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Health Care Information March 22, 1994 thru Present [binder] [4]

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June 30, 1994

MEMORANDUM FOR DISTRIBUTION

FROM: The Office of Public Liaison

SUBJECT: Fourth of July Recess Activities

JUL - 5 1994

Allied organizations are gearing up for activity throughout the Fourth of July Recess. We wanted to give you an idea of what some of the groups will be doing, although we will follow up after recess with a more specific account.

1. Health Care Reform Project

- Call in days to Members of Congress in selected districts and states. These days will be divided by constituency -- with July 5th for labor, 6th for health care providers, 7th for senior citizens, and 8th for disability groups, children's groups and businesses. Each participating organization is taking responsibility for generating 50 calls in each state on the designated day.

- Member groups will aggressively canvas Fourth of July parades. They have developed lapel stickers, posters and cards/envelopes that have the message: Guarantee Every American Health Care As Good As Congress Has. Canvassers will ask people marching to hold up signs, write letters, call their Member, etc. Traditionally, Members of Congress participate in these marches as well.

- Thursday, July 7th has been designated Radio Talk Show Call In Day.

2. The Long Term Care Campaign

- LTCC membership groups are sending out action alerts to encourage participation in the Fourth of July Parades with health care literature and posters. They have developed a two page flier to paper the parades calling for a New American Independence with universal coverage and home and community based long term care. AARP, Paralyzed Veterans of America and National Council of Senior Citizens traditionally have strong participation in these parades and are very energized about this project.

- Some are focused on radio talk show call ins; for example, National Multiple Sclerosis Society.

- LTCC has set up conference calls into its grassroots networks, particularly in the Senate Finance states to energize members and to make sure they are active on the

right message. It has shifted its message to universal coverage, advocating for long term care only in the context of universal coverge.

3. National Education Association

- NEA is having its annual convention over July 4 break, and are making health care reform the number one theme. Everyone at the convention (12,000 teachers) will be asked to write a letter, call his or her member, and organize local meetings. The First Lady is speaking there to underscore the message.

4. Business

- The Small Business Coalition for Health Care Refrom has launched a radio campaign in Montana in particular to offer cover for Baucus. They are concentrating on district visits with the Members over Recess. The pharmacists in particular are doing a lot of local media, including radio talk shows.

- The Pre-Medicare Health Security Coalition and the National Leadership Coalition on Health Care Reform have organized district visits over recess.

- The big businesses are organizing CEO and plant management meetings in the district, inviting Members into their plants.

Most of our allied groups have the materials that the White House distributed to Members of Congress with talking points and charts underscoring the need for health care reform that achieves universal coverage and demonstrating popular support for universal coverage.

In addition, most of the groups will attend all scheduled town hall meetings and plan to follow Members of Congress around at scheduled public appearances where they have been able to gather intelligence.

Health Care Reform Project ads to target 'obstructionist' Cooper

By Paula Wade
The Commercial Appeal

NASHVILLE — Negative advertising against U.S. Rep. Jim Cooper begins tomorrow statewide, but not from his likely U.S. Senate opponent, Fred Thompson. It's from a national coalition on health reform.

The Health Care Reform Project, a coalition of major corporations, labor unions, advocates for the disabled, and civic groups, is launching a radio and newspaper ad campaign in Memphis, Nashville and Chattanooga against Cooper's market-based stance on health reform. The coalition is labeling Cooper a health care obstructionist and says he is being used by the medical industry.

The campaign is aimed at pressuring Cooper toward the coalition's goal of guaranteed coverage funded jointly by individuals, government and employers. Cooper has vowed to fight any plan that would require employers to share health care costs.

Thursday afternoon, Cooper issued a statement saying he intends to resist all employer mandates and any plan that would create a government health care bureaucracy.

ELECTION '94

The coalition includes such diverse members as General Motors Corp., the League of Women Voters, the American College of Physicians, American Association of Retired Persons, the AFL-CIO and the National Multiple Sclerosis Society.

Representatives of member groups said Thursday they're not intending this to be a political attack benefiting Thompson.

They needed to find a way to bring public pressure on Cooper, whose vote in the House Energy and Commerce Committee is seen as crucial as various panels on Capitol Hill sift through health care measures, members said.

Pat Post, vice chairman of the Tennessee League of Women Voters, said her organization is committed to universal, guaranteed coverage that is fairly and adequately funded. Cooper's plan doesn't offer that, she said.

"This type of public campaign is about the only tool we have left because the medical industry interests are really controlling this issue on Capitol Hill."

"We think he's been an obstructionist to true health reform. Under his plan, there would be just as many people without insurance because they'd have to buy it. And at $5 an hour, you can't afford to buy insurance."

Don Driscoll, Service Workers Union of America

"We think he's been an obstructionist to true health reform," said Don Driscoll of the Service Workers Union of America. "Under his plan, there would be just as many people without insurance because they'd have to buy it. And at $5 an hour, you can't afford to buy insurance."

Dian Coleman, a Nashville advocate for the disabled, praised Cooper for attempting to come up with a plan for long-term care for the disabled and elderly, but said it doesn't go far enough.

Post-it™ brand fax transmittal memo 7671 | # of pages ▸

To Murray Rapp	From Sam Church
Co.	Co.
Dept.	Phone #
Fax #	Fax #

Cooper under fire from consumer group

Associated Press

NASHVILLE — Rep. Jim Cooper, sponsor of one of several health care reform plans before Congress, came under fire Thursday because he doesn't want to force employers to pay for insurance.

The Health Care Reform Project, a coalition of groups ranging from the Alzheimer's Association to the Voice of the Retarded, from labor unions to the League of Women Voters, said they want all Americans to have guaranteed insurance.

Spokesman Ed Dougherty told reporters that the only way to guarantee universal coverage is to require employers to pick up some of the cost.

The group launched a three-week radio and newspaper ad campaign in Memphis, Nashville and Chattanooga in an attempt to get Cooper, D-Shelbyville, to change his mind.

Members of the coalition said Cooper is a key vote on the House Energy and Commerce Committee and he is acting as an "obstructionist" to health care plans that include employer mandates.

Dougherty said that members of Congress are employed by Americans, who pay more than 70 percent of their health care costs and that workers should have that same type of coverage.

But Cooper said in a news release that the coalition's campaign is an attack by libera groups who are trying to distort his plan.

"The truth is my plan would make Tennesseans' health insurance the same as the insurance I receive under the federal employee system," Cooper said.

"I have made it clear time and again I will oppose any plan that would harm small businesses through mandates," he added.

Nashville Banner

Friday, June 17, 1994

Dr. Cooper becomes Mr. Gridlock in D.C.

By John Enegonio
250 Antioch Pike

The *Banner* has provided excellent, independent-minded coverage of the Senate race between Jim Cooper and Fred Thompson. Your reporters are to be commended.

After portraying himself as a leading congressional voice on health care reform, Rep. Jim Cooper is now standing in the way of progress. Cooper is the single vote on the House Energy and Commerce Committee blocking efforts toward the universal health plan that we all need.

Jim Cooper

We taxpayers pay Cooper and other members of Congress good money to go to Washington and get things done. As their employer, we provide them with comprehensive lifetime health benefits. Why can't they guarantee the same for all Americans?

Cooper's own reform proposal has lost support among his own colleagues, since it would leave 20 million people uninsured. He says he is trying to protect small business, but the president's plan provides a cap so they would only have to pay an average of 70 cents per day for each employee.

Cooper is really coddling big businesses that shift the cost of health care onto employees and communities. Cooper wants to dodge the need for a cost-effective national plan for long-term care, which is of great importance to our aging society.

Tell Jim Cooper it's time to stop congressional gridlock and get moving on national health care.

To: Ann Brady
WH Briefing Room

Fr: Dan Levy

NOTE: We got on TV again this morning, Channel 5, a recycling of yesterday's story (clip). Nothing that I can find in the two Nashville papers. But this letter did grow out of a conversation I had w/ Enegonio when I interviewed him on Wednesday. I thought he fellow did a middle quite well.

More later.

NATION

Senators suggest health triggers

6-20-94 THE BISMARCK TRIBUNE

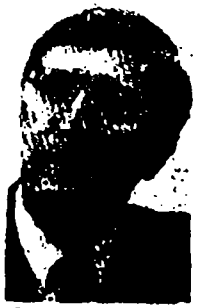
WASHINGTON (AP) — As President Clinton and lawmakers begin to make deals on health reform, the requirement that employers pay their workers' insurance seems likely to be left in the dust. Sacrificed along with it may well be timely health insurance coverage for the millions who don't have it.

Clinton's health proposal and other Democratic plans include a substantial employer mandate on the theory that the easiest way to cover everyone is by expanding the way most Americans already get their insurance — through their jobs.

But the concept has been battered on Capitol Hill, where business lobbyists flock daily to oppose it. Many lawmakers say they won't vote for any bill that includes mandates. So the buzz word of the moment is "trigger" — a mechanism that would go into effect only if goals of covering uninsured Americans are not met.

In other words, a bill would be passed without an employer mandate, and the requirement would be imposed only if other reforms failed to bring more Americans into the health insurance fold.

Three members of the Senate Finance Committee — ranking Republican Bob Packwood of Oregon, Sen. John Breaux, D-La., and Sen. Kent Conrad, D-N.D., have recently floated trigger proposals.



Conrad: Alternative.

They argue that a health reform bill can't be passed if it includes an employer mandate, so why not pass a bill without one first and then put one in later if necessary.

"The question is, when you've got a determined group of people — restaurateurs, small business, retailers — who are passionate in their objection, who feel this is going to drive them out of business, is the country served by jamming this down their throat now?" Packwood said recently.

"We will come to it in three, four, five years. Is that a long time in the history of the republic?"

The threat of a future mandate combined with insurance reforms and competition in the marketplace would go a long way, they say, to get insurance to a large chunk of the estimated 39 million Americans currently without coverage.

Banning insurers from refusing those with pre-existing conditions, for instance, would bring in many people who need health insurance but don't have it. Making insurance portable, so people couldn't lose it if they lost or left their jobs, would also help. Putting small employers and individuals together in insurance purchasing pools would also help make it affordable.

And, more importantly, according to Breaux, the changes would stop much of the spiraling cost of health care, a key impetus for health reform. Opponents of slow, voluntary change say it will leave many people without insurance. They also say real reform of the insurance system won't happen unless universal coverage is instituted.

Advocates of a more voluntary, marketplace approach get their evidence primarily from two studies.

One is an analysis of the health reform proposal of Rep. Jim Cooper, D-Tenn., and Breaux released by the Congressional Budget Office in April. Under their proposal, no one would be required to buy insurance. But insurance reforms and tax code and marketplace changes designed to enhance competition would work to include more people. Poor people would be covered through a system of federal subsidies, and people with higher incomes would be able to deduct the cost of their premiums from their taxable income.

The second study, by Lewin-VHI, one of the most influential health consulting firms, concluded that the Cooper-Breaux approach, by insuring the low-income uninsured whose health care costs are now so high, would cover 97 percent of health care spending.

To: Ann Bradley
From: Gerard Fitz

NDPEA
North Dakota Public Employees Association
3333 EAST BROADWAY AVE. SUITE 1220
BISMARCK, NORTH DAKOTA 58501-3396
TOLL FREE: 1-800-472-2698
BISMARCK-MANDAN: 701-223-1964

AMERICAN FEDERATION OF TEACHERS LOCAL 4660 AFL-CIO

NDPEA FORM F09-90

FACSIMILE TRANSMISSION COVER SHEET

DATE: 6-16-94

TO: Ann Bradley FAX#

FROM: GERARD FRESE FAX# 701-223-1755

FOR PROBLEMS, CONTACT: Laura Ripplinger PHONE # 701-223-1964

OF PAGES, INCLUDING COVER SHEET 1

State farmer anticipates phone call from Hillary

THE BISMARCK TRIBUNE 6-16-94

By BOB LINK, Tribune Staff Writer

When Ruben Hummel's phone rings at 2 p.m. today, first lady Hillary Rodham Clinton will be on the line. She plans to call for his opinion on health care issues.

As with Americans, Hummel has some unpleasant and expensive health care stories to tell.

Hummel, who farms 15 miles north of Mott, will be one of seven Midwestern farmers participating in a conference call. They will discuss health care reform and universal coverage, specifically the impact on farmers.

A lifelong farmer, Hummel said he shares many Americans' concern about the constantly rising costs of insurance and medical expenses. He plans to explain his family's situation to Mrs. Clinton.

Hummel said he has carried insurance, but increased costs are forcing farmers to reduce or drop their coverage. He said that trend will be one of the main points he makes with the first lady.

"The price of insurance keeps going up and up and people are forced to drop it," Hummel said. "There are a lot of people without insurance. If you look at the price of medicine, it's four and five times the prices people pay in other countries. People can't afford it."

Hummel and wife, Viola, have what he considers limited insurance protection. Both have recently been hospitalized.

At 68, Ruben qualifies for Medicare coverage, so the personal costs of his surgery weren't as steep as Viola's. She's 61, just short of qualifying for Medicare. She had pneumonia and was hospitalized for about a week recently. It resulted in high medical bills. "We had some help from the insurance company, but there were a lot of hospital and doctor bills that weren't covered and we had to pay. It was very expensive," he said.

Hummel isn't certain how he was selected as part of the conference call. "We have no political affiliation," he said with a laugh. "I have attended a few of the health care meetings, including the task force meeting, so I suppose it had something to do with that."

According to information provided by the White House, the leaders of several farm groups will also be with Mrs. Clinton at the White House during the discussion. A spokesperson said it was likely Hummel was suggested by one of the associations.

Hummel has no prepared statement.

MID-SOUTH JOBS WITH JUSTICE
A Campaign for Workers Rights

June 15, 1994

'Truth Squad' of Disabled People Shadows Cooper in Memphis

Memphis—A small contingent of disability-rights activists handed out leaflets and discussed national health reform outside a Tennessee Bar Association luncheon Saturday where Democrat Jim Cooper and Republican Fred Thompson traded charges in their campaign for U.S. Senate. Calling themselves a "truth squad," the protestors urged prompt congressional action on President Clinton's health plan and fingered Cooper for his role in trying to "water down" the plan.

"Our organization is especially concerned that long-term care be a central feature of national health reform," said Deborah Cunningham, vice president of ADAPT of Tennessee. "Cooper's record shows him to be insensitive to the needs of persons with disabilities and older Americans, so we're here to tell him that must change."

Cunningham held a sign in front of her wheelchair reading, "Is he Dr. Cooper or Mr. Gridlock?" as Cooper came past and briefly acknowledged the group. Cunningham told reporters Cooper is withholding his vote from a Democratic proposal in the Energy & Commerce Committee, of which he is a member, and is "standing in the way of progress."

Union organizers joining ADAPT at the event pointed out Cooper took $358,000 from individuals linked to the health and insurance industries last year, more than any other member of Congress. They charged he is talking about reform but really just wants to protect the status quo.

"Our members have been phoning his office, and they're told he is campaigning and doesn't have time for their concerns," said Cheryl Randolph of Service Employees Union Local 205, a statewide union of hospital and nursing home workers based in Nashville. "If he wants to represent Tennessee in the Senate, he better find time to listen to the people about this issue."

"Cooper has painted himself as a leading congressional voice on health reform, but now he holds the single vote blocking action," said John Enagonio of the Nashville-based United Paperworkers Union. "It's really just a clever form of obstructionism."

. . . Chris Colsey talks with reporters, as ADAPT of Tennessee Vice President Deborah Cunningham, center, and Service Employees Local 205 leader Cheryl Randolph send a message to Rep. Cooper.

The activists criticized Cooper's stand opposing a mandate that employers pay 80 percent of their workers' insurance. They said Cooper is really "coddling" large businesses such as Wal-Mart and International Paper Co. that shift health costs onto individuals and communities.

ADAPT is an organization of disabled people that has fought for better access to public facilities and jobs, and currently is fighting for attendant programs as an alternative to institutionalization. The group in January presented Cooper with a "Nursing Home-a-saurus," representing the costly and inhumane nursing home industry in Tennessee. Also, ADAPT activists in Nashville led a large February 17 march on Cooper's campaign office, which showed the widespread public displeasure with Cooper's own proposal for national health reform.

P.O. Box 1475 • Nashville, Tennessee 37202 • (615) 834-8590

Baton Rouge Advocate

La. representative's health-care proposal softens mandates

By JOAN McKINNEY
Advocate Washington bureau

WASHINGTON — A Louisiana congressman emerged as a major broker on health-care reform Wednesday when he unveiled a plan to soften the effect of employer mandates on small businesses.

But U.S. Rep. William Jefferson, D-New Orleans, also proposed two controversial trade-offs for helping small businesses.

One would scale back a proposed tobacco tax increase and another would delay a new program of long-term health coverage for the elderly.

The badly divided Ways and Means Committee probably will vote today on Jefferson's amendment to key health-care legislation.

Other committee members said the vote could be crucial to the fate of health-care reform.

If the amendment passes, "it's a pretty good indication that they (Democrats) are going to pass a bill out

☐ See MANDATES, Page 6A

Mandates

CONTINUED FROM 1A

of this committee," said Republican Ways and Means member Jim McCrery, R-Shreveport.

"Jefferson's amendment is the key to this deal that's being struck by the Democrats to get enough votes for passage."

Ways and Means Democrat Michael Kopetski of Oregon said Jefferson has proposed "the Elmer's glue" that can hold together a critical section of a health-care bill dealing with employer mandates.

Legislation before the committee provides what President Clinton has requested: a mandate that many businesses pay 80 percent of the premium costs for their workers' health insurance, with some exemptions for some small businesses.

Jefferson's amendment would lower the premium payment requirement for businesses that have 50 or fewer workers and low-wage workforces. Jefferson also proposes a 1 percent tax on insurance premiums, instead of the 2 percent tax in the legislation drafted by Ways and Means Chairman Sam Gibbons, D-Fla.

There are costs and revenue-loss consequences of Jefferson's proposed assistance to small businesses, and his proposed scalebacks of the premium tax and the tobacco tax increase.

To deal with those financial consequences, Jefferson proposes a three-year delay for including long-term health care in the standard package of health care benefits. U.S. Rep. Charles B. Rangel, D-N.Y. warned that he might not be able to accept that delay.

Jefferson's proposed relief for small business is designed to win the votes of at least two wavering Democrats: Jefferson himself and U.S. Rep. Jim Hoagland, D-Neb.

Both Jefferson and Hoagland contend that many small businesses cannot afford an expensive, new employer mandate for work-based health insurance.

But McCrery contended that, by the way Jefferson has structured his amendment, many small business owners would be encouraged to hold down the pay of their low-wage workers.

Jefferson's amendment would require the smallest businesses (with 25 or fewer workers) with the lowest wage base (worker pay, on average of $15,000) to pay only 40 percent of workers' insurance premiums, instead of the 80 percent mandated for larger and wealthier businesses.

The required insurance premium then would increase, in stages, as the size of the business and the value of wages increased, under the Jefferson amendment.

The proposed small-business break finally would disappear for businesses employing 51 or more workers and paying workers, on average, more than $26,000 a year.

"My point is an employer really has an incentive not to give his employees a pay raise," McCrery contended.

Jefferson replied that he is not happy with any mandate on small business, but that he has designed a compromise intended to help the most vulnerable small businesses.

Jefferson's tobacco tax proposal was aimed at U.S. Rep. L.F. Payne, D-Va. Payne's district has about 5,000 tobacco farmers, and he announced Wednesday that he will vote for Jefferson's amendment.

Increasing the tobacco tax would help pay for the government's share of health care reform. Jefferson's amendment would raise the cigarette tax, in stages, from the current 24 cents a pack to 69 cents a pack.

While that is a tobacco tax increase, it is far less than other legislative proposals. President Clinton requested a 75-cent tax, and Chairman Gibbons has proposed 90 cents.

Restraining the tobacco tax hike, as Jefferson proposes, "is not the right thing to do," said Georgia Democrat John Lewis."... Hundreds and thousands and millions of our citizens are dying as a result of tobacco."

Late Wednesday, Ways and Means Republicans reportedly were devising a strategy to seek a separate vote on the tobacco issue, hoping to split Jefferson's coalition.

Jefferson said the Democrats would try to agree on a unified stand for any series of Republican-sponsored votes, as well as discuss any necessary legislative changes to his amendment should the GOP win any votes.

"What a dog fight," he said.

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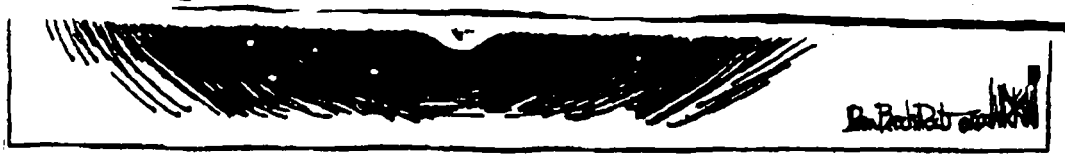

READERS' VIEWS

Women and health-care reform

Polls show that 89 percent of Americans want a fundamental change in the nation's dangerously flawed health-care system. There's a good reason for the dissatisfaction. People are frustrated by skyrocketing health-care costs and scared of losing their health insurance or being wiped out by a health care crisis. The Congress, exhibiting the speed of a glacier, appears to have finally gotten the message, and it now appears that reform proposals are moving.

Women have a vital stake in health-care reform. On average, they are poorer than men, earning only 70 percent of what men earn. By age 65, women are twice as likely as men to live in poverty. Because women work part time and move in and out of the work force more often than men, they are less likely to have their health insurance covered by their employers. Only 37 percent receive direct employer health-care coverage, compared with 56 percent of working men. If women get insurance through their spouses, they are vulnerable to losing benefits if they are divorced, widowed, or if the employer drops dependent coverage.

Our current health-care system short-changes women. Income, employment and marital status determine health-care coverage. Nearly one in four pregnant women in the United States gets late or no prenatal care; and African-American women are more than twice as likely as white women to get no prenatal care.

Because women on average live seven years longer than men, we are at greater risk of developing chronic diseases which require long-term care. Medicare and most private insurance plans don't cover long-term care. Until recently, medical research has failed to include women in major studies of heart disease, the No. 1 killer of women.

Women must insist that whatever health-care legislation is passed should meet five goals: universal coverage; comprehensive benefits, including primary and preventive care, a full range of reproductive services and long-term care; a choice of providers; accountability; and increased attention to research on women's health needs.

The voices of special interest groups, backed by their well-financed political action committees, have been heard loud and clear in the land. The voices of women — as patients, as caregivers, as mothers, as voters — have been muted. It is time for women to speak out for health-care reform that meets our needs.

Roberta M. Madden
614 Park Blvd.
Baton Rouge

Must we push North Korea?

Why did I not see it before? I have puzzled over why the Clinton administration persists in getting itself into a box over the refusal of North Korea to allow complete inspection of its nuclear facilities.

After all, as I understand it, belonging to the International Atomic Energy Agency is a voluntary matter. To endeavor to force a country to abide by a voluntary commitment seems contrary to the spirit of voluntarism.

Yet the administration has been whooping it up for economic sanctions against North Korea, knowing full well that that country regards imposition of sanctions as an act of war. Now, I believe I know why.

The insight came to me as I was reading over the Special Report of Peter Grace's Citizens Against Government Waste. The report gives hundreds of specific items to cut government waste (not all of which I approve, though I do of the vast majority of them), amounting to nearly $187 billion in 1995 and over $1 trillion in five years.

But among the major cuts are those targeted at the Department of Defense — and I mean major cuts, not simple little fat trimming here and there. The CAGW's cuts are predicated on the elimination of the Cold War. Well, with the Cold War no longer an excuse for ever larger military budgets, what can the Pentagon do to whip up enthusiasm for keeping from being reduced to what it should be in peacetime?

The answer, now it seems clear to me, is that it makes threatening gestures against North Korea, one of the apparent possessors of nuclear capability.

If we do not have a Russian bogeyman any longer, they seem to be saying, we shall make the best case we can for keeping up our armaments.

Other countries with such capability which are probably more volatile than North Korea, like India and Pakistan, are not targeted because they are "friendly." North Korea combines the specter of communism with potential threat of nuclear war. Behold, then, the apparent reason for the war-mongering in the administration.

Why could I not see that before?

Ralph Mason Dreger, Ph.D
2106 Lee Drive
Baton Rouge

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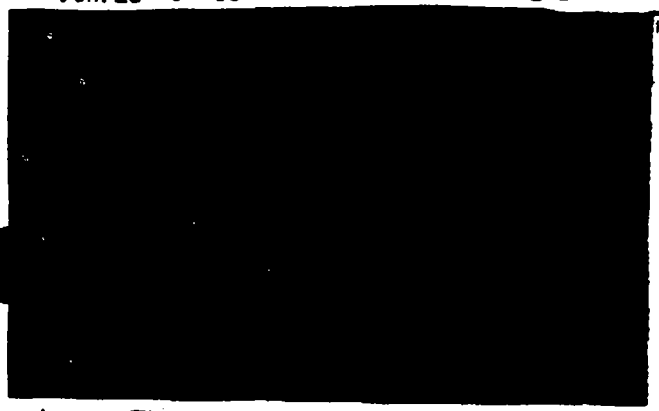

ux home. The pair was reunited 26 years after second chance,' she says.

STAFF PHOTO BY TED JACKSON

happy reunion between Bruscato and her son — 26-year-old Rodney Melancon.

Bruscato got the name of Melancon's adoptive parents from the Louisiana Voluntary Registry, an agency that helps reunite willing birth parents and the children they placed for adoption.

Her second step was wading through the pool of Melancons in Louisiana.

"I called all of the Melancons in the Westwego and Jefferson Parish area. And then I remembered that the adoptive parents were originally from Gonzales."

See REUNION, next page

New Orleans
6/20/94

JPDATE

William McCrossen

McCrossen steps down as fire chief

'April 1, 1993

Official's hopes dim for health care reform

By CHRIS ADAMS
Staff writer

RX
Health Care Debate

From his vantage in Baton Rouge, state insurance regulator George Renaudin is losing hope that significant health care legislation will come out of Washington anytime soon.

Renaudin, Insurance Commissioner Jim Brown's chief insurance expert, is involved in trying to correct the many health care problems in Louisiana.

Generally, the problems faced by Louisiana are more severe than those faced by Americans as a whole. The percentage of uninsured residents is higher than in the rest of the country, for example, and medical inflation in Louisiana has outstripped the national average.

So Renaudin was encouraged when health care reform became a pressing national issue. Now, however, he says the prospect for significant change is dwindling.

See HEALTH, next page

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imply "Lyons Wakeman."
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kson Barracks in St. Ber-

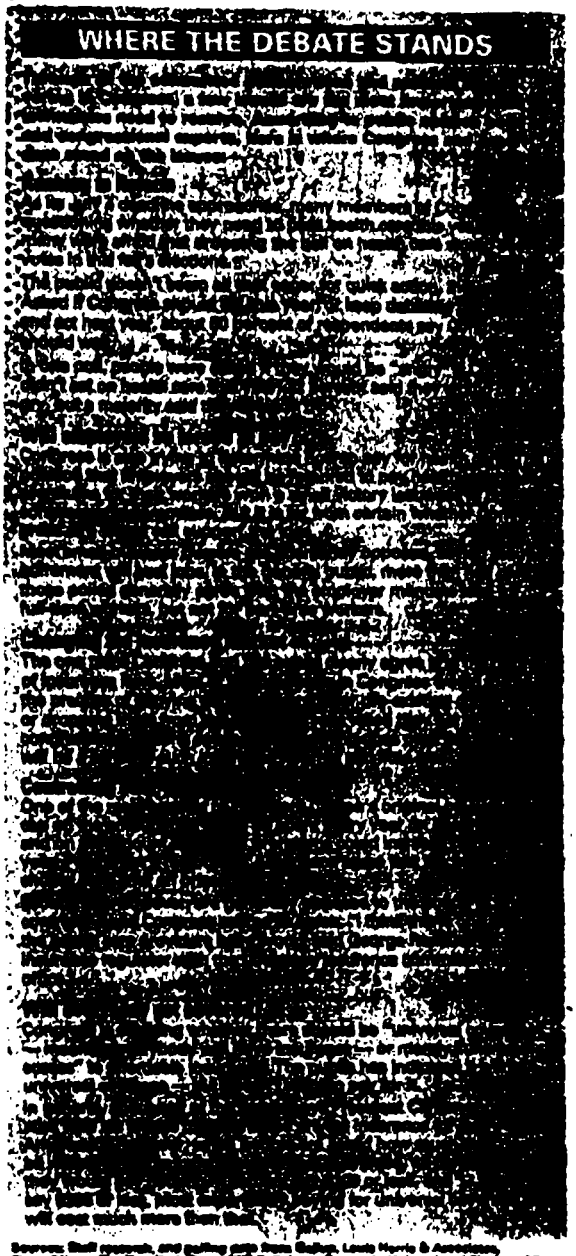
See SECRET, next page

Lauren Cook Burgess, left, and Ruth Goodier, the great-great-niece of Sarah Rosetta Wakeman, remove plastic from a wreath to be placed on the grave Sunday.

STAFF PHOTO BY NATE GUIDRY

CONTINUED . . .

WHERE THE DEBATE STANDS



Sources: Staff research, and polling data from Gallup, Louis Harris & Associates, Times-Picayune, The New York Times/CBS Poll, Lewin Research, University of Cincinnati Poll.

Health: Fixing La.'s ills

From B-1

"I don't see overall, systematic reform at this point," Renaudin said. "I think it's needed. It's obvious we need it, but I'm not so sure it's going to happen. Let me put it this way: In February, everybody I talked to in Washington, D.C., said it was going to happen. Now, a third to a half of the people say it won't."

If widespread reform of the kind President Clinton envisions doesn't pass, Renaudin said he hopes more limited measures will be enacted. Already, Louisiana has laws that prohibit insurance-industry practices such as denying coverage for pre-existing conditions or dropping people who get sick.

Most reforms in Congress would build on Louisiana's law, Renaudin said. Because of the way insurance laws are written, the Department of Insurance has jurisdiction over only half of the insured Louisiana residents. Under the reform proposals, it would have regulatory power over most insurance policies in the state.

Small business: No mandates

Local small-business leaders, calling themselves The Coalition for Jobs and Health Care, are stepping up the heat to convince Louisiana's congressional delegation to kill any plan that would require employers to provide health insurance for people on their payrolls.

Restaurateur Ralph Brennan, a member of the coalition, said an employer mandate would be too expensive for many small businesses, restaurants among them.

Brennan provides a health insurance plan for employees of his restaurants, Mr. B's Bistro and Bacco's. But at many restaurants and other labor-intensive businesses, the profit per employee is so small that providing health insurance on top of wages is impossible, Brennan said.

"What scares us the most is the government telling us what we can and can't do for our employees," Brennan said.

Coalition members say an employer mandate would cost between 800,000 and 3 million jobs

Most economists agree the mandate will cost jobs, but their estimates aren't that high. Independent estimates generally put the job loss at between 300,000 and 1 million nationwide, or 4,500 to 16,000 in Louisiana.

Speak out: Care for all

A former public official who served with President Franklin Roosevelt while the New Deal was constructed visited New Orleans last week to speak on "the last unfinished business of the New Deal."

Arthur Flemming, a former secretary of Health, Education and Welfare, spoke Friday as part of "Speak Out America," a city-to-city tour sponsored by the pro-reform group HealthRight. Flemming, 88, served with every president from Roosevelt to Ronald Reagan.

"We stand at the edge of a great moment in our history," he said. "Americans have an opportunity to be heard on the last unfinished business of the New Deal."

At St. Martin Manor in Mid-City, about 300 people listened to Flemming and to a dozen local residents who have been stymied by the health care system.

stein. It contained several inaccurate statements, the most serious of which was that Sugimoto's teacher, Kentaro Yano, studied for two years under Einstein at Princeton University.

This is an utter impossibility because Einstein was never a professor at Princeton.

This pretended association with Princeton is a myth created for some unknown reason by Einstein and his high-powered public relations organization. For instance, the jackets and forewords of almost all books by him, and several books about him, contain some remark about Princeton University and then continue with: "Mr. Einstein is professor emeritus at the Institute for Advanced Study at Princeton."

The truth is that the Institute for Advanced Study has no connection with Princeton University. It is a strange little school New Jersey at the end of the above sentence, Einstein implied that the Institute was a part of Princeton University when it was not.

The ever-present photographs of Einstein walking across the Princeton campus with books in his arms also further the impression. Anyone can walk across the campus at Princeton or at almost any other university in this country.

I have a letter from Princeton University denying any involvement with the Institute for Advanced Study or with Albert Einstein except for allowing him to rent the Princeton Auditorium one night for a paid lecture shortly after he came to this country from Switzerland.

Wasn't it Napoleon who said that history is a collection of lies that have come to be regarded as the truth?

George Indest Jr.

Clinton's health care scheme

New Orleans

In reply to Marcus Carson's June 9 letter ("Breaux: statesman or politician?"), he is correct: There is a difference between a politician and a statesman.

In my opinion, however, (I was not polled by Southern Media & Opinion Research last month) there is not health care crisis to solve. There are only some left-wing politicians like President Clinton and Hillary who want to take over the health care and medical professions and create a new monster-bureaucracy with branches all over the country and "executive directors" such as Mr. Carson.

Where in our Constitution does it say we need to provide health care for everyone? As I recall, only the right to life, liberty and the pursuit of happiness are guaranteed.

How can I pursue happiness if the government continues to demand more and more of the money on which I have to live to fund new government "mandates"?

Clinton's health care scheme is just another idea dreamed up by politicians to force a new entitlement program on American society. Why should anyone else have to pay for my prescription or my backache? Why should I or anyone else have to wait until some government bureaucrat decides whether I should be entitled to heart surgery and, if so, when and by whom performed?

Does Sen. John Breaux or Mr. Carson really believe the American people want another federal program diminishing their freedom and dictating to them what they may or may not do to satisfy their own health needs?

How can Mr. Carson or anyone else call such a denial of freedom an act of "statesmanship"? Politicians who would seek to impose such universal restrictions now called "mandates" on the American people and at the same time say they are "helping" us ought to be thrown out of office the next time they dare to seek re-election.

If Sen. Breaux has come to accept this arrogant "better solution" to a non-existent crisis, he has indeed taken a giant step in the wrong direction.

Juliette C. Klein

realized it was my car, got in touch with me. She watched the car all morning until the police and the tow truck arrived.

The only thing missing from the car was our infant car seat — and I'm hoping the thieves will at least put it to good use and maybe protect a child who would otherwise be in danger.

My thanks to both Val Cupit and Letha Verret. Both are citizens who care enough to make our city a better place to live.

Margaret Dubuisson
WVUE News Anchor

Dollar price on principle

New Orleans

Re: Louisiana's choice whether to concede Medicaid funding of rape or incest abortions.

The recent Times-Picayune article discussing the issue suggested that the number of rape and incest abortions performed in Louisiana is extremely small, possibly two or three each year. The article did not add the corollary, that with Medicaid funding those numbers will surely rise.

Nothing is better proved than that subsidization increases incidence. With Medicaid funding available, more Louisiana women will procure abortions of their babies, babies who otherwise would live, babies whose innocent lives are not less worthy because of a parent's misconduct.

Let there be no misunderstanding of the moral positions of the state and federal governments in the dispute. If, on moral grounds, Louisiana refuses to fund rape or incest abortions, it will be the federal government, not Louisiana, that halts general Medicaid funding to those entitled to it by law.

It will be the federal government that withholds funds paid to it by Louisiana and businesses for Medicaid purposes.

It will be the federal government that demands we disobey our consciences but asks how we can allow the enormous suffering it itself inflicts when we refuse.

It is a very nice argument. It asks the dollar price we assign to moral principle.

It requires Louisiana to answer this threat posed by the federal government: I will withhold millions of dollars from your blameless sick unless you join me to subsidize an act you consider murder. What is your answer?

Fred A. Wild III

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Clinton open to health-care 'triggers'

By JIM ABRAMS
Associated Press writer

WASHINGTON — The White House might be open to various "trigger" mechanisms being proposed in Congress as a means of phasing in universal health care coverage, presidential adviser David Gergen said Sunday.

President Clinton "is open to any mechanism that gets us to universal coverage," Gergen said on CBS' "Face the Nation."

The bottom line for Clinton is "at the end of the day, within a few years, will every American have a guarantee, will every American be able to count on having health insurance," he said.

Sen. John Breaux, D-La., and other Democratic moderates have introduced the idea of triggers as a way of getting around the divisive issue of whether to mandate that employers pay for their workers' health insurance.

One plan would have mandates automatically kick in at a certain date in the future if market measures fail to achieve the prescribed level of universal or near-universal coverage. Another would simply leave it to future congressional action if that coverage isn't obtained. A third trigger favored by Republicans would require individuals, but not businesses, to buy insurance.

"The issue is not the trigger," Gergen said. "The issue is not one mechanism versus another mechanism. The issue is not even the employer mandates. The issue is what is the best way and can we find a way to get to universal coverage."

Senate Minority Leader Robert Dole called triggers "the biggest gimmick in town." He said they would only delay the eventual onset of employer mandates, and that such mandates would hurt small businesses.

"If you're going to have a mandate, just say you're going to have a mandate," he said Sunday on CNN's "Late Edition." "Don't try to, you know, gloss it up, cover it up, paint it up or something else."

Dole said Saturday in Boston that he would oppose any bill mandating that employers pay for workers' health insurance. On Sunday he said some had misconstrued his comments as threatening a filibuster.

"I mean I'm going to fight the bill and try to change it, try to amend it, try to clarify it, try to knock out employer mandates," said Dole, R-Kan. "It may be so bad you'd have to end up in a filibuster, but certainly we're not at that point yet. We're a long way from deciding any strategy."

Breaux, appearing on NBC's "Meet the Press," said the response to his trigger concept had been generally positive.

> **"We're moving into the fourth quarter and, like, the score is 0-0, and you don't need the cheerleaders on the field. You need your major players out there trying to get it done."**
>
> — Sen. John Breaux, D-La. on health care reform

"By phasing in these requirements, I think we'll have a chance to reform the marketplace. It doesn't do us any good to mandate something until we've reformed it," he said.

Breaux also urged the administration to become more involved in crafting the legislation now moving slowly through committees in the House and Senate.

"We're moving into the fourth quarter and, like, the score is 0-0, and you don't need the cheerleaders on the field. You need your major players out there trying to get it done," Breaux said.

He said Clinton is actively involved, sometimes calling at 11 or 12 at night to discuss health care. "But I think he has to have a team with a central focus who can cut the deal, if you want to use that phrase, who can actually say, 'We will accept this but not that.'"

White House Deputy Chief of Staff Harold Ickes, interviewed after Breaux on NBC, countered that the administration is fully engaged in the health care debate. But he said it was still too early to get involved in the fine print.

"We are not micromanaging this legislative process," he said.

The Democrats said they hoped Republicans in the end will play a positive role in passing health care reform this year, despite Dole's opposition to any bill that contains employer mandates.

"This country has been trying to climb what is the Mount Everest of American politics, health care reform, for 60 years," Gergen said. "We've come farther up the mountain than at any time we've ever done in the past, and this is the wrong time to talk about going down the mountain and starting all over again."

Baton Rouge Advocate

READERS' VIEWS

Support for single-payer plan

While The Advocate has generally done a good job in covering the health-care issue, I was surprised by the absence of all the local news media from a health-care debate on May 14 sponsored by the American Legislative Exchange Council and U.S. Rep. Richard Baker, R- Baton Rouge. This was one of the top local news stories of the day, in my opinion.

There were several plans debated that day, including the single-payer plan sponsored by U.S. Rep. Jim McDermott, D-Wash., and U.S. Sen. Paul Wellstone, D-Minn.

Many regard this plan as "government-controlled" health care, as does ALEC.

Single-payer does not mean government control and would not require patients to stop seeing their own health-care providers. Neither is single-payer "socialized medicine."

Under single-payer, the federal government would replace insurance companies as American's health-care insurer.

This plan would not eliminate privately owned hospitals or physicians in private practice.

Doctors and hospitals would not work for the government under this plan. It is the only plan providing full, equal coverage (as opposed to access) at a savings. I recently visited an uncle and aunt in Arkansas, who maintained a double-income household for decades.

They were always very frugal and managed to build a respectable nest egg.

He is now in the hospital, and she is in a nursing home.

Under our wonderful "free-market" system, these expenses will probably wipe out their life savings.

Such barbarism would not happen under single-payer, which would cover everyone, as opposed to the Clinton plan, which favors the employed and requires the unemployed to pay a significant portion of their premiums.

The Cooper-Breaux "managed-care" plan will provide only small, short-term savings while burdening us with high deductibles and co-payments. The Republican and so-called "bipartisan" plans are even worse.

Do not let the health-care and insurance special interests dictate where, when or why you can see a doctor and how much you'll have to pay for treatment and medicine.

If you want better coverage for less money, support the American Health Security Act (H.R. 1200), also known as the McDermott-Wellstone single-payer plan.

Walter McClatchey Jr.
736 Ray Weiland Drive
Baker

Baton Rouge Advocate

Hospital group targets Kleczka 6/11/94

By Julie Sneider

The American Hospital Association is expected to hit the Milwaukee airwaves the week of June 13 with a nationwide campaign to sway key congressmen to support the association's positions on health reform.

AHA and its state and local affiliates — the Wisconsin Hospital Association and the Hospital Council of Greater Milwaukee — plan to target U.S. Rep. Gerald Kleczka's 4th District with TV commercials criticizing a proposal to cut hospitals' reimbursement under the federal Medicare program.

Kleczka is a member of the House Ways and Means Committee, which began considering a draft of a health care bill June 9.

The association's main beef with Kleczka is his support of a measure calling for limiting Medicare reimbursements to hospitals as a way to help finance a national health plan.

The 30-second spot suggests that if Congress reduces hospitals' Medicare reimbursement rate to 71 percent of their charges, hospitals may have to cut necessary medical care.

Kleczka called the ad "misleading, false and asinine." He said he didn't know where AHA came up with the 71 percent figure.

"The cuts we're talking about in Medicare now are minimal to providers," he said.

Medicare now is reimbursing hospitals to "the tune of 89 percent of their billing . . . If we were to pay 100 percent of every hospital bill, the Medicare program couldn't print money fast enough," he said.

Kleczka has not endorsed any one specific reform bill, but favors universal coverage and a mandate on employers.

The Business Journal

HEADLINE PACKWOOD KEY IN HEALTH-CARE REFORM
Byline: ROSE ELLEN O'CONNOR - of the Oregonian Staff
LENGTH ESTIMATED INFORMATION UNITS: 6.3 Words: 897
DATE 06/10/94
SOURCE PORTLAND OREGONIAN (POR)
Edition: SECOND
Section: LOCAL STORIES
Page: A04

Summary: Some believe the Oregon senator may be the one to fashion a behind-the-scenes bipartisan compromise

As time slips away from Congress, Oregon's Sen. Bob Packwood stands to play an increasingly pivotal role in the desperate search for consensus on health-care reform.

Packwood, under the cloud of a sexual misconduct probe that at times left him a Senate pariah, is now looked to as one of the key players who can lead lawmakers out of the health-care morass. Although Packwood's ability to her senators on board has been diminished by the 18-month ethics investigation, he still is considered the Republican most likely to work out the fine points -- behind the scenes -- of a bipartisan compromise.

"We're at a critical time in the debate," said Charles Leonard, * a spokesman for the **Health Care Reform Project**, one of the major lobbying coalitions of unions, businesses, medical providers and consumers. "Senator Packwood could help break the logjam and breathe new life into the debate."

- Agreement hard to come by

There are five panels overseeing health care, but four can't agree on a proposal that anyone in Washington believes has a real chance of passage. Most now see the Senate Finance Committee, on which Packwood serves as the ranking Republican, as the last and best hope for comprehensive health-care reform.

Aides to Packwood and Finance Committee Chairman Daniel Patrick Moynihan have been meeting since the start of the Memorial Day recess two weeks ago to work out a broad outline for compromise.

According to Democratic and Republican aides privy to the discussions, the most likely compromise would call for a variety of insurance reforms and assistance for small businesses in the hope of bringing about coverage of more Americans. Employers would be required to help pay for workers' insurance only if goals for reaching universal coverage were not met.

The reforms would likely include requiring insurance companies to offer all residents of a community the same basic rate and barring insurers from charging more for pre-existing conditions or dropping someone once they become sick.

"There's a whole dynamic. If Finance moves, the House might start moving," Leonard said.

Leonard's group favors President Clinton's proposal, but he says the compromise reportedly being discussed by Finance could be acceptable to his group if it ensures that all Americans are covered and manages to get employers to help pay for it.

- Ads target key players

* The **Health Care Reform Project** addressed Packwood and nine other key players in the House and Senate with full-page newspaper

ads over the Memorial Day recess.

Packwood doesn't talk to The Oregonian as a matter of policy and refused through an aide to discuss his committee's work on health care. He told The Associated Press on May 26 that he believed the committee could come up with a bipartisan plan.

"It will be a middle-of-the-road bill and both sides will be pulled toward the center," Packwood told The Associated Press.

One need look no farther than the Oregon delegation to see the difficulty facing Congress in reaching a consensus.

Three of five House members of the Oregon delegation have endorsed different health reform plans. Democratic Rep. Mike Kopetski is leaning toward a fourth, and, across the Columbia River in Southwest Washington, Democratic Rep. Jolene Unsoeld is backing a fifth.

- Health care package complex

The debate over health care is so complex that even some lawmakers don't always understand the intricacies of the bill they're on record as endorsing. And members are sometimes deliberately vague -- referring to a payroll tax, for example, as simply "an assessment."

Still, Rep. Ron Wyden, in his seventh term and widely viewed as one of Capitol Hill's experts on the intricacies of health care, said he believed consensus was within reach. Wyden serves on the House Energy and Commerce Subcommittee on Health, which has so far deadlocked over health-care reform.

In interviews over recent weeks, Wyden has outlined a compromise similar to what is now under discussion by the Finance Committee. Wyden says he believes such a compromise could bridge the gap between liberal Democrats who want quick and aggressive action to ensure that low-wage workers and the poor get health coverage and conservatives who are wary of government intervention and want to rely on market reforms.

"You're setting a date certain when you've got to have universal coverage . . ." Wyden said. "But the market-reform people get first crack at it."

Oregon Republican Sen. Mark O. Hatfield opposes forcing businesses to pay for health coverage for workers but said in an interview last week that he might support such a compromise if it included adequate subsidies for small businesses.

Hatfield is not optimistic about the chances for major reform this year but says he's "not without hope," noting that during his 27 years in office, he has "seen things come together at the last moment before."

If a plan is approved, it may well include a provision Hatfield co-authored with Democratic Sen. Tom Harkin of Iowa, which has won broad bipartisan support and has been attached to both major Democratic and Republican proposals. The Hatfield-Harkin provision would put 1 percent of the insurance premiums collected into a medical research fund.

"The ultimate cost containment is cure," Hatfield said. "Either from an economic or humanitarian point of view medical research has to be part of any medical reform."

Compromise may get health reform passed, but who will be left out?

Associated Press

WASHINGTON — As President Clinton and lawmakers begin to make deals on health reform, the requirement that employers pay their workers' insurance seems likely to be left in the dust. Sacrificed along with it may well be timely health insurance coverage for the millions who don't have it.

Clinton's health proposal and other Democratic plans include a substantial employer mandate on the theory that the easiest way to cover everyone is by expanding the way most Americans already get their insurance — through their jobs.

But the concept has been battered on Capitol Hill, where business lobbyists flock daily to oppose it. Many lawmakers say they won't vote for any bill that includes mandates. So the buzz word of the moment is "trigger" — a mechanism that would go into effect only if goals of covering uninsured Americans are not met.

In other words, a bill would be passed without an employer mandate, and the requirement would be imposed only if other reforms failed to bring more Americans into the health insurance fold.

Three members of the Senate Finance Committee — ranking Republican Bob Packwood of Oregon, Sen. John Breaux, D-La., and Sen. Kent Conrad, D-N.D., have recently floated trigger proposals.

They argue that a health reform bill can't be passed if it includes an employer mandate, so why not pass a bill without one first and then put one in later if necessary.

"The question is, when you've got a determined group of people — restaurateurs, small business, retailers — who are passionate in their objection, who feel this is going to drive them out of business, is the country served by jamming this down their throat now?" Packwood said recently.

"We will come to it in three, four, five years. Is that a long time in the history of the republic?"

The threat of a future mandate combined with insurance reforms and competition in the marketplace would go a long way, they say, to get insurance to a large chunk of the estimated 39 million Americans currently without coverage.

Banning insurers from refusing those with pre-existing conditions, for instance, would bring in many people who need health insurance but don't have it. Making insurance portable, so people couldn't lose it if they lost or left their jobs, would also help. Putting small employers and individuals together in insurance purchasing pools would also help make it affordable.

And, more importantly, according to Breaux, the changes would stop much of the spiraling cost of health care, a key impetus for health reform.

Opponents of slow, voluntary change say it will leave many people without insurance. They also say real reform of the insurance system won't happen unless universal coverage is instituted.

Democrats accuse GOP of blocking health care reform

Associated Press

WASHINGTON — In an atmosphere of intense partisanship, House Democrats charged Republicans on Friday with obstructing passage of health reform legislation. GOP Whip Newt Gingrich called for a compromise stripped of President Clinton's "big government" approach.

While Democrats labor to advance Clinton's proposal through balky committees, Gingrich said he had urged Republicans in the House to forget about improving it.

"To say, 'Why don't you go for 40 percent socialized medicine instead of 100 percent socialized medicine' goes against everything our constituents believe in," he said. "His bill is dying."

But Democrats pounced on his attitude as evidence of obstructionism on the top item on the administration's agenda.

House Speaker Thomas Foley said House Republicans were pursuing a strategy of "flat opposition to achieving health care legislation," and added that their "mask of cooperation" had been removed.

Majority Leader Richard Gephardt, D-Mo., told reporters that Gingrich's strategic advice showed the "Republican effort seems to be to stop any bill."

The Democrats leveled their attacks as the Republican National Committee announced it was airing a radio advertisement aimed at Rep. Peter Hoagland, D-Neb., for voting to uphold a requirement that most employers help finance health insurance for their workers. "This mandate with its huge payroll tax will hurt the economy and cost jobs," said the ad.

In a telephone interview, Hoagland said the ad was part of a Republican strategy of defeating all health reform measures. "It pulls out one small piece of the health care set of issues... and casts it in an extremely misleading light," he said.

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.

'For farmers'

I have attended four recent town meetings (Saltville, Mendota, Dungannon, and Castlewood) during which Ninth District Rep. Rick Boucher stated a number of times that he opposes a tobacco tax increase.

Congressman Boucher estimates that approximately 25 percent of the citizens of the district are without health care benefits (including many tobacco farmers and their families) and he does support health care coverage for all citizens. I have long been an advocate for health care reform, and I commend Boucher for his efforts to assist our tobacco farmers.

Less than 10 percent of the members of Congress represent tobacco farmers. There is a nationwide trend to ban the production and use of tobacco products; public support against the use of tobacco products is overwhelming.

School programs tout the ills of the use of tobacco products. Nationwide concern over the exposure to second hand cigarette smoke dominates bans on smoking. Physicians and other health officials continuously warn about the devastating health effects of exposure to and the use of tobacco products. Yes, the tobacco industry is under siege. But Boucher's efforts to assist tobacco farmers includes transition monies for tobacco farmers in any legislation that might involve increases or penalties on tobacco products.

Rick Boucher has been, and continues to be a friend to all farmers in our district.

Sam Church
Appalachia, Va.

Tobacco lobby still formidable

By CAROL JOUZAITIS
Chicago Tribune

WASHINGTON — It has been a nightmare of a year for the tobacco industry, pummeled by a wave of local smoking bans in public buildings, proposals for higher cigarette taxes and allegations of nicotine-spiked cigarettes.

But despite the assault of negative publicity, even the most ardent anti-smoking crusaders concede that reports of the Marlboro Man's death are greatly exaggerated.

While cracks are beginning to show in the industry's influence, tobacco remains one of the richest and most powerful lobby machines on Capitol Hill. With hefty campaign contributions, a

Please see DESPITE, page 5A

Continued from page 1A

small army of effective lobbyists and friendly lawmakers, the industry continues to thwart anti-smoking legislation.

"It is weakening," said Rep. Richard Durbin, D-Ill., an anti-smoking congressman, "but the lobby is still very powerful. It is a serious mistake to underestimate its political clout."

The industry has fought off many proposed tax increases over the years, keeping the federal 24 cent-a-pack levy among the lowest in the industrial world.

With all the public sentiment against smoking, tobacco is again seen as a politically expedient source of revenue to finance health care reform. But the amount of the tax, which would further discourage cigarette sales, remains undecided.

A House subcommittee recommended a $1.25-a-pack increase in March. But demonstrating the continued clout of tobacco's allies, Rep. Sam Gibbons, D-Fla., acting chairman of the House Ways and Means Committee, last week slashed that proposal to 60 cents. The committee will vote on it later this year.

Other major anti-smoking proposals, including a federal smoking ban in most public buildings and a measure authorizing the Food and Drug Administration to regulate cigarette manufacturing and sales, are considered long shots this year.

Despite a mountain of research suggesting smoking is harmful to Americans' health, just three significant anti-tobacco bills have passed Congress in the last 20 years. Two of those outlawed smoking on domestic airline flights and the other strengthened the warning label on cigarette packages.

The airplane smoking prohibitions were approved in legislative maneuvering that bypassed committees where tobacco defenders held sway.

Durbin and Rep. Mike Synar, D-Okla., tried a similar tactic this week, trying to force a House vote on a measure authorizing the FDA to oversee cigarettes as if they were a prescription drug. The attempt to offer the bill as an amendment to an agriculture appropriations bill was rejected.

"While the tobacco lobby may have won this battle, regulation is inevitable," Durbin said.

Hardly a day goes by without a shot being fired in the tobacco battle, be it a public hearing on the health effects of secondhand smoke, reports alleging the industry manipulates nicotine content in cigarettes or state attempts to recoup the

Kingsport Times 2. Sunday 6-19-94

Medicare costs of smoking-related disease. Tobacco companies have rushed to defend themselves with full-page advertisements and slick public-relations campaigns.

"Whether all this talk translates into Congress having the guts to do something, the jury is still out," said Gene Karpinski, executive director of the U.S. Public Interest Research Group.

The tobacco industry, which contributed $2.4 million to members' re-election efforts in 1991-92, still has numerous defenders in Congress. And many of them are on key committees.

Since Jan. 1, according to Federal Election Commission filings, the industry has given more than $1 million in donations for this year's congressional campaigns.

Thomas Luria, a spokesman for the Tobacco Institute, asserted that the contributions are overshadowed in size by multibillion-dollar donations from the political action committees of other industries, including health care.

"When any industry contributes money, they're participating in the democratic process," Luria said.

Among the most powerful of the pro-tobacco forces is Rep. Tom Bliley of Richmond, Va., where Phillip Morris Cos. is a large employer. As ranking Republican on the House Energy and Commerce committee, Bliley controls GOP votes on the panel and has been an outspoken opponent of two anti-smoking measures pending there.

Bliley accepted a total of $66,190 from the four largest tobacco PACs from 1987 to 1993, more than any other member of Congress, according to U.S. Public Interest Research Group.

In the Senate, unlike the House, smoking is still permitted in designated areas, largely due to the influence of the Democratic whip, Sen. Wendell Ford of tobacco-producing Kentucky.

Such well-positioned supporters have enabled the tobacco lobby to fend off anti-smoking measures by quietly killing them in various committees.

"Tobacco lobby influence has ensured that members of Congress rarely have to actually vote against policies designed to fight tobacco problems," said a 1993 report on the tobacco lobby by two watchdog groups, Public Citizen and the Advocacy Institute.

"Usually such policies are scuttled in subcommittee or abandoned even before they are introduced," said the report, entitled "How the Tobacco Lobby Suffocates Federal Health Policy."

Public Citizen also found "a consistent correlation" between industry contributions and opposition to tobacco control bills.

But there are signs that the tobacco lobby, like the gun lobby before it, has begun losing its strong grip on Capitol Hill. Last month, even supporters of the proposal were surprised when a House subcommittee on health and environment approved a bill to outlaw smoking in stores, airports, offices and other public places.

It was the first anti-tobacco bill in 10 years to be endorsed by the committee, which has scuttled numerous others.

This time, more aggressive lobbying by anti-smoking groups swayed some members, such as Rep. Scott Klug, R-Wis., who voted for the bill after an anti-smoking group in his home state lambasted him for opposing it. Yet with health care, anti-crime and other higher-priority initiatives filling Congress' agenda, there's little optimism the bill will go any farther this year.

The vote underscored the continued influence of tobacco money. An analysis by U.S. Public Interest Research Group found that, on average, House members who voted against the bill received $22,499 each in campaign contributions from large tobacco PACs.

That's five times as much as the average received ($4,514) by those who voted for it.

"The tobacco lobby is working on Capitol Hill harder than ever to protect its turf. They will stop bills. They will change bills," Durbin said.

"By the end of the year there won't be a lot of changes. I'm sure the public will step back and say 'Wait a minute. I thought you had them on the ropes. I thought this fight was over.'

"Believe me, it's not," Durbin said.

Danville Register & Bee: Tuesday, June 7, 1994

Health care reform forum outlines problems

By LAURA B. McFADDEN
Staff Writer

"Dr. Carl Clark's signs said it all.

"'Health care is expensive.'

"'Money is the oil of the business.'

'Forms jam the works.'

The Danville physician's lessons about health care reform may have drawn appreciative laughter during a forum Monday. But the implications were serious and far from simple.

Rather than continue wrestling with a bureaucracy that drained his internal medicine practice of money and time dedicated to care, Clark closed his office doors.

He's now working in the emergency room at Danville Regional Medical Center.

Clark's was but one of many tales of nightmarish dealings with the nation's health care system during the forum, which was sponsored by the hospital and held at Averett College.

Local panelists representing industry and consumer interests outlined concerns about health care reform to Rep. L.F. Payne Jr., D-5th.

Payne is directly involved in the writing of a health care reform measure because he sits on the committee, Ways and Means, charged with that responsibility.

For businesses and industries, the cost of health care draws dollars away from equally deserving initiatives, said John Hunnicutt, vice president of Dibrell Brothers.

Any reform plan needs to improve access and provide preventive care, as well as reduce administrative costs, Hunnicutt added. Cost controls won't work, but some action is needed to bring down the cost of technology.

Health care, Hunnicutt said, "is the only industry I know where increases in technology causes an increase in costs."

Consumer advocates stressed the need for so-called "universal coverage," where no one would be without health insurance. Payne supports a reform plan that guarantees access but not universal coverage.

With the 50th anniversary of D-Day, much is being said about America's "can-do attitude," said John Wancheck, a Raleigh, N.C., field representative for Families USA. The non-profit group is lobbying for health care reform that includes universal coverage.

"We can do what our industrial competitors have done, but we can do it our way," Wancheck said.

Some at the forum raised fundamental questions regarding reform.

How, for instance, will Congress deal with the high cost of prescription drugs, which forces some people to choose between eating or taking their medication?

Charlene Hanson, director of the city's year-old free clinic, said there are many human "time bombs" in Danville who can't afford to take medication for easily controllable conditions such as diabetes or high blood pressure.

"It makes your heart cry," Hanson said, listening to pleas for help on the clinic's answering system.

Payne said he will support a plan that ensures security, controls costs and guarantees access to health care. Currently he supports a concept known as "managed care" under a plan written by Tennessee Democrat Jim Cooper.

The plan includes insurance reform; expands services to rural areas and health centers like the Sandy River Medical Center in Pittsylvania County; establishes purchasing cooperatives and abolishes Medicaid; provides for administrative reform; and includes no increase in the tobacco tax to pay for the reform.

Although Payne expects action soon, "there will be a lot of pulling and tugging and compromises if in fact there is to be health care reform this year."

— Danville Register & Bee ·

Wednesday
June 8, 1994

Pared-down health care plan proposed to attract Payne's support

By LAURA B. McFADDEN
Staff Writer

The House Ways and Means Committee will move forward on health care reform despite Dan Rostenkowski's legal quagmire, Rep. L.F. Payne Jr. said.

As Payne attended a health care forum in Danville Monday, a new reform plan was unveiled in Washington designed to attract the Nelson County Democrat's support.

Florida Rep. Sam Gibbons, who replaced Rostenkowski as chairman of the committee, is sponsoring a pared-down version of President Clinton's health care initiative.

It would raise the tax on cigarettes by 60 cents per pack, compared to Clinton's $1 per pack proposal and a subcommittee's $1.25 plan.

In a move seen as conciliatory toward Payne, who opposes increased tobacco taxes to pay for health care reform, Gibbons' proposal would phase in the tax over six years and blunt the impact on smokeless chewing tobacco.

Payne said he believes Gibbons will work with him to move health care reform toward a managed care concept that minimizes or eliminates the need for a hike in the current 24-cent excise tax on cigarettes.

But many question whether Gibbons will be able to shepherd health care reform through Congress.

Rostenkowski, who was indicted last week on 17 counts of defrauding the taxpayers, was viewed as central to a successful push for health care reform.

Payne said Monday the committee "will move forward expeditiously.

"Rostenkowski had carried health care reform up to a certain point, but the new chairman ... intends to pick it up there and move forward," Payne added. "The unknown question is the kind of leadership he'll be able to provide to get this through the committee and guide it through the Congress successfully."

As for Rostenkowski's legal difficulties, Payne said it was the Illinois Democrat's prerogative not to accept a plea bargain and to try to clear his name.

Rostenkowski was forced to give up his chairmanship of Ways and Means while under the cloud of indictment.

Nevertheless, Payne acknowledged that the questions about Rostenkowski will further erode public trust in Congress.

"It's a continual battle. We need to do the right things in Washington ... and that includes operating clearly under the law."

Danville Register & Bee

12A Thursday, June 9, 1994

VIEWPOINT

Chairman of the board

Sam Gibbons has only been chairman of the House Ways and Means Committee for one day, and he spent the first part of the week reliving his D-Day trip to France as a paratrooper. But he already has the proposed federal tobacco tax heading in the right direction — down.

The Florida Democrat who presided over the powerful tax-writing panel for the first time Wednesday — in place of indicted former chairman Dan Rostenkowski — has offered a health reform plan that includes a 60 cents a pack tax on cigarettes. Sixty cents is still a punitive levy on a product that is already overtaxed, but at least Chairman Gibbons brings a voice of reason to a debate dominated by hysterical opponents of the tobacco industry.

The Gibbons tobacco tax proposal, a concession to Ways and Means colleague L.F. Payne and other Southern lawmakers, is a big improvement over a Ways and Means subcommittee plan to slap a $1.25 tax on a pack of cigarettes.

Gibbons' proposal, modeled after a plan by California Democrat Pete Stark that scored high marks with the American Medical Association, erases several other objectionable features of the White House health reform proposal:

- The Gibbons plan dispenses with the huge purchasing alliances envisioned in the Clinton plan. It proposes direct payments to insurance companies and replaces Clinton's mandatory health purchasing alliances with voluntary purchasing alliances for small businesses.
- The revised plan deletes a White House proposal to give the secretary of Health and Human Services the power to refuse Medicare coverage for "breakthrough" drugs deemed too expensive.
- Medical students would be freer to enter specialized fields than under the Clinton plan.
- The Gibbons plan gives states four years, instead of three, to contain health care costs and avoid government cost controls.

Although Gibbons' revised plan is a vast improvement over the Clinton plan, it retains the employer mandate, a feature that promises to pit businesses that provide health insurance against businesses that don't.

But at least the Gibbons plan refrains from piling on a single business — the tobacco industry.

Pittsburgh Tribune-Review
Sunday, June 12 1994 Front Page

Ads target Santorum on health-care issue

By Richard Robbins
TRIBUNE-REVIEW

It was an attempt to light a fire under U.S. Rep. Rick Santorum, proponents claim.

According to a Santorum press aide, however, the only people scorched were its backers.

At issue is a radio commercial sponsored by the Campaign for Health Security, a Washington, D.C.,-based labor-consumer coalition that's broadly in favor of single-payer health-care reform.

The 60-second spot, which ends a 10-day run on Pittsburgh radio stations today, asks the question: "How can you make sure that health-care reform helps you?"

It offers the answer: "By urging Congress to guarantee every American health-care coverage at work like Congress has."

The commercial then tweaks Santorum. "The bottom line (is) we treat Congressman Santorum right. But ... Congressman Santorum supports a bill that gives you less coverage than he has."

It ends by asking listeners to ring Santorum's office. The Republican lawmaker's McKeesport office phone number is provided.


Rick Santorum

According to Campaign for Health Security director Gail Dratch, neither the White House — which advocates reform but not the single-payer variety — nor Santorum's fall opponent for the U.S. Senate — incumbent Democrat Harris Wofford — had anything to do with the ad. Everyone agrees on that, including Santorum press secretary Tony Fratto.

At the same time, the ad sounds very much like the argument Wofford has been pitching for months now. But, said Dratch, that's a case of mistaken identity.

The ad's goal was not to ape a

PLEASE SEE ADS/A10

Ads target Santorum on health-care issue

ADS FROM/A1

Wofford campaign spot, but to try to bring pressure on Santorum to change his mind, Dratch said. A member of the powerful House Ways and Means Committee, Santorum supports a "medical savings account" plan of the type favored by many conservatives.

"We're trying (with the ad) to convey our message to (Santorum)," Dratch said. "He's one of several we've targeted in this go-around. They're either in leadership positions or, like Santorum, on one of the committees that's going to help to write a bill. There's a lot of grass-roots pressure on line."

According to Dratch, the same or a similar ad aired the past 10 days in Kansas, targeting Republican Minority Leader Sen. Bob Dole; in Oregon, where the target was Sen. Bob Packwood, the ranking member of the Senate Finance Committee; and in congressional districts in Maine, Connecticut and New York.

All of the lawmakers targeted are Republican, though Dratch said some Democrats were targets in the past. A possible future Democratic target is first-term U.S. Rep. Marjorie Margolies-Mezvinsky of Philadelphia, Dratch said.

She added that it's not clear how effective the commercial has been in generating phone calls to Santorum. "We wish we knew the numbers," Dratch said.

According to Fratto, the office phone has *not* been ringing off the hook, and "half of the calls we've gotten have been from people who think this is a Wofford ad and want to know what we're going to do about it. They're angry that anyone would attack Rick," he said.

The congressman, Fratto added, will not be moved by the commercial. "These targeted attack ads do nothing. ... Attacking Santorum is not going to sway his position. It does nothing to advance the health-care debate."

Fratto charged the Campaign for Health Security with being a "special interest." In addition, he said, it is "considerably to the left" and "out of the mainstream. They are not with it."

The Campaign for Health Security is composed of nearly 30 organizations. Members include the United Auto Workers, the American Federation of State, County and Municipal Employees, Communications Workers of America, Teamsters International, Consumers Union, International Association of Machinists and Aerospace Workers, and the League of Women Voters.

Lesser-known groups include the Gay Men's Health Crisis, AIDS Action Council, Older Women's League, Church Women United, and Citizen Action.

Wofford campaign spokeswoman Greta Kreech said "we had nothing to do with the ad." However, she added, "we couldn't agree with the ad more. Americans need a health plan as good as the one Congress has."

Jennifer O'Donnell, Pittsburgh director of Citizen Action, said just because Santorum favors one type of reform doesn't mean he shouldn't hear from constituents with other viewpoints.

O'Donnell said the Campaign for Health Security believes that even more important right now than the single-payer idea are seven "key principles" of health-care reform, including universal coverage and comprehensive benefits.

"We want every congressman, including both Rick Santorum and Harris Wofford, to have these principles in mind when they vote on reform," O'Donnell said.

cans for a design, a strong organization, promotions and economic restructuring, which involves changing some of the ways things are done. But all four things have to be done at once.

"It's a hard thing to do, but if you don't then you're out of luck...so you do them all at the same time," Washburn said.

Viroqua has 3,700 people and was only 35 miles from the city

See CITY on next page

Associated Press Writer

VATICAN CITY — President Clinton sought to find common ground with Pope John Paul II in defending family values but conceded Thursday that "genuine disagreements" over birth control and abortion may be unbridgeable.

The pope appeared frail in his first major public appearance since breaking his hip in April, but he was resolute in his opposition to abortion during a 40-minute meeting with Clinton in the papal library.

Clinton, for his part, said he was "pretty straight-forward" in laying out U.S. policy in support of abortion. But where the Vatican focused on the core of their differences, Clinton chose to

Calling it a "profound honor" to be at the Vatican, the president reached out to Roman Catholics, praising the commitment of the 950 million-member Church and its clergy.

Clinton's meeting with the pope was described by Vatican officials as "cordial," meaning John Paul didn't wave his finger at the president but firmly stood his ground. The pope is a strong opponent of abortion and contraception.

"There are some genuine disagreements between us on the role of contraception and population policy," Clinton acknowledged. But he stressed that his administration does not support abortion as a means of birth control.

Clinton, a Southern Baptist, said there was no disagreement on what he called the "larger issues" in development policy such

See POPE on next page

Conrad: Health care important

The Jamestown Sun

By SCOTT KRAUS
Sun Staff Writer

North Dakotans spend 17.4 percent of their total income on health care, compared to 13.1 percent nationally, so the issue of health care reform is important to the state, Sen. Kent Conrad said Thursday in Jamestown.

"There is no subject matter that's going to affect all of us in a more serious way than health care...so we want to get this right," the Democrat told about 100 people who attended.

Conrad has been holding forums on health care across the state to ensure he has a good feel for state residents views on reform, he said.

Most people attending agreed there was a need for reform and universal coverage. One person in the audience said health care should be a right because it's essential to a person's life and dignity.

But, in a show of hands, the crowd disagreed over what

See HEALTH on next page

Sen. Conrad
...serious issue

Phone records battle heats up

By DALE WETZEL
Associated Press Writer

BISMARCK (AP) — Labor Commissioner Craig Hagen is refusing to turn over office telephone records to his Democratic opponent arguing North Dakota's open records law shields them from disclosure.

Gary Holm of Mandan said Thursday he has asked for Attorney General Heidi Heitkamp's opinion on the dispute, which has been going on since March. Sen. Jerome Kelsh, D-Fullerton, made the request on Holm's behalf.

Disclosing office telephone records might identify people who have filed complaints with the Labor Department. State law protects their privacy, Hagen said Thursday.

"It's certainly an issue I'm not opposed to having the attorney general address," said the Republican incumbent, who is seekin

See PHONE on next page

A look at D-Day battle from the other side

By MORT ROSENBLUM
AP Special Correspondent

OMAHA BEACH, France — A pudgy roofer who survived the worst and returned 27 times is back again for ceremonies at the American Cemetery. Unlike other invited veterans, Franz Gockel was firing in the other direction.

"I know what I'll be thinking on D-Day," the former German private said Thursday, standing [redacted] the remains of his

have to die for us all to be free?"

Gockel, who had just turned 18, was 75 yards from the water, protected by wooden planks over his dugout, when the Allies headed straight for him. Naval guns blasted away comrades nearby.

"I could only yell, 'God help me, God help me — get me home to Germany,'" he recalled.

When American troops scrambled ashore, Gockel sprayed them with steady bursts from a heavy machine gun. Early [redacted] four years later, he met his first

fired until 3 p.m. with his rifle.

"Finally, they overran our trenches — Americans were 20 meters (yards) away," he said. Wounded in the hand, he crawled out the back and ran for his life. Months later, other Americans took him prisoner.

In 1958, he came back for the first time, unsure what to expect. The farmer's wife who had sold him milk was friendly. The laundry woman cried, "FG," remembering the initials in his shirts.

of Baltimore, a former target, became hi friend.

And in 1987, Pvt. Franz Gockel of th Wehrmacht's Defense Position 62 was a honored guest at the 1st Division reunio in Charleston, S.C.

By now, he is virtually an adopte member of the Big Red One.

"I shook many hands," he said. "The told me I was lucky to be alive. Someon said he was sure no German survived th

ke care of our own."

we don't do it, they're to do it anyway," said issioner Pat Folk.

ou guys aren't doing it. The s doing it. Let's put the where it belongs," Johnson

Township.

• approved reducing the Sydney Township residential assessments for Tim Klose from $45,000 to $37,000, and for Frances Pendray from $35,000 to $34,000, based on recommendations by Johnson.

OADS

inued from page 1

$1,500 for chemical and ation costs. Any expenses that will be cost shared he county 50-50.

pproved the appointments n Hofmann of Medina and n Vigesaa of Kensal to the l reorganization board, with alternates Letitia son, Darrel Roorda, on Scheaffer, Marlene bach and Gerald Eissinger.

approved putting in nomin n Ken Dalsted and Harold to serve on the Central y Health Board. Both are ntly serving on the board.

approved substitutes to for three county officers up lection on the county can ng board. Dale Decker, ty auditor, was approved to itute for Lary Olson, coun uditor; Mary Enderle for ne Knudson, and Wade Williams for Pat Folk.

• decided, during action as the Stutsman County Park Board, not to spray for mosquitoes at the marina campgrounds, Smokey's campgrounds and cabin sites, because it costs too much and the spray doesn't last very long. Dennis Lorenz, county park superintendent, said there would be about 200 acres to spray, at a cost of $4.25 per acre, or $850. Four spray applications are recommended, so the cost is estimated is about $3,600.

The effects from the spray will only last from five to seven days - and if it rains, the spray's effects are gone, Lorenz said.

• approved, as the county park board, allowing Chris Ebertz, Lot 42 Westside, to build a garage.

• approved, as the county park board, a transfer from George and Myrtle Anderson to Douglas Davidson.

OPE

inued from page 1

mproving the status of n and stable population h.

e pope, who underwent hip ry following a fall in his oom April 28, was deter d to keep his appointment Clinton in the face of sug ons he stay in the hospital r.

uring a photo session at the of their meeting, the pope Clinton by the hand and ed in English abo ir meeting last Au n Italian Premier Silvio Berlusconi.

Clinton cited a "common commitment to the family," and said they discussed "where we agreed and where we didn't."

The Vatican said an upcoming U.N.-sponsored conference in Cairo on ways of stabilizing world population dominated the talks, a matter that has strained Washington's relations with the Vatican.

Clinton is committed to

down, eventually there are few places for businesses and little

about what you're going to do on an incremental level."

• HEALTH

Continued from page 1

reform plan was the best.

A single-payer plan like Canada's got some support, employer mandate's got less support, employee mandates got even less support, and a incremental reform plan got the most support.

Excluding funding for abortions from any reform plan got more support than including funding for abortions.

Several panelists - representing hospitals, consumers, the insurance industry, doctors and nurses - also spoke on the issue. They all found some need for reform.

Pam Pranke, assistant professor of nursing at Jamestown College, cited a study from The New England Journal of Medicine that found costs for paperwork rising out of control.

It put administrative costs at 19 percent to 24 percent of health care expenses in the U.S., compared to 8 percent to 11 percent in Canada. At the present rate of increase, paperwork costs here will rise to one-third of all health care spending in 10 years and one-half of all spending by 2020.

"We'd like to see our health care dollars spent on health care," Pranke said.

Nicole Lies of Fargo told how her pre-existing medical conditions cost her $65 a month for medication, but prevent her from getting insurance. She's not, however, sick enough to get federal benefits, she said.

"In almost every forum I have had," Conrad said, "I have heard stories like this one."

Conrad said Congress will probably pass a reform plan this year, and the next few weeks will be critical. He believes Congress will probably choose one of the proposed plans and revamp it to focus on its strengths.

• PHONE

Continued from page 1

his second term in office.

Jack McDonald, a Bismarck attorney who represents newspapers and broadcasters, said he doubted Hagen's office telephone records could be kept entirely from public disclosure. Hagen, for example, could black out portions of telephone records that were deemed confidential and make the rest public, McDonald said.

State agencies receive billings for long-distance telephone calls that are similar to residential bills. The number used to make the telephone call, the number called and the length of the conversation is detailed.

• D-DAY

Continued from page 1

beach, the way their big guns had hit it."

Gockel's memory depicts the Omaha defense line as 350 frightened Germans, mostly 18 and 19, who were large up with the war. Allied ing

"Although we saw no more possibility of escape, we clung desperately to every minute won."

On each of his 27 trips back to Normandy, Gockel has paused at the cemetery for 21,000 Germans at La Camb and his little patch of Omaha Beach, near

Wednesday.

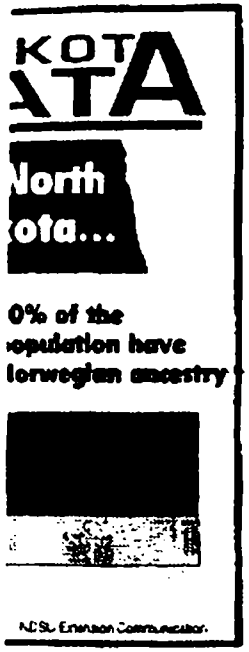
The use of continuous welded rail instead of a jointed rail system has cut transportation costs, Greenwood said. Another innovation for the future is electronic braking, which applies brakes to each car at the same time.

The current hydraulic system applies pressure to just one car at a time, and Greenwood said that causes damage to the freight and the equipment.

"There is a potential savings here that is tremendous when this technology that we're now reaching will be applied," Greenwood said.

BN says North Dakota accounts for about 25 percent of its typical loading of grain and grain products.

eight-page edition
T-R. The edition fea-
pes, information about
l a look at Meyer Milk
which is celebrating its
ving dairy farmers.



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's answer: The
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s.

Pomeroy seeks ways to save CRP funding

BISMARCK, N.D. (AP) — Rep. Earl Pomeroy and others discussed ways Thursday to save the Conservation Reserve Program.

CRP has pumped $1.32 billion into the state, but Congress has not authorized an extension of the program that pays farmers to set aside land. Supporters say CRP has slowed erosion, improved wildlife habitat and improved water quality.

But CRP contracts are starting to run out, and Pomeroy said supporters in Congress are in a fight to renew funding.

Pomeroy said supporters will try to fund the program without hurting other farm programs.

U.S. SENATOR KENT CONRAD (D-ND), third from right, listens intently as Corrine Ertelt, Fingal, tells how many farmers and others cannot afford health insurance as it is now. Conrad conducted a health care hearing at VCSU Thursday to hear and talk about health care reform. After hearing testimony of consumers, small business owners, health care providers and insurance representatives, audience members questioned Conrad. From l- r are Greg Hanson, administrator of Mercy Hospital; Craig Christianson, administrator of Sheyenne Care Center; Gene Lueb, manager of Farmers Union Oil; and at far right, Dr. Gi Gi Goven. (Photo by Jean Schlegel)

Valley City Times-Record

$13,887 in profit. Since it
has dipped into the red a
ning a $200,000 deficit.

GF nursing h
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MINOT, N.D. (AP) —
nursing home employee
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machine card and wit
$3,600 has been ordere
money.

Roxanne Karsky, 21,
Wednesday in Northwest
in Minot. She had pleade
in April.

The resident's son co
when he noticed sever
drawals from his mother's

The 74-year-old woma
with terminal cancer, anc
say she didn't realize the
ing from her drawer in her

Minot police detective
looked at videotapes tal
ATMs in Minot and tra
drawals back to Karsky.

Karsky told police in Ja
and her husband were h
money problems, Assistan
State's Attorney Tim Wilhe

"She said she never hac
of using it on an ong
Wilhelm said. "She said
throwing it out of the ca
day when she realized she
far."

Karsky was ordered t
restitution to Norwest B
fined $1,000.

Northwest District Ju
Berning also gave Karsky a
pended jail sentence and
pay about $120 to the resi
lost wages he incurred w
straighten out his mother's

►BISMARCK

Method for paying for care rapped 6-4-94

The United States has the best health care in the world but a stupid system of paying for it, a man testified at a health care hearing Friday.

The hearing was sponsored by Sen. Kent Conrad, D-N.D.

Matt Schwartz said his wife and two daughters have been diagnosed with muscular dystrophy.

He talked about the operations and treatment one daughter has had to go through, and the fights he has had with the insurance company to pay for some of the treatment.

Schwartz said the insurer would pay for hospital stays to a point but would not pay for an in-home care nurse, which he said would be a lot less expensive than hospital care.

"Do you understand why I get the urge to throw my shoe at the television set, when I observe commercials on how important the patient is to the insurance company?" he said.

— *Associated Press*

ST. LOUIS POST-DISPATCH

COMMENTARY

MONDAY, MAY 16, 1994

Children Need Guaranteed Health Care

By Louis C. Cross III

Chicanery and deceptive advertising over President Bill Clinton's health-care reform plan are being used to scare people 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 teachers supporting the Clinton plan's principles? Simply put, if a school district can control its health-care costs, more money would be available for education. According to a recent 50-state survey by the U.S. Department of Health and Human Services, the president's Health Security Act would save the state of Missouri $806 million.

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

School employees may be more aware of the health-care crisis than most. Teachers see firsthand the toll the crisis has taken on 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 those positions.

A sick child is a poor learner.

By any indicator, the crisis in children's health care is growing more acute. The United States ranked 20th in the world in infant mortality in 1990, behind such countries as Hong Kong, Singapore and Spain. It is a tragedy that, in most states, fewer than 60 percent of schoolchildren are fully immunized. As a comparison, 90 percent of Chinese children are immunized. The Centers for Disease Control recently reported that rates of tuberculosis among children increased 35 percent in 1993.

Right now, only the wealthy can count on guaranteed health insurance. If you're 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 people are growing rapidly, as well. 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 Clinton's plan would benefit all Americans. It is the furthest thing from rationed, socialized medicine. 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.

The Clinton plan promises all Americans — children, teens and adults — 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, especially for children.

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.

Louis C. Cross III is president of the St. Louis Teachers Union.

Critics of president's health plan have yet to offer better one

The best route to universal coverage

My Turn

By STEPHEN H. GORIN
For The Monitor

Since its introduction last year, President Clinton's Health Security Act has come under intense scrutiny and fierce attack. Critics argue that the act would limit choice, expand bureaucracy and undermine the quality of our health care. N.H. Sen. Judd Gregg has described the act as a "government-run, nationalized system" that would "hurt us in New Hampshire." And Texas Republican Sen. Phil Gramm has called the plan "un-American."

The public should consider more before rushing to judgment. While aspects of the Health Security Act are open to legitimate criticism, many critics are engaging in what columnist Jane Bryant Quinn (*Monitor*, March 29), termed "disinformation." According to an article in the *Wall Street Journal*, certainly no supporter of the administration, the Act has generated "a flood of alarmist propaganda."

Indeed, a recent *Wall Street Journal*/NBC News poll suggests the public has been misled about the Health Security Act. When people were asked their opinion of the Clinton plan, 45 percent expressed opposition; when read a description of the Health Security Act, without being told it was the president's plan, 76 percent found it appealing.

Medical roulette

Consider some uncontested facts: In 1992, 58 million people had no health insurance for at least a month; between 21 and 29 million went without insurance a year or more. Most of the uninsured are middle-class people, and fewer than 10 percent go without insurance by choice. In New Hampshire, 8,000 people lose their insurance *every* month, and 46 percent of families have a member with no or inadequate coverage.

While some have argued that uninsured (and underinsured) people receive care in hospital emergency rooms, this is not always the case. Most emergency rooms only treat acute or emergency conditions, not those requiring ongoing care. Not surprisingly, people without health insurance receive less and often inferior care.

Thus, although in many cases, the U.S. has the best health care in the world, it remains unavailable to many of our citizens. Our insurance system is like a game of chance: you can have coverage today and lose it tomorrow. In an emergency, even those with coverage can discover they have limited benefits or prohibitive out-of-pocket costs. In short, all but the very wealthy lack health security.

Solving this problem has become the central challenge of health care *reform*. How can we provide universal coverage? There are basically three approaches: a single-payer, an employer mandate, or an individual mandate.

Under a single-payer system, the government insures citizens, although, as in Canada, providers can remain as private practitioners. A single-payer system has worked well in Canada and enjoys broad support in America. Despite this, but it is opposed by powerful interests, and Congress seems unlikely to adopt it anytime soon.

A second approach is an employer mandate. Under the president's Health Security Act, employers would have to pay at least 80 percent of the cost of insuring their workers, while the government would cover those without jobs. Senior citizens would continue to receive Medicare, which would expand to include prescription drugs and some long-term care. Clinton's plan also provides coverage for early retirees.

The president's plan guarantees a wide range of benefits, including preventive services, acute care, mental health and substance abuse treatment, and some long-term care. While some have dismissed this as a "one-size-fits-all benefit package," it would ensure that people have the coverage they need.

Some argue that the act would limit choice of providers. However, it would expand options, enabling consumers to choose among health maintenance organizations, provider networks, and fee-for-service systems. Consumers could also leave a system at any time and go to any provider willing to accept them. Compared to the current system, in which employers often determine workers' plans and benefits, the Health Security Act would empower consumers.

Since the Health Security Act builds on our current system, it is the most conservative path to universal coverage. Most people who have private insurance get it through their employer, and most who lose it also do so at work. Most employers, including small businesspeople, already insure their workers. When employers fail to cover their workers, the expense is shifted to others, who must pay higher premiums and taxes to cover the costs.

As the editors of *USA Today* stated earlier this month, "To achieve universal coverage we should build on the employer-based system that already exists."

Some fear that an employer mandate would cost jobs, particularly for lower-paid workers. However, according to the Congressional Budget Office, the act would have a minimal impact on employment. In Hawaii, the only state that requires employers to cover full-time workers, the mandate has had no adverse impact on the growth of small businesses.

Finally, the Health Security Act provides discounts for small businesses, and many businesspeople would spend less to insure their workers than they do now for themselves and their families.

Many critics of the president's plan support an individual mandate, under which individuals and families would insure themselves. While an individual mandate could work in theory, current proposals have many practical problems.

Consider, for example, the Nickles-Stearns bill (S. 1743), which New Hampshire's senators, Gregg and Bob Smith, support. This would require individuals to buy insurance or face heavy fines. Although there would be tax credits, a family could still be required to pay more than 10 percent of its income in out-of-pocket costs.

In addition, S. 1743 fails to provide comprehensive benefits, allows insurers to exclude some people with pre-existing conditions, and does little to control costs. It also increases taxes on workers and employers and prevents self-employed people from deducting health-care expenditures from their income taxes.

According to the Campaign for Health Security, a broad coalition including *Consumer Reports* and the National Council of Senior Citizens, S. 1743 fails to provide health security for children and would likely help worsen the problems of senior citizens.

The Health Security Act offers our best hope for health care reform. This is not to say that the act could not be improved. I would prefer more generous mental health and long-term benefits and no co-payments or deductibles. These are quibbles, however. The bottom line is that only the single-payer and the Clinton plans get us to universal coverage. And the president has stated that universal coverage is the only thing on which he would not compromise.

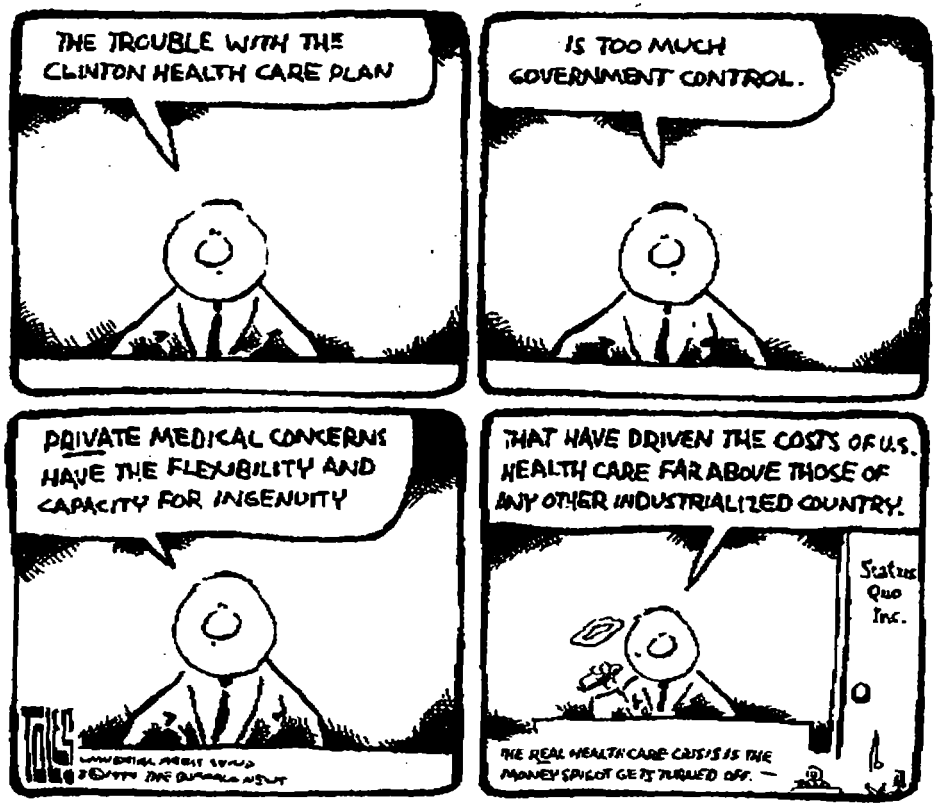
What can you do to help get universal coverage?

The process has now reached a critical stage; when Congress returns from its Memorial Day recess, serious debate will begin. In New Hampshire, only Rep. Dick Swett supports universal coverage.

Call or write the other congressmen and tell them you want what they already have: secure coverage and comprehensive benefits. If they refuse to support one of the universal coverage bills (the single-payer or the Health Security Act), ask them *who* they would exclude: Children? Working people? People with disabilities? Retirees?

Unless we make our voices heard, special interests will have their way, and the U.S. will remain the only industrialized country that fails to cover all its citizens.

(Stephen Gorin is an associate professor at Plymouth State College. He is co-hosting a series on health care reform that is airing on Wednesdays at 11 a.m. on WKXL-AM and on Saturdays at noon on WEVO-FM.)



OSIA NEWS

March - April 1994 • Volume 49, Number 2

Washington Report

Members Attend White House Briefing on Health Care

President Clinton invited OSIA officers and members from throughout the country representing the fields of education, government, insurance, and medicine to attend the first White House briefing specifically for Italian Americans on the administration's national health care plan, April 15, in Washington, D.C.

"As opinion leaders in your communities, your involvement is essential to the enactment of real health care reform," Clinton said in his welcoming message.

Several senior members of the Clinton administration, including Marilyn Di Giacobbe, associate director of public liaison; Pat Griffin, assistant to the president for legislative affairs; Walter Zelman, senior health care policy adviser; and OSIA member Robert Blancato, director of the White House Conference on Aging, spoke on various aspects of the president's plan concerning long-term care and family issues:

1. guaranteed private insurance, 2. choice of physician, 3. outlaw unfair insurance practices, 4. preserve Medicare health benefits guaranteed at work.

Clinton's plan includes guaranteed private comprehensive insurance coverage for all Americans. This coverage would allow citizens to chose their personal physicians and to have a choice of services. Under the plan, every job would have health-care benefits paid for by the employer and the employer, and small businesses would receive discounted coverage.

The president's plan makes it illegal for insurance companies to drop or cut benefits or increase rates when individuals become ill or have pre-existing conditions. The plan also eliminates lifetime benefit limits and high charges for older people, and increases health benefits under Medicare.

According to the White House, 81 million Americans have pre-existing conditions and three out of four insurance policies have lifetime limits, which cut off benefits at a predetermined dollar value. Statistics reported in the *Journal of the American Medical Association* say that 58 million Americans are without insurance at some point each year, and two million Americans lose their insurance every month.

OSIA members who attend the briefing included National Fourth Vice President Lucy F. Codella; Sons of Italy Foundation President Valentino Ciullo, president of a Michigan-based financial services company; Scott Ciullo, an executive with the company; Connecticut State President Jo-Anne Gauger, a public school teacher; New York State President Joseph Sciame, a vice president at St. John's University; Lucy J. Contrino-Thomas, chairwoman of the OSIA Alzheimer's Committee; and Michael Carbone, M.D., an Italian national and a research physician at the National Institutes of Health, and National Executive Director Philip R. Piccigallo.

National President Joanne L. Strollo, an insurance professional in the Philadelphia area, and National Third Vice President Frank J. De Santis, a medical research center administrator in Los Angeles, were invited to attend the briefing but were unable to because of scheduling conflicts.

See Page 2

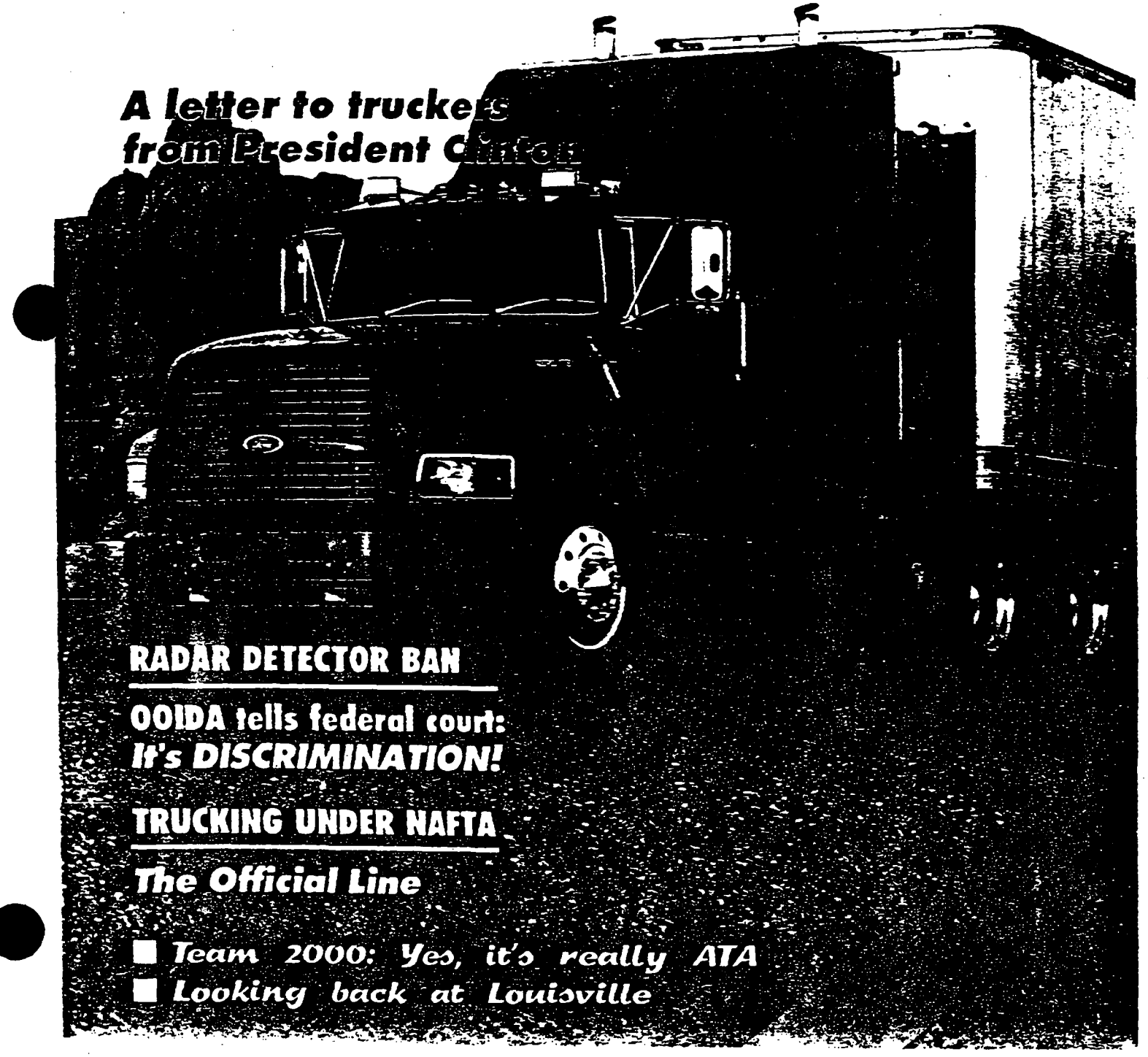
White House Health Care Briefing

THE BUSINESS MAGAZINE OF PROFESSIONAL TRUCKERS

MAY/JUNE 1994

LAND LINE

MAGAZINE



A letter to truckers from President Clinton

RADAR DETECTOR BAN

OOIDA tells federal court: *It's DISCRIMINATION!*

TRUCKING UNDER NAFTA

The Official Line

- *Team 2000: Yes, it's really ATA*
- *Looking back at Louisville*

Issues & Positions

by Jim Johnston
President, OOIDA

Addressing truckers specific concerns

The debate over national health care reform has been raging on now for almost a year. Those opponents of reform who would like things to remain just as they are have spent millions of dollars on advertising. This advertising campaign, for the most part, has resulted in generating fear and even more confusion, rather than helping to clarify the issues.

It really doesn't take much imagination to figure out who can afford to fund the opposition or why they would like to maintain the status quo.

Unfortunately, the news media on whom we must rely for accurate reporting of the issues, is not helping much either. I recently attended the President's Small Business Roundtable in Topeka, KS, on the subject of health care reform. After the meeting I was approached by a news reporter who questioned me on the employer mandates contained in the plan. When I responded in favor of the mandate, the reporter simply skipped on until he found an opponent and those are the comments he used in his story.

The problem is that inaccurate or incomplete reporting and sensationalized ad campaigns are at least hampering if not destroying the opportunity for informed, intelligent debate of one of the most important national issues to be considered in the past decade. The outcome of this debate will have profound effects on every man, woman and child in this country far into the future.

It is an absolute certainty that national health care legislation in some form will be passed. Considering that health care and the associated costs make up almost one-seventh of the entire gross national product (GNP), it is obvious that well-crafted legislation which can only develop from intelligent, informed consideration of the issues, can be a tremendous benefit to the nation. It is also obvious that the wrong solution can create more problems than it resolves.

While this is a tremendously complicated issue, there is one key component that is critical to the success of any final solution. Everyone must be covered.

Nearly everyone agrees that health care coverage must be made available to every U.S. citizen should they incur a serious illness or injury. Some of the alternative proposals currently being considered suggest that this could be accomplished simply by requiring insurance companies to accept everyone who applies regardless of their current health condition (elimination of preexisting condition clauses). On the surface, this may appear to be a reasonable solution, but what if this requirement were in place. What incentive would there be to buy insurance coverage if you did not have a health problem knowing that you could not be turned down when a health problem develops. The fact is, this provision without mandatory participation by everyone would bankrupt the entire health care industry within a year, leaving us stuck with the most expensive and least desirable option of all – government controlled and paid health care.

The question then comes down to how to get everyone included and paying their fair share of the cost.

The Administration Plan calls for mandates on employers to provide and pay for a substantial portion of health insurance coverage for all employees. As you might imagine, this provision is receiving a great deal of opposition. Other provisions provide for subsidies when needed for small business. And an increase in the tax deduction from twenty-five to one hundred percent of health insurance costs for individuals who are self-employed.

On the next page you will find a letter from President Clinton addressed directly to members of OOIDA. It should become obvious to you in reading this letter that the administration has been receptive to the information we have provided regarding the concerns of truckers. It is important to recognize, however, that a great deal of pressure is being exerted on the Congress by interests who would like very much to influence final legislation in ways that could be detrimental to the interest of beneficial reform. It is extremely important that you become as well-informed as possible on the important issues under debate and that you convey your views to your congressmen and senators as soon as possible.

Just one other note on President Clinton's letter. Regardless of how you might feel about Clinton or his policies on health care and other issues; try to recall the last time you heard *any* president mention truckers, let alone address a letter to them directly discussing their particular concerns. ■

THE WHITE HOUSE

WASHINGTON

Dear Friends,

I am pleased to have the opportunity to write to the members of the Owner-Operator Independent Drivers Association. You are the entrepreneurs, the individuals, and the families that my Administration considers as we move forward to provide greater security and prosperity for all Americans.

After 60 years of false starts and obstruction, we finally have an opportunity to seize the moment and to give to every American the freedom that health security will bring. And I am convinced that we will accomplish this goal.

Here is how my reform will work:

- We will guarantee private insurance for every American;
- We will safeguard your choice of doctors and health plan;
- We will protect and dramatically improve Medicare;
- We will guarantee insurance through the workplace for everyone who works; and
- We will outlaw unfair insurance practices that contribute to higher rates, and we will not allow insurance companies to refuse coverage.

We recognize some of the problems that you face as owner-operator independent drivers.
Our plan will give you additional security and put you on a level playing field with big business.

With our plan:

- You'll be able to change motor carriers without losing your health care coverage. Insurance will always be there.
- As a self-employed business person, you will be able to deduct 100 percent of your insurance costs, as other businesses now can. Today, you can only deduct 25 percent of those costs. Our plan ends this discrimination.
- Your benefits will be as good as the best plans currently offered by the country's biggest businesses, and they will contain the same benefits that members of Congress receive. Today, small businesses are paying 30 percent-40 percent more than big businesses to obtain coverage. With the new bargaining power of large pools of buyers, you'll be in charge.
- Because everyone will be covered and everyone will take responsibility, small businesses and self-employed people who provide coverage will no longer have to pay the bills for those who don't.

As entrepreneurs, you are most aware that there is, indeed, a crisis in our health care system. By providing guaranteed private insurance that can never be taken away, we can give you the freedom to grow and prosper that only true health security can bring.

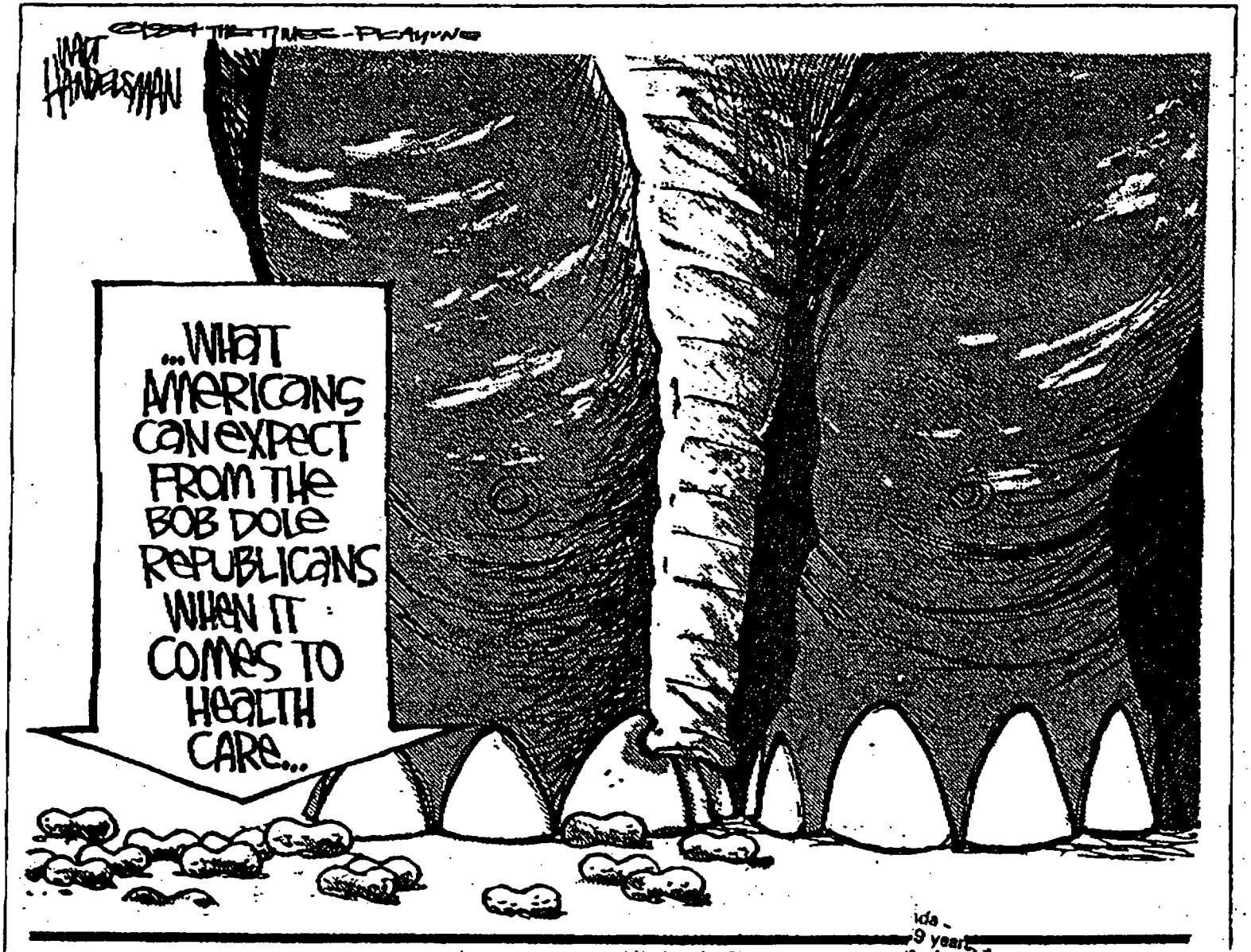
Join with me in achieving this goal.

Sincerely,

Bill Clinton

Local cartoon
No. Tues-Picayune

OUR OPINIONS | Editorials



Teen drug use creeps u

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New Orleans Times Picayune 6/10/94

Breaux: statesman or politician?

Baton Rouge

Sen. John Breaux recently took a big step toward statesmanship in the health reform debate.

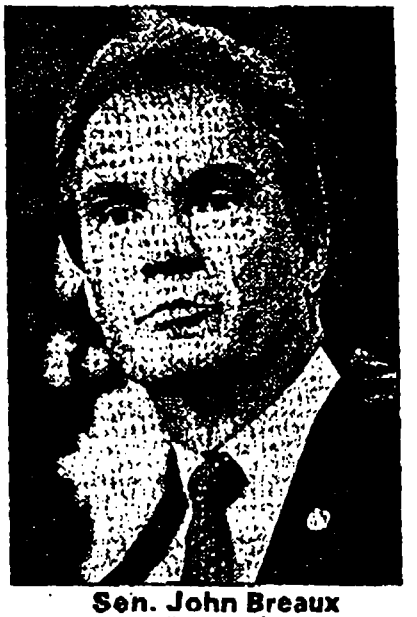
The respected Congressional Budget Office finally issued its analysis of the Breaux-Cooper Managed Competition proposal. The report revealed that under the Breaux-Cooper plan, American families would wind up paying more money for less coverage, and millions would still be priced out of health care protection.

Recognizing the fatal flaws in this plan, Sen. Breaux floated a new proposal among his colleagues that would mandate that most employers pay their fair share of employee health benefits.

Mandating that employers be responsible for paying a substantial portion of employee health insurance benefits may be unpopular with some high-dollar Washington lobbyists, but it has a lot of support here at home. Sixty percent of Louisianians supported the mandate when polled by Southern Media & Opinion Research last month. Fifty-five percent favored providing subsidies to help make that insurance more affordable for struggling small businesses.

An "employer mandate" or financing through taxes are the only two ways to deliver the goal of guaranteed health insurance coverage that can never be taken away. Anything less fails to provide health security because it fails to assure that everyone is covered and that everyone pays their fair share.

Sen. Breaux's original proposal didn't solve the crisis because it sidestepped the financing mechanism that makes a workable solution possible.



Sen. John Breaux
Where will he go from here?

There is a world of difference between a politician and a statesman. The politician wants to look like he is right at all costs. He takes a position on an issue, then finds out his solution fails to address the problem. But instead of changing positions, he argues even more noisily, hoping no one will notice he missed the boat.

The statesman, on the other hand, is more interested in solving problems than being "right." If he finds his original position was incorrect or inadequate, he looks for a better solution.

Solving the health crisis will require statesmanship. Sen. Breaux has taken a huge step in the right direction. The question is, where will he go from here?

Marcus Carson
Executive Director,
Louisiana Health Care Campaign

Baton Rouge Advocate 6/13/94

READERS' VIEWS

Bad news about Breaux's bill

There is great news in the recent Congressional Budget Office analysis of the Cooper/Breaux health reform proposal — if you are in the health insurance business.

For the rest of us, the CBO report on the "Managed Competition Act" shows once again that Sen. John Breaux's proposal means less health protection at substantially higher prices.

The CBO report released in early May confirms what consumer groups and health-policy analysts have been saying since the Breaux/Cooper bill was introduced: it is a health-reform impostor that will be costly to our families and businesses and to our nation's economy.

By failing to take a hard line on skyrocketing medical prices, Breaux/Cooper allows billions more to be sucked out of our pockets and into the bank accounts of big insurance companies and health-care conglomerates.

The Breaux/Cooper bill fails because at its core, it blames you and me for skyrocketing medical inflation, instead of the people setting the prices.

Its basic premise is that medical prices are high because our families are too well insured and because when sick, we expect the best medical care available. The Breaux/Cooper approach to dealing with health-inflation is to expect sick, sick people to bargain hunt.

It makes our families bear an even greater portion of the burden of risk and cost for needed medical attention. This protects insurance companies quite well, but it inflicts a punishing burden on families and small businesses.

According to the CBO's projected figures for the year 2000, the Breaux plan would cost $27 billion more than the Clinton plan and $100 billion more than the single-payer national health insurance proposal that provides better coverage and complete choice of doctors. The difference comes out of our pockets and goes into the pockets of health industry.

In the final analysis, the CBO report confirms what other researchers have previously pointed out.

The Breaux/Cooper bill fails American families and businesses because it means paying higher prices for less health-care protection. This is good news if you're in the health insurance business, but bad news for the rest of us.

Susan Moreland
812 Delgado
Baton Rouge

The Jamestown Sun

Conrad proposes alternative to Clinton's health care plan

6-8-94

WASHINGTON (AP) — Faced with anxiety in North Dakota about President Clinton's health reform plan and a Republican challenger who's a doctor, Sen. Kent Conrad is trying to fashion a more moderate proposal he can sell back home.

Conrad, D-N.D., is a cosponsor of Clinton's plan, which would force all businesses to buy health coverage for their employees and set up a government bureaucracy to control insurance costs.

But Conrad on Tuesday used a speech to a doctors organization to propose scrapping the bureaucracy and exempting small businesses from the insurance mandate, at least temporarily.

Conrad told the American Group Practice Association his "triggered mandate" would give small businesses some time to voluntarily buy coverage for their employers with the help of insurance reforms and government subsidies.

Twenty-six percent of the workers in businesses with fewer than 100 employees don't have insurance now. To avoid the mandate, the percentage would have to drop to 20 percent in two years and 5 percent in five.

"The plan the president has put before us is not the plan ... the people of my state want," said Conrad, just back from holding nine town meetings around the state.

Conrad is a member of the Senate Finance Committee, which will play a pivotal role in this summer's debate over health care reform. Another moderate Democrat on committee, John Breaux of Louisiana, also is suggesting a triggered approach.

Senate Majority Leader George Mitchell said Conrad's idea was "an option that has been discussed previously. It should be and will be considered."

Conrad said Congress must pass something that is "substantially different" than Clinton's bill.

Small businesses in North Dakota have been lobbying against the employer mandate because of its potential cost to them.

The National Federation of Independent Business recently put out a letter labeled "Action Alert" telling its 3,500 North Dakota members that Conrad may be the deciding vote on the Finance Committee.

"The president and his powerful allies on Capitol Hill are turning up the heat on Sen. Conrad to support the health insurance employer mandate," the letter said.

More than 70 percent of the state's workforce is in businesses with fewer than 100 employees.

Health care reform is likely to be a major issue in Conrad's reelection campaign against Republican Ben Clayburgh, an orthopedic surgeon from Grand Forks. Clayburgh is campaigning in an ambulance and his campaign organization is called "Dr. Ben Clayburgh for U.S. Senate."

Clayburgh says there is no need for anything more than "incremental reforms."

Some of the ideas he supports — such as limiting medical malpractice lawsuits, forbidding insurance companies from refusing to cover people with health problems and allowing small businesses to join insurance purchasing cooperatives — are common to many reform plans, including Conrad's.

However, Clayburgh is opposed to any requirements that businesses buy insurance, one of the biggest sticking points between Democrats and Republicans.

"I feel we have the best health care system in the world and we can't ruin it," Clayburgh said in an interview Tuesday.

Most businesses with more than 100 employers already buy insurance for their workers.

But Conrad told the doctors group he is considering applying the triggered mandate to them, too. He called it "a standby safety net requirement."

He said if the Finance Committee can come up with a proposal to cover 96 or 97 percent of all Americans — currently 85 percent are insured — "you've effectively obtained universal coverage."

The trigger idea may not satisfy business owners.

"A trigger is a mandate. That's what we're going to stand against in any form," said Terry Hill, a spokesman for the National Federation of Independent Business. "The mandate is ... poisonous to small companies."

But it could be acceptable to Clinton, said Ron Pollack, executive director of the Families USA Foundation, an organization that supports Clinton's plan.

Clinton has said he would veto any bill that did not guarantee health coverage to everyone, a concept known as "universal coverage."

"If the triggers are very specific and clear and do not require further action by the Congress, they might be a viable way to achieve a compromise that could achieve universal coverage," he said.

Conrad said his plan should cost less than the White House's, but the Congressional Budget Office has not had time to analyze his.

The Senate Finance Committee is expected to begin working on its plan later this month.

White House open to 'triggers'

June 12-94

WASHINGTON (AP) — The White House might be open to various "trigger" mechanisms being proposed in Congress as a means of phasing in universal health care coverage, presidential adviser David Gergen said Sunday.

President Clinton "is open to any mechanism that gets us to universal coverage," Gergen said on CBS' "Face the Nation."

The bottom line for Clinton is "at the end of the day, within a few years, will every American have a guarantee, will every American be able to count on having health insurance," he said.

Sen. John Breaux, D-La., and other Democratic moderates have introduced the idea of triggers as a way of getting around the divisive issue of whether to mandate that employers pay for their workers' health insurance. Sen. Kent Conrad, D.-N.D., also has voiced his approval of the idea.

One plan would have mandates automatically kick in at a certain date in the future if market measures fail to achieve the prescribed level of universal or near-universal coverage. Another would simply leave it to future congressional action if that coverage isn't obtained. A third trigger would require individuals, but not businesses, to buy insurance.

"The issue is not the trigger," Gergen said. "The issue is not one mechanism versus another mechanism. The issue is not even the employer mandates. The issue is what is the best way and can we find a way to get to universal coverage."

Breaux: Backs idea.

Breaux, appearing on NBC's "Meet the Press" said the response to his trigger concept had been generally positive.

"By phasing in these requirements, I think we'll have a chance to reform the marketplace. It doesn't do us any good to mandate something until we've reformed it," he said.

Breaux also urged the administration to become more involved in crafting the legislation now moving slowly through committees in the House and Senate.

"We're moving into the fourth quarter and, like, the score is 0-0, and you don't need the cheerleaders on the field. You need your major players out there trying to get it done," Breaux said.

He said Clinton is actively involved, sometimes calling at 11 or 12 at night to discuss health care. "But I think he has to have a team with a central focus who can cut the deal, if you want to use that phrase, who can actually say, 'We will accept this but not that.'"

White House Deputy Chief of Staff Harold Ickes, interviewed after Breaux on NBC, countered that the administration is fully engaged in the health care debate. But he said it was still too early to get involved in the fine print.

"We are not micromanaging this legislative process," he said.

Gergen said Rep. Dan Rostenkowski, D-Ill., who was forced to resign as chairman of the House Ways and Means Committee after being indicted on corruption charges, remains a "strong ally" on health care reform.

But Gergen also praised Rep. Sam Gibbons, D-Fla., the acting chairman who must now guide a health care package through the committee.

"The man has as much gumption and get-up-and-go as he had 50 years ago" when he was a World War II hero, Gergen said. "It's very clear the chairman is Sam Gibbons."

Rostenkowski, appearing on CBS, promised he would be just as active in promoting health care despite the loss of his chairmanship.

He said his constituents will have to determine if his effectiveness has been hampered by his legal problems. "When people start suggesting that I'm not a good legislator and that I don't work in their interests, then of course I'm useless."

Letters to the Editor

Write to Congressman Slattery

Congressman Jim Slattery, who is a candidate for Governor of Kansas is a key vote on a critical House of Representatives Committee that is working on a proposal for national health care. Unfortunately, Congressman Slattery has decided to offer his own plan for health care, rather than supporting a plan that will provide real health care coverage for all.

Congressman Slattery's proposal does not provide coverage for everyone, does not mandate that employers offer coverage for employees, will cause many union members' current health care plans to be either taxed, or lowered, does nothing about cost containment or prescription costs.

Please use the form below to write to Congressman Slattery and urge him to support the plan put forth by President Clinton that would provide real national health care for all in our country, so that the United States will stop being the only industrialized nation on earth with no national health care for all its citizens.

While Congressman Slattery may be sincere in his belief that his plan will "get us 50-75% of the way to national health care for all", we must tell him that 50-75% just is not what this country must have. National Health care works for our competing countries, it can work for the United States too. We can no longer let personal wealth and private insurance companies decide who does, and who does not get decent health care in the United States.

Tell Congressman Slattery the experiences that you and your family have had with health care insurance companies and how much you have paid.

SEE FORM AT RIGHT

Send your letters to:
Congressman Jim Slattery
2243 Rayburn House Office
Building
Washington, D.C. 20515

Dear Congressman Slattery,

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Name _____

Address _____

City, State, Zip Code _____

Taking steps towards self leadership

Kansas Newman held its second series of classes on Labor Studies Training Workshop April 23rd. The next series will be held in the fall, the fourth Saturday of the month. This series of workshops are to help develop skills in leadership with emphasis on application, teams and general use. It also gives information and exposure to various leadership styles on how group members affect each other and how to become better Union Leaders.

Sheryl Stanley was the instructor. Before teaching at Kansas Newman, she was a Continuous Quality Improvement Manager at Boeing. The class was small, which [illegible] made the cost and Pat and Leroy Lehman, Judy Pierce, Barbara Kelly, Annabel Vindasta and myself, Donna Mills (LL733).

Brothers and sisters its really easy to sit on the sidelines and complain about our leadership, but what we really need is for team players to get educated. At the companies we work for we do not have the right to elect our leadership, however, in our organizations we do have that right ! There isn't one person who can lead by themselves. We have to have team players.

The company I (Donna Mills) work for (Beech) has jumped on the "B[illegible] Wagon" of TQM (Total Q[illegible]ity Management). There is a [illegible] was gonna have to change. Brothers and Sisters we "EAT CHANGE FOR BREAKFAST!" Employee empowerment, team work, continuous education, we have it, let's use it. We as individual members owe it to our families, ourselves and our leaders, to stand behind them and educate ourselves and help. We have these opportunities at our fingertips. I challange more of you to take these classes so we can all become better leaders at home and work!

I will close with a question and a quote from Chinese Philosopher-Lao Tzu. What is leadership? The best leaders [illegible] do not notice their existanc[illegible] next best lead-

No such things as a bad unio

OMAHA, Neb. (PAI)— Boys Town, the fabled orphanage whose founder credited with saying "there's no such thing as a bad boy" is learning there is such a thing as bad faith.

The National Labor Regulations Board alleged in a complaint that Boys Town administators unilaterally changed working conditions and work rules, denied a teacher his rights to union representation during an interview in which the teacher expected to be disciplined, and threatened employees with reprisals if they filed unfair labor practice charges against the orphanage.

The NLRB also charged the orphanage with bargaining in bad faith during contract negotiations in late 1993 early 1994 with the teachers' union, the Boys Town Education Association. A hearing on the charges is scheduled for June 20.

Where's Father Fla[illegible] when you need him?

THIS WEEK IN CONNECTICUT

Left Out

By Ed Ericson

Progressives say Senator Joe Lieberman has abandoned true health care reform

Senator Joe Lieberman is a pig and a skunk, beholden to the cash cow of the health insurance industry—at least according to the Connecticut Citizen Action Group.

About 30 members of CCAG and the United Auto Workers picketed at the Radisson Hotel in Cromwell Monday afternoon, where Lieberman addressed the Connecticut Bar Association's annual meeting. The union and CCAG, which heads up the Health Care for All Coalition, want Lieberman to work for comprehensive health reform including universal coverage. Members dressed up as barnyard animals to make their point; the cow handed out fake money as protesters sang "Joe McLieberman has a farm" to the tune of Old MacDonald.

The protest was not in a league with Martin Luther King's march on Washington. But in the past Lieberman has courted these people—wading into a United Auto Workers' protest, for example; coming to the CCAG office to ask for an endorsement. Now progressive types who once backed Lieberman have left him.

"His people came to us looking for an endorsement," CCAG Director Tom Swan says. "We put a Barney doll on the desk, to send the message"—a reference to an article advising voters to vote for Barney the purple dinosaur instead of Lieberman.

Lieberman has sponsored the Breaux-Cooper health care bill, one of the least ambitious reform proposals in Congress. Breaux-Cooper would not cap insurance or health care costs, would not make employers buy coverage for their workers and would not guarantee universal coverage.

"He recognizes in taking a stand you can't please everyone," Jim Kennedy, Lieberman's spokesman, says. "But Joe believes the best way to get health care reform is to work with Republicans and Democrats. This issue is too important to the country for Democrats to do it alone; we must get a bipartisan consensus."

DOUG LLOYD PHOTO

Currently four bills compete for attention in Congress with the Clinton plan. The debate is still broad: Should businesses be forced to insure employees, for example? Should the system guarantee coverage regardless of ability to pay?

The Health Care for All Coalition says yes to both and advises legislators to back a Canadian-style system proposed by Senator Paul Wellstone. They are incensed, they say, that at a meeting several months ago Lieberman told coalition members that Americans aren't interested in comprehensive reform and that universal coverage is a nice ideal but unaffordable.

"He is committed to universal coverage as well," Kennedy says. "He has met with this group before; they have a legitimate difference of opinion."

The question of whether Lieberman will push for universal coverage is important, since so many in Congress and the insurance industry say that the number of uninsured Americans—estimated at 25 to 30 million—is negligible. The fairest way of covering these folks is the single payer system, in which the government pays the medical bills of anyone who sees a doctor. But even within the coalition there's disagreement over how politically feasible this position is.

"Clinton's plan is as close as we're going to get right now," says Henry Fijalkowski, an international representative of the UAW. Clinton's plan proposes universal coverage, but it leaves the large insurance companies to fight among themselves for customers. Critics predict they will hold down medical costs by restricting coverage.

Joe Bentivegna, a Republican Wethersfield opthamologist who is running against Lieberman, proposes a single payer health plan for medical bills over $15,000. He says this would make health care coverage much more affordable because the private insurance companies would have their liability capped. He'd extend Medicaid to more of the poor and raise the Medicare tax to pay for it. "It's infinitely better than the regressive reform proposed by Lieberman, which will be just a massive transfer of wealth from the middle class," Bentivegna charges.

The plan Lieberman endorses would deliver $25 billion in new money to the largest insurance companies the first year. The promise of this kind of cash has lead to an avalanche of campaign contributions from the medical industry. Lieberman has collected more than $265,000 from such sources this year alone. Hence the cash cow.

But that figure includes many individuals who are long-time contributors, Kennedy says. And besides, $265,000 is but a tiny fraction (6.9 percent) of the $3.8 million Lieberman has collected so far to run against the likes of Bentivegna, who runs his campaign from his medical office. "Anyone could get in [the race] at the last minute with a million dollars," Kennedy says. ■

THIS WEEK IN CONNECTICUT

By Jayne Keedle

Insuring Loopholes

Or how Connecticut took a step backwards from universal coverage

Health, insurance money flows to Lieberman

By JOHN A. MacDONALD
Courant Staff Writer

WASHINGTON — As a Senate candidate six years ago, Joseph I. Lieberman pledged he would be something different if elected: a pro-business Democrat.

Now, as Lieberman asks Connecticut voters for a second six-year term, he is finding the industries with the most at stake in Congress this year — health care and insurance — are showing their appreciation.

Campaign '94
MONEY IN ELECTIONS

Although Lieberman is not on any of the five major congressional committees shaping health care reform bills, he has received more in campaign contributions from health care and insurance sources — $265,520 — than anyone on those panels, even the chairmen, a recent study by the [illegible] shows.

This makes the state's junior senator something of a rarity, because organizations and individuals normally focus their campaign contributions on the congressional leadership or those who serve on committees that oversee the interests they care about.

Opinions are divided over whether it is a conflict of interest for Lieberman to take large contributions from the industries whose future could soon be decided by a series of [illegible] votes.

Some criticize the senator, asserting the size of health care and insurance industry contributions to his re-election campaign shows he has sold out to special interests and will be unable to vote objectively. Lieberman has endorsed a reform plan that would provide for less federal regulation of those industries and less coverage for consumers than

Please see Health, Page A5

Health, insurance PACs give generously to Lieberman

Continued from Page 1

the proposal President Clinton sent to Congress last fall.

Others, including Lieberman, reject the charge: "I never feel a contribution compels me to do something I wouldn't otherwise do."

Beyond that, some said approvingly, Lieberman is looking out for Connecticut's economic interests and positioning himself to be a major player in the final negotiations over the reform legislation.

The $265,520 figure, which Lieberman does not contest, came in a 15-month period ending March 31, when congressional candidates last were required to report their fund-raising to the Federal Election Commission. It represents about 10 percent of the contributions Lieberman received in the period.

During the same period, the health and insurance industries were pouring nearly $19 million into the campaigns of congressional candidates — an increase of 23 percent from a comparable period in 1991-92, Citizen Action reported. Those contributions came as Clinton made good on his campaign promise to make health care reform a major issue of his administration.

Lieberman's total includes money from political action committees representing doctors, hospitals, pharmaceutical and insurance firms and dozens of individuals who said they were affiliated with the health care or insurance industries.

This puts Lieberman ahead of Sens. Daniel Patrick Moynihan, D-N.Y. ($259,085), chairman of the Senate Finance Committee, and Edward M. Kennedy, D-Mass. ($217,258), chairman of the Senate Labor and Human Resources Committee. The two committees are chiefly responsible for health care legislation in the Senate. Like Lieberman, both Moynihan and Kennedy are up for re-election this year.

Lieberman also has collected more from health and insurance sources than two giants: Reps. Dan Rostenkowski, D-Ill. ($148,950), until recently chairman of the House Ways and Means Committee, and John Dingell, D-Mich. ($95,250), chairman of the House Energy and Commerce Committee.

■ Lieberman

Those committees are two of the three most important House panels dealing with health care reform. Rostenkowski, who had to step aside as chairman because of a 17-count federal felony indictment, and Dingell both are seeking re-election this fall.

Rep. William D. Ford, D-Mich., chairman of the third key House committee, Education and Labor, has received only $18,450 from health care and insurance sources, but is retiring.

Several experts expressed surprise that Lieberman had collected more than Moynihan, who comes from a much larger state and may play the pivotal role on health care legislation this year. The experts said they were not as surprised that a senator, especially one from an insurance state, would receive more than an important House member, even a chairman.

Most senators have much larger constituencies than House members, and so could be expected to both raise, and need, more money. Citizen Action's 15-month analysis showed the average contribution from health care and insurance sources to members of the Senate Finance Committee was $72,123, compared with $57,780 for members of Ways and Means.

However, Rep. Jim Cooper, D-Tenn., House sponsor of the plan Lieberman has endorsed, has collected $358,190 from health and insurance sources. Citizen Action reported Cooper's plan comes closest to representing the changes favored by la[illegible]

Still [illegible] numbers mean and [illegible] where opinion is divided.

Critics argued that the large contributions to congressional candidates are designed to protect the economic interests of the health care and insurance industries.

Releasing a report last fall showing that the industries' political action committees had given $45 million to congressional candidates from 1983 to 1993, Common Cause President Fred Wertheimer asserted that the agenda had shifted.

"With health care reform moved to the top of the national agenda ... the medical industry recognizes the fight now is not over blocking any change but over who will be the winners and losers in a new health care system," Wertheimer said.

Citizen Action, which favors a tax-financed system such as the one in Canada, in recent years has issued analyses that seek to highlight what it sees as the corrupting influence of large contributions. In effect, Citizen Action and those who agree with its thesis are trying to turn the health care and insurance industries' contributions into a political liability for those who accept them. "The health and insurance industries are out to derail real health care reform," said Michael Podhorzer, Citizen Action's campaign director.

Doctors, hospitals, insurers and pharmaceutical companies repeatedly have rejected that charge, pointing to the various reform plans they favor — which share a common goal of avoiding heavy government regulation. The plan Lieberman backs also rejects much of the regulation Clinton proposed.

Experts agree political action committees are looking for one thing — access to a member or top staffer — when they make their contributions. "Access is the name of the game here in Washington," said Josh Goldstein, a project director at the Center for Responsive Politics, a private organization that tracks campaign contributions.

Michael Lewan, Lieberman's ad[illegible]

How political action committees decide whom to support is shrouded in secrecy, and corporate officials give only general descriptions of their deliberations.

"You can't look at a candidate on just one issue," said Brian McGlynn, a spokesman for Pfizer Inc., a pharmaceutical company that had given $6,050 to Lieberman through March 31.

Hartford-based Aetna Life & Casualty Co. also gives preference to members of the Connecticut delegation with which it has had a long-standing relationship, said Laurie Sullivan, a company vice president.

Besides Lieberman, Sullivan said, Aetna's political action committee has supported Sen. Christopher J. Dodd, D-Conn., and Connecticut Reps. Barbara B. Kennelly, D-1st District, and Nancy L. Johnson, R-6th District, all on committees handling health care issues.

Aetna's political action committee gave $4,500 to Lieberman through March 31. Other Connecticut insurers also have kicked in: CIGNA, $10,000; Travelers, $5,000, and Phoenix Home Life, $3,000. Current and former company officials have added more than $12,000 in individual contributions.

Goldstein, the Center for Responsive Politics specialist, said it was common for a symbiotic relationship to develop between members of Congress and major industries in their states. What senator or representative from Michigan would fail to be attentive to the interests of the auto industry, Goldstein asked.

In Connecticut, the industries with the most to gain or lose this year are insurance and pharmaceuticals. During a recent debate on health care reform, Dodd made a point of saying how proud he was to represent 50,000 who work for insurance companies and 10,000 employed by pharmaceutical firms.

Lieberman makes no apologies, saying he has "tried hard to be an advocate" for state interests.

Some activists might complain, said Toby Moffett, a former representative from Connecticut. But he added, "If you're a senator from the state of Connecticut in May or June of 1994, your basic concern is jobs."

The reform plan Lieberman signed on to last fall would cost more and do less than its sponsors originally proposed. Still, it seems to be the direction Congress is headed, because it also involves much less federal regulation than Clinton's proposal.

That puts Lieberman in a position to be one of a dozen or so moderate Democrats whose influence will extend beyond their committee assignments and may prove decisive when key health care compromises are struck, analysts said.

"His network of contacts gives him greater influence than many other people," said Sullivan, the Aetna vice president.

Bingaman Cuts Deal for Small Firms

By Richard Parker
JOURNAL WASHINGTON BUREAU

WASHINGTON — A Senate panel has moved to lighten the load of health-care reform on small businesses, adopting a compromise engineered by Sen. Jeff Bingaman, D-N.M.

The Senate Labor Committee, the first to make progress on health-care reform, on Tuesday voted 11-6 to approve an amendment allowing the smallest companies to pay a small payroll tax to finance workers' health insurance.

While larger businesses would pay 80 percent of worker benefits, employers with five or fewer employees — and average salaries of no more than $24,000 — would pay a 1 percent payroll tax. Companies with up to 10 employees would pay 2 percent.

The committee has been working on a comprehensive health-care reform bill by Sen. Edward Kennedy, D-N.M.

Bingaman's amendment passed with the votes of all the panel's 10 Democrats, but unlike previous compromise efforts he got only one Republican vote. Most GOP members dug in their heels at any contributions to health care by business.

"It's not inappropriate to require everybody who has the ability to contribute to contribute something," Bingaman said in an interview.

Bingaman said he hopes to offset the "very substantial government subsidy" to small employers with anticipated savings in Medicare and Medicaid costs and a hefty increase in the cigarette tax, which would put a $1.74 federal per-pack pinch on smokers.

Bingaman's work on health-care reform hasn't come without objections. Abortion opponents are criticizing him for opposing a Republican attempt to remove abortion services from health-care reform legislation.

Bingaman was among 11 of 17 senators who voted down a proposal by Sen. Dan Coats, R-Ind., late Tuesday that would have excluded abortion from the basic package of health benefits being crafted by the committee.

The National Right to Life Committee labeled Bingaman's vote a "flip-flop" because he voted to back legislation last year that would have denied federal funding for abortions except in cases of rape, incest or risk to a mother's life. Other than his vote last year, Bingaman generally has supported abortion rights.

June 13, 1994

TO: Ann Bradley, HCRP

FROM: Ed Monjarás, Albuq. Teachers Federation

Since our phone conversation last week I have contacted 3 of New Mexico's Congressional delegation concerning public speaking events during the July 4th recess. Sen. Bingaman's office said none were set for July. Sen. Domenici's and Rep. Schiff's office had none confirmed but said to check back later in the month.

I am also sending an article about Sen. Bingaman's opponent in the November elections.

McM a n Gets GOP Senate Nod

Roswell Rancher Takes Aim at Rival Bingaman

By Nancy Tipton
JOURNAL STAFF WRITER

Colin McMillan ran away with the Republican nomination for the U.S. Senate in the primary election Tuesday, making good on his repeated predictions of victory.

"Now the battle begins," McMillan told cheering supporters at the Albuquerque Marriott hotel in a victory speech.

McMillan garnered about 75 percent of the vote, putting him on the November ballot against Democratic Sen. Jeff Bingaman.

Bingaman, seeking his third term in the Senate, was unopposed in Tuesday's primary.

STACI MCKEE / JOURNAL

Republican U.S. Senate nominee Colin McMillan is congratulated by Robin Dozier Otten, one of his two challengers in the race.

McMillan, a 58-year-old Roswell rancher and businessman, said many times during the campaign he would carry the party vote over opponents Bill Turner and Robin Dozier Otten, both of Albuquerque.

Speaking at the Albuquerque hotel where Republicans gathered to watch election returns come in, McMillan took dead aim at Bingaman.

He said Bingaman has been in Washington, D.C., too long and has

MORE: See MCMILLIAN on PAGE A9

McMillan GOP Senate Choice

CONTINUED FROM PAGE A1

lost touch with "New Mexican working families.

"There will be two very different candidates. Let me assure you of one thing: Come November, you will have a clear choice for the U.S. Senate," McMillan said.

He said he and Bingaman are different on the issues as well as having different backgrounds and experience.

"This will not be one of those races where it's difficult to figure out who's who," he said.

Bingaman spokesman David Contarino agreed the differences are obvious.

"That's the only thing we agree on," Contarino said. "Yes, we will offer New Mexico a clear choice.

"Colin is a relic. He wants to take it back 12 years. We want to move forward."

McMillan said "New Mexicans want a senator who will be tight-fisted with their tax dollars — a senator who will vote to hold the line on higher taxes."

McMillan again pointed to the Big Mac tax cut of 1981, passed while he served as chairman of the New Mexico House of Representatives Taxation and Revenue Committee.

Big Mac was a comprehensive cut in state income and gross-receipts taxes that also cut the state out of receipts from property taxes. It subtracted about $250 million from state coffers.

McMillan also repeated his earlier pledges to fight for tougher crime laws, not to vote for or accept any proposed pay raises for senators and to serve no more than two terms.

"Jeff Bingaman is in for the fight of his political life," he said. "We're going to run a campaign that reaches every city and town in the state ... a campaign that respects the intelligence of New Mexico's voters ... and a campaign that creates hope by showing how the problems can be solved."

Contarino called on McMillan to "stick a little closer to the truth" during the upcoming campaign.

The Bingaman camp has said McMillan has misrepresented the senator's voting record on everything from the budget to grazing fees.

McMillan's political experience includes a 12-year stint in the Legislature, three years on the state Board of Finance and nearly three years as assistant U.S. secretary of defense for production and logistics during the Bush administration.

McMillan and his wife of 35 years, Kay, live in Roswell. Born in Texas, McMillan has been involved in ranching, oil, banking and farming in New Mexico since he moved to the state in 1961 while he was working for Texaco Inc.

Turner, a hydrogeologist who owns a consulting business, was active in Ross Perot's New Mexico campaign. Otten is an Albuquerque attorney who has been involved in the Republican Party on both the county and state levels.

From The Albuquerque Journal Wednesday, June 8, 1994

OMAHA 6/13

Health Plan Phase-in May Get Clinton OK

THE LOS ANGELES TIMES

Washington — Opening the door to a possible compromise on health-care legislation, senior White House officials said Sunday that President Clinton would not insist on having health insurance coverage for every American immediately if Congress agreed to phase it in over the next several years.

The statements by White House counselor David Gergen and Harold Ickes, the deputy chief of staff, seemed designed to break a logjam in Congress, which is running weeks behind schedule in crafting health-care reform. Their remarks also came a day after Senate Minority Leader Bob Dole, R-Kan., threatened to block any universal coverage plan that required businesses to bear the cost.

Both Gergen and Ickes said a "triggering mechanism" compromise being pushed by Sen. John Breaux, D-La., might be a way out of the congressional morass, but they declined to endorse a specific alternate approach.

Under Breaux's plan, if a certain percentage of uninsured people had not been covered through marketplace reforms by the years 1999, 2000 or 2001, there would be a gradual phase-in of the so-called employer mandates, requiring businesses to pay 80 percent of insurance coverage for their workers. His plan would give incentives to businesses to provide coverage for their workers.

Dole on Sunday called triggers "the biggest gimmick in town." He said they would only delay the eventual onset of employer mandates, and that such mandates would hurt small businesses.

"If you're going to have a mandate, just say you're going to have a mandate."

Please turn to Page 2, Col. 2

Clinton May OK Phase-in Of Health Plan

Continued from Page 1

he said on CNN's "Late Edition." "Don't try to, you know, gloss it up, cover it up, paint it up or something else."

Clinton's insistence on employer mandates to pay for health-care reform has drawn widespread opposition from business groups, particularly from small businesses, and from many Republicans as well as some Democrats.

Breaux, a key player in health-care reform as a ranking member of the Senate Finance Committee, said on NBC's "Meet the Press" that his triggering plan could be phased in over a three- to five-year period.

"By phasing in these requirements, I think we'll have a chance to reform the marketplace," he said. "It doesn't do us any good to mandate something until we've reformed it."

Speaking on CBS' "Face the Nation," Gergen said Clinton, who threatened in January to veto any bill that did not provide health insurance for all Americans, would accept a congressional guarantee "that there will be universal coverage down the road."

Ickes, who has helped direct the White House effort for health-care reform, said on NBC: "As long as universal coverage within a reasonable time is provided, I think the president will sign that bill."

The Associated Press contributed to this report.

Health care reform topic of public forum Monday

By STACIE MACKENZIE
Staff Writer

Representatives of the medi-, political, personal and busi-ss aspects of health care reform will convene for a public forum Monday.

Three main factors are driving health care reform: cost ($900 bilion this year), the millions of Americans who lack health insurance, and the rising cost of insurance premiums.

Those issues will be debated, and local angles, revealed at Danville Regional Medical Center's Health Care Reform Forum from 11 a.m. to 1:30 p.m. in Frith Chapel at Averett College. The public is welcome.

Rep. L.F. Payne Jr., D-5th, a member of the House Ways and Means Committee, is participating. The committee is writing a health care reform bill.

Other panelists include Larry DePriest, president of Danville Regional; John Wancheck of Families USA, a national consumer group supporting President Clinton's plan; Dr. Carl [illegible]ark, a Danville internist; John [illegible]nicutt of Dibrell Brothers [illegible]acco Inc.; and Charlene Hanson, executive director of the [illegible] Free Clinic of Danville.

"Universal coverage is the biggest issue facing hospitals," DePriest said. "Otherwise, we're stuck with cost shifting.

Added DePriest, "In our case about 8½ percent of our gross charges are written off for pure charity care that we know about up front, or bad debt, which is people who can't afford to pay."

In a bigger city, hospitals can carve out a niche of insured patients who pay their bills. Danville Regional does not have that luxury, according to DePriest.

Among hospitals in Virginia, Medicare reimburses 88 percent of medical services' actual cost, he said. Hospitals are left to pick up the remaining 12 percent.

If the burden of cost shifting is heaped on the Medicare system, it will spell disaster locally because Danville Regional has a disproportionate number of patients age 65 and older, DePriest

Among hospitals in Virginia, Medicare reimburses 88 percent of medical services' actual cost, [illegible] the re-
12 [illegible]. "Without universal coverage, we are in for some tough times."

When health care providers carve out small profitable niches without coordinating with other providers, it creates duplication of services and costs, according to DePriest. "If we continue the way we are, we'll be left with the most difficult, most expensive 24-hour-a-day Emergency Room and Intensive Care Units, and the profitable services will be handled by other institutions," namely urgent care centers operating with limited hours, DePriest said.

Referrals from convenience centers are "a formula for economic disaster. Where that leads eventually is that the hospital doesn't have the resources to do that job the way we need to do it," DePriest said.

"We need to have a local organized delivery network that recognizes the various components for the whole system to work," he added. "There would also be incentives to keep people well," he said.

"The incentives are not there for us to look at the total needs of the patient. I think we're capable of doing that."

For 10 years, Danville Regional has been a member of Sun Health Alliance, a network owned by member hospitals. Group purchasing allows hospitals in the alliance to "save substantially" on supplies, he said.

"You shouldn't have to be a congressman to get health insurance like Congress gets," said panelist Wancheck, Virginia coordinator for Families USA, a health consumer group fighting for reform.

Wancheck calls this "a crucial time."

Families USA support health security for all families that cannot be denied, including comprehensive benefits. The group also advocates controls on insurance premiums, and expanding Medicare to include prescription drugs and home health care.

Consumers will meet with Payne after the forum, Wancheck said.

DePriest believes reform measures will likely be instituted by [illegible]ll.

Patients "willing to accept [illegible]me structure" will save money, [illegible] predicted.

"All of us have been operating within the structure of the system. It is not designed for efficient delivery of services," DePriest said. "I think the whole system of incentives needs to be modified.

"Physicians feel like they're being micromanaged by insurance clerks somewhere off in an office." This is why primary care physicians are fleeing. The "overhead and hassle factor" makes it impractical to continue, he said.

DANVILLE REGISTER AND BEE

June 4, 1994

JUN-08-1994 09:24 FROM W M U HERALD TO 912796308 P.02

attention: Murray Kopp
from Cinde Jones

Health care activists present Upton official with pledge for reform

By JESSIE WESTON
News Editor

Some 70 people showed up outside of the Bernhard Center on Thursday to chant. "Give us what you've got" to the nation's Congress as a seven-point pledge to health care reform was presented to a member of Rep. Fred Upton's, R-St. Joseph, office.

The pledge was developed by the Campaign for Health Security and presented to Upton in hopes that he will sign it and further President Bill Clinton's plan for national health care reform. Cinde Jones, who coordinated the rally on behalf of the Project for Health Care Reform, said she hoped the rally would raise awareness of the need for health care reform in the United States.

"We want to raise attention to the seven-point pledge we plan to present to Rep. Upton's office," Jones said. "There's too many people who are even employed who can't afford health care. It's important it's not only available but also affordable."

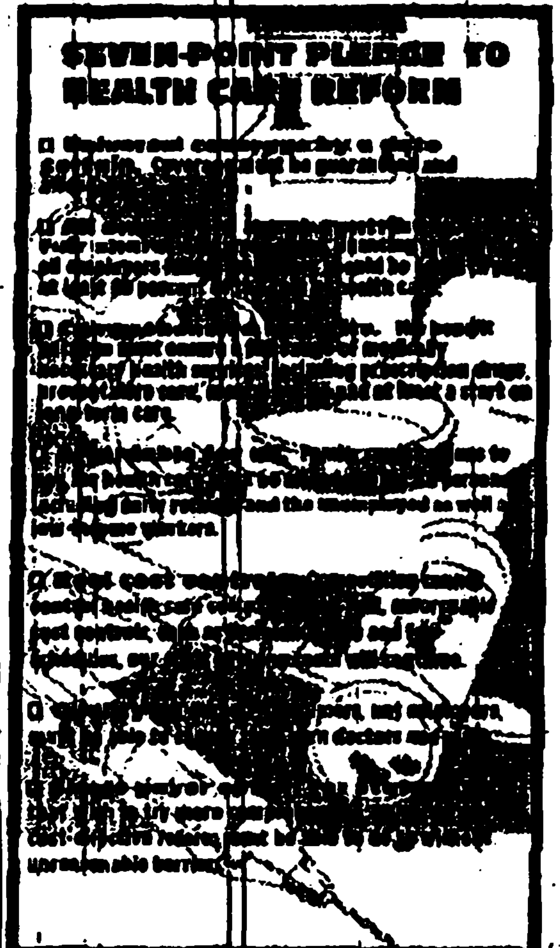
William McNary, of the Public Action Council in Chicago, riled the crowd to respond with hearty cries of "Give us what you've got" when asked what message they wished to send to Congress.

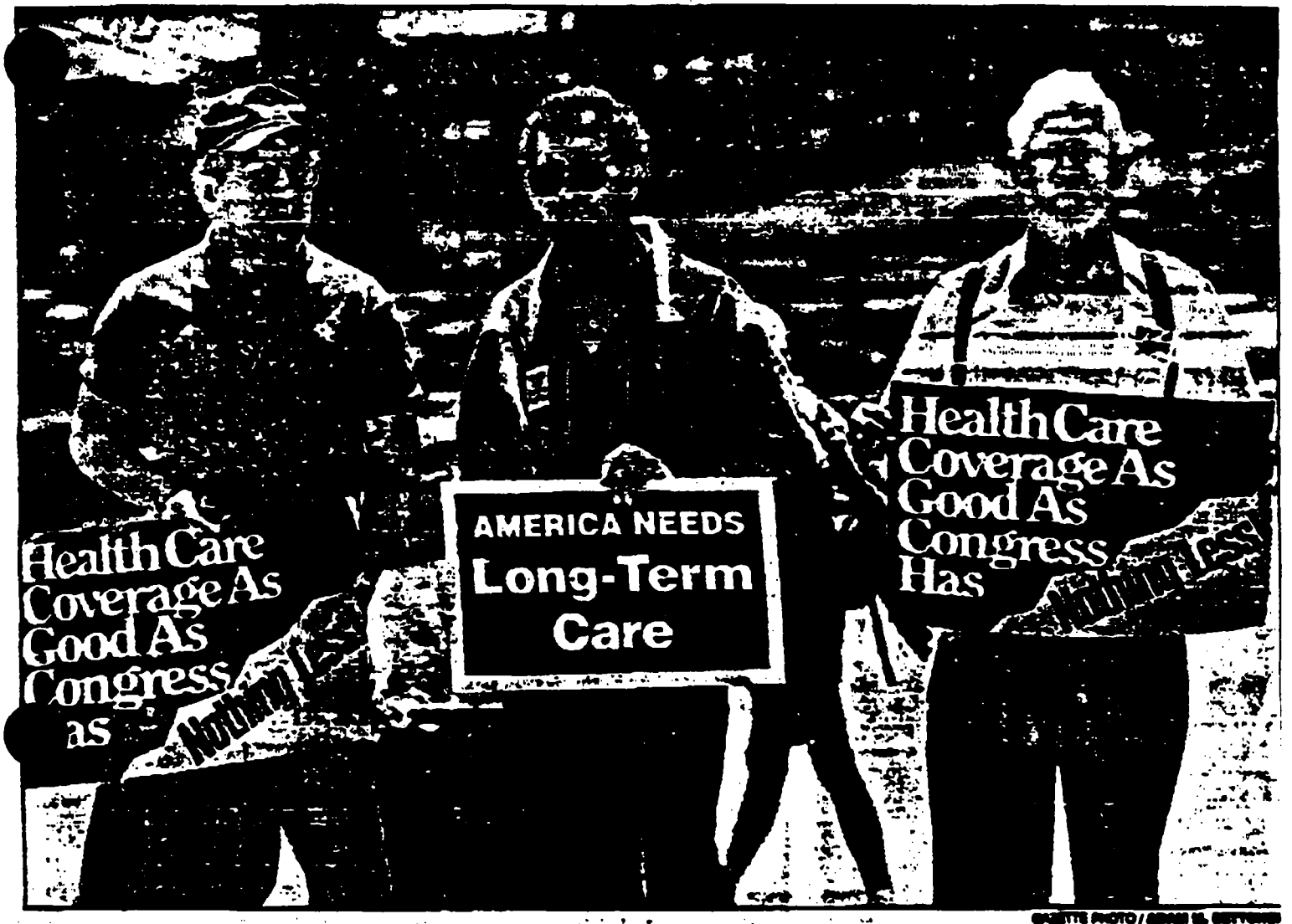
"There are some things that are non-negotiable when we talk about health care — high quality, affordable health care as a right to all," he said. "This is the only country in the civilized world where a major illness is the leading cause of bankruptcy."

Other speakers included Lyn Bartley, president of the American Association of University Professors at Western Michigan University; Lana Boldi of the UAW and WMU's Board of Trustees; Ralph Chandler, a professor in the School of Public Affairs and Administration at WMU; Richard Frantz of the AFL-CIO; Betty Ongley of the Older Women's League and the former mayor of Portage; Jorge Ruana, executive director of the Hispanic Council; David Schneider of the Local 1668 AFSCME; and Dr. Steven Townsend of the American Psychological Association.

In each of the speeches, a cry for affordable, comprehensive health care for all Americans was heard. In his speech, Chandler called for change in the United States.

"We must make a choice about the massive problem of health care reform," he said. "Governmental institutions must try to assure equity in health care in the public interest, or those who have turned health care into a business for profit will continue to rob the public purse and the middle and working classes of America by pushing costs out of reach for most of us. We can spend ourselves into oblivion and leave a few people well off, or we can devise a system in which everyone has enough."





GAZETTE PHOTO / [illegible]

Health care reform backers rally at WMU

Supporters for health care reform gathered outside Western Michigan University's Bernhard Center Thursday to urge movement on the national issue. Above, from left, Juan Cahue, Tom Clemons and Charlie Hotchkiss show their placards challenging Congress to give as good as it gets. At left, former Portage mayor Betty Ongley speaks on the [illegible] at a podium set up in front of the student center.

...NATIONAL SPOTLIGHT... Ryan Bebout, 9, left, will speak in Washington Monday on the need for health insurance for his brother, Michael, 4, center. The boys are shown with their parents, Bob and Sharon Bebout.

Boy Speaks Up for Brother

He Will Read Letter on Health Insurance at White House

BY MARY MCGRATH
WORLD-HERALD MEDICAL WRITER

Nine-year-old Ryan Bebout will be the White House Monday to read a ter he wrote to the president and the st lady about "kids who aren't ured by insurance people."

The Bebouts — Ryan, Michael, d their parents, Sharon and Bob — one of 12 families who are being ought to Washington for an event lled Kids Speak.

Ryan will share a letter he wrote out health-care problems that con-nt families, said Stella Ogata of the ildren's Defense Fund, the Wash-ton-based advocacy organization t is sponsoring Kids Speak. Hillary Rodham Clinton and per-ps President Clinton will be on hand to meet the families and hear the letters, Ms. Ogata said.

Ryan's letter tells how Michael stayed in the hospital for five months after he was born and finally got to come home "even though he had tubes in his chest and nose."

"I am happy that the hospital and doctors and nurses helped my brother get better ... but I don't understand why the insurance people don't want my brother," Ryan said in his letter.

"Mom and Dad told me that many other kids aren't wanted by insurance people because they are sick too. Mom and Dad and I try to keep Michael from being sick, but sometimes he just does.

"I'm writing you because I am worried about Michael and all the other kids ... that aren't wanted by insurance people. We can't make the decisions, grown-ups need to help the kids."

Bebout, co-owner of Progressive Food Brokerage, said Michael had been refused insurance because of a pre-existing condition — short bowel syndrome, which required surgery and makes it difficult for him to absorb nutrients.

The family now is going through a six-month waiting period before Michael can be covered by the Comprehensive Health Insurance Pool, which Nebraska set up for high-risk patients.

Bebout said the family is paying for Michael's essential medical care. "But on the preventive things, such as blood

Please turn to Page 18, Col. 3

Boy Speaks For Brother

Continued from Page 13

work; we are holding back. We are going as much as the doctor want to," he said.

The Bebouts, who live near 1 and Q Streets, are hoping noth serious happens to Michael before insured. Michael is a preschooler Cody Elementary in the Mil School District.

The Nebraska CHIP Policybol Association nominated Ryan for t Speak.

Ryan, a third-grader at Acken Elementary School, wrote nearly 3 pages. The final version was cut b to just over one page.

"The letter is real," Bebout blew our minds. We'd been talkin Ryan all the way along about w health care is. Kids listen more t you realize. He's truly concerned."

Ryan also came up with a T-s design: M.I.K.E., which stands Medical Insurance for Kids Eve where.

Bebout, his wife, who teaches LaPetite Academy, and the boys scheduled to leave Saturday for Wa ington.

Dear President and Mrs. Clinton,

When my brother was born he had to stay in the Hospital for five months. While he was there I spent alot of time at the Hospital, but thats ok becaus I Love my brother. I couldn't wait until I could see him. After five months we finally got to bring him home even though he had tubes in his chest and nose

I am happy that the Hospital and Doctors and Nurses helped my brother get better. I am only Nin but I don't understand why the Insurance people don't want my brother? Mom and dad told me that many other kids aren't wanted by Insurance people because the are sick too. Mom and dad and I try to keep Michael from being sick but sometimes he just does.

I am writing you because I am worried about Michael and all the other Kids, that don't get to see a Doctor to get well and that aren't wanted by Insurance people. We can't make the decissions, grown-ups need to help the Kids

go to next page

Youth Gives Mrs. Clinton New Slogan

BY [illegible]
WORLD-HERALD [illegible]

Washington [illegible] "[illegible] a new slogan," first lady Hillary Rodham Clinton said Monday after hugging 9-year-old Ryan [illegible] for [illegible] her about his campaign [illegible] [illegible]

[illegible] Mrs. Clinton in the East Room of the White House. He was wearing a T-shirt bearing the word MIKE in capital letters.

Smaller letters across the shirt explained that MIKE stands for Medical Insurance for Kids Everywhere.

"Maybe we should have little buttons made up which say M-I-K-E," Mrs. Clinton said.

Ryan was one of 12 children who were invited to the White House after writing letters to President Clinton and his wife about health-care problems in each of their families.

Ryan's mother, Sharon, said Michael has short bowel syndrome, a condition that makes him unable to absorb all his food.

She said the family was covered by insurance when Michael was born. The coverage changed, she said, when her husband, Robert, went into business for himself as a food broker in Ralston, Neb.

Mrs. Bebout said the couple, who live near 163rd and Q Streets, thought their previous insurance would continue under a 1985 federal law guaranteeing conversion privileges for 18 months.

"The premium was just outrageous," Mrs. Bebout said. "We just couldn't afford it."

She said the family now is waiting the required six months to join CHIP, a comprehensive health insurance pool provided by the State of Nebraska for people with pre-existing conditions who can't get affordable insurance elsewhere.

"We have five more months to go," said Mrs. Bebout, a native of Sterling, Neb.

Bebout said Mike has been doing well although he has been losing weight lately.

"We are doing everything we can for him," said Bebout, a native of Nebraska City.

THE ASSOCIATED PRESS

IMPORTANT MESSAGE: First Lady Hillary Rodham Clinton listens as Ryan Bebout speaks about health-care problems Monday at the White House.

Ryan Bebout sat at Mrs. Clinton's right during the 45-minute program in which children read their letters to the president and first lady.

Ryan's letter said: "I don't understand why the insurance people don't want my brother? Mom and dad told me that many other kids aren't wanted by insurance people because they are sick, too."

Mrs. Clinton said the appeals of Ryan and the other children should be heard by members of Congress who are considering Clinton's health-care legislation.

"The only way to answer these questions is to make sure every family has guaranteed health insurance," she said.

The Sunday Leader-Herald

VOL. 39 NO. 117 SIXTY-EIGHT PAGES GLOVERSVILLE-JOHNSTOWN, N.Y. SUNDAY, MAY 22, 1994 SINGLE COPY

Area physician has a Direct Line to the White house

GLOVERSVILLE — Dr. Howard Freed, director of emergency services at Nathan Littauer Hospital and Nursing Home, has an inside line on the current debate over health care reform.

It's a line that extends directly into the White House.

Freed recently returned from a trip to Washington, D.C., where he and about 45 other health care professionals heard first hand about the status of the President's proposals to revamp health care in America.

First Lady Hillary Rodham Clinton led the briefing. Attending the briefing were Harold Ickes, deputy White House chief of staff, and Ira Magaziner, senior policy consultant on health care and leader of the task force which developed the President's plan.

Freed's access to the upper echelons of the Clinton Administration is due to his earlier work on the plan. Last year, he served on a committee of physicians which reviewed parts of the plan late in the planning stages but before its public release. Since then, he has received updates by fax and phone about every six weeks.

The briefing's purpose, Freed said, was to update "everyone on where we stand on policy issues and on the process of moving the (health care) bill through Congress."

He said on policy issues "there continue to be some vested financial interests — particularly insurance companies — that want to keep the status quo. You see their ads on TV and hear them on the radio, but what the President is trying to do is move decisions about health care away from employers and away from insurance company rulings and move them back into the hands of just the patient and physician. That's the goal, the vision."

What's happening now, "if we do nothing, is that the process is less controlled by the doctor and patient and more controlled by insurance companies via financial limits on care. They're calling the shots more and more. The tail is starting to wag the dog. Insurance companies are becoming more and more involved in managing care and telling doctors what to do. ."

Freed said the purpose of the President's plan is to "flip the process back into patients' and doctors' hands. This plan will make it illegal to revoke your health insurance after you get sick and will make it illegal to charge more once you get sick. It will also make it illegal to have lifetime financial limits on health care expenditures."

Funding for the plan would come from a variety of sources, he said. Some new money will come into the system through a cigarette tax and a payroll tax on the largest employers (over 5,000 employees) Employers will pay 4/5ths of the cost of health insurance and employees 1/5th, he said. There will also be substantial savings through an increase in competition among health care alliances and through increased penalties for fraud and abuse.

"The projected cost per employee is $32 per month per single person, with the company picking up the rest," he said. "Right now, some people pay more, some pay nothing. This is a cost-sharing proposal."

Freed said the President's plan guarantees four basic principles: universal coverage for every American which can never be taken away; comprehensive benefits broad enough to make people feel secure about their health care; insurance reform including billing simplification; and "no matter what, Americans will get to choose their own doctors."

The federal government's role in this plan is to guarantee that each of the competing health care plans all provide at least the basic coverage that people are promised. "The program is private health insurance. The President has considered and rejected a government-run system," he said.

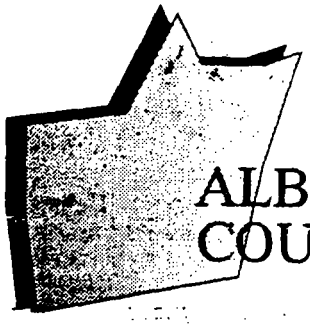
Freed said the bill is currently moving through Congress with a final bill expected before Congress adjourns for the year in October.

"The details are still to be worked out, but the four basic principles are going to remain intact," Freed said.

c.c.: S.Rueschemeyer
D.Fine
S.Welford
B.Wooley
L.Quinn
L.Shannahan

Schenectady
THE DAILY GAZETTE Friday, May 13, 1994

NEWS IN BRIEF



Albany doctor hears Mrs. Clinton

ALBANY — An Albany doctor heard first lady Hillary Rodham Clinton declare that health care reform will happen despite opposition from major health insurance companies.

Dr. Howard Freed, associate professor of emergency medicine and surgery at Albany Medical College, was one of about 50 doctors who attended a briefing Thursday at the White House.

"They said there were a lot of interest groups with money and a stake in the status quo," said Freed. "It was described that insurance companies are like the tail wagging the dog ... the insurance companies are calling the shots, what's covered, what treatments will be paid for."

But Mrs. Clinton and other staffers said that health reform is now going through Congress and "it is going to happen ... they're expecting a bill this year." She said President Clinton remains committed to basic principals like universal coverage and choice of doctor.

Doctor has health tip: October vote on reform

■ Howard Freed was briefed Thursday at White House

■ He is touting Clinton's plan throughout Northeast

BY RICK KARLIN
Staff writer

White House insiders expect Congress to vote on health care reform sometime in early October, according to a Capital Region physician who is helping the Clinton administration promote the plan.


Freed

"They may take a lesson from the New York state Legislature and pass it in the last hour," said Dr. Howard Freed, an emergency room doctor and self-described surrogate public speaker for Hillary Rodham Clinton.

Freed was at the White House Thursday where he and about 50 other physicians from around the nation were briefed on the progress of health reform by Hillary Clinton, as well as top White House aides Ira Magaziner and Harold Ickes.

In addition to their timing predictions, Freed said White House officials reiterated the four principles behind their plan: guaranteed private insurance, outlawing discriminatory insurance practices, a comprehensive benefits package, and retaining a patient's ability to choose doctors.

"The President and First Lady are still emphasizing the same four basic principles," said Freed. "The way to do it is to keep emphasizing the basic principles that the President is fighting for," said Freed.

If Freed sounded like a point man for the White House's health plan, it's because he is. An emergency room physician who works at Albany Medical Center Hospital and Nathan Littauer Hospital in Amsterdam, Freed took time off to work on Clinton's 1992 election campaign.

Now, he is volunteering to spread the word about the health plan by speaking to groups throughout the Northeast. That's part of Clinton's technique of enlisting both administration officials and volunteers to promote the health care plan on the local level.

"It's part of a specific strategy to get the debate out into the grass roots," said Freed. "I've been doing this for months."

He's spoken to groups and been on radio talk shows in places like Utica, Gloversville and Saratoga Springs. Later this week, after returning to Albany, Freed will travel to Newport, R.I., to address a group of New England Blue Cross/ Blue Shield officials.

He has also been traveling to the White House about every six weeks for updates on the reform plan.

How does politicking in Washington compare to his daily routine in a hospital emergency room?

Considering the amount of energy expended and the adrenaline levels that exist, the two places are surprisingly alike, said Freed. "The ambiance in the emergency room and the ambiance around here are similar," Freed said during a phone interview from the White House.

U.S. House of Representatives
Committee on Energy and Commerce
Room 2125, Rayburn House Office Building
Washington, DC 20515-6115

FAX COVER SHEET

FROM MIKE

APR - 7 1994

DATE: 4/7/94

TO: THE INIMATABLE MIKE LUX

FROM: TITTSWORTH

FAX NUMBER: 456-6218

NUMBER OF PAGES: 5
(including cover)

COMMENTS: AS DISCUSSED.

If there are any problems with the fax transmission, please call (202)225-3147.

Congress of the United States
Washington, DC 20515

April 5, 1994

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

Many challenges face your Administration and Congress during the few remaining months of the 103d Congress. In particular, two vitally important issues must be resolved this year, both of which affect the long-term economic security of this Nation and its citizens. Specifically, we are concerned with the economic devastation occurring in the energy industry, and we believe that comprehensive health care reform must be adopted during this Congress.

If the current drop in oil prices is sustained, tens of thousands of jobs, our energy infrastructure and our energy producing expertise will be lost. Domestic energy security will be further undermined. Our reliance on unstable countries for energy is already too high. Unless we act now, this reliance will increase to unprecedented and dangerous levels.

All of these factors threaten the long-term economic security of this Nation and could undo the economic growth that your Administration has worked to achieve. Even though oil prices are now low and sustain the economic recovery, if the domestic productive capability to satisfy energy demands is not available in the event of a price increase, the economic slowdown experienced in the 1970's could recur.

We, therefore, urge you to support a package of energy incentives that will help maintain a viable domestic energy industry. Sound energy security strategy should guard against losing existing production and domestic refining capacity, and encourage new exploration and production, including production in "frontier" areas.

First, we urge you to support measures that will lead to new exploration and production by changing the tax law to allow geological and geophysical costs to be immediately expensed regardless of whether the well is dry or producing.

Second, we urge you to support a per barrel tax credit that would encourage exploration in new, "frontier" areas, such as the deepwater of the Outer Continental Shelf.

Third, marginal production wells, which produce 14% of the domestic energy supply, are at risk of shutting down due to the drop in oil prices. We urge you to support tax law changes to keep marginal wells producing.

Finally, domestic refining capacity is important to the national security of the United States. Refining capacity has declined and is at risk of further decline. Production costs of U.S. refiners are much higher than those of foreign owned refiners due to important and stringent environmental laws. To guard against losing more domestic refining capacity, we urge you to support measures to hold foreign refiners to the same environmental standards as U.S. refiners through the adoption of policies such as an environmental equalization fee.

Equally important as energy security to long-term economic security is the adoption of comprehensive health care reform. Our businesses, citizens, and taxpayers suffer from increasingly unaffordable health care costs. Our long-term economic security cannot be sustained if this trend continues. We are able to address this problem without undue burden on small business, massive new bureaucracies, or increases in the federal deficit. These solutions require that all individuals and businesses be involved in solving this problem and that we prevent health care expenditures from growing more rapidly than other sections of the economy. Our ability to create new jobs in the energy and other sectors and sustain a high standard of living for all Americans will depend on our willingness to address directly these matters.

These steps taken together -- achieving energy and health security -- will do much for the Nation's long-term economic stability and growth. Thank you for your consideration, and we look forward to working with you and your Administration during the coming months to resolve these two very important domestic policy concerns.

Sincerely,

J. Bennett Johnston
Chairman
Committee on Energy and
Natural Resources

John D. Dingell
Chairman
Committee on Energy
and Commerce

John Breaux
United States Senator

Jeff Bingaman
United States Senator

March 30, 1994

MEMORANDUM FOR DISTRIBUTION

FROM: Debbie Fine

SUBJECT: Physicians Outreach

As requested, following is a breakdown of who is doing which piece of the physicans outreach as I understood it at the meeting last week:

Academic Health Centers, Deans of Medical Colleges, VIP doctors, etc.: Walter Zellman

State Medical Societies: Marilyn Yager

National Health Policy Council: Simone Rueschemeyer

Individual Doctors: Individual Doctors will be referred to the NHPC

Groups: Marilyn Yager and HHS

Lynn and Ira will continue to coordinate on strategy, as will Mike Lux and Debbie Fine. Arnold Bennett will continue to work on the message piece.

As we move along, there will be situations where outreach efforts overlap, and it seems that this can be dealt with on a case-by-case basis. (For example, does an FOB go to NHPC or Walter?) Simone will be calling weekly or bi-weekly meetings to convene all those who are involved in physicians outreach to coordinate on strategy, upcoming events, and any problems identified.

DISTRIBUTION:

OPL Staff	Walter Zellman
War Room Staff	Lynn Margherio
Greg Lawler	Heather Booth
Melanne Verveer	Ira Magaziner
Simone Rueschemeyer	Arnold Bennett

67983

March 28, 1994

MEMORANDUM FOR ALEXIS HERMAN, GREG LAWLER AND LAURA QUINN

FROM: Mike Lux

SUBJECT: Constituency Days

After talking with Bob Boorstin about what would be the most important constituencies we could ask to the White House from a message perspective, looking at the calendar to see what groups are already in town for lobby days, and factoring which organizations are with us and have the resources to pull off a decent lobby day, I have come up with the following highly tentative proposed calendar:

Date	**Constituency**	**Notes**
Tuesday, April 19th	Religious Leaders	
Wednesday, April 20th	Nurses	
Thursday, April 21st	Labor	
Friday, April 22nd		
Monday, April 25th	Doctors	AAFP has a small meeting in town; need to talk to other doc groups
Tuesday, April 26th	African American groups	
Wednesday, April 27th	Seniors	NCOA already in town with 2,000 people; need to contact other groups.
Thursday, April 28th	Small Business Coalition	Need to give them as much lead time as is possible.
Friday, April 29th	Hospitals	CHA Trustees are already in town; need to talk to other groups.
Monday, May 2nd	Disabilities/Disease Groups	Already in town.
Tuesday, May 3rd	Teachers/ Children's Advocates	AFT is already in town; would have to get NEA and CDF.

As has been discussed, the basic formula would be to:

(a) bring them to the White House for a morning briefing and short meeting with either the POTUS, First Lady, or Vice President;

(b) do media feeds with them to their home areas; and

(c) make sure we leave time on their schedules so that they can make visits to the hill if they so choose (even though we cannot legally ask them to lobby.)

I want to underscore that this calendar could easily change; The Office of Public Liaison will be meeting on Wednesday to discuss how realistic it is.

X 62983

DRAFT

March 21, 1994

MEMORANDUM FOR HAROLD ICKES AND GREG LAWLER

FROM: Alexis Herman
Mike Lux

SUBJECT: Weekly Update on OPL Activities

The following is the first in a series of weekly updates for you on OPL activities related to health care. Included will be:

- summaries of what we know allied groups are doing in the field,
- feedback/information we are receiving from lobbyists and outside groups;
- reports on administration staff activities related to groups;
- and updated calendar.

Allied Group Activities

Attached is information from Bob Chlopak on HCRP's activities in the targeted districts. The most important things to note:

- There are now full time health reform field organizers in place in thirty-two districts. Direct mail and paid phones are going on in each of those districts.

- Paid advertising is running in twelve districts.

Additional grassroots plans for the Easter recess include:

1. A very high emphasis on getting pro-reform people to go and be vocal at all town hall meetings or forums. A secondary emphasis will be placed on generating handwritten letters for reform.

2. "Vigils" at Congressional district offices.

3. Health reform yard sign campaigns targeted to members and members staff neighborhoods

4. Attempts will be made in all targeted districts to set up coalition meetings/"accountability sessions" with the Congresspeople.

Updates from other supportive coalitions:

1. The small business coalition has had two organizing meetings and is recruiting new trade associations to join it, but progress is slower than we had hoped . As of 3/18, they had decided to hire Michael Whouley's firm to help them organize, but will have to raise additional money to do Whouley's full program (FYI, Michael thinks he needs $200,000 to do this right, and the Retail Pharmacy people have $50,000 they are willing to put into the pot. They believe, and Michael believes, they will be able to raise the rest of the money.) Those trade associations who have currently signed on include architects, Business and Professional Women, Rural Electric Cooperative, Independent Truckers, Interior Designers, Graphic Artists, Consulting Engineers.

2. The early retiree coalition -- which consists of businesses that benefit union and seniors groups -- have been working the Ways and Means and Energy and Commerce Committees hard. Mike Lux and Jack Lew met with them on 3/18. They are at war with Stark, and are trying through Levin to hold his bill hostage until they get an early retiree provision into his bill. Jack and Mike tried to discourage this approach -- it is unclear how much success we had. In general, they have been participating with other pro-reform coalitions in district meetings back home, and have been trying to help educate the rest of the business community on the merits of our bill.

3. The Mental Health Liaison Group is working closely with Mrs. Gore's office, and is planning to do targeted grassroots activity in the districts. Mrs. Ford and Mrs. Carter recently testified to Congress and released a poll showing 62% support mental health benefits. Skila Harris and Mike Lux met with them on 3/10 , and they understand far better than they did last year that they need to help us on the whole bill rather than worrying about every little detail of the mental health provision.

4. The Long Term Care Campaign has money from two sources -- AARP and Home Care businesses -- and is running television ads in targeted districts. Unfortunately, they have not been willing to cooperate fully with us on their message. On the plus side, long term care advocates have been very active in broader coalition efforts in the districts.

5. The Employer Responsibility Coalition that Ann Wexler and Bruce Fried are trying to put together is moving very slowly. They still have been unable to sing up a critical mass of businesses to make it truly worthwhile. They are still working it hard, and we are having a conference call with them on 3/21.

Feedback From Groups

The following bits of feedback/information from allied groups should be noted:

1. There is an intense need and desire right now to boost the morale of pro-reform constituencies, convince them we can still win, and energize them. There are a number of key POTUS or FLOTUS scheduling requests/ideas that have come in recently. We have several which we would highly recommend:

- events with disability groups, who are really discouraged right now and need to be energized. There are several possibilities coming up, the most important of which is a series of events on May 2nd, including a forum and a rally. Either the POTUS or FLOTUS should do one of these events.

- HCRP is planning a lobby day the week of April 11 (the first week Congress is back in town). They would like tot do a South Lawn rally with the President. We highly recommend doing such an event.

- the small business coalition we referred to earlier would like to do its formal kickoff event the week of April 4th with the President. We highly recommend doing this event.

- National Council on Aging will have 3,000 people in town on April 27th. We highly recommend either the President or First Lady doing a speech to their convention.

- Joan Campbell of the National Council of Churches would like to bring heads of denominations into Washington, preferably the week of April 11th, to have a meeting with the President or First Lady on health care. After the meeting, they would plan to go to Capital Hill to lobby for our approach to health care reform.

- The American Diabetes Association has endorsed, and we think a quick meeting and photo op with the First Lady would be worthwhile.

2. Joe Velasquez says that Bob McGlotten is hearing from supportive members of Congress on the health plan that they need some cover, too. The AFL-CIO, while not pulling back on the targeted members, will be stepping up its efforts to encourage activists in friendly Congresspeople's districts to give them that cover.

3. Youth organizations are feeling like we haven't paid nearly enough attention to them, and would like to start incorporating young people into our events and message, as well as developing a broader strategy for young people on this issue.

OPL Staff Activities on Health Care

OPL staff have been helping the health care effort in the following ways:

1. On POTUS and FLOTUS events:

- Mike Lux and Debbie Fine helped do the politics and provide background information on the POTUS seniors event in Florida.

- Amy Zisook, working with Caren Wilcox at the DNC and small business friends, provided thirty possible small business owners that the met the general criteria for the Tuesday event. Amy has also been in charge of providing the audience for the event, and the political background information on small business for the President.

- Mike Lux and Debbie Fine worked closely with Simone R. and HHS staff to put together the providers event, including putting together the crowd, the briefing material and the program.

- Mike Lux has helped with both the speech and background briefing for HRC's appearance before the UAW legislative conference on Tuesday.

2. Attached is a calendar of briefings we have set up for last week and this week for constituency groups on health care, including both substantive and message briefings.

3. Doris Matsui and Wendy Nishikawa are staffing the state opinion leaders meetings. The first one is scheduled for this Thursday (3/24). It will be people from Southwest Virginia.

4. Debbie Fine has been working with Jason Solomon and Catherine Balsam-Schwaber to get the new message briefings set up this week for key organizations. She is also working with Simone R. and HHS to set up a day-long briefing for nurses and social workers from targeted districts, modeled after the doctors briefings.

5. Mike Lux and Debbie Fine are continuing to track groups activities by district.

6. Marilyn Yager worked on the business targeting document; continued to liaison with big business coalitions and worked on preparation for the Cabinet Chief of Staff meeting on business outreach. She also worked on a health care legislative tracking doucment regarding Ways and Means mark-up acitvities and the impact on groups.

March

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Health Care Events

March 13 - 19, 1994

Sunday 13

Monday 14

1:00 PM Am. Psychological Assn. Mtg (ML)

Tuesday 15

11:30 AM Natl Assn of Realtors (RR, AZ)
12:30 PM Sandoz Company (MY)
1:00 PM Veterans Legislative Strategy (ML, Bob Jones)
Disabilities Teleconf call

National Assn for Home Care Lobby Day

Wednesday 16

9:00 AM Hispanic Groups (SV)
11:00 AM Mtg with Chain Restaurants w/Ira (MY)
2:00 PM Women Construction Owners and Execs (AZ)
3:00 PM Joint Consultative Team-Business (MY)

4:00 PM NARAL/Planned Parenthood mtg (ML,MV, CH)
American College Physicians Lobby Day
Interreligious HC Access Campaign Lobby Day

Thursday 17

11:00 AM preventive leg. strategy mtg (rm 180)
12:30 PM OPL Staff Strategy (AMH Ofc)
1:00 PM Auto Dealers (RR, MD)
1:00 PM NY/NJ Sm. Bus. w/Erskine Bowls (RR)
4:00 PM students mtg (ML)

Friday 18

10:30 AM Insurance Companies (MY)
11:00 AM early retiree leg strategy mtg
11:00 AM Farm Bureau (Rm. 472, AZ)
11:00 AM Professional Group Insurance w/Ira (MY)
3:00 PM prescription drug leg strategy mtg (476)

Saturday 19

March

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Health Care Events

March 20 - 26, 1994

Sunday 20

UAW Retirees (ML)

Monday 21

POTUS IN FLA W/SRS

Tuesday 22

9:00 AM AFSCME field mtg (ML,DF)
10:00 AM Cabinet COS Mtg (MY, AMH)
10:00 AM HCRP grassroots meeting (ML)
10:30 AM Small business event w/POTUS
4:00 PM Women's Organizations (DM)

FLOTUS to UAW (ML)
HealthRIGHT Lobby Day
UAW Lobby Day

Wednesday 23

10:00 AM Land O Lakes Reps
2:00 PM POTUS w/Providers
2:30 PM Mid-America Committee trade/hc (AZ)
4:00 PM African-American Labor (BJ)
4:00 PM Business Message Briefing (MY)

4:30 PM Providers Message Briefing

Thursday 24

8:00 AM Principal Financial Mgmt bkfast (MY,ML)
10:30 AM Health Care Reform Project message briefing
12:30 PM labor message briefing (JV)
1:00 PM Energy and Auto (AZ)

1:00 PM Virginia Opinion Leaders (DM, WN)
2:30 PM Associations
2:30 PM Transportation Businesses (AZ)
4:00 PM business message briefing
4:00 PM Small Busines Associations (AZ)
5:00 PM OPL Health Care Strategy mtg/message briefing
National Council of Senior Citizens Lobby Day

Friday 25

3:30 PM Hispanic Health Care Leadership
Coalition strategy meeting???
Health Care Reform Project message brfing

Saturday 26