

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: Public Liaison

Series/Staff Member: Alexis Herman/Ruby Moy

Subseries:

OA/ID Number: 4276

FolderID:

Folder Title:

Health Care Information March 22, 1994 thru Present [binder] [2]

Stack:

S

Row:

29

Section:

5

Shelf:

7

Position:

1

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This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

6. Employee Based Reform Support

Divider Title: _____

Family USA Letter

March 9, 1994

Dear Member/Senator:

Health security for all Americans, that guarantees that no one lacks or loses high-quality health care coverage, is an essential element of health care reform. We believe that this objective should be achieved for working families by requiring all employers to provide and help subsidize health care coverage for their employees. We believe that such an employer mandate should be enacted for several reasons.

An employer mandate builds on our current employer-based insurance system and would be the least disruptive way to achieve universal coverage. It would be fair in that all employers and employees would be responsible for contribution^{na} towards coverage. It would level the playing field among different employers, most of whom provide such coverage today. And it would eliminate large, unpredictable and inequitable cost shifts that employers bear today for the uninsured workers of other employers. We recognize that some employers (and employees) will need financial help to meet their obligations. We, of course, support providing necessary subsidies.

We believe that an employer mandate is a fair, effective and practical means for achieving universal coverage. We, therefore, urge its adoption.

Organizations Endorsing Employer-based Insurance

- ACME Steel Company
- AIDS Action Council
- Amalgamated Clothing and Textile Workers Union
- Ambulatory Pediatric Association
- American Academy of Pediatrics
- American Association for Partial Hospitalization
- American Association of Pastoral Counselors
- American Association of Retired Persons
- American Association of University Professors
- American Association on Mental Retardation
- American College of Nurse-Midwives
- American College of Obstetricians and Gynecologists
- American College of Physicians
- American Counseling Association
- American Federation of Government Employees
- American Federation of Teachers
- American Federation of State, County, ^{and} Municipal Employees
- American Federation of State, County, Municipal
Employees Retiree Program
- American Geriatrics Society
- American Hospital Association
- American Lung Association
- American Medical Student Association
- American Medical Women's Association
- American Nurses Association
- American Postal Workers Union, AFL-CIO
- American Psychological Association
- American Speech - Language - Hearing Association
- American Thoracic Society
- Amputee Coalition of America
- Asociacion Nacional Pro Personas Mayores
- Association for Gerontology in Higher Education
- Association of Community Action Agencies
- Association of Community Organizations for Reform Now (ACORN)
- Association of Schools and Public Health
- Association of Letter Carriers, AFL-CIO
- Association of Maternal and Child Health Program
- Bakery, Confectionery & Tobacco Workers International Union
- Bazelon Center for Mental Health Law
- Bethlehem Steel
- Catholic Health Association of the United States
- Center for Community Change
- Center for Science in the Public Interest

National

- Center for Women Policy Studies
- Center on Disability and Health
- Caridian Association
- Children's Defense Fund
- Chrysler Corporation
- Coalition on Human Needs
- Consumers Union
- Eldercare America, Inc.
- Epilepsy Foundation of America
- Families USA
- Health Care for the Homeless Project, Inc.
- Independent Federation of Flight Attendants
- International Association of Psychosocial Rehabilitation Services
- International Association of Fire Fighters
- International Ladies' Garment Workers' Union
- ~~International Union, UAW~~
- International Union of Bricklayers and Allied Craftsmen
- International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers, AFL-CIO (IUE)
- Jesuit Social Ministries, National Office
- Laborers International Union
- League of Women Voters of the U.S.
- Legal Action Center
- National Asian Pacific Center on Aging
- National Association of Alcoholism and Drug Abuse Counselors
- National Association of Area Agencies on Aging
- National Association of Child Advocates
- National Association of Children's Hospitals and Related National Institutions
- National Association of Community Action Agencies
- National Association of Community Health Centers
- National Association of Homes and Services for Children
- National Association of Professional Geriatric Care Managers
- National Association of Public Hospitals
- National Association of Social Workers
- National Caucus and Center on Black Aged
- National Community Mental Healthcare Council
- National Consumers League
- National Council of Senior Citizens
- National Education Association
- National Federation of Societies for Clinical Social Work

- **National Hispanic Council on Aging**
- **National Leadership Coalition for Health Care Reform***
- **National Mental Health Association**
- **National Multiple Sclerosis Society**
- **National Organization for Rare Disorders (NORD)**
- **National Urban Coalition**
- **National Parent Network on Disabilities**
- **National Women's Health Network**
- **National Women Law Center**
- **NETWORK: A National Catholic Social Justice Lobby**
- **New Ways to Work**
- **Older Women's League**
- **Project Vote Fund**
- **Rohm & Haas Company**
- **Rural Advancement Fund**
- **Save Our Security**
- **Service Employees International Union**
- **Society of Adolescent Medicine**
- **Southern California Edison Company**
- **The American State of the Art Prosthetic**
- **The Arc**
- **The Children's Foundation**
- **The Federation of Families for Children's Mental Health**
- **The National Council on the Aging, Inc.**
- **United Auto Workers**
- **United Cerebral Palsy Association**
- **United Food and Commercial Workers Union**
- **United Auto Workers Retired and Older Workers Department**
- **United Mine Workers of America**
- **United Steelworkers**
- **Washington Ethical Action Office/AEU**
- **Women's Legal Defense Fund**
- **World Association for Psychosocial Rehabilitation-U.S. Branch**
- **YWCA of the U.S.A.**

***The National Leadership Coalition for Health Care Reform is made up of over 100 organizational members — corporations, industrial companies, unions, consumer groups and health care providers.**

March 9, 1994

Dear Member/Senator:

Health security for all Americans, that guarantees that no one lacks or loses high-quality health care coverage, is an essential element of health care reform. We believe that this objective should be achieved for working families by requiring all employers to provide and help subsidize health care coverage for their employees. We believe that such an employer mandate should be enacted for several reasons.

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- *American Association of Retired Persons*
- *American Association of University Professors*
- *American Association on Mental Retardation*
- *American College of Nurse-Midwives*
- *American College of Obstetricians and Gynecologists*
- *American College of Physicians*
- *American Counseling Association*
- *American Federation of Government Employees*
- *American Federation of Teachers*
- *American Federation of State, County, Municipal Employees*
- *American Federation of State, County, Municipal Employees Retiree Program*
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- *American Hospital Association*
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- *American Medical Student Association*
- *American Medical Women's Association*
- *American Nurses Association*
- *American Postal Workers Union, AFL-CIO*
- *American Psychological Association*
- *American Thoracic Society*
- *Amputee Coalition of America*
- *Asociacion Nacional Pro Personas Mayores*
- *Association for Gerontology in Higher Education*
- *Association of Community Action Agencies*
- *Association of Community Organizations for Reform Now (ACORN)*
- *Association of Schools and Public Health*
- *Association of Letter Carriers, AFL-CIO*
- *Association of Maternal and Child Health Program*

- **Bakery, Confectionery & Tobacco Workers International Union**
- **Bazelon Center for Mental Health Law**
- **Catholic Health Association of the United States**
- **Center for Community Change**
- **Center for Science in the Public Interest**
- **Center for Women Policy Studies**
- **Center on Disability and Health**
- **Ceridian Association**
- **Children's Defense Fund**
- **Chrysler Corporation**
- **Coalition on Human Needs**
- **Consumers Union**
- **Eldercare America, Inc.**
- **Epilepsy Foundation of America**
- **Families USA**
- **Health Care for the Homeless Project, Inc.**
- **Independent Federation of Flight Attendants**
- **International Association of Psychosocial Rehabilitation Services**
- **International Association of Fire Fighters**
- **International Ladies' Garment Workers' Union**
- **International Union, UAW**
- **International Union of Bricklayers and Allied Craftsmen**
- **International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers, AFL-CIO (IUE)**
- **Jesuit Social Ministries, National Office**
- **League of Women Voters of the U.S.**
- **Legal Action Center**
- **National Asian Pacific Center on Aging**
- **National Association of Alcoholism and Drug Abuse Counselors**
- **National Association of Area Agencies on Aging**
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- *National Women Law Center*
- *NETWORK: A National Catholic Social Justice Lobby*
- *New Ways to Work*
- *Older Women's League*
- *Project Vote Fund*
- *Rohm & Haas Company*
- *Rural Advancement Fund*
- *Save Our Security*
- *Service Employees International Union*
- *Society of Adolescent Medicine*
- *The American State of the Art Prosthetic*
- *The Arc*
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- *United Mine Workers of America*
- *Washington Ethical Action Office/AEU*
- *Women's Legal Defense Fund*
- *World Association for Psychosocial Rehabilitation-U.S. Branch*
- *YWCA of the U.S.A.*

SUPPORTERS OF EMPLOYER BASED REFORM

American Iron and Steel Institute
American Institute of Architects
Institutional and Municipal Parking Congress
Owner-Operator Independent Drivers Association
National Association of Retail Druggists
National Assn of Chain Drug Stores

Dwayne Andreas, CEO, Archer Daniels Midland
Hank Barnette, CEO, Bethlehem Steel
August Busch, CEO, Anheuser-Busch
Garry Drummond, CEO, Drummond Company
Robert Eaton, Chairman, Chrysler Corp
John Hechinger, Sr., Chairman, Hechinger Company
David Hoag, CEO, LTV Corp.
Jack Smith, CEO, General Motors
Stewart Turley, CEO, Eckerd Corp.
Alan Wurtzel, Chairman, Circuit City
Chuck Corry, CEO, USX Corp.
Bob Crandall, CEO, American Airlines
Victor Lund, Chairman, American Stores
Thomas Downs, Chairman, AMTRAK
Alex Trottman, CEO, Ford Motor Co.
Roberto del Rosal, CEO, Bacardi Corp.
Earl Graves, CEO, Earl Graves, LTD
Alex Grass, CEO, Rite Aid Corp.
Peter Manos, CEO, Giant Food
George McCarthy, CEO, Hiram Walker Group
Robert Hannan, CEO, Thrift Drug
John McDonnell, CEO, McDonnell-Douglas Corp.
Mal Nixon, CEO, Invacare Corp.
Bernard Schwartz, CEO, Loral Corp.

See list on p. 10

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7. Companies by District

Divider Title: _____

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8. POTUS / FLOTUS Memos

Divider Title: _____

AUG - 4 1994

MEMORANDUM

To: White House Staff
From: Health Care Delivery Room
Subject: Script of Tonight's Presidential Address to the Nation
Date: August 4

Tonight, the President will begin a series of nightly broadcasts to the American People about health care. These broadcasts from the Oval Office will air nightly at 7:50 pm Eastern time on CNN. Attached please find

- the script from tonight's broadcast;
- general talking points about the programs; and
- q's and a's.

We will circulate the scripts daily along with talking points. If you have any questions or need more information, please call Catherine Balsam-Schwaber 6-2566.

**TALKING POINTS FOR WH OFFICIALS:
THE PRESIDENT TALKS WITH THE PEOPLE ON HEALTH CARE**

- * America faces a historic choice -- one that affects every American family. This is a serious decision for our nation -- a decision that should not be relegated to soundbites.
- * Every American deserves to hear the details of what Congress is deciding. Every American deserves the opportunity to express his or her opinion before the critical vote is cast.
- * The President wants to take his case directly to the American people. For the next several evenings -- until the Senate roll is called on the vote to decide universal coverage -- the President will speak to the public about the central elements of the approaches before Congress. At 7:50 pm Eastern time each night on CNN, the President will speak from the Oval Office for 2 minutes about a different key element.
- * Only a clear explanation of the proposals before Congress can cut through the haze of misinformation thrown up by the special interests who oppose reform. \$50 million have already been spent on advertising. As Kathleen Hall Jamieson of the Annenberg School of Communications said, "We are witnessing the largest, most sustained advertising campaign to shape a public policy decision in the history of the Republic."
- * The series will begin on the evening of August 4 and will continue until the Senate's critical vote on universal coverage. [Do not indicate they will run every night -- they will run every night in the beginning, but if the vote stretches out too far the broadcast might be spaced out across more than one day.]

QUESTIONS AND ANSWERS

Q: Why paid ads on CNN? Why not just a prime-time Oval Office address on the networks?

A: We asked ABC, NBC, CBS and Fox if they would broadcast an address by the President to the American people on this critical issue of health care. They all said no. But the President strongly believes that the American people must have the facts before Congress votes on this historic decision. That is why we decided to take this unprecedented step in doing a series of broadcasts on CNN.

[So far in 1994, the President has made no Oval Office addresses. In contrast, in the second year of his first term, President Reagan was able to make 6 Oval Office addresses.]

Q: Isn't this just a last minute attempt to save a dying bill?

A: Not at all. Studies show that \$50 million has already been spent to influence this decision -- most of it by opponents of reform. And millions more will be spent in the coming weeks. The President wants to take his case directly to the American people before this historic vote.

Q: What is the President selling? Is it Mitchell? Is it Gephardt?

A: The President will be talking about key elements of reform that are contained in both approaches. And he will be talking about the importance of universal coverage -- the central element in his original proposal, the House bill and the Senate bill.

"Introduction"
DNC-TV-2:00

President Clinton:

Good evening.

In the coming days, Congress will face a critical vote that will measure our national character. In that vote, our nation will have its best chance -- maybe it's last change this century -- to assure that every American, regardless of wealth or privilege, will be helped or healed when they're sick.

This is something Hillary and I both care deeply about --

To make sure all Americans have health care;

To preserve the quality of that care;

And to bring costs under control.

As you know, the plan I originally advanced has been changed. In many ways for the better. And besides, in the end, whose plan passes is not important. What is important is that you have guaranteed private health insurance that can never be taken away.

We've listened...

We've heard you...

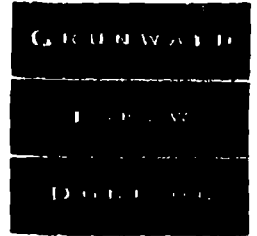
And the new health care approach that will be voted on soon is less bureaucratic.

It offers more choice, not less; you can keep your doctor and the coverage you now have or you could choose a new plan that saves your family money.

This approach contains new protections for small business -- and will be phased in over a longer period of time to make sure we do things right.

In the truest sense, this is a conservative approach that keeps what's best in the present system -- and fixes what's wrong.

For example, it establishes controls on government spending and relies on competition in the market place to hold down the ever-increasing cost of private insurance premiums.



1250 24TH STREET, NW

SUITE 250

WASHINGTON, DC

20037

202-973-9400

FAX 202-973-9408

Yet many of you still have doubts about reform and I sure can understand why. I see the same TV ads you do. Never in the history of the Republic has so much money been spent to defeat an idea.

The vote will be close -- the vote will be soon.

So, if you decide this legislation is good for your family, join the fight. Call your Senators and Members of Congress. Talk with your neighbors. Make sure they understand the facts.

That's all I ask -- that we as people make this historic decision based on facts and not fear.

Thank you and I'll talk with you again tomorrow night.

APRIL 14, 1994

MEMORANDUM FOR OPL STAFF

APR 14 1994

FROM: AMY ZISOOK

SUBJECT: POTUS IN MILWAUKEE

POTUS is going to Milwaukee on Monday for a Health Care event.

We need lists for the crowd, up to ten people, and for the "clutch" (if there is one), one or two people.

We need the lists by **NOON FRIDAY**. Please include home phone numbers.

Thanks!

THE WHITE HOUSE

WASHINGTON

AGENDA

HEALTH CARE BRIEFING

TUESDAY, APRIL 19, 1994

ROOM 450

1:00 PM

WELCOME AND INTRODUCTION

Alexis Herman

Assistant to the President

Director of Public Liaison

REMARKS

Ira Magaziner

Senior Advisor to the President

for Policy Development

Dr. Risa Lavizzo Mourey
Associate Vice President for Health Policy
University of Pennsylvania Medical Center

VICE PRESIDENT AL GORE

PRESIDENT BILL CLINTON

CLOSING REMARKS

COPY

THE WHITE HOUSE
WASHINGTON

March 21, 1994

MEMORANDUM FOR THE PRESIDENT

FROM: ALEXIS HERMAN

SUBJECT: SMALL BUSINESS SUPPORT FOR THE HEALTH SECURITY ACT

We are working with three primary sources for recruiting small business support for the Health Security Act:

- Business Associations
- The National Health Care Campaign Field Operation (which includes your friends and supporters)
- Cabinet Departments/Intergovernmental Affairs

Our efforts include the following activities:

- White House Briefings
- Targeted Industry Issues Briefings with Erskine Bowles
- Surrogate Field Activities
- Material Distribution

A brief overview of our effort with the three primary sources follows.

Business Associations

To date, approximately 12 associations are working to build support for the plan. Most of these associations are working in conjunction with an outside coalition entitled "The Small Business Coalition for Health Care Reform" that is targeting small business support for the plan. The coalition was initiated by the National Association of Chain Drug Stores and the National Association of Retail Druggists. They are developing a field campaign to recruit further support from members of these associations and others.

Under our auspices, Erskine Bowles has briefed approximately 68 targeted associations whose members are principally small business on the benefits of the plan. Each association has been sent talking points and other materials, as well as receiving phone calls requesting their support. The finding from our calls and meetings is that most of the associations are not prepared to make a decision on a position -- their members remain uninformed about the details of our plan or any other plan. The good news is that most are not opposed to our plan, although many have a philosophical problem with employer mandates as one more expense levied on them by the government.

The following associations, in my view, are our lead supporters: the American Institute of Architects, Institutional and Municipal Parking Congress, National Association of Retail Druggists, and Owner-Operation Independent Drivers Association.

The National Health Care Campaign(NHCC)

We have been working with the DNC and the NHCC to recruit support from your friends and supporters who are small business owners. They have been very responsive to our requests and are an essential element to the "retail" selling of the plan to small business.

Each member of the field staff of the National Health Care Campaign has been directed to recruit a minimum number of small business supporters per week. They in turn are forwarding names, support letters and other pertinent information to us to be used for Letters to the Editor and media interviews.

Cabinet Department/Intergovernmental Affairs

Each cabinet department with a major business constituency has been working with us to educate their constituents, much in the same way that we are working with associations. The largest include: Commerce, Energy, Transportation, and Agriculture. Each Cabinet Secretary is being asked to identify specific numbers of constituents, both individual businesses and business associations, who will support the plan.

In addition to the above, Intergovernmental Affairs is soliciting Governors and Mayors to identify small business supporters.

Much like support for the Economic package, we will garner support on an incremental basis as we work through the legislative process.

June 21, 1994

MEMORANDUM FOR HILLARY RODHAM CLINTON

FROM: Mike Lux

SUBJECT: Attached Letter Draft

Per your request, I have drafted a letter under your signature to the groups who have done the most for us to date on health care thanking them for their efforts and asking them in strong language to do even more at this crucial time. Please let me know if there is anything else you want me to do to follow up.

Thank you for your remarks to the groups in yesterday's meeting. I think it helped.

cc: Harold Ickes
Alexis Herman
Pat Griffin
Melanne Verveer

HRC
Letter - (or is
there something
close?)

JUN 21 1994

Dear _____,

From the time the President announced his task force on health care reform in January of 1993 to today, your organization has been working closely with our administration to pass legislation that would give the American people health security. I want to thank you for the real efforts you have put forth and the resources you have expended in this battle. Now we have reached a critical moment in this battle: Congress is facing the decision as to whether we really will provide a solution to the health care crisis facing us, or whether we will once again throw up our hands and say it can't be done, and step away from this challenge.

Let me be blunt: while I appreciate everything you've done over these last few months, I ask you today to do even more over the coming days and weeks. Now is the time to double and triple your efforts, and to focus your message like it has never been focused before: tell Congress that anything short of universal coverage for every American is unacceptable. Let your membership know just how much is riding on this battle, that it is hardworking Americans like them and their families and their neighbors that could be left behind if we don't pass legislation this year that guarantees health insurance for every American. You must do everything you can to make Congress understand that they will pay a political price for walking away from this issue.

It would be a tragedy for all of our efforts and all of your efforts over the past year and a half to go to waste. Make your voices heard again in the coming days.

Sincerely,

Hillary Rodham Clinton

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9. Cabinet / Chiefs Meetings

Divider Title: _____

Transportation

Department of Transportation

Companies

✓ Chrysler Corporation
✓ General Motors
✓ Ford Motor Company
✓ American Airlines
✓ Federal Express
✓ Santa Fe Pacific Corporation
~~Union Pacific~~
Burlington Northern
Beech Aircraft Corporation
Learjet Inc.
Cessna Aircraft Co., Inc.
✓ Boeing Company
✓ McDonnell Douglas

7
with
Company
Antitank

Associations

Owner Operator Independent Drivers Association — full Bros base
Independent Truckers and Drivers Association — full Bros base
Helicopter Association International*
National EMS (Emergency Medical Service) Alliance*
American Trauma Society*

* Denotes associations which are leaning toward, but have not as yet, endorsed the Health Security Act.

PLEASE NOTE: This is a preliminary list. A more detailed listing of companies and associations is forthcoming.

*Education*

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF THE SECRETARY

FAX TRANSMITTALTO: Alexis Herman

ORGANIZATION: _____

PHONE NUMBER: _____

FAX NUMBER: _____

FROM: Fritz EdelsteinPHONE NUMBER: 401-1110 / RobainFAX NUMBER: 401-0596MESSAGE: _____

_____**CONFIDENTIALITY NOTICE**

THIS TRANSMISSION IS INTENDED FOR AND RESTRICTED TO THE NAMED ADDRESSEE ONLY. IT MAY CONTAIN CONFIDENTIAL AND/OR PRIVILEGED INFORMATION. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, YOU ARE NOTIFIED THAT YOU ARE PROHIBITED FROM READING, COPYING OR DISSEMINATING THE TRANSMISSION. PLEASE CALL (202) 401-0000 TO ARRANGE FOR RETURN OF ANY TRANSMISSION SENT IN ERROR. THANK YOU

PAGE(S) TO FOLLOW



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF THE SECRETARY

March 25, 1994

To: Alexis Herman

From: Department of Education

Re: Suggested employers and trade associations within the Department

Corporations

- ✓ TRW
- BellSouth
- Procter and Gamble
- ✓ Boeing
- Binney & Smith ?
- McDonald's
- ✓ Kodak
- Motorola ?
- Mobil ?
- Circuit City

A handwritten signature, possibly "Ed", followed by two horizontal lines.

Trade Associations (Business)

United States Telephone Association (USTA)
The Business Roundtable
National Alliance of Business
U.S. Chamber of Commerce

Trade Associations (Education)

Council of Chief State School Officers
American Council on Education
National School Boards Association

Defense

SECRETARY OF DEFENSE TELECOPIER COVER SHEET

UNCLASSIFIED MATERIAL ONLY

FROM Margie Sullivan OFFICE/DESK _____ PHONE NO. _____

SUBJECT _____

DELIVERY INSTRUCTIONS:

☐ HOLD FOR NORMAL DUTY HOURS☐ IMMEDIATELY

PAGES _____

(Not Including Cover Sheet)

DELIVERY INSTRUCTIONS

AGENCY	INDIVIDUAL (NAME)	OFFICE	ROOM #	PHONE #	FAX #
W11	Alexis Herman				202 - 456.2983

REMARKS:

Please call Secretary of Defense Cable Division to report transmission problems.
Phone number (703) 697-8151 or Autovon 227-8151.

UNCLASSIFIED MATERIAL ONLY



OFFICE OF THE SECRETARY OF DEFENSE

WASHINGTON, D.C. 20301

March 25, 1994

MEMORANDUM FOR ALEXIS HERMAN

FROM: Margie Sullivan *[Signature]*
SUBJECT: Top 10 DoD Contractors

The top 10 contractors are as follows:

NAME	\$ IN THOUSANDS*
1. McDonnell Douglas Corp	5,311,150
2. Northrop Corp.	4,851,015
3. Lockheed Corp.	4,650,404
4. General Dynamics Corp.	4,463,771
5. General Electric Corp.	4,007,764
✓ 6. General Motors Corp.	3,694,122
✓ 7. Raytheon Co.	2,840,686
✓ 8. United Technologies Corp.	2,802,878
✓ 9. Boeing Co.	2,495,191
<i>bl</i> 10. Martin Marietta Corp.	2,356,077

* FY92 prime contract awards. Later figures unavailable but should be relatively consistent for your purposes.

GSA

GSAfax

TRANSMITTAL SHEET

Office of Public Affairs
Suite 6002
18th & F Streets, NW
Washington, DC 20405

Phone
Numbers:

Office of
Public Affairs
(202) 501-0705

Media
Relations
(202) 501-1231

Communications
(202) 501-0937

Audiovisual
Services
(202) 501-0705

Number of pages (including cover sheet): 4

To: Marilyn Yager

From: Hal Connors

Date: _____

Subject: _____

Phone Number: _____

Fax Number: 456-2983

Comments: _____

MEMORANDUM

TO: *Alexis Herman, Public Liaison*
FROM: *Patricia Dorinson, GSA*
SUBJECT: *Trade Associations*

Trade Associations and Employers with whom GSA has regular contact:

ASSOCIATIONS:

1. Computer and Business Equipment Manufacturers Association (CEBMA)

Ken Salaets, Director Domestic Policy
1250 Eye St. N.W. Suite 200
Washington, D.C. 20005
202-686-5752
2. Information Technology Association of America (ITAA)

Olga Grakavac
Vice President
Systems Integration Division
1616 N. Fort Myer Drive, Suite 1300
Arlington, VA 22209-5055
703-284-5311
3. Building Owners and Managers Association International (BOMA)
1201 New York Ave. N.W. Suite 300
Washington, D.C. 20005
202-371-0181
4. National Minority Supplier Development Council, Inc.
15 West 39th St. 9th Floor
NYC, NY 10018
212-944-2430

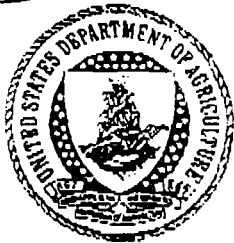
EMPLOYERS:

1. Sverdrup Corporation
Bill Birkhofer
Vice President
1001 19th St. North, Suite 700
Arlington, VA 22209
703-351-4203
2. Armstrong Flooring
Camilla Collova
Deputy Director
1025 Conn. Ave. N.W.
Suite 1007
Washington, D.C. 20036
202-293-4337
3. Hewlett-Packard
Jim Berish
900 17th St. Suite 1100
Washington, D. C. 20006
202-785-7920
4. Digital Equipment Corporation
Jim Meer
Manager, Policy Initiatives
1331 Pennsylvania Ave. N.W.
Washington, D.C. 20004
202-383-5018
5. XEROX Corp.
Thomas Hodges Jr.
Mgr. Federal contracts
1616 N. Ft. Myer dr.
Arlington, VA 22209
703-247-6200
6. Canon USA, Inc.
Gary Barth
Director
Government Marketing Division
5701 General Washington Dr.
Alexandria, VA 22312-2488
703-914-3090

7. Herman Miller Furniture
Mike Kratz
VP Government Sales
8500 Byron Rd.
Zeeland, MI 49464
617-772-8166
8. Knoll North America, Inc.
Westinghouse Furniture Systems, Inc.
Steve Robinson
Vice President Gov. Affairs
1150 18th St. N.W. Suite 100
Washington, D.C. 20036
202-973-0410
9. Chrysler Corp.
Frank Henderson
Manager. Federal Fleet Sales
1100 Conn. Ave. N.W. Suite 900
Washington, D.C. 20036
202-862-5421
10. Hayworth, Inc.
Tim McGee
Supervisor, GSA Contracts
One Hayworth Center
Holland, MI 49423-9576
616-393-1098

*Agriculture***DEPARTMENT OF AGRICULTURE**

Office of Congressional Relations



COVER SHEET

Date: 3/25/94Cover sheet plus 4 pagesTO: ALEXIS HERMAN*Marilyn Jager*FAX # 456-2983

Telephone # _____

FROM: FRED SLABACH

USDA - Congressional Relations
Room 143W, Administration Building
Jefferson Drive, SW
Washington, D.C. 20250
(202) 720-7095

REMARKS: _____



DEPARTMENT OF AGRICULTURE
OFFICE OF CONGRESSIONAL RELATIONS
WASHINGTON, D.C. 20250-0100

MEMORANDUM

TO:

Alexis Herman
White House Public Liaison

FROM:

Frederick G. Slabach
Assistant Secretary

DATE:

March 25, 1994

SUBJ:

Health Care Associations

The following organizations and associations are suggested to include in Health Reform Outreach Efforts.

American Dietetic Association -- National association of approximately 63,000 members. Membership includes dietitians and dietetic technicians in hospitals, colleges, universities, school food services, day care centers, research, business and industry.

1225 I Street, N.W.
Suite 1250
Washington, D.C. 20005
202-371-0500
FAX-371-0840

National Congress of Parents and Teachers -- National association of approximately 7,000,000 members. Membership includes parents, teachers, students, principals, administrators, and others interested in "uniting the forces of home, school, and community in behalf of children and youth."

2000 L Street, N.W.
Suite 600
Washington, D.C. 20036
202-331-1280
FAX-331-1406

-2-

Consumer Federation of America -- The Consumer Federation of America has over 240 non-profit organizations as members. These organizations are mostly state and local consumer organizations.

1424 16th Street, N.W.
Suite 604
Washington, D.C. 20036
202-387-6121
FAX-265-7989

Food Research and Action Center -- FRAC has member organizations in every state. These member organizations are made are state and local anti-hunger advocates.

1875 Connecticut Avenue, N.W.
Suite 540
Washington, D.C. 20009
202-986-2200
FAX-986-2525

National Association of WIC Directors -- NAWD has about 1,100 members. They are state and local WIC directors, nutritionists, and coordinators from all states.

P.O. Box 53405
Washington, D.C. 20009-3405
202-232-5492
FAX-387-5281

Agricultural Women's Leadership Network -- A council of 12 national organizations representing over 1 million agriculture and rural members.

N 901 Welsh Road
Watertown, WI
414-261-1777
FAX-261-1778

American Agriculture Movement
100 Maryland Avenue, N.W.
Suite 500-A
Washington, D.C. 20002
202-544-5750

-3-

American Farm Bureau Federation
225 Touhy Avenue
Park Ridge, Illinois 60068-5874
312-399-5700
President: Dean R. Kleckner

National Association of State Departments of Agriculture
1156 15th Street, N.W.
Suite 1020
Washington, D.C. 20005
202-296-9680
Exec. V-President and CEO: Richard W. Kirchhoff

National Cattlemen's Association
P.O. Box 3469
5420 S. Quebec Street
Englewood, CO 80155
303-694-0305
Exec. V-President: Burton Eller

National Farmers Organization
2505 Elmwood Drive
Ames, IA 50010-2000
515-292-2000
President: Steve Halloran

National Farmers Union
10065 E. Harvard Union
Denver, Colorado 50010
303-337-5500
FAX-337-2913
President: Leland Swenson

National Council of Farmer Cooperatives
50 F Street, N.W.
Suite 900
Washington, D.C. 20001
202-626-8700
FAX-626-8722
President: Wayne Boutwell

-4-

United Farm Workers of America
P.O. Box 62, La Paz
Keene, California 93531
805-822-5571
President: Arturo S. Rodriguez

Commerce

U.S. Department of Commerce
Office of the Secretary14th & Constitution, N.W.
Washington, D.C. 20230
United States of Americaphone (202) 482-2112
fax (202) 482-2741DATE: March 25TO: ALEXIS HERMAN

ORGANIZATION: _____

FROM: ROB STEIN / MAUSSA MOSSFAX NUMBER: 2983PAGES TO FOLLOW: 5COMMENTS: PER YOUR REQUEST FROM
COS CONFERENCE CALL TODAY.



UNITED STATES DEPARTMENT OF COMMERCE
Office of the Secretary
Washington, D.C. 20230

March 25, 1994

MEMORANDUM FOR ROB STEIN
ALEXIS HERMAN

FROM: Melissa A. Moss
Director
Office of Business Liaison

A handwritten signature in black ink, appearing to read "Moss", written over the typed name "Melissa A. Moss".

SUBJECT: OBL Contact List

As per your request attached are the companies and trade associations that the Office of Business Liaison has worked with regularly.

Trade Associations

Aerospace Industries

Don Fuqua

202/371-8400

Council on Competitiveness

Daniel Burton

202/785-3990

Electronic Industries Association

Peter McCloskey

202/457-4902

Semiconductor Industry Association

Andrew Procassini

408/246-2711

U.S. Environmental Technology Export Council

John Mizroch

202/466-6933

Companies

UTILITIES

Edison Electric
Walker Nolan

Southern California Edison
John Bryson

TELEPHONE/COMMUNICATIONS

U.S. West
Richard D. McCormick

American Telephone & Telegraph
Robert E. Allen

Silicon Graphics
Ed McCracken

Hughes Satellite
Steve Dorfman

Corning Incorporated
James R. Houghton

UNISYS Corporation
James A. Unruh

Motorola
Gary L. Tooker

Millicom
J. Shelby Bryan

ALCOHOL BEVERAGE

Seagrams
Edgar Bronfman, Jr.

AUTOMOTIVE COMPANIES

Chrysler
Robert J. Eaton

TRW
Joseph T. Gorman

MANUFACTURING

Eastman Kodak Company
George M. C. Fisher

Honeywell Inc.
Michael R. Bonsignore

Raychem Corporation
Robert J. Saldich

Caterpillar Inc.
Donald V. Fites

Pratt Whitney
David Paul/James Johnson

Halliburton Company
Thomas H. Cruikshank/Dale P. Jones

Baker-Hughes Inc.
James D. Woods

Occidental Petroleum Corporation
Ray R. Irani

Dresser Industries, Inc.
John J. Murphy

Duracell International Inc.
C. Robert Kidder

Systems Integrated
Susan Corrales-Diaz

Westinghouse Electric Corporation
Michael H. Jordan

AEROSPACE/DEFENSE

Litton Industries, Inc.
Alton Brann

Raytheon Company
Dennis J. Picard

General Electric Company
John F. Welch, Jr.

Rockwell International Corporation
Donald R. Beall

Boeing Company
Frank Shrontz

Allied-Signal
Lawrence A. Bossidy

Textron Inc.
James F. Hardyman

PUBLISHING/ENTERTAINMENT

Black Entertainment Television
Robert Johnson

FASE

MCI Communications Corporation
Bert C. Roberts

Centegram
George Solomon

NcoCad
Armando Piedra

AdapTek
John Adler

Hewlett Packard
Robert P. Wayman

Microsoft
Kimberly T. Ellwanger



Energy

Department of Energy
Washington, DC 20585

OFFICE OF THE SECRETARY

Ruby
for
Marilyn
Yager*****
FACSIMILE TRANSMITTAL SHEET

TO: Laurie Labuda	FROM: Rich Rosenzweig
OFFICE:	DATE: 3-29-94
FAX NUMBER: 456-2983	FAX NUMBER: 202/586-7644
OFFICE NUMBER:	OFFICE NUMBER: 202/586-6210

COMMENTS: Pursuant to 3/22nd memo
re: identification of 10 employees +
4 trade associations DOE deals with

NUMBER OF PAGES (INCLUDING COVER) 10

IF TRANSMITTAL IS INCOMPLETE, PLEASE PHONE THE ABOVE NUMBER.

TRADE ASSOCIATIONS

1. EDISON ELECTRIC INSTITUTE (EEI)
701 PENNSYLVANIA AVE., N.W.
WASHINGTON, D.C. 20004-2696
(202)508-5000
MR. THOMAS R. KUHN, PRESIDENT
2. INTERSTATE NATURAL GAS ASSOCIATION OF AMERICA (INGAA)
555 13TH STREET, N.W., SUITE 300 WEST
WASHINGTON, D.C. 20004
(202)626-3200
MR. GERALD HALBORVORSEN, PRESIDENT
3. INDEPENDENT PETROLEUM ASSOCIATION (IPA)
1101 16TH STREET, N.W., SECOND FLOOR
WASHINGTON, D.C. 20036
(202)857-4727
MS. DENISE BODE, PRESIDENT
4. NATIONAL COAL ASSOCIATION (NCA)
1130 17TH STREET, N.W.
WASHINGTON, D.C. 20036
(202)463-2625
MR. RICHARD LAWSON, PRESIDENT

TOP 50 GENERATING ELECTRIC UTILITIES IN 1992

SOURCE: EPA-759

S	UTILITY I.D.	UTILITY NAME	TOTAL GENERATION	ADDRESS	CONTACT NAME	TELEPHONE NUM.
1	52987	Tennessee Valley Authority	121,785,503	MR 5 Chattanooga TN 37402	Carvin Crowell	(615) 751-6029
2	51100	Georgia Power Company	88,067,436	Atlanta Georgia 30308	A.W. Dahlbery	(404) 526-6526
3	50643	Commonwealth Edison Company	81,508,109	P.O. Box 767 Chicago Illinois 60690	James O'Connor	(312) 394-4321
4	50816	Duke Power Company	79,075,495	422 South Church St. Charlotte North Carolina 28242	William Lee	(704)374-4011
5	500100	Texas Utilities Electric Company	74,648,726	2001 Bryan Street Suite 1240 Dallas, Texas 75201	Erle Nye	(214) 812-4600
6	51352	Houston Lighting & Power Co.	63,255,334	P.O. Box 1700 Houston Texas 77251	Don Jordan	(713) 228-9211
7	50022	Alabama Power Company	60,279,024	P.O. Box 2641 Birmingham Alabama 35291	E. B. Harris	(205) 250-3371

TOP 50 GENERATING ELECTRIC UTILITIES IN 1992

SOURCE: EPA-759

S	UTILITY LD.	UTILITY NAME	TOTAL GENERATION	ADDRESS	CONTACT NAME	TELEPHONE NUM.
8	52225	PACIFICORP Gas & Electronics Operations	58,663,736	9951 S E, Ankeny Portland Oregon 97216	D.C. Frisbee	(503) 731-2000
9	52224	Pacific Gas & Electric Company	57,459,373	77 Beale Street San Francisco California 94177	Richard Clarke	(415) 972-7000
10	53146	Virginia Electric & Power Company	51,955,389	One James River Plz P.O. Box 26666 Richmond Virginia 23261	Thomas Capps	(804) 771-3000
11	52721	Southern California Edison Company	51,526,355	P.O. Box 800 244 Walnut Grove Ave. Roseneed California 91770	John Bryson	(818) 302-1212
12	51006	Florida Power & Light Company	50,805,463	700 Universe Blvd. Juno Beach Florida 33408	James Broadhead	(407) 694-4600
13	50101	Arizona Public Service Company	49,097,369	Station 8040 P.O. Box 53999 Phoenix Arizona 85072-3999	Richard Snell	(602) 250-2799

TOP 50 GENERATING ELECTRIC UTILITIES IN 1992

SOURCE: EPA-759

S	UTILITY I.D.	UTILITY NAME	TOTAL GENERATION	ADDRESS	CONTACT NAME	TELEPHONE NUM.
14	50782	Detroit Edison Co.	45,635,724	2000 Second Avenue Detroit Michigan 48226	J.E. Lobbia	(313) 237-8000
15	54152	USCE-North Pacific	45,236,645	P.O. Box 2879 Portland Oregon 97208	Gen. Ernest Harold	(503) 326-3702
16	54025	Pennsylvania Electric Co.	41,290,487	1001 Broad Street Johnstown Pennsylvania 15907	James Leva	(814) 533-8111
17	50441	Carolina Power & Light Co.	39,886,143	P.O. Box 1551 Raleigh North Carolina 27602	Sherwood Smith	(919) 546-6111
18	52288	Pennsylvania Power & Light Co.	37,672,579	Two North Ninth St. Allentown Pennsylvania 18101	W. F. Hecht	(215) 774-5151
19	54028	Ohio Power Co.	34,024,643	301 Cleveland Ave. Canton Ohio 44701	E. Linn Draper	(216) 456-8173
20	52304	Philadelphia Electronic Corp.	31,924,778	2301 Market St., N4-9 Philadelphia Pennsylvania 19101	Joseph Paquette	(215) 841-4000

TOP 50 GENERATING ELECTRIC UTILITIES IN 1992

SOURCE: EPA-759

S	UTILITY I.D.	UTILITY NAME	TOTAL GENERATION	ADDRESS	CONTACT NAME	TELEPHONE NUM.
21	52107	Northern States Power Company	31,652,670	414 Nicollet Mall Minneapolis Minnesota 55401	James Howard	(612) 330-5500
22	50105	Arkansas Power & Light Company	31,354,017	P.O. Box 61000 New Orleans Louisiana 70161	Jerry Maulden	(504) 377-4000
23	52997	Union Electric Co.	30,858,697	P.O. Box 149 Code220 St. Louis Missouri 63166	Chuck Miller	(314) 621-3222
24	52375	Power Authority of State of New York	28,596,857	1633 Broadway New York New York 10019	Dave Freeman	(212) 468-6962
25	54017	Honangehela Power Company	28,516,731	Cabin Hill Greensburg Peensylvania 15601		(412) 838-6159
26	52410	PSI Energy, Inc.	28,266,391	1000 East Main St. Plainfield Indiana 46168	J. E. Rodgers	(317) 839-9611
27	51209	Gulf States Utilities Company	27,736,704	P.O. Box 2951 Beaumont Texas 77704	J.L. Donnelly	(409) 838-6631

TOP 50 GENERATING ELECTRIC UTILITIES IN 1992 **SOURCE: EPA-759**

S	UTILITY I.D.	UTILITY NAME	TOTAL GENERATION	ADDRESS	CONTACT NAME	TELEPHONE NUM.
28	57745	Indiana Michigan Power Company	26,710,311	1 Riverdale Plaza Columbus Ohio 43216	E. A. Davis	(614) 223-1366
29	51007	Florida Power Corp.	25,978,772	P.O. Box 14042 St. Petersburg Florida 33733	J. B. Critchfield	(813) 866-5151
30	54001	Appalachian Power Company	25,188,774	1 Riverside Plaza Columbus Ohio 43216	Edward Davis	(614) 223-1300
31	52414	Public Service Electric & Gas Co.	24,008,412	80 Park Plaza Newark New Jersey 07101	E. James Ferland	(201) 430-7000
32	52053	Niagara Mohawk Power Corporation	23,839,859	300 Erie Blvd., West Syracuse New York 13202	William Donlon	(315) 474-1511
33	53330	Wisconsin Electric Power Company	23,197,265	Milwaukee Wisconsin 53201	R. A. Abdeo	(414) 221-2345
34	52564	Salt River Project Ag I & P District	22,813,035	P.O. Box 52025 Phoenix Arizona 85072-2025	Peggy Martoll	(602) 236-3635

TOP 50 GENERATING ELECTRIC UTILITIES IN 1992

SOURCE: EIA-759

S	UTILITY I.D.	UTILITY NAME	TOTAL GENERATION	ADDRESS	CONTACT NAME	TELEPHONE NUM.
35	50556	Cincinnati Gas & Electric Co.	22,505,391	139 E. Fourth Street Cincinnati Ohio 45202	Jackson Randolph	(513) 381-2000
36	50658	Consumers Power Company	22,460,314	212 W. Michigan Ave Jackson Michigan 49201	W. T. McCormick	(517) 788-0550
37	52164	Oklahoma Gas & Electric Co.	21,959,766	P.O. Box 321 Oklahoma City Oklahoma 73101-0321	Rob Rice	(405) 272-3557
38	50154	Baltimore Gas & Electric Co.	21,863,254	P.O. Box 1475 Baltimore Maryland 21203	C. H. Poindexter	(410) 234-5000
39	50180	Basin Electric Power Corp.	20,907,756	1717 East Interstate Bismark North Dakota 58501	Tom J. Schneider	(701) 223-0441
40	99951	USBR-Pacific Northwest Region	20,808,995	1150 N. Curtis Road Boise Idaho 83706	Kathy Lenhart	(208) 378-5292
41	51915	Montana Power Co.	19,771,762	40 E. Broadway Butte Montana 59701	Ernis Kindt	(406) 723-5421

TOP 50 GENERATING ELECTRIC UTILITIES IN 1992

SOURCE: EIA-759

S	UTILITY I.D.	UTILITY NAME	TOTAL GENERATION	ADDRESS	CONTACT NAME	TELEPHONE NUM.
42	50653	Consolidated Edison Company of New York	19,628,133	4 Irving Place New York New York 10003	E.R. McGrath	(212) 460-4600
43	52748	Southwestern Public Service Company	19,624,133	P.O. Box 1261 Amarillo Texas 79170	B.D. Helton	(806) 378-2121
44	52692	SCANA Corporation	18,885,787	P.O. Box 764 Columbia South Carolina 29218	Barbara Wilson	(803) 733-6876
45	51385	Illinois Power Company	18,363,862	500 S 27th Street Decatur Illinois 62552	L. D. Haab	(217) 424-6600
46	51694	Louisiana Power & Light Company	18,181,252	P.O. Box 60340 New Orleans Louisiana 70160	Jerry Mauldin	(504) 569-5262
47	52154	Ohio Edison Co.	18,116,292	76 S Main Street Akron Ohio 44308	W. R. Holland	(216) 384-5100
48	50587	Cleveland Electric Illum. Company	17,995,777	55 Public Square Cleveland Ohio 44101	L.C. Phillips	(216) 622-9800

03/29/84 14:00

OFC OF THE SOE

0009

TOP 50 GENERATING ELECTRIC UTILITIES IN 1992
SOURCE: EIA-759

S	UTILITY I.D.	UTILITY NAME	TOTAL GENERATION	ADDRESS	CONTACT NAME	TELEPHONE NUM.
49	51691	Los Angeles (City of)	17,875,480	P.O. Box 111 Los Angeles California 90051	Daniel Waters	(213) 481-4211
50	50827	Duquesne Light Co.	17,802,258	301 Grant Street Pittsburgh Pennsylvania 15279	Wesley Von Schack	(412) 393-6000

03/29/94 14:00

Q

OFC OF THE SOE

010

CABINET/CHIEFS OF STAFF MEETING

Tuesday, March 22

Ward Room

7:30 am

TALKING POINTS:

I. Overview of where we are with business

- A. For big business the time for education is past. We did 5 months of briefings to educate. We need to get more CEOs to stand up on two key issues: the need for reform and the need for universal coverage through an employer based system.
- B. For small businesses and associations we are still conducting educational briefings (Erskine Bowles does the briefings) since health care is a relatively new issue for these associations to grapple with. These efforts are targeted on the many small business associations that have not taken a position on health care reform, i.e. farm equipment dealers assn, regional airline association, etc.
- C. Our activities at this point are primarily targeting likely supporters of employer based reform, do not spend your time with folks that are going to oppose us no matter what changes we agree to. We are targeting companies and associations who members who already provide coverage because they are the winners from a system where all employers share some responsibility in providing coverage for their employees -- it is the only way to get rid of cost-shifting. Cabinet Affairs is providing you with the current talking points on 'employer based reform.'
- D. Mention business coalitions being organized by outside groups for both small and big business.

II. Where we need your help.

- A. Raising healthcare reform at every opportunity: 1. one on one conversations between Cabinet Secretary and CEOs; 2. **provide list of ten ceos you will track on health care** (we will vet for appropriateness); 3. agency meetings with associations and lobbyists on other issues; 4. and speaking engagements by all agency staff (one or two lines regarding health care reform should be in all speeches).

Most companies spend 90% of their government contacts with agencies on issues of critical importance to them, but with no mention of healthcare -- the 10% White House contacts is where they get hit on healthcare. We need to make sure they feel the need to take a stand on moving health care reform, no matter who they are talking to.

- B. They need to make use of their knowledge of when companies are feeling positive about their relationship is the Administration. This is not a 'quid pro quo', but timing can be everything. For example, there was an opportunity last month when McDonnell-Douglas and Boeing were both feeling real good about the Administration. Their focus on health care reform vastly improved at around the same time. OPL needs to know when these opportunities arise, so that appropriate, yet subtle, followup can be done.
- C. We need each agency to come up with four business associations to support employer based reform. We know the larger associations, such as the National Assn of Manufacturers and Small Business Legislative Council, are opposed, but there are hundreds of smaller, more narrowly focused associations. Needless to say, you will want to stay away from associations that represent businesses that either employ a large number of part-time workers or otherwise have not traditionally provided coverage for their workers. Amy Zisook and Marilyn Yager could review lists of associations with your staff to recommend likely candidates and we would be willing to participate in meetings you wish to hold with them.
- D. Can you help us with companies in geographic areas where we are weak? We hope so. Take a look at the attached document which seeks to list the largest employers (some of who oppose health care reform) in key targeted cities. We have tried to indicate which companies are already Clinton health supporters, and which companies are members of helpful coalitions which support employer based reform. If you have strong, positive relationships with companies in cities where we are especially weak, let have a conversation to talk strategy.
- E. Cabinet travel - the attached list of large employers in targeted cities should help in thinking about business oriented events. Let me just quickly tell you what to look for in this document.
- F. Base Groups - some of you have the opportunity to doubleup our outreach by your contacts with African-American, Hispanic, and Veteran audiences.

- G. Keep your outreach effort surgical. We don't have time to waste, and must only pursue either the most likely candidates or those with which you have the strongest influence.

III. Handouts

- A. Matrix of largest employers in key cities.
- B. Business Association and Big Business Supporters

Bob Burch
1/5/5

Clinton Presidential Records Digital Records Marker

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

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

11. Mike Lux Memos

Divider Title: _____

AUG - 9 1994

August 8, 1994

MEMORANDUM FOR HAROLD ICKES, GREG LAWLER AND DEBBIE WILLHITE

FROM: Mike Lux

SUBJECT: Filibuster Strategy

cc: OPL Staff

Although the overwhelming focus should obviously continue to be the first vote on striking the mandate and the House vote, we should begin to organize now to build pressure on moderate Republican Senators to vote against a filibuster. I think we should think about both a targeted strategy in the states as well as a national media strategy.

In addition to our regular health care allies, we can tap into a new bi-partisan, good government organization formed to oppose filibusters in general. The organization, called "Action not Gridlock," was formed by Sandy Newman and has signed on numerous prominent Republicans as part of their advisory committee. (Information on the group is attached.) They, combined with traditional good government, fair-play groups like League of Women Voters, could help us with our overall media strategy. Another thing we could do is start putting together a list of prominent Republicans who are either (a) for health reform or (b) opposed to a filibuster for the purposes of a possible media event, op eds, etc. We can tap into the CEOs we are working with, Republicans for Clinton/Gore, and other potential sources.

In terms of our state activity, I believe we should begin organizing right away in certain targeted states. The ones that come to mind include:

Rhode Island	(Chafee)
Oregon	(Hatfield and Packwood)
Maine	(Cohen)
Missouri	(Danforth and Bond)
New Mexico	(Domenici)
Kansas	(Kassebaum and Dole)
Minnesota	(Durenburger)

I am beginning to raise the need for anti-filibuster work with certain key groups. I think it would be good for us internally to have more conversations about what kind of strategy we ought to have as we move forward.

Action, Not Gridlock!

1511 K Street NW, Suite 326, Washington, DC 20005

Phone: (202) 383-5900

Fax: (202) 383-5905

*Executive Director
Sanford Newman*

Action, Not Gridlock! National Advisory Committee (In Formation)

C. Elmer Anderson. Former Governor of Minnesota. (R)

John Buchanan. Former Congressman from Alabama. (R)

Dick Clark. Former Senator from Iowa. (D)

Dr. Arthur Flemming. Secretary of Health, Education, and Welfare under President Eisenhower. Commissioner on Aging and Chairman of the U.S. Civil Rights Commission under Presidents Nixon, Ford, Carter, and Reagan. (R)

Don Fraser. Former Mayor of Minneapolis, former Congressman from Minnesota. (D)

Doug Fraser. Former President of the United Auto Workers.

Gilbert Gude. Former Congressman from Maryland. (R)

Ray Marshall. Secretary of Labor under President Carter. (D)

Charles McC. Mathias. Former Senator from Maryland. (R)

Ellen Miller. Executive Director, Center for Responsive Politics.

Gaylord Nelson. Former Senator and Governor of Wisconsin. (D)

Elliot Richardson. Secretary of Health, Education, and Welfare, Secretary of Defense, and Attorney General under President Nixon and Secretary of Commerce & Labor under President Ford. (R)

Claudine Schneider. Former Congresswoman from Rhode Island. (R)

Peter Smith. Former Congressman from Vermont. (R)

THE FEDERAL PAGE

Ex-Senators Urge Restraint On Filibusters

By Helen Dewar
Washington Post Staff Writer

Some of the Senate's most prominent former members have joined in a campaign to break the Senate of its addiction to filibusters, charging that abuse of rules allowing unlimited debate has thwarted majority rule, favored special interests and brought the body to the brink of paralysis.

"While we celebrate gains for democracy from Eastern Europe to South Africa, the principle of majority rule is in grave jeopardy in the U.S. Senate," said former senator Charles McC. Mathias Jr. (R-Md.) at a Capitol Hill news conference to announce formation of the effort to end filibusters.

It is an exception to normal Senate practice, only in major national disputes, filibusters have become the rule in the Senate, used almost routinely in petty and parochial disputes—"a dangerous epidemic, striking at the heart of the democratic process," Mathias said.

"The majority must accept paralysis or meet the demands of the minority—often by agreeing to legislation so watered down or loaded with interest-group favors that it can't begin to meet our nation's challenges," he added.

The move by the retired senators, who were joined last week by former House members, governors, mayors and officials of previous administrations, follows mounting opposition to the filibuster from House Democrats, who may try to scuttle it as part of a modest congressional reform package later this year.

It was also timely: The Senate has spent most of the past 10 days bogged down in what amounts to a second cousin to a filibuster, with Republicans rolling out an endless series of amendments aimed at forcing changes in the Democrats' plans for hearings on the Whitewater affair. The Senate voted a 10th time Tuesday to stick with the Democratic plan, but Republicans promised more amendments, perhaps beginning later this week.

Even though many individual senators complain about time lost to filibusters, the Senate as a whole does not appear likely any time soon to forgo the advantages of its quirky rules, under which it takes 60 votes—10 more than the normal majority—to invoke cloture, limit debate and force a bill to vote.

Friends of the filibuster defend it as fulfilling an essential role in the Founding Fathers' vision of the Senate as a place where "the passions of politics are cooled" and ideas can be fully explored in unhurried debate. But there are also less lofty forces at work, including partisan politics and personal interests, critics note.

Republicans, with 43 of the Senate's 100 members, like the filibuster because they can block



At news conference by Action, Not Gridlock! yesterday were, from left, Charles McC. Mathias Jr., Elliot L. Richardson and William Proxmire. The coalition opposes use of filibusters in parochial disputes.

Democratic initiatives with no more than 41 votes. Democrats cling to it for a variety of reasons, including tradition and the fact that the ability to threaten a filibuster enhances the power of individual senators regardless of party.

The specter of filibusters also gives the Senate an advantage in negotiating compromises with the House over legislation because senators can claim—often with justification—that any change in the Senate version of a bill could lead to the bill's death in a filibuster. The Senate is doing precisely this in current negotiations over campaign finance legislation.

Besides, senators speak derisively of "becoming more like the House," where they think majority rule is practiced to a fault, contributing to even worse relations between the parties than exist in the Senate.

But, at least since the furor over civil rights filibusters in the 1960s, the Senate has not been under much if any public pressure—let alone pressure from well-regarded alumni and highly vocal House members—to do something about its filibuster rules.

The coalition, which calls itself Action, Not Gridlock!, said it is planning to mount an intensive grass-roots campaign to bring pressure on senators to write new rules under which a majority could force votes after reasonable time for debate. While it is far from clear whether such a campaign would spark much voter interest, the Senate demonstrated recently in its swift embrace of tough curbs on gifts to lawmakers that it is ready to bend to any strong breeze from home.

It is notoriously difficult to mobilize public opinion about procedural fine points on Capitol Hill, but the former members' coalition—and the House Democratic Study Group (DSG) in a recent study—draw a direct connection to recent legislative issues of interest to many voters.

Republicans have played the filibuster card in

attempting to influence the course of health care deliberations, they noted, and succeeded in watering down programs ranging from national service to incentives for enhancing American economic and technological competitiveness.

In one of their favorite horror stories, the former senators said a filibuster prevented passage of changes in the 122-year-old federal mining act, under which the federal government was recently forced to sell the rights of \$8 billion to \$10 billion worth of gold to a Canadian company for \$9.765.

Part of the problem in getting people excited about filibusters is that, just as their number has increased, so has their stealthiness, the senators said.

In the last five years, there have been more than six times as many filibusters as scholars identified in the Senate's entire first century, Mathias said. Put another way, there were 35 filibusters in the last Congress, compared with a total of 16 during the entire 19th century, according to the DSG, a House research group.

But senators no longer mount 24-hour vigils on the floor, reading telephone or recipe books as cots are rolled in to accommodate colleagues during all-night sessions. Now all it takes is a senator to threaten a filibuster—or put a "hold" on a bill to signal a possible filibuster—to halt a bill. Senators also "double-track" other business while a filibuster is underway, providing an illusion of orderly business.

In addition to Mathias, former senators on the group's national advisory committee included Birch Bayh (D-Ind.), Edward W. Brooke (R-Mass.), Dick Clark (D-Iowa), Floyd Haskell (D-Colo.), Gaylord Nelson (D-Wis.), William Proxmire (D-Wis.) and Robert T. Stafford (R-Vt.). Also appearing at the news conference were Elliot L. Richardson, who held several Cabinet posts in Republican administrations, and Ray Marshall, labor secretary in President Jimmy Carter's Cabinet.

August 5, 1994

MEMORANDUM FOR ALEXIS HERMAN

FROM: Debbie Fine and Chris Lin
through
Mike Lux and Steve Hilton

SUBJECT: Attached

Following is a compilation of OPL health care activities from the past several weeks. It is not meant to be all inclusive, but reviews the extensive work that the office has been doing on a daily basis on behalf of the health care reform effort.

Also attached are memoranda from Caren Wilcox, Flo McAfee and Ben Johnson summarizing in more detail outreach efforts to specific constituencies.

Handwritten notes and signatures:
- "Great report - when it is done, circulate!"
- "I need report re health care reform" (written diagonally)
- "to circulate" (written diagonally)
- "Hilton" (signature)
- "4/16" (signature)

Summary of Health Care Activities
July 17 through August 1

Monday, July 18:

The President at National Council of La Raza Convention: OPL provided staff support and worked with the War Room to brief the President on his speech at the National Council of La Raza Convention in Miami.

Tuesday, July 19:

Senior Citizen Activities: The Office of Public Liaison helped organize a series of activities against health care reform proposals that do not meet the senior citizen groups' criteria for reform.

- In a national press conference, Senators Graham, Wofford, Rockefeller, and Pryor joined the Leadership Council of Aging Organizations, including AARP, NCSC, NCOA and OWL, to speak out against the effects of Senator Dole's plan on Medicare beneficiaries.
- There were a series of regional press conferences throughout the week organized by AARP and NCSC on how "Dole is Bad Medicine for Seniors." The press conferences were held in Iowa; New Hampshire; Kansas City, Missouri; Maine; Minnesota; Oregon; Pennsylvania; New York; Rhode Island.
- Other activities included nationwide teleconferences organized by AARP and the Long Term Care Campaign, and action alerts sent out by National Council of Senior Citizens, Families USA, the Older Women's League, National Council on the Aging, AFSCME Retirees.

Wednesday, July 20:

Rural Press Conference on Senator Dole's Health Reform Proposal: The War Room and Public Liaison worked with farm groups and the DPC to organize a press conference on Capitol Hill, including development of charts and talking points. The press conference focused on how Senator Dole's proposal, as an example of reform that does not achieve universal coverage, is bad for rural America. Secretary Espy joined with the farm leaders and Senators Harkin, Daschle and Moseley-Braun, in calling for a plan based on universal coverage.

Regional press conferences or press interviews occurred in Kansas, North Dakota, Arkansas, South Dakota, Minnesota, Nebraska and Iowa.

CT/NJ State Opinion Leader Briefing with VPOTUS: OPL organized a political and substantive briefing for 180 state opinion leaders from Connecticut and New Jersey on health care with the First Lady, Ira Magaziner and Greg Lawler. Immediately following, many of the opinion leaders did interviews with members of their local press.

Thursday July 21:

Children's Health Initiative Press Conference: The Department of Health and Human Services released a study, *Child Health USA, '93*, documenting the need for universal coverage to provide our nation's children adequate health care and to provide welfare-dependent families the opportunity to leave welfare and still guarantee health care for their children. The War Room and Public Liaison worked with HHS, the Department of Education and the DPC to organize a press conference with Members of Congress, Secretarys Shalala and Riley, the American Academy of Pediatrics, the National Association of Children's Hospitals and Related Institutions, and Children's Defense Fund.

Corporations Support Universal Coverage and Shared Responsibility: The War Room and the Office of Public Liaison organized a wide and diverse group of large corporations that stood with Senators Kennedy and Daschle, Majority Leader Gephardt and Acting-Chairman of Ways and Means Gibbons in support of universal coverage achieved by building on the current employer-based system. They released two letters to Congress representing over 120 companies and associations, companies that employ millions of Americans and insure tens of millions, including workers, their families and former workers.

Saturday, July 23

National Dental Association Convention: At the request of OPL, Bill Morton of the Department of Commerce spoke at the National Dental Association Convention on Health Care reform. OPL prepared the appropriate political and substantive briefing materials.

National Medical Association Convention: At the request of OPL, Risa Mourey addressed the Association of Black Cardiologists at the convention in Florida. OPL prepared the political and substantive briefing materials.

Monday, July 25

POTUS Satellite to National Medical Association Convention: At the request of OPL and the War Room, the President spoke to the participants at the National Medical Association Convention via satellite. OPL provided the political briefing materials and developed the talking points.

Erskine Bowles at Connecticut Town Hall: Caren Wilcox worked on this. See her memo for more detail

FLOTUS Satellite to National Urban League: At the request of OPL, the First Lady spoke to the participants at the National Urban League Convention via satellite. OPL provided the political briefing materials and developed the talking points.

Press Strategy Meeting with State Medical Associations: OPL organized a strategy meeting between State Medical Associations (VT, CA, MN), Ira Magaziner and Harold Ickes. As a result of the meeting, organizations agreed to place ads in state newspapers in "support for universal coverage."

Providers Press Conferences Criticizing Dole Plan: OPL organized a provider press conference on Capital Hill emphasizing SEIU's study that found hospitals would be hard-hit by the Dole plan. Participating in the press conference were the National Association of Public Hospitals, the Catholic Health Association, the Protestant Health Alliance, John Sweeney, SEIU, Bruce Vladeck, HHS, and Deans of Medical Schools around the country.

Reich at the National Council of Senior Citizens: On the recommendation of OPL, Secretary Reich spoke at the National Council of Senior Citizens convention here in Washington. The war room helped prepare his remarks and focus his attack on the Dole Plan Medicare cuts.

Secretary Ron Brown with NY Small Businesses: Representatives of 100 small businesses will present Secretary Brown a letter supporting universal coverage and cost containment. The letter will be signed by over 1,000 small business owners. The OPL and the war room worked with ILGWU to organize the event and secure Secretary Brown's participation.

Tuesday, July 26:

Vice President Gore at the National Council of Senior Citizens: At the request of the OPL and the war room, the Vice President will spoke at the NCSC convention on Tuesday on health care reform. The OPL prepared a political briefing.

Kennedy ADA Rally: On Tuesday afternoon, Senator Kennedy held a rally for people with disabilities in support of health care reform with universal coverage as the way to fully implement the Americans with Disabilities Act. Many of these activists were in town because of the ADA celebration at the White House.

Wednesday, July 27 :

Americans with Disabilities Act Anniversary/Universal Coverage Rally: On Wednesday, the OPL was the contact for the ADA anniversary celebration. There were approximately 3,000 people with disabilities, their families and disability rights advocates on the South Lawn celebrating the 4th Anniversary of Americans with Disabilities Act. The message focused on how implementation of the ADA cannot be fully realized without health care reform that achieves universal coverage -- because employers do not want to hire people with disabilities due to high insurance costs. Most of the participants marched to the Hill to lobby for health care the days before the event and following. Water bottles and fans with the message "INDEPENDENCE. SECURITY..... With Universal Health Care Coverage and the ADA.....Americans with Disabilities Act Anniversary 1994" were distributed. There was fairly extensive media coverage.

Thursday, July 28:

Reich/Brown/Bentsen [?] CEO and mandate event: The war room and the Office of Public Liaison worked with CEOs on the possibility of an event to show that without mandated coverage, businesses will have to curtail coverage to their employees to remain competitive at home and abroad. [See Caren's memo]

Elders at National Medical Association Convention: At the request of OPL, Joycelyn Elders delivered a speech at the National Medical Association Convention. OPL prepared a political and substantive briefing.

Friday, July 29:

POTUS Satellite to Unity '94: At the request of OPL, the President made remarks to African American, Hispanic and Asian American journalists at Unity '94. OPL prepared the political briefing.

Sunday, July 31:

Northeast Health Security Express Kickoff with the First Lady, Boston MA. The Office of Public Liaison helped build a crowd of supporters for the kickoff event of the Northeastern route of the Health Security Express in a six state rally in Boston with the First Lady.

Tuesday, August 2:

Provider Rally on Capitol Hill: The Office of Public Liaison worked with the war room to organize a rally on Capitol Hill with approximately 300 supportive providers. Prior to and following the rally, the 300 providers -- many of whom were in white coats -- roamed

the halls of congressional office buildings, lobbying targeted members. Working with the DNC and others, the groups are reportedly getting providers from target states. The First Lady, Representatives Gephardt and Bonior, and Senators Simon and Rockefeller all participated in the rally.

POTUS meeting with A.M.E. Bishops: OPL organized a meeting between the President and the Bishops of the A.M.E. churches. OPL developed both political and substantive briefing materials.

Wednesday, August 3:

Health Security Express Arrival Day #2: The Office of Public Liaison invited approximately 300 representatives of the most supportive and active allied organizations in the health care reform debate to attend the rally on the South Lawn with the President and the First Lady honoring the reform riders.

Meeting with the Leadership of Allied Groups:

The Office of Public Liaison organized a meeting with Leon Panetta and the First Lady to discuss health care reform strategy with key allied organizations. The meeting focused primarily on the Mitchell bill.

Thursday, August 4:

Health Security Express Arrival Day #3: The Office of Public Liaison has worked with the DNC to help generate a large crowd of supporters at West Steps of the Capitol with the Vice President in honor of the last day of arrivals of the reform riders. The event is expected to draw a crowd of 2000.

Small Business Hearing: See Caren Wilcox's memo.

Friday, August 5:

Health Care Reform Sunday: The ministers of Summit '93 Health Coalition will announce plans for Health Care Reform Sunday, when ministers in an estimated 8,000 black churches across the country are preaching the importance of universal coverage achieved by building on the current employer-based system. (In June, the Interreligious Health Care Access Campaign launched a broad effort with churches of all denominations and synagogues educating their members on the health care reform debate and on the importance of universal coverage. Some are distributing literature, sponsoring health fairs or letter-writing drives.)

Saturday, August 6 and Sunday, August 7: Health Care Sabbath in synagogues and churches.

Ongoing Projects:

Crisis Management

Much of our activity during the week of 8/1 is working through the politics of the Gephardt and Mitchell bills with the groups. This has involved ongoing meetings and telephone conversations, including a phone strategy with formal call sheets to leaders of key allied groups by senior staff.

Ongoing Meetings

- OPL is present at the daily lobbying/grassroots meetings of the allied coalition on the Hill.
- OPL has weekly meetings with the religious coalition.
- OPL holds regular strategy meetings with national associations of African American groups including NAACP, National Medical Association, Congress of Black Churches, etc.

Document Production

OPL assists with production of health care talking points for targeted constituencies and allied groups that have been distributed at conventions, through national organizations, through meetings here at the White House and through faxability to over 200 hundred organizations regularly.

Health Security Express Bus Routes

The Office of Public Liaison has helped the Health Security Express by providing contact names to identify compelling personal stories, to build crowds at all of the bus stops, to identify local prominent individuals to participate, and to identify national organizations which would provide sites and meals at the bus stops. These include small business owners, big businesses, hospitals, churches, local organizational leadership, etc.

Document Distribution

- The Office of Public Liaison continues to do mailings with health care information to contacts in the states, including state opinion leaders, and to national organizations that are not as engaged in the health care reform debate.
- Talking points and updated message information is sent to approximately 250 supportive national organizations via faxability several times weekly. The materials

are traditionally war room produced documents that are edited as appropriate for distribution to the groups.

Letter Writing Campaigns, Advertisements, Media

Providers:

OPL organized letter of support on universal coverage from American Group Practice Association (Mayo, Scripps, etc).

OPL initiated Boston teaching hospitals to place ad in Boston Globe on universal coverage which President Clinton referenced.

OPL staff has been working with Mitchell staff to encourage Deans to write individuals letters of support for the Mitchell bill.

OPL staff has been working with HMO companies to support legislation.

Collecting statements of support for Mitchell and Gephardt bills from provider groups.

African Americans:

Working with national associations, OPL assisted in the development of a nationwide letter writing campaign in support of universal coverage.

OPL is in the process of developing a press/editorial strategy for key African American opinion-makers.

Field Activities:

- OPL provides ongoing support and sites for Cabinet Secretary events.
- OPL is working with the War Room to coordinate supportive activities with allied groups and constituencies in key cities.
- OPL provides lists of local town hall meetings on an ongoing basis to the allied groups.

August 4, 1994

MEMORANDUM TO HAROLD ICKES

FROM: Ben Johnson
Flo McAfee

THROUGH: Steve Hilton

RE: Health Care Activities: African American Constituency

One effort the Office of Public Liaison has undertaken to galvanize support around universal health care involves working with the religious and African American constituencies. Through regular communications with the respective constituencies, activities are increasing and momentum is building for universal health care. The African American community will kick-off a high visibility, coordinated health care campaign on Friday, August 5 during a Capitol Hill news conference.

I. HEALTH CARE SUNDAY COORDINATED EFFORT

This Saturday, August 6 in synagogues and Sunday, August 7 in churches throughout the country, the focus will be on universal health care with activities primarily in black churches. Sermons will be preached and churches will distribute information on universal health care as part of a nationwide effort to focus attention on health care reform as the Senate begins work on their bill. Although the Interreligious Health Care Campaign initiated "Health Care Sabbath" in June, few black churches have shown strong visible support for the idea. That will change this Sunday when over 8,000 black churches are expected to preach about universal health care.

The Summit '93 Health Coalition (representing 150 black organizations and over 20 million African Americans), NAACP, National Medical Association, AME Church, Congress of National Black Churches, and Rev. Jemison of the National Baptist Convention are coordinating the following activities.

- A. Following a meeting this week with the President, the AME Church under the direction of Bishop Brookins instructed all 8,000 AME Churches in the country to preach about health care reform. A minimum of 4,000 churches and up to at least 6,000 churches are expected to do so.

- B. The Black Catholic Coalition has called for member churches in Louisiana, South Carolina, Georgia and Alabama to join in preaching about the need for universal coverage/shared responsibility.
- C. Dr. Jemison, head of the National Baptist Convention, contacted 500 ministers in Alabama, Georgia and Louisiana and told them to preach about universal health care.
- D. The National Black Congress of Churches, the association representing seven major black church denominations, sent letters and information packets about health care reform and "Health Care Sabbath" to 1,000 of the largest African American churches in the U.S. We were informed that they also included postcards for people to send to their Representatives.
- E. The NAACP has coordinated a "meetings with Senators" in selected states. The meetings are to discuss health care and include 5 to 6 African American community leaders. To date, a meeting has been held with Senator Lautenberg (D-NJ). Meetings are scheduled with Senator Moynihan (D-NY) for August 11; and Senator Bradley (D-NJ). (See attached letters.)
- F. The National Rainbow Coalition is faxing notifications about "Health Care Sabbath" to over 6,000 key African American organizations and media outlets.
- G. The National Medical Association prepared the news releases, and along with the NAACP, the NAACP Legal Defense & Educational Fund, Inc., the National Black Caucus of State Legislators, the National Caucus & Center on the Black Aged, the Association of Black Cardiologists and the National Dental Association, coordinated the health care media effort including the news conference and media interviews.

II. MEDIA

- A. News Conference---Black ministers and members of Congress will conduct a news conference on Friday, August 5 at 12:30 announcing plans for the "Health Care Reform Sunday." (See attached news release.)
- B. Adam Clymer and Ron Smothers of *The New York Times* have interviewed several ministers including Bishop Brookins about the African American health care efforts and Health Care Sabbath. The articles are expected to be positive and will appear in the next few days.

- C. Other articles related to Health Care Sabbath are expected to appear in the *Boston Globe*, *USA Today* and other regional papers.
- D. On Sunday, August 7, stringers from *The New York Times* will be covering activities held at churches in Greenville, South Carolina; New York City; East Orange, New Jersey; and Memphis or Nashville, Tennessee.

III. OPL EFFORTS

Within the past four weeks, OPL has worked on the following constituency-related activities:

- A. Sent health care talking points to over 150 African American organizations and churches.
- B. Coordinated speaker's bureau and booked Administration officials to speak about health care reform at major African American conventions and conferences. (See attached calendar.)
- C. Conducted a series of health care briefings for key national associations.
- D. Held a series of working group meetings related to Health Care Sabbath.
- E. Provided Administration officials to speak about universal health care at churches on Health Care Sabbath. For example, Alexis Herman will be the visiting guest at Rev. Willie Barrow's (Operation PUSH) church, Mt. Vernon Park Church of God in Chicago.

cc: Alexis Herman
Mike Lux
Greg Lawler



The National Black Catholic Clergy Caucus

10932 St. Clair Avenue • Cleveland, Ohio 44108

July 26, 1994

The National Black Catholic Clergy Caucus at its Annual Meeting on July 26 1994, at Buffalo, New York approved the following resolution:

"It is an indisputable fact that passage of meaningful health care reform legislation is a matter of life and death for all Americans and this is especially true for African Americans. As such, the Caucus supports provisions of the Health Care Reform Legislation which will ensure universal coverage. Without universal coverage, insurance reform will not work since every African American remains at risk of losing their insurance."

Rev. Paul Marshall
President



**New York State Conference of N.A.A.C.P. Branches
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE**

**280 Fifth Avenue — 8th Floor
New York, NY 10001-8408**

(212) 481-4100

July 28, 1994

**The Honorable Daniel Moynihan
United States Senate
205 Senate Dirksen Office Building
Washington, D.C. 20500**

Dear Senator Moynihan:

I am writing to you today in my capacity as the President of the New York State Conference of the National Association for the Advancement of Colored People (NAACP) to highlight the specific needs and concerns of African Americans in New York regarding national health care reform legislation.

Health care reform legislation is the highest legislative priority of the NAACP and many other African American groups with constituencies in the state of New York. For this reason, I am proposing that we meet to discuss these matters before the upcoming Senate debate on health care reform legislation. I would be joined in the meeting by the following persons:

Robin Bell - 100 Black Women of New York

Roscoe Brown - 100 Black Men of New York

Rev. Calvin Butts - Pastor, Abyssinian Baptist Church

Percy Sutton - Chairman Emeritus, Inner City Broadcasting Corporation

The Honorable Solomon Wallace - Worshipful Master, Masonic Order.

We are requesting this meeting to emphasize to you that meaningful health care reform is of critical importance to the African American community. African Americans are the only group in our society whose life expectancy has actually decreased in the last several years. We urgently need the prompt passage of legislation that will guarantee universal health insurance coverage by a certain date and universal access to quality health care services.

There are several compelling reasons for our support of national legislation that insures universal coverage and universal access. For example, an astonishing 55% of African Americans are currently uninsured or under-insured. Further, our communities

desperately need accessible, affordable health care services to address the six leading causes of illness and death in the African American community: heart disease and stroke; homicide and accidents; cancer; infant mortality; cirrhosis; and diabetes.

There will very little improvement in the health status of African Americans -- which is far worse than that of whites -- with minimal insurance reform measures and other gradual health reform approaches. We need comprehensive legislation with a clear commitment for universal coverage and access for all Americans now.

We also believe that health care legislation must contain important cost-sharing protections for low-income people, a benefits package that is sensitive and responsive to the needs of African Americans, important health care infrastructure protections and necessary anti-discrimination provisions.

We recognize that you have made a commitment to press for the reform of the nation's health care system. We also recognize that the Senate debate on health care reform legislation is about to begin. We believe therefore that it is urgent that we meet to discuss the interests of African Americans regarding health care reform.

We look forward to meeting with you in the next few days for that purpose.

Sincerely,

A handwritten signature in dark ink, appearing to read "Hazel Duke", with a stylized flourish extending from the end.

Hazel Duke
President, New York State Conference of NAACP Branches



ELAINE C. HARRINGTON
President

The N.J. State Conference of N.A.A.C.P.

P.O. BOX 1998
PATERSON, NEW JERSEY 07609
(201) 942-5647

August 3, 1994

Hon. Bill Bradley
731 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator Bradley:

I am writing on behalf of the New Jersey State Conference of N.A.A.C.P. Branches and the over 1,000,000 African Americans who reside in the state. We are disturbed and perplexed by the position you have taken in the current debate on national health care.

Given the timetable set by the Senate leadership and the urgency of this matter, I feel compelled to request that a meeting with you be scheduled within the next three days. We are so alarmed by your position that I feel this meeting is necessary to detail our many concerns. We are also deeply distressed that the position you have taken on this issue will impair what has been a positive relationship with the black community since your taking office in 1978.

The N.A.A.C.P. regards universal coverage and employer mandates as the cornerstones of any meaningful national health care plan. A plan absent those two key provisions will fail to fulfill President Clinton's commitment - affordable and accessible health care for all Americans. We believe that your position undermines President Clinton's efforts and will fail to ensure that poor people and people of color, in your state, have adequate health care coverage.

Your apparent willingness to sacrifice universal coverage and employer mandates leaves us with the impression that you are not fully aware of the health care crisis in the African American community. The N.A.A.C.P. considers health care as one of the most important civil rights issues of the decade. It is clear that the lack of a universal, employer funded national health care plan has had a disproportionate impact upon our community.

Senator Bradley, consider these facts.

- The six leading causes of death in the African American community are preventable and include heart disease and stroke; homicide and accidents; cancer; infant mortality and diabetes.

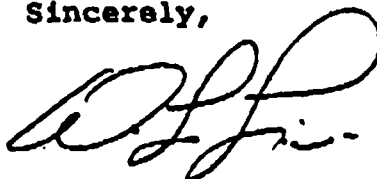
- African American infants are twice as likely as white infants to die before their first birthday.
- African American children under the age of fourteen are 30 to 50 percent more likely to die than white children.
- There is a direct correlation between poverty and wellness. African American's comprise over one third of the nation's poor but represent only 12 percent of the population. 55 percent of African Americans are either uninsured or underinsured.
- New Jersey has some of the nation's most poverty stricken urban communities - Camden, Newark, Paterson, Atlantic City, Jersey City, Trenton, East Orange and Irvington.

Your position on national health care leaves us bewildered in light of your frequent speeches on racial justice and tolerance. We look to you for leadership in ensuring that fairness and equity are essential elements of any national health care plan.

I do not hesitate to remind you that a close examination of the results of the 1990 Senatorial election will reflect the unwavering support of the African American community for you. This support came at a time when many Democrats abandoned you. We stood with you then and are calling upon you to stand by us now.

I may be reached at (201) 333-6956. I look forward to discussing this matter with you before the end of the week.

Sincerely,



Walter L. Fields
Political Action Director

cc: Washington Bureau
National Office
File



National Medical Association

1012 Tenth Street, Northwest • Washington, D.C. 20001-4492
(202) 547-1895 • FAX (202) 842-3293

PRESS ADVISORY

HEALTH CARE REFORM SUNDAY - AUGUST 7TH

At a press conference on Friday, August 5 at 12:30 p.m. in room 2154 of the Rayburn House Office Building, a coalition of African American religious leaders will announce plans for the launching of Health Care Reform Sunday on August 7th in Black churches across the country in support of health care legislation now pending before the U.S. Congress.

The ministers are part of the Summit '93 Health Coalition representing more than 150 black organizations.

The press conference participants include:

Bishop William H. Graves, Chairman of the Board, Congress of National Black Churches and Bishop, First Episcopal District, Christian Methodist Episcopal Church;

Rev. H. Michael Lemmons, Executive Director, Congress of National Black Churches;

Rev. Walter Fauntroy, Pastor, New Bethel Baptist Church

Walter Faggett, M.D., Summit '93 Health Coalition

Bishop H.H. Brookins, African Methodist Episcopal Church;

Health Care Reform Sunday begins a grassroots mobilization campaign to encourage thousands of black church members to contact their congressional representatives in support of a strong health care reform bill.

Media contact: Ofield Dukes
(202) 488-4948

**1994 African-American Convention Calendar
(July - September)**

ORGANIZATION	DATE	LOCATION	ORGANIZATION REQUEST	CONFIRMED PARTICIPATION	RECOMMENDATION
NAACP 10,000 Attendees	July 9- 14	Chicago, IL	POTUS	VP 7/12 Deval Patrick 7/13	
Alpha Kappa Alpha Sorority, Inc.	July 9- 15	Indianapolis, IN			
Chi Eta Phi (Nursing Sorority)	July 10- 17	Richmond, VA	Alexis Herman	Alexis Herman 7/12	
Delta Sigma Theta Sorority, Inc.	July 14- 20	St. Louis, MO	Alexis Herman for an Award	Alexis Herman 7/19	
National Association of Negro Business & Professional Women's Clubs	July 16- 23	Philadelphia, PA			
National Organization of Black Law Enforcement Executives (NOBLE)	July 16- 20	Richmond, VA	POTUS or VPOTUS	Janet Reno 7/17 (7-8p.m.) Lee Brown 7/16	
National Association of Blacks in Criminal Justice Contact: Vicki Myers (314) 526-6557	July 17- 21	Phoenix, AZ			

ORGANIZATION	DATE	LOCATION	ORGANIZATION REQUEST	CONFIRMED PARTICIPATION	RECOMMENDATION
National Dental Association Contact: Robert Johns, Exec. Dir. (202) 244-755	July 21-27	New Orleans, LA Convention Hall: (504) 561-1234 Hyatt Regency		Bill Morton 7/23	
Omega Psi Phi Fraternity, Inc. Contact: Carmen Rivera (202) 667-7158	July 22-28	Cleveland, OH			
National Urban League Contact: Maria McFarlane (212) 310-9035	July 24-27	Indianapolis, IN Convention Hall: (317) 262-3408	Mrs. Clinton	Alexis Herman 7/24 Deval Patrick 7/25 Andrew Cuomo 7/25 Sec. Robert Reich 7/26 Mrs. Clinton 7/26 by satellite	
National Medical Association Contact: Rosemary Davis (202) 347-1895	July 23-27	Orlando, FL Convention Hall: (407) 239-4200	POTUS or Mrs. Clinton	POTUS phone call/letter Dr. Elders 7/24 Dr. Risa Mourey to Assn. of Black Cardiologists 7/23	
National Association of Black Journalists (Unity '94) Contact: Rebecca Finley (703) 648-1283	July 27-31	Atlanta, GA Convention Hall: World Congress Center (404) 223-4000 Westin Hotel (404) 659-1400	POTUS Dr. Elders	POTUS by live satellite 7/29 Dr. Elders 7/28	

ORGANIZATION	DATE	LOCATION	ORGANIZATION REQUEST	CONFIRMED PARTICIPATION	RECOMMENDATION
Sigma Gamma Rho Contact: Bonita Herring (312) 873-9000	July 30- Aug 4	Winston-Salem, NC Convention Hall: (910) 727-2976			
Black Expo USA Contact: Sylvia Porter (212) 234-3400	July 30- 31	Oakland, CA Convention Hall: (510) 839-7500		Distribute information	
Operation PUSH, Inc. Contact: Delma Wilson (312) 373-3366 x221	July 31- Aug 4	Atlanta, GA Convention Hall: (404) 659-2000 Atlanta Hilton	Mrs. Clinton 8/1		
Association of Black Psychologists Contact: Shirley Junior (202) 722-0808	July 31- Aug 7	Philadelphia, PA Convention Hall: (215) 448-2000 Wyndham Franklin Plaza			
Blacks in Government Contact: James Lott (202) 433-3125	Aug 1-5	Washington, DC Convention Hall: (202) 328-2900 Sheraton Washington	POTUS, VPOTUS only		

ORGANIZATION	DATE	LOCATION	ORGANIZATION REQUEST	CONFIRMED PARTICIPATION	RECOMMENDATION
The Association of Black Sociologists Contact: Robert Newby (517) 773-0350	Aug 3-6	Los Angeles, CA Convention Hall: (213) 617-3300 Hotel Inter-continental	Opening Session 8/3 9:00 a.m. OR Health Care Session 8/5 2:00 p.m.	Sandra Walker	
Alpha Phi Alpha Fraternity, Inc. Contact: James B. Blanton, III (410) 554-0040 x101	Aug 4-9	Chicago, IL Convention Hall: (312) 922-4400 Chicago Hilton	Alexis Herman to receive award NEED TO CONFIRM	Lee Brown 8/8 9:30 a.m. Raymond Pierce- Dept. of Energy Alexis Herman- 8/7	
Improved Benevolent Protective Order of Elks of the World Contact: Charlotte Gatlin (919) 358-7661	Aug 5-12	Chicago, IL Convention Hall: (312) 565-1234 Hyatt Regency	Opening Session 8/6 1:00 p.m. OR Civil Liberties Luncheon 8/8	Rodney Slater - 8/6	
National Association for Equal Opportunity in Higher Education (NAFEO) Contact: Wilma Roscoe (202) 543-9111	Aug 6-13	Hilton Head, SC Convention Hall: (803) 785-1234 Hyatt Regency	Ben Johnson Catherine LeBlanc	Ben Johnson Date/Time TBD 8/7 Catherine LeBlanc 8/6-13	

ORGANIZATION	DATE	LOCATION	ORGANIZATION REQUEST	CONFIRMED PARTICIPATION	RECOMMENDATION
National Bar Association, Inc. Contact: Stephanie Deadley (202) 842-3900	Aug 7-13	Seattle, WA Convention Hall: (206) 728-1000 Westin	POTUS	Deval Patrick 8/9 Philip Thompson 8/6-12 <i>Rodney Slater 8/12</i>	
Progressive National Baptist Convention, Inc. Contact: Tyrone Pitts (202) 396-0558	Aug 7-14	Memphis, TN Convention Hall: (901) 332-3223 Memphis Convention Center	POTUS Mrs. Clinton to receive MLK Freedom Award for Health Care effort. 8/12 Dr. Elders to receive award for health care effort. 8/12 (<i>can't do</i>)		
Black Expo USA	Aug 13-14	Dallas, TX		Distribute Information	
Ancient Egyptian A.O.N.M.S., Inc. (Shriners) Contact: Karl Reid, Conv. Dir. (314) 731-4100	Aug 13-21	St. Louis, MO Convention Hall: (314) 342-5036 Cervantes Convention Center			

ORGANIZATION	DATE	LOCATION	ORGANIZATION REQUEST	CONFIRMED PARTICIPATION	RECOMMENDATION
Southern Christian Leadership Conference Contact: Rev. Osburn (404) 522-1420	Aug 16-19	Dallas, TX Convention Hall: (214) 748-1200 Loews Anatole	POTUS VPOTUS	Deval Patrick-Aug 17 8:00 p.m. Dr. Elders - 8/17	
National Council of Negro Women: Black Family Reunion Contact: Princess Weaver (202) 628-0015	Aug 19-21	Cincinnati, OH Sawyers Point			
National Council of Negro Women: Black Family Reunion Contact: Princess Weaver (202) 628-0015	Aug 26-28	Los Angeles, CA Exposition Park			
National Black Police Association Contact: Ron Hampton (202) 986-2070	Aug 28-Sept 4	Los Angeles, CA Convention Hall: (213) 624-1011 Biltmore Hotel	Alexis Herman	Walter Broadnax 8/29	

ORGANIZATION	DATE	LOCATION	ORGANIZATION REQUEST	CONFIRMED PARTICIPATION	RECOMMENDATION
National Baptist Convention of America, Inc. Contact: Rev. James Turner (615) 254-0917	Sept 5-9	~~Nashville, TN~~ New Orleans, LA	POTUS		
National Council of Negro Women: Black Family Reunion Contact: Princess Weaver (202) 628-0015	Sept 9-11	Washington, DC Washington Monument Grounds			
Congressional Black Caucus Foundation, Inc. Contact: Quentin Lawson (202) 675-6730	Sept 13-18	Washington, DC	POTUS		
National Black MBA Association, Inc. Contact: Wanda Bolton (312) 236-2622	Sept 14-18	San Francisco, CA Convention Hall: (415) 771-1400	Sec. Ron Brown VPOTUS for keynote on 9/15-16		

ORGANIZATION	DATE	LOCATION	ORGANIZATION REQUEST	CONFIRMED PARTICIPATION	RECOMMENDATION
National Association of Black Owned Broadcasters Contact: Fred Brown (202) 463-8971	Sept. 15-18	Washington, DC Convention Hall: (202) 429-2400 ANA Hotel	VPOTUS 9/14 Cabinet Member		
National Council of Negro Women Black Family Reunion Contact: (202) 628-0015	Sept. 16-18	Memphis, TN Overton Park AND Chicago, IL South Shore Cultural Center			

As of July 25, 1994 @ 5:15 p.m.

DRAFT
Alexis

May 10, 1994

MEMORANDUM FOR HAROLD ICKES, PAT GRIFFIN, GREG LAWLER, AND
LAURA QUINN

FROM: Alexis Herman
Mike Lux

SUBJECT: OPL Health Care Activities During the Summer

We clearly need to do some long range planning regarding our health care activities once we get through Memorial day. We need to get your feedback and make some decisions on how much to emphasize the following program options. We see 5 major areas of activity we could emphasize:

1. More constituency days: This has been a very successful program, and it probably makes sense to do some more of these days. The problem is that we are milking these groups dry, and may have trouble generating a lot more of these events. We have brought providers in for so many different kinds of events, for example, we had to really lean on them hard to get them to produce bodies for physician and hospital days. We could probably get other unions involved in at least one more labor event, and we could probably generate another small business event. And we still need to schedule a disease group day. Beyond those, we would just have to see what groups had the money and interest in coming again.

2. More opinion leader days: This has been another successful program which has generated good local media, a lot of lobbying by people who come to town and meet with members while they are here, and a core of well informed, well motivated local activists in key states. The political department tells us it has also helped us politically in general in those states. We need to make a decision about how many more of these days to schedule.

3. More intensive follow-up to those people who have already been here: When you add up constituency days, opinion leader days, and the other briefings we have done, we have had several thousand activists into the White House in the last month. So far, we have relied primarily on the organizations and coalitions (HCRP, for example) who suggested them for follow up. While we cannot organize the people who have been here for lobbying activity, we can keep them more up to -date and informed about the process, and make them feel more plugged in to our activities at the White House. We can do weekly mailings, for example, and pick out a few key leaders in each state for staff to stay in touch with by telephone. Of course, this kind of work takes a lot of staff time, so we need to decide whether it is a priority.

4. Being the White House link to major organizational projects being undertaken in the field:

If allied organizations decide to undertake big projects such as bus tours, a national day of action, or a march on Washington, OPL would need to be actively involved in working with these organizations on the details of those projects. Depending on what is decided, this could be a major amount of work or a relatively small amount.

5. Informational briefings for allied organizations as the legislative process evolves: One of the problems we are going to have with allied groups as the process unfolds is an inevitable information gap: what is in the leadership bill, what is out, what is in alternative bills that will be voted on, what amendments strategy will we pursue, how does everything hold together, etc. We are going to need to develop a strategy about how we get substantive information to our allies in a timely fashion. We will need to rely on the broad coalitions that are friendly to get information out to people in a hurry, but will also need to plan around informational briefings for our friends as the legislative process unfolds.

We are prepared to pursue all of these strategies in any mix that people feel is needed. We think they are all good strategies, but we need to know what are the highest priorities so that we can make some long range planning decisions.

APR 28 1994

April 25, 1994

MEMORANDUM FOR ALEXIS HERMAN, LAURA QUINN, GREG LAWLER,
MELANNE VERVEER, BOB BOORSTIN, ARNOLD BENNETT, MANDY GRUNWALD,
STAN GREENBERG

FROM: Mike Lux

SUBJECT: Long Range Grassroots/Communications Planning

Having had conversations with several of our friends in the groups, and having read Arnold's excellent 4/11 memo (attached), I would add my voice to those who are suggesting that we need to take a few moments to pull back and think long term. To pull together decent events that provide media coverage and build momentum, groups need plenty of lead time. While I don't agree with everything in Arnold's memo -- instead of spending \$5,000,000 plus on organizing a march for example, I would rather spend it on tv and field activities -- many of his ideas have a lot of merit and so do other ideas that others have suggested. Any serious field activity -- but trips, national day of action, etc. -- takes time to pull together. And it won't happen without us making it happen.

One additional point: things really are humming right now, both in terms of bringing people here for constituency days, opinion leader days, and other events and briefings; and in terms of what is happening in the field. I feel very pleased and proud with the level of activity both internally and externally. But it took a lot of planning, strategy, and effort to get all of this to happen. I don't want us to do what we have done too many times before and have a great plan through x date or x phase of the process, and then take weeks or months to gear things up again because we haven't thought ahead.

I would strongly urge us to pull together a meeting within the next few days to make some decisions on a longer range plan for these kinds of activities.

TO: LAURA QUINN, HAROLD ICKES, GREG LAWLER, MIKE LUX
FROM: ARNOLD BENNETT
DATE: 11 APRIL 1994

FIRST DRAFT, FOR COMMENTS

**PRO-REFORM GROUPS
ACTIVITIES PLAN**

COMMITTEES PHASE

Activities target key committee members both in DC and in their home districts/states. Our fundamental message is: a growing number of Americans demand that Congress pass the President's reform.

CENTERPIECE: Constituency Days on Capitol Hill [see Lux/Fine memo]. Proposed addition to that memo: ***where appropriate, we should offer these folks to friendly senators and reps for satellite feeds. For example, folks from Fresno and San Diego could be fed by Boxer.***

ADDITIONAL PROJECTS:

April 18 - May 27: SENIORS RADIO TALK SHOW INITIATIVE: booking a number of celebrities onto radio talk shows that target older listeners in target markets. The celebrities include Members of Congress, senior leaders, Hollywood stars. Joint operation by NHCC, NCSC, LIPA, FUSA, AFSCME and SEIU; coordinated by Janet Rivera of AFSCME.

PROPOSED: FIRE & RESCUE RALLY DAY: America's fire and rescue heroes tackle the health crisis, as uniformed firefighters/rescue squads stage dramatic mass rallies for the President's health reform in ten target cities on one day, with satellite video hookups to the POTUS who is either at one of the rallies (say, Philadelphia) or at the White House with uniformed DC/MD/VA fire and rescue teams. This reflects

704.9
L.B.

the President's goal of using what's best in our health care system, such as America's uniformed fire & rescue teams, to cure what is worst.

APRIL 21 NEWS EVENT: Families USA, Senators Mitchell and Daschle, Congressmen Gephardt and Dingell, others, in Capitol Hill release of new report on How Americans Lose Health Insurance; radio interviews in target districts, satellite tour of target districts with victims.

MOTHERS DAY EVENTS: Older Women's League [OWL] traditionally does a Mothers Day event; *this should be in support of the President's health reform and we should help them get extra coverage.* The Women's Project of the UFCW has a project in the works that focuses on guaranteed workplace health benefits and employer responsibility.

PROPOSED UFCW LOCAL PRESS CONFERENCES WITH SUPERMARKET MANAGEMENT IN TARGET MARKETS. *The big IF is whether they can make this happen.*

PROPOSED VIDEOTAPE DISTRIBUTION TO DOCTORS. *Phil Lee explains why the reform is good for doctors, then lays out the 5 points and calls on doctors to carry this message to their community. The tape is distributed by supportive doctor groups to their membership with a letter from the respective group's national leadership.*

PROPOSED DOCTORS' OP ED PROJECT. *Doctors are recruited in target markets to do op eds in support of the President's reform.*

PROPOSED NEWS EVENT: *"The Enemy is Disease," a joint statement by the American Diabetes Association, the American Cancer Society, the American Heart Association, the American Lung Association, the National Health Council, the Arthritis Foundation, the Alzheimer's Association and the Breast Cancer Coalition, issued either at the White House with the POTUS or on the Hill with Senate and House Leadership, asserting that there is a crisis and that the President's reform will (A) speed efforts to find cures or prevention, (B) help encourage early detection and treatment and (C) help patients and families cope with these diseases, and calling on Congress to pass the reform. Group leadership present at the DC event includes at least one person from each target market, for feeds.*

PROPOSED NEWS EVENT: American College of Pediatricians issues new report projecting number of children's lives likely to be saved by President's health reform, released on Capitol Hill by the Pediatricians with Senate and House leaders, and co-released in several target markets by a coalition of NEA teachers and ANA nurses.

PROPOSED NEWS EVENT: American College of Ob-Gyn issues new report projecting improved health of women and children as a result of increased mammograms, pap smears, physical check-ups and pre-natal care under the Clinton reform, released at the White House with POTUS and FLOTUS and women in the Cabinet. Co-released in several target markets by a coalition of NOW and ANA nurses.

PROPOSED NEWS EVENT: American College of Physicians and National Association of Retail Druggists issue new report projecting improved health of older Americans as a result of new drug benefits in the President's reform, released on Capitol Hill with Senator Pryor and Representative Wyden and others, co-released in a number of target markets by the National Council of Senior Citizens and NARD.

PROPOSED SABBATH DAY OF PRAYER AND SERMONS FOR HEALTH REFORM in African American churches in target regions, now being explored by Ben Johnson of OPL. This should be expanded into other churches and synagogues.

TARGET DISTRICTS: An array of forums, demonstrations, leafletting, phoning, mailings, etc. by various groups, most of whom are members of the Health Reform Project, and by the Project itself; paid media, radio interviews, other media contacts.

FLOOR PHASE

Activities target swing members both in DC and at home. Our fundamental message remains: a growing number of Americans demand that Congress pass the President's reform.

PROPOSED CENTERPIECE: 3 BUS TRIPS ACROSS TARGET REGIONS with at least limited participation by POTUS, FLOTUS, VP and Mrs. Gore. Each trip would run several days and would involve a caravan

made up of busloads of nurses, doctors, fire & rescue folks, retirees, working families, teachers, consumer activists, Hollywood celebrities, Cabinet members, and Members of Congress. Coordination of this is a big job: perhaps the Reform Project could do it; Families USA has expressed willingness to do it; the ANA and various unions could surely be involved in organizing pieces of it.

ADDITIONAL PROJECTS:

SENIORS RADIO TALK SHOW INITIATIVE: second flight, with new target markets.

PROPOSED: SPANISH LANGUAGE RADIO/TV TALK SHOW INITIATIVE: *booking some hispanic celebrities onto national spanish language tv and hundreds of radio stations with spanish language programming in target areas. Celebrities include Hollywood stars and hispanic leaders. Perhaps LCLAA or La Raza could operate, with help from Suzanna Valdez of OPL.*

PROPOSED DOCTORS RADIO TALK SHOW INITIATIVE: *booking national and state leaders of supportive doctors groups on talk shows in target markets. A coalition of the supportive groups would operate this initiative, with help from some of us.*

PROPOSED: GRAND ROUNDS WITH THE PRESIDENT. *Grand Rounds go on in teaching hospitals; unlike ordinary rounds, they take place in an auditorium setting, and medical problems are brought for discussion. They are the doctors' version of town meetings. It is proposed that the President do Grand Rounds by satellite, as part of supportive groups' internal education campaign to bring membership along.*

SUMMER PHASE

Activities concentrate in regions of the country where there are a lot of swing members. Our fundamental message remains: a growing number of Americans demand that Congress pass the President's reform.

FINAL PASSAGE PHASE

Activities target swing members both in DC and at home. Our fundamental message remains: a growing number of Americans demand that Congress pass the President's reform.

PROPOSED CENTERPIECE: MARCH ON WASHINGTON FOR HEALTH REFORM with sendoff rallies in target markets.

May 26, 1994

MAY 30 1994

MEMORANDUM FOR DISTRIBUTION

FROM: Mike Lux

SUBJECT: Those Who Have Helped Us

In the never ending quest to try to get allied groups to do more, and in part because of our frustration with those who should be doing more who are not doing enough, we sometimes do not give credit where credit is due. I would like to ask those of you who are receiving this memo to remember to thank the groups listed here for their efforts if you happen to be dealing with them for any reason. While there are a lot of groups that I wish were doing more, some of the work being done has been very impressive and truly helpful and those doing should know we appreciate it.

1. Those who brought people in for constituency days and provided people for satellite feeds and stake-outs. (See attached list.)
2. Those who agreed to help us with the booklet we prepared for the Congressional recess. (See attached list.)
3. Those businesses and unions who have helped us with employer responsibility events. They include: Safeway, Pathmark, the Vermont Teddy Bear Company, Neighborhood Care Pharmacy, PictureTel, Gardener's Supply Company, Owner Operator Independent Drivers Association, Chrysler, Navistar, Eckherd, UAW, UFCW, and CWA.
4. Those who have held legislative conferences, and had their members swarming the hill on behalf of the HSA in the last two months. They include: CWA, National Multiple Sclerosis Society, American Nurses Association, National Council on Independent Living, Building and Construction Trades Department, AAFP, Catholic Health Association, National Council on the Aging, Alzheimers Association, National Association of Social Workers, American Federation of Teachers, AIDS Action Council, National Mental Health Association, and UAW.
5. Special mentions:
 - HealthRIGHT, the Long Term Care Campaign, the Alzheimer's Association and Save Our Security have all done superb work with us on a whole series of events, in

addition to the work they are all doing for the HealthRIGHT Heartland Tour around the country.

- The National Council of Senior Citizens, who have nowhere near as big a budget as AARP, have devoted a tremendous amount of resources to helping us. They have put radio ads on the air in five districts, have done mail and follow up phone banks into 25 districts, have printed and distributed 600,000 postcards for people to mail in to Congress, have done a 24 minute health care video which they have widely distributed, have distributed 50,000 health care doorhangers in senior citizen housing developments in targeted districts, and have launched an impressive training program for their activists.
- National Farmers Union has been organizing health care education meetings for groups of up to 250 in rural communities around the country, as well as conducting training sessions to teach volunteers how to organize these meetings. Health care reform has also been a top issue at state conventions throughout the past two years; activities at the conventions have included numerous presentations and workshops on health care. They also recently joined the Small Business Coalition on Health Care Reform.
- Families USA has continued to do everything we have asked and more: studies which have gotten a lot of publicity, field organizing, local media events, help with events, etc.
- The National Association of Retail Druggists and National Association of Chain Drug Stores launched the small business coalition for health reform, which has done both impressive work in targeted districts and helped us pull together one of our best constituency days. Other members of that coalition are: American Institute of Architects, Owner-Operator Independent Drivers Association, Institutional and Municipal Parking Congress, Institute of Business Designers, National Council of Nonprofit Associations, National Farmers Union, Architects/Designers/Planners for Social Responsibility, and National Association of Black Accountants.
- Among lobbyists, Letitia Chambers and Ann Wexler have played important roles in recruiting and coordinating the lobbying efforts of big business supporters.
- Several unions have played major roles, including contributions to various media efforts and donating full time field organizers in targeted districts. Of the full time field organizers who are working for health reform, 80% of them come from the labor movement. The unions who have been most helpful to date are AFSCME, SEIU, UAW, CWA and AFT. AFL-CIO has played a very important leadership role overall.

- The Health Care Reform Project has played an extremely important coordinating function on activities -- including paid media, direct mail, phone banks, and field organizing -- in targeted districts.

DISTRIBUTION:

Hillary Rodham Clinton
Harold Ickes
George Stephanopoulos
Pat Griffin
Steve Ricchetti
Chris Jennings
Jack Lew
Jerry Klepner
Melanne Verveer

Bob Boorstin
John Hart
Alexis Herman
Steve Hilton
Marilyn Yager
Caren Wilcox
Amy Zisook
Doris Matsui
Marilyn DiGiacobbe

Greg Lawler
Laura Quinn
Lorrie McHugh
Dwight Holton
Dana Hyde

Participants in Constituency Days include:

AARP
ADAPT
African Methodist Episcopal Church
AFSCME
Alzheimers Association
American Counseling Association
American Association of Marriage and Family Therapy
American Occupational Therapy Association
American Public Health Association
American Association of Children's Residential Centers
American Psychological Association
American Lung Association
American Nurses Association
American Federation of Teachers
American Association of University Women
American Academy of Pediatrics
American Academy of Family Physicians
American College of Physicians
American Medical Womens Association
Amnesty International
Association of Black Cardiologists
B'nai B'rith Youth Organization
Baptist Joint Committee
Big Brothers/Big Sisters
Boys and Girls Clubs of America
Building and Construction Trades Department
California Association of Hispanic Physicians
Catholic Health Association
Child Welfare League of America
Children's Defense Fund
City Year
Communications Workers of America
Consortium of Citizens with Disabilities
Constitutional Rights Foundation
D.C. Service Corps
Family Services America, Inc.
First Hospital Corporation
Frontlash AFL-CIO
Greenpeace USA
Interreligious Health Care Access Campaign

League of Women Voters
Long Term Care Campaign
MALDEF
NARAL
National Council of Jewish Women
National Association of Area Agencies on Aging
National Association of Children's Hospitals and Related Institutions
National Council on Independent Living
National Association of Community Health Centers
National Association of Home Care
National Association of Area Agencies on Aging
National Council on the Aging
National Health Policy Council
National Medical Association
National Gay and Lesbian Task Force
National Council of Churches
National Education Association
National Mental Health Association
National Association of Psychiatric Treatment Center for Children
National Association of Alcoholism and Drug Abuse Counselors
National Community Mental Healthcare Councils
National Association of Public Hospitals
National Osteoporosis Foundation
National Breast Cancer Coalition
National Women's Law Center
Older Women's League
Planned Parenthood
Planned Parenthood
Protestant Health Alliance
Protestant Health Alliance
Religious Action Center
Rock the Vote
Sierra Club
Small Business Coalition for Health Care Reform
Small Business Coalition for Health Care Reform
Society of Americans For Recovery
U.S. PIRG
United States Students Association
United Steelworkers of America
Women's Information Network
Youth Action

Participants in the Congressional packet include:

BUSINESSES:

American Airlines
American Institute for Architects
Archer Daniels Midland
Architects/Designers/Planners for Social Responsibility
Anheuser-Busch Companies
Bethlehem Steel
Chrysler Corporation
Drummond Coal Mining
Food For Less
General Motors Corporation
Georgia Pacific
Institute of Business Designers
Institutional and Municipal Parking Congress
Invacare Corporation
Loral Corporation
LTV Corporation
McDonnell Douglas Corporation
National Association of Black Accountants
National Association of Chain Drug Stores
National Council of Non-Profit Associations
National Federation of Business and Professional Women
National Farmers Union
Owner-Operator Independent Drivers Association
Pathmark Grocery Stores
Rite Aid Corporation
Thrift Drug
USX Corporation
National Leadership Coalition for Health Care Reform

GROUPS:

AARP
AFL-CIO
AFL-CIO Retirees
AFSCME
American Academy of Family Physicians
American Academy of Pediatrics
American College of Obstetricians and Gynecologists
American College of Physicians
American Federation of Teachers

American Lung Association
American Medical Women's Association
American Nurses Association
Campaign for Health Security
Catholic Health Association
Children's Defense Fund
Citizen Action
Communications Workers of America
Families USA
Health Care Reform Project
HealthRIGHT
League of Women Voters of the U.S.
Long Term Care Campaign
National Association of Area Agencies on Aging
National Association for Home Care
National Association of Children's Hospitals and Related Institutions
National Association of Community Health Centers
National Association of Homecare
National Association of Public Hospitals
National Association of Retail Druggists
National Association of Social Workers
National Black Nurses Association
National Council of Non-Profit Associations
National Council of Senior Citizens
National Education Association
National Farmers Union
National Federation of Business and Professional Women
National Health Policy Council
National Leadership Coalition for Health Care Reform
National Medical Association
Protestant Health Alliance
Service Employees International Union
Small Business Coalition for Health Care Reform
United Auto Workers
United Food and Commercial Workers
United Steelworkers of America

May 12, 1994

MAY 17 1994

MEMORANDUM FOR DISTRIBUTION

FROM: Mike Lux
Debbie Fine

SUBJECT: Allied Group Field Activities Update

Attached is this week's update of allied group activities in selected districts in the field. Also attached are the following:

- local newspaper clips generated by the events described;
- a report from the Small Business Coalition on this week's small business press conferences;
- some press clips generated nationally by the Small Business Coalition's press conference last week;
- some examples of letters sent by groups to the Congressional Members;
- a copy of the brochure AFL-CIO leafletted on their day of action today (approximately 6,000 brochures were distributed in 24 districts at the largest workplaces in those districts);
- a calendar of upcoming OPL health care events; and
- a statement of support signed by sixty-one national organizations for the "goals of President Clinton's Health Security Act in order to achieve universal coverage for acute and long-term health care."

Health Care Benefits: Now you see 'em, now you don't.

Got a good health care plan? Today maybe, but what about tomorrow? And what about your children or grandchildren? The best health care plans in America today are only as good as insurance companies permit.

What if you're found to have a "pre-existing" condition? You pick up the tab for treatment of that condition, that's what! What if a serious illness pushes you over your "lifetime" limit? Two weeks in the hospital has put some families \$15,000 and even more in debt.

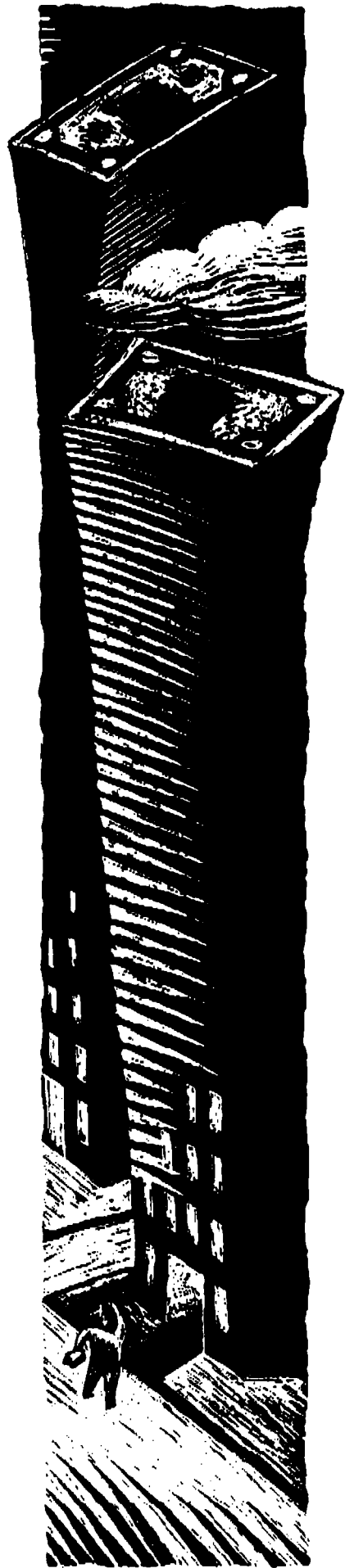
Health Security

Health Care We Can Never Lose



STICKER
GOES
HERE

Tell Congress we want the Health Security Act.



A fair share for health care.

The United States pays **\$1,000,000,000,000** a year on health care—and that's way too much. That's about \$3,600 for each man, woman and child in America.

Some employers pay lots. Others pay nothing.
That's not fair.

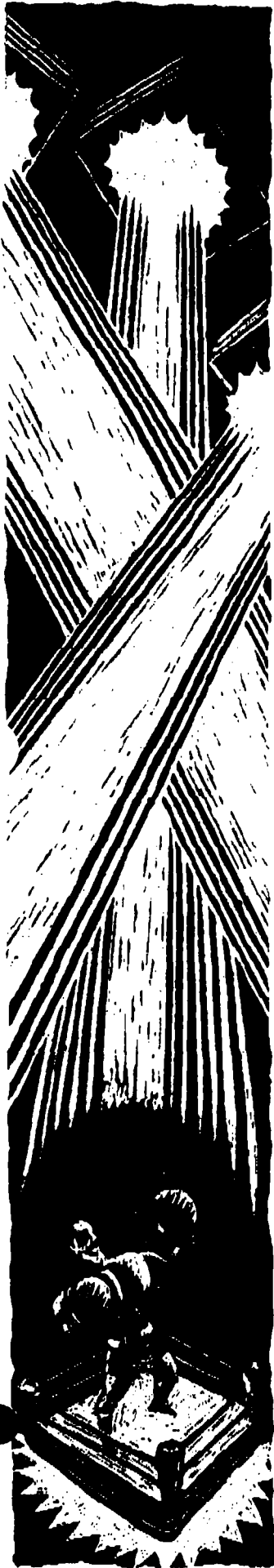
The Health Security Act says that all employers
will pay their fair share. Workers will always be insured,
at rates they can afford.

Health Security

Health Care We Can Never Lose



Tell Congress we want the Health Security Act.



How many times do we fight for good health care?

Year after year at the bargaining table, we have given up wages to hold the line on health care, only to see health care costs escalate while wage standards sink. Most strikes are over health care. Studies show that if we had health care reform in 1988 like the Health Security Act, the average worker would take home about \$1,000 more each year.

Health care won't be a stumbling block to bargaining if Congress passes President Clinton's Health Security Act.

The Health Security Act guarantees comprehensive benefits, like the plans we have now. And we can't lose them. That frees our negotiators to concentrate on wages and other things we need.

Health Security

Health Care We Can Never Lose



Tell Congress we want the Health Security Act.



When it comes to health care reform... **BOGUS** won't do.

Congress can deliver a comprehensive health care plan that:

- guarantees affordable care;
- assures employers will pay their fair share;
- allows the freedom to choose your doctor;
- and doesn't tax the benefits we have.

... Anything less is bogus!

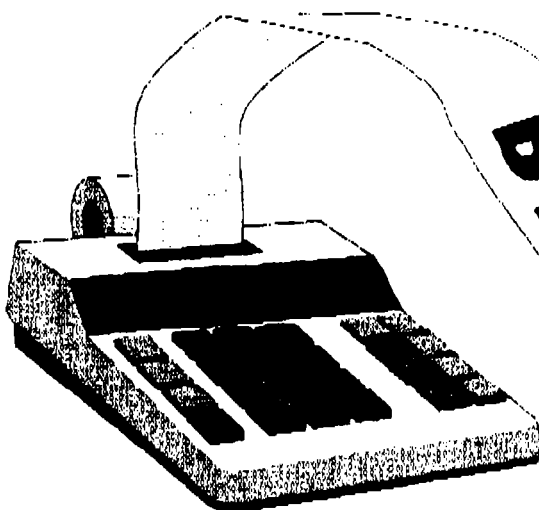
The Health Security Act is real reform.

Health Security

Health Care We Can Never Lose



Tell Congress The Health Security Act is real reform.



Health Care

BY THE NUMBERS

660,000 — The number of jobs that would be created from health care reform, according to the Employee Benefit Research Institute.

2,000,000 — How many Americans who lose their insurance every month.

81,000,000 — How many Americans have been deemed by their insurance companies to have "pre-existing" conditions.

133,000,000 — How many Americans face "lifetime" limits in their insurance policies — the point at which their benefits could be cut off just when they need them the most.

7.9 percent — The cap on percentage of payroll to be paid by employers to provide health care coverage under the Health Security Act. Small and low-wage employers would pay even less.

10 percent to 15 percent — The amount of payroll most union employers pay now for health benefits.

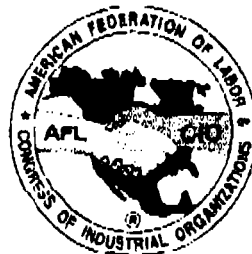
\$1,000,000,000,000 — How much we pay for health care every year under our current wasteful system.

\$250,000,000,000 — How many of our health care dollars are being spent on "administrative costs."

60 years — How long we've been fighting for national health care reform.

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A BURRELLE'S AFFILIATE

TRANSCRIPT

DATE May 3, 1994
TIME 6:30-7:00 PM (ET)
NETWORK PBS-TV
PROGRAM Nightly Business Report

Paul Kangas, co-anchor:

A House panel today voted down a Republican health reform plan that would not require employers to pay for their workers' health insurance. That requirement, called an employer mandate, is one of the most controversial issues in health care reform. Most small business groups have lobbied fiercely against mandates, but Democratic leaders today mounted a counterattack, with some small business owners on their side. Dennis Moore reports.

Dennis Moore reporting:

... (audio out) wheat farmers, who've see family health care eat up five times more of their production than it did a decade ago.

Tom Giessel (Farmer): Last year I had to sell three thousand six hundred and thirty bushels of wheat to cover my health care costs. That is enough wheat to produce two hundred and fifty-four mill- or thousand loaves of bread.

Moore: Architects, with an industry-wide preexisting condition--a highly skilled and highly paid but increasingly older work force in a downsizing business.

Garth Sherriff (Architect): We were faced with the following dilemma: Did we lay off a key employee with a wife and two children or did we drop health care, because the costs were exactly the same?

Moore: Democratic congressional leaders brought them to Capitol Hill in a belated attempt to counter the dire warnings of small business lobbyists opposing the president's plan.

Representative Richard Gephardt (Majority Leader, Democrat, Missouri): I have to admit they've run a pretty good media campaign. Their horror stories are

frightening enough to make any American quake in their boots.

Moore: Quaking particularly at the potential costs of mandated insurance premiums for every employee and the resulting layoffs and bankruptcies they've been warned to expect.

Bill Godfrey (Director, National Small Business United): We believe that to have mandates is going to put we small business employers at a cost disadvantage.

Moore: The administration has brought in groups of the presumably quaking for reassurance, but with limited success. Their argument appeals to the majority of small business owners who already pay something for their employees' insurance.

Senator Thomas Daschle (Democrat, South Dakota): Regardless of what we may do, we cannot avoid a mandate. We have a mandate today. I call it the status quo mandate. Those who pay are required to pay for those who don't.

Moore: Health care is still largely a where-you-sit-where-you-stand issue, and the administration is trying to reshuffle the lobbying lineup by making mandates a fairness issue and portraying the president as protector of the companies who already pay.

Dennis Moore, NBR, Washington.

#

WASHINGTON EDITION

P.2/5

Los Angeles Times

Wednesday

May 4

1994

Business Group Backs Clinton's Health Reform

By EDWIN CHEN
TIMES STAFF WRITER

WASHINGTON—A new coalition of small businesses, claiming membership of 340,000 employers, announced support for President Clinton's health reform plan Tuesday, stressing that private entrepreneurs are not united in opposition to a requirement that all businesses provide insurance to workers.

The coalition's support is significant because it exposes the first major split in small business opposition to the reform package and suggests that employers are responding to efforts in Congress to revise the President's plan to make it less onerous to small companies.

If Clinton and his congressional allies can effectively tap into this wellspring of support, the chances of comprehensive health care reform this year may be significantly enhanced.

The Administration is expected to get another boost today when the Congressional Budget Office releases its long-awaited analysis of a rival health reform plan introduced by Rep. Jim Cooper (D-Tenn.).

Rep. John J. LaFalce (D-N.Y.), who chairs the House Small Business Committee, said of the new small business coalition: "A very sizable segment of the small business community has seen the light."

Robert Peck, a coalition spokesman, told a Capitol Hill press conference: "The coalition came together not because we are 100% behind every clause of President Clinton's proposal but because we recognize that the train is leaving the station."

Senate Majority Leader George
Please see HEALTH, A6

LEVEL 1 - 8 OF 9 STORIES

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May 3, 1994, Tuesday, BC cycle

LENGTH: 489 words

HEADLINE: BUSINESS GROUPS EXPRESS SUPPORT FOR HEALTH MANDATE

BYLINE: By Donna Smith

DATELINE: WASHINGTON

BODY:

President Clinton's health reform plan picked up support Tuesday from a group of small businesses that endorsed the idea of employer paid health care benefits for workers.

The Small Business Coalition for Health Care Reform said at a news conference the so-called employer mandate would reduce health care costs for small businesses and allow small firms that currently do not provide worker health benefits to compete with large corporations.

"Small business owners are often placed at a competitive disadvantage because we must pay 35 to 50 percent more to give our employees the same coverage as larger corporations," said Robert Peck, vice president of the American Institute of Architects, one of ten groups in the coalition representing 340,000 individual businesses.

Tuesday's endorsement is important for the Clinton administration which is trying to build support for the controversial proposal to require employers to pay at least 80 percent of workers health coverage.

The White House is trying to counter an effective lobbying campaign against the mandate by the National Federation of Independent Business, whose 600,000 members nationwide are mostly small companies with about five employees.

Participants at the news conference complained about some of the "terror" tactics being used by some groups to build opposition to Clinton's plan and the employer mandate.

"A lot of arguments we are hearing over this are just plain malarkey," said Jim Johnston, president of the Owner-Operator Independent Drivers Association.

Tom Giessel, a Kansas wheat farmer, said his insurance costs have skyrocketed in recent years. In 1964, he said it took about 355 bushels of wheat to pay for his health insurance costs. In 1982, 678 bushels of wheat were needed, and by 1993 3,630 bushels were required, enough wheat to make 254,000 loaves of bread.

Democratic congressional leaders have been working behind the scenes to fashion a politically acceptable compromise that will make the mandate more palatable to small business. President Clinton proposed government subsidies for small firms to keep their costs to no more than 3.5 percent of overall payroll costs.

72

HEALTH: Small Business Coalition Backs Clinton's Plan

Continued from A1

J. Mitchell (D-Me.), House Majority Leader Richard A. Gephardt (D-Mo.) and several committee chairmen attended the press conference.

The small business community has hardly been monolithic in its opposition to Clinton's plan—it is divided, as is big business. But the highly organized National Federation of Independent Business has effectively dominated the debate with its high-decibel opposition to the employer mandate.

"We are here today to state clearly and strongly that the impression created by the NFIB is wrong," Peck said.

That many small businesses back Clinton's initiative is "one of Washington's best-kept secrets," he added.

The coalition represents more than 3.2 million workers, and includes such organizations as the National Assn. of Chain Drug Stores, the National Farmers' Union and the National Council of Non-Profit Assns., according to Peck.

The NFIB, however, said that the coalition's members favor the reforms because they are ill-informed.

"There's a lot of small businesses out there who support the Clinton plan. But those are small businesses that don't know much about it," said Terry Hill, a spokesman for the NFIB, whose 600,000 members employ between 7 million and 9 million workers. "Once they look at the details and see what it's going to cost them, we believe they will not support it," Hill added.

But many coalition members claimed just the opposite, saying that their health spending would drop if Clinton's plan were enacted because of its limits on how much any employer must pay in employee premiums and because of subsidies for small firms with low-wage earners.

Clinton would require firms to pay at least 10% of the insurance premiums for full-time workers, with the employee paying the rest. But no firm would have to pay more than 9% of its payroll, while some small businesses would pay as little as 3.5% of payroll.

"The caps are a boon to small businesses," said Peck, group vice president for government affairs of the American Institute of

Architects. He said that 70% of small businesses already provide some insurance for workers, with many spending 13.5% or more of payroll.

Peck also pointed out that small businesses, as individuals and small-group insurance buyers, pay as much as 40% more than large businesses for the same coverage. Clinton's plan would group all but the largest employers into purchasing cooperatives that can command lower prices.

"Small businesses know that the current system is stacked against them. While many provide coverage, they often do so at higher rates," said Lorrie McHugh, a spokeswoman for the White House, which arranged a Tuesday meeting for coalition members with Vice President Al Gore and other senior Administration officials. "Today's support proves that small businesses want to provide coverage for their workers."

Also Tuesday, the American Medical Assn. advanced a new "formula" that it said might help break the logjam in the debate over the employer mandate.

Dr. James Todd, AMA's executive vice president, reiterated the group's support for the employer mandate but said that the AMA now believes companies with fewer than 100 workers should be exempt.

At those companies, the workers themselves should be required to have insurance, just as they are under the Clinton plan, Todd said. Low-income workers would receive government subsidies to help buy insurance, he said.

The Congressional Budget Office has concluded that Cooper's plan—similar to Clinton's but with far less direct government involvement—would cost \$189 billion more over five years than Cooper has calculated, congressional sources said Tuesday night.

The only ways to make up for that shortfall, the agency said, would be to cut other government programs, raise taxes or increase the federal deficit, according to sources who were given summaries of the analysis.

Despite the added cost, Cooper's plan would leave as many as 25 million Americans still uninsured—out of an estimated 38 million persons now lacking medical cover-



Associated Press

House Majority Leader Richard Gephardt talks Tuesday about health care reform.

age, the sources said the Budget Office has concluded.

CBO Director Robert D. Reischauer is scheduled to testify on the Cooper plan this morning before the Senate Finance Committee.

Earlier this year, his office estimated that Clinton's plan would increase the federal deficit by \$74 billion over six years—con-

trary to White House projections that the President's plan would reduce the deficit by \$60 billion over that same period.

Unlike Clinton's, Cooper's proposal requires employers only to offer employees a health plan but not to pay for it. Cooper also supports the notion of a basic benefits package, but he does not spell out what would be in it.

AP Wirephoto

Thompson blasts Cooper health plan 'experiment'

By James W. Brosnan
The Commercial Appeal
Washington Bureau

WASHINGTON — Tennessee Republican Senate contender Fred Thompson said Wednesday that a new report shows his likely Democratic opponent, Rep. Jim Cooper (D-Tenn.), is promoting an "untested experiment" in health care reform.

Thompson said the Congressional Budget Office report shows that Congress should move cautiously in health care reform this year with minimal steps such as ensuring that workers can transfer their health plans from one job to the next.

But in Memphis, a coalition of church, labor and consumer groups said Wednesday the report shows that Cooper's plan is too modest and that Congress

should take more drastic action. Cooper said both Thompson and the coalition are off base in their criticisms.

He said Thompson, a Nashville attorney and actor, is listening to liberal critics of his plan instead of reading the CBO report for himself or talking to supporters of the plan.

The Cooper plan would rely on a network of health purchasing cooperatives and subsidies for the working poor to make insurance affordable instead of mandating that employers provide insurance, as under President Clinton's reform plan.

The Senate Finance Committee received the long-awaited report on the cost of Cooper's plan from CBO director Robert Reischauer Wednesday.

"According to what I heard from the Senate Finance Committee, it's an untested experiment with a price tag of \$300 bil-

lion," said Thompson, quoting a figure used by Senate Majority Leader George Mitchell (D-Maine).

The price tag is in dispute because CBO based its estimates on two different health benefit packages, one the generous Clinton proposal and the second what CBO called a "spartan" estimate. Cooper said under his bill a government commission would set the benefits, probably somewhere between the two plans.

The CBO report said the subsidies for the more generous health plan would cost \$189 billion more than Cooper estimates over five years and \$300 billion over 10 years. But Cooper's bill requires the commission to reduce payments to providers or to reduce the subsidies to meet spending targets.

That provision would reduce subsidies by 30 percent and result in only a \$19 billion deficit

over five years and savings of \$86 billion over 10 years. But Reischauer said a 30 percent reduction would "seriously undermine" the health plan's attractions.

Opponents and supporters of the Cooper bill, as well as news organizations, focused on different numbers. The Washington Post pegged the added deficit at \$189 billion. The Wall Street Journal used \$19 billion. The Associated Press used \$171 billion, the amount the subsidies would have to be cut over five years.

"The fact of the matter is that nobody in Washington has a clue to what any of these plans cost," said Thompson.

"Has CBO scored his nonexistent plan?" Cooper shot back. "He is struggling to get attention in an election he is losing."

Cooper Wednesday also issued a statement by Donna Miller, chief executive officer of the

Memphis Business Group on Health, to refute Reischauer's statement that managed competition is untried.

Miller said it has been tried in Memphis, where companies in the Memphis health purchasing cooperatives saw a 2.4 percent decrease in health care costs in 1993. "CBO has an outdated view of health care markets," she said.

In Memphis Wednesday, a coalition of church, labor and consumer groups held a press conference to ask Cooper to withdraw his plan and support the President's effort.

The event was organized by Families USA, a Washington-based consumer group that backs the Clinton plan.

The CBO analysis shows Cooper's plan "is not a serious attempt to deal with the health care crisis," said John Enagonio, a Nashville representative for the United Paperworkers union.

"Under Cooper, 20 million people would be uninsured," said Ron James, director of the American Federation of State, County and Municipal Employees Local 1733. "That's not health care reform."

James said a disproportionate number of the uninsured would be black people with jobs that do not provide health insurance.

Cooper should add universal coverage and comprehensive benefits to his plan or back the President's, said Joahlyn Alford, vice president of the Tennessee Health Care Campaign, which works to improve care for the poor.

Rep. Rufus Jones (D-Memphis) and Leon Knowles, pastor of Pentecostal Baptist Church, also spoke against the Cooper plan and in favor of Clinton's.

Staff reporter Jon Hamilton contributed to this story.

High doc

APR 2 1994

HAMMOND
TIMES

D. 71,933

157-224

TIMES 1462-1162

President Clinton's health-care plan sells seniors short

It was with disgust that I watched President Clinton, smiling, tell a businessman he should raise the prices of his products to pay for the health care plan. Looks like the taxpayers will pay more than we bargained for by paying higher prices for items we buy, higher taxes and, of course, the senior citizens will be paying more for Medicare in both deductibles and co-payments to keep the Clinton plan alive. It's obvious that the older people, who have been paying taxes for years and years, are being pushed to the back of everything. It was reported that programs that prolong life are being ignored because they would make the health plan more costly than has been predicted. What is amazing is that Medicaid, a totally tax dependent entitlement, is rarely in trouble but Social Security and Medicare, which are partially funded by the participants, seem to be short of funds.

It was also disgusting to see how the Clintons got by with a \$14,000 tax bill for so many years. If you or I owed \$20 to the Internal Revenue Service we would hear about it the following year. Hillary, Bill and all their friends should go back to Arkansas where they obviously had all the voters really snowed under.

It is also sickening that we have to have two presidents constantly running around the country at taxpayer expense to get their health bill passed. We have a bunch of people called congressmen sitting in Washington, D.C. who will eventually pass one themselves. This is their job and that's what we elected them to do.

The president's crime stopper bill is another costly item. It's just another way to keep his face on television and I'm sure it hasn't stopped any criminals from doing what they intended to do in the first place.

JOSEPH P. SALUS
Griffith

PAGE 15

Hospitals, doctors give health care prescription

By Eric B. Schoch
STAR MEDICAL WRITER

Indiana's congressional delegation was issued some health care advice Thursday, as a coalition of doctors and advocates urged comprehensive reform and a hospital group warned against price controls.

Local representatives of the Health Care Reform Project, a national coalition of 40 organizations, held a news conference to urge broad reform that would include permanent universal health coverage.

The coalition also seeks reform on health insurance and consumers' choice of health care providers. It also supports employer contributions to help pay for coverage.

Setting lawmakers straight

In a letter drafted for mailing to members of Congress, the coalition said it wanted to correct any impression that health care providers are against reform.

Those urging reform at a news conference were William Schmidt, executive director of Lifelines Children's Rehabilitation Hospital; Dr. James Trippi, president of Genesee Free Clinic; Dr. Kem Templeton, representing the Indiana chapter of the American Academy of Pediatrics; Dr. Richard Campbell, governor of the Indiana chapter of the American College of Physicians; and Dr. Richard Feldman, director of the family practice residency at St. Francis Hospital Center.

Meanwhile, the Indiana Hospital Association announced a series of radio advertisements had begun, warning against legislation that would add government bureaucracy and price controls. The result, the ads say, would be rationing of health care.

The ads, paid for by the American Hospital Association, target Rep. Phil Sharp, D-Ind., a member of the House Energy and Commerce Committee, which is involved in reform legislation.

The Clinton administration's Health Security Act proposes caps on insurance premium increases as a backup measure to control the growth in health spending. The bill also proposed creation of a national health board to oversee imple-

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Senator says health-care reform stopped by Dems

BY THOMAS INKLEY
Times Staff Writer

CHESTERTON - The reason why there are delays in approving a health-care reform package is because the Democrats can't seem to agree on what form the plan should take, U.S. Sen. Dan Coats, R-Ind. told the Northwest Indiana Forum.

"The days of Washington not working because of gridlock are over," he said. "We keep telling (Democrats) 'You run the whole thing; the executive branch, the Senate and the House.'"

Coats used Senate Democratic Leader George Mitchell's proposal of three alternatives to President Clinton's health-care reform as an example of the Democrat's indecisiveness.

And if a health-care package isn't agreed upon, the President Clinton's plan could be lost, Coats said Monday.

"If it wasn't dead before, this is the last stake in the heart of the Clinton

plan," Coats said, adding that the Senate Finance Committee will eventually define what the health-care package will be for the full Senate.

"No one yet knows what it is. The more we get into health care, the less we know about it," he said. "What we have floating around Capitol Hill is a whole series of (Democrat and Republican) initiatives. At this point nothing is defined, nothing is clear."

He said what Congress seems to know is mandated health care, especially for small businesses, appears dead.

Because many of the various proposals overlap in some areas, Coats believes the final compromise version from this session will contain many of the elements of the various ideas.

Right now, there's great confusion over what universal coverage means and what every American ought to be guaranteed as part of a comprehensive health-care package, he said.

See REFORM, Page E-2

REFORM

Continued from Page E-1

A faulty assumption in health-care reform, Coats said, is government can deliver services more effectively than the private sector and the government is more cost effective than the private sector.

As an example, he cited the projected cost of the Medicare program approved in 1965 for the year 1991 would be \$9 billion.

"The cost last year was \$170 billion," Coats said. "Just a small error from what we projected."

He views this as the problem with the health-care plan. He said reforms are possible without reinventing the system.

Coats proposed removing the restriction of insurance companies pooling their coverage and be able to cross state lines to

form pools to provide the coverage.

He praised the Forum for its voluntary alliance of business and industry to provide health-care coverage in Northwest Indiana. "Those ought to be allowed to continue."

Other areas of reform Coats is proposing are liability limits, simplification of paperwork and changes in the tax code.

He predicted some form of health-care reform will be passed by Congress before it adjourns in October.

"At this point we're at a state of mass confusion because there is no clear consensus (of health-care reform), Coats said. "This has the potential of very significance consequences for our economy and for our nation. Either positive or negative. I fear the negative."

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MAY 04 1994

INDPLS. NEWS

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159-229-7462
Lack of long-term coverage

To the Editor of The News:

As you report on the debate over health care reform, you seem to forget about those of us who are affected every day by our current health care system. A lot of us are lucky and don't need to think about our health care and our health coverage on a daily basis, but there are millions of people across the country who need care all the time — people who need long-term care.

Long-term care is not just for the elderly. Americans of all ages need this type of care: a child injured in an auto accident, a spouse suffering from Parkinson's disease or multiple sclerosis, or a grandparent who has had a stroke.

But long-term care does not always mean nursing home care. In many cases, home care is all that is needed. For someone who does not need round-the-clock medical care, staying independent at home is the best medicine, and it is not as expensive as a stay in a nursing home.

ing home.

We all know that the costs of long-term care are devastating. Medicare doesn't pay for long-term care, and private insurance is too expensive for most of us. So we end up paying for all the medicines, nurses, home health aides and respite care out of our own pockets.

Those of us who care for people who need long-term care are hoping that health care reform will address these issues.

The long-term care proposals before Congress today are only starting points; they are better than the coverage most of us currently have.

But without our voices, Congress won't know that long-term care is important. That's why we all need to call our members of Congress to let them know that whatever health care reform proposal is passed, it must include long-term coverage.

CARLOS CARRILLO
Muncie

Mezvinsky targeted by ads

By Margaret Gibbons
Times Herald Staff

The phones in U.S. Rep. Marjorie Margolies-Mezvinsky's Bala Cynwyd office will again be ringing off the hook.

The American Hospital Association has targeted Margolies-Mezvinsky's 13th District for a radio campaign aimed at eliminating government price controls from any proposed health-care reform package.

The radio commercials, which will begin today and continue through May 10, tell listeners to call Margolies-Mezvinsky's office and tell her "price controls aren't the prescription for good health care in Montgomery County."

"We just don't want a Washington bureaucracy telling our community what to do," explained Leonard N. Karp, spokesman for the Delaware Valley Hoospital Council.

The 13th District is being targeted because Margolies-Mezvinsky is considered a key vote on the House's Energy and Commerce Committee, which is currently reviewing various health-care reform proposals and is slated to vote on those reforms by the end of the month.

Nationally, the American Hospital Association also has targeted 12 other congressional districts for similar radio campaigns. The total cost will be \$250,000, said Karp.

Informed of the campaign, Margolies-Mezvinsky said, "Great. The more citizen interest and input, the better."

Saying she had been working hard on the health-care reform issue for almost a year, Margolies-Mezvinsky said she already is on the record opposing price controls.

"They are a disincentive to research and development," said the freshman legislator.

Also, she said, she is working on eliminating small business mandates in the proposed reforms.

"We don't want these reforms to be business-busters," she said.

Margolies-Mezvinsky has yet to commit herself to any one particular reform package.

This is not the first time Margolies-Mezvinsky's district has been targeted for radio campaigns on health-care reform. In March, two special interest groups ran ads urging listeners to call Margolies-Mezvinsky to tell her they were opposed to President Clinton's health-care package.

Her office was flooded with calls during the airing of those commercials, she said.

NORRISTOWN TIMES HERALD

5/4/94

Race on to meet holiday deadline for health care

Scripps Howard News Service

WASHINGTON — With just three weeks to go before a Memorial Day deadline, key congressional committees charged with drafting health care reform legislation are scrambling to pull together plans with enough votes to reach the House and Senate floor.

Although health care is being hashed out in several committees, the major battlegrounds are expected to be in the two panels that must figure out how to pay for any insurance plan, the House Ways and Means Committee and the Senate Finance Committee.

In Ways and Means, as with two other

House committees, leaders are attempting to forge a consensus among Democrats alone. Chairman Dan Rostenkowski, D-Ill., has spent more than two weeks in discussions with the 32 majority members of his committee.

"We're talking about everything in the way of raising money for this — tax caps on deducting benefits, tobacco taxes, payroll taxes — it's all on the table," said Rep. Mike Andrews, D-Texas. "No matter how generous a benefit package we come up, we need a lot of money to pay for everyone to have it."

Rostenkowski has suspended the talks until he gets specific Congressional Budget Office estimates on how much money various

proposals might generate.

House Democrats are also trying to figure out a way to make the guarantee of giving everyone private insurance coverage more palatable to employers who, under Clinton's plan, would be required to pay the bulk of insurance premiums.

In the Senate, although the Finance Committee's 11 Democrats and 9 Republicans have been meeting behind closed doors regularly for three weeks, "there's no center forming yet," said one senior GOP aide. "But there is a sense that time is growing short if we're going to pass anything this year."

See HEALTH CARE, Page 4A

Democratic congressional leaders hope to have at least the bulk of committee work completed by the end of May to allow time to fold various proposals into one House package and one Senate package. Under the Constitution, the House must act first, probably in June, since the measure would raise taxes.

Debate in the Senate could take up much of July and early August before summer recess, leaving September for differences between the two chambers to be worked out if Congress is to hit its election-year adjournment target of Oct. 7.

The Finance panel is considered the keystone of compromise in the Senate, since both Democratic leader George Mitchell of Maine and Republican leader Bob Dole of Kansas are members and have been actively involved in the talks.

Chairman Daniel P. Moynihan, D-N.Y., has concentrated on keeping his members from taking hard stances on controversial matters such as individual or employer mandates, cost controls and taxes, participants said.

He's delegated two senators who back a rival "managed competition" plan — Democrat John Breaux of Louisiana and Republican David Durenberger of Minnesota — to begin drafting legislation on points where there seems to be general agreement.

Durenberger said those elements include: setting standards for health plans, medical liability and anti-trust reform, state flexibility and rules for employers that might operate outside group health pools.

Donville Register & Bee: Monday, May 9, 1994 9A

LOCAL/STATE

Payne: Health care reform's best chance to pass is now

CHARLOTTESVILLE (AP) — The nation's window of opportunity to overhaul the health care system could close if Congress can't put together a passable bill this year, said Rep. L.F. Payne, D-8th.

"We are on a critical path. If we can't get it done in this Congress, I don't think we can have this kind of momentum built up in the next Congress," Payne said Saturday night at a meeting of the Virginia League of Women Voters in Charlottesville.

Payne said most of the committee work on the controversial health care reform bill will be done over the next four weeks.

The various House proposals are being handled in a more partisan manner than in the Senate, but the final bill will need strong bipartisan support to succeed, he said.

When asked what type of bill will be sent to President Clinton this year, Payne said he sees a move toward universal coverage — possibly achieved by 2000 — with emphasis on preventive health care. He also thinks there will be provisions to allow states to add more features to the system.

Several members of the audience expressed doubt that a managed health care system would create the vigorous price-cutting competition its backers hope for.

One woman said an existing system in New York has forged an oligopoly in which larger hospitals have swallowed up smaller ones, ostensibly to create "networks." The net effect, the woman said, is a reduction in competition.

Payne countered by pointing out that that situation has not occurred everywhere in the country.

He suggested that the growing trend toward managed care could help explain the relatively slight increase in health care costs in 1993. Health care costs rose by 5.4 percent last year, the smallest jump in about 20 years, Payne said.

Besides, he said, only about 8 percent of Virginians are currently covered under managed care.

Payne said the Managed Competition Act, known as the Cooper bill, was re-introduced this year because of fears that not enough people would be covered under the Clinton plan.

About 85 percent of Americans have health coverage now, he said. With managed care, that figure could grow to an estimated 91 percent. While that is less than the 100 percent sought through universal coverage, Payne said it would ensure that Americans don't end up with nothing.

Coverage boost for uninsured seen expensive

WASHINGTON (AP) — Giving the 37 million uninsured the same access to doctors and hospitals as other Americans would boost the nation's health care bill by \$20 billion, or 2 percent, two researchers say.

The uninsured already receive \$40 billion worth of hospital and doctor care each year, and a universal coverage scheme would raise their bills to \$60 billion, according to a study published Sunday in the journal *Health Affairs*.

People without insurance now go to the doctor only 60 percent as much as people who are covered, and spend only 70 percent as much time in hospitals.

Stephen H. Long and M. Susan Marquis, senior economists with the Rand Corp., a think tank, estimated that if the country adopted some form of universal coverage, the previously uninsured would see doctors 20 percent more often, and be admitted to hospitals 50 percent more often.

That would translate into 55 million more visits to doctors' offices, clinics and hospital outpatient departments, and 6.1 million more days of bed care in hospitals, they said.

But that amounts to a small fraction of the care provided in the \$1 trillion U.S. health system. Hospitals could accommodate these people by increasing their occupancy rates from 66 percent to 68 percent, the analysts said.

If the uninsured got coverage for prescription drugs and other professional services, the total bill would climb to \$70 billion, or \$30 billion more than is now spent.

The economists based their figures on the government's estimate that 37 million Americans were uninsured in 1992. The number rose to 39 million in 1993.

They calculated that 57 million Americans went without insurance at some point during the year, and 21 million were uninsured for a full year.

Advocates of health reform argue that 20 million more Americans are seriously underinsured. The Rand study did not calculate the cost of improving coverage for them.

They estimated that uninsured adults would average 64 hospital days per 100 persons under universal health coverage.

Danville Register & Bee: Monday, May 9, 1994

Payne: Now's best chance for reform

CHARLOTTESVILLE (AP) — The nation's window of opportunity to overhaul the health care system could close if Congress can't put together a passable bill this year, said Rep. L.F. Payne, D-5th.

"We are on a critical path. If we can't get it done in this Congress, I don't think we can have this kind of momentum built up in the next Congress," Payne said Saturday night at a meeting of the Virginia League of Women Voters in Charlottesville.

The 5th District includes the city of Martinsville and the counties of Henry and Patrick.

Payne said most of the committee work on the controversial health care reform bill will be done over the next four weeks.

Health coverage for all would cost

WASHINGTON — If the 37 million uninsured in this country had the same access to health care as other Americans, they'd see doctors 20 percent more often and check into hospitals 50 percent more often, two researchers say.

The uninsured already receive \$40 billion worth of hospital and doctor care each year, and a universal coverage scheme would raise their bills to \$60 billion, according to a study published Sunday in the journal *Health Affairs*.

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Small businesses unite for

Bristol Herald Courier/Virginia-Tennessean

Page 4A

health care reform

ANNE GRUNDON
Staff Writer

Small businesses throughout Southwest Virginia's 9th District are joining a national coalition that supports health care reform and plan to enlist U.S. Rep. Rick Boucher's help in sponsoring legislation to make affordable insurance coverage possible.

"It's time to bring some controls to this rapidly spiraling health care cost," said Marilyn Pace Maxwell of Mountain Empire Older Citizens Inc. "We need reform. It is in the interest of

small business; it is in the interest of the employee; it is in the interest of the country. We are saying yes to health care reform."

Maxwell represents one of 18 businesses throughout the 9th District that have joined the coalition. She said her business employs 187 people but provides health care insurance for only 23 at a cost of almost \$100,000 per year. Although she would like to provide coverage for all employees, Maxwell said the cost is prohibitive.

Speaking to reporters Monday, Max-

well said the coalition is growing throughout the area and other small businesses are being encouraged to join. The group plans to meet with Boucher to explain the reasons they support health care reform that meets 10 established criteria.

Among other things, the plan must guarantee comprehensive benefits; include shared financial responsibility among employers, individuals and government; level the health insurance playing field by giving small businesses the same purchasing power as

larger ones; simplify the administrative burden; and implement effective cost-containment mechanisms.

Maxwell said the coalition is prepared to support any plan that meets the stipulated criteria. "Peace of mind on this issue will pay dividends in making employees more productive," Maxwell said. "The proposed benefits include an emphasis on prevention — which in the long-run will save all of us money. The uninsured are costing us money now — and they often don't get treatment until a condition is out

of control and more costly than it might have been if caught early or prevented."

Under the current system, Maxwell said small businesses pay as much as 50 percent more than large firms for the same coverage, and many have said their premiums have been rising by 25 percent each year. The national coalition represents 340,000 businesses that employ 3.1 million people.

Those interested in joining the Southwest Virginia coalition should contact Maria leGrand at (804) 233-6511.



Owners, group discuss health care

Business leaders, coalition meet

Southwest Virginia Bureau

A group of small-business owners met in Bristol, Va., Monday with members of a national coalition advocating reform in the health care industry.

Eighteen businesses ranging

from a Marion investment firm with just one employee to a Cedar Bluff senior citizens agency employing 375 joined the 9th Congressional District Small Business Coalition for Health Care Reform, which represents more than 1,200 employees in Southwest Virginia.

"Small business needs health care reform because the system is just too expensive," said Jim Robinson, one of the area's first members in the national group.

Robinson is the owner of Robbinette Steel & Scrap Metal Co. in Big

Stone Gap, which employs 16 people.

Nationally, the reform group represents about 340,000 businesses and 3.1 million employees. The coalition states 10 guiding principles for re-

Please see BUSINESS, page 2A

Business owners, coalition gather

Continued from page 1A
forming health care in the United States, guaranteeing accessible and affordable health care for small businesses desiring to totally or partially cover employees' and their families' needs.

Representatives of the group claim that small-business employers are forced to pay 35 to 50 percent more than larger firms for the same coverage. According to a survey conducted for the National Federation of Independent Businesses, nearly two-thirds of all small businesses would like to provide better coverage for their employees, but costs rising at a rate of nearly 25 percent annually are prohibitive.

"This is just the beginning," said Marilyn Pace Maxwell of Big Stone Gap's Mountain Empire Older Citizens Inc., which employs 187.

"Until now, the public and Congress have only heard from business people who oppose health care reform. The businesses we have talked to want to offer health insurance to their employees, but the premiums and administrative burden make it almost impossible. We need a new system," Maxwell said in a prepared statement Monday.

The group is the second to target Virginia's 9th Congressional District for health care reform initiatives. The Health Care Reform Project, an arm of Charlotte, N.C.-based Families USA, is also lobbying 9th District Rep. Rick Boucher, D-Abingdon, to support President

Clinton's Health Security Act.

Boucher has declined to voice support for any of the current health care bills presently before Congress.

Maxwell said the plan would require small-business employers to pay a maximum of 7.9 percent of the company payroll, as opposed to the 13 percent to 15 percent that such businesses are currently paying.

Member organizations of the coalition include the National Association of Retail Druggists, Business and Professional Women, and the National Farmers' Union.

Reform opponents often offer small-business owners' as a prime example of a group that would be hurt by reforms touted by Clinton.

Although Boucher has yet to endorse any particular plan, Maxwell said, "I think Congressman Boucher is very supportive of reform, particularly regarding the insurance industry, in providing affordable coverage to all.

"It's an issue that affects everyone in the country. No one is insulated from health care.

"It's time to bring some controls into rapidly spiraling health care costs. It is in the interest of small business; it is in the interest of the employee; it is in the interest of the country. We are saying yes to health care reform," Maxwell said.

For more information on the coalition or to join, call Maria leGrand at (804)233-6511.

The people's column

'Is there a crisis?'

President Clinton and his staff have done an excellent job convincing the American taxpayer that there is a health care crisis, though from a world view, health care in America is far superior than most, if not all, countries. Is there really a crisis warranting a complete overhaul?

At a recent town meeting in Coeburn, Cong. Boucher stated that he had obtained a consensus in the Ninth District of Virginia on three areas of concerning the field of health care.

The first was the need for portable health benefits. I concur. A pre-existing condition should be covered under a new provider's insurance should a job change be made.

The second was the need for medical malpractice reform. I concur. Something should be done to control this wildfire while at the same time holding a physician accountable for his actions.

The third consensus was the need for health cooperatives. I disagree. Under the Clinton proposal, health cooperatives or alliances would be established to control cost. The cooperatives will pledge their business to a group of doctors and hospitals in exchange for the best possible rates. There is certainly nothing wrong with a system such as this as long as it is allowed to operate in a free market system. Unfortunately, the Clinton plan would force taxpayers to stay within a cooperative or possibly face criminal prosecution. This is nothing more than socialized medicine.

Frank Addison, Jr.
Wise, Va.

'The right'

Every citizen of the United States has the right to health care. Debate continues on how to achieve providing all citizens with decent, cost effective health care. The president and Congress agree that every citizen in the U.S. should have health care. But some of the present proposals do not provide health care for everyone. We need to tell them that we need health care for all of our citizens, and we want it now!

The American people need legislation that will insure health care and medical care for every

Rules for writers

Letters to *The people's column* are invited. All letters must be signed and names cannot be withheld from published letters. Letters must not exceed 250 words in length and, if possible, should be typewritten, double-spaced. All letters are subject to editing. Unpublished letters cannot be returned. Third-party letters, poetry, and letters of thanks for personal or professional services cannot be published. When writing, include full address and, for verification, telephone number. Letters should be mailed to: *The People's Column*, Bristol Newspapers, P.O. Box 609, Bristol, Va. 24203.

nanced fairly, include cost containment provisions, and provide a good quality level of care.

While several legislative proposals exist, we must be sure that our elected representatives do not lose sight of the bottom line — health care for every citizen!

Ninth District Cong. Rick Boucher is a member of the House Energy and Commerce Committee, which will hear the proposed legislation. His record reflects support of issues that benefit the working class families, senior citizens, the poor, and our children. We must let him know that our citizens want

a resolution to our need for affordable health care.

President Roosevelt endured a tough battle seeking passage of the Social Security Act, President Lyndon Johnson was criticized for the establishment of Medicare. But they stood firm and took the bull by the horns. Now President Clinton has taken the bull by the horns on health care reform, and the American people must cheer him on until our battle is won.

Sam Church
Appalachia, Va.

'Heavy hand'

It is time the citizens of Bristol Tennessee stand up against the heavy hand of government. I have been reading with dismay about the city's plans to confiscate the property of Charles Earhart.

According to the Fifth Amendment to the Constitution, the city has the power to confiscate (with "just" compensation) anyone's property as long as it is used for "public use." However, there is no doubt that our founding fathers intended that this power be used parsimoniously and judiciously.

Earhart claims he is unwilling to sell because the land has been in his family for over 200 years — a noble reason.

But even if this is not the true reason, what right does Bristol have in taking this man's property?

This nation was founded on the principle of everyone's right to life, liberty, and property. An infringement on any one of these is an infringement on all three.

But to take his property for a sports complex? Surely an alternative location can be found which will not cost the taxpayers as much — for land along Volunteer Parkway will not come cheap.

If the City Council proceeds with its condemnation process, they will have demonstrated themselves to be unconcerned about the freedoms that made this nation great, which we as citizens have slowly surrendered to a growing obtrusive state. If the land is confiscated, I say it is time to replace our council with individuals that are more respectful of individual rights.

Mark Ahlseen
Bristol, Tenn.

Berry's World



OPERATING IN A VACUUM?

NATION

The Fresno Bee • Wednesday, May 4, 1994 A5

Small businesses back health plan

■ "A very sizable segment of the small-business community has seen the light," said Rep. John J. LaFalce, D-N.Y.

By Edwin Chen
Los Angeles Times

WASHINGTON — A new coalition of small businesses, claiming membership of 340,000 employers, announced support for President Clinton's health reform plan Tuesday, stressing that private entrepreneurs are not united in opposition to a requirement that all businesses provide insurance.

The coalition's support is significant because it exposes the first major split in small-business opposition to the reform package and suggests that employers are responding to efforts in Congress to revise the president's plan to make it less onerous to small companies.

If Clinton and his congressional allies can effectively tap into this wellspring of support, the chances of comprehensive health-care reform this year may be significantly enhanced.

"A very sizable segment of the small-business community has seen the light," said Rep. John J. LaFalce, D-N.Y., who chairs the House Small Business Committee.

"The coalition came together not because we are 100 percent behind every clause of President Clinton's proposal but because we recognize that the train is leaving the station," Robert Peck, a coalition spokesman, said at a Capitol Hill news conference attended by Senate Majority Leader George J. Mitchell, D-Maine, House Majority Leader Richard A. Gephardt, D-Mo., and several committee leaders.

The small-business community has hardly been monolithic in its opposition to Clinton's plan — it is divided, as is big business. But the highly organized National Federation of Independent Business, or NFIB, has dominated the debate with its high-decibel opposition to the employer mandate.

"We are here today to state clearly and strongly that the impression created by the NFIB is wrong," Peck said. That many small businesses back Clinton's initiative is "one of Washington's best-kept secrets," he added.

The coalition represents more than 3.2 million workers and includes organizations such as the National Association of Chain Drug Stores, the National Farmers' Union and the National Council of Non-Profit Associations, according to Peck.

The NFIB, however, said the coalition's members favor the reforms because they are ill-informed.

Contributions on the rise

Health care lobbyists' contributions to members of the House Ways and Means health subcommittee are nearly three times higher in the 1994 election cycle than in 1993.



Source: Campaign reports through March 31

Subcommittee becomes health money magnet

Associated Press

WASHINGTON — They were the first in Congress to take a crack at President Clinton's health care reforms, a distinction that has brought financial largesse to the 11 members of the House Ways and Means health subcommittee.

They have been showered with nearly \$600,000 in contributions from the health care and insurance lobbies during the 1994 election cycle, according to a review of campaign reports through March 31. Those special interests have much at stake, and much to safeguard, as the health care plan winds through Congress.

The \$579,352 total from lobbyists known to represent health care interests marks almost a threefold increase over the same period in the last election cycle, when the same members got just \$206,135 from health and insurance political action committees.

"It's pretty obvious that health care legislation has become the money magnet for members of this subcommittee," said Ellen Miller, executive director of the private Center for Responsive Politics.

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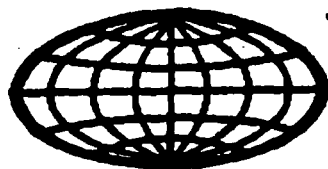
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Group pushing Clinton plan

By JOE DICK
Southwest Virginia Bureau

A Charlotte, N.C., consumer group that helped launch efforts to reform health care has issued a call for Saturday to be "Real Truth Day for National Health Care Reform."

Families USA, one of two

groups advocating the adoption of President Clinton's Health Security Act throughout Virginia's 9th District, issued a release Tuesday describing "scare stories" created by "the insurance industry and other wealthy lobby groups (trying) to scare us into believing health care reform will create red tape, cost jobs, or reduce health care choice and quality."

Advocates of the consumer group's Health Care Reform Project will be distributing leaflets at area shopping centers Saturday in an effort to convince Southwest Virginians that Clinton's plan is not socialized medicine and that the opposition scare tactics are founded on myth.

"It is time for the citizens of the 9th District of Virginia to hear the

truth — not the misleading television, radio and newspaper ads paid for by the insurance companies and other wealthy lobby groups," said Sam Church in the prepared statement.

Families USA denies that;

• Another billion-dollar bureaucracy will be created. In fact,

Please see GROUP, page 6A

Group pushing Clinton proposal

Continued from page 1A
The group contends, 1,500 insurance companies have already created that bureaucracy... with new "health bureaucrats" outnumbering new doctors in the last 10 years, 10 to 1.

The president's plan will cost jobs and hurt the economy. False again, said Families USA, quoting Congressional Budget Office figures that indicate for the year 2003, the total premiums employers would pay for active workers would drop by about \$20 billion (that year).

Choice of doctors will be restricted. Not true, the group said, noting restrictions on Medicare will not restrict doctors in the same manner as they do now. They will be able to get into long-term home care, and will also be covered for prescription drug purchases. The statement claims that no one will be forced to join a health maintenance organization, and doctors will be given incentives to practice in rural communities.

Monday, an unrelated reform advocacy group, the Small Business Coalition for Health Care Reform, organized 18 9th District businesses representing more than 1,200 employees. That coalition became a reality in Bristol Monday afternoon.

Reform opponents often claim that small-business owners would be most adversely affected by passage of the Health Security Act.

Small Business Coalition Backs Clinton's Plan

By EDWIN CHEN
TIMES STAFF WRITER

WASHINGTON—A new coalition of small businesses, claiming membership of 340,000 employers, announced support for President Clinton's health reform plan Tuesday, stressing that private entrepreneurs are not united in opposition to a requirement that all businesses provide insurance to workers.

The coalition's support is significant because it exposes the first major split in small business opposition to the reform package and suggests that employers are responding to efforts in Congress to revise the President's plan to make it less onerous to small companies.

If Clinton and his congressional allies can effectively tap into this wellspring of support, the chances of comprehensive health care reform this year may be significantly enhanced.

The Administration is expected to get another boost today when the Congressional Budget Office releases its long-awaited analysis of a rival health reform plan introduced by Rep. Jim Cooper (D-Tenn.).

Rep. John J. LaFalce (D-N.Y.), who chairs the House Small Business Committee, said of the new small business coalition: "A very sizable segment of the small business community has seen the light."

Robert Peck, a coalition spokesman, told a Capitol Hill press conference: "The coalition came together not because we are 100% behind every clause of President Clinton's proposal but because we recognize that the train is leaving the station."

Senate Majority Leader George

J. Mitchell (D-Me.), House Majority Leader Richard A. Gephardt (D-Mo.) and several committee chairmen attended the press conference.

The small business community has hardly been monolithic in its opposition to Clinton's plan—it is divided, as is big business. But the highly organized National Federation of Independent Business has effectively dominated the debate with its high-decibel opposition to the employer mandate.

"We are here today to state clearly and strongly that the impression created by the NFIB is wrong," Peck said.

That many small businesses back Clinton's initiative is "one of Washington's best-kept secrets," he added.

The coalition represents more than 32 million workers, and includes such organizations as the National Assn. of Chain Drug Stores, the National Farmers' Union and the National Council of Non-Profit Assns., according to Peck.

The NFIB, however, said that the coalition's members favor the reforms because they are ill-informed.

"There's a lot of small businesses out there who support the Clinton plan. But those are small businesses that don't know much about it," said Terry Hill, a spokesman for the NFIB, whose 600,000 members employ between 7 million and 9 million workers. "Once they look at the details and see what it's going to cost them, we believe they will not support it," Hill added.

But many coalition members claimed just the opposite, saying that their health spending would drop if Clinton's plan were enacted because of its limits on how much any employer must pay in employee premiums and because of subsidies for small firms with low-wage earners.

Clinton would require firms to pay at least 80% of the insurance premiums for full-time workers, with the employee paying the rest. But no firm would have to pay more than 7.9% of its payroll, while some small businesses would pay as little as 3.5% of payroll.

"The raps are a boon to small businesses," said Peck, group vice president for government affairs of the American Institute of

Architects. He said that 70% of small businesses already provide some insurance for workers, with many spending 13.5% or more of payroll.

Peck also pointed out that small businesses, as individuals and small-group insurance buyers, pay as much as 40% more than large businesses for the same coverage. Clinton's plan would group all but the largest employers into purchasing cooperatives that can command lower prices.

"Small businesses know that the current system is stacked against them. While many provide coverage, they often do so at higher rates," said Lorrie McHugh, a spokeswoman for the White House, which arranged a Tuesday meeting for coalition members with Vice President Al Gore and other senior Administration officials. "Today's support proves that small businesses want to provide coverage for their workers."

Also Tuesday, the American Medical Assn. advanced a new "formula" that it said might help break the logjam in the debate over the employer mandate.

Dr. James Todd, AMA's executive vice president, reiterated the group's support for the employer mandate but said that the AMA now believes companies with fewer than 100 workers should be exempt.

At those companies, the workers themselves should be required to have insurance, just as they are under the Clinton plan, Todd said. Low-income workers would receive government subsidies to help buy insurance, he said.

The Congressional Budget Office has concluded that Cooper's plan—similar to Clinton's but with far less direct government involvement—would cost \$189 billion more over five years than Cooper has calculated, congressional sources said Tuesday night.

The only ways to make up for that shortfall, the agency said, would be to cut other government programs, raise taxes or increase the federal deficit, according to sources who were given summaries of the analysis.

Despite the added cost, Cooper's plan would leave as many as 25 million Americans still uninsured—out of an estimated 38 million persons now lacking medical cover-



Associated Press

House Majority Leader Richard Gephardt talks Tuesday about health care reform.

age, the sources said the Budget Office has concluded.

CBO Director Robert D. Reischauer is scheduled to testify on the Cooper plan this morning before the Senate Finance Committee.

Earlier this year, his office estimated that Clinton's plan would increase the federal deficit by \$74 billion over six years—con-

trary to White House projections that the President's plan would reduce the deficit by \$60 billion over that same period.

Unlike Clinton's, Cooper's proposal requires employers only to offer employees a health plan but not to pay for it. Cooper also supports the notion of a basic benefits package, but he does not spell out what would be in it.

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**Hospitals,
doctors give
health care
prescription**

By Eric B. Schoch
STAR MEDICAL WRITER

Indiana's congressional delegation was issued some health care advice Thursday, as a coalition of doctors and advocates urged comprehensive reform and a hospital group warned against price controls.

Local representatives of the Health Care Reform Project, a national coalition of 40 organizations, held a news conference to urge broad reform that would include permanent universal health coverage.

The coalition also seeks reform on health insurance and consumers' choice of health care providers. It also supports employer contributions to help pay for coverage.

Setting lawmakers straight

In a letter drafted for mailing to members of Congress, the coalition said it wanted to correct any impression that health care providers are against reform.

Those urging reform at a news conference were William Schmidt, executive director of Lifelines Children's Rehabilitation Hospital; Dr. James Trippi, president of Genesaret Free Clinic; Dr. Ken Templeton, representing the Indiana chapter of the American Academy of Pediatrics; Dr. Richard Campbell, governor of the Indiana chapter of the American College of Physicians; and Dr. Richard Feldman, director of the family practice residency at St. Francis Hospital Center.

Meanwhile, the Indiana Hospital Association announced a series of radio advertisements had begun, warning against legislation that would add government bureaucracy and price controls. The result, the ads say, would be rationing of health care.

The ads, paid for by the American Hospital Association, target Rep. Phil Sharp, D-Ind., a member of the House Energy and Commerce Committee, which is involved in reform legislation.

The Clinton administration's Health Security Act proposes caps on insurance premium increases as a backup measure to control the growth in health spending. The bill also proposed creation of a national health board to oversee implementation of reform.

From - Sam Church
To Murray RAPP

Kings Port Times
News
Sunday May 8, 1994

Boucher plans to meet with Lee farmers

Southwest Virginia Bureau

BEN HUR — Lee County's burley tobacco farmers are planning to gather in Lee High School's cafeteria May 28 to discuss political issues, including the Clinton administration's proposal to fund health care reform by a hefty increase in the tobacco tax.

Denver Browning, a Pennington Gap real estate agent and burley and cattle farmer, is helping organize the meeting at the school along with Larry Burke and Ronnie Montgomery.

Browning is also a director of the Burley Stabilization Board. Montgomery farms but is also an attorney, while Burke is a full-time farmer.

"I don't know the whole story behind the meeting right yet ... but I know we're going to talk about that tax deal. No doubt about that," said Burke. He said he and his father, Tyler, raise about 100,000 pounds of burley each year.

Browning said Rep. Rick Boucher, D-Abingdon, has promised to attend the meeting, which begins at 10 a.m.

"We're very pleased that he will attend because he has always been an advocate for tobacco farmers," said Browning, who raises between 35,000 and 40,000 pounds of burley each year.

"We need to send a message that excise taxes are not the way to fund federal government programs which help everyone," he added. "Some of the proposals being considered in Congress would have a serious impact on tobacco growers.

"Farmers are being squeezed enough and we don't need another burden when we're trying to make a living."

Last year President Clinton said health care reform could be accomplished without new taxes. But the plan engineered by first lady Hillary Rodham Clinton requires a huge, steady infusion of cash each year from somewhere.

Whether or not Congress agrees to a big hike on tobacco taxes, Rep. Dan Rostenkowski, D-Ill. proclaimed just last week that other revenue measures will have to be considered to pay for the administration's health care plan.

Group pushing health care reform
• The Small Business Coalition for Health Care Reform will be in Bristol, Va., Monday attempting to form a coalition in Virginia's 9th Congressional District. The meeting begins at 12:15 p.m. Monday at the City Council chambers at 497 Cumberland St. in Bristol. Several area small-business representatives will present ideas and discuss their reasons for joining the national movement to reform health care. For more information call Maria leGrand at (804) 233-6511.

EDITORIAL SECTION

The Capital Times ■ Thursday, May 5, 1994

JOHN PATRICK HUNTER

Klug still listening to corporate siren song



Hunter

Despite heavy pressure being exerted by Wisconsin Citizens Action, the state's largest consumer organization, Rep. Scott Klug has not wavered in his opposition to President Clinton's universal coverage health care reform proposal.

Nor is Klug alone.

Congress is being overwhelmed by pressure from employer groups who are adamant in their opposition to any health care reform if the costs are to be carried by employers.

Clinton wants employers to be required to pay at least 80 percent of premiums, but no more than 7.9 percent of their payroll.

Voters of the Madison-centered 2nd District who are enchanted with Klug's self-styled moderation are getting what they voted for, a Republican who sees nothing wrong with allowing businesses to avoid any responsibility for health care costs.

Larry Marx, executive director of Citizens Action, said that recent proposals in Congress — including

Tennessee Democrat Jim Cooper's bill, favored by Klug — would allow businesses to avoid any responsibility, shifting \$1.5 trillion in health care costs over five years onto the backs of consumers, at an average cost of \$4,401 per year for a family of four.

In his response to such criticism, Klug says the Cooper bill doesn't threaten to saddle the taxpayer with trillions of dollars. He drew comfort Wednesday from an analysis by the Congressional Budget Office director, Robert Reischauer, that says the proposed managed competition scheme that Klug favors would increase the federal deficit by only \$15 billion over the first five years, "far below the \$74 billion deficit increase in the Clinton plan."

In his support for the managed competition plan, Klug relies on shop-worn "big government" arguments in opposing Clinton's plan. He claims it would empower a so-called National Health Board to "impose price controls on the entire health care system."

The bill he supports, Klug hastens to assure any doubters, "does

not try to control the health care system from Washington, but rather allows the free market to reduce costs."

There are other scare words in Klug's letters to his constituents. Mandating businesses to pay a portion of their employees' health premiums, Klug says, would force employers to either fire workers or close down altogether because of increased costs.

While there is widespread public support for the so-called single-payer Canadian-style plan, Washington insiders say this highly commendable plan is politically unfeasible because it would require a payroll tax increase and politicians don't want to vote for that, especially in an election year.

The single-payer plan is sponsored by Rep. Jim McDermott, D-Washington, and Sen. Paul Wellstone, D-Minn. U.S. Sen. Russ Feingold, D-Wis., is also a backer of single-payer.

The single-payer plan may be too radical for Clinton, whose own version of managed competition would keep private insurance intact, but take steps to cover everyone and limit the cost of coverage.

WCA likes the single-payer plan, but figures it is going nowhere.

WCA continues to gig Klug by claiming his managed competition plan would require the public to pay more for their health care than the cost of the federal health care plan that covers members of Congress and millions of other federal employees.

"It is the height of political irresponsibility for Congress to give their constituents less health care than those same constituents provide for them," said Citizens Action's Larry Marx.

• • •

Citizens Action's argument, while persuasive, is not going to get Klug to change his mind.

Klug is too enamored by the siren song of his boardroom buddies who can easily afford upper-crust coverage that does nothing for the rest of us.

John Patrick Hunter is an associate editor of The Capital Times.

To: Jennifer Deyhuss
From: Larry Marx
Pages: 11
This one was front page

• Wisconsin State Journal, Wednesday, May 4, 1994

What will employers pay?

Debate over health care focuses on mandates

By Scott Lautenschlager
Business reporter

Congress is zeroing in on how much employers will pay in the debate over health care reform.

At stake is how much of health care costs will be carried by employers — called employer mandates — and how much will be carved out of family budgets.

Larry Marx, executive director of Wisconsin Citizen Action, said he expects the reform debate to turn on this issue.

"The employer mandate is becoming one of the pivotal issues," said Marx, whose group is the state's largest consumer organization.

Universal coverage is the goal of many reformers, including President Bill Clinton. This means that Americans who are uninsured now will have coverage after reform.

But somebody will have to pay for that additional coverage.

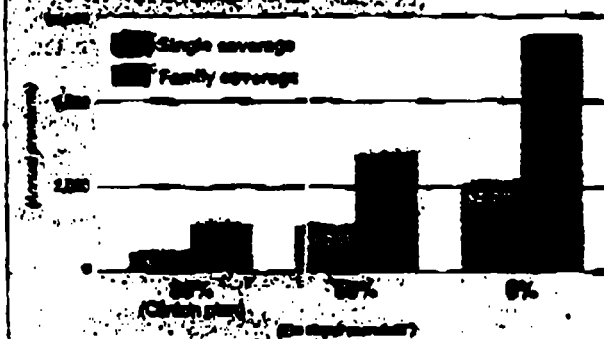
Many, Clinton included, say the United States should build on the existing system, which uses employment as the basis for most Americans.

Clinton says employers should be required to pay at least 80 percent of premiums but no more than 7.9 percent of their payrolls.

Others say it's wrong to force employers to pay for health benefits because it would have detrimental economic effects.

Clinton health plan compared to others

The cost of health care for a family of four in Wisconsin under three approaches



*Americans would likely end up paying a controlled portion of insurance premiums. President Clinton's plan would make employers pay at least 80 percent. Clinton set the mandate at 10 percent or have no mandate. The chart shows the annual cost to individuals and families in Wisconsin, assuming employers pay the mandated share of.

SOURCE: Wisconsin Citizen Action

WJL graphic

Some congressional leaders, including Senate Majority Leader George Mitchell, are searching the middle ground for a point of compromise, suggesting a lower mandate than proposed by Clinton.

Based on cost information developed by the Congressional

Please see HEALTH, Page 2A

Health

Continued from Page 1A

Budget Office, Citizen Action compared Clinton's proposal to other approaches that would set a lower mandate of 50 percent or none at all.

The group estimated that the Clinton plan would cost an average Wisconsin family \$1,089 per year, assuming the employer pays 80 percent.

Assuming the employer pays half, Citizen Action calculated that the same family's annual premium would be \$1,650 higher, or a total of \$2,739.

If there is no mandate and the family has to pay the entire premium, its annual outlay would be \$4,600 more than under the Clinton

plan, or a total of \$5,490.

Marx said the Clinton plan is the only approach that can deliver universal coverage, unless Congress is willing to pass a broad tax.

But small business advocates say millions of workers would lose their jobs or see pay and benefits suffer as a result of the Clinton plan.

Health insurance with an employer mandate "creates far more problems for Wisconsin workers, taxpayers and small-business employers than it solves," said Bill Smith, Wisconsin director for the National Federation of Independent Business.

The U.S. Chamber of Commerce released the results of a survey Tuesday showing that 70 percent of its Wisconsin members say an employer mandate is "unacceptable."

No I didn't



New York: 212-309-1400
Chicago: 312-541-2020
Detroit: 313-344-1177
Los Angeles: 213-466-6124
Washington, D.C.: 301-656-4068
Boston: 617-536-2232
Philadelphia: 215-567-7600
San Francisco: 213-466-6124
Miami: 305-358-3358

NATIONAL MARKET COVERAGE

TRANSCRIPT

FOR HEALTH CARE REFORM PROJECT **STATION** KFAB-AM Radio
PROGRAM News **CITY** Omaha, NE
DATE April 27, 1994 6:25 AM **AUDIENCE**
SUBJECT Health Care Reform

BROADCAST EXCERPT

NEWSCASTER: Some Omaha doctors and nurses want to see the health care reforms passed. They're urging Congressman Peter Hoagland to back comprehensive changes.

Lynn Anderson of the Nebraska Nurses Association works with women who have cancer, and she says she sees entire families wiped out financially during medical treatment. She says there is no health care crisis as long as you and your family stay healthy.

LYNN ANDERSON [Nebraska Nurses Association]: But as soon as any member of your family or you become ill, you better have excellent health care coverage, you better work full-time for a large employer and you better not be laid off or lose that coverage because you won't get it back.

NEWSCASTER: Anderson and other local health care professionals say they see a need for affordable guaranteed insurance coverage that isn't dependent on your job or your marital status. And they want to see an end to exclusions for pre-existing conditions, drastic rate -- rate hikes and other conditions they call insurance abuses.



New York: 212-309-1400
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Washington, D.C.: 301-656-4068
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Philadelphia: 215-567-7600
San Francisco: 213-466-6124
Miami: 305-358-3358

NATIONAL MARKET COVERAGE

TRANSCRIPT

FOR HEALTH CARE REFORM PROJECT **STATION** KKAR-AM Radio
PROGRAM News **CITY** Omaha, NE
DATE April 27, 1994 7:35 AM **AUDIENCE**
SUBJECT Health Care Reform

BROADCAST EXCERPT

NEWSCASTER: Godfather's President Herman Cane of Omaha still doesn't agree with the numbers in President Clinton's health care plan. But a group of local health care professionals is making it clear they do support the health care plan.

Pam Battalion is a nurse and she wants Congressman Hoagland to ignore the negative ads.

PAM BATTALION [Nurse]: We believe these ads using paid actors have grossly distorted the true intentions of responsible health care reform proposals.

NEWSCASTER: The group is mailing letters to Hoagland and other leaders of Congress urging them to support the health care plan.



New York: 212-309-1400
Chicago: 312-541-2020
Detroit: 313-344-1177
Los Angeles: 213-466-6124
Washington, D.C.: 301-656-4068
Boston: 617-536-2232
Philadelphia: 215-567-7600
San Francisco: 213-466-6124
Miami: 305-358-3358

NATIONAL MARKET COVERAGE

TRANSCRIPT

FOR HEALTH CARE REFORM PROJECT **STATION** WOW-AM Radio
PROGRAM News **CITY** Omaha, NE
DATE April 26, 1994 5:05 PM **AUDIENCE**
SUBJECT Health Care Reform

BROADCAST EXCERPT

NEWSCASTER: The Nebraska Catholic Health Care Association issuing an eight-point plan for health care reform during a news conference this afternoon.

Lynn Anderson, the District 2 President of the Nebraska Nurses Association says too many people are swamped with too much paperwork, too many questions, not enough answers.

LYNN ANDERSON [District 2 Pres., Nebraska Nurses Assn.]: And insurance companies, even when you call for pre-certification, will not tell you for sure if a particular procedure is going to be covered. They will say, "Well, send in the bill and we will look at it." And yet, if you bring the person in and it's not covered, they can't afford to cover it themselves.

NEWSCASTER: The association has forwarded a letter to Congressman Peter Hoagland saying reform must be acted on immediately in Congress.

Why public employees support health-care reform

Chicanery and deceptive advertising over President Clinton's health-care reform plan are being used to scare the public into thinking they would have rationed, government-controlled medical care. The financial interests feeding this campaign have much to win if reform loses. However, every American has much to lose if the seekers of the status quo prevail.

Why are public employees supporting the Clinton plan's principles? Simply put, if state and local governments can control their health-care costs, more money would be available for vital but underfunded programs in law enforcement, social rehabilitation services, job training and other areas.

According to a just-released 30-state survey by the U.S. Department of Health and Human Services, the president's Health Security Act would save the state of Kansas \$346 million.

But while savings will be achieved, quality

and choice of health care will not be compromised. Everyone will be guaranteed a basic benefits package. Current plans will be preserved with an opportunity for even greater choice of options, with more security and at less cost, since cost-shifting would be eliminated.

Kansans can be assured that under the Clinton plan they will continue to receive quality care at the facility of their choice.

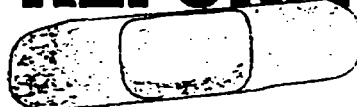
A broken health-care system is taking its toll on everyone — especially children. Students are coming to school with many treatable physical or emotional problems that often go undiagnosed or untreated because their family has inadequate or no insurance. Many don't see a doctor even once during a year. Sometimes children's only source of health care is a school nurse — and many districts are eliminating these positions.

We must ensure that all Americans can be guaranteed health care.

Consider how much better it would be if a comprehensive system of health care could reach everyone, starting with the very young. Only South Africa and the United States are among the industrialized nations that offer no guarantee of medical coverage.

Right now, only the wealthy can count on guaranteed health insurance. If you're

On Health-Care REFORM



employed, you're at the mercy of your employer. Eighty-eight percent of the uninsured are working people and their families. The numbers of uninsured middle-class are growing rapidly. If you're unemployed, you're probably out of luck. And the health care you're able to obtain is paid for by those who have insurance. It's called cost-shifting.

Here's how President Clinton's plan would benefit all Americans. You'll see that it is the furthest thing from rationed, socialized medicine.

Under the Clinton plan, everyone would be guaranteed private health insurance that never could be taken away.

Everyone would be guaranteed a choice of provider and plan.

All employers would be required to pitch in to help employees buy health coverage. Ninety percent of Americans with private health insurance get it through work now.

The Clinton plan preserves and strengthens Medicare by providing choice, prescription coverage and long-term care.

And finally, the Clinton plan outlaws insurance company abuses, such as dropping coverage; discrimination on the basis of health status, age or pre-existing conditions; jacking up premiums; or imposing lifetime benefit caps for specific conditions or any other reason.

America has two choices: Keep the status quo or live up to our vision of ourselves as a civilized nation in which no one suffers a preventable illness or goes without medical treatment.

The Clinton plan promises all Americans an unprecedented guarantee of health-care security. The plan's reliance on primary and preventive care is sound medical policy. It has been shown to be cost-effective.

The goals of the reform plan are being clouded by deceitful commercials produced by monied interests predicting Armageddon. Our mission is to dispel these impressions

and work to pass a fair, inclusive universal health care reform plan for all.

Myrlene Kelley is executive director of the Kansas Association of Public Employees



Myrlene Kelley

Guest columnist

BUSINESS

Tuesday, May 3, 1994

THE MILWAUKEE JOURNAL

Page C6

PAYING MORE: Wisconsin Citizen Action says an average Wisconsin family would pay about \$1,650 more per year in health insurance premiums if Congress goes along with a proposal by Senate Majority Leader George Mitchell to change the amount workers would be required to pay as their share. One of Mitchell's suggestions to make President Clinton's reform package more palatable is to lower employer's share of premiums from the White House's 80% to 50%. If individuals are required to pay all of the premium, an average family's share would be about \$4,401 more, it said. Wisconsin Citizen Action is the largest independent public interest organization in the state.

Employer mandates on the road to failure

CHRISTOPHER CONNELL
ASSOCIATED PRESS WRITER

WASHINGTON — The linchpin of President Clinton's health reform plan — requiring business to pay for coverage — appears all but dead in a key congressional panel despite Democratic offers to exempt small businesses.

Extraordinary arm-twisting by Rep. John Dingell, D-Mich., the House Energy and Commerce Committee chairman, has failed to produce the 23 votes needed to push through a health reform plan with the so-called employer mandate intact.

"I believe it's dead. We just haven't had the funeral yet," said Rep. Jim Cooper, D-Tenn., the chief sponsor of a rival reform plan.

Said Rep. Billy Tauzin, D-La., another Democrat whom Dingell has been unable to convince: "He's at least one vote short, possibly a couple. ... There are at least five, prob-

ably six of us (Democrats) who have indicated to him we could not vote for employer mandates."

Clinton is insisting that the best way to guarantee private health insurance for all Americans is to expand coverage in the workplace. He wants all employers to help pay for coverage for workers and their employees. Most businesses would be required to pick up 80 percent of the premiums.

But small businesses stoutly have resisted the Clinton reform plan. There is almost blanket opposition to an employer mandate among Republicans and considerable resistance among Democrats.

Dingell and Senate Majority Leader George J. Mitchell, D-Maine, both have floated compromises to exempt the smallest businesses from having to provide or pay for health insurance. Mitchell has suggested a possible 50-50 split of premiums between employers and employees.

Nation in Brief

Group of small businesses backs Clinton health plan

REUTERS

WASHINGTON — President Clinton's health-care reform plan picked up key support yesterday from a group of small businesses that endorsed the idea of employer-paid health-care benefits for workers.

The Small Business Coalition for Health Care Reform, which represents 340,000 businesses, said the so-called employer mandate would reduce health-care costs for small businesses and allow those that now do not provide worker health benefits to compete with large corporations.

Yesterday's endorsement is important for the administration, which is trying to build support for the controversial proposal to require employers to pay at least 80 percent of workers' health coverage. The White House is trying to counter a lobbying campaign against the mandate by the National Federation of Independent Business, whose 600,000 members nationwide are mostly small companies.

Phila Inquirer

5/4/94

Mezvinsky targeted by ads

By Margaret Gibbons
Times Herald Staff

The phones in U.S. Rep. Marjorie Margolies-Mezvinsky's Bala Cynwyd office will again be ringing off the hook.

The American Hospital Association has targeted Margolies-Mezvinsky's 13th District for a radio campaign aimed at eliminating government price controls from any proposed health-care reform package.

The radio commercials, which will begin today and continue through May 10, tell listeners to call Margolies-Mezvinsky's office and tell her "price controls aren't the prescription for good health care in Montgomery County."

"We just don't want a Washington bureaucracy telling our community what to do," explained Leonard N. Karp, spokesman for the Delaware Valley Hospital Council.

The 13th District is being targeted because Margolies-Mezvinsky is considered a key vote on the House's Energy and Commerce Committee, which is currently reviewing various health-care reform proposals and is slated to vote on those reforms by the end of the month.

Nationally, the American Hospital Association also has targeted 12 other congressional districts for similar radio campaigns. The total cost will be \$250,000, said Karp.

Informed of the campaign, Margolies-Mezvinsky said, "Great. The more citizen interest and input, the better."

Saying she had been working hard on the health-care reform issue for almost a year, Margolies-Mezvinsky said she already is on the record opposing price controls.

"They are a disincentive to research and development," said the freshman legislator.

Also, she said, she is working on eliminating small business mandates in the proposed reforms.

"We don't want these reforms to be business-busters," she said.

Margolies-Mezvinsky has yet to commit herself to any one particular reform package.

This is not the first time Margolies-Mezvinsky's district has been targeted for radio campaigns on health-care reform. In March, two special interest groups ran ads urging listeners to call Margolies-Mezvinsky to tell her they were opposed to President Clinton's health-care package.

Her office was flooded with calls during the airing of those commercials, she said.

NORRISTOWN TIMES HERALD

5/4/94

Nation

★ Tuesday, May 3, 1994
The Kansas City Star **A-5**

White House enlists Kansans as lobbyists

The Associated Press

WASHINGTON — The White House held briefings Monday to encourage 31 Kansas health-care reform supporters to head for Capitol Hill and start twisting arms.

"If we agree with them, they would certainly appreciate us conveying that message to our congressional delegation," said Kansas Lt. Gov. James Francisco.

The Clinton administration has lavished a great deal of attention on Kansas in the last few weeks, including last month's visit by the president to Topeka and Kansas City.

The administration also has held high-level briefings for Kansas reporters and sent emissaries such as Health and Human Services Secretary Donna Shalala to the state.

A group of Kansas business, government, labor and education leaders heard Monday from top aides and first lady Hillary Rodham Clinton. They had little doubt the state's congressional delegation would be crucial to passage of health-care reform.

"I know we were targeted because of the major congressional leaders that come from our state," said Carolyn Middendorf, president of the Kansas State Nurses Association.

Senate Minority Leader Bob Dole will have a big say in success of any legislation, as will the state's other senator, Nancy Kassebaum. Both are Republicans. The heat is currently on Rep. Jim Slattery, Democrat of Topeka, who is a key swing vote on a House committee now considering health-care reform.

"We've got some big dogs in our back yard," said Gary Green, an independent truck driver from Edwardsville who was invited to the briefings.

Francisco said Slattery's name came up often during the session.

"I've got confidence in Congressman Slattery, in the end, making the right decision that will best benefit all Kansans," Francisco said.

Ad campaign boosts Canadian health plan for U.S.

Government would pay for coverage with tax revenue.

By ROBIN TONER
The New York Times

WASHINGTON — Supporters of a Canadian-style system of government-financed health insurance announced a new advertising campaign Monday, hoping to build on their success in a grassroots campaign on behalf of the

idea in California.

The new campaign pits the comedy team of Jerry Seeller and Anne Mearns against the Health Insurance Association of America's "Harry and Louise," two aging Yuppies fretting about the future of health care in a series of television advertisements.

Appropriating the tag line of the insurance industry's ads, Mearns declares in one commercial: "Harry and Louise, there is a better way."

The campaign is small com-

pared with the industry's: Just \$1 million, only a fourth of which has been raised, as against the more than \$10 million spent by the insurance association alone. But the advocates of a Canadian-style system have demonstrated substantial support at the grass roots.

Last week a coalition of consumer, labor and doctors' groups in California submitted more than a million signatures to put a measure on the ballot this fall that would create a government-financed health-care system paid

for by taxes. Officials must still verify the signatures before the measure goes on the ballot, but organizers said the number was well above the threshold required.

Around the country, advocates of a Canadian-style system hope the California experience helps them in their continuing struggle to demonstrate the political viability of their plan. They are convinced that their principal problem is not the substantive merits of a national health-insurance system, but the perception in the

White House and on Capitol Hill, fed by the industry groups, that it is simply too radical for the American people.

The House is considered the strongest base of single-payer support, but even there the Canadian-style bill has fewer than 100 cosponsors, well under the 218 necessary for passage.

"The giant insurance companies have spent millions in advertising, campaign contributions and lobbying to push single payer off the table," said Sara Nichols, a

staff lawyer for Public Citizen's Congress Watch. "But we're still here."

These commercials, which will first be broadcast in Washington, are an attempt to put some pressure on Congress as the committees begin moving toward a vote. The campaign's organizers included Public Citizen, Neighbor to Neighbor and Single Payer Across the Nation, or Span.

By, call, trade, morning and Sundays with Star Classified Ads. To place your ad call 334-4000. — Adv.

Staten Island Advance, April 30, 1994

SIUH nurses say rising health costs cut care

Claim residents are forced out by federally-funded patients

By **TERENCE J. KIVLAN**
ADVANCE WASHINGTON BUREAU

WASHINGTON — Don't tell the nurses from Staten Island University Hospital in Prince's Bay that there is no health care crisis.

"It's out of control... even with insurance, people can't afford the care they need," said critical care nurse Nancy Bentzen Rensville yesterday at a nurses union conference here as the health care reform legislation pending in Congress.

A 40-year veteran of the hospital, Ms. Bentzen was accompanied by two other long-time University South nurses, Amy Midbo of

Ansdale, a nurse in the drug detoxification unit, and Edleen Slavin, also of Ansdale, a geriatric psychiatric nurse.

All three agreed that the 64-bed detoxification unit offered the best example of how the soaring cost of Medicare care had squeezed ordinary patients out of the system. The Island nurses said the unit catered mainly to patients of federally funded methadone clinics elsewhere in the city.

"We have a very good detox unit," said Ms. Midbo, who has worked in the hospital for more than 30 years. "85 percent of the patients are based in from the

other boroughs."

As a result, she said, Islanders seeking treatment usually had to look elsewhere. "If you are from the community, you would be the last to be admitted... It really has bothered me quite a bit," Ms. Midbo said.

The out-of-borough clinic patients got preference because as clients of federal programs, the payment of their fees is guaranteed, according to the Island nurses. "It's money — good," charged Ms. Bentzen. "The hospitals are looking for money because of the situation we are in."

Hospital officials acknowl-

edged recruiting patients outside the borough but denied discriminating against Islanders. "That allegation is totally false," said administrator Ralph Lamberti.

At the detoxification unit, he said, "We have treatment on demand... To my knowledge, there has not been any Staten Islander for lack of a bed."

Lamberti explained that a "large influx" of patients into University South from other parts of the city and metro area was to be expected because "we are a regional hospital."

"You can't survive unless you go out and market and get your fair share," he said.

Lamberti said a large majority of surgery patients at the hospital also came from outside the bor-

ough.

As another example of health care crisis, the three Island nurses cited the hardships caused by the funding and service cuts implemented over the last decade in Medicare, the federal health care program for the elderly.

"The geriatric population is suffering greatly right now," said Ms. Slavin, a 15-year veteran of University South, adding that older patients were coming to the hospital much sicker and staying longer.

Ms. Bentzen said that in many cases Medicare payments failed to cover the cost of prescription drugs, sometimes forcing the low-income elderly to choose between them and food.

The Island nurses said they supported the main goal of the health

care reform plan proposed by President Clinton — to provide universal coverage for all Americans regardless of their income.

In addition, Ms. Midbo said she especially favored provisions in the White House plan designed to reduce the paperwork burden on registered nurses and free them to spend more time with patients. She said a recent trend toward hiring non-professionals to take over chores from desk-bound floor nurses had compromised the quality of care to some extent.

Ms. Bentzen said she also backed the separate legislation that would bar employers from hiring strike replacements. She said hospital administrators had used the replacement option to break a nurses strike in New Jersey.

10
C. L. S.
from the Union
AST

4-7-94
Bristol Herald Courier

Study: Smallest firms most affected by health plan

Associated Press

WILLIAMSBURG — Nearly 80 percent of small businesses in Virginia provide health insurance for their workers but about the same percentage don't want the federal government to mandate it, a survey showed Thursday.

The survey done for the state Chamber of Commerce showed that about 80 percent of the businesses are concerned about President Clinton's proposed health reform and oppose government intervention in employee health plans.

But 78 percent of those businesses already provide a health benefits package for their workers.

"That's one of the surprising things about the survey," said Gerald L. Hughes, the survey's author and director of the Longwood Small Business Development Center in Farmville.

"The assumption is that there are these hundreds of thousands of uninsured working individuals," he said. The survey found that companies least likely to provide insurance have four or fewer employees.

"They are the businesses most impacted by mandates and least able to pay," Hughes said.

The survey of about 3,000 businesses with fewer than 100 employees did not

include a representative sample of the smallest firms, he said. About 7.5 percent of those returning the questionnaire have four or fewer workers while those micro-businesses account for 53 percent of the 162,000 registered small businesses in Virginia. The micro-businesses account for less than 2 percent of the state's total employment.

Only 15 percent of the companies surveyed thought health reform would help their business and 21 percent thought it would help their employees.

"They're absolutely convinced if the government gets involved it's going to cost more money," Hughes said. "There is

a lot of fear and trepidation."

The survey was released at the chamber's Small Business Forum and Trade Fair, where Gov. George Allen promised he would fight the Clinton health plan.

He said the reform would impose a health care tax on small businesses and force them to lay off workers.

"Those who are uninsured now will be unemployed and uninsured under that type of approach," Allen said.

The governor said individuals should be responsible for getting their own health insurance. "Employers are not required to pay for car insurance," he told reporters.

MEMPHIS, TENNESSEE 38003 P. 03

Today as I celebrate Mother's Day I am worried about the quality of health care my children and grandchildren will have in the future.

Further Mr. Cooper to save money, the proposal to tax health care will place the burden for health care coverage on my family. In addition employers should be required to pay for some of the employees health care cost.

Sincerely yours,

April 29, 1994

**Mt. Gilliam Baptist Church
1029 Raymond Avenue
Memphis, TN. 38114**

Dear Congressman:

Members of my Church and I offered a prayer for you today. We especially prayed that you would support Universal Health Reform and Comprehensive Health Security for all Americans. We will continue to pray that you will make a compassionate decision on Health Care.

We believe that Cooper's proposed Managed Care Bill will not cover all Americans. In addition, Cooper's proposed "Universal Access" does not give the poor, the unemployed, elderly, children, and others access to decent and affordable health care.

We urge you to join President Clinton in his struggle to include all-Americans in an affordable and Comprehensive Health Reform Bill.

Yours In Christ,



Rev. J. D. Jamerson



SOS • Save Our Security
Coalition to Protect Social Security
1331 F St. NW
Washington, DC 20004

ARTHUR S. FLEMMING
Former Secretary of Health, Education
& Welfare
Chair

WILLIAM D. BECHILL
Former Commissioner on Aging
Executive Vice Chair

LAWRENCE T. SMEDLEY
National Council of Senior Citizens
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American Association of
Retired Persons

DEBRA S. DELEE
National Education Association

EVELYN DUBROW
International Ladies Garment
Workers Union

TIM FOLEY
United Auto Workers - Retirees

MARTHA E. FORD
The Arc (formerly the Assoc. of Retarded
Citizens)

JOHN GAGE
American Federation of
Government Employees

LOU GLASSE
Older Women's League

MELVIN A. GLASSER
Health Security Action Council

EUGENE GLOYER
National Council of Senior Citizens

KAREN IGNAGNI
AFL-CIO

GERALD MCENTEE
American Federation of State, County
and Municipal Employees

RONALD F. POLLACK
Families USA

BERT SEIDMAN
Jewish Labor Committee
National Consumers League

AL SHANKER
American Federation of Teachers

SAMUEL J. SIMMONS
National Caucus and Center
for the Black Aged

LINDA TARR-WHELAN
Center for Policy Alternatives

EILEEN SWEENEY

JOHN J. SWEENEY
Service Employees
International Union

DANIEL J. THURSZ
National Council on the Aging

ELIZABETH WICKENDEN

SENIOR ADVISORS

JOHN J. CORSON
Former Director,
Bureau of Old Age
and Survivors Insurance

CHARLES SCHOTTLAND
Former Commissioner
of Social Security

ESTHER PETERSON
Former Consumer Advisor
to the President

CHARLES VANIK
Former Member, House
Committee on Ways & Means

RALPH D. YARBOROUGH

ROBERTA FEINSTEIN HAVEL
Executive Director

May 10, 1994

The President
The White House
Washington, D.C.

Dear Mr. President:

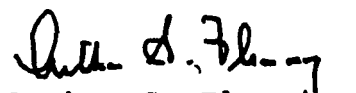
I am enclosing a list of sixty-one national organizations with a combined membership of sixty-two million that have signed the following statement:

"We support the goals of President Clinton's Health Security Act in order to achieve universal coverage for acute and long-term health care."

We will now challenge the organizations to follow up the signing of this letter with personal action by individual members. There are many things they can do. We, however, are going to urge that the members of these organizations go in person to the offices of their Members of Congress, local or Washington, and urge them to support the crusade for universal coverage for acute and long-term health care.

Many of us deeply appreciate the fact that both you and Mrs. Clinton are such dedicated and effective advocates for health security for all--a goal some of us have been convinced for 60 years our national community must set and reach.

Sincerely,


Arthur S. Flemming
Chair



SOS • Save Our Security

Coalition to Protect Social Security

1331 F St. NW

Washington, DC 20004

ARTHUR S. FLEMMING

Former Secretary of Health, Education
& Welfare

Chair

WILLIAM D. BECHILL

Former Commissioner on Aging

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National Education Association

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AFL-CIO

GERALD MCENTEE

American Federation of State, County

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National Association of State Units on Aging

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