics and physicians. A separate phone number is available for Spanish speakers: 1-800-504-7081. The service is supported by HRSA's Healthy Start program.

Increasing Availability of Pediatric Use Information for Prescription Drugs. On August 13, 1997, President Clinton unveiled a new FDA regulation that will protect children by requiring drug manufacturers to study the safety and appropriate dosage levels of medications for pediatric populations. The regulation also requires proper labeling of drugs for use by children. Even though many drugs affect children differently than adults, most drugs have not been tested on pediatric populations. Under this rule, manufacturers of prescription drugs likely to be used by children will be required to complete studies and place information on drug labels to help pediatricians and other health care providers make scientifically-based treatment decisions when prescribing drugs to children.

ENSURING SAFE PASSAGES TO ADULTHOOD FOR ADOLESCENTS

National Strategy to Prevent Teen Pregnancy. HHS announced in 1997 that the birth rate for teens aged 15-19 has declined five straight years in row, decreasing by 12 percent between 1991 and 1996. To build on this success, the Clinton Administration in January 1997 launched a comprehensive effort to prevent teen pregnancy and encourage adolescents to remain abstinent. The new initiative, led by HHS, builds on the variety of efforts already underway at HHS and in communities across the country. The initiative also responds to a call from the President and Congress for a national strategy to prevent out-of-wedlock teen pregnancies and to a directive, under the new welfare law, to assure that at least 25 percent of communities in this country have teen pregnancy prevention programs in place. To supplement this effort, HRSA in 1997 began awarding $50 million a year in new

funding for state abstinence education activities, provided for under the new welfare law. And in May 1997, HHS announced the availability of two new $1 million grant programs for communities to develop innovative approaches to prevent teen pregnancy -- one targeted to girls and the other to boys.

New Signs of Progress in Combating Youth Drug Use. In 1997, HHS released data showing that illicit drug use among younger teens has leveled off for the first time since 1992. The data, taken from the 1996 National Household Survey on Drug Abuse and the 1997 Monitoring the Future Survey, also shows that after doubling from 1992 to 1995, marijuana use is leveling off among younger teens, and shows signs of beginning to level off among older teens as well. The surveys also found signs of improvement in drug-related attitudes, with disapproval of substance abuse increasing among younger teens. To bolster efforts to prevent youth substance abuse, HHS in October 1997 awarded a total of $15 million in grants to Governors' offices in five states to support statewide planning for coordinated youth substance abuse prevention services. Another $5 million was awarded to five regional centers, which will help the states implement well grounded, research-based substance abuse prevention strategies. HHS also released the first research-based guide to preventing young people from using drugs, and approved the first non-prescription test system for drugs of abuse.

First Provisions of the President's Plan to Reduce Youth Tobacco Use Become Effective. On February 27, 1997, the first provisions of the FDA's comprehensive rule to prevent the sale of tobacco products to children went into effect. In February, the FDA launched a nationwide outreach effort to educate retailers, parents and community leaders about the provisions of the FDA rule to protect children from tobacco products, and on August 1, 1997, the FDA joined with 20 national retailer, consumer and health professional organizations to launch a major poster campaign to assist retailers in enforcing age and photo ID provisions. In September 1997, President Clinton called for comprehensive national legislation to build on the FDA rule and significantly reduce children's use of tobacco products.

IMPROVING HEALTH CARE QUALITY

HHS Takes First Steps Toward Implementing Landmark Health Insurance Legislation. On April 1, 1997, HHS announced new regulations as the first step in implementing key provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), signed into law by President Clinton on August 21, 1996. The regulations focus on limiting exclusions for pre-existing medical conditions, prohibiting discrimination against employees and dependents based on their health status, guaranteeing availability of health insurance to small employers, and guaranteeing renewability of insurance to all employers regardless of size. In addition, Secretary Shalala on September 11, 1997 submitted to Congress recommendations for Federal health record confidentiality legislation as called for in the Act. The recommended legislation would guarantee rights for patients and define responsibilities for record keepers, so that there will be clear guidance and real incentives for confidential, fair, and respectful treatment of personal health information, and penalties for its misuse. Using these recommendations as a guide, HHS will work with Congress to enact bipartisan legislation to guarantee these

protections.

Advisory Commission on Consumer Protection and Quality in the Health Care Industry. In March 1997, President Clinton announced the members of the Advisory Commission on Consumer Protection and Quality in the Health Care Industry, created through an Executive Order signed by President Clinton to build on his Administration's commitment to improving the quality of the nation's health care system. The 32-member Commission will review rapid changes in the health care financing and delivery systems and make recommendations, where appropriate, on how best to preserve and improve the quality of the nation's health care system. Co-chaired by the Secretaries of Health and Human Services and Labor, the Advisory Commission has broad-based representation from consumers, businesses, labor, health care providers, insurers, and quality and financing experts.

Consumer Bill of Rights. In November 1997, the Advisory Commission on Consumer Protection and Quality in the Health Care Industry announced their recommendation for a "Consumer Bill of Rights" to promote and assure patient protections and health care quality. The three goals of the Consumer Bill of Rights are: (1) to strengthen consumer confidence that the health care system is fair and responsive to consumer needs; (2) to reaffirm the importance of a strong relationship between patients and their health care providers; and (3) to reaffirm the critical role consumers play in safeguarding their own health. The President has asked all federal agencies to develop plans for applying the "Consumer Bill of Rights" to their workforce, and challenged private health care plans to adopt the standards. The Clinton Administration will work with Congress in the coming year to craft bipartisan legislation to enact the Commission's recommendations. The full text of the Consumer Bill of Rights is available on the Internet at **www.hcqualitycommission.gov**.

Ban on Time Limits for Breast Cancer Surgery. In February 1997, HHS announced steps to ensure that Medicare beneficiaries are protected from any requirements by health plans that would place time limits on hospital stays for mastectomies. In letters to 350 managed care plans contracting with Medicare, HHS said outpatient surgery or limitation on hospital stays may not be required by plans for beneficiaries undergoing surgery for the treatment of breast cancer. Medicare paid for more than 84,000 mastectomies last year, or about a third of all mastectomies in the U.S. This action coincides with a call by President Clinton for bipartisan legislation to guarantee that a woman can stay in the hospital for 48 hours following a mastectomy. **New Patient Appeals Rights.** Response within 72 hours to appeals of care denials is required for Medicare beneficiaries under regulations enacted by HHS in April 1997. This regulation covers decisions that could jeopardize life, health or ability to regain maximum function, and terminations of care, such as skilled nursing facility discharge.

Physician Incentive Rules. As of January 1997, health plans are required to disclose financial incentives and pay for stop-loss insurance for physicians so they can lose no more than 25 percent of their income if the cost of care for their patients exceeds what they are paid by the plan. The regulations also ban any incentive arrangements that include payments to doctors to limit or reduce medically

necessary services. These rules are designed to make sure incentives to discourage unnecessary services do not jeodardize quality patient care.

Standardizing Health Plan Performance Measurement. In January 1997, HCFA formally launched the Medicare Health Plan Employer Data Information Set (HEDIS), a partnership with the Kaiser Family Foundation to establish a performance measurement system that will minimize reporting burdens on managed care plans serving Medicare beneficiaries. The new measures will help plans to improve the quality of their care and support efforts to improve the health status of beneficiaries.

Medicare Managed Care Marketing Guidelines Released. On September 8, 1997, HHS issued marketing guidelines to help Medicare beneficiaries make informed choices about managed care plans. The guidelines will inform health plans serving Medicare what is, and is not, allowed under Medicare managed care regulations on advertising, enrollment, and required notifications to Medicare beneficiaries. The guidelines will also help expedite review of marketing materials by the Health Care Financing Administration, which runs the Medicare program.

FIGHTING HEALTH CARE FRAUD, WASTE, AND ABUSE

Record Recoveries and Prosecutions. On September 29, 1997, HHS announced that the Department's expanded efforts to fight fraud and abuse in health care are paying off, with unprecedented levels of recoveries and prosecutions. In FY 1997, HHS identified $1.2 billion for collection in total fines, restitutions, settlements, and recoveries -- the most ever identified in one year. The FY 1997 total was six times higher than recoveries for FY 1996, and over three times higher than the previous best year for recoveries. In addition, criminal and civil prosecutions totaled 1,340 cases in FY 1997 -- double the number for FY 1996, and more than five times the total number in FY 1995. Over 2,700 health care providers and entities were excluded from doing business with Medicare, Medicaid, and other federal and state health care programs for engaging in fraud or abuse of the programs -- an 86 percent increase from the 1,400 exclusions in FY 1996. Since 1993, actions affecting HHS programs alone have saved taxpayers more than $20 billion and increased health care fraud convictions by 240 percent.

Expanding Operation Restore Trust. In May 1997, Secretary Shalala announced a new, nationwide expansion of Operation Restore Trust (ORT), the Department's comprehensive anti-fraud initiative. ORT was started in 1995 as a two-year, five state pilot program to test the success of several innovations in fighting fraud and abuse in the Medicare and Medicaid programs. During the demonstration, ORT identified $23 in overpayments for every $1 spent looking at the fast-growing areas of Medicare, including home health care, skilled nursing facilities, and providers of durable medical equipment.

Tightening Standards for Health Care Providers Participating in Medicare and Medicaid. On September 15, 1997, President Clinton announced three new weapons to fight fraud and abuse in the home health care industry, the fastest growing part of the Medicare program. The President announced: (1) an immediate moratorium on all new home health providers coming into the Medicare program while HHS implements new regulations to prevent risky providers from entering

the program; (2) a new renewal process for home health agencies currently in the program to help weed out fraudulent providers; and (3) a doubling of audits to help increase detection of fraud and abuse. In addition, the Clinton Administration in March 1997 proposed a new regulation that would revise the federal standards, called Conditions of Participation, that health care providers must meet in order to participate in the Medicare program. The new rule, included at the President's urging in the Balanced Budget Act of 1997, requires applicants to provide their social security numbers and employer identification numbers so HCFA can check for past fraudulent activity, and to conduct criminal background investigations on the staff they hire. The Balanced Budget Act will further reduce fraud and abuse in home health care by establishing a prospective payment system for home health services, tightening eligibility, and developing guidelines for use of home health services.

New Resources for Fraud and Abuse Control. In FY 1997, the HHS Office of the Inspector General (OIG) received $70 million from the new Health Care Fraud and Abuse Control Account created under the Health Insurance Portability and Accountability Act of 1996. The landmark Act, signed into law by President Clinton in August 1996, created a stable source of funding for health care fraud control efforts for the first time. The new funding has enabled the OIG to open six new field offices to facilitate enforcement actions, increasing from 26 to 31 the number of states in which the OIG is present. In addition, HHS in August 1997 awarded more than $2.25 million in grants funded by HIPAA through HCFA and the Administration on Aging for new programs to aid in the fight against health care fraud and abuse. Provisions under HIPAA will also establish a fraud and abuse database to identify health care providers who have been the subject of adverse actions as a result of illegal or abusive practices, and award grants to partner agencies engaged in investigations, prosecutions, and audits of health care fraud and abuse.

Medicare Fraud Hotline Improved and Expanded. In July 1997, HHS expanded the Medicare fraud hotline started in 1995 to report fraud and abuse in Medicare and Medicaid programs. Over 32,000 complaints that warranted follow-up action have been received since it began service. The hotline is staffed Monday through Friday, 8 a.m. to 5:30 p.m. Eastern Standard Time, and assistance is available in both English and Spanish. The toll-free Hotline number is 1-800-HHS-TIPS (1-800-447-8477). The TTY number for the hearing impaired is 1-800-377-4950 and the fax number is 1-800-223-8164.

Medicare Secondary Payer Initiatives Produce Significant Savings. In 1997, HCFA saved more than $1.1 billion because of new initiatives that help Medicare avoid paying bills that should be paid by other insurers. The Initial Enrollment Questionnaire and Prospective Data Sharing initiatives are both identifying Medicare beneficiaries who have other health insurance coverage. Under Medicare Secondary Payer (MSP) laws, other insurers covering Medicare beneficiaries often must pay claims before Medicare. This applies, for example, to beneficiaries with coverage through current employment.

PROGRESS IN THE FIGHT AGAINST HIV/AIDS

First Ever Decline in AIDS Deaths. In September 1997, HHS reported that, for the first time in the history of the epidemic, the number of Americans diagnosed with AIDS declined, falling six percent for Americans over age 12 between 1995 and 1996. In addition, HHS reported that HIV/AIDS mortality declined 26 percent between 1995 and 1996, falling from the leading cause of death among 25-44 year olds to the second leading cause of death in that age group. The CDC also reported a slowing in the epidemic overall and a 43 percent decline in perinatally acquired AIDS cases between 1995 and 1996.

AIDS Vaccine Initiative. On May 18, 1997, President Clinton challenged the nation to commit itself to the goal of developing an AIDS vaccine within the next ten years. The President also announced a number of important initiatives to help fulfill this commitment, including high-level international collaboration, a dedicated research center for AIDS vaccine research at NIH, and outreach to scientists, pharmaceutical companies, and patient advocates to maximize the involvement of both private and public sectors in the development of an AIDS vaccine. As part of this effort, the National Institute of Allergy and Infectious Diseases at NIH in September 1997 announced the first grant recipients in its new program to foster innovative research on AIDS vaccines.

New Treatment Guidelines. In 1997, HHS released draft guidelines for treating HIV with antiretroviral drugs. The guidelines, developed by panels of AIDS clinicians and researchers, reflect the current state of knowledge about HIV disease and antiretroviral drugs, and will help standardize and improve the quality of care for HIV-infected persons in the United States.

Increased Access to AIDS Drugs. In 1997, HHS dramatically increased funding for the AIDS Drug Assistance Program, significantly increasing access to promising treatments for HIV and AIDS. ADAP funding increased by 70 percent, and nearly 80,000 people benefited from the program in 1997. In addition, the FDA approved four new AIDS drugs and two drugs for AIDS related conditions in 1997. In March 1997, the FDA approved the first protease inhibitor with labeling for use in children.

IMPROVING DEPARTMENT MANAGEMENT

Increasing On-Line Access to Health Information. In April 1997, HHS launched Healthfinder, a new government gateway site on the Internet that brings together under one umbrella the broad range of consumer health information resources produced by the federal government and its many partners. Its current resources include hyperlinks to more than 1,000 Web sites and nearly 1,200 selected online documents. The address for Healthfinder is http://www.healthfinder.gov. To provide better access to research information, the National Library of Medicine at the NIH in June 1997 launched a new service to provide all Americans free access to MEDLINE -- the world's most extensive collection of published medical information -- over the World Wide Web. Prior to this announcement, users have had to register and pay to search MEDLINE and other NLM databases. MEDLINE can be accessed at: http://www.nlm.nih.gov. Also in June 1997, HHS announced a new "Computers for Seniors" program designed to help give older Americans access to the Internet and help them make better use of

Medicare, Medicaid and other HHS programs.

Streamlining and Modernizing the FDA. In 1997, the FDA made significant progress in streamlining operations to improve consumer access to drug information, cut red tape, and speed approval of new medical products and devices. To date, the agency has cut new drug approval times nearly in half, while the number of new drugs approved in a year has doubled. In recognition of its innovations of the U.S. drug approval process, the FDA was named a 1997 winner of the prestigious Innovations in American Government Awards Program, sponsored by the Ford Foundation and Harvard University's John F. Kennedy School of Government. To build on this progress, President Clinton signed into law the FDA Modernization Act of 1997 on November 21, 1997, improving the regulation of food, medical products and cosmetics. In 1997, the FDA proposed a "new use initiative" to speed up the development of new and supplemental uses of medications; announced new, easier to understand labels for over-the-counter drugs; and launched an initiative to provide consumers with better, easier to understand information about prescription drugs. In addition, the FDA announced a plan to reinvent the regulation of human tissue, the FDA's sixth reinvention effort as part of the Clinton Administration's Reinventing Government Initiative.

MOVING FORWARD ON THE PROMISE OF WELFARE REFORM

Largest Caseload Decline in History. In 1997, HHS announced that the welfare caseload fell by 3.4 million recipients, from 14.1 million in January 1993 to 10.7 million in May 1997, a drop of 24 percent since the Clinton Administration took office. Forty-eight out of fifty states have seen their caseloads decline, with ten states reducing their rolls by 40 percent or more in the last four years. This is the largest welfare caseload decline in history and represents the lowest percentage of the population on welfare since 1970. According to an analysis released in 1997 by the Council of Economic Advisors (CEA), the reduction in the welfare rolls can be attributed to the strong economic growth during the Clinton Administration, the waivers granted to states to test innovative strategies to move people from welfare to work, and other factors, such as the Administration's expansion of the Earned Income Tax Credit.

Overhauling the Welfare System Nationwide. On July 1, 1997, the historic welfare law that the President signed last August went in to effect in every state, making work and responsibility the law of the land. HHS has certified welfare plans for each state. In accordance with the welfare law, all plans require and reward work, impose time limits, and demand personal responsibility. The balanced budget that the President signed on August 5, 1997 delivered on the President's pledge to fulfill the promise of welfare reform by investing in moving people from welfare to work and fixing the provisions in the law that had nothing to do with welfare reform, including restoring disability and health benefits to legal immigrants who are currently receiving benefits or become disabled in the future, and continuing Medicaid coverage for currently disabled children receiving SSI. On November 17, 1997, HHS proposed regulations under the new law which are intended to help all welfare recipients who can work go to work, and to encourage states to work with all families.

Record Child Support Enforcement. Due to the President's unprecedented and sustained campaign to make noncustodial parents pay the child support they owe, HHS announced in 1997 that it had collected a record $12 billion in child support in 1996, an increase of 50 percent since 1992. In addition, HHS announced that paternity establishment almost doubled to nearly 1 million cases in FY 1996, from 516,000 in 1992. And the number of families actually receiving child support rose to 4 million cases with collections, an increase of 43 percent over 1992. To build on this progress, the new welfare law includes tough child support measures long-supported by the President, including: a national new hire reporting system; streamlined paternity establishment; uniform interstate child support laws; computerized state-wide collections; and tough new penalties. These measures are projected to increase child support collections to more than $24 billion in the next ten years.

New Proposal to Improve State Child Support State Incentive Payments. On March 13, 1997, Secretary Shalala submitted to Congress a proposal designed to further improve the performance of state child support enforcement programs by linking federal incentive payments to states to their performance in five key areas: establishment of paternities, establishment of child support orders, collections on current child support owed, collections on previously or past due child support owed, and cost-effectiveness. The five areas are intended to better measure the performance of states in fostering parental support for children and family self-sufficiency. Current law provides for HHS to make incentive payments to states for their child support enforcement systems, but these payments are based only on cost-effectiveness. Under the new welfare reform law, HHS was authorized to prepare an alternative plan. On September 16, 1997, Secretary Shalala joined Reps. Clay Shaw and Sandy Levin in announcing bipartisan legislation drawn from the HHS proposal. The legislation would provide incentive funds to states which deliver real results for children who need child support payments from non-custodial parents. To reinforce the goal of achieving self-sufficiency, states will be rewarded for collection in all child support cases, but with a stronger emphasis on welfare and former welfare cases. The House passed this legislation in 1997, and action on the bill is pending in the Senate.

OTHER SIGNIFICANT ACCOMPLISHMENTS

Ensuring Food Safety. In 1997, HHS dramatically increased attention on food safety. In January, President Clinton announced a comprehensive new food safety initiative to help detect and respond to outbreaks of foodborne illness earlier, and to give us the data we need to prevent future outbreaks. The CDC and the FDA play a key role in this new initiative. Key components of the new initiative include: building a national Early Warning System to identify infectious agents and their sources and rapidly communicate these findings nationwide; developing new methods for monitoring the food supply; strengthening intergovernmental coordination to reduce and improve responses to outbreaks of foodborne illnesses; and improving awareness of food safety practices. Building on the President's initiative, the FDA in August 1997 announced new measures to reduce the risk of illness from disease-causing microbes in unpasteurized fruit and vegetable juices,

and in October announced an initiative to upgrade domestic food safety standards and to ensure that fruits and vegetables coming from overseas are as safe as those produced in the United States. In addition, the FDA in December 1997 approved the irradiation of meat products to control disease_causing micro_organisms.

Improving Guidance on Mammography. In March 1997, NIH issued a recommendation that women age 40 and over be screened with mammography every one to two years. In addition, NIH recommended that women at higher risk of breast cancer get expert medical advice even before the age of 40 about when to begin screening and about the frequency of their screening. To support this new recommendation, President Clinton proposed and Congress adopted an expansion of Medicare coverage which will help pay for annual mammograms for all Medicare beneficiaries age 40 and over. The new benefit will be available starting January 1, 1998. In addition, the FDA in October 1997 announced final regulations that significantly improve the quality and performance of equipment and personnel at all U.S mammography facilities. The regulations implement the Mammography Quality Standards Act (MQSA) passed by Congress in 1992. The MQSA requires that all mammography facilities meet stringent quality standards, be accredited by an FDA-approved accreditation body, and be inspected annually.

First Biotechnology Product to Treat Cancer. On November 26, FDA approved Rituxan, the first biotechnology product to treat cancer. The drug is used to treat a type of non_Hodgkin's lymphoma. Rituxan targets and destroys white blood cells involved in the disease. Because specific cells are targeted, rather than all fast-growing cells, as is the case for most chemotherapy, tumor shrinkage is accomplished with fewer toxic side effects than other cancer treatments.

Increasing Organ Donation. In December 1997, HHS launched a National Organ and Tissue Donation Initiative aimed at increasing the number of organ donations and reducing the number of Americans who die each year while waiting for organ transplantation. The initiative builds on more than a decade of experience gained from government, private, and volunteer efforts. Focusing on known barriers to donation, it will: (1) create a broad partnership of public, private, and volunteer organizations to encourage Americans to agree to organ and tissue donation; (2) emphasize the need to share personal decisions on organ donation with one's family; (3) work with health care providers, consumers, and physicians to ensure that deaths are reported to organ procurement organizations whenever there is potential for donation; and (4) learn more about what works to bring about donation, through research and evaluation, including an HHS conference on best practices next spring.

# # #

•Date: Tuesday, Dec. 31, 1996
FACT SHEET
Contact: HHS Press Office, (202) 690-6343

1996: YEAR OF ACHIEVEMENT, RENEWED COMMITMENT

Over the past four years, the Department of Health and Human Services has made important commitments to the American people. We made a commitment to protect our nation's children, and to pay special attention to the needs of our adolescents. We enhanced our long-term commitments to improving the health and enhancing the independence of all Americans. And we made new commitments to tough management at HHS, finding new ways to do business and get results.

Today, those commitments are paying off. Childhood immunization rates are at their highest levels ever in this country, and infant mortality is at an all-time low. There are 2 million fewer people on welfare, and teen pregnancy rates are going down. We're making work pay with more child care, better child support enforcement, an expanded Medicaid program, and a reformed welfare system.

We launched an historic children's tobacco initiative to take power back from the cigarette companies and put it in the hands of parents. We demanded quality from every Head Start program. And we dramatically reduced drug approval time at the FDA, allowing new advances in AIDS and other pharmaceuticals to reach Americans faster, while preserving high standards for safety and effectiveness.

Under our "zero tolerance" policy for fraud and abuse, our Operation Restore Trust program is saving $10 in health care costs for every anti-fraud dollar we spend. And we're protecting Medicare for seniors and the disabled, giving beneficiaries enhanced benefits and greater choice in their medical care.

Over the next four years, we must complete the job in many of these areas - and prepare to meet the goals of the 21st century. We must reduce the ranks of the uninsured, especially among our children. We must ensure that the quality of health care in America remains among the best in the world. We must continue to aim at independence for all Americans, while providing a safety net when help is needed. We must aggressively address the problem of teen drug and alcohol abuse. We must extend our crusade against waste, fraud and abuse. And we must assure the solvency of the Medicare program in both the near- and long-term, for all Americans young and old.

These are tough challenges. But in an America where the doors of opportunity are wide open and the keys of responsibility are in every person's hands, we can achieve them. ***Donna E. Shalala***

Children

Record Childhood Immunization Levels. In April 1996, HHS announced that the national infant immunization rate is at an all-time high and vaccine-preventable childhood diseases are at historic all-time lows. According to CDC's most recent National Immunization Survey, which surveys parents of preschoolers nationwide, 75 percent of two-year-olds in the United States received their full series of shots as recommended. On December 9, 1996, Secretary Shalala launched a new nationwide public service campaign to encourage

parents to make sure their children are adequately immunized.

Revised Head Start Performance Standards. In November 1996, HHS published revised Head Start Program Performance Standards, developed with the consultation of thousands in the Head Start field, that improve on the program's existing quality standards. These revised, more user-friendly standards remove rigid and prescriptive requirements, integrate infants and toddlers into the Head Start program, promote collaboration with other community programs, and draw on medical expertise. In the spirit of the Administration's reinvention goals, the revised Head Start Program Performance Standards were developed based on communication with Head Start and early childhood program practitioners. This new version focuses on quality services for children, including infants and toddlers, and their families. It was published as a final rule in the Federal Register on November 5, 1996.

New Early Head Start Grants. On September 10, 1996, Secretary Shalala announced new "Early Head Start" grants for programs that will provide comprehensive support and services to low-income families with children under three and pregnant women. For FY 1996, HHS awarded 74 new Early Head Start grants. At a funding level of $40 million, this expansion will serve nearly 6,000 more children and their families. Combined with last year's grants, Early Head Start now totals 142 programs across the country. The programs will provide a range and variety of services to children and their families. Using the successful Head Start model, Early Head Start will offer a basic early education, nutrition, health and family development approach. Yet to meet the unique requirements of very young children, the programs will test new services as well, including special health needs for newborns, a three-generational model with grandparents, parents and children, and strong parent-child interaction models. Also, some programs will target families with particular needs, such as teen parents and families with histories of substance abuse.

Preventing Birth Defects. U.S. food manufacturers will add the nutrient folic acid to most enriched breads, flours, corn meals, pastas, rice and other grain products to reduce the risk of neural tube birth defects in newborns, as a result of action taken in February 1996 by the Department of Health and Human Services and the Food and Drug Administration. Folic acid, or folate, reduces the risk of neural tube birth defects such as spina bifida when consumed in adequate amounts by women before and during early pregnancy.

Adolescents

President Clinton's Initiative to Prevent Youth Tobacco Use. On August 23, 1996, President Clinton announced the nation's first comprehensive program to prevent children and adolescents from smoking cigarettes or using smokeless tobacco and beginning a lifetime of nicotine addiction. The President's initiative to protect children is based on the final FDA rule, published in August 1996, that will make it harder for young people to buy cigarettes and smokeless tobacco and will reduce the appeal of tobacco products to children under 18. The rule is based on the Agency's finding that cigarettes and smokeless tobacco products are delivery devices for nicotine, an addictive drug. In addition to the rule, the FDA will propose to require tobacco companies to educate children and adolescents about the health risks of tobacco use as part of the President's initiative. This national mass media campaign would be monitored for its effectiveness. FDA intends to begin consultations about this campaign with the nation's six tobacco companies with a significant share of sales to children.

Preventing Teen Pregnancy. The Administration's strategy to prevent teen pregnancy is based on five principles that research and experience tell us are key to promising community efforts: parental and adult involvement; strong messages of abstinence and personal responsibility; clear strategies for young people's futures; involvement by all facets of the community; and a sustained commitment to young people. Beginning in FY 1996, as part of President Clinton's teen pregnancy prevention strategy, HHS funded 17 grants totaling $5 million to innovative and comprehensive demonstration programs to prevent early teen sexual activity, reduce teen pregnancies, and develop and implement innovative comprehensive programs for pregnant and parenting teens. HHS also implemented the CDC Teen Pregnancy Prevention Program with grants to 13 community-wide coalitions in communities with high rates of teen pregnancy. In addition, at President Clinton's insistence, the new welfare law includes provisions requiring teen mothers to live at home, stay in school, and turn their lives around. The Department will build on our work in this area in launching a national strategy to reduce out-of-wedlock teen pregnancy and assure that at least 25 percent of communities have teen pregnancy programs in place.

***Reality Check* Anti-Marijuana Campaign.** On June 24, 1996, Secretary Shalala launched *Reality Check*, a national public education campaign designed to counter recent increases in marijuana use by youth. The campaign is targeted in particular at improving information and communications about marijuana. *Keeping Youth Drug Free: A Guide for Parents, Grandparents, Elders, Mentors and other Caregivers,* the key ingredient of the *Reality Check* campaign, endorsed by the National PTA, is designed to help parents talk with their children about drug issues. The PTA will work with HHS toward the goal of distributing the guide to some 14 million parents. The campaign also includes: a *Reality Check* Community Kit, with ready to use local campaign materials; "Tips for Teens About Marijuana" and other materials targeted for youth; poster displays in hundreds of malls and grocery stores throughout the country, which will carry the slogan, "Marijuana is a drug. Help your kids understand;" and a *Reality Check* marijuana web site on the National Clearinghouse for Alcohol and Drug Information (NCADI) homepage (http://www.health.org/reality).

Girl Power! Launched in November 1996, "Girl Power!" is a multi-phase, national public education campaign sponsored by the Department of Health and Human Services (HHS) to help encourage and empower 9- to 14-year-old girls to make the most of their lives. Studies show that girls tend to lose self confidence and self worth during this pivotal age, becoming less physically active, performing less well in school, and neglecting their own interests and aspirations. It's during these years that girls become more vulnerable to negative outside influences and to mixed messages about risky behaviors. Girl Power! is designed to combine strong "no-use" messages about tobacco, alcohol, and illicit drugs with an emphasis on providing opportunities for girls to build skills and self-confidence in academics, arts, sports, and other endeavors.

Welfare Reform

Declining Welfare Rolls. Due in part to both the Clinton Administration's early emphasis on state welfare reform demonstrations and its policies to strengthen the economy, welfare rolls are down by 2.1 million since President Clinton took office in January 1993. The number of AFDC recipients has fallen from 14.1 million in January 1993 to 12 million in

September 1996, a decline of 15 percent. While working toward the passage of comprehensive welfare reform legislation, the Clinton Administration approved 79 welfare-to-work programs in 43 states -- more than all previous administrations combined.
Record Child Support Enforcement. Since taking office, the Clinton Administration's partnership with states has yielded unprecedented financial support for children. In 1996, the federal-state child support enforcement system collected a record $11.8 billion from non-custodial parents, up from $8 billion in FY 1992. The Federal government also collected a record of over $1 billion in delinquent child support by intercepting income tax refunds of non-paying parents for tax year 1995. Preliminary data for paternity establishment show an estimated 800,000 in FY 1996, up from 515,857 in FY 1992. Under President Clinton's comprehensive child support enforcement plan -- included at the Administration's urging in the new welfare law -- child support collections could increase by $24 billion over the next 10 years. In addition, while working toward comprehensive improvement of child support enforcement, President Clinton used his executive authority to increase child support collections. In 1996, President Clinton directed the Treasury Department to activate a centralized, streamlined Federal system to offset child support debts against most Federal payments; ordered Federal agencies to take necessary steps to deny loans, loan guarantees, or loan insurance to any individual who is delinquent on child support debt; and issued an executive order to make the federal government a model employer in the area of child support enforcement.
The Personal Responsibility and Work Opportunity Reconciliation Act of 1996. On August 22, President Clinton signed into law "The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193)," a comprehensive bipartisan welfare reform plan that will dramatically change the nation's welfare system into one that requires work in exchange for time-limited assistance. The law contains strong work requirements, a performance bonus to reward states for moving welfare recipients into jobs, state maintenance of effort requirements, comprehensive child support enforcement, and supports for families moving from welfare to work -- including increased funding for child care and guaranteed medical coverage.

Gains in Health Indicators

National Health Statistics. On October 4, 1996, HHS Secretary Donna E. Shalala released annual preliminary vital statistics findings for 1995, showing broad gains in national health indicators. The report, "Births and Deaths for 1995," prepared by the National Center for Health Statistics, part of HHS' Centers for Disease Control and Prevention, contains the latest preliminary U.S. natality and mortality statistics. According to the report, the U.S. last year achieved: an historic low infant mortality rate; continued increase in the number of women obtaining early pre-natal care; the first decline in the birth rate for unmarried women in almost 20 years; continued decline in the teen birth rate; a dramatic decline in homicide rates; a leveling in the HIV/AIDS death rate, for the first time since the epidemic took hold; and continued increase in life expectancy.
Cancer Death Rate Declined for the First Time Ever in the 1990s. The National Cancer Institute (NCI) announced on November 14, 1996 that the cancer death rate in the United States fell by nearly 3 percent between 1991 and 1995, the first sustained decline since national record-keeping was instituted in the 1930s. The rates reported by NCI are based on mortality data collected by the National Center for Health Statistics of the Centers for

Disease Control and Prevention.

Reducing SIDS Mortality. On October 9, 1996, Secretary Shalala announced that deaths due to Sudden Infant Death Syndrome (SIDS) fell 30 percent between 1992 and 1995. This includes a 12 percent drop in 1994 and an 18.5 percent drop in 1995, the largest annual declines ever observed in the U.S. and the only large declines observed in two consecutive years. Secretary Shalala credited the public-private 'Back to Sleep' campaign, which recommends that babies be placed on their backs to sleep to reduce the risk of SIDS, with bringing about the improvement in SIDS mortality. This recommendation, made by the American Academy of Pediatrics in 1992, is the backbone of the HHS campaign, initiated in 1994 by the National Institute of Child Health and Human Development, one of the National Institutes of Health.

Health Care

The Health Insurance Portability and Accountability Act of 1996. On August 21, 1996, President Clinton signed into law the Health Insurance Portability and Accountability Act of 1996, which includes important new protections for an estimated 25 million Americans (approximately 1 in 10) who move from one job to another, who are self-employed, or who have pre-existing medical conditions. The legislation, which was jointly sponsored by Sen. Edward Kennedy (D-Mass.) and Sen. Nancy Kassebaum (R-Kan.), was approved virtually unanimously by the House and Senate. It is designed to improve the availability of health insurance to working families and their children.

Growth in Managed Care Enrollment. As of November 1, 1996, approximately 4.7 million Medicare beneficiaries were enrolled in managed care plans, accounting for 12 percent of the total Medicare population. That represents an 87 percent increase in managed care enrollment since 1993. In 1995, an average 80,000 Medicare beneficiaries voluntarily enrolled in risk-bearing HMOs each month. Enrollment in Medicaid managed care plans has also increased significantly. Since Jan. 1, 1993, enrollment in Medicaid managed care plans has increased by more than 140 percent, including a 51 percent increase in 1995 alone. As of June 30, 1995, 11.6 million Medicaid beneficiaries were enrolled in managed care plans, representing 32 percent of total beneficiaries.

State Medicaid Demonstrations. Since January 1993, HHS has approved 15 comprehensive health care reform demonstration projects, and the framework of one additional demonstration. In addition, 19 states have received Medicaid waivers since January 1993, as part of larger welfare reform projects. These complementary Medicaid waivers enable states to continue providing essential health care services while encouraging independence from welfare. Finally, 25 sub-state Medicaid demonstration projects have been approved, affecting smaller components of state Medicaid programs.

Increasing Access to New Therapies. In FY 1996, the FDA approved a record 46 new drugs (new molecular entities). Among the therapies approved were six for AIDS and nine for cancer. New agents were also approved for difficult to treat conditions such as Lou Gehrig's disease and Alzheimer's disease. FDA also approved six new vaccines. In addition, on March 29, 1996, President Clinton announced a major initiative to make promising new cancer therapies available sooner to American cancer patients. Also, on September 26, 1996, FDA announced final rules to make it easier for promising experimental drugs and devices to be studied in persons who are in life-threatening situations and unable to give consent for their use.

Office of Cancer Survivorship. On October 27, 1996, President Clinton unveiled the new Office of Cancer Survivorship at the National Cancer Institute. Recent success of cancer prevention, early detection, and treatment efforts has created a new need: research into the physical, psychological, and economic well-being of the growing number of cancer survivors. The Office of Cancer Survivorship will support research covering the range of issues facing survivors of cancer, including: long term medical and psychological effects; factors that predispose survivors to second malignancies; reproductive problems following cancer treatment; and their unique insurance and employment issues.

Surgeon General's Report on Physical Fitness. Regular physical activity offers substantial benefits in health and well-being for the vast majority of Americans who are not physically active, according to the first-ever Surgeon General's Report on Physical Activity and Health released on July 11, 1996. The report, which was commissioned by Secretary Shalala, also concludes that regular moderate physical activity can reduce the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure.

Attacking Waste, Fraud, and Abuse

Operation Restore Trust. On May 13, 1996, Secretary Shalala marked the first-year anniversary of HHS' anti-fraud initiative, Operation Restore Trust, saying new approaches in the pilot program have already produced $42.3 million in recoveries. This constitutes a return of $10 in recoveries for every $1 spent on the project. The pilot project is operating in five states, and the Clinton Administration has proposed expanding it to all 50 states in the coming fiscal year. With first-year targeted demonstration project funds of $4.09 million, Operation Restore Trust has produced $42.3 million in restitutions, fines, settlements and recovery of overpayments. This includes $24.5 million returning to the Medicare Trust Fund from criminal restitutions, fines and recoveries; $14.1 million returning to the Trust Fund as a result of civil judgments, settlements and penalties; and $3.7 million returned to the Treasury as a result of services inappropriately billed or medically unnecessary services rendered.

Women's Health

Centers of Excellence in Women's Health. On October 1, 1996, HHS announced the establishment of six National Centers of Excellence in Women's Health to serve as national models for improving the health care of American women. The six centers, located at academic institutions in different areas of the country, will serve as demonstrations and models which can be evaluated and duplicated throughout the nation. The centers will integrate health care services, research programs, public education, and health care professional training, and will forge links with health care services in the community.

National Action Plan on Breast Cancer Web Site. On Oct. 27, 1996, President Clinton launched a new Internet Web site for the National Action Plan on Breast Cancer. The Web site, developed by a public/private partnership and coordinated by HHS' Office on Women's Health, is designed to serve as a gateway to information on breast cancer research, treatment and prevention. The Web site provides answers on frequently asked questions about breast cancer, as well as information on the Action Plan, breast cancer clinical trials and research, breast cancer organizations and advocacy groups, educational conferences, publications, and government and private resources. The web site address is http://www.napbc.org.

Breast Cancer Gene Research. This discovery may lead to new treatment and prevention strategies. On October 27, 1996, President Clinton announced $30 million in new funding for research into the genetic basis of breast cancer.

Promoting Breast and Cervical Cancer Early Detection. The CDC's National Breast and Cervical Cancer Early Detection Program builds an infrastructure in states and communities to reduce deaths from breast and cervical cancers among all women through public and provider education, quality assurance, evaluation, and partnerships. The program also provides affordable screening services for underserved women, particularly low income, elderly, and minority women. On October 1, 1996, Secretary Shalala announced the expansion of the program to all 50 states, with over 1 million women having already received these life-saving services.

Imaging Technology. HHS is working with other federal agencies, including NASA, the Defense Department and the CIA, as well as private companies, to adapt high-tech imaging technology to improve the early detection of cancer in women. In September 1996, HHS, in collaboration with the CIA, awarded $1.98 million to the University of Pennsylvania to conduct a series of clinical trials of imaging technology from the intelligence community -- originally intended for missile guidance and target recognition -- to improve the early detection of breast cancer.

Preventing Violence Against Women. In February 1996, President Clinton announced the opening of a 24-hour, toll-free hot-line to provide crisis assistance and local shelter referrals to victims of domestic violence throughout the country. Since its opening, the hotline has received over 72,000 calls. Phone number: 1-800-799-SAFE. In October 1996, the Advisory Council on Violence Against Women distributed a Community Checklist, which includes steps that every facet of a community can take to prevent domestic violence. The Council, created in July 1995, is co-chaired by the Attorney General and HHS Secretary and consists of 47 experts -- representatives from law enforcement, media, business, health and social services, victim advocacy and survivors -- helping to steer new efforts to prevent violence against women.

HIV/AIDS

FDA approves new advances. In 1996, the FDA approved a new class of AIDS drugs called protease inhibitors. Indinavir, the third of these drugs to be approved by the FDA, received full approval for people with advanced HIV disease in 42 days. On May 14, 1996, the FDA approved the first HIV test system that includes collection of blood samples at home. The new testing system is comprised of three integrated components: an over-the-counter home blood collection kit, HIV-1 antibody testing at a certified lab, and a test result center that provides test results, counseling and referral anonymously.

Death Rates improve. In October 1996, HHS reported that in 1995, for the first time since the epidemic took hold, the HIV/AIDS death rate did not increase from the previous year and in November, the Centers for Disease Control and Prevention reported a sharp decline in the number of infants born HIV-infected. The number of reported cases of perinatally acquired (mother-to-infant) AIDS declined by 27 percent between 1992 and 1995, according to information released by the Centers for Disease Control and Prevention (CDC). Increased use of perinatal zidovudine (AZT) therapy by HIV-infected pregnant women and their newborns is the most likely factor leading to this reduction, CDC said.

Increased Funding for the Ryan White CARE Act. Funding for the Act has increased by

158 percent since President Clinton took office. On May 20, 1996, President Clinton signed a five-year reauthorization of this program, guaranteeing assistance until the year 2001. Funding for AIDS drug assistance has increased by 221 percent.

HHS Funds Innovative Aids Programs Under the Ryan White CARE Act. On September 26, 1996, Secretary Shalala announced the award of $7.1 million in federal funds to 19 innovative community-based AIDS service programs. The programs are designed to improve the delivery of care to HIV-positive and/or at-risk individuals, including homeless persons, those with mental illness or substance abuse problems, women and children, adolescents, Native Americans, and former prisoners. Two grants were awarded through a new collaboration between HHS and the Department of Housing and Urban Development (HUD). On December 13, 1996, Secretary Shalala announced the award of $227.7 million to 20 states, the District of Columbia, and Puerto Rico to provide care to Americans living with AIDS and HIV. On December 13, Secretary Shalala also announced $3.35 million in 2-year continuation awards for nine projects in six states to evaluate and disseminate health care and support services delivery models for HIV-infected and at-risk adolescents.

Microbicide Initiative. At the Eleventh International Conference on AIDS this year, Secretary Shalala announced a new effort to develop safe and effective topical microbicides to help women protect themselves against HIV infection. The initiative includes a $100 million commitment to research and development.

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Clinton Presidential Records Automated Records Management System [EMAIL]

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

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File Name: p_g4142883_who_html_5.doc

Attachment Number: [ATTACH.D56]ARMS21982414L.046

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: "Morton, Julie (OD)" <MortonJ@OD.NIH.GOV> ("Morton, Julie (OD)" <MortonJ@OD.NIH.GOV> [UNKNOWN])

CREATION DATE/TIME: 2-AUG-2000 13:10:33.00

SUBJECT: FEDERAL FUNDS SUPPORT EXPANSION OF RESEARCH IN WOMEN'S HEALTH

TO: HHSPRESS@LIST.NIH.GOV (HHSPRESS@LIST.NIH.GOV [UNKNOWN])
READ:UNKNOWN

Sarah S. Knight (CN=Sarah S. Knight/OU=WHO/O=EOP [WHO])
READ:UNKNOWN

TEXT:
NATIONAL INSTITUTES OF HEALTH

National Institute of Child Health and Human Development

NIH NEWS RELEASE

FOR IMMEDIATE RELEASE
Wednesday, August 2, 2000

Contact:
Robert Bock
(301) 496-5133

FEDERAL FUNDS SUPPORT EXPANSION OF RESEARCH IN WOMEN'S HEALTH

In a major new effort to stimulate women's health research across a variety of disciplines, the National Institutes of Health announced it will fund 11 awards to support development of new research in women's health. The program, Building Interdisciplinary Research Careers in Women's Health (BIRCWH), seeks to increase the number of researchers working on women's health issues and to mentor junior researchers in an interdisciplinary scientific setting by pairing them with senior investigators.

The Office of Research on Women's Health (ORWH) at the National Institutes of Health (NIH) leads the BIRCWH initiative, which will award a total of $5.5 million to 11 universities.* In addition to ORWH, nine NIH Institutes** and the Agency for Healthcare Research and Quality (AHRQ) will co-sponsor this program.

"The BIRCWH program offers a tremendous opportunity to advance women's health research," said Vivian Pinn, M.D., and Director of the ORWH. "This program will encourage

researchers from a variety of areas - basic, clinical, behavioral, health services and public health research - to approach a scientific question from different perspectives."

Junior faculty members, selected as Interdisciplinary Women's Health Research (IWHR) Scholars, will have the opportunity to augment their research skills in these interdisciplinary career development programs. They will be matched with a seasoned senior investigator, who will mentor them for a period of two to five years.

Dr. Pinn added that the new initiative will allow the participating cosponsors to support interdisciplinary efforts that may not fit neatly into their research domains. For example, the National Institute of Aging is typically concerned with the phase of women's lives that follows menopause. The National Institute of Child Health and Human Development (NICHD) tends to focus its research on the events prior to menopause. The new initiative, however, will support research spanning the phases before, during and after menopause and serve as a model for reducing fragmentation of women's health care.

The BIRCWH program was modeled after an existing program, the Women's Reproductive Health Research Career Development Centers, supported by the NICHD, the National Cancer Institute (NCI) and the ORWH.

"This initiative is a commitment to women's health research - training today the scientists of tomorrow," said Duane Alexander, M.D., Director of the NICHD. "As a co-sponsor of the BIRCWH initiative, the NICHD will continue the important work of fostering career development in women's health." Along with the NICHD, eight other NIH institutes will support biomedical and behavioral research and the AHRQ will support health services research.

*The 11 universities participating in the new program are:

--Baylor College of Medicine - Baylor BIRCWH Program
--University of Alabama at Birmingham - UAB Women's Health Research Scholars' Program
--University of California, Los Angeles - Building Interdisciplinary Research Careers in Women's Health (BIRCWH) Center
--University of California at San Francisco - UCSF - Kaiser Women's Health Interdisciplinary Scholarship
--University of Connecticut Health Center - UConn Center for Interdisciplinary Research in Women's Health
--University of Kentucky Research Foundation - Interdisciplinary Research Careers in Women's Health
--University of Medicine and Dentistry of New Jersey - Career Center in Interdisciplinary Women's Health Research
--University of North Carolina at Chapel Hill - UNC BIRCWH

Career Development Program
--Virginia Commonwealth University - Building Research Careers in Women's Health
--Washington University in St. Louis - Building Interdisciplinary Research Careers in Women's Health
--Yale University School of Medicine - BIRCWH Career Development Programs

**The nine NIH institutes supporting the BIRCWH program are:

--National Institute on Aging
--National Institute on Alcohol Abuse and Alcoholism
--National Institute of Allergy and Infectious Diseases
--National Institute of Arthritis and Musculoskeletal and Skin Diseases
--National Cancer Institute
--National Institute of Child Health and Human Development
--National Institute on Drug Abuse
--National Institute of Environmental Health Sciences
--National Institute of Mental Health

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Alexander N. Gertsen (CN=Alexander N. Gertsen/OU=WHO/O=EOP [WHO])

CREATION DATE/TIME:11-AUG-2000 20:53:26.00

SUBJECT: Then & Now DPC Final

TO: Jenni@13102034046@fax (Jenni@13102034046@fax [UNKNOWN])
READ:UNKNOWN

TEXT:
FOR INTERNAL USE ONLY

THE CLINTON-GORE DOMESTIC RECORD:
WHAT A DIFFERENCE SEVEN YEARS MAKES
August 11, 2000

Achieving the Longest Consecutive Decline in Crime on Record
ï¿½ 1981-1992. Under the Reagan and Bush Administrations, the nation, s overall crime rate remained at historically high levels, with the crime rate increasing steadily starting in the mid-1980,s.
ï¿½ Today. The overall crime rate has dropped for 8 years in a row) the longest continuous drop on record) and is now at a 25 year-low. And, as a result of the Clinton-Gore Administration,s historic 1994 Crime Bill, over 100,000 additional community police officers have been funded for our nation,s communities.

Turning Back the Tide on Three Decades of Escalating Violent Crime
ï¿½ 1992. The violent crime rate in America had more than quadrupled during the previous three decades, with the violent crime rate in 1992 at nearly an all-time high in over 30 years.
ï¿½ Today. The violent crime rate has dropped every year since President Clinton took office) a remarkable 25 percent decline since 1992.

The Lowest Murder Rate in Over 30 Years
ï¿½ 1981-1992. The nation,s homicide rate was nearly the same in 1981 when President Reagan took office as it was in 1992 when President Bush left office) and at a historically high level.
ï¿½ Today. The murder rate has dropped by more than one-third since President Clinton took office in 1993. The murder rate is now at its lowest point in 31 years.

Gun Violence Cut By Over One-Third
ï¿½ 1992. When President Bush left office, the total number of gun crimes in America had reached its highest point in 20 years.
ï¿½ Today. Since 1992, the total number of gun crimes has declined by 35 percent. In 1993 President Clinton signed the Brady Law, which has helped deny more than half a million felons, fugitives and stalkers from buying guns as a result of Brady background checks.

Welfare Rolls Cut More Than Half: Lowest Since 1968 and the Longest

Decline in History
ï¿½ 1981-1992. The number of welfare recipients increased by almost 2.5 million (a 22 percent increase) to 13.6 million people.
ï¿½ Today. Between January 1993 and September 1999, the number of welfare recipients dropped by 7.5 million (a 53 percent decline) to 6.6 million) the lowest level since 1968.

From Welfare To Work
ï¿½ 1992. Seven percent of welfare recipients were working.
ï¿½ Today. By 1998, 27 percent of welfare recipients were working, nearly quadruple the level in 1992, and every state met the work requirements implemented in the welfare reform law the President signed in 1996.
ï¿½ 1992. Twenty percent of people on welfare in 1991 were working in 1992.
ï¿½ Today. The percent of people on welfare in 1998 who were working in 1999 increased to 36 percent) an 82 percent increase from1992. [Background: Census Bureau data reflects the percent of people receiving welfare at any point in Year 1 who were working in March of Year 2, whether receiving welfare or not.]

Child Support Collections More Than Doubled
ï¿½ 1992. Child support collections totaled $8 billion, and only 500,000 fathers that year legally established paternity.
ï¿½ Today. Child support collections doubled to nearly $16 billion by 1999, and the number of fathers taking responsibility for their children by establishing paternity has tripled to a record 1.5 million.

Lowest Teen Birth Rate On Record
ï¿½ 1992. The teen birth rate for 15-19 year-olds was 60.7 per 1,000 teens.
ï¿½ Today. The teen birth rate has declined nearly 20 percent since 1992 to the lowest level since record keeping began 60 years ago.

Improved Access to Affordable Quality Child Care and After-School Programming
ï¿½ 1992. Child care for working families was severely underfunded and there was no federal funding to help support after-school opportunities.
ï¿½ Today. Federal funding for child care has more than doubled, helping parents pay for the care of about 1.5 million children in 1998, and the 1996 welfare reform law increased child care funding by $4 billion over six years to provide child care assistance to families moving from welfare to work. The Administration has also helped provide after-school opportunities to approximately 850,000 children so that more parents can go to work knowing that their children are in safe learning environment during the after-school hours.

Educational Achievement: Scores Are Up, Gaps Are Narrowing
ï¿½ 1992. The average reading score on the National Assessment of Educational Progress (NAEP) for nine-year-olds was 180; and the gap between nine-year-olds in high-poverty and all nine-year-olds was 29 points. 388,000 students were taking Advanced Placement exams and about 38 percent of high school seniors were taking a core curriculum of four years

of English and 3 years each of Math, Science and Social Studies
ï¿½ Today. Since 1992, reading and math scores on the National Assessment of Educational Progress (NAEP) have increased for fourth, eighth, and twelfth graders, including those students in the highest poverty schools. Reading and math scores for nine year-olds in our highest poverty schools have improved by nearly one grade level since 1992. In 1996, average NAEP reading scores for nine year-olds increased eight points, and the gap between nine year-olds in high-poverty schools and all nine year-olds decreased to 22 points. The number of students taking AP exams has increased by two-thirds, to more than 581,000 in 1997, and the fraction of graduating seniors taking a core curriculum has grown to 55 percent.

Educational Accountability: Nearly All States Have Implemented Standards
ï¿½ 1992. At the start of the Administration, only 19 States had academic standards, or clear definitions of what students should know and be able to achieve.
ï¿½ Today. As a result of the President,s initiatives Goals 2000 and Improving America,s Schools Act (IASA), 49 states have adopted rigorous standards for core curriculum subjects as well as standards-based assessments, and these initiatives have provided assistance to states to develop challenging standards for all students.

Public School Choice: Substantially More Charter Schools
ï¿½ 1993. There was only one charter school in the entire nation, and only one state with a charter school law.
ï¿½ Today. There are over 1,700 charter schools, serving 250,000 children. Charter school laws are now in place in 36 states, Puerto Rico and the District of Columbia.

Educational Technology: Almost All Schools Are Connected To The Internet
ï¿½ 1993. In 1993, only 3 percent of classrooms had access to the Internet, and in 1994 only 35 percent of school were connected to the Internet.
ï¿½ Today. Through the aggressive E-rate program, more than 65 percent of classrooms have Internet access, and by the end of this year, 100 percent of schools will likely be connected to the Internet. Ninety percent of high-poverty schools are connected to the Internet, compared to 19 percent in 1994.

Higher Education Access is Up: Largest Investment
ï¿½ 1992. In 1992, 62 percent of high school graduates enrolled in college. Only 14 percent of black 25-29 year-olds had a bachelor,s degree or higher, as did only 28 percent of women.
ï¿½ Today. Since 1993, high school graduate enrollment has increased to 67 percent) an all time high. The fraction of blacks and women with a bachelor,s degree or higher have each increased by more than 4 percent, and student aid has doubled to nearly $60 billion) the largest investment in higher education since the G.I. Bill. The Administration has significantly expanded college opportunity by providing over $7 billion per year in tax credits to 13 million students and families for postsecondary education and training, increasing the maximum Pell grant award from $2,300 to $3,300 (which updated the average increase in tuition and fees during the same period), decreasing student loan costs by

billions of dollars through interest rate formula and origination fee reductions, and helping nearly 30 percent more students pay for college through work-study opportunities.

Improving Public Health

ï¿½ 1993. Immunization rates were too low, infant mortality rates were too high, and funding for biomedical research and mental health services were inadequate.

ï¿½ Today. Immunization rates are at an all-time high) 90 percent for toddlers) and infant mortality has declined by 14 percent since 1993. NIH funding has increased by $7.3 billion (an increase of 58 percent since 1993) and funding for mental health prevention and treatment has increased by 65 percent.

Improving And Expanding Health Insurance Coverage

ï¿½ 1993. Millions of children could not access affordable and meaningful health insurance, people with disabilities who wanted to work could not for fear of losing their health insurance, and young people leaving foster care could not retain the critical health insurance they needed to make a healthy start as adults. Unlike many other American workers, self-employed Americans received absolutely no tax assistance in purchasing health care insurance.

ï¿½ Today. Up to five million children are expected to have health insurance as a result of the enactment of the historic Children,s Health Insurance Program in 1997) the largest expansion of health insurance for children since the creation of the Medicaid program. The President has also enacted historic expansion coverage expansions for people with disabilities who wish to return to work and for foster care children aging out of Medicaid eligibility, including legislation to assure that self-employed Americans receive the same tax benefits as workers who have job-based health coverage.

Reforming The Health Insurance Market

ï¿½ 1993. There were no federal protections ensuring that Americans who left their jobs wouldn,t lose access to health insurance. Individuals with mental health needs were often faced with discriminatory insurance benefits; new mothers and women recovering from mastectomies were discharged from the hospital before it was medically prudent; and the scientific progress made in identifying the genetic causes of disease was in danger of being used to discriminate against Americans purchasing health insurance or applying for jobs.

ï¿½ Today. The President,s enactment of the bipartisan Health Insurance Portability and Accountability Act ensures that Americans now have insurance portability protections when they switch or lose jobs. The President has also enacted legislation that assures that: annual and lifetime coverage limits can be no different for mental health coverage than other benefits; new mothers can stay in the hospital; drive-through mastectomies are eliminated; and genetic discrimination against many Americans purchasing health insurance is prohibited. In addition, through executive action, the Clinton Administration applied patient protections to 85 million Americans in Federal health plans, and prohibited genetic discrimination in Federal hiring and employment actions.

Modernizing and Strengthening Medicare

ï¿½ 1993. At the beginning of the Clinton Administration, the

Medicare Trust Fund was projected to become insolvent in 1999, and the program,s benefit package excluded important preventive services, including annual mammograms, colon, cervical, and prostate cancer screenings, diabetes management services, and coverage for the routine care costs associated with clinical trials. And the Medicare program,s management was vulnerable to fraud and abuse.

ï¿½ Today. The life of the Medicare Trust Fund has been extended by 26 years and offers premiums that are nearly 20 percent lower today than projected in 1993. And, the President,s concerted effort to fight fraud, waste, and abuse in the Medicare program has resulted in savings of more than 50 billion to the American taxpayers. The program also now covers annual mammograms, colon, cervical, and prostate cancer screenings, diabetes self-management services, and the routine care costs associated with clinical trials.

Helping Families Balance Their Responsibilities at Home and At Work

ï¿½ 1992. Workers could not take leave for family or medical reasons without fear of losing their job, and the previous Administration had vetoed twice a proposal to allow employees to take unpaid family or medical leave.

ï¿½ Today. In 1993, President Clinton signed the Family and Medical Leave Act (FMLA) the first bill he signed into law) mandating that public and private employers with at least 50 workers provide their employees with 12 weeks of unpaid leave without risking their jobs, which provides protected leave to 90.7 million American workers, about 71 percent of the American workforce.

Ensuring a Head Start for More of America,s Children

ï¿½ 1992. Head Start) the national program that provides comprehensive development
services for America,s low-income, pre-school children ages three to five) was severely underfunded and only able to serve just over 700,000 children.

ï¿½ Today. President Clinton increased funding for the Head Start program by 90 percent and this year the program will serve approximately 880,000 children) well on the way to meeting the President,s goal of serving one million children by the year 2002.

Helping Children Most in Need by Reforming Foster Care and Adoption

ï¿½ 1992. Children in the foster care system often languished for months without being
reunited with their parents or placed in a permanent loving home with adopted parents.

ï¿½ Today. Between 1996 and 1998, adoptions rose 29 percent nationwide from 28,000 to 36,000, which puts us on track to meeting the President's goal of 56,000 adoptions in 2002. In 1997, the President signed the Adoption and Safe Families Act, which expedited permanent placement decisions for children, ensured health insurance coverage for all special-needs children in subsidized adoptions, and created an incentive program for states to increase adoptions, and has also fought hard to remove racial and ethnic barriers to adoption.

New Tools in the Fight Against Domestic Violence

ï¿½ 1992. There was no coordinated Federal response to violence

against women, in the home, workplace, or on campus.
ï¿½ Today. In 1994 President Clinton signed the Violence Against Women Act (VAWA) and the number of women experiencing violence at the hands of an intimate partner declined 21 percent from 1993 to 1998. In addition, in 1996, 1997, and 1998, intimate partners committed fewer murders than in any year since 1976.

Protecting Reproductive Rights and Promoting Reproductive Health
ï¿½ 1992. Science was held hostage to politics and women,s health suffered as a result. The &gag rule8 prevented women from receiving information about all their medical options at family planning clinics. Women and medical professionals were subject to violence and harassment at reproductive health clinics. A woman,s basic right to choose was in jeopardy.
ï¿½ Today. The fundamental right to choose has been protected and women have expanded
access to family planning services. The gag rule was reversed and women are able to receive medical advice and referrals on all their medical options. Science is no longer held hostage to politics: the ban on importation of RU-486 was reversed, and the ban on federal funding for fetal tissue research was lifted, opening the way for potentially lifesaving biomedical research. Thanks to the Freedom of Access to Clinic Entrances Act (FACE), championed by the President, women and medical professionals have federal protection from violence and harassment at reproductive health clinics. Over one million federal employees have contraceptive coverage.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Angela C. Mizeur (CN=Angela C. Mizeur/OU=WHO/O=EOP [WHO])

CREATION DATE/TIME:25-SEP-2000 16:58:55.00

SUBJECT: Re: interesting artice

TO: David S. Spielfogel (CN=David S. Spielfogel/OU=CEQ/O=EOP@EOP [CEQ])
READ:UNKNOWN

TEXT:
thanks David-being the dork that I am, I'm still interested in the details
of that. But that does clarify

David S. Spielfogel
09/25/2000 03:27:06 PM
Record Type: Record

To: Angela C. Mizeur/WHO/EOP@EOP
cc:
bcc:
Subject: Re: interesting artice

from the human geneticist in my family:

>Quick answer after quick perusal .. it would absolutely not be possible to
>put sperm DNA into the oocyte nucleus and fertilize with sperm!!
>Explanation is more than I have time for but it is well proven that this
is
>impossible. On the other hand, I don't think there is any reason to think
>that the Dolly type of cloning could not be done with a male cell to
>produce an exact clone of the male parent (if anyone would want to do
>this). However, the ethical guidelines are such that even attempting this
>is not in the realm of possibility in the near future!!

Angela C. Mizeur
09/25/2000 12:20:23 PM
Record Type: Record

To: See the distribution list at the bottom of this message
cc:
Subject: interesting artice

Anyone who understands this cloning technique feel free to chime in the details.
Seems to me that the XX can be made from the 2 guys with early development of cells induced
in vitro conditions, and then you're set b/c you are creating Barr Bodies, cell specialization, etc.
Slippery slope for sure.

September 25 2000

BRITAIN

Male couples could have own babies

BY MARK HENDERSON, SCIENCE CORRESPONDENT

Links

MALE homosexual couples could conceive children without a mother using the genetic techniques pioneered by Dolly the Sheep, a leading British biotechnology expert has claimed.

Dr Calum MacKellar, a lecturer in bioethics and biochemistry at the University of Edinburgh, believes that research into cloning procedures to treat infertility and metabolic disease could yield technology that would allow a male homosexual couple to produce a child using only their own DNA, with no need for a third, female, party to act as mother.

Dr MacKellar, who runs the European Bioethical Research charity, said that the cell nuclear replacement technique, which was used to create Dolly, the cloned sheep, could be developed to create so-called "male eggs", which could then be fertilised by sperm from the other partner.

The "male egg" would be created by removing the nucleus from a donor egg and replacing it with the nucleus from a sperm cell. The new egg would then have male DNA and could be fertilised in-vitro by another sperm to give the embryo two genetic fathers. It would then be implanted in the womb of a surrogate mother.

However, Dr MacKellar said that new government guidelines on human cloning have ignored the ethical issues raised by the technique, which would allow the birth of a child with two genetic fathers.

At present, embryos conceived in such ways in animal tests on mammals have so far failed to develop. As science stands, a mammal embryo created solely from paternal DNA lacks certain imprinted maternal genes that allow it to grow normally. Reptiles and birds do not face

this obstacle.

Dr MacKellar, however, said the advance of genetics was proceeding at such a rate that this difficulty could soon be overcome. "Because researchers are now beginning to find techniques of stripping imprints from certain chromosomes, a successful outcome for the male egg may not be far away," he said.

"Not long ago, everybody thought the cloning techniques used to create Dolly the sheep were science fiction. Now they are very real, and the legislation is having to catch up. It would be a mistake not to consider the male egg issue at the same time."

The ethical problems that such a development would raise were not addressed in last month's report into cloning by the Chief Medical Officer, Sir Liam Donaldson, which will form the basis of a new Bill to be placed before MPs later this year.

As a result, public debate has overlooked one of the most controversial areas in which cloning might one day be applied, Dr MacKellar said.

"This is something of an oversight," he said. "The ethical, philosophical and theological issues surrounding the creation of children with two genetic fathers and a surrogate mother are extensive, and they need to be thoroughly thought through before any legislation is considered in parliament.

"If the Government does not take careful notice of the issues surrounding the male egg, another report will need to be written by another Chief Medical Officer just because no-one believed this could happen."

The cell nuclear replacement technique that could be used to create male eggs is considered by the Donaldson report, but only as a way to treat infertility and metabolic disorders caused by mitochondrial disease - in which a mother's cells have defective mitochondria, the DNA structures that create energy.

By placing the nucleus from one of a mother's eggs into a donor egg with healthy mitochondria, the embryo formed would inherit maternal nuclear DNA without inheriting the mitochondrial disorder. The Donaldson report recommends that research into such techniques be allowed

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Wednesday, September 27, 2000

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#10 BIRTH CONTROL: Women Do Not Carry Unfair Burden

CORRECTION: In our coverage of Nat Hentoff's Washington Times column yesterday, Rep. Jerrold Nadler (D-N.Y.) was incorrectly called "antiabortion." Nadler is an abortion-rights proponent and in fact, Hentoff quotes Nadler as describing himself as being "as pro-choice as anybody else."

CAMPAIGN 2000

#1 AL GORE: VICE PRESIDENT RESPONDS TO QUESTIONS ON ABORTION ON MTV

Hoping to gain exposure among the twenty-something crowd, Vice President Al Gore made an appearance on MTV's "Choose or Lose" show last night, where he fielded questions on abortion and other politically charged issues, the AP/Baltimore Sun reports. During the 90-minute questioning that was broadcast to an estimated one million viewers, Gore defended his support for abortion rights and said that young women need "access to appropriate sex education, family planning and programs including abstinence but all the range of options" to make important sexual decisions (AP/Baltimore Sun, 9/27). He stated, "I think that [abortion] is an individual choice. ... I think actually the pro-life and pro-choice forces in this country have more in common than either side is willing to acknowledge. Both sides would like to see a reduction in the number of abortions and the way to do that in my opinion is to reduce the number of situations where women feel like they have to make that choice. ... I think that if we tried to heal some of those divisions, we could sharply reduce the number of abortions." Gore also answered a question regarding mifepristone, or RU-486, saying, "I think that [the drug] ought to be available, provided of course that it is safe and I think what's wrong is to hold it off the market for some kind of political reason" ("Choose or Lose," MTV, 9/26). Gore's MTV appearance follows his guest appearances on the Oprah Winfrey, Jay Leno and David Letterman shows, where he also tried to "mobilize young voters in the battle against Republican rival George W. Bush." A Kaiser Family Foundation and MTV survey released this week found that less than 50% of people under 25 years of age "absolutely" intend to vote this November (AP/Baltimore Sun, 9/27).

#2 NARAL: TARGETS 'WORST CHOICE' CANDIDATES FOR DEFEAT IN NOVEMBER

The National Abortion and Reproductive Rights Action League yesterday unveiled a new $5 million, 15-state campaign, urging independent and abortion-rights Republicans to vote against Texas Gov. George W. Bush (R) and congressional candidates appearing on the group's "Worst Choice List," the Washington Post reports. The list highlights candidates' abortion records in several

Senate and House races. According to NARAL President Kate Michelman, the "get-out-the-vote" campaign represents "the largest on-the-ground silent war that we've ever conducted in NARAL's history." During the campaign, NARAL plans to "pepper" more than two million voters with telephone calls and direct mailings in 15 targeted states -- California, Florida, Iowa, Michigan, Missouri, Minnesota, Montana, New Hampshire, New Mexico, Ohio, Pennsylvania, New Jersey, New York, Washington and Wisconsin -- hoping to influence results in nine Senate races and about 24 House contests. "Our job is to educate [voters], to persuade them and to mobilize them to vote," Michelman said, noting that when voters compare Bush's and Vice President Al Gore's abortion records, "they move like lightning to Gore" (Balz, Washington Post, 9/26). Michelman added in a statement, "[N]o issue is more vital in the race between Al Gore and George W. Bush than the makeup of the Supreme Court and the future of a woman's right to choose." In addition to Bush, NARAL's "Worst Choice List" features the following Senate candidates:

- o Sen. Spencer Abraham (R-Mich.): Has voted against abortion and reproductive rights measures 41 of 43 times and in favor of overturning Roe v. Wade, sponsored legislation that would prevent anyone other than a parent from accompanying a minor across state lines for an abortion, and cosponsored legislation to ban overseas non-governmental organizations from receiving U.S. family planning dollars if they use such funds "to provide legal abortion services or [to] publicly participate in debates about abortion laws or policies;
- o Sen. Rod Grams (R-Minn.): Has cast 55 of 55 votes against abortion and reproductive rights legislation, voted in favor of overturning Roe v. Wade, backed a measure to make permanent the Hyde amendment that bans Medicaid coverage for abortion services except in cases of rape, incest, or life endangerment, and voted against the Freedom of Access to Clinic Entrances Act;
- o Sen. John Ashcroft (R-Mo.): Has cast 42 of 43 antiabortion votes on abortion and reproductive rights legislation, cosponsored a bill to overturn Roe v. Wade, and voted to make permanent the Hyde amendment;
- o Rep. Rick Lazio (R-N.Y.): Supported a measure that would ban abortion procedures throughout pregnancy regardless of a woman's health, voted to recognize an embryo as a person, voted against the repeal of the Hyde amendment, and voted to ban privately funded abortions at overseas military hospitals for U.S. servicewomen and military dependents except in cases of rape or incest;
- o Former Virginia Gov. George Allen (R): Has backed a constitutional amendment to overturn Roe v. Wade, vetoed a bill to protect doctors, clinic workers and women and their families from violence and intimidation at reproductive health care facilities, voted against the Freedom of Choice Act, which would have codified Roe v. Wade and protected a woman's right to choose, and voted against the Family and Medical Leave Act, which allows millions of Americans to take unpaid leave for illness or to care for a new child or

sick family member.

The "Worst Choice List" also includes incumbent Reps. James Rogan (R-Calif.), Tom Tancredo (R-Colo.) and Pete Sessions (R-Texas), as well as House challengers Michigan state Sen. Mike Rogers (R), Minnesota state Sen. Linda Runbeck (R), former Montana Lt. Gov. Dennis Rehberg (R), Ohio state Rep. Pat Tiberi (R), New Jersey Republican Mike Ferguson and Washington state Rep. John Koster (R) (NARAL release, 9/26).

SBA BLASTS NARAL LIST

The SBA List Candidate Fund, which works to increase the "percentage of pro-life women in Congress," attacked NARAL's "Worst Choice List" in a release yesterday. According to Executive Director Jennifer Bingham, "The NARAL voter contact campaign does nothing new in targeting races that every other pro-abortion and pro-life organization targets. ... NARAL's success will be measured by how deceptive they are to voters who largely support a ban on partial-birth abortions [and] more limits on abortion in general." She also called NARAL's claim about Bush-appointed justices overturning Roe v. Wade "deceptive," noting, "an unlikely overturning of Roe would only mean that forming abortion policy would once again be the responsibility of voters in the states." The SBA List Candidate Fund plans to spend about $400,000 nationally on 22 antiabortion candidates (SBA List Candidate Fund release, 9/26).

ABORTION NEWS

#3 BORN ALIVE PROTECTION ACT: HOUSE PASSES BILL 380-15

The House yesterday overwhelmingly passed the Born-Alive Infant Protection Act, which guarantees that "babies born alive during botched abortions ... cannot be killed or allowed to die because [they are] unwanted," the Washington Times reports. The bill, which passed 380 to 15, was sponsored by Rep. Charles Canady (R-Fla.), who said that the legislation was needed because "'the corrupting influence of a seemingly illimitable right to abortion has brought' into question the 'settled principle' that infants born alive are entitled to protections under law." He added that the act offered a response to recent court rulings, including the Supreme Court decision in Stenberg v. Carhart, that struck down bans on "partial-birth" abortions. "The implications of these decisions are shocking. Under the logic of these decisions, once a child is marked for abortion, it is wholly irrelevant whether that child emerges from the womb as a live baby," Canady said. Democrats, while supporting the measure, said it was not necessary and "accused" Republicans of offering a "dishonest bill," according to the Times. Rep. Jerrold Nadler (D-N.Y.) said, "The purpose of this bill is only to get the pro-choice members to vote against it so they can slander us and say we are for infanticide. That's why I voted for it in committee, and that's why we will vote for it on the floor so we do not step into this trap" (Hudson, Washington Times, 9/27). The National Abortion and Reproductive Rights Action League opposed the measure, saying it "would effectively grant legal personhood to a pre-viable fetus -- in direct conflict with [Roe v. Wade] -- and

would inappropriately inject prosecutors and lawmakers into the medical decision-making process," according to the AP/Detroit Free Press. The Senate is "unlikely" to take up the bill in the remaining days of this session (Abrams, AP/Detroit Free Press, 9/27).

#4 JUDICIAL BYPASS: GRANTING OF WAIVERS DIFFERS BY STATE

As more states adopt parental notification requirements for minors seeking an abortion, judicial bypasses are becoming more common and more controversial, the AP/Washington Times reports. Thirty-one states now have parental notification laws, which under Supreme Court guidelines must include an option for teenage girls to request a waiver from a judge. Whether a teen is successful in getting such a waiver often depends on the state in which she lives. In Massachusetts, for instance, "nearly all" of the 15,000 girls who have sought waivers since 1981 have succeeded. A network of volunteer lawyers who represent girls on short notice and "steer" them toward sympathetic judges has been formed by abortion-rights activists. But in other states, where judges are more stringent in granting bypasses, girls who do not wish to tell their parents about their pregnancy must either go to another state, have an illegal abortion or go to a hearing "before an unsympathetic judge." The issue of bypasses came to a head in Texas this year when the state's Supreme Court overturned a lower court ruling denying a 17-year-old girl a waiver, prompting the state Republican Party to adopt in its platform the warning that it will target judges who "nullify the Parental Notification Law by wantonly granting bypasses." Abortion-rights opponents believe such laws help reduce teen pregnancies. Doug Johnson, legislative director of the National Right to Life Committee, said, "Just the fact that some adult other than the abortion clinic staff has to be involved tends to put a bit of a check into the system." But abortion-rights advocates claim that the judicial bypass procedure is an invasion of privacy. "There's a terrible sense of apprehension, a sense of powerlessness. A sense that [the girls'] lives were being given over to some stranger who had an amazing power over their future -- a sense of being violated," Boston-based law professor Shoshanna Ehrlich said. Each year, there are about 900,000 teen pregnancies nationwide, with about one-third of those ending in abortion (Crary, AP/Washington Times, 9/25).

MEDIA & SOCIETY

#5 SEX ED: ABSTINENCE-ONLY EDUCATION ON THE RISE

A special September/October 2000 issue of the Alan Guttmacher Institute's bimonthly journal, Family Planning Perspectives, is dedicated to sex education issues, featuring two studies from the AGI and one from the Urban Institute. One AGI study, titled, "Changing Emphases in Sexuality Education in U.S. Public Secondary Schools, 1988-1999," reports that "the focus on abstinence-only instruction increased markedly during the 1990s." The study, based on 1988 and 1999 nationwide surveys of 7th-12th grade public school sex ed teachers, indicates that certain

topics, such as HIV and other STDs, condom use and how to handle peer pressure, "are being taught less often and in later grades than teachers think they should be." The study also found that "instruction in all grades is much less likely to cover birth control, abortion, how to obtain contraceptive and STD services, and sexual orientation than it was in the late 1980s." Although 40% of teachers cited abstinence as their "most important message" and 70% think that students who receive abstinence education are less likely to engage in intercourse, 86% believe "students who are taught to use contraceptives if they are sexually active are more likely to do so than are students who do not receive similar instruction." Moreover, most teachers felt that sex ed curricula should include information on birth control (89%), abortion (84%-89%), how to use a condom (82%) and sexual orientation (78%). Thus, "gaps between teachers' recommendations and actual coverage of these topics are large -- 24-30 percentage points." AGI President Sara Seims said of the findings, "Teachers on the front line in high schools around the country recognize that young people need a range of information to support them in making responsible decisions regarding their sexuality. Yet this study reveals that teachers are covering far less, far later than they believe is needed. Our findings are particularly disheartening, considering that abstinence accounted for about one-quarter of the recent drop in the U.S. teenage pregnancy rate, while improved contraceptive use was responsible for the rest. And the teenage pregnancy rate and adolescent rates of STDs remain high. Abstinence messages are very important, but clearly the coverage of contraceptive topics is also crucial in helping our youth prevent unplanned pregnancy andSTDs." The second AGI study, titled "Sexuality Education in Fifth and Sixth Grades in U.S. Public Schools, 1999," finds that "large proportions of schools are doing little to prepare students for puberty or for dealing with pressures and decisions regarding sexual activity," and that "fifth and sixth grade sexuality education teachers often feel unsupported by the community, parents or school administrators" (Alan Guttmacher Institute release, 9/26).

TEENAGE BOYS RECEIVING MORE SEX ED THAN IN THE PAST

The journal also features an Urban Institute study that looks at sex education specifically among teenage boys. Titled "Adolescents' Reports of Reproductive Health Education, 1988 and 1995," the study reveals that 98% of teenage boys "report receiving formal education about sex or HIV, and 70% report receiving such instruction before ever having intercourse." In addition, "while nearly all African-American and Hispanic teenage boys report receiving sex or HIV education at some point, they are far less likely than their white peers to report receiving such instruction before ever having sexual intercourse." The study also found that "teenage boys get less sex education than teenage girls about certain topics," such as birth control, STDs, and "how to say no to sex," and teenage boys are less likely to receive that education before ever having sexual intercourse. Laura Lindberg, study co-author, said, "These findings come on the heels of recent trends toward less sexual activity and

increased condom use among teenage boys. They add to a growing body of evidence that sex education does not necessarily encourage sexual activity." Lindberg added, "The nation's educators continue to have an important obligation to provide the best and safest information and should try to reduce differences in access to appropriate education by race, gender, and school attendance" (Urban Institute release, 9/26).

#6 PRIESTS FOR LIFE: CABLE ADS TARGET ABORTION-RIGHTS SUPPORTERS

Priests For Life, an antiabortion organization of Catholic priests who work with clergy of all denominations, launched a television campaign Monday urging people to vote against politicians who support abortion rights, the Washington Times reports. The organization's national director, Rev. Frank Pavone, is featured in the television spot and states: "Hello, I'm Father Frank Pavone. The United States Catholic Bishops, in their document 'Living the Gospel of Life,' recently wrote that no public official can responsibly advocate for abortion. If those elected to public office can't respect the life of a little baby, how are they supposed to respect yours?" The ad will air on cable channels in "heavily Catholic markets," including New York, Los Angeles, Chicago, Washington, Detroit, Pittsburgh and Kansas City. With a budget of $250,000 for this first phase of the television campaign, the group is also planning a mass mailing to every priest in the country, calling on them to raise the abortion issue during Mass (Washington Times, 9/27).

REPRODUCTIVE HEALTH SERVICES

#7 MIFEPRISTONE: PLANNED PARENTHOOD HEAD PREDICTS FDA APPROVAL THIS WEEK

The FDA will likely approve mifepristone, the French "abortion pill," for consumer use this week, Planned Parenthood of America President Gloria Feldt predicted Monday, USA Today reports. "We're just sitting on pins and needles. We cannot see any possible reason why the FDA would not at this point go ahead and finalize its approval," Feldt said, adding, "But, until it's actually done, I'm not celebrating." While the FDA may decide to delay the decision, Feldt said that she expects "final approval" before the Sept. 30 deadline. Feldt and other abortion-rights leaders have also expressed concerns about potential FDA restrictions on mifepristone, such as limiting its use to doctors who provide surgical abortions and have admitting privileges at a hospital within one hour of their offices. According to Feldt, however, the FDA will probably "not be as restrictive." Laura Echevarria of the National Right to Life Committee said that the group will continue to educate women about the dangers of mifepristone, including excessive bleeding. Pamela Long, a spokesperson for Danco Laboratories, the firm licensed to distribute the drug, said that mifepristone would reach the market about one month after FDA approval. The FDA had no comment (Rubin, USA Today, 9/26).

PUBLIC HEALTH & EDUCATION

#8 TEXAS: FOUNDATION LAUNCHES TEEN PREGNANCY PREVENTION CAMPAIGN

Responding to news that Potter County experienced one of Texas' highest teen pregnancy rates in 1996, the Amarillo Area Foundation on Aug. 1 launched an extensive teen pregnancy prevention campaign, complete with television, radio, newspaper and billboard advertisements, the AP/Ft. Worth Star-Telegram reports. The ads advise teens to "wait to have sex" and encourage parents to "start talking to your children -- now." Gloria Roberts, who teaches a teen parenting program in Amarillo schools, said, "This is the first time we've had a comprehensive program to try to prevent teen pregnancy. It's something we've needed for a long time. We've put a Band-Aid on this situation too many times." Claudia Stravato, executive director of Planned Parenthood of Amarillo and Canyon, added, "I think it's very positive that we're beginning to talk about [sex] in Amarillo. In a conservative community like this, it's important to get parents and community institutions comfortable talking about sexuality and how to deal with it" (AP/Ft. Worth Star-Telegram, 9/24).

BIOETHICS & SCIENCE

#9 CONCEPTION: 'MALE COUPLES' COULD BE A POSSIBILITY

Genetic techniques used to clone Dolly the sheep could help males conceive a child, according to Dr. Calum MacKellar, bioethics and biochemistry lecturer at Edinburgh University. BBC News reports that male couples could use their own DNA to conceive by using the "nuclear replacement" technique, in which the nucleus from a human egg is removed and replaced with a sperm nucleus. The resulting "male egg" could be fertilized by sperm from another man through in vitro fertilization, and then implanted in the womb of a surrogate mother, who would bring the fetus to term. However, MacKellar, who also runs the not-for-profit organization European Bioethical Research, acknowledges that there are "significant genetic obstacles" that would need to be overcome before the technique would work. For example, the embryo of a mammal created using only paternal DNA would lack imprinted maternal genes which are essential for normal development. In addition, an expert panel on genetic cloning led by England's Chief Medical Officer, Sir Liam Donaldson, has "not looked into the ethical issues" surrounding male-only conception (BBC News, 9/25).

OPINION

#10 BIRTH CONTROL: WOMEN DO NOT CARRY UNFAIR BURDEN

In a New York Post column, freelance writer Ira Carnahan labels Planned Parenthood's arguments that women bear an unfair burden of health care costs as "dubious." Carnahan is responding to a recent lawsuit filed by the organization against Bartell Drug, a Seattle-based chain that does not cover contraceptives in its health plan. Carnahan states that "women pay more out of

pocket for health care" than men, but cites a 1994 Women's Research & Education Institute study -- the same study cited by Planned Parenthood to say that women pay 68% more out of pocket -- that shows that women spend 67% more on health care than men overall. For example, Carnahan cites figures from the study that estimate that the "average annual health expenditure for women ages 15-44 [is] $2,123" and for men it is $1,272, while out-of-pocket expenditure averages $573 a year for women and $342 a year for men. "Thus, while the average woman spends substantially more each year on health care than the average man, most of that extra spending is paid for by her private insurance or Medicaid. This means that it is women (who are also more likely than men to have health insurance in the first place) who benefit disproportionately from our health insurance system. The idea that insurance plans discriminate against them is the opposite of the truth," Carnahan writes. Carnahan also counters Planned Parenthood's statement that contraceptives should be covered by insurance plans, stating that the group's argument "assumes that some significant percentage of women who hold jobs and have private insurance get pregnant simply because their health plan doesn't pay for contraception." But the "biggest problem" with Planned Parenthood's campaign, Carnahan writes, is that "requiring contraceptives to be insured subverts the purpose of insurance, which is to cover unpredictable expenses that would otherwise cause great hardship." The author argues that "a monthly bill of $25 or $30 for birth control pills simply doesn't fit into that category" and that married women already share contraceptive costs with their husbands. Carnahan also states that coverage of contraception would lead consumers to become "less sensitive to price," which would cause the price of birth control to rise. "There is nothing historic about Planned Parenthood's birth control lawsuit. Much the opposite: It's just another in a long line of efforts by people to get something for nothing," Carnahan concludes (Carnahan, New York Post, 9/26).

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