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SUPPORT LETTERS

Divider Title: _____

May 5, 1994

MEMORANDUM FOR DISTRIBUTION

FROM: Mike Lux
Debbie Fine

SUBJECT: Allied Group Update

Attached is the latest update of allied group activities in selected districts starting from the April 15th. We are now working with the new database, so there are some aspects of the report that need further development. We apologize for not getting out an update last week.

Also attached are:

- health care clips from local papers;
- information on the newly announced Small Business Coalition for Health Care Reform;
- a couple of samples of recent letters from the local health care coalitions to Representatives;
- a calendar of upcoming OPL health care events.

Allied Activities

AR

05-May-94

Blanche M. Lambert

Mail

4/1-4/30: HCRP Total April Mailings: 13,789

4/15: NEA state and local leaders: 4000 nationwide

4/21: AFL-CIO labels to State Fed of 100+ workers: 7,029

Planned Activities

4/21: FUSA Press Conf "How Americans Lose Insurance"

5/7: AARP :Rep speaks at health and fitness expo

Lynn Schenk

Mail

4/15: NEA State and Local Leaders: 4000 nationwide

Planned Activities

4/24: SEIU recruits 14 small business owners

4/26: HCRP Press Conf :providers

4/28: AARP video news release regarding health care

4/28: AARP roving bus tour

Richard H. Lehman

Mail

4/1-4/30: HCRP Total April Mailings: 20,297

4/15: NEA state and local leaders: 4000 nationwide

Paid Media

4/1: AARP Ads

Paid Phones

4/18: APA paid phone bank

Planned Activities

4/20: HCRP picket in front of Rep's office

4/21: FUSA Press Conf "How American Lose Insurance"

4/22: SBC press event

4/30: SBC reception to discuss health care reform, good covg

5/6: SBC Press Conf : 100 sm CA bus support

5/10: HCRP Meeting :Consumer groups

Barbara B. Kennelly

Mail

4/15: NEA state and local leaders: 4000 nationwide

Planned Activities

4/21: FUSA Press Conf "How Americans Lose Insurance"

Gary A. Franks

Canvas

4/1: CA

Mail

4/15: NEA State and Local Leaders: 4000 nationwide

4/18: HCRP handwritten letters to date: 115

4/25: HCRP handwritten letters to date: 156

Planned Activities

4/15: HCRP CCAG newsletter sent out: 30,000 circulation

4/16: HCRP Rally :disributed 200 leaflets outside Rep's office

4/21: HCRP Meeting :Frank's strategy discussion

4/24: HCRP Meeting :New England Democrats at Wesleyan

4/25: LWV Education Fund Public Forum

4/27: HCRP lunchtime leafleting

5/5: HCRP lunchtime leafletting at Waterbury Pathmart

5/17: HCRP local action in conjunction w/ SEIU DC action

Michael Bilirakis

Canvas

4/1: CA

Mail

4/1-4/30: HCRP Total April Mailings 14,974

4/15: UAW 260 form letters

4/15: NEA State & Local Leaders, 4000 Nationwide

Planned Activities

4/21: FUSA Press Conf "How Americans Lose Health Insurance"

4/23: HCRP Rally /Caravan for Health Care

4/25-4/29: HCRP Leafletting at Bilirakis' Office

4/28: HCRP Meeting :NAACP,Church Women United, Seniors

5/3: AARP :Rep. speaks at dinner

5/4: CA :Tampa radio call in show

Andrew Jacobs Jr.

Canvas

4/1: CA

Mail

4/1: HCRP Chrysler letter writing campaign

4/15: NEA state and local leaders: 4000 nationwide

4/21: AFL-CIO labels to State Fed. of 100+ workers: 21,000

Planned Activities

4/1: HCRP banners at churches every Sunday

4/21: FUSA Press Conf "How Americans Lose Insurance"

5/4: HCRP Coats/Chamber hc forum

6/6: HCRP Coats/Lugar hc event

Philip R. Sharp

Mail

4/15: NEA State and Local Leaders: 4000 nationwide

4/21: AFL-CIO labels to State Fed of 100+ workers: 17,600

Planned Activities

4/18: HCRP letter to Rep signed by AFL,UAW,ACP,AFT,CA

4/19: HCRP press release on above letter

4/22: AFL-CIO conversation with Rep. (AFL,UAW,Carpenters)

4/26: HCRP letters to Rep from Sheet Metal Workers

4/30: AFL-CIO presentation to IN-MI Protective Lge Conference

Jim Slattery

Mail

4/15: NEA State and Local Leaders: 4000 nationwide

4/15: HCRP handwritten postcards from labor: 157

4/21: AFL-CIO labels to State Fed of 100+ workers: 18,125

Paid Media

4/15: CU Ad: 1/4 page

4/21-5/4: HCRP tv ad "deal"

Paid Phones

4/18: NCSC phone banking

Planned Activities

4/1-4/30: HCRP calls to Rep

4/15: AARP chapter meeting; 11 letters

4/16: HCRP IAM local union meeting; 67 letters

4/16: HCRP Graphics Comm Intern Union mtg; 16 letters

4/20: AFSCME Meeting ;28 letters

4/21: FUSA Press Conf "How Americans Lose Insurance"

4/21: HCRP :23 women's groups sign letter to Rep.

4/23: AFSCME /FUSA leafletting at shopping plazas, churches

4/23: AFSCME /FUSA leafletted two Slattery campaign events

4/25: HCRP letter to Rep concerning employer mandate

4/27: HCRP Rally :state capitol

5/2: NLC Meeting

5/3: AFL-CIO :DC AFL mtg w/ Slattery

5/4-5/5: AARP bus tour

5/4-5/5: HCRP mobilizing Am Ag Movmt + Corngrowers

5/4-5/5: AARP Press Conf :rls poll results on employer mandate

Breaux, John B.

Mail

4/1-4/30: HCRP Total April Mailings: 27,202

4/15: NEA State and Local Leaders: 4000 nationwide

4/21: AFL-CIO labels to State Fed of 100+ workers: 8,951

Planned Activities

4/21: FUSA Press Conf "How Americans Lose Insurance"

4/26: HCRP Meeting :LA HCRP

W. J. (Billy) Tauzin

Mail

4/1-4/30: HCRP Total April Mailings: 12,305

4/15: NEA State and Local Leaders: 4000 nationwide

4/21: AFL-CIO labels to State Fed of 100+ workers: 8,951

Paid Phones

4/18: APA paid phones to 9 district meetings

Planned Activities

4/21: FUSA Press Conf "How Americans Lose Insurance"

4/26: HCRP Meeting :LA Health Care Reform

Richard E. Neal

Canvas

4/1: CA canvassing 200 ltrs

Mail

4/15: NEA state and local leaders: 4000 nationwide

4/18: HCRP handwritten letters to date: 195

4/25: HCRP handwritten letters to date: 292

Planned Activities

4/18: HCRP letter to union presidents urging letters

4/20: NASW Meeting

4/25: AFL-CIO :Neal attending dinner

5/1: LWV op-ed in Hampshire News

Fred Upton

Mail

4/15: NEA State and Local Leaders: 4000 nationwide

4/21: AFL-CIO labels to State Fed of 100+ workers: 26,500

Peter Hoagland

Mail

4/15: NEA state and local leaders: 4000 nationwide

4/21: AFL-CIO labels to State Fed of 100 + workers: 21,000

4/24: HCRP letter writing table at Earth Day: 55

Paid Phones

5/9-5/13: HCRP calls on employer mandate, ltc, prescrip drugs

Planned Activities

4/20: AFL-CIO letter by President to local unions

4/22: HCRP coordinating meeting; letter requests

4/26: HCRP Press Conf :Providers (AMWA,CHA,ANA)

4/28: ALZ leafletting on Univ of NE campus

4/29: SBC Press Conf

5/1: SBC :limited SBC: 1-800 phone # for mailgram (2-300)

5/4: HCRP call in days to rep for next week

Frank Pallone Jr.

Canvas

4/1: CA

Mail

4/15: NEA State and Local Leaders: 4000 nationwide

Planned Activities

4/25: HCRP Press Conf :Pallone Health Reform Principles Endorsement

Marge Roukema

Canvas

4/1: CA

Mail

4/15: NEA State and Local Leaders: 4000 nationwide

5/2: HCRP handwritten letters to date: 190

Planned Activities

4/17: HCRP Press Conf :lobby of Rep's office

4/25: HCRP letter to editor in Record printed

5/2: HCRP letter writing meetings with groups

Amos Houghton

Canvas

4/1: CA

Mail

4/15: NEA State and Local Leaders: 4000 nationwide

4/18: HCRP handwritten letters this week: 50

4/25: HCRP handwritten letters to date: 300

Paid Phones

4/25: HCRP organizational phone banks

Planned Activities

4/11-4/16: HCRP "Phone Houghton" District Office Week

4/18: CA Repub Fundraiser; picket; Dole + D'Amato

6/11: HCRP testimony from victims/ candlelight vigil

6/11: HCRP bus trip

Michael R. McNulty

Paid Phones

5/1-5/31: HCRP continuation of calls to Rep

Planned Activities

4/21: FUSA Press Conf "How Americans Lose Insurance" (AFSCME offices:

5/1-5/31: SBC event

5/2: HCRP op-ed on employer mandates, universal coverage

6/1-6/30: AARP Town Hall /rally, 2000 people, Cuomo+ other Rep's to partic

6/1-6/30: HCRP Rally : rural upstate NY

6/8: AARP Meeting ;2hr satellite

Bill K. Brewster

Mail

4/1-4/30: HCRP Total April: 18,127

4/15: NEA state and local leaders: 4000 nationwide

4/21: AFL-CIO labels sent to State Fed. of 100 + workers: 4,708

Planned Activities

4/15: HCRP ongoing door to door small business recruitment

4/19: CWA Meeting

4/21: FUSA Press Conf "How American Lose Health Insurance"

4/22: LWV Public Education Fund Forum

4/29: HCRP Meeting :Oklahoma Health Care Reform

5/10: HCRP Information booths set up at polling places

5/14: AARP Health Care Reform Forum

Boren, David L.

Mail

4/1-4/30: HCRP Total April Mailings: 20, 916

4/15: NEA State and Local Leaders: 4000 nationwide

4/21: AFL-CIO labels to State Fed of 100+ workers: 4,708

Planned Activities

4/15: HCRP health care reform mtg

4/21: FUSA Press Conf "How Americans Lose Insurance"

4/22: LWV Education Fund Public Forum

5/10: HCRP information booths set up in Brewster's cd

5/14: AARP Town Hall :Health Care Forum

Michael J. Kopetski

Mail

4/15: NEA state and local leaders: 4000 nationwide

4/21: AFL-CIO labels to State Fed of 100+ workers: 20,600

Planned Activities

4/15: AFSCME Meeting

4/21: FUSA Press Conf "How Americans Lose Insurance"

4/21: NCSC Seminar on Health Care Reform

Ron Wyden

Mail

4/15: NEA State and Local Leaders: 4000 nationwide

4/21: AFL-CIO labels to State Fed of 100+ workers: 38,100

Planned Activities

4/21: NCSC conference on health care

4/25: AFL-CIO letter to editor sent by Portland CLC Presidnet

James C. Greenwood

Planned Activities

5/19: HCRP Press Conf :resp to "uninsured are beach bums"; bags of sand

Marjorie Margolies-Mezvinsk

Mail

4/15: NEA state and local leaders: 4000 nationwide

4/22: HCRP postcards: 50

Planned Activities

4/21: HCRP :Reich at White Dog Cafe

4/21: FUSA Press Conf "How Americans Lose Insurance"

4/27: AFL-CIO State convention activities; postcards to Rep

4/29: HCRP Rally ,Unisys retirees

5/1-5/31: HCRP Wofford Seniors campaign tour

5/2: HCRP Meeting :PA Area Aging Council

Rick Santorum

Canvas

4/1: HCRP targetted homes of members staff

4/1: CA

4/1: HCRP :donors

5/7: HCRP literature drop in Rep's neighborhood

Chafee, John H.

Mail

4/1: HCRP continuous postcard campaign

4/15: NEA State and Local Leaders: 4000 nationwide

Paid Phones

4/1: HCRP continuous phone banking

5/1-5/31: HCRP Phone Banking by Children's Advocacy Group

Planned Activities

4/21: FUSA Press Conf "How Americans Lose Insurance"

4/29: FUSA Blitz week: rally, pickets, phones, postcards, etc.

5/1-5/31: HCRP Meeting with Chafee scheduled for May

5/15: SBC Press Conf :tentative news conference

Jim Cooper

Mail

4/18: HCRP postcards disributed to Multiple Scelorosis list

5/4: AFSCME Total: 1000 ltrs so far

Planned Activities

4/1-4/30: HCRP human billboards at blues festival

4/1-4/30: HCRP follow up luncheon for black ministers

4/21: FUSA Press Conf "How American Lose Insurance"

5/1-5/30: HCRP Chattanooga health reform activities week

5/2: FUSA Chattanooga Community Leader Lunch: 66 partic, radio,tv

5/2: FUSA Nashville Community Leader Breakfast: blitz prep

5/4: HCRP 1000 posters up

5/5: FUSA Memphis Yard Sign Campaign

5/5: FUSA Press Conf on CBO

5/9: HCRP Nashville Community Leaders Breakfast

5/12: HCRP letter writing event

6/1-6/30: FUSA blitz week: rally,informational pickets, mail

J. J. Pickle

Canvas

4/1: CA :Af-Am/Hispanic communities

Mail

4/1-4/30: HCRP Total April Mailings: 20,099

4/15: NEA State and Local Leaders: 4000 nationwide

4/21: AFL-CIO labels to State Fed of 100+ workers: 8,719

Planned Activities

4/18-4/25: CWA Meeting

4/21: FUSA Press Conf "How Americans Lose Insurance"

5/4: HCRP Press Conf :providers

5/4: HCRP Meeting w/ Rep

5/22: HCRP Town Hall mtg

John Bryant

Mail

4/1-4/30: HCRP Total for April: 3,980

4/15: NEA state and local leaders: 4000 nationwide

4/21: AFL-CIO labels sent to State Fed of 100+ workers: 9,442

Paid Phones

4/15: APA paid phone bank to 70 members in Hall's cd

Planned Activities

4/18: AARP bus tour: 6 stops

4/21: FUSA Press Conf "How Americans Lose Health Insurance"

L. F. Payne

Mail

4/15: NEA State and Local Leaders: 4000 nationwide

Planned Activities

4/21: FUSA Press Conf "How Americans Lose Insurance" (FUSA,APA,Alzhei

4/26: HCRP Press Conf :providers

4/29: SBC Press Conf 12 small businesses

Rick Boucher

Mail

4/15: NEA state and local leaders: 4000 nationwide

4/21: AFL-CIO lables to State Fed. of 100 + workers: 13,000

Planned Activities

4/21: FUSA Press Conf "How Americans Lose Health Insurance"

4/25: HCRP :Dixon County adopted resolution in sup of HCR

4/28: ANA District Nurses Association meeting

4/30: HCRP Town Hall mtg

5/1: FUSA tape replayed on cable access tv

5/14: HCRP Real Truth Day of action at shopping malls

Gerald D. Kleczka

Mail

4/15: NEA state and local leaders: 4000 nationwide

4/21: AFL-CIO labels to State Fed. of 100+ workers: 48,300

Planned Activities

4/15: AFL-CIO action at Post Office on Tax Day

4/19: AFL-CIO retiree speaking engagements; 45 letters

4/21: HCRP bus tour: "No More Band Aids" with victims

4/21: FUSA Press Conf "How American Lose Insurance"

4/26: HCRP Meeting :coalition (plan future events)

6/1-6/30: HCRP Rally

Scott L. Klug

Mail

4/15: NEA state and local leaders: 4000 nationwide

4/21: AFL-CIO labels to State Fed. of 100+ workers: 33,600

Planned Activities

4/19: HCRP letter request at WI Coalition on Aging Groups

Bristol Herald Courier (daily)

Several Southwest Virginians relate their health care horror stories

Bristol, Virginia-Tennessee Friday, April 22, 1994

Region 'dying for national health care'

STEPHEN R. MUNSEY
Wise County Bureau

BIG STONE GAP — Some Southwest Virginians voiced concern Thursday about the need for a comprehensive health care reform package that would cover all Americans, whether working, unemployed, disabled or needing long-term care.

In the Dalton-Cantrell Conference Room of Mountain Empire Community College, nearly a dozen people described their lives without insurance or with very little coverage. They told of their experiences, with accumulated bills and having to decide whether to buy food or medication.

Terry Vautrin, co-founder of Appalachian Women In Power in Scott County, said she recently had to pay $75 for life-sustaining medication, and she had to borrow $50 to make the purchase.

She said too many people cannot afford to go to the doctor when they are sick, and the situation often escalates into an emergency requiring an emergency-room visit.

And because of a lack of insurance, she said, the bills can't be paid, then she and others get taken to "poor people's court" by the health care provider to obtain its money.

"It is very true that we are dying for national health care," Vautrin said.

On a day that a nationwide health consumer group issued a report claiming that 2 million Americans every month lose their health insurance due to job loss or job change, a coal miner with over 18 years of experience told of the hardships he has withstood without having insurance.

Glen Boyd said he and his family have lacked health care insurance for 2½ years because of back trouble that progressed into disc disease due to a mining injury that left him classified as disabled.

"Sometimes I have to do without (medication) in order to pay bills and buy food," Boyd said.

Boyd is waiting on an answer for his Social Security insurance, but said there is a two-year waiting list.

"And now that I need help, I've got to wait two years," Boyd said. "And when it does come, it will only (cover) me."

The report by Families USA was made public across the United States Thursday, including a Capitol news conference with Senate Majority Leader George Mitchell and House Majority Leader Richard Gephardt.

The report says the people at risk of losing health insurance are most of the people who work. Many Americans who lose a job or change jobs, according to the report, will lose their insurance this year because there is a waiting period at the new employer or because a drop in take-home pay makes premiums unaffordable.

"If you work for a small company and someone in the company gets sick, the insurance company may boost your premiums sky-high, or they may drop altogether," says the report.

And many Americans are in the same predicament as widow Flora Jones of Pennington Gap. Her only income is Social Security from her 16-year-old son because of his deceased father.

She said she must depend on the community health clinic in St. Charles for much of her medication. She said that she can't afford the full prescription of her medication and often can only buy a few pills at a time. She said the clinic has samples of medicines that she can obtain free when she can't afford to purchase medication.

Wise County Supervisor Sam Church, who was here advocating health care reform, said the experiences discussed at the seminar are only the tip of the iceberg.

"I think that the tragedy you've seen from a small group of people is much more (widespread) than what you've seen today," Church said.

Beatrice Collins of Lee County also depends on the St. Charles clinic for samples of medicines. She explained that she has no insurance, and a bill of $125,000 needs to be paid.

"You can't get blood out of a turnip. If you ain't got it, you ain't got it," she said.

Conference hears loss-of-coverage hardships

2C Kingsport Times-News / Friday, April 22, 1994 daily

By JOE DICK
Southwest Virginia Bureau

BIG STONE GAP — Several area residents gathered at Mountain Empire Community College Thursday to discuss the financial hardships they have faced since losing health insurance coverage for themselves and their families.

The conference, one of hundreds held across the nation Thursday, was organized by the Health Care Reform Project, a group that advocates universal coverage and access and favors the Clinton plan, which members say is the only adequate plan being presented to Congress that still relies on the private insurance industry as providers.

A plan presented by U.S. Rep. Jim McDermott, D-Wash., and Sen. Paul Wellstone, D-Minn., is virtually identical to Clinton's, with one glaring difference — health care provided by the government. That aspect is unpalatable to many Americans, who see red at the thought of what is essentially socialized medicine.

Glen Boyd, 40, of Big Stone Gap lost his insurance coverage two years ago after a mining accident left him disabled. He had worked for the same company for more than 18 years when he slipped a disc setting support timbers in a mine shaft.

He drew unemployment for a while, but when he returned to work the company declared him disabled, thus disqualifying him from unemployment benefits.

He draws about $1,100 per month in Social Security disability benefits, for which he was approved in September. However, there's a two-year waiting period before he's eligible to receive Medicare. Even then, he said, the coverage will include only himself and not his wife or son, who have medical problems of their own.

Boyd has degenerative-disc disease, a heart condition and high blood pressure that forces him to spend about $350 each month for medication. His wife pays about $60 per month for blood-pressure medication, and his son needs two antibiotics and a skin cream to treat a dermatological condition.

Boyd's son pays about $125 per month for those medications, in addition to $45 each time he visits a doctor in Kingsport.

Thus the Boyds pay — out of their own pocket — more than $500 a month for ongoing medical care.

The total family income is about $1,700 per month, $600 of which will be lost when Boyd's son turns 18 in just over a year.

"I'm trying to get a UMWA hospi-

Please see CONFERENCE, page 2C

INSIDE

Job loss or changing jobs is the leading cause for the loss of health insurance coverage. Page 8C.

Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 2

To	From Sam Church
CE	Co.
Dept.	Phone # 703/565-1413
Fax #	Fax #

Conference hears stories of loss-of-coverage hardship

Continued from page 1C

tal card, but you're supposed to have 20 years in before you can get that," Boyd said.

"If they can prove my disability was due to the mining accident, I should be able to get it. If I can't, who knows," he said.

Also at the conference, Julia Trivett, a member of the Mountain Empire branch of the National Alzheimer's Association, noted the Catch-22 that people can find themselves in if a loved one suffers from the debilitating disease.

"Medicare and private insurance don't meet the needs of those who have a long-term illness," she said.

The inability to find affordable long-term care often forces a family member to quit their job and take care of the Alzheimer's victim, which may result in that individual and their family losing their own health care coverage.

A report released by Families USA, which spearheads HCRP, indicated that more than 2 million Americans lose their insurance each month, usually after losing or changing jobs.

The report said many lose health coverage even when there's no change in their employment status — rising premiums force employers to drop coverage, an entire small business is dropped by an insurance company because a single individual in that business suffers a serious illness, or an insuror goes out of business.

Loss of coverage doesn't only affect the lower-income groups, either, according to the HCRP report. Of the 2 million-plus who lose insurance each year, about 40 percent have household incomes over $30,000. In fact, about 15 percent have incomes over $50,000, the report stated.

"We will have a story to tell today," said Sam Church, on behalf of the HCRP.

"The tragedies we've heard from a small group of people is obviously more widespread," he said.

Church added that 9th District U.S. Rep. Rick Boucher, D-Abingdon, was "optimistic that sometime in May, this (health care reform) bill will come out of committee."

"He needs to hear our concerns," Church said.

Indpls. Star 4-22-94

Star Staff Photo / Ron Ira Steele

HEALTH INSURANCE CRUNCH: Wishard Hospital employee Annette Eason, speaking at a news conference, says her employer garnishees her wages to pay off medical bills incurred by her 12-year-old son and herself.

Hoosiers join call for the need of a full health plan

By Eric B. Schoch
STAR MEDICAL WRITER

Annette Eason says six dollars an hour, her wages at Wishard Memorial Hospital, aren't enough to afford health care coverage for herself and her 12-year-old son with asthma.

So she goes without coverage, and so owes money to Wishard for health care treatment she and her son have received there.

Eason, a 37-year-old full-time employee in the housekeeping department, said she tries to pay about $50 monthly. But, she said, Wishard is garnisheeing her wages, and the hospital's collection agency has taken her to small claims court — adding to her overall debt.

According to hospital officials, Wishard employees can choose from several health insurance plans. The least expensive plan would cost Eason $45.28 every two weeks — nearly 10 percent of her gross pay.

Eason and others gave their stories Thursday at a Statehouse news conference called to bring attention to a newly released national study of those without health insurance coverage.

The study, prepared by Families USA, argues that two-thirds of Americans who lose their health insurance coverage lose it in the workplace. Such people either lose coverage because they lose their job, change jobs or because health premiums become unaffordable.

The organization estimated that 44,000 Hoosiers lose health care coverage, at least temporarily, each month.

Families USA is a Washington-based consumer organization that has strongly endorsed President Clinton's health reform proposal.

"This report underscores the vulnerability that average workers face under the current system," said Julia Vaughn, health care organizer for Citizens Action Coalition of Indiana.

The coalition endorses a Canadian-style single-payer system for health care.

The point Thursday was not to endorse a particular reform approach, Vaughn said, but to highlight the need for comprehensive health coverage.

By most estimates, at any given time about 38 million Americans do not have health care insurance coverage.

Vaughn said the study contradicts the notion of many Americans that people without health coverage "are deadbeats, they don't want to work."

Families USA based its study on a Bureau of the Census survey of 65,000 Americans. The survey collected insurance, employment and other data, which the organization used to estimate which of those people who had lost coverage had lost it for employment or other reasons.

Milwaukee Journal
Thursday 4/21/94

Health care reform

37,000 in state lose coverage monthly, group's study says

Job-related changes lead reasons

By GEETA SHARMA-JENSEN
of The Journal staff

About 37,000 people in Wisconsin lose their health insurance each month, mostly because of job-related changes, according to a study commissioned by a consumer group that supports comprehensive health reform. But the study did not indicate how many of them regain insurance.

The study, commissioned by Families USA, estimates that 2 million Americans lose health insurance each month nationwide. Nearly two out of three of them do so because of a work-related change, it projected. And, nationally, 55% of those without insurance for a job-related reason are without insurance for more than six months, it said.

Data in the study were being used Thursday by a local coalition to push health care reform, especially the principles — universal coverage, cost containment and a comprehensive benefits package — that President Clinton has outlined.

The coalition, called the Wisconsin Health Care Reform Project, consists of a wide variety of groups and individuals, among them the Wisconsin Federation of Nurses & Health Professionals, the Milwaukee County Democratic Party, the American Association of Retired People, and several unions and consumer groups.

Please see **Study** *page* **12**

Study/Group promotes reform

From page **9**

The local coalition on Thursday had organized a bus tour to spotlight workers who had lost health insurance at various businesses. Candice Owley, a Milwaukee nurse who serves as chairwoman of the coalition, said in a statement, "Of the 2 million Americans losing health insurance each month, 2 out of 5 had household incomes over $30,000."

Studies by the Harvard School of Public Health show that about 21 million people are without coverage for a year. Most are between jobs and waiting for their new insurance to kick in. The Harvard study concluded that about 5 million people are chronically uninsured.

The estimates in the Families USA study released Thursday were based mainly on 1990 data from the US Bureau of the Census. The consultants, Lewin VHI, updated the information based on census bureau estimates of the change in population from 1990 to 1994.

The state estimates were based on projections of the distribution of people with health insurance for part of the year.

Post-it™ brand fax transmittal memo 7671	# of pages ▸ 1
To Murray Rapp	From Bruce Colburn
Co.	Co. MCLC
Dept.	Phone # 414-771-7070
Fax # 202-783-6327	Fax # 414-771-0509

ad tale sheds light on state of health care

By STACIE MACKENZIE
Staff Writer

MARTINSVILLE — The cult story like this: A released inmate commits ther crime intentionally to gain prison lth care.

ut for registered nurse Betsy Ashk, the fable came true. Her 33-year-diabetic patient committed another e after his release because he couldn't rd to take care of himself on the "out-," said Ashbrook, who told this story ng a Families USA press conference rsday.

lany Virginians are inches from losing r health insurance and are panicked ut what to do about it. They are unch- advocates of comprehensive th reform and attended the Families A conference at the Henry County Adistration Building.

renda George of Martinsville quit her business to go back to college and get a degree so she could gain a job with health insurance. Her plan backfired however when her employer refused to cover her health needs because her costly treatment for lupus would raise the premiums for the entire company, she said.

Families USA, a non-profit consumer group fighting for reform, issued "The Health Care Reform Project," a new report documenting how 2.25 million Americans lose health insurance each month.

"The people at risk of losing health insurance in America today are most of us who work for a living," said John Wancheck, Virginia coordinator for Families USA. Lack of health insurance is increasingly a problem of the middle class, nationwide and in Virginia, Wancheck said.

"You always got a black cloud hanging over you. Something needs to be done," George said.

Families USA's report found that 54,000 Virginians lose health insurance each month.

Ken Martin of Martinsville is fearful that's exactly what will happen to his family in May. Martin lost his position at a Martinsville company after a job injury. He is paying for COBRA coverage through his former employer. But his eligibility for that insurance expires April 30. "Because of my on-the-job injuries, the cost of health insurance is prohibitive," Martin said. He worries about his wife and daughter, who will be without health insurance as well.

The two prime culprits for losing insurance are losing a job or changing jobs, Wancheck said.

"If you lose or change your job today, your whole family may lose their health insurance," said Ashbrook, a member of the Virginia Nurses Association. "Many American families face this terrifying loss of security when their work situatio changes. Many others are locked into a jo because they can't risk losing their insur ance."

As job shifting becomes more the norm than the exception, more middle-clas people are caught in the no man's land o insurance coverage — unable to pay high COBRA premiums to continue on thei employers' plans, and also unable to af ford insurance on their own, Wancheck said.

The key is for everybody to pay thei fair share, including employers, Wan check said. For now, the middle class, like George and Martin, is affected dispropor tionately.

The Families USA report was funded by a grant from the Robert Wood Johnson Foundation. It was based on data from the Census Bureau's 1990 Survey of Income and Program Participation and 1994 esti mates.

Health-care reform backed by residents

By ALAYNA DEMARTINI
Bulletin Staff Writer

Paying $100 a month for her health insurance and being unable to insure her children has convinced Cheryl Yedinak that the federal health-care system needs to be changed.

Before her husband, John, was injured three years ago, Yedinak and their three children were covered under his health plan. A few months after her husband was injured, the 35-year-old Ridgeway woman received a hip injury at work. That left her unemployed and forced to pay $100 monthly to have health insurance, she said.

And although her husband now receives Medicare and worker's compensation for his injury, they cannot afford to put their children on a health care plan, she said.

"What we're going through now is not right," Yedinak said. "When I got hurt it was like the rug was pulled out from under us."

Yedinak and other area residents recounted stories of losing health insurance or being at risk of losing their insurance during a press conference Thursday on federal health-care reform.

The most common reason 54,000 Virginians lose health insurance every month is because they lose or change jobs, according to John Wancheck, the Virginia coordinator for Families U.S.A., a lobbying group backing President Clinton's health-reform plan.

Once they re-enter the job force and apply for health insurance, many who have a medical problem can't get it or are forced to pay exorbitant premiums, said Wancheck, who hosted the press conference at the Henry County Administration Building.

The group most vulnerable is the middle class, Wancheck said, because Medicaid covers welfare recipients.

"One of the things we find is that people often are reluctant to share their own stories because they have the idea that if everything is not going right it's your own fault" when the fault lies in the system, he said.

Clinton's plan, Wancheck said, is aimed at guaranteeing that everyone can be insured and can afford the monthly payments. Clinton's health-care proposals are among those Capitol Hill legislators are discussing as they work toward coming up with a strategy.

Working with low-income individuals with health problems has convinced Betsy Ashbrook, a director of the Piedmont Free Health Clinic, that the health-care crisis is a reality.

The clinic, which operates out of St. Paul High Street Baptist Church, provides free medical assistance in Martinsville to low-income individuals and most of them are uninsured, Ashbrook said. One client who was on welfare and receiving Medicaid had to go without medical insurance for herself and her family when she accepted a job because the work health plan premiums were so high, according to Ashbrook.

"I think that's a very sad situation," she said.

Topeka Capitol Journal 4/22/94

Small-business jobs at mercy of mandate

By MARTHA M. EVERETT
The Capital-Journal

WASHINGTON — A small-business advocacy group says 8,000 Kansans would lose their jobs under President Clinton's health-care reform plan.

Individuals hardest hit by the plan would be women, low-wage earners and parents, the group said.

In a study commissioned by the National Federation of Independent Business, the non-profit group said the Kansas work force would be reduced by about 1 percent, equal to the national number. Of the total 950,000 workers in the state, 23 percent would suffer pay cuts totaling almost $270 million, the report said.

The report, released last week, said 850,000 U.S. jobs would be lost and 23 million workers nationwide would experience a pay cut. Almost half of the jobs lost would be in the service industry, according to the study.

The group said the plan's negative effect on business would stem from the mandate that employers pay 80 percent of their workers' health in-

Continued on page 3-C, col. 3

Health-care losses

Here are disadvantages of President Clinton's health-care plan, according to a small-business advocacy group.

	Kansas	Nation
Workers' jobs lost	7,974	845,581
Taking pay cut	220,611	23 million
Total money in pay cuts	$269 million	$28 billion
Cost of business subsidy	$798 million	$81 billion

Source: National Federation of Independent Business. — Staff

Project presses Slattery support of company-pay coverage

By LIBBY QUAID
The Associated Press

A group promoting President Clinton's health-care plan is worried that U.S. Rep. Jim Slattery refuses to support the idea of requiring employers to provide coverage for their workers.

To offset pressure from small-business owners and others who oppose such a mandate, the group released a report on Thursday that says most working Americans are "a pink slip away" from losing their health insurance.

The group plans to put pressure on Slattery with a television advertisement designed to get Slattery's attention. It began airing Thursday in Topeka, Wichita and Kansas City.

The ad says members of Congress pay 30 percent of the cost of their health insurance while taxpayers pay the rest, and urges people to call Slattery to tell him they want

Continued on page 3-C, col. 1

Her story puts a face to statistics

By MARTHA M. EVERETT
The Capital-Journal

WASHINGTON — You could hear the anger in Teresea Beard's voice when she spoke about health care at the nation's Capitol Thursday.

"I kind of fall between the cracks," said the Topeka native.

Beard called herself "the working poor" because she earns too much to qualify for Medicaid and too little to afford private health insurance for her two children. She is one of the 11 percent of Americans a new report says lose their insurance when they become ineligible for Medicaid.

> "I don't consider myself a number. I am a person, I have a problem and I need help."
>
> Teresea Beard
> Topekan in Washington, D.C.

"I don't make enough, yet I make too much," Beard told reporters. "How ironic."

Beard participated in a news conference to help represent the faces behind a consumer group's report on how Americans lose their health insurance. The report,

Continued on page 3-C, col. 1

Her story puts a face to the numbers

Continued from page 1-C

issued by Families USA, backers of President Clinton's health-care reform plan, said two million Americans lose their health insurance each month, 20,000 of them in Kansas.

Key congressional Democrats, including Senate Majority leader George Mitchell and House Majority leader Richard Gephardt, briefly appeared to voice support for Clinton's universal health-care proposal.

"When you are an individual or a family affected by a problem, national statistics don't mean anything," Mitchell said. "We need to draw strength from your problems," he told Beard and six others who shared their health-care struggles.

"She would be a great success story if it were not for the crazy way our health insurance works," said Ron Pollack, executive director of Families USA.

Beard, 27 and divorced, left the welfare rolls in August 1992 and became an executive assistant at Topeka Independent Living Resource Center Inc., a disabled-advocacy group. At that time, her salary was low enough for Medicaid. But last October, Beard got a $4,000 raise that put her above the maximum qualifying income for Medicaid coverage for her children.

Although her employer pays for individual health insurance, the policy wouldn't cover her family. Beard said she can't afford the $118 a month Blue Cross/Blue Shield would charge to cover her children.

Beard said she seeks health care only when she need it, usually at the Marian Clinic, where charges ar assessed on a sliding scale. When her children nee prescriptions, she said, the clinic gives her free samples But she said she lives in fear that a medical emergenc will financially devastate her.

"You should be able to live without worrying hov you're going to pay for health care," she said in a interview. "The whole thing is treated like some com modity, some luxury that only certain people can have.

Gephardt said Beard and others like her are "victim of a system that is badly broken." He called on Congres to act quickly to assure everyone "decent, affordabl health care."

Families USA said Rep. Jim Slattery, a candidate fo Kansas governor, declined their invitation to appear a the conference.

"I really wish he was here," Beard said afterwar "because I don't consider myself a number. I am person, I have a problem, and I need help. And they ar the people that can help us."

Group presses Slattery to support employer coverage

Continued from page 1-C

"nothing less."

However, Slattery is "unalterably opposed" to the idea of such a mandate, said his press secretary, Jim McLean.

McLean said Slattery spent Thursday afternoon in meetings with other federal legislators trying to design another proposal that will guarantee health-care coverage for every American without an employer mandate.

Deborah Dion, spokeswoman for the Health Care Reform Project, said during a news conference that working, middle-class Americans are more in danger than others of losing their health insurance.

"We are all just a pink slip or a good job offer away from losing our health insurance," Dion said.

The report says almost one out of four Americans loses coverage when they are fired, and one out of five loses it when they change jobs.

Dion said 20,000 Kansans lose their health insurance each month for those reasons.

The group endorses Clinton's health-care reform plan, especially the idea of mandating employer coverage. It released the report, done by the Families USA Foundation, in 15 cities nationwide in key congressional districts.

Members of the group said they are worried Slattery won't support the employer mandate. Slattery, a Democrat, is a swing vote on the House Energy and Commerce Committee, which will review Clinton's plan.

Representatives from the AFL-CIO and Kansas Association of Public Employees said they support an employer mandate because the cost of health insurance keeps ballooning.

"Every year, we see (our benefits) slowly slipping away," said Kelly Jennings, who represents KAPE.

Jobs at mercy of mandate

Continued from page 1-C

surance premiums. NFIB opposes the mandate, which it said would cost taxpayers $81 billion in business subsidies.

Under the Clinton plan, employers' premium payments would be capped at 7.9 percent of payroll. Businesses with fewer than 75 employees would pay between 3.5 and 7.9 percent of payroll. The difference would be paid by government subsidies financed primarily through a tobacco tax.

Hardest hit would be firms that employ fewer than 100 workers, the report said. Small businesses employ 388,000 Kansans. According to the study, 3,200 of these workers would lose their jobs and 90,000 would take pay cuts totalling more than $100 million.

Health care debate

As the health care debate unfolds, the Journal-Bulletin is running a periodic series that chronicles Rep. Jack Reed's involvement with the issue.

By JAMES M. O'NEILL
Journal-Bulletin Washington Bureau

WASHINGTON — Family talk around the kitchen table first nurtured Rep. Jack Reed's abiding faith in the power of social legislation.

Reed recalls his parents' accolades for President Roosevelt. "Thank God for Franklin Roosevelt," they'd say. Then Reed's father would launch into the story of how his own father was laid off during the Depression, and how the family was saved from poverty when his mother — Reed's grandmother — got a job as a school matron under one of FDR's New Deal programs.

"There was an attitude in government then of trying, of fighting, of government doing something to help people," Reed says. "I always wondered what it must have been like to be in Congress in 1935, when they passed Social Security, or in 1965, when they passed those Great

Reed says he's pleased to see that some of his work will produce results at the subcommittee level. "Any time you can take the voice of constituents and make them heard, that's a great feeling," he says.

"Of course, we still have miles to go yet."

True enough. Once Williams' subcommittee finishes work, in the next two weeks, the bill goes to the full Education and Labor Committee. That's when Reed will have his first direct chance to put his mark on the bill. He'll also have to protect the language Williams included for him in the subcommittee.

Then there's the question of how much clout the full committee really has to determine how the final plan will look.

Education and Labor is one of three principal House committees that will each pass its own health

tee to pass both an amended Clinton plan and a single-payer plan, and thinks there are enough votes for both versions in the full committee as well.

Reed dislikes that approach. He thinks the full committee should pass only one version — an amended Clinton plan.

"Our job is to make decisions," he says.

He's looking forward to doing so. Until recently, he says, his House career has been "one defensive goal-line stand after another" — like the fight to preserve the threatened Seawolf submarine program.

Finally, he and fellow Democrats are on offense. They have the ball and they're driving for a touchdown — health care reform.

"I may not carry the ball," he says, alluding to his status as a junior member, "but hopefully I'll at least be a blocking back."

Reed

Continued from Page One

Society programs."

Now, he just may find out.

A subcommittee of the House Education and Labor Committee, of which Reed is a member, begins debate today on what he thinks could be Congress's most important social legislation since the days of Lyndon Johnson's Great Society health care.

May have modest role

His role may be modest, he knows. Two other House committees, which have made all the headlines so far, have greater jurisdiction over health care. And Education and Labor has a reputation for being to the left of the House as a whole, which will likely limit its influence in the health care debate.

And because Reed, who is in his second term, is such a junior member of the House, he can't expect to be a major player.

Still, by focusing on a few issues of concern to Rhode Island, Reed has carved out a niche of influence, and has already played a part in fashioning the committee's bill.

For instance, he heard Rhode Islanders' alarm about the potential for political corruption, because the bill doesn't clearly state who can be on the boards of the powerful regional alliances in the President's plan.

Under the Clinton plan, people would buy their health insurance through the alliances — huge buying groups that because of their size could presumably secure competitive prices and service. To figure out how to inoculate alliance boards against corruption, Reed staffer Ronnie Kovner met frequently with the staffs of committee member Thomas Sawyer, D-Ohio, and Rep. Pat Williams, D-Mont., chairman of the subcommittee that takes up the legislation today, Labor-Management Relations.

They spoke with people from purchasing cooperatives in California and Cleveland to find out how their boards were set up. They looked at their cooperatives' bylaws.

Finally, they emerged with a plan.

To ensure that governors would not have the authority to appoint alliance boards — which would make the positions political — the staffers wrote a section that would have the board members elected by citizens enrolled in the alliance.

At Reed's urging, subcommittee chairman Williams said he will add provisions to limit and stagger the board members' terms; to prohibit elected officials or people with a clear conflict of interest — such as stockholders of health care companies — from membership on the boards, and to bar board members from political activity.

Rhode Islanders also worried that they would be unable to get medical care in Massachusetts or Connecticut. And Rhode Island hospitals worried that they'd be cut off from the 5,000 to 6,000 patients they get each year from neighboring states.

So Reed pushed Williams to include language that would prohibit health plans from discriminating against out-of-state providers.

Reed has also heard concerns that the alliances would hold too much regulatory power and become another layer of ineffective government bureaucracy.

As a result of work by Reed's, Sawyer's and Williams' staffs, Williams will introduce changes that would strip the alliances of some of the regulatory powers they would have under the Clinton plan, and pass those on to the states.

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Williams would provide more generous subsidies for small busi nesses to ease the burden. He says he'd pay for it by making all compa nies with more than 5,000 employ ees pay a 1 percent payroll tax.

Second bill considered

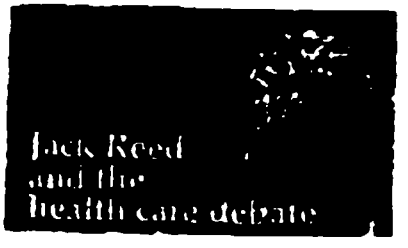
But the committee's liberal nature still shines through, as Williams says his subcommittee will also consider a second health care bill — a radical single-payer plan that hasn't found a home elsewhere in the House and probably won't.

In a single-payer system, the government regulates the health care industry, collects insurance premiums and pays health providers.

Williams expects the subcommit-

Providence Journal-Bulletin

A chance to make a difference



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Turn to REED, Page A-14

Reed

Continued from Page One

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"They can provide a little ammunition for the President, but they're not likely to hold sway when the various versions get to the Rules Committee," says Thomas Mann of the Brookings Institution, a middle-of-the-road Washington think-tank.

But Marilyn Moon of the more liberal Urban Institute says the committee could have an impact, if it can fix two serious problems Americans have with the Clinton plan — the economic hit to small businesses and the fear that the alliances would be a government boondoggle.

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Health Proposal For Oklahomans Gets Panel OK

By Mick Hinton
Capitol Bureau

A bill aimed at establishing a universal health care plan for Oklahomans by 1998 was approved on a voice vote by a House committee Thursday and sent to the floor for action.

House author Laura Boyd, D-Norman, said Senate Bill 983 approved by the Health and Mental Health Committee 8-6, provides that recommendations will be formulated on how the state can move to universal health coverage.

Rep. Ray Vaughn, R-Edmond, questioned the intent of the bill.

"This bill, in fact, is more than a study," Vaughn said. He noted that one section requires that everyone be enrolled in a certified health insurance plan by Jan. 1, 1998.

"I know there is going to be some kind of tax increase," he said, "because it is going to be submitted to a vote of the people."

Boyd said the bill provides that a health insurance plan would have to be presented to the Legislature by the end of the 1996 session. If lawmakers approved the plan it would go to a vote of the people.

Rep. Mary Fallin, R-Oklahoma City, said she was concerned that it appeared the state would finance the plan, noting a provision states there will be a single finance system.

Rep. Jeff Hamilton, D-Midwest City, said the Legislature must deal with the universal coverage.

A companion bill, Senate Bill 1177, would divide the state into six cooperatives or health care alliances.

Splinter & Health Care

GOV. David Walters is the focus of so much controversy that it's easy to forget that he has some quality people in his administration.

One is his friend Dr. Garth Splinter, an adviser on health care issues since Walters took office in 1991. This week, Splinter was named to run the Oklahoma Health Care Authority, responsible for administering the $1.2 billion Medicaid program.

Splinter has advocated health care policies that can — at the risk of oversimplification — be described as to the right of President Bill Clinton's approach, but to the left of ideas promoted in Congress by Tennessee Democrat Rep. Jim Cooper.

In this space, some disagreement may be expressed with not only Splinter's approach, bu also that of state Sen. Ar gela Monson, D-Oklahom City, who is pushing for state version of "univer sal" health care. Fashion ing new policies in thi area may take years. Cri icism will flow from be liefs about good policy not from lack of respec for either Monson o Splinter.

Let the debate continue

T D Milton

State Senate OKs Universal Health Plan

The Daily Oklahoman 3-16-94

By John Greiner
Capitol Bureau

State senators debated nearly three hours Tuesday before passing a bill aimed at setting up a universal health care system for Oklahoma by 1998.

The measure, Senate Bill 983 by Sen. Angela Monson, D-Oklahoma City, passed 27-21.

Called the Oklahoma Health Security for Everyone Act, the measure requires the state to develop by 1998 a system for universal health care coverage for Oklahoma citizens.

Monson said the system then would be submitted to a vote of the people.

Sen. Ted Fisher, D-Sapulpa, argued against the measure, saying "my concern is that should any state do this on its own, we would suddenly become a magnet for others in other states who can't get this coverage."

Monson said at least 600,000 Oklahomans have no health care coverage.

Senate OKs state health care proposal

OKLAHOMA CITY (AP) — A bill proposing universal health care coverage in Oklahoma has passed the Senate and is on its way to the House, despite warnings it will be too costly.

Senate Bill 1178 would require all Oklahomans to be covered by some kind of health insurance plan. It directs the Legislature to come up with a plan in the next two years to finance coverage for those who cannot afford it.

The proposal, which passed the Senate Tuesday by a 27-21 margin, would be submitted to a vote of the people.

Sen. Angela Monson, D-Oklahoma City, is the author of the measure.

Several senators said they are worried that implementation of such a plan would cause an influx of people from other states seeking to take advantage of health care benefits.

Sen. Dave Herbert, D-Midwest City, warned that it will be a natural inclination for people to try to get free health care benefits, rather than to exercise individual responsibility.

Woman Loses Health Insurance Along With Job

Study Shows 1,000 Oklahomans a Day Face Similar Dilemma

...Barbara Haberock
...ld Capitol Bureau

...KLAHOMA CITY — Linda ...grim is a breathing statistic. ...e is among 1,000 Oklahomans ...o daily lose health insurance ... to job loss, job change or loss ...employer-provided insurance, ...rding to a study by the Health ...re Reform Project released by ...milies USA.

...Pilgrim, a former bookkeeper ...d secretary with the Oklahoma ...y office of the International ...ssociation of Machinists and ...rospace Workers, stayed with ... union after her hours were ...L.

...Pilgrim stayed instead of look... other employment, she ...ald keep her insurance, which ...lped her live with diabetes and skin cancer.

After 23 years, her office was closed, leaving her unemployed in July. Her insurance ran out in September.

Of the 16 jobs at the unemployment office, none provided insurance or offered the wages she needed to buy insurance.

Buying medication became more important than paying bills.

"After your funds are exhausted, it's 'panicsville,'" she said. "You lay awake at night and try to figure out how you are going to handle this. I can tell you firsthand after living the experience, something has to be done."

Pilgrim said she asked her parents for help, adding that it was difficult because she prided herself on independence.

"I am a statistic," Pilgrim said. "I'm female, over 55, unemployed and without any health insurance."

Some key national findings of the study, which was paid by the Robert Wood Johnson Foundation in Princeton, N.J., are:

- Nearly two out of three who lose health insurance this year will lose it because of a workplace change.
- Nearly 30 percent of Americans losing health insurance are children.
- Of the 2 million Americans who lose health insurance each month, two out of five had a household income of more than $30,000 and more than one in six earned more than $50,000.

Americans have a common misconception that health insurance problems are confined to lower socioeconomic groups, said Pete Fredriksen, a field representative with Families USA, which started about 12 years ago.

"Every Oklahoman, every American, is just a pink slip away from losing health care insurance," Fredriksen said.

Families USA supports health care reform that provides universal coverage, comprehensive benefits, adequate and equitable financing, and cost containment, Fredriksen said.

President Clinton's Health Security Act plan and a single-payer plan, called the McDermott-Wellstone American Health Security Act of 1993, embrace those ideas. Families USA supports both plans, he said.

Those who go off welfare to begin a job lose government fund insurance, he said, adding that it was ironic if the employer doesn't provide benefits.

"The legislative process has just begun in Washington," Fredriksen said. "In no way do I think the president's bill is dead," he said in response to a reporter's question.

Families USA is urging Oklahomans to get involved and write legislators about the issue.

"There is a face behind every statistic," he said. "The patchwork system of private insurance needs to be fixed."

...ity Slicker, Farm ...oy Swap Political ...tumping Ground

OKLAHOMA CITY (AP) — The ...ce for the 6th District seat in ...ngress Friday saw Democrat ...an Webber going to western ...klahoma to talk agriculture ...ible Republican Frank Lucas ...me to the city to talk about ...me.

Webber flew to Enid and Elk

Study Shows Sooners Losing Health Coverage

4-21-94

By Lou Anne Wolfe
Journal Record Staff Reporter

About 31,000 Oklahomans per month are losing their health care insurance, according to a study by Families U.S.A., a Washington, D.C.-based lobbying group.

Pete Fredriksen, field representative for the organization, held a press conference Thursday at the State Capitol to release a study that showed most people lose their health insurance coverage through job loss, change of job or other loss of employer-provided insurance.

"Every Oklahoman is just a pink slip away from losing health insurance," Fredriksen said. A major misconception is that only nonemployed people are without insurance, he said.

Families U.S.A. is a member of the Health Care Reform Project, comprised of groups representing consumers, health care providers, labor and senior citizens. Families U.S.A. supports President Bill Clinton's health care reform plan. The health care project also supports a single-payer plan for universal health care, like the Canadian national health insurance program, Fredriksen said.

According to the study, which was funded by a grant from the Robert Wood Johnson Foundation:

- A large number of Americans will lose insurance this year because the family member who provides insurance coverage changes jobs. The new employer either does not offer insurance, or there is a waiting period before the employee becomes eligible, or a drop in take-home pay makes the premiums unaffordable.
- Many Americans lose workplace insurance even without a change in employment status. In some cases rapidly rising premiums force employers to drop coverage; insurance companies drop coverage for an entire small business when an expensive illness strikes one employee; or the insurance company goes out of business.
- One in five Americans who lose coverage this year will have purchased insurance on their own rather than in the workplace. These people, who tend to be between the ages of 45 and 64, may lose their coverage because skyrocketing premiums price them out of protection or because the insurance company cancels their policy.
- More than 1 million young Americans will lose health insurance this year because they will no longer qualify for protection under their parents' policies. A smaller number of Americans will lose coverage when they become divorced or widowed.
- A number of low-income people will lose Medicaid insurance, often when they leave welfare to get a job. Many low-wage entry level jobs provide no health benefits.
- The majority of people who lose health insurance are in the middle class. Of the 2 million people losing health insurance each month, two

See HEALTH, Page 3, Column 2

Health

Continued From Page 1

out of five had household incomes over $30,000. More than one-sixth had incomes over $50,000.

The report was based primarily on data from the U.S. Census Bureau's 1990 Survey of Income and Program participation. The 1990 numbers were updated to 1994 with Census Bureau estimates of population changes.

Fredriksen said the health care reform principles sought by Families U.S.A. are universal coverage, comprehensive benefits, adequate and equitable financing and cost containment in the system.

"The patchwork system of private insurance needs to be changed," he said. People are "falling through the cracks," which are becoming more like chasms, he said.

Asked if the president's health care reform plan was dead, Fredriksen stressed that it was not. The congressional committees with jurisdiction over the legislation have just started marking up the bills, he said. Moreover, concepts embraced by the Clinton plan are contained in other bills as well, he said.

State Sen. Angela Monson, D-Oklahoma City, said the study "really re-emphasizes how important it is for us to do health care reform. People's lives are literally at stake."

The problem with private insurance is the ability of companies to "cherry pick" healthy people, and to discontinue coverage at any point, she said.

It has been difficult to judge the impact of a bill enacted in the past by the Oklahoma Legislature to preserve the health insurance of people who change jobs, Monson said. Many people may not be aware of it, she said.

"Health coverage that can never be taken away should be a goal for us all," she said.

Legislation calling for a study of universal coverage in Oklahoma, co-authored by Monson, was abandoned this week because of intensive lobbying efforts by the opposition. She said she would continue to work on the issue from a grassroots approach.

"It doesn't make me mad," she said. "It makes me smarter, and it makes me realize we have our work cut out to do."

Poor economy blamed for loss of health benefits

■ Most Californians become uninsured because of job loss, according to a consumer advocacy organization.

By Diana Sugg
McClatchy News Service

Brendalee Combrink and her husband had to pay $20,000 to provide medical care and health insurance for their son in 1992.

Betty Goodall lost her health insurance and burned through her $3,000 in savings when the Rio Linda company she worked at for 16 years closed down.

And when another Sacramento woman lost her health insurance recently, she found herself borrowing pills from a friend and lying on county forms to qualify for help because she needed medication.

Like many others, the woman made too much money to get government help, but not enough to afford insurance premiums on her own.

Her new job doesn't offer health insurance.

"I feel like some sort of fugitive ... going from one source to another, trying to make ends meet," said the well-educated woman, who did not want to be identified.

"I'm thinking, 'My God ... this should not be happening to me.'"

But like 312,000 other Californians every month, she now was among the uninsured.

And like many of them, it was because she was laid off her job, according to new research released Thursday by Families USA, a consumer advocacy organization that is pushing for health reform.

The study, funded by the Robert Wood Johnson Foundation and released locally by California Citizen Action, analyzed what factors led Americans to lose their health insurance.

According to the study, 22.6 percent of them could point to job loss.

Another 22 percent lost out when they changed jobs, and about 16 percent stayed in the same job but lost coverage because their employer dropped it, the employee couldn't afford his or her share, or the insurance company cancelled it or went out of business.

Still, nearly 60 percent of California's uninsured work full time, according to a UCLA health policy report.

At 22.2 percent uninsured, California posts one of the highest rates of uninsured in the country.

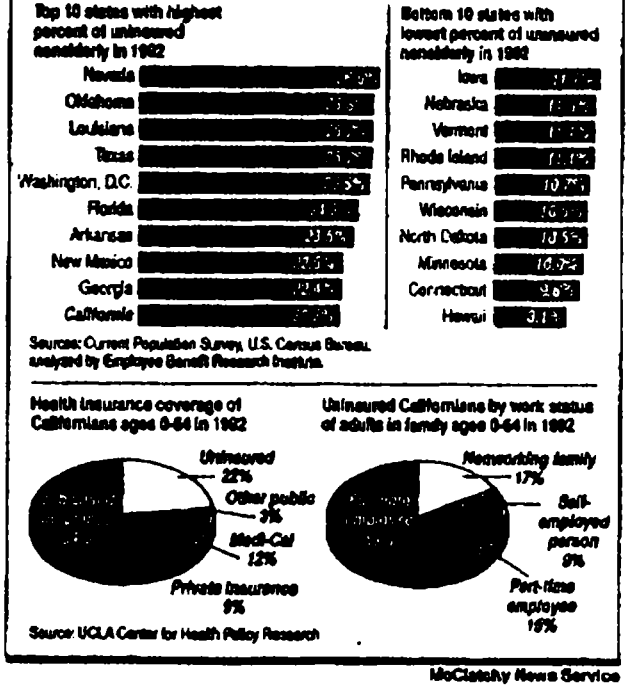
Matthew Holt, research manager at the Institute for the Future, a think tank in Menlo Park, says California's numbers are higher because the recession hit the state much harder than other areas of the country.

Southern California was particularly affected.

Rates of uninsured in the Los Angeles area are as high as 26 percent, in San Diego's it's about 21 percent, Sacramento's is 13.7 percent and the Bay Area 14 percent, he said.

Health insurance coverage

California is among the bottom 10 states in health insurance coverage. Over one in five Californians has no health insurance.



McClatchy News Service

A pink slip away from health care

■ That's how many Americans lose insurance.

By Michael Doyle
Bee Washington bureau

WASHINGTON — Bill Pratt of Fresno lost his health insurance in February, and now he's afraid of medical catastrophe.

Don Catalano of Patterson lost his health insurance three years ago, and now he's out thousands of dollars in payments for his sick children.

They are among the estimated 3.7 million Californians who lose their health insurance annually, according to a new study.

"Middle-class Americans are just one pink slip or a job offer away from losing their health insurance," said Ron Pollack, executive director of Families USA.

Families USA billed its study as the first-of-its-kind look at how an estimated 27 million Americans lose their health insurance each year.

It was really the latest-of-its-kind bid to build political support for President Clinton's health care reform package.

The big Democratic guns assembled for the report's release. They included Senate Majority Leader George Mitchell of Maine and House Energy and Commerce Committee chairman Rep. John Dingell of Michigan.

Uncommitted Rep. Richard Lehman, D-North Fork, is one of three committee Democrats that Dingell must win over to keep a modified form of President Clinton's health reform bill alive.

Pratt, 44, formerly managed the San Joaquin Surgical Center in downtown Fresno.

The center closed in December, and in February Pratt lost the last of his coverage. He says his $230-a-week unemployment checks won't let him afford $230-a-month insurance premiums he otherwise is eligible for.

Catalano of the Stanislaus County town of Patterson lost his insurance when he was laid off from his engineering job. Since then, he and his wife Rita have paid over $5,000 to pay for care for their son and daughter.

The study found that of Americans who've lost their insurance, 23 percent lost it because they were out of a job and 22 percent lost it after a job change.

Twenty percent lost their non-employer coverage for a variety of reasons — insurers canceled the coverage, or premiums became unaffordable — and 10 percent lost insurance when they went off Medicaid and found nothing to replace it.

LETTERS

Lehman responds

The Bee editorial "Lehman must stand up" appears to have been generated by one group, the Consumers Union, without even making the slightest effort to ascertain the facts. To say I have been unwilling to meet with pro health care reform groups is ridiculous.

In fact, the consumer advocate who snowed The Bee in this instance, Mr. Carlos Rodrigues, has discussed the legislation with me in my office.

Since no one asked, here is a partial list of groups generally favoring the Clinton plan who have discussed the issue with me or my staff.

National Leadership Coalition for Health Care Reform, Consumers Union, American Association of Retired Persons (twice), Californians Allied for Patient Protection, mental health advocates, nurse practitioners, rural health care advocates, numerous labor unions, local and national, home care advocates, Alzheimer's Association, American Civil Liberties Union, Fresno Area Health Access (twice), Public Citizen (Ralph Nader's organization), Families USA, California Family Planning Council, Children's Defense Fund, National Association of Retired Federal Employees and dozens of individuals including President Clinton, Mrs. Clinton and Tipper Gore.

Since January, I have conducted more than a dozen public town hall meetings on the subject in every corner of the Central Valley. These have been attended by hundreds of people who went only to express their views to a congressman with an open mind. Not one of these meetings have been covered by The Bee.

What's more, I brought Health and Human Services Secretary Donna Shalala to Clovis to give a full public airing of the administration's proposal. So many people showed up that the fire marshals had to turn them away.

I will continue to listen to my constituents on these matters as they are the ones who will have to live with the results. I will vote for a health care package that not only provides benefits, but is fiscally sound and fair to those who are required to pay for it.

Richard H. Lehman
Member of Congress

Take our time

The Bee's negative editorial on Richard Lehman surprised me. It criticized Rep. Lehman for sending out questionnaires and encouraging citizens to telephone him regarding their views on health care.

I was taught that this is a government of the people, by the people and for the people. Our Constitution begins with the three words, "We the people." How on earth can we, the people, have a voice in government if we're unable, or discouraged, to communicate with the representatives we elect to office? How better to communicate than with letters, phone calls and answering questionnaires?

Health care reform legislation will change all our lives. It is complex, and its many pages are probably impossible for the average citizen to read, much less understand. We have to rely on our representatives to do the right thing. Therefore, it should be considered carefully and acted upon wisely so that no mistakes are made. To undo mistakes once they're passed into law is costly, time-consuming and many times, painful. Too often, the results of mistakes made remain with us forever. Yet The Bee wants Rep. Lehman to hurry up and make up his mind. I think The Bee is wrong.

Jean Stewart
Squaw Valley

Lehman's right

This letter is in response to your editorial criticizing Congressman Richard Lehman. Although I am not a Lehman supporter, I find it puzzling that The Bee is so critical of Lehman's attempt to determine the feelings of his constituents on health care reform. Wouldn't prudence dictate that a decision which may result in the establishment of a huge federal program, which for all practical purposes could never be removed, be carefully pondered?

It is obvious that the intent of your editorial is to press The Bee's editorial viewpoint for radical health reform. However, there are many of your readers, myself included, who are not convinced that there is a health care crisis, and if there is whether a bureaucratic, insufficient government is the proper custodian of such a program.

The Bee seems to question Lehman's leadership ability because he has not come out expressing its desires regarding health care reform. Is it leadership only if the position is one favored by The Bee? In the editorial you claim that elected leaders have to make decisions that are painful. Would it not be a painful decision to resist the politically painless decision of setting up a federal bureaucracy "guaranteeing" universal health care?

It seems to me that the easy decision is to just go along with the reform movement at the expense of conducting a reasoned economic analysis of proposed policies. After all, with all the welfare and Social Security programs set up in this country, have we eliminated poverty?

Jeffrey G. Blote
Hanford

'It's very scary' to be without health insurance

■ Fresno woman lives in pain because she can't afford coverage and she's too young for Medicare.

By Felicia Cousart and Jerry Bier
The Fresno Bee

Richard Darby — The Fresno Bee

Telling her story. Rose Torres talks about her problems while Luisa Medina, right, of Central California Legal Services listens.

When a searing migraine shoots through Rose Torres' head, she has no choice but to load up on aspirin and lie in bed.

And that's only part of her medical problems.

"I haven't had a mammogram or pap smear. My ovaries are hurting. At times they're really bad," said Torres, who also suffers from asthma.

She is living with pain because she, like 38.5 million Americans, has no health insurance. At 59, she can't afford health coverage and she's too young for Medicare.

The pains worry her.

"It's scary, very scary," Torres said. "What if something's wrong and things could have been prevented? Peace of mind has a lot to do with how you are feeling."

Wants the basics

While the health-care debate rages in Congress with no one sure what the final plan will be, Torres hopes for a plan that will help people like her. She wants the basics — doctor visits, physical examinations and prescription drugs that aren't outrageously expensive.

Torres and the 38.5 million Americans like her are the major reason health-care reform is being considered by Congress.

Most of the bills being considered include universal coverage, which observers expect to be a part of whatever health-reform plan is approved. The next question is, how soon will the universal coverage begin?

"I've voted all my life since I was 18. I've tried to be a good American," Torres said. "We've paid taxes all our life. Now that we're in need, we have no help."

After retirement

For about 25 years, Torres and her husband, Phil, ran a mini-mart in southeast Fresno and raised six children. But after the business closed a few years ago, the couple retired.

Torres joined a volunteer program to teach adult literacy classes. The program provided medical coverage, but volunteers were limited to two years of service. Her coverage ended in October.

She cannot afford health insurance on her own. She must pay out of her own pocket for the medication she needs to control her asthma.

Meanwhile, Phil works part time for a senior program that provides him with a small stipend and major medical coverage. In December, he will turn 65 and become eligible for Medicare.

"Thank God he's healthy," Torres said.

Torres has no job but is trying to find one, although she is restricted by her health problems. She still volunteers teaching an adult literacy class to five women once a week. She would like to find a full-time job like it.

Seeking job, coverage

Bill Pratt also is looking for a job and health coverage.

Until December, the 44-year-old Fresnan had worked as an administrator for an ambulatory surgery center in Fresno. But, to Pratt's surprise, the corporate owner consolidated two centers and closed the one where he worked.

'I would certainly like to see some sort of a program that provided health care for everybody, something for those in my situation.'

Bill Pratt

He was able to carry health insurance through March because of his severance package, but now he has none and can't afford to buy it. He hopes to land a temporary job soon, but even so it won't include health coverage.

"I'm reasonably healthy so if I sit and think about it, it's kind of scary," Pratt said. "If I don't think about it, it doesn't bother me. I try not to think about it."

But Pratt knows what it's like not to be healthy. About four years ago, a disc ruptured in his back and he couldn't walk. He had to have surgery and needed three months to recuperate.

Without insurance, he said, that operation would have cost him $10,000.

Pratt is one of many people who have lost insurance because of job loss, a change in jobs, divorce or other reasons.

Meeting with lawmakers

Last week, he flew to Washington, D.C., as part of an effort by a national consumer advocacy group, Families USA, to meet with leaders in Congress about health care.

About 2.25 million Americans, 312,000 of them in California, lose their health insurance each month. Most of them, like Pratt, lose their jobs or change jobs, according to Families USA.

"I almost think it's going to have to be mandated universal coverage," Pratt said. "I would certainly like to see some sort of a program that provided health care for everybody, something for those in my situation."

Questions persist

But Pratt also has questions about government control.

"It's a government for the people, and I think the government needs to be involved in it," he said.

"But part of the problem is how deeply involved. I'm not sure they should be the ones who actually dictate and run the medical care program."

Torres hopes for the best but is uncertain about the outcome.

"I don't know what they're going to do with us," she said.

Saturday Evening, April 30, 1994

THE MILWAUKEE JOURNAL

Final Weekend Edition

State nurses visit capital to join health care debate

Message from front line: Reform shouldn't come at expense of quality

By PATRICK JASPERSE
Journal Washington bureau

Washington, D.C. — So far during the health care debate, there has been no shortage of opinions from doctors, hospitals, the insurance industry and businesses. One group that has not been quite so vocal are the front-line soldiers in health care — nurses.

Nurses, including a contingent from Wisconsin, sought to change that this week during a lobbying blitz on Capitol Hill and a weekend conference of the 50,000-member Federation of Nurses and Health Professionals.

Their message: Health care reform should not come at the expense of quality. Wisconsin lawmakers who met with the nurses told them they were the first lobbying group whose primary concern was how health care would affect patients, the nurses said.

A corollary, of course, to the emphasis on quality of care is the nurses' belief that a sufficient number of nurses is essential to good health care. With some form of increased competition likely to be part of health care reform, nurses are worried that hospitals and other health care providers will try to control costs by increasing the ratio of patients to nurses and allowing lesser-paid, lesser-educated workers to carry out jobs now performed by nurses.

"Already there is an effort to downsize," said Barbara Janusiak, a nurse at St. Francis Hospital in Milwaukee. "In the downsizing we want to be real careful that we don't jeopardize patient care."

The nurses support universal coverage that includes a basic benefits package allowing people to get preventive care, a system that they say will save money over the long run.

John Epple, a medical technologist from Waterford who spends much of his time reading biopsies, said cancer went undetected for too long in too many people because they did not have access to regular checkups. By the time such people do come in,

Please see Nurses *page* 2

Nurses

From page 1

Epple said, "it's too late — there's not much we can do."

The nurses are politely resentful of doctors, whose views they believe have dominated too much of the health care debate. The nurses, who often deal with patients before they go to the hospital and who spend more time with patients once they enter a hospital, believe they have the most informed, hands-on understanding of the health care system and its problems.

"It's a different perspective," said Ralph Oyda, a nurse at the Milwaukee County Mental Health Complex. "We practice health. Physicians practice illness and care."

Candice Owley, a registered nurse from Milwaukee who is president of the Wisconsin Federation of Nurses and Health Professionals and chairwoman of the national union, said "it is wrong to reform the health care system on the backs of health care workers. . . . Decisions now are being made in far-off corporate headquarters with little regard for front-line workers and even less regard for the patients."

Noting that nurses were tripping over people representing other health care views in crowded Capitol Hill corridors this week, Owley said that "we must be special interest advocates. Our special interest must be demanding quality; the bottom line, no-compromise position on health care reform."

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Uninsured put faces on health care statistics

By JEFF LESTER
Coalfield Progress Staff Writer

BIG STONE GAP — After almost 19 years of mining, an old work injury and a layoff at the worst possible time left Glen Boyd with a permanent bad back, ravaged personal finances and no health insurance.

Even so, Boyd's dilemma could be worse. Something told him to pay off his mortgage early and avoid running up credit card debt while he was still healthy.

Boyd was joined at a Friday press conference on health care by many uninsured people facing grimmer prospects. Speaker after speaker, many of whom are without jobs, said they are sick enough to face huge medical bills but not enough to get disability coverage. Others have been declared disabled but not long enough to qualify for Medicare.

The Friday press conference unveiled a new report detailing how nearly 2.25 millions Americans lose health insurance each month. The report was prepared by Families USA, a national health care reform advocacy group.

Advocates and critics of massive health care reform have used faceless statistics to battle for months. But Friday's event was a reminder that neighbors and friends, real people who might live next door, suffer every day with a choice between vital medicine and food.

Boyd, who is in his 40s, worked almost 19 years for Arch Mineral in Kentucky. "I paid into everything. Now when I need help, it's not there," the Big Stone Gap resident said.

In 1979 he suffered a slipped disk while lifting mine roof beams and was off work for about nine months, he said. He was able to return, working light duty until early 1991. Then he was laid off.

Boyd drew unemployment benefits for several months and was called back in 1992 for a physical to possibly return to work.

Instead of getting his job back, Boyd got the news that his back injury turned into degenerative disk disease. He would not be going back, ever. Boyd applied for federal Social Security disability status, waiting 16 months to get approval.

Meanwhile the family income dropped from roughly $1,700 every two weeks to welfare and food stamps totalling a little more than $400 per month. Out of that they had to pay his medical bills along with treatment of one son's unusual skin condition.

A few years before, Boyd bought a double-wide mobile home. While still working, something fortunately compelled him to pay it off after only three years. Also, Boyd and his wife had obtained a credit card they never used. Once the bills began to mount, they were forced to run up charges on it to survive.

The Boyd family income dropped from roughly $1,700 every two weeks to welfare and food stamps totalling a little more than $400 per month.

Even now, Boyd receives a Social Security check but has no health insurance. Like many disabled speakers at Friday's event, he has not been officially disabled long enough to get Medicare coverage.

One case worker told Boyd he would get Medicare two years after applying for disability. Now another says he must wait two years after being approved, he said.

Flora Jones, a widow, said she hasn't worked for two years, signed up for disability status and has neither health coverage nor a steady income. "I go to bed at night, I lay there and wonder how I'm going to make ends meet," Jones said.

Beatrice Collins also qualifies as disabled but doesn't have Medicare yet. Often, she said, she can't afford necessary heart medication and relies on her doctor to give her samples. Now her husband faces his own $125,000 bill from a lengthy hospital stay, Collins said.

The wait between approval and coverage is one of the disability system's worst loopholes, Stone Mountain Health Services Associate Director Karen Northrup said.

Others who spoke can't even qualify for disability and fell through the system's cracks.

Terri Vautrio of Dungannon, a diabetic, said she just borrowed $50 to pay a $75 medication bill. Her husband was laid off and had the option to stay on the company's group

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plan, but the family would have had to pay $282 per month in premiums, she said.

People like them don't see a doctor until there is an emergency, then can't afford to pay, Vautrin said. "That's when we end up going to what I call poor people's court," where the judge will garnish wages from even a low-paying job to cover the bill, she said.

Vautrin said she is angry that health reform is being treated like a new issue when the poor have struggled with it for years. "It is indeed true that we're dying for health care."

Ramona Woliver said she cancelled a medical test she needed that morning because she didn't have $25 to pay for it. Her husband works for a mine company in Kentucky on a contract basis and has no insurance, she said. They often can't afford her $300 medication.

Virginia had the 11th highest number of citizens losing health insurance among the 50 states, with 54,000 Virginians losing their coverage in any month.

Of nearly 2.25 million Americans who lose coverage each month, more than 62 percent go without because of losing a job or through changes such as reduced work hours or a company dropping its health package, the report states.

Business owners differ on health reform future

■ It holds hope for one small-business owner, worry for others.

By Felicia Cousart and Jerry Bier
The Fresno Bee

Fresno businessman Frank Cortez admits it is foolish, but he is waging a one-man protest against the high cost of health care.

For the past eight months, the owner of Cal State Muffler & Brake near downtown Fresno has chosen not to buy health insurance for himself. And he can't afford to provide it for his two employees, either.

Cortez said he did not think it would be fair to eliminate insurance for his workers, yet keep it for himself.

Please see Small businesses, Page A21

Small businesses: Owners are crossing their fingers for very different reasons

Continued from Page A1

"This is the first time I can remember not having full coverage for myself."

Cortez said he had to stop paying for health insurance because the premiums had climbed to about $500 per employee per month, double what it was less than four years ago.

Cortez, who's 37 and single, said his decision to gamble on his own health until a nationwide plan is in place is "my own way, which is probably foolish, to complain about the system the way it is."

The debate swirling around health-care reform has struck a nerve among small-business owners, many of whom believe they will have to unfairly shoulder huge costs if Congress requires them to provide health insurance for their workers.

The bills before Congress that would require employer contributions vary in the amount of taxes they propose. The Clinton plan asks that big businesses pay as much as 7.9 percent of payroll and small businesses no more than 3.5 percent. The single-payer plan would require an 8.4 percent levy for large businesses and a 4 percent levy for small businesses.

Experts disagree on how much health reform will cost, let alone what the total price tag would be for small-business owners.

The Small Business Administration estimates there are 21 million companies nationwide with fewer than 20 employees. There are about 22,300 such businesses in Fresno, according to state figures.

Unlike many small-business owners who oppose the idea of mandated coverage, Cortez said he would welcome it.

"No plan will ever make everybody happy," Cortez said. "I don't mind paying my fair share, as long as it's fair."

But others question the wisdom of handing health care over to government control.

Richard Derby — The Fresno Bee

Looking for options. Brad Allen and his wife, Elizabeth, run a landscaping business in Clovis and buy their own health coverage. They are exploring ways to provide health insurance for their four employees, including Nichols Lara in background.

Brad and Elizabeth Allen run Natural Landscaping, based in Clovis, and buy their own coverage through a private carrier. They are exploring ways to provide health insurance for their four employees.

Elizabeth Allen said she doesn't believe requiring employers to provide health insurance is the answer, and she doesn't trust the government to carry out health-care reform.

"People are going to find a way to get around it," she said. "It will hurt the country more than help it."

But Cortez said the reverse could happen as well: "If they don't make it mandatory, basically people aren't going to have it."

The Allens — Brad is 36, Elizabeth is 35, and they have two daughters — started their business 13 years ago, with Brad as a single-man operation. Today, they've built the business up to four employees and say they pay their workers a good wage that allows them to buy their own insurance.

Still, "I'd like to get something going for these guys," Brad Allen said. "I want to take care of them. . . . I'm not the cold-hearted boss who says, 'You guys just work for me.' "

Before Cortez took over ownership of the muffler and brake shop five years ago, he was an employee there. Altogether, he's worked there 11 years.

When the opportunity came to take over the business, Cortez grabbed it.

"I would like to get old here," he said.

Cortez said he is willing to take the chance that change is the best option in health care.

"We might pay more, but . . . we might pay less," Cortez said.

"All I know is that right now, it's not affordable, and it's going up. I know that with the system we have now there is no hope."

The one thing that perhaps the Allens and Cortez would agree on is that the small-business owner already is weighed down by numerous insurance requirements ranging from liability insurance to workers compensation.

"You're trying to get ahead, buy new equipment. But you can't get ahead," Brad Allen said.

Elizabeth Allen is cautious at best, distrustful at worst about the fate of small businesses if the federal government passes a reform package on health care.

Instead of trying to change everything, she said government should dig into wasteful government spending and reform specific areas, such as medical malpractice.

Those efforts, Elizabeth Allen said, could help cut the cost of health care.

Elizabeth Allen said that requiring small-business owners to provide health insurance could mean the Allens could no longer afford employees, and her husband would have to become a one-man operation again.

Cortez said that he hopes a change, whatever it is, won't affect his business too greatly.

"If the status quo stays in place, we're all in trouble," Cortez said.

Everyone talks about it — just try to explain it

■ Some aren't sure about the details, but they do know what they don't want.

By Jerry Bier
and Felicia Cousart
The Fresno Bee

Betty Hampton doesn't trust it. Dan Conner doesn't want it. "Bud" Cloonan doesn't see a way around it.

Talk about health-care reform is everywhere these days: at work, at the dinner table, at social gatherings.

Almost everyone knows what they would like in a health-care plan, but they are unsure whether they want government to provide it and how much they are willing to pay.

Health care is in the news daily. The public is bombarded with information. Consumer groups rally, news conferences are held, talk show hosts and advertisements urge people to call members of Congress.

But most of the hoopla over health care is being generated by special interest groups like

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Continued from Page A1

the insurance industry or consumer organizations, backers of various plans. While the issue clearly is on the American public's mind, the noise most often is being made by those who purport to speak for the public.

The truth is it would take the wisdom of Solomon to understand and unravel the $1 trillion health-care industry and the problems that have generated this year's great debate.

Polls show that most voters do want some reform of a system that accounts for 15 percent of the gross national product and continues to grow.

Skyrocketing costs, insurance company profits, managed care, universal coverage, health maintenance organizations, employer mandates — all are part of the health-care debate.

Good for Congress?

When Congress finally passes a health-care reform measure — possibly by August — the thing to watch is whether Congress gives itself the same health care it gives the American public. The issue is being watched closely by liberals, conservatives and those in between.

What Congress likely will pass and already is working on, observers say, is a compromise health-care plan that draws on all of the major proposals before it, including President Clinton's health-care reform package, a Canadian single-payer-type plan and a free market plan.

Most of the bills before Congress would benefit people like Betty Hampton, 62, of Fresno.

Her husband, Howard, is 73 and is on his third heart pacemaker. He is covered by Medicare, which is for the elderly, and Medi-Cal, which helps those on low incomes.

But Betty Hampton is uninsured. The couple cannot afford a private plan to cover her, so she is waiting the three years until she's eligible for Medicare.

But what if something happens to her before then?

"I guess I'll go to emergency, and someone will have to do something," she said. "Thank God our house is paid for."

She wants to choose

But she doesn't welcome a change in the health system.

More government intervention is the last thing Hampton wants, especially as a senior citizen. She says she doesn't trust the government to handle such a complex problem — even though her husband's health care is delivered by two government programs.

"They're going to tell us what they'll pay for and what they won't," Hampton said. "I want to be able to choose who I want to go to, and I want to choose the kind of care that I need."

Dan Conner, a real estate broker, is a Fresnan who is "unequivocably" opposed to the Clinton health plan.

"I've never found government to be a solution to private problems," he said. "If that bill passes, it's going to be like going to the DMV — take a number, wait in line and do to you what they think you should have."

Conner, 48, said he and his wife are covered by a private insurance carrier, and he is satisfied with that coverage. He doesn't want to lose what he has.

"Freedom of choice is what our government is all about. I'm real happy with the plan just the way it is. The reason is I like to choose my own physician, and my plan allows me to do that," Conner said. "I'm not real interested in someone mandating the degree, quality and location of my health care."

Conner, the president of London Properties, also said he doesn't want to see small businesses required to provide coverage "because I don't want to see small-business people regulated to the point where literally jobs are at stake."

If the government insists on a plan to cover everyone, Conner said, "the government should be willing to pick up the tab."

Universal coverage

E.C. "Bud" Cloonan, a Republican, said universal coverage was inevitable. He's made a point of calling Rep. Richard Lehman, D-North Fork, to tell him to support the Clinton plan.

Lehman is a member of the Energy and Commerce Committee, one of three House committees playing a major role in health reform legislation.

Lehman has been bombarded with telephone calls and advertisements urging him to vote one way or another. He said he will make his decision based on what's in a bill, not "what's in the paid media."

Cloonan is 73, retired from Pacific Bell and describes his lifestyle as comfortable. He gets coverage through Medicare and benefits from his old job.

Cloonan supports mandatory universal coverage because he believes it's happening already.

"When [the poor] go to emergency, we pay for it. So we might as well have universal health care. We're paying for it anyway," he said.

To pay for it, Cloonan said taxes will have to be raised. He favors a federal sales tax of one or two cents so that everyone pays into the system. He also says more should be done to uncover government waste to pump money into health care.

How can Americans tell which plan is best for them?

The Employee Benefit Research Institute, a nonpartisan Washington, D.C., research organization, says it's difficult for consumers to determine whether they are winners or losers under any given health plan because most of us are unsure of the costs or benefits of the care we

are now receiving.

"As a result, the political ramifications of health reform may depend on the extent to which consumers become educated about the present system," the institute says in an analysis of the health-care plans.

The following is a brief synopsis of the major bills before Congress, including President Clinton's. Most experts predict that the final health-care reform legislation will be based on parts from each of the proposals.

■ **Clinton plan:** The president wants to set up a system of regional and corporate alliances, require employers to pay a portion of employee health premiums, establish a standard benefits package and set a national budget target to control health-care costs.

The plan seeks to give every American health insurance by mandating that every citizen and legal resident enroll in a health plan and pay a portion of the premium.

Each state would be responsible for setting up alliances.

It would require employers to pay 80 percent of workers' premiums. Big business would not have to pay more than 7.9 percent of payroll; small business no more than 3.5 percent. It also raises tobacco taxes.

■ **McDermott-Wellstone plan:** Rep. Jim McDermott, D-Wash., is a doctor who has submitted a single-payer proposal to Congress. Although the bill is not expected to pass, it has gained public support and the support of some doctors' groups, notably the American College of Surgeons, and has been endorsed by nearly 100 members of Congress.

Under the bill, every U.S. citizen would be covered through a single-payer system in which each state would act as the "single payer" of health claims submitted by private doctors, hospitals and other health-care providers.

The plan would be financed through a variety of tax increases, including a 2.1 percent tax on taxable income for individuals, a payroll tax of 4 percent for small businesses and a 8.4 percent for large businesses. It would increase taxes on tobacco, handguns and ammunition.

■ **Cooper-Breaux and Chafee-Thomas plans:** Both of these bills fall under the so-called managed competition form of health care, which Clinton also proposes.

The Cooper-Breaux bill would reorganize the health-care market by creating purchasing cooperatives for unemployed individuals and employees and their dependents for businesses with fewer than 100 employees.

It does not mandate universal coverage. It relies on market forces to constrain health-care cost inflation, assumes Medicare savings and imposes a 1 percent premium on health plans.

The Chafee-Thomas bill would allow states to estab[illegible] voluntary purchasing co[illegible]ves and encourages the est[illegible]nt of medical savings a[illegible].

It promotes univ[illegible]verage by guaranteeing eli[illegible], by barring providers from denying coverage based on an applicants' health or pre-existing condition and requires that all individuals obtain health-care coverage by 2005.

It requires employers to offer health plans, but does not require them to contribute to the cost of coverage. It assumes Medicare and Medicaid (Medi-Cal) savings.

■ **Michel-Lott, Nickles-Stearns and Gramm plans:** All of these bills fall under what is called the individual market plan that changes tax codes to provide incentives for citizens to purchase health insurance and removes the incentives for purchasing insurance through employer-based plans.

The Michel-Lott bill would institute insurance reforms, create a mechanism for states to establish voluntary purchasing cooperatives and encourage the establishment of medical savings accounts.

It would promote universal access to health-care insurance but not mandate it. Employers would not be required to contribute to the cost of health insurance.

It would phase out Medicare coverage for the elderly with incomes of more than $100,000 and increase federal worker retirement age from 55 to 62.

The Nickles-Stearns bill would place a mandate on individuals to purchase health insurance but end employment-based coverage. The penalty for not purchasing health insurance would be to not allow personal exemptions in calculating income tax.

Thus the penalty would be dependent upon an individual's filing status and income. It would require that employers who currently pay health insurance pay employees higher wages in lieu of the previously provided premiums.

The Gramm bill would institute insurance reforms, create a mechanism for small businesses and other organizations to group together to pool health insurance purchases and encourage medical savings accounts.

There are no mandates in the Gramm proposal.

Individuals between jobs could make penalty-free withdrawals from individual retirement accounts, or IRAs, to pay for insurance coverage.

Medicare recipients could opt for the new system, but their decision to drop Medicare would be final.

Experts stress that the final bill to come out of Congress will be a compromise, a composite of the various proposals. Most agree it will provide coverage for all Americans and will give states the option of choosing their own health systems.

But most importantly, according to the Employee Benefit Research Institute analysis, "In the long run, the success or failure of health-care reform will depend on its effectiveness in reducing the rate of health-care cost inflation without reducing the quality of care."

Associated Press

Committee chairman. Rep. Dan Rostenkowski speaks about health reform Friday in Boston.

Associated Press

Key lawmaker. Rep. John Dingell holds a copy of President Clinton's Health Security Card.

The five committees

Five congressional committees are tackling health-care reform as part of a process that could take months.

Three committees are studying the issue in the House of Representatives: Ways and Means, chaired by Dan Rostenkowski, D-Ill.; Energy and Commerce, chaired by John Dingell, D-Mich.; and Education and Labor, chaired by William Ford, D-Mich.

By the end of May, each wants to have passed a separate measure through its committee.

Congressman Richard Lehman, D-North Fork, serves on the Energy and Commerce Committee.

Two committees in the Senate also are working through the various health packages: Finance, chaired by Daniel Moynihan, D-N.Y.; and Labor and Human Resources, chaired by Edward Kennedy, D-Mass.

The Senate committees also hope to have measures ready by early summer.

Optimists hope that the health bills can be combined and a final version passed and sent to President Clinton before Congress adjourns in August.

That would require many compromises in committees, between the House and Senate and between Democrats and Republicans.

Oregonian 4/22/94 - Portland, Oregon

Study shows how Americans lose their health insurance

■ In Oregon, 54 percent go without insurance because they change jobs, and Portlanders tell their own health crisis stories at a conference

By STEVE WOODWARD
of The Oregonian staff

Every month, 27,000 Oregonians — about the population of Bend — lose their health insurance benefits

One of them is Kate V. Gallagher.

The 34-year-old hotel worker had spent 11 years working her way through college when her world collapsed. She ruptured a disc while carrying a sterling silver coffee urn up the hotel's stairs, underwent months of treatment and lost her employer-provided health insurance after she'd been away from the job so long that she no longer qualified for coverage.

Gallagher and several other Portlanders told their tales of health insurance woes Thursday at a news conference called by the Northwest Oregon Labor Council and the Oregon Health Action Campaign. The agency is a coalition of labor groups, social agencies and others that support health care access for everyone.

The occasion was the release of a Families USA study that documented how Americans lose their health insurance. The study's major finding: Of the 2.3 million Americans who lose their coverage each month, 62 percent lose it through their jobs

That's not surprising, given the fact that 76 percent of Americans with health insurance get it through work.

In Oregon, 54 percent lose their insurance because they change jobs, according to the study, funded by the respected Robert Wood Johnson Foundation in Princeton, N.J. The reasons: Their new employers don't provide insurance, the new insurance requires a three- to six-month waiting period or a drop in take-home pay makes premiums unaffordable.

> *"The study found that one-third of those Americans who lose insurance are children."*

Nationwide, those who lose insurance at the workplace do so because a quarter of them lose their jobs, another quarter change jobs and about 2 percent see their work hours drop too low to qualify for coverage. The rest, about one in six, lose insurance for other reasons: Their employers can't afford the premiums any more, or insurance companies cancel coverage or go out of business.

Outside the workplace, one in five Americans lose their health insurance because they can't afford premiums or insurance companies cancel coverage.

One in nine Americans lose coverage because they lose eligibility for Medicaid, the health insurance program for low-income persons.

The study also found that:

- One-third of those Americans who lose insurance are children.
- Men and women lose insurance at a similar rate.
- More than half (61.5 percent) have family incomes of less than $30,000.
- The South suffers the most los
percent), followed by the West (22.4
The Northeast had the lowest losses
cent).

BOB ELLIS/

Kate V. Gallagher was hurt on the job but ended up losing her health insurance when missed so much work because of the injury that she no longer qualified for coverage

Farmers, families rally against planned increase in cigarette tax

STEPHEN B. EVANS
Washington County Bureau

GATE CITY — Nearly 500 burley tobacco farmers and their families gathered here Saturday in angry opposition to a planned federal tax increase on cigarettes.

Wiping sunburned brows on a humid spring afternoon, they stood in solidarity for the lucrative cash crop and, some said, the future of their way of life.

Many arrived in pickup trucks and family cars from counties across far Southwest Virginia and Northeast Tennessee. At least 150 drove farm tractors into town in two-by-two formation, lining up in rows at the municipal parking lot for a noon rally.

'We appeal to the American people for a renewed commitment to farmers.'

— rally organizer Paul Repass

Dozens of farmers wore T-shirts emblazoned in red ink with a cautionary message: "American Farmers — an endangered species."

The farmers came to protest a proposal by the Clinton administration that would raise the excise tax on cigarettes from 24 cents to 99 cents per pack. Taxes on other products such as pipe and chewing tobacco would also be increased. Most of the revenue would be used to help finance national health care reform, but a portion of the tax dollars would go toward retraining programs for tobacco producers. The programs would reportedly include instruction on growing alternative crops.

"The proposed tax increase is just another injustice to the tobacco farmer," said burley producer John Stallard, whose family has raised tobacco for three generations on farms in Big Moccasin. "This year morale is low — a lot of farmers feel like they're driving down a dead-end street. Anyone who wants to raise alternative crops, I wish them luck. ... Tobacco brings an average of [illegible] per acre. The next closest crop is [illegible] beans and walnuts, and they'll bring about $1,700 an acre. I reckon, does anyone have the time to plant and wait for tree nuts?"

The farmer shook his head. An acre of peanuts, he said, will fetch a price of about $700 per acre. Corn earns considerably less than that, he added.

"The problem is you have people in Washington setting rules and regulations on something they know nothing about," Stallard said. "Retraining? Hah. What am I going to do with my tobacco barn, with years of experience?"

"We appeal to the American people for a renewed commitment to farmers," said

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RALLY

From Page 1A

Paul Repass, who helped organize the rally. Dismissing alternative crops as unacceptable cash replacements for the golden-brown burley leaf, Repass said, "Our message to you, Mr. President, is that we have already tried and failed at all those other things."

Three state lawmakers, a former congressman and a candidate for the U.S. House of Representatives turned out for the rally, all of whom vowed their support of tobacco and the farmers who grow the ubiquitous money-making plant.

"What we need to do is get Bill and Hillary Clinton down to Southwest Virginia so they can see grassroots America," said Delegate Terry Kilgore, R-Gate City, whose remarks were followed by raucous applause.

Dozens of farmers leaned on their tractor horns, honking in approval.

U.S. Rep. "Rick Boucher is strongly opposed to using excise taxes to finance health care reform," said Becky Coleman, spokeswoman for the 9th District congressman. Boucher, a Democrat, was unable to attend the rally due to a prior commitment Coleman said. "The production and sale of burley tobacco is vital to Southwest Virginia. Protecting that is one of Congressman Boucher's highest priorities. ... Tobacco excise taxes should not be raised," she said, reading from a prepared statement.

Congressional candidate Steve Fast, who seeks the 9th District Republican nomination to run against Boucher in the November election, volunteered to speak at the rally — seizing the opportunity to blast his opponent and the Clinton administration for "liberal tax-and-spend policies."

A Bluefield College mathematics professor, Fast said if elected he would fight against federal income-tax increases and any proposed hike in tobacco taxes.

"I don't see that Clinton and Rick are showing us much," Fast said. "It's time for a change. I think it's just about time we regular folks had some representa-

cheered wildly as he left the podium.

Gov. George Allen's administration "opposes any tax increase on tobacco," said Virginia Commissioner of Agriculture Carlton Courter, adding that tobacco accounts for 25 percent of all state crop income.

In separate speeches, state Sen. William Wampler Jr., R-Bristol, and Delegate Clarence E. "Bud" Phillips, D-St. Paul, called for bipartisan efforts to support tobacco producers in the region.

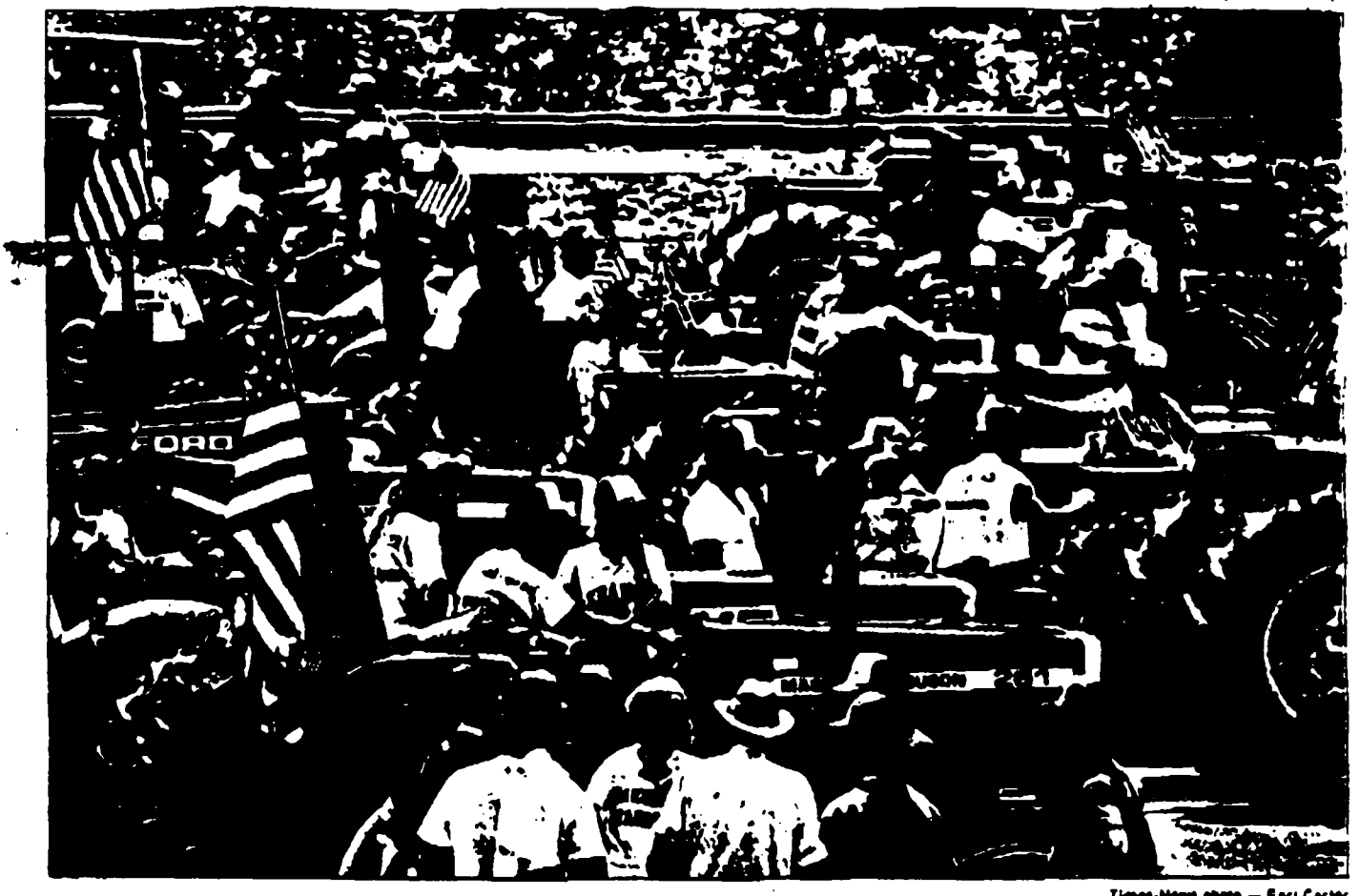
Phillips said a legislative study committee created this year by the General Assembly will try to develop strategies for helping burley farmers in the region and will focus on creating a farmers' market in Southwest Virginia that would enable producers to sell other crops.

"Enough is enough — we [illegible] need additional taxes," Wampler said. "Democrat or Republican, we must unite. This battle will be fought in Washington."

The crowd fell silent as Wampler's father, former 9th District Congressman William Wampler Sr., said he had quit smoking 12 years ago. He discouraged people from starting the habit.

"But as long as tobacco is a legal product it should be treated as such and not be discriminated against," he said. "I hope this rally will be a catalyst for other groups."

Organizer Repass said Saturday's rally "is just a beginning. It is not the end. We'll go back and regroup. I think you're going to see county after county doing the same thing."



Times-News photo — Earl Carter

Area tobacco farmers brought their tractors to Gate City Saturday for a rally to protest President Clinton's plans to increase taxes on tobacco to fund health care reforms.

Tobacco farmers stage rally to protest proposed tax hike

By TOM McGHEE
Times-News Staff Writer

GATE CITY — John Stallard didn't try to hide his anger when he spoke of the future he and other tobacco growers face if taxes on the product skyrocket.

"What am I going to do with my tobacco barn? What am I going to do with everything I built up? What am I going to do with my experience growing tobacco?"

At 39, Stallard was one of the younger growers protesting proposed tax increases on tobacco at a rally in Gate City Saturday.

In an industry where most farmers are between 45 and 50 years old, federal promises to retrain them and support change are given little credence. "How can you teach an old dog new tricks?" Stallard asked about 400 farmers and their families.

They sat on mud-splattered tractors and gathered in small groups to listen as a string of politicians and fellow farmers railed against the proposal. The speakers condemned President Bill Clinton's plans to generate partial financing for a national health care plan

Please see TOBACCO, page 4A

Tobacco farmers protest

Continued from page 1A

through taxes on their crops.

Facing a possible $1.25 per pack tax increase, cigarette manufacturers are wary of over-investment in products they may not be able to sell easily, said Roy Meade, a Kingsport farmer.

The manufacturers are buying less of the crop, leaving the growers to pay four cents a pound in taxes on leaf they must store. In the past, when the storage tax was lower, the big companies purchased the tobacco and stored it in their own warehouses.

Tractor sales have dropped this spring as farmers look to an uncertain future, said Paul Repass, owner of Southwest Tractors in Nickelsville, Va. "People are concerned. They don't know what is going to happen and they're waiting to see," said Repass.

Farmers won't be the only ones scalded by escalating taxes, said Repass. His own livelihood and that of others in Scott and other counties where the economy is tied to tobacco are also threatened. "I'd just be out of business and I'd be over on this other line where the welfare people are."

The burley tobacco grown on seven acres of Bill Pendleton's land in Snowflake, Va., makes up about one-half of his income. Pendleton, a heavy-set 55-year-old with sun-browned skin, is the third generation in his family to grow the leaf.

Like many of the farmers, he feels tobacco producers are being unfairly singled out to shoulder the burden of health care. They feel that tobacco is no more harmful than other products that would escape the sting of sharp tax increases.

Suggestions that tobacco farmers can channel their energies to growing alternative crops were dismissed by growers. The small family-owned farms of the region can't compete with the large scale vegetable growers in the midwest and western states, said Meade.

Meade, who operates a 45-acre farm, said neighbors' attempts to make a living from tomatoes and other crops have met with failure.

Scott County alone produces $8 million worth of tobacco a year. The county also benefits from Tennessee's higher sales tax, racking up substantial profits from the sale of tobacco products carried back across the state line.

The parade of speakers predicted a dismal future for Scott and other tobacco-producing counties if Congress passes the tax increases. "Without tobacco, we are going to have to close schools," said I.E. Horton of Fairview, Va.

State and federal representatives told the group they would do what they can to fight the proposal. Delegates Terry Kilgore, R-Gate City and Bud Phillips, D-St. Paul, were joined by U.S. Sen. Bill Wampler, R-Bristol; Carlton Courter, Virginia commissioner of agriculture; and Rebecca Coleman, district administrator for U.S. Rep. Rick Boucher, D-Abingdon. Steve Fast, R-Tazwell, a Republican who hopes to unseat Boucher in the November election, also spoke.

No hasty decisions

I am very much in agreement with Dr. Micha's comments (letter April 11) about the need for malpractice and tort reform, something many years overdue.

I take exception with the doctor about HMOs. The rate of health care costs in the private sector has actually been declining, partly because businesses have successfully challenged excessive fees, but mostly due to the growing popularity of HMOs. My husband and I, both retired, have been members of an HMO for five years and have been very happy with it. This may not be the answer for everyone — and shouldn't have to be — but it has worked very well for us.

At the same time, Medicaid and Medicare are both spiraling out of control, and "fraud drains more than $80 billion each year from legitimate needs." (This from our first lady in her foreword to the President's Health Security Plan.) The Clintons see this as further proof that we need to nationalize health care, but since the government is already in charge of the part that is in trouble, does it make sense to turn over the control of the part that is beginning to solve its own problems?

What we need more than anything else is some open and honest dialogue, something that so far has not been forthcoming from either of the Clintons. I hope our members of Congress will not let themselves be stampeded into making hurried decisions just to meet the president's timetable.

Phyllis Baughn
Selma

Midlands News

Wednesday, April 20, 1994 Page 13

Health Study May Be Out of Date

BY PAUL HAMMEL
WORLD-HERALD BUREAU

Lincoln — An advocate for President Clinton's health-care plan and a spokeswoman for Mutual of Omaha said Tuesday that the reform plans now being debated would hurt the insurance industry less than the president's original plan.

They commented after the release Monday of a preliminary state study that said Nebraska's health-insurance industry would lose jobs and income, small-business expansion would be discouraged and all companies would face more red tape if the Clinton plan were adopted.

The study was made public over Gov. Nelson's objection. A lawsuit had challenged his decision not to disclose it.

The insurance industry "will get out of this debate relatively unharmed," said Rich Lombardi of Lincoln, state director for the National Health Care Campaign, a lobbying effort funded by the Democratic Party.

Lombardi and Kathy Olson, a spokeswoman for Mutual of Omaha, agreed that the mandatory health alliances originally proposed by Clinton were dead. The alliances would be agencies from which most businesses and individuals would buy insurance.

That, they said, would help retain the market for individual health insurance plans supplied by Mutual and other carriers.

"I think we've made a lot of progress in educating people in Washington," Ms. Olson said.

"Jobs will change," she said. "Whether or not jobs will be lost will be impossible to say until we know what will happen."

The study, prepared by the Nebraska Department of Economic Development, said that as few as two of the state's 28 health insurance carriers would survive under Clinton's original health-care reform plan.

It predicted dire consequences for Nebraska's insurance carrier industry, which employed 8,656 workers and had an annual payroll of $240 million in 1991.

The study was prepared as part of Nelson's efforts to assess the consequences of the Clinton plan on the

That effort was criticized when Nelson refused to make pub staff's estimates on the Clinton impact on state spending.

Nelson said the estimates were ingless because the Clinton pl originally proposed, was dead. To public the estimates, Nelson said, only "add insult to injury" to the dent's proposal.

Former State Sen. John DeCa Republican candidate for governo

Please turn to Page 15

Nelson Cu Additiona $9.8 Millic

Spending Vetoes Total $16.8 Millic

BY BILL HORD
WORLD-HERALD BUREAU

Lincoln — Gov. Nelson vetoed spending totaling $9.8 million ov

Health-Plan Study May Be Out of Date

Continued from Page 13

a lawsuit challenging Nelson's decision.

Nelson relented, releasing a one-page summary estimating that state spending would increase $21 million over three years until the state began saving money in the 2000.

Nelson, an early supporter of President Clinton, denied that the decision to withhold the document was political.

DeCamp pressed on with his lawsuit, seeking documents used to devise the one-page summary.

Monday, state officials released hundreds of pages of documents to DeCamp and to The World-Herald.

Among the papers was an eight-page report about the Clinton plan's economic impact on the state's insurance industry, which ranks second nationally in per-capita employment.

It was stamped with the word "draft" and did not provide specific estimates about how many insurance company jobs would be lost or which companies might survive.

Ken Lempke, the economist who prepared the draft, called the report "a very, very early analysis of what could happen."

He said that because details from Washington were lacking, it was impossible to give exact estimates of the economic impact of the Clinton plan.

But, Lempke said, it was clear that the Clinton plan would dramatically affect the state's insurance industry and the state as a whole.

Tuesday, Lombardi said estimates of huge job losses have been rendered meaningless because of shifts in the health-care debate nationally.

He said the insurance lobby has won significant concessions from the Clinton administration, including the elimination of the mandatory alliances, which would have shifted business to health maintenance organizations and away from private insurance firms.

"Obviously, the insurance industry is going through very significant changes and they're adapting to the new environment," Lombardi said. "I think you can be very confident that you won't see those types of job losses."

One key component of the Clinton plan — universal coverage — will bring 40 million new insurance customers to the insurance companies, he said.

"How is the health insurance industry going to lose with 40 million new customers?" Lombardi asked.

Ms. Olson agreed that the industry had won changes in the proposed reforms.

By the end of the year, she said, the debate should be focused on one or two plans. That will enable companies to better assess the impact of reforms, Ms. Olson said.

Judge Scolds, Sentences Feedlot Figure

Continued from Page 13

major shareholder in Eisenmenger Farms.

John and Joe are brothers of Jerry Eisenmenger. James Eisenmenger is their father.

J&E Cattle Co. and Jerry Eisenmenger filed for Chapter 7 bankruptcy protection in July 1992 to liquidate its assets. After the lawsuits were filed, Eisenmenger Farms Inc. sought Chapter 11 bankruptcy protection to reorganize the business and pay creditors.

All the civil lawsuits have been settled or have been frozen under the provisions of the federal bankruptcy code.

About $300,000 of the $2.2 million taken from investors has been repaid or will be repaid under the bankruptcy proceedings, Semisch said.

Shanahan ordered Jerry Eisenmenger to repay investors the remaining $1.9 million.

Shanahan gave Eisenmenger the maximum sentence prescribed by federal sentencing guidelines.

The judge said he did not fine Eisenmenger because the money should go to repay the investors. Eisenmenger faced a maximum fine of $50,000.

Before he was sentenced, Eisenmenger read a brief statement as his wife and several members of his family looked on from the back of the courtroom.

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DITORIAL

A foot soldier in a frustrating war

In the battle for comprehensive health care reform, Candice Owley considers herself a loyal soldier in Bill Clinton's camp.

But she admits it's been a frustrating job.

Owley, a Democrat, is president of the Wisconsin Federation of Nurses and Health Professionals. She also is coordinating the Wisconsin Health Care Reform Project, a nonpartisan coalition of consumers, labor, health care providers and state citizens who want Congress to change the nation's health care system in a big way.

REPORTER'S NOTEBOOK

Julie Sneider

Not all project members have endorsed Clinton's Health Security Act. But they do stand for principles similar to what Clinton has called for: permanent health care coverage for all Americans; a requirement that employers pay for part of their employees' coverage; cost containment; and a national overhaul of the health care system, rather than minor tinkering.

Owley is out there trying to sell Clinton's plan. For the past several months, she's given her pitch to unions, senior citizens, veterans groups, health care organizations, even a few business groups and associations. She's faced tough cynics. She'll talk to anyone who'll listen.

It hasn't been an easy assignment.

"It's the most complicated piece of legislation any one of us has ever seen," Owley admitted. "Here is something that affects every single person we know. It affects our health and our economics. And it's so daunting to try to explain."

Owley said many of the people she's talked to are confused, uncertain or downright frightened by it.

Owley also believes that many people have gotten their information about the plan from Harry and Louise, the fictitious married couple featured in the insurance industry's television commercials opposing Clinton's plan.

"People would say things like, 'I don't know about these health alliances,' when in fact, they didn't even know what a health alliance was," Owley said. "Or they'd say, 'There has to be a better way,' even though for a million dollars they couldn't explain how the Clinton plan worked."

When Owley asks people what they do want out of health reform, many say things like affordable, comprehensive health insurance that you can't lose when you change jobs; lower health care costs; and laws that stop insurance companies from dropping you because you file a claim or have a preexisting condition. All those things are goals in Clinton's plan, she points out.

That's what a Wall Street Journal poll found several months ago, too. Asked whether they supported Clinton's health plan, many said no. Asked whether they supported many of the president's health reform goals — without knowing they were his — many said yes.

That's because the Clintons have done a lousy job explaining and selling their idea. Bill and Hillary were too slow in defending themselves against Harry and Louise.

Owley hates to admit it, but that's been the most frustrating thing for her and other soldiers like her.

The White House seems to be figuring that out. At recent town hall forums and personal appearances, including one in Milwaukee this week, Clinton finally stood up for his plan with the same passion that many of his own supporters have had for months.

"I think the White House really took to heart the Wall Street Journal article," Owley said. "It made them realize that if they put the right message out, if they have a better way to explain their proposal and not get bogged down in minutiae, people will respond in a positive way."

Still, Clinton supporters may have to wonder: Has their leader's change come too late?

Rivals Wagnon and Slattery battle over health care

His proposal is too weak, she says. It's realistic, he replies.

By STEVE KRASKE and JOHN PETTERSON
Staff Writers

Joan Wagnon went on the offensive again Monday, charging that Jim Slattery, her chief rival for the Democratic nomination for Kansas governor, was proposing a flawed health-care plan.

Wagnon, a state lawmaker from Topeka, said Slattery's proposal fails to cover all Kansans.

"I think he's a day late and a dollar short with solutions for Kansas," Wagnon said at a press conference in Kansas City, Kan.

At his own press conference later in Topeka, Slattery defended his plan, calling it a realistic compromise between competing proposals, including President Clinton's.

He said Clinton's plan does not have enough support to pass this year.

Although Slattery's plan would not provide coverage for all Kansans, it would offer insurance for thousands of state residents who can't get coverage now, the sixterm congressman said.

"This certainly takes a giant, historical step in the right direction," he said of his plan.

Slattery announced last week that he would sponsor his own


Wagnon


Slattery

health-care package. Despite a recent visit to Topeka from President Clinton, the congressman said he would not support the president's plan nor one from Rep. John Dingell, who is developing a compromise proposal.

But Wagnon said Slattery wasn't doing enough. She accused Slattery of failing to provide leadership on the issue.

"He's on both sides of every issue. He's a fence-sitter," she said.

Slattery disputed that, saying his plan is "well thought out" and "achievable."

He said that while he was from the conservative wing of the Democratic Party, Wagnon was from the "tax and spend" branch.

The exchange was the sharpest between the two since February, when Wagnon criticized Slattery's votes against popular programs for children and families.

Since then, Wagnon's campaign has made few headlines. One factor may have been her decision to switch campaign managers after her first manager became ill.

Slattery has said he cannot accept any plan that requires employers to help pay health insurance coverage of their employees. He backs a "managed competition" approach in which market forces control health-care costs.

Wagnon held her press conference in front of a Kansas City, Kan., drugstore to emphasize her point that Slattery's plan would not slow the soaring cost of prescription drugs.

Wagnon had other problems with the plan as well. Chief among them is the proposal's failure to guarantee coverage for all.

"It is not universal coverage," she said.

Wagnon said she could accept [illegible] requiring employers to pay at least part of the cost of insurance for their workers. [illegible] be [illegible] spread the burden [illegible].

However, Wagnon [illegible] a plan that would give [illegible] flexibility to design [illegible] own systems.

Slattery acknowledged [illegible] plan doesn't go as far as Clinton's. But he said the employer mandate financing mechanism that would pay for the president's plan lacks support in the Senate.

Without mentioning Wagnon by name, he said some critics of his plan have been reacting to it "based on some incomplete information."

AROUND KANSAS CITY

Woman is nearly strangled

OLATHE

Boy struck by automobile

A 4-year-old Olathe boy was injured Monday evening when he ran into the path of a car, police said.

JACKSON COUNTY

Youth injured by steel bar

A Kansas City youth was in intensive care after being hit in the head with a steel bar on Sunday near

Missouri watches for bad weather;

Poor economy blamed for loss of health benefits

■ Most Californians become uninsured because of job loss, according to a consumer advocacy organization.

By Diana Sugg
McClatchy News Service

Brendalee Combrink and her husband had to pay $20,000 to provide medical care and health insurance for their son in 1992.

Betty Goodall lost her health insurance and burned through her $3,000 in savings when the Rio Linda company she worked at for 16 years closed down.

And when another Sacramento woman lost her health insurance recently, she found herself borrowing pills from a friend and lying on county forms to qualify for help because she needed medication.

Like many others, the woman made too much money to get government help, but not enough to afford insurance premiums on her own.

Her new job doesn't offer health insurance.

"I feel like some sort of fugitive ... going from one source to another, trying to make ends meet," said the well-educated woman, who did not want to be identified.

"I'm thinking, 'My God ... this should not be happening to me.' "

But like 312,000 other Californians every month, she now was among the uninsured.

And like many of them, it was because she was laid off her job, according to new research released Thursday by Families USA, a consumer advocacy organization that is pushing for health reform.

The study, funded by the Robert Wood Johnson Foundation and released locally by California Citizen Action, analyzed what factors led Americans to lose their health insurance.

According to the study, 22.6 percent of them could point to job loss.

Another 22 percent lost out when they changed jobs, and about 16 percent stayed in the same job but lost coverage because their employer dropped it, the employee couldn't afford his or her share, or the insurance company cancelled it or went out of business.

Still, nearly 60 percent of California's uninsured work full time, according to a UCLA health policy report.

At 22.2 percent uninsured, California posts one of the highest rates of uninsured in the country.

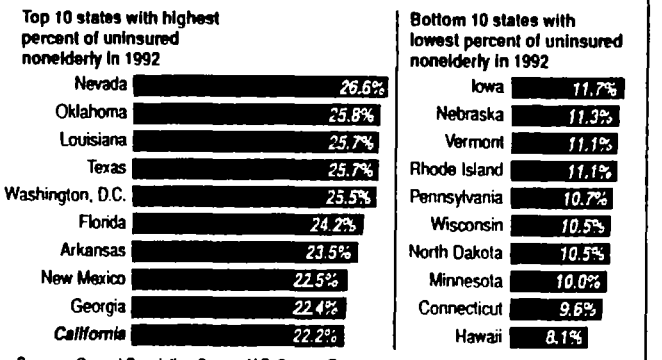
Matthew Holt, research manager at the Institute for the Future, a think tank in Menlo Park, says California's numbers are higher because the recession hit the state much harder than other areas of the country.

Southern California was particularly affected.

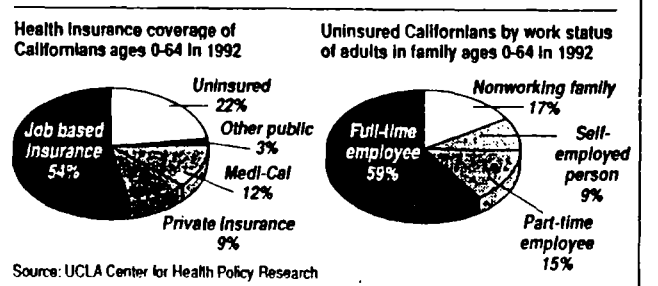
Rates of uninsured in the Los Angeles area are as high as 26 percent, in San Diego's it's about 21 percent, Sacramento's is 13.7 percent and the Bay Area 14 percent, he said.

Health insurance coverage

California is among the bottom 10 states in health insurance coverage. Over one in five Californians has no health insurance.



Sources: Current Population Survey, U.S. Census Bureau, analyzed by Employee Benefit Research Institute.



Source: UCLA Center for Health Policy Research

McClatchy News Service

A pink slip away from health care

■ That's how many Americans lose insurance.

By Michael Doyle
Bee Washington bureau

WASHINGTON — Bill Pratt of Fresno lost his health insurance in February, and now he's afraid of medical catastrophe.

Don Catalano of Patterson lost his health insurance three years ago, and now he's out thousands of dollars in payments for his sick children.

They are among the estimated 3.7 million Californians who lose their health insurance annually, according to a new study.

"Middle-class Americans are just one pink slip or a job offer away from losing their health insurance," said Ron Pollack, executive director of Families USA.

Families USA billed its study as the first-of-its-kind look at how an estimated 27 million Americans lose their health insurance each year.

It was really the latest-of-its-kind bid to build political support for President Clinton's health care reform package.

The big Democratic guns assembled for the report's release:They included Senate Majority Leader George Mitchell of Maine and House Energy and Commerce Committee chairman Rep. John Dingell of Michigan.

Uncommitted Rep. Richard Lehman, D-North Fork, is one of three committee Democrats that Dingell must win over to keep a modified form of President Clinton's health reform bill alive.

Pratt, 44, formerly managed the San Joaquin Surgical Center in downtown Fresno.

The center closed in December, and in February Pratt lost the last of his coverage. He says his $230-a-week unemployment checks won't let him afford $230-a-month insurance premiums he otherwise is eligible for.

Catalano of the Stanislaus County town of Patterson lost his insurance when he was laid off from his engineering job. Since then, he and his wife Rita have paid over $5,000 to pay for care for their son and daughter.

The study found that of Americans who've lost their insurance, 23 percent lost it because they were out of a job and 22 percent lost it after a job change.

Twenty percent lost their nonemployer coverage for a variety of reasons — insurers canceled the coverage, or premiums became unaffordable — and 10 percent lost insurance when they went off Medicaid and found nothing to replace it.

No hasty decisions

I am very much in agreement with Dr. Micha's comments (letter April 11) about the need for malpractice and tort reform, something many years overdue.

I take exception with the doctor about HMOs. The rate of health care costs in the private sector has actually been declining, partly because businesses have successfully challenged excessive fees, but mostly due to the growing popularity of HMOs. My husband and I, both retired, have been members of an HMO for five years and have been very happy with it. This may not be the answer for everyone — and shouldn't have to be — but it has worked very well for us.

At the same time, Medicaid and Medicare are both spiraling out of control, and "fraud drains more than $80 billion each year from legitimate needs." (This from our first lady in her foreword to the President's Health Security Plan.) The Clintons see this as further proof that we need to nationalize health care, but since the government is already in charge of the part that is in trouble, does it make sense to turn over the control of the part that is beginning to solve its own problems?

What we need more than anything else is some open and honest dialogue, something that so far has not been forthcoming from either of the Clintons. I hope our members of Congress will not let themselves be stampeded into making hurried decisions just to meet the president's timetable.

Phyllis Baughn
Selma

Health-care plan proposals

There are six major plans under consideration. Here are the highlights:

Issue	[redacted]	Health Security Act Clinton/Gephardt/Mitchell	[redacted]	Managed Competition Act of 1993 Cooper/Breaux	[redacted]	Consumer Choice Health Security Act of 1993 Nickles/Stearns
Coverage and approach	Universal, mandatory coverage of all citizens and legal residents by 1995 through a "Canadian-style" single-payer system of federal government-sponsored health insurance administered by states.	Universal, mandatory coverage by 1998 of all citizens and legal residents who do not receive Medicare, through a system of subsidized private group health insurance administered by states and purchasing alliances. Financed through a combination of individual, employer and federal payments and state contributions for the poor and small employers.	Universal, mandatory coverage by 2005 of all citizens and legal residents who do not receive Medicare through a system of subsidized private group health insurance administered by states and purchasing alliances. Financed through a combination of individual premiums, voluntary employer premiums and federal and state contributions for the poor and small employers.	Universal, voluntary coverage through group-purchased private insurance for those not covered by Medicare through a system administered by states and regional purchasing pools. Financed through individual and voluntary employer contributions, state and federal subsidies available for the poor and small employers.	Improved access to private health insurance for those not covered by Medicare through insurance reforms and through a new program of insurance subsidies for Medicaid beneficiaries and the poor.	Mandate to individuals not eligible for Medicare to purchase private health insurance, through system administered by federal government and financed through individual premiums and subsidies for the poor.
Benefits/ cost-sharing	Comprehensive, explicitly defined benefits package covering primary, acute and long-term care, with no cost-sharing.	Explicitly defined benefit package consisting of primary and acute benefits, with specific permissible cost-sharing levels. Health insurance benefits supplemented with services for those with developmental, chronic and long-term care illnesses through continuation of Medicaid and a new long-term care block grant.	Broadly described benefit package; legislation indicates several categories of items and service coverage, with an emphasis on primary and acute care benefits. Cost-sharing permitted.	Coverage rules left to a national commission, which is given broad direction to develop within certain guidelines that ensure coverage of preventive and diagnostic services. Cost-sharing permitted.	Broadly defined minimum requirements for standard and catastrophic benefit packages to be offered by employers and also made available to individuals, with authority delegated to a national commission to develop coverage standards. Benefits not stated in terms of defined content but rather in terms of value. Cost-sharing permitted.	Broadly defined categories of benefits that must be offered by participating health insurance plans, with authority in HHS and state insurance commissions to develop and enforce standards. Cost-sharing permitted.
Financing	Insurance coverage and other reforms financed through a combination of new taxes, consolidation of Medicare and federal Medicaid expenditures, state contributions and premiums for long-term care.	Insurance coverage financed through mandatory employer contribution, individual premiums, state and federal contributions, reductions in Medicare and Medicaid spending, taxes on large corporations and cigarette tax. Other provisions financed through special taxes on insurers and general revenues.	Insurance and other reforms financed through individual contributions, voluntary employer contributions and Medicare and Medicaid spending reductions. Other reforms financed through general revenues.	Insurance financed through individuals and voluntary employer contributions and Medicare and Medicaid spending reductions. Other reforms financed through general revenues.	Insurance financed through individual and voluntary employer contribution and through Medicare and Medicaid spending reductions. Other reforms financed through general revenues.	Insurance financed through individual contributions and through Medicare and Medicaid spending reductions. Other reforms financed through general revenues.
Cost containment	Enforceable federal budget accompanied by the elimination of private insurance and government spending controls over pricing.	Enforceable federal budget for insurance premiums paid by employers, individuals and the federal and state government, supplemented with reforms designed to increase price competition among private insurers. Limitations on the deductibility of private insurance premiums to spur competition, accompanied by Medicaid and Medicare spending reductions.	Increased price competition among insurers through market reforms. Limits on the deductibility of [redacted]	Increased emphasis on price competition through insurance market reform, accompanied by limits on the deductibility of private insurance costs. Medicaid is repealed and replaced with low-income assistance capped program. Medicare spending is reduced, and all federal contributions for state long-term care Medicaid programs are ended.	Increased emphasis on price competition through market reform. Reductions in Medicaid spending through caps on the cost of acute care and the creation of a capped health allowance program. Medicare spending reductions proposed.	Termination of employer insurance expense deductions and employer exclusion, limitations on the deductibility and favorable tax treatment of individual tax expenditures. Caps on federal payments for Medicaid acute care coverage expenses, other Medicaid spending reductions and Medicare savings.
Medicare	Consolidated with new insurance plans.	Retained, but with state option to consolidate with new plan.	[redacted]	Retained.	Retained.	Retained.
Medicaid	Consolidated with new insurance plan.	Partially consolidated into new system with respect to those Medicaid benefits now covered by the health benefit plans. Medicaid benefits not covered by health plans generally still available.	[redacted]	Repealed and replaced by low-income assistance program. Responsibility for Medicaid services not covered by health plans relegated entirely to states without federal financial participations.	Revised to give states authority to purchase private insurance for Medicaid beneficiaries and the poor. Medicaid spending capped.	Medicaid revised to permit states to buy insurance for beneficiaries and the poor. Medicaid spending capped.
Access to care	A defined portion of health budget allocated to resource development for underserved.	Requests funding for resource development for underserved.	Requests funding for new resource development for underserved.	A defined portion of health budget allocated to resource development for underserved.	Requests funding for new resource development for underserved.	Requests funding for new resource development.

Source: Kaiser Commission on the future of Medicaid.

The Fresno Bee

April 24 1994

HEALTHY DEBATE

Everyone talks about it — just try to explain it

■ Some aren't sure about the details, but they do know what they don't want.

By Jerry Blair
and Felicia Cousert
The Fresno Bee

Betty Hampton doesn't trust it. Dan Conner doesn't want it. "Bud" Cluonan doesn't see a way around it.

Talk about health-care reform is everywhere these days: at work, at the dinner table, at social gatherings.

Almost everyone knows what they would like in a health-care plan, but they are unsure whether they want government to provide it and how much they are willing to pay.

Health care is in the news daily. The public is bombarded with information. Consumer groups rally, news conferences are held, talk show hosts and advertisements urge people to call members of Congress.

But most of the hoopla over health care is being generated by special interest groups like

Please see Reform, Page A21

Reform: Americans have a healthy interest in know

Continued from Page A1

the insurance industry or consumer organizations, backers of various plans. While the issue clearly is on the American public's mind, the noise most often is being made by those who purport to speak for the public.

The truth is it would take the wisdom of Solomon to understand and unravel the $1 trillion health-care industry and the problems that have generated this year's great debate.

Polls show that most voters do want some reform of a system that accounts for 15 percent of the gross national product and continues to grow.

Skyrocketing costs, insurance company profits, managed care, universal coverage, health maintenance organizations, employer mandates — all are part of the health-care debate.

Good for Congress?

When Congress finally passes a health-care reform measure — possibly by August — the thing to watch is whether Congress gives itself the same health care it gives the American public. The issue is being watched closely by liberals, conservatives and those in between.

What Congress likely will pass and already is working on, observers say, is a compromise health-care plan that draws on all of the major proposals before it, including President Clinton's health-care reform package, a Canadian single-payer-type plan and a free market plan.

Most of the bills before Congress would benefit people like Betty Hampton, 62, of Fresno.

Her husband, Howard, is 73 and is on his third heart pacemaker. He is covered by Medicare, which is for the elderly, and Medi-Cal, which helps those on low incomes.

But Betty Hampton is uninsured. The couple cannot afford a private plan to cover her, so she is waiting the three years until she's eligible for Medicare.

But what if something happens to her before then?

"I guess I'll go to emergency, and someone will have to do something," she said. "Thank God our house is paid for."

She wants to choose

But she doesn't welcome a change in the health system.

More government intervention is the last thing Hampton wants, especially as a senior citizen. She says she doesn't trust the government to handle such a complex problem — even though her husband's health care is delivered by two government programs.

"They're going to tell us what [illegible] and what they [illegible] said. "I want to [illegible] choose who I want to [illegible] I want to choose the [illegible] that I need."

[illegible], a real estate broker, is a [illegible] who is "unequivocally" opposed to the Clinton health plan.

"I've never found government to be a solution to private problems," he said. "If that bill passes, it's going to be like going to the DMV — take a number, wait in line and do to you what they think you should have."

Conner, 48, said he and his wife are covered by a private insurance carrier, and he is satisfied with that coverage. He doesn't want to lose what he has.

"Freedom of choice is what our government is all about. I'm real happy with the plan just the way it is. The reason is I like to choose my own physician, and my plan allows me to do that," Conner said. "I'm not real interested in someone mandating the degree, quality and location of my health care."

Conner, the president of London Properties, also said he doesn't want to see small businesses required to provide coverage "because I don't want to see small-business people regulated to the point where literally jobs are at stake."

If the government insists on a plan to cover everyone, Conner said, "the government should be willing to pick up the tab."

Universal coverage

E.C. "Bud" Cleeman, a Republican, said universal coverage was inevitable. He's made a point of calling Rep. Richard Lehman, D-North Fork, to tell him to support the Clinton plan.

Lehman is a member of the Energy and Commerce Committee, one of three House committees playing a major role in health reform legislation.

Lehman has been bombarded with telephone calls and advertisements urging him to vote one way or another. He said he will make his decision based on [illegible] what's in a bill, not "what's in the paid media."

Cleeman is 73, retired from Pacific Bell and describes his lifestyle as comfortable. He gets coverage through Medicare and benefits from his old job.

Cleeman supports mandatory universal coverage because he believes it's happening already.

"When [the poor] go to emergency, we pay for it. So we might as well have universal health care. We're paying for it anyway," he said.

To pay for it, Cleeman said taxes will have to be raised. He favors a federal sales tax of one or two cents so that everyone pays into the system. He also says more should be done to uncover government waste to pump money into health care.

How can Americans tell which plan is best for them?

The Employee Benefit Research Institute, a nonpartisan, Washington, D.C., research organization, says it's difficult for consumers to determine whether they are winners or losers under any given health plan because most of us are unaware of the costs or benefits of the care we are now receiving.

"As a result, the political ramifications of health reform may depend on the extent to which consumers become educated about the present system," the institute says in an analysis of the health-care plans.

The following is a brief synopsis of the major bills before Congress, including President Clinton's. Most experts predict that the final health-care reform legislation will be based on parts from each of the proposals.

■ Clinton plan: The president wants to set up a system of regional and corporate alliances, require employers to pay a portion of employee health premiums, establish a standard benefits package and set a national budget target to control health-care costs.

The plan seeks to give every American health insurance by mandating that every citizen and legal resident enroll in a health plan and pay a portion of the premium.

Each state would be responsible for setting up alliances.

It would require employers to pay 80 percent of workers' premiums. Big business would not have to pay more than 7.9 percent of payroll; small business no more than 3.5 percent. It also raises tobacco taxes.

■ McDermott-Wellstone plan: Rep. Jim McDermott, D-Wash., is a doctor who has submitted a single-payer proposal to Congress. Although the bill is not expected to pass, it has gained public support and the support of some doctors' groups, notably the American College of Surgeons, and has been endorsed by nearly 100 members of Congress.

Under the bill, every U.S. citizen would be covered through a single-payer system in which each state would act as the "single payer" of health claims submitted by private doctors, hospitals and other health-care providers.

The plan would be financed through a variety of tax increases, including a 2.1 percent tax on taxable income for individuals, a payroll tax of 4 percent for small businesses and a 8.4 percent for large businesses. It would increase taxes on tobacco, handguns and ammunition.

■ Cooper-Breaux and Chafee-Thomas plans: Both of these bills fall under the so-called managed competition form of health care, which Clinton also proposes.

The Cooper-Breaux bill would reorganize the health-care market by creating purchasing cooperatives for unemployed individuals and employees and their dependents for businesses with fewer than 100 employees.

It does not mandate universal coverage. It relies on market forces to constrain health-care cost inflation, assumes Medicare savings and imposes a 1 percent premium on health plans.

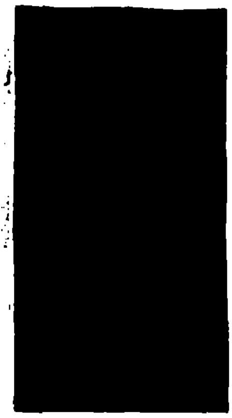
The Chafee-Thomas bill woul[d] allow states to establish voluntary purchasing cooperatives an[d] encourage the establishment o[f] medical savings accounts.

It promotes universal coverag[e] by guaranteeing eligibility, by barring providers from denying coverage based on an applicant's health or pre-existing condition and requires that all individuals obtain health-care coverage by 2005.

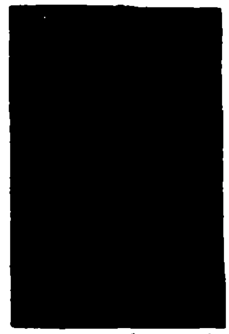
It requires employers to offer health plans, but does not require them to contribute to the cost of coverage. It assumes Medicare and Medicaid (Medi-Cal) savings.

■ Michel-Lott, Nickles-Stearns and Gramm plans: All of these bills fall under what is called the individual market plan that changes tax codes to provide incentives for citizens to purchase health insurance and removes the incentives for purchasing insurance through employer-based plans.

The Michel-Lott bill would institute insurance reforms, create a mechanism for states to establish voluntary purchasing coop-



Committee chairman. Rep. [



Associated Pr[ess]

Key lawmaker. Rep. John Di[ngell] holds a copy of President Clinton's Health Security Car[d]

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The Michel-Lott bill would institute insurance reforms, create a mechanism for states to establish voluntary purchasing cooperatives and encourage the establishment of medical savings accounts.

It would promote universal access to health-care insurance but not mandate it. Employers would not be required to contribute to the cost of health insurance.

It would phase out Medicare coverage for the elderly with incomes of more than $100,000 and increase federal worker retirement age from 55 to 62.

The Nickles-Stearns bill would place a mandate on individuals to purchase health insurance but end employment-based coverage. The penalty for not purchasing health insurance would be to not allow personal exemptions in calculating income tax.

Thus the penalty would be dependent upon an individual's filing status and income. It would require that employers who currently pay health insurance pay employees higher wages in lieu of the previously provided premiums.

The Gramm bill would institute insurance reforms, create a mechanism for small businesses and other organizations to group together to pool health insurance purchases and encourage medical savings accounts.

There are no mandates in the Gramm proposal.

Individuals between jobs could make penalty-free withdrawals from individual retirement accounts, or IRAs, to pay for insurance coverage.

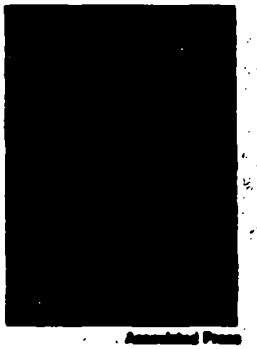
Medicare recipients could opt for the new system, but their decision to drop Medicare would be final.

Experts stress that the final bill to come out of Congress will be a compromise, a composite of the various proposals. Most agree it will provide coverage for all Americans and will give states the option of choosing their own health systems.

But most importantly, according to the Employee Benefit Research Institute analysis, "In the long run, the success or failure of health-care reform will depend on its effectiveness in reducing the rate of health-care cost inflation without reducing the quality of care."

Associated Press

Committee chairman. Rep. Dan Rostenkowski speaks about health reform Friday in Boston.



Associated Press

Key lawmaker. Rep. John Dingell holds a copy of President Clinton's Health Security Card [illegible]

The five committees

Five congressional committees are tackling health-care reform as part of a process that could take months.

Three committees are studying the issue in the House of Representatives: Ways and Means, chaired by Dan Rostenkowski, D-Ill.; Energy and Commerce, chaired by John Dingell, D-Mich.; and Education and Labor, chaired by William Ford, D-Mich.

By the end of May, each wants to have passed a separate measure through its committee.

Congressman Richard Lehman, D-North Fork, serves on the Energy and Commerce Committee.

Two committees in the Senate also are working through the various health packages: Finance, chaired by Daniel Moynihan, D-N.Y.; and Labor and Human Resources, chaired by Edward Kennedy, D-Mass.

The Senate committees also hope to have measures ready by early summer.

Optimists hope that the health bills can be combined and a final version passed and sent to President Clinton before Congress adjourns in August.

That would require many compromises in committees, between the House and Senate and between Democrats and Republicans.

Nation

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

White House enlists Kansans as lobbyists

The Associated Press

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

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

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

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

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

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

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

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

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

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

SMALL
BUSINESS
COALITION ■ FOR HEALTH CARE REFORM ■

413 NORTH LEE STREET
ALEXANDRIA, VA 22314
(703) 836-7900

FOR RELEASE:
Tuesday, May 3, 1994

Contacts: Todd Dankmyer
(703) 683-8200

Phil Schneider
(703) 836-7900

SMALL BUSINESSES NATIONWIDE UNITE IN SUPPORT OF HEALTH CARE REFORM

A strong voice on behalf of the nation's small business owners and operators was raised today in the national effort to achieve comprehensive health care reform for all Americans.

At a news conference today on Capitol Hill, representatives of more than 340,000 businesses--with more than 3.1 million employees--unveiled the Small Business Coalition for Health Care Reform. The group is dedicated to ensuring the needs of smaller companies are addressed as Congress crafts health care reform. Also participating in the news conference were Senate Majority Leader George Mitchell (D-ME), Senator Thomas A. Daschle (D-SD), House Majority Leader Richard A. Gephardt (D-MO) and Rep. John J. LaFalce (D-NY).

Charter members of the Coalition include the American Institute of Architects; Architects/Designers/Planners for Social Responsibility; Institute for Business Designers; Institutional and Municipal Parking Congress; National Association of Chain Drug Stores; National Association of Retail Druggists; National Council for Non-Profit Associations; National Farmers' Union; National Federation of Business and Professional Women's Clubs, and the Owner-Operator Independent Drivers Association. Additionally, in the last two weeks, 237 individual business owners from across the country have expressed their support for health care reform.

"Before making decisions on which health care plan to support, we ask that small business owners calculate what the President's plan will mean to their bottom line. We're confident that the facts will show a positive result. Many small firms who currently provide health insurance to their employees actually will save money under the Health Security Act. In fact, the Wall Street Journal recently predicted that the President's plan would provide a financial windfall for small business," he said.

A recent survey conducted by the National Federation of Independent Business found that 70 percent of small business owners support insurance coverage for everybody and nearly two-thirds would like to provide better coverage for their workers.

"Small business has been ill-served by those who spread rumor and misinformation and don't communicate the facts. The more small business owners learn about health care reform, the more they will support it." Peck said.

Other Coalition members participating in the news conference were: Ruth Jones, a truck owner and operator from Grain Valley, Mo.; Garth Sherriff, Sherriff Associates, Los Angeles and president of Architects/Designers/Planners for Social Responsibility; Tom Giessel, a wheat farmer and vice president of the Kansas Farmers Union; Phillip Schneider, director of public affairs, National Association of Chain Drug Stores; and Todd Dankmyer, senior vice president, NARD (National Association of Retail Druggists.)

# # #

SMALL
BUSINESS
COALITION ■ FOR HEALTH CARE REFORM ■

413 NORTH LEE STREET
ALEXANDRIA, VA 22314
(703) 836-7900

Fact Sheet

HEALTH CARE REFORM
THAT'S RIGHT FOR SMALL BUSINESS

America has the top doctors, the finest hospitals and the best health care providers of any country in the world--but the bill for these critical services is spiraling out of control. Hospital fees are skyrocketing, insurance companies are raising premiums, drug makers are charging outrageous prices for prescription drugs, while endless paperwork and administrative burdens all combine to send costs through the roof.

Millions of Americans live in fear that they will lose their health care coverage--and millions don't have any insurance at all because they can't get it, or can't afford it.

The Health Security Act takes giant steps toward solving these problems and strengthens what is right with our health care system and fixes what is wrong.

THE FACTS AT A GLANCE

The Problem:

- More than 90% of small business owners agree that health care is becoming prohibitively expensive and is a serious business problem,*
- Nearly 70% of small business owners want to offer their employees better health care benefits and agree that all Americans have a right to basic health insurance.*
- Small businesses now pay 35 to 50% more than large firms for the same insurance. Large corporations can offer more benefits at a lower cost putting the smaller firm at a great disadvantage.

*Source: National Federation of Independent Business

Just the Facts 3

- Small business will no longer have to pay extra in their overall premium costs to provide for the uninsured.

- Firms that currently provide health benefits will likely pay substantially less for employee coverage due to falling administrative costs and lower premium rates.

- The average wage among firms that currently don't provide coverage is $7,500 per year. Under the President's plan the cost for covering a worker would be only 70 cents per day.

- While workers will share in the cost of health care premiums there is a sliding scale for employer contribution ranging from 3.5% of payroll to a maximum of 7.9%, depending on the number of employees and salary levels.

- The Clinton Plan allows individuals to transfer insurance benefits from workplace to workplace. No longer will anyone have to worry about losing benefits through moves or job changes.

- Independent contractors and the self-employed will be able to deduct 100% of the cost of their insurance plan from their taxes, just as other businesses do now and will continue to do.

SMALL
BUSINESS
COALITION ■ FOR HEALTH CARE REFORM ■

413 NORTH LEE STREET
ALEXANDRIA, VA 22314
(703) 836-7900

SMALL BUSINESS COALITION FOR HEALTH CARE REFORM

On May 3, 1994 the formation of the Small Business Coalition for Health Care Reform was announced. Initial members of the Small Business Coalition for Health Care Reform include:

America Institute of Architects
Architects/Designers/Planners for Social Responsibility
Business and Professional Women
Institute of Business Designers
Institutional and Municipal Parking Congress
National Association of Chain Drug Stores
National Association of Retail Druggists
National Council of Non-Profit Association
National Farmers' Union
Owner-Operator Independent Drivers Association

The initial members of the Small Business Coalition for Health Care Reform represent over 340,000 individual businesses which employ over 3.1 million people:

Additionally, since mid-April 237 individual small businesses have expressed their support for health care reform which guarantees health security for all contains health care costs, simplifies administration, ends tax code discrimination against the self-employed, and limits employer contributions to protect small businesses against rising health care costs.

HEALTH CARE REFORM PROJECT

For Immediate Release
April 25, 1994

Contact: Barbara Coufal
Deborah Dion
(913) 357-0396

Kansas Coalition Releases Letter to Rep. Slattery Urging Him to Support Employer Mandate

Topeka - Members of the Kansas Health Care Reform Project released a letter to Representative Slattery today, criticizing him for failing to support fair and adequate financing to accomplish health care reform. The Project, representing over 150,000 Kansans, pointed out in the letter to Slattery that an employer mandate "builds on the current workplace-based system and would continue the American health care tradition of shared responsibility." The letter further notes that Representative Slattery receives his own health care coverage on the job. "Given that your constituents pay so that you can get health coverage at work, it is inconceivable to us that you would deny working Americans in your district the same opportunity," the letter stated.

Drafted prior to Rep. Slattery's announcement of support for the Jackson Hole II proposal, the letter asks him to outline a plan that will achieve universal coverage and fair financing without an employer mandate. Based on the failure of his plan to achieve universal coverage, the question remains. Ms. Terri Roberts of the Kansas State Nurses' Association, at 233-8638, and Deborah Dion of Families USA, at 357-0396, are available to discuss the letter and can be contacted at 233-8638.

The Health Care Reform Project is a national coalition of more than 60 million Americans from 50 business, labor, consumer, seniors, childrens' advocacy, disability and health care provider organizations. In Kansas, the Project represents over 150,000 individuals.

HEALTH CARE REFORM PROJECT

April 25, 1994

Dear Representative Slattery:

We write to express our support for one of the most essential elements of health care reform: an employer financing system where every employer contributes to the cost of health insurance. All of our organizations support the approach included in the President's plan: providing health care at work to all working Americans, whether full or part time.

In our collective view, there can be no real health care reform unless Congress adopts a financing mechanism that is workable and fair. Today, 90% of Americans with private insurance get it through their employers. Yet over 80% of those without insurance are individuals who work or families where someone is employed. Thus, a financing mechanism that requires all employers to contribute to insurance costs, with discounts to help small businesses, builds on the current workplace-based system and would continue the American health care tradition of shared responsibility.

We are troubled by your reluctance to embrace a fair level of employer financing as typified by the President's plan. As a Member of Congress, you have the opportunity to be covered under precisely the kind of employer-based health system the President has proposed. Given that your constituents pay so that you can get health coverage at work, it is inconceivable to us that you would deny working Americans in your district the same opportunity.

Without an employer mandate, Congress will have to rely on financing that taxes health benefits, as Congressman Cooper has proposed. Or, Congress may shift responsibility from employers to individuals and families through some form of an individual mandate. In either case, the bottom line will be higher health insurance costs for millions of hard working Americans who are already paying too much for health care.

We believe the choice is clear: continue the present system where employers contribute and responsibility is shared, or make individuals and families pay more. If you cannot support an employer contribution along the lines of what the President has proposed, then we challenge you to respond with a fair and workable alternative spelling out precisely who will pay and how universal coverage will be achieved.

As the Energy and Commerce Committee prepares to markup health care reform legislation, we believe that the time has come for specific answers to the financing question. Unless you can spell out specifically who will pay for reform and how universal coverage will be achieved, you cannot expect the

American people to believe that you are serious about reform.

We look forward to your response.

Jim DeHoff
Executive Secretary-Treasurer
Kansas AFL-CIO

Sharon Lockhart, Kansas Desk
Campaign for Women's Health

Linda J. DeCoursey, Executive Director
Kansas Psychological Association

Barbara Cole, President
Kansas National Education Association

Pat Lehman, Secretary-Treasurer
International Association of Machinists, District Lodge #70

Carolyn Middendorf, M.N.R.N.
President
Kansas State Nurses' Association

Joan Flaherty, Co-Founder
Women Empowered

Deborah Dion, Field Coordinator
Families USA

Jessie M. Cornejo, Executive Director and President
Kansas AFSCME

Susan Scholl, Co-Chair
National Organization for Women, Kansas City Urban Chapter

Mary Porterfield, President
Kansas Affiliate, American Association of University Women

Dr. Lawrence Bechtold, Kansas State Coordinator
AARP/VOTE

Insurance companies are spending millions to KILL health care reform

AND CONGRESSMAN JIM SLATTERY IS HELPING THEM

At our expense

CALL CONGRESSMAN SLATTERY AND TELL HIM YOU WANT HEALTH CARE REFORM THAT:

* Guarantees health insurance for every American that can never be taken away.

* Ensures fair and adequate financing, building on the tradition of employers contributing to the cost of providing health care.

* Includes comprehensive benefits

CALL CONGRESSMAN JIM SLATTERY AT (913) 233-2503. Let him know that you support real reform for the people of Kansas.

labor donated

Tips for Writing a Letter About Health Care Reform To Congressman Bill Brewster

The Honorable Bill Brewster
1727 Longworth House Office Building
U.S. House of Representatives
Washington, D.C. 20515

Dear Representative Brewster,

I understand you are opposed to health care reform legislation which would require every employer to contribute to the cost of their workers' health insurance.

or

I understand you oppose the employer mandate provisions of President Clinton's and Rep. Starks' health care plans.

●●

Right now, I am paying the costs of providing health care to the uninsured through increases in the hospital premiums which my union negotiates in collective bargaining.

or

I am sick and tired of picking up the health care costs of workers left high and dry by irresponsible employers who refuse to pay the costs of insuring their employees.

●●

Health care reform must put a stop to this "cost shifting."

or

I want these "free riders" off my back.

●●

The only way to do it is to require every employer to pay at least 80% of the cost of their workers' health insurance.

or

The only fair way to guarantee every American health insurance is to require every employer to pay their fair share.

●●

Don't support phony health care reform. Only vote for a plan that guarantees every American coverage, with no taxation of benefits, and comprehensive benefits.

or

I'm counting on you to vote only for a health care plan that guarantees every American health coverage financed by employer contributions.

Sincerely,

Congressman Bill Brewster thinks YOU should keep paying the cost of providing health care to the uninsured!

Rep. Bill Brewster opposes health care reform legislation that would require every employer to contribute their fair share of employee health insurance costs.

That means you will continue to bear the cost of providing health care coverage to the uninsured.

How?

When a sick person without insurance shows up at the hospital and gets treated, the hospital eventually passes along the costs in the form of higher insurance premiums for those who do have coverage. Between 20-30% of our health care costs result from this "cost-shifting."

Those increases cut into wage and benefit packages we are able to bargain in contract negotiations. ***It's money out of your pocket.***

The only <u>fair</u> way to guarantee health insurance coverage for every American is to require <u>every</u> employer to contribute their fair share of the cost.

President Clinton's plan contains such a requirement, with a sliding scale that reduces the health care obligation of small employers with low-wage workers to just 15 cents an hour.

Bill Brewster sits on the important House Ways & Means Committee which will be taking up health care reform legislation in the next few weeks. His vote could determine whether Congress passes a <u>fair</u> health care plan that will guarantee coverage for all.

Write Bill Brewster Today!

♦Tell Him You're Tired of Paying the Health Care Costs of the Uninsured!

♦Tell Him the Only Fair Way to Finance Health Care for All Is by Requiring <u>Every</u> Employer to Pay Their Fair Share!

Communication Workers of America
501 Third Street, Washington, DC 20001

May

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

May 01 - 07, 1994

Sunday *1*	Disease Groups CD Labor History Week Small Business Week	
Monday *2*	**9:30 AM Disabilities CD/POTUS** 10:00 AM Assn of Neurologists **1:45 PM State Opinion Leaders (KS)** FLOTUS Safeway Visit **HIAA Convention**	Labor History Week
Tuesday *3*	9:00 AM Small Business CD 11:00 AM Asian Pacific HC Business 3:30 PM LA Chamber of Commerce 3:30 PM NSBU/NAWBO Briefing Labor History Week	Small Bus Coalition PC (Hill)
Wednesday *4*	American Jewish Committee **FLOTUS/HealthRIGHT/kids** Labor History Week Small Bus photo op/POTUS	
Thursday *5*	American Jewish Committee Labor History Week	
Friday *6*	**9:00 AM Women CD** 11:00 AM Mother's Day HC Event **1:45 PM State Opinion Leaders (CA)** American Jewish Committee Labor History Week	
Saturday *7*	Labor History Week Radio Address on Women's Health	

May

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

May 08 - 14, 1994

Sunday *8*	Healthy Mom's Week Mother's Day **National Nurses Week**
Monday *9*	3:00 PM Greek Americans HC Healthy Mom's Week POTUS NYC ABNY/Pathmark/health rptrs POTUS town hall (RI)
Tuesday *10*	**10:00 AM Nurses CD POTUS/ANA** Healthy Mom's Week 1:00 PM HC Small Business 2:30 PM HC Small Business **AFL-CIO Executive Council Meeting** **AFT Legislative Conference**
Wednesday *11*	9:30 AM Labor CD **AFL-CIO Executive Council Meeting** **AFT Legislative Conference** Healthy Mom's Week
Thursday *12*	9:30 AM Doctors CD 3:00 PM Polish Americans HC **AFT Legislative Conference** Healthy Mom's Week
Friday *13*	10:00 AM Hispanic Health Care Providers Healthy Mom's Week Indianapolis town hall (Tentative)
Saturday *14*	Healthy Mom's Week

THE WHITE HOUSE

WASHINGTON

May 3, 1994

MEMORANDUM FOR ALEXIS HERMAN
STEVE HILTON

FROM: MARILYN DIGIACOBBE

SUBJECT: REPORT ON SMALL BUSINESS COALITION FOR HEALTH CARE REFORM PRESS CONFERENCE

This morning there was a press conference on the Hill to announce the formation of the Small Business Coalition for Health Care Reform. Steve Hilton, Caren Wilcox and I went to the Hill following our briefing to observe it.

The conveners and organizers were the National Association of Chain Drug Stores and the National Association of Retail Druggists. They were joined by:

American Institute of Architects
Architects/Designers/Planners for Social Responsibility
Business and Professional Women
Institute of Business Designers
Institutional and Municipal Parking Congress
National Council of Non-Profit Associations
National Farmers' Union
Owner-Operator Independent Drivers Association

The initial members of the Small Business Coalition for Health Care Reform represent over 340,000 individual businesses which employ over 3.1 million people. In addition, over 200 individual small businesses have joined in the last two weeks.

Many members of Congress attended. Those who spoke were Senate Majority Leader Mitchell, House Majority Leader Gephardt, Chairman Dingel, House Small Business Committee Chairman LaFalce and Senator Daschle.

There was a very good crowd of small business people, including those who spoke about their reasons for joining the coalition. Many went from the White House briefing directly to the press conference. It appeared that they were also going to see their members of Congress.

As you know, the briefing here was very well received. Seventeen people who attended the briefing returned to the White House this afternoon for television and radio interviews with their local media.

The coalition will be holding regional press conferences, and has prepared extensive print materials including posters for distribution. They will continue to recruit association and individual small business members.

There was a commitment made that the leadership of these associations would have an opportunity to have a short meeting with the President. Unfortunately this could not occur May 3 or 4 when they were in Washington. This meeting is essential and must be scheduled in May.

Caren
Amy
Myers

mon

J - get copy of this
to Alexis and to
the War Room

AMERICAN BOOKSELLERS ASSOCIATION

From: Harold Ickes
To: Alexis
HC

Support

APR 25 1994

April 18, 1994

Mr. Harold Ickes, Esq.
Deputy Chief-of-Staff
The White House
Washington, D.C. 20500

Dear Harold:

Thanks again for all your help in arranging the presentation to The President at The White House this past Friday afternoon. I am genuinely appreciative, and I do recognize that it was only through your intervention that these arrangements were able to be made.

It was good, too, to see you, particularly looking so calm and relaxed! The White House must be a great place to work!

As I mentioned, I hope you'll feel free to call upon me, either in my professional or personal capacity, to be helpful on health care. We represent almost 5,000 small retail businesses who are generally supportive and sympathetic to the President's plan. Please do not hesitate to call if we can be of any help.

Thanks again.

Warm regards.

Sincerely,

Thanks!

Oren J. Teicher

828 South Broadway • Tarrytown, N.Y. 10591
(914) 591-2665(BOOK) • (800) 637-0037 • FAX: (914) 591-2720

October 9, 1993

MEMORANDUM FOR ALEXIS HERMAN

FROM: MARILYN DIGIACOBBE

SUBJECT: MAILING TO BUSINESS/HEALTH CARE SUPPORTERS

For your information, attached is a copy of the letter and brochure we sent the 150 businesses (big and small) who expressed their support for the President's health care plan by writing a letter to the President and attending the health care kick-off. Also attached is the list of supporters.

cc: Marilyn Yager
Amy Zisook
Steve Hilton
Mike Lux
Flo McAfee

THE WHITE HOUSE

WASHINGTON

October 8, 1993

Mr. Paul Allaire
Chairman & CEO
Xerox Corporation
800 Long Ridge Road
P.O. Box 1600
Stamford, CT 06904

Dear Paul:

Thank you for your letter of support for the President's plan to reform health care. I sincerely appreciate your efforts.

President Clinton's health care reform initiative will ensure health care coverage for all Americans in a cost-effective manner. It will control the costs that are hurting America's businesses while preserving the employer based system which has given Americans such high quality care.

The enclosed copy of The Health Security Act provides useful information about the many benefits for the business community. I hope that it provides answers for the questions you may have.

We appreciate your support of the President's health care reform initiative. Marilyn Yager, Amy Zisook and Marilyn DiGiacobbe of my staff remain available to answer any additional questions you may have. Feel free to call the Office of Public Liaison at 202-456-2930.

Thank you once again.

Sincerely,

Alexis M. Herman
Assistant to the President and
Director, Office of Public Liaison

BIG BUSINESS SUPPORT FOR HEALTH CARE
SUPPORTIVE LETTERS/STATEMENTS HAVE BEEN RECEIVED BY THE FOLLOWING IN CONJUNCTION WITH HEALTH CARE KICK-OFF

ALABAMA

Mr. Gary Drummond
Chairman and CEO
Drummond Company
530 Beacon Parkway
Suite 900
Birmingham, AL 35209-3196
Phone(o): 205-387-0501
Fax: 205-945-6521

Mr. James Harrison, Jr.
President and CEO
Harco, Inc.
3925 Rice Mine Road, NE
Tuscaloosa, AL 35406
Phone(o): 205-345-2400
Fax: 205-345-4302

CALIFORNIA

Ms. Karen Caplan
President and CEO
Frieda's Inc.
P.O. Box 58488
Los Angeles, CA 90058
Phone(o): 213-627-2981
Fax: 213-741-9443

Ms. Sandra Kurtzig
Chairman
2440 W. El Camino Real
P.O. Box 7640
Mountainview, CA 94043
Phone(o): 415-335-5466
Fax: 415-854-9207

Mr. Daniel A. Seigel
President and CEO
Thrifty Corporation
3424 Wilshire Boulevard
Los Angeles, CA 90010
Phone(o): 213-251-2222
Fax: 213-386-3079

COLORADO

Mr. Fred Julander
President
Julander Energy Company
1700 Lincoln Street
Suite 4706
Denver, CO 80203
Phone(o): 303-860-7510
Fax: 303-860-0711

Mr. Gary Stewart
Melange and Associates
821 17th Street
Suite 600
Denver, CO 80202
Phone(o): 303-298-9415
Fax:

Mr. Peter Dea
Presdient
Nautilus Oil and Gas Company
600 17th Street
Suite 410
Denver, CO 80201
Phone(o): 303-534-5202
Fax: 303-534-5414

CONNECTICUT

Mr. Paul Allaire
Chairman & CEO
Xerox Corporation
800 Long Ridge Road
P.O. Box 1600
Stamford, CT 06904
Phone(o): 203-968-4515
Fax: 203-329-1193

WASHINGTON, D.C.

Mr. Edward J. Glueckler
Airline Supplier Association
1331-A Penn. Ave.
Suite 528
Washington, D.C. 20004
Phone(o): 301-469-4732
Fax: 301-469-8379

Ms. Michelle Giguere
Government Relations Consultant
Greenbrier Companies
Ball, Janik and Novak
1101 Pennsylvania Ave.,N.W.
Washington, D.C. 20009
Phone(o): 202-638-3307
Fax: 202-783-6947

Mr. W. Graham Claytor,Jr.
President and Chairman of the Board
Amtrack
60 Massachusetts Ave., NE
Washington, DC 20002
Phone(o): 202-906-3960
Fax: 202-906-3865

Fred A. Meister
Distilled Spirits Council of the U.S.
1250 Eye Street, NW
Suite 900
Washington, DC 20005
Phone(o): 202/628-3544
Fax: 202/682-8888

Mr. Tom Kuhn
President
Edison Electric Institute
701 Pennsylvania Avenue
Washington, DC 20004-2696
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Fax: 202-508-5380

Mr. Charles Simpson
Vice President
Morrison Knudsen Corporation
555 13th Street, NW
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Washington, DC 20004-1109
Phone(o): 202-638-6355
Fax: 202-638-1419

FLORIDA

Mr. Juan Grau
President and CEO
Bacardi Imports, Inc.
2100 Biscayne Blvd.
Miami, FL 33137
Phone(o): 305/573-8511
Fax:

Mr. Stewart Turley
Chairman and CEO
Eckard Corporation
P.O Box 4689
Clearwater, FL 34618
Phone(o): 813-399-6333
Fax:

Mr. William Mauk
CEO
John Alden Insurance Company
7600 Corporate Center Drive
Miami, FL 33126
Phone(o): 305-715-4381
Fax: 305-715-4306

Mr. James Kelly
President
Lincare Inc.
19337 U.S. 19 North
Clearwater, FL 34624
Phone(o): 813-530-7700
Fax: 813-532-9692

ILLINOIS

Ms. Martha Thornton
Sr. VP of Human Resources
Ameritech
30 South Wacker Drive
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Chicago, IL 60606
Phone(o):
Fax:

Mr. Dwayne Andreas
Chairman & CEO
Archer Daniels Midland Company
P.O. Box 1470
Decatur, IL 62525
Phone(o): 217-424-5515
Fax: 217-424-5581

Mr. John Bryan
Sara Lee Corporation
3 First National Plaza
70 West Madison Street
Chicago, IL 60602
Phone(o): 312-726-2600
Fax: 312-726-3712

Mr. B. Frederick Becker
President and CEO
MMI Companies Inc.
540 Lake Look Road
Deerfield, IL 60015
Phone(o): 708-374-2200
Fax: 708-374-1286

Mr. Wayne Sinclair
MMI Companies Inc.
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Deerfield, IL 60015-5290
Phone(o): 708-374-2200
Fax: 708-374-1286

Mr. L. Daniel Jarndt
Walgreen Company
200 Wilmot Road
Deerfield, IL 60015
Phone(o): 708/940-3002
Fax:

INDIANA

Mr. Philip E. Beekman
Chairman and CEO
Hook-SupeRx, Inc.
2800 Enterprise Street
Indianapolis, IN 46219
Phone(o): 317-353-1458
Fax:

KENTUCKY

Mr. Clinton A. Clark
President & CEO
Long John Silver's, Inc.
Lexington, Kentucky
Phone(o): 606-263-6000
Fax:

Mr. Owsley Brown II
President and CEO
Brown-Farman Corporation
P.O. Box 1080
Louisville, KY 40201
Phone(o): 502/774-7302
Fax: 502/774-7697

MARYLAND

Mr. John W. Hechinger, Sr.
Chairman of the Board
Hechinger Company
3500 Pennsy Drive
Landover, MD 20785
Phone(o): 301-341-1000
Fax: 301-925-3904

Mr. Donald Kirson
President and CEO
Kirson Medical Equipment
8801 Kelso Drive
Baltimore, MD 21221
Phone(o): 410-391-1811
Fax:

MICHIGAN

Mr. Robert J. Eaton
Chairman & CEO
Chrysler Corporation
12000 Chrysler Drive
Highland Park, MI 48288
Phone(o): 313-956-6728
Fax: 313-956-5143

Mr. Albert Chambers
Director, Corporate Relations
Ford Motor Company
The American Road
Room 925 WHX
Dearborn, MI 48121-1899
Phone(o): 313-322-9546
Fax:

Mr. Jack A. Robinson
Chairman of the Board and President
Perry Drugstores Inc.
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5400 Perry Drive
Pontiac, MI 48343
Phone(o): 313-334-1300
Fax:

Mr. Harold "Red" Poling
Chairman & CEO
Ford Motor Company
The American Road
Dearborn, MI 48121
Phone(o): 313-322-7800
Fax: 313-845-3117

Mr. John F. Smith, Jr.
Chairman & CEO
General Motors Corporation
General Motors Building
3044 West Grand Boulevard
Detroit, MI 48202
Phone(o): 313-556-5000
Fax: 313-556-1988

Mr. George McCarthy
The Hiram Walker Group
P.O. Box 33006
Detroit, MI 48232
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Fax:

NEW YORK

Mr. Earl Graves
Publisher
Black Enterprise
130 5th Avenue
New York, NY 10011
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Fax: 212-886-9615

Mr. Henry A. Panasci, Jr.
Chairman of the Board
Fay's Incorporated
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Liverpool, NY 13088
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(mld:10/8/93)

SMALL BUSINESS SUPPORT FOR HEALTH CARE
SUPPORT LETTERS/STATEMENTS HAVE BEEN RECEIVED BY THE FOLLOWING
IN CONJUNCTION WITH HEALTH CARE KICK-OFF

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(mld: 10/8/93)

Office of Public Liaison
Routing Slip

Date: 10/15/93

From: Debbie Fine

OCT 18

TO: Alexis Herman

Alexis Herman	_____		
Amy Zisook	_____	Doris Matsui	_____
Ben Johnson	_____	Flo McAfee	_____
Bob Jones	_____	Jeff Schulman	_____
Chris Lin	_____	Marilyn Yager	_____
Dan Wexler	_____	Mike Lux	_____
Dana Wyckoff	_____	Ruby Moy	_____
Debbie Fine	_____	Steve Hilton	_____
Suzanna Valdez	_____	Wendy Nishikawa	_____

THE ATTACHED IS FOR YOUR:

INFORMATION: X

ADVICE: _____

ACTION: _____

COMMENTS:

Attached is our most updated list of supporters

PROMINENT DOCTORS, HEALTH LEADERS AND ACADEMIC HEALTH CENTERS

The following are supportive of the general direction of the President's plan and of the six principles upon which it is founded:

Association of Academic Health Centers
Association of American Medical Colleges
Association of Schools of Public Health
Beth Israel Hospital; Mitchell Rabkin, MD, President
Boston University Medical Hospital
Boston University School of Public Health; Robert F. Meenan, Director
Brandeis University; Dr. Samuel Thier, President
Thomas Berry Brazelton, MD; Professor of Pediatrics Emeritus at Harvard Medical School and Children's Hospital
Brigham and Women's Hospital
Robert Butler, MD; Chairman of Gerontology at Mt. Sinai Hospital Medical School
California Health Care Institute
Charles R Drew University of Medicine and Science; Reed Tuckson, MD, President
Columbia School of Public Health; Allan Rosenfield, Dean
Louis Cooper, MD; Director of Pediatrics at St. Luke's Roosevelt Hospital Center
Dartmouth Medical Center; Jack Wennberg, M.D., Director of Center for the Evaluative Clinical Sciences
John Delfs, MD; Director of Geriatric Medicine and ElderCare Program at New England Deconess Hospital
Duke University School of Medicine; Dr. Ralph Snyderman, Chancellor for Health Affairs
Emory University School of Public Health; Raymond S. Greenberg, Dean
Group Health Cooperative of Puget Sound; Phil Nudelman, President and CEO
Harvard School of Medicine; Daniel Tosteson, MD; Dean
Harvard School of Public Health; Harvey V. Fineberg, MD, Dean
Harvard Community Health of Rhode Island
I Care of Arkansas Medical Center
Institute for Health Policy Solutions
Institute of Medicine
Johns Hopkins Health System, Johns Hopkins University; James Block, MD, President and CEO
Johns Hopkins University School of Medicine; Michael M.E. Johns,MD; Vice President for Medicine and Dean of the Medical Faculty
Johns Hopkins University School of Hygiene and Public Health; Alfred Sommer, Dean

C. Everett Koop, MD; Former Surgeon General
Loma LinState da University School of Public Health; Richard Hart, Dean
Louisiana University Medical Center; Perry G. Rigby, MD, Chancellor
Malibu Family Medical Center
Massachusetts General Hospital
Meharry College School of Medicine; Henry W. Foster, MD, Dean of the School of Medicine and President of Health Services
Memorial Sloan-Kettering Cancer Center; Paul Marks, MD, President and CEO
National Association of Public Hospitals
Northwestern Memorial Hospital
Parkland Memorial Hospital; Ron Anderson, MD, President and CEO
Purdue University; Steven Beering, MD, President
San Diego State University Graduate School of Public Health; Director F. Douglas Scutchfield
Scripps Clinic & Research Foundation; Dr. Charles Edwards, President
Stanford University Medical Center; David Korn, MD, Vice President and Dean
State University of New York at Stoneybrook School of Medicine; Jordan Cohen, MD, Dean
Louis Sullivan, MD; Former Secretary of Health and Human Services
Tulane University Medical Center School of Public Health and Tropical Medicine; Harrison C. Spencer, Dean
The University Hospital
Unversity of Alabama-Birmingham School of Public Health; Dean O. Dale Williams
University at Albany, SUNY, School of Public Health; David Carpenter, Dean
The University of California; Cornelius Hopper, MD, Vice President of Health Services
University of California at Berkeley School of Public Health; Patricia A. Buffler, Dean
University of California at Los Angeles School of Public Health; A.A. Afifi, Dean
The University of Chicago Hospitals
University of Florida J. Hillis Miller Health Center; David R. Challoner, MD, Vice President for Health Affairs
University of Hawaii School of Public Health; Barbara Spiegel, Acting Dean
University of Illinois at Chicago School of Public Health; Bernard Turnock, Acting Dean
University of Kansas; David K. Clawson, MD, Executive Vice Chancellor
University of Massachusetts School of Public Helath; Stephen H. Gehlbach, Dean
University of Medicine and Dentistry of New Jersey; Stanley Bergen, MD, President
University of Michigan School of Public Health; Richard Cornell, Dean
University of Minnesota School of Public Health; Stephen C. Joseph, Dean
University of Missouri - Kansas School of Medicine; James Mongan, MD, Dean
University of North Carolina School of Public Health; Michel A. Ibrahim, Dean
University of Notre Dame, Reverend Theodore Hesbergh, C.S.C., President Emeritus
University of Oklahoma College of Public Health; Bailus Walker, Dean
University of Pennsylvania School of Medicine; William Kelley, MD, Dean
University of Pittsburgh Graduate School of Public Health; Donald R. Mattison, Dean
University of Puerto Rico School of Public Health; Juan Silva-Parra, Dean
University of South Carolina School of Public Health; Winona Vernberg, Dean
University of South Florida College of Public Health; Peter J. Levin, Dean
University of Tennessee Medical Center at Knoxville

University of Texas School of Public Health; Palmer Beasley, Dean
University of Washington School of Medicine; Philip Fialkow, Vice President for Medical Affairs and Dean
University of Washington School of Public Health and Community Medicine; Gilbert S. Omenn, Dean
Watts Health Foundation
Yale University Department of Epidemiology and Public Health; Nancy H. Ruddle, Acting Chair

PROVIDER ORGANIZATIONS

The following provider groups are supportive of the general direction of the President's health proposal and the six principles upon which it is founded:

American Academy of Child and Adolescent Psychiatry
American Academy of Family Physicians
American Academy of Pediatrics
American Academy of Physicians Assistants
American Association of Children's Residential Centers
American Association of Critical Care Nurses
American Association of Homes for the Aging
American Association for Marriage and Family Therapy
American Association for Partial Hospitalization
American Association of Nurse Anesthetists
American Association of Pastoral Counselors
American Association of Physicians from India
American Association of Preferred Provider Organizations
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American College of Physicians
American College of Preventive Medicine
American Group Practice Association
American Health Care Association
American Managed Care Review Association
American Nephrology Nurses' Association
American Nurses Association
American Occupational Therapy Association
American Physical Therapy Association
American Psychiatric Association
American Society of Internal Medicine
Catholic Health Association
California Association of Hospitals and Health Systems
Community Retail Pharmacy Coalition
International Association of Psychosocial Rehabilitation Services
National Association of Chain Drug Stores
National Association of Children's Hospitals and Related Institutions
National Association for Home Care
National Association of Retail Druggists
National Association of Social Workers
National Association of State Directors of Developmental Disabilities Services
National Association of State Mental Health Program Directors
National Association of State Units on Aging
National Black Nurses Association
National Federation of Societies for Clinical Social Work

National Hospice Organization
National Medical Association
VITAS Healthcare Corporation; Hugh Westbrook, CEO

BUSINESS SUPPORTERS

The following big and small businesses are supportive of the direction of the President's health care initiative and of the six principles upon which it is founded:

The ADS Group; Alan Solomont, President
Airline Suppliers Association
American Airlines
American Forest and Paper Association
American Gas Association
American Income Life Insurance Company
American Iron and Steel Institute
American Stores Company; David L. Maher, Senior Executive Vice President and Chief Operating Officer
Ameritech; Martha L. Thornton, Senior Vice PResident of Human Resources
Amtrak; W. Graham Claytor, Jr., President and Chairman of the Board
Anheuser-Busch Companies; August A. Busch III, Chairman of the Board and President
Archer Daniels Midland Company; Dwayne Andreas, CEO
Autumn Harp; Kevin Harper, CEO
Bacardi Corporation; Roberto del Rosal, President and CEO
Bacardi Imports; Juan Grau, President and CEO
Baltimore Minority Business Development Center
Bario & Associates
Barrueta & Associates
The Bartell Drug Company, Washington
Baumgarten's Print Shop, Washington D.C.
Ben & Jerry's - Old Town/Adam's Morgan
Bethlehem Steel Corporation; Curtis "Hank" Barnette, Chairman and CEO
Blake Pharmacy, Ohio
Blue Cross Blue Shield of Iowa
Blue Cross Blue Shield of Western Pennsylvania
Boeing; John F. Hayden, Vice President
Bowman Insurance Company, Inc.
Brown Foreman Corporation; Owsley Brown II, President and Chief Executive Officer
Business and Professional Women
Businesses for Social Responsibility
Bynex Corporation, Pennsylvania
Charles River Associates; Alan Willens, CEO
Chrysler Corporation; Robert Eaton, Chairman and CEO
Circuit City Stores Inc.; Alan Wurtzel, Chairman of the Board
Cocoline Chocolate Company, New York

Community Retail Pharmacy Coalition
Consultech Communications, Inc., New York
Consumer Power Corporation
Continental Health Affiliates
CVS/ Peoples Drug Stores; Harvey Rosenthal, CEO
Dasco Energy Corporation, New Mexico
Davidson Drugs Inc., Florida
Distilled Spirits Council of the United States
Diversified Management, California
The Drummond Company; Gary Drummond, Chairman and CEO
EER Systems Corp., Virginia
Earl Graves Publishing; Earl Graves, CEO
Eckerd Drug Stores; Gerald Heller, CEO
Ecoprint, Maryland
Electronic Data Systems; Alice Lusk, Corporate Vice President
Enron Corp; Terry Thorn, Senior Vice President
Exclusive Temporaries of Virginia, Incorporated
Fay's Incorporated; Henry A. Panasci, Jr, Chairman of the Board
Fidelity Investments; Peter Lynch, Vice Chairman
Fleet Reserve Association CHECK
Food 4 Less Supermarkets; Ronald Burkle, Chairman and CEO
Ford Motor Company; Harold Poling, Chairman and CEO
Fried & Sher, Inc., Virginia
Frieda's Inc., California
Gaylord's Originals
General Motors Corporation; John Smith, CEO
Giant Food, Incorporated; Peter Manos, CEO
Golodetz Ventures, Inc.; Michael Granoff, President
Grayboyes Commercial Window, Pennsylvania
Great Southwestern Exploration, Inc.
Greenbrier Development Corporation
Grimes Oil
Gulf Atlantic Life, New York
Harco Drug, Inc.; Alabama
Hechinger Company; John Hechinger, Sr., Chairman of the Board
Hook-SupeRX Drug Stores; Philip Beekman, CEO
Hubbard & Revo-Cohen, Inc., Virginia
I Got It At Gary's Discount Drugstore, Pennsylvania
Inner City Broadcasting Corporation, New York
Invacare; Mal Mixon, Chairman of the Board, President and CEO
JMH Realty Concepts, Inc., Pennsylvania
James River Corporation; Robert Williams, Chairman and CEO
John A. Clark Company
John Alden Insurance Company; Bill Mauk, CEO
Julander Energy Co.; Fred Julander, President
Kell Enterprises, Inc., New York

Kemrodco Development & Construction Co., Inc., Pennsylvania
Kerr Drug Stores, North Carolina
Kinney Drugs, Inc.
Keystone Outdoor Advertising Co., Pennsylvania
Kirson Medical Equipment
Kohn, Wast, Graf, P.C., Pennsylvania
LaVERDIERE's Super Drug Stores, Maine
Lincare; James Kelly, President
Lisboa Associates; Elizabeth Lisboa-Farrow, CEO
LS Financial Group, Inc.; Maxine C. Leftwich, Principal
The LTV Corporation, David Hoag
Ludwig Pharmacy, Colorado
Massachusetts Assistive Technology Partnership Center
May's Drug Stores; Gerald Heller, CEO
Massachusetts Federation of Nursing Homes
Medic Discount Drugstores
Med-X Corporation; Oklahoma
Melange Associates, Inc.; Gary C. Stewart, Chairman and CEO
The Melior Group; Pennsylvania
META; Maria Elena Torano, President and CEO
MEVATEC Corporation, Alabama
The Mills Group; Helen Mills, Managing Principal
National Association of Hispanic Publications
National Federation of Black Women Business Owners
National Federation of Business and Professional Women's Clubs, Inc. of the United States of America
Neighbor-Care Pharmacies, Maryland
Oasis Technology Incorporated, California
Omni Cable, Pennsylvania
Palarco Inc., Pennsylvania
Pappas Management Corporation; James A. Pappas, President
Paramount Communications, Inc.; Martin S. Davis, Chairman and CEO
PayLess Drug Stores
Penman Asset Management; Laurence Manson, Jr., CEO
Perry Drug Stores, Michigan
Philadelphia Coca-Cola Bottling Company; J. Bruce Llewellyn, CEO
Physical Sciences Inc.; Robert F. Weiss, Chairman and CEO
Pied Piper Flower Shop, South Dakota
Prospect Associates, Maryland
Ralph's Grocery Store; George Allumbaugh, Chairman and CEO
RCM Technologies Inc.; Leon Kopt, President and CEO
R & D Instructional Services, Inc.; Maryland
Research Management Consultants, Inc., Virginia
Rhodes Enterprise, Louisiana
Rite Aid; Alex Grass, Chairman and CEO
Rittenhouse Management, Pennsylvania

Santa Fe Cafe, Virginia
Sara Lee Corporation; John H. Bryan, CEO
Scott Key Center; Maryland
Sistemas Corporation; New Jersey
SKYNET World Courier, Inc.; Florida
Smith Cogeneration, Oklahoma
Snyder Drug Stores, Inc.; Minnesota
Soapbox Trading Company and the Mills Group; Helen Mills, CEO
Soft-Sheen Products; Edward Gardner, Chairman of the Board and CEO
Spanish Broadcasting System, New York
S.R. One, Limited; Pennsylvania
Struever Associates, Maryland
Super D Drugstores
S.W. Morris & Company
Systems, Maintenance and Technology, Maryland
Tangent Corporation
TEI Industries
Thrift Drug Inc.; Robert W. Hannan, President and CEO
Thriftway Drug; New York
Thrifty Corporation; California
Toppers Spa Salons
Trust Taylor Drug Stores; Kentucky
United Association of Plumbing & Pipe Fitting Industry
USX Corporation; C.A. Corry, CEO
Vermont Businesses for Social Responsibility
Vermont Teddy Bear Company
Walgren's; L. Daniel Jerndt, President
White Dog Cafe, Pennsylvania
Working Assets Capital Management; New Hampshire
XEROX; Paul Allaire, CEO

GROUP SUPPORTERS

The following groups are supportive of the direction of the President's health care initiative and of the six principles upon which it is founded:

AFL-CIO
Aging 2000
AIDS Action Council
Alliance for Health Reform
Alzheimer's Association
Amalgamated Clothing and Textile Workers Union
American Association for Retired Persons
American Association of University Women
American Cancer Association
American Council of the Blind
American Counseling Association
American Diabetes Association
American Ex-Prisoners of War
American Federation of Government Employees
American Federation of State, County and Municipal Employees
American Federation of Teachers
American Federation of the Blind
American Gold Star Mothers
American Heart Association
American Jewish Committee
American Jewish Congress
American Legion
American Lung Association
American Postal Workers Union
American Public Health Association
American Speech-Language-Hearing Association
American Thoracic Association
Americans for Democratic Action
AMVETS
Anxiety Disorders Association of America
The ARC
Asian American Health Forum
ASPIRA Association
Association of Academic Health Centers
Association of American Medical Colleges
Association of Schools of Public Health
B'nai B'rith International
Bakery, Confectionery & Tobacco Workers International Union

Bazelon Center for Mental Health Law
Black Women's Agenda
Blinded Veterans Association
Building and Construction Trades Department
Campaign for Women's Health
Catholic Charities USA
Catholic War Veterans
Center on Policy Alternatives
Children's Defense Fund
Children's Health Fund
Church Women United
Citizen Action
Coalition for Consumer Protection and Quality in Health Care Reform
Communications Workers of America
Consortium for Citizens with Disabilities
Consumer Federation of America
Consumer Power Corporation
Consumers Union
Cuban American National Council
Diario Los Americas
Disabled American Veterans
Epilepsy Foundation of America
Families USA
Family Services America, Inc.
Federation of Families for Children's Mental Health
Federation of Professional Athletes
Fleet Reserve Association
Fourth Presbyterian Church
The Gerontological Society of America
GI Forum
Glass, Pottery, Plastics & Allied Workers International Union
Gold Star Wives
Graphic Communications International Union
Health Access Foundation
Health Care Reform Project
Health Insurance Plan of Greater New York HMO
Hispanic Association of Colleges and Universities
Homeland Ministries
Hotel and Restaurant Employees International Union
Human Rights Campaign Fund
Interfaith IMPACT
International Association of Machinists and Aerospace Workers
International Brotherhood of Electrical Workers
International Brotherhood of Teamsters
International Lady Garment Workers Union
Interreligious Health Care Access Campaign

International Union of Bricklayers and Allied Craftsmen
International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers
International Union of Operating Engineers
Jewish War Veterans
Joint Center on Political and Economic Studies
Laborers International Union of North America
Leadership Conference on Civil Rights
League of Women Voters
Legion of Valor
Long Term Care Campaign
March of Dimes Birth Defects Foundation
Marine Corps League
Massachusetts Assistive Technology Partnership Center
Mental Health Policy Resource Center
Mexican American Legal Defense and Education Fund
Mexican American Women's National Association
Midwest/Northeast Voter Registration Project
Military Order of the Purple Heart
National Abortion Rights Action League
National Association of the Deaf
National Association of Hispanic Publications
National Association of Letter Carriers
National Association of People With AIDS
National Association of Public Hospitals
National Black Women's Health Project
National Caucus and Center on the Black Aged
National Community Mental Healthcare Council
National Consumers League
National Council of Negro Women, Inc.
National Council of Senior Citizens
National Council of the Churches of Christ in the USA
National Council on Independent Living
National Council of Jewish Women
National Council on the Aging
National Easter Seal Society
National Education Association
National Farmers Union
National Federation of Black Women Business Owners
National Federation of Business and Professional Women's Clubs, Inc. of the United States of America
National Gay and Lesbian Task Force
National Health Policy Council
National Hispanic Council on Aging

National Jewish Democratic Council
National Leadership Coalition for Health Care Reform

National Mental Health Association
National Mental Health Consumer Self Help Clearing House
National Minority AIDS Council
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Organization on Disability
National Puerto Rican Coalition
National Urban League
National Women's Health Network
National Women's Law Center
The New Hampshire Health Care Coalition
Older Women's League
Paralyzed Veterans of America
Planned Parenthood Federation of America
Polish Legion of American Veterans USA
Presbyterian Church USA
President's Committee on Employment of People with Disabilities
Retail, Wholesale and Department Store Workers
Retired Enlisted Association
Save Our Security
Seafarers International Union of North America
Service Employees International Union
Southern Christian Leadership Council
United Association of Plumbing & Pipe Fitting Industry
United Automobile, Aerospace & Agricultural Implement Workers of America International Union
United Brotherhood of Carpenters and Joiners of America
United Church of Christ
United Food & Commercial Workers International Union
United Mine Workers of America
United Paperworkers International Union
United Seniors Health Cooperative
United States Students Association
United Steelworkers of America
U.S. Assist
Veterans of Foreign Wars of the United States
Vietnam Veterans of America
Women's Health Research
Women's Legal Defense Fund

November 2, 1993

MEMORANDUM FOR ALEXIS HERMAN

NOV - 2 1993

FROM: MARILYN DIGIACOBBE

SUBJECT: MAILING TO BUSINESS/HEALTH CARE SUPPORTERS

Attached is a copy of the letter we sent to 50 businesses (list attached) who have expressed support for the President's health care plan. Enclosed with the letter were the following materials:

- Health Security Act (on diskette)
- President's Report to the American People (paperback book)
- A Summary of the Key Changes in the Plan
- General Talking Points

We also sent a similar package, via overnight mail, to the 11 supportive CEOs (list attached) who participated in the 10/26 conference call in Mack McLarty's office. In addition, Marilyn Yager has been in touch with them or their reps by phone.

There is a much larger universe of people in the business community which we could communicate some portion of the above information through a mailing, including:

- CEOs who supported the Economic Package
- CEOs who have attended a CEO lunch with the POTUS
- Companies who have participated in the small industry-by-industry health care meetings
- Key companies working on NAFTA
- Key Small Business Associations
- State and Big City Chambers of Commerce

Right now, we do not have the materials to accomplish any of the above mailings.

Please advise.

cc: Marilyn Yager
Amy Zisook
Steve Hilton
Mike Lux
Flo McAfee

Ruby,
Can you make sure
Alexis sees this.
Thanks!
Marilyn

THE WHITE HOUSE

WASHINGTON

November 1, 1993

Mr. Harvey Rosenthal
President & CEO
CVS and People's Drug
One CVS Drive
Woonsocket, RI 02895

Dear Harvey:

The President and Mrs. Clinton presented the Health Care legislation to Congress on October 27, 1993. Now that the legislation has been released, I wanted to share with you the following information.

Enclosed please find a copy of the Health Security Act (on diskette), the President's Report to the American People, a summary of key changes (from the September 7 draft version), and general talking points. I hope that this material will provide answers for the many questions you may have regarding the legislation.

We appreciate your continued support for the President's efforts to reform the health care system. Should you have any additional questions, Marilyn Yager, Amy Zisook, and Marilyn DiGiacobbe of my staff remain available to assist you. Feel free to call the Office of Public Liaison at 202-456-2930.

Thank you once again.

Sincerely,

Alexis M. Herman

Alexis M. Herman
Assistant to the President and
Director, Office of Public Liaison

Mailing to Larger Companies Supportive of Health Care Reform

LAST NAME	FIRST NAME	TITLE	COMPANY	ST
Baly	Mr. Michael	President	American Gas Association	VA
Beattie III	Mr. Henry A.	CEO	Super D Drug	TN
Becker	Mr. Fredrick	President & CEO	MMI Companies, Inc.	IL
Beekman	Mr. Philip E.	Chairman and CEO	Hook-SupeRx Inc.	IN
Brown II	Mr. Owsley	President and CEO	Brown-Farman Corporation	KY
Bryan, Jr.	Mr. John H.	Chairman	Sara Lee Corporation	IL
Caplan	Ms. Karen	President and CEO	Frieda's Inc.	CA
Claytor, Jr.	Mr. W. Graham	President and Chairman of the Board	Amtrak	DC
Corry	Mr. Charles A.	Chairman & CEO	USX Corporation	PA
Davis	Mr. Martin	Chairman & CEO	Paramount Communications Inc.	NY
Dea	Mr. Peter	Presdient	Nautilus Oil and Gas Company	CO
Furnman	Mr. William A.	President and CEO	Greenbrier Companies	OR
Glueckler	Mr. Edward J.		Airline Supplier Association	DC
Grass	Mr. Alexander	Chairman and CEO	Rite Aid Corporation	PA
Grau	Mr. Juan	President and CEO	Bacardi Imports, Inc.	FL
Graves	Mr. Earl	Publisher	Black Enterprise	NY
Hannan	Mr. Robert W.	President and CEO	Thrift Drug Inc.	PA
Harrison	Mr. James	President and CEO	Harco, Inc.	AL
Hayden	Mr. John F.	Vice President	Boeing Company	VA
Heller	Mr. Gerald	President	May's Drugstores Inc.	OK
Hernandez	Mr. Albert	President	Sky Net	FL
Hoven	Mr. D. Dwayne	President and CEO	Revco D.S. Inc.	OH
Jarndt	Mr. L. Daniel		Walgreen Company	IL
Julander	Mr. Fred	President	Julander Energy Company	CO
Kelly	Mr. James	President	Lincare Inc.	FL

Mailing to Larger Companies Supportive of Health Care Reform

LAST NAME	FIRST NAME	TITLE	COMPANY	ST
Kirson	Mr. Donald	President and CEO	Kirson Medical Equipment	MD
Kuhn	Mr. Tom	President	Edison Electric Institute	DC
Kurtzig	Ms. Sandra	Chairman	The ASK Group	CA
Lay	Mr. Kenneth	Chairman and Chief Executive Officer	ENRON Corporation	TX
Llewelyn	Mr. Bruce	President and CEO	Philadelphia Coca-Cola Bottling Company	NY
Lusk	Ms. Alice	Corporate Vice President	Electronic Data Systems	TX
Maher	Mr. David	Senior Executive Vice President	American Stores Company	UT
Mauk	Mr. William	CEO	John Alden Insurance Company	FL
McAlear	Mr. Tim	President and CEO	Payless Drugstores	OR
McCarthy	Mr. George		Hiram Walker Group	MI
Meister	Mr. Fred A.		Distilled Spirits Council of the U.S.	DC
Mills	Ms. Helen	Partner-Owner	Soapbox Trading Company and The Mills Group	VA
Mixon	Mr. A. Malachi	Chairman of the Board, President & CEO	Invacare	OH
Panasci	Mr. Henry A.	Chairman of the Board	Fay's Incorporated	NY
Poling	Mr. Harold "Red"	Chairman & CEO	Ford Motor Company	MI
Procope	Ms. Ernesta	President and CEO	E.G. Bowman Company Inc.	NY
Robinson	Mr. Jack A.	Chairman of the Board and President	Perry Drugstores Inc.	MI
Rosenthal	Mr. Harvey	President & CEO	CVS and People's Drug	RI
Seigel	Mr. Daniel A.	President and CEO	Thrifty Corporation	CA
Simpson	Mr. Charles	Vice President	Morrison Knudsen Corporation	DC
Stewart	Mr. Gary		Melange and Associates	CO

Mailing to Larger Companies Supportive of Health Care Reform

LAST NAME	FIRST NAME	TITLE	COMPANY	ST
Thornton	Ms. Martha	Senior Vice President, Human Resources	Ameritech	IL
West	Mr. Charles	Executive Vice President	National Association of Retail Druggists	VA
Wolfbein Morris	Ms. Susan		SW Morris and Co.	MD
Ziegler	Mr. Ronald	President & CEO	National Association of Chain Drug Stores	VA

Count: 50

Mailing to Companies Supportive of Health Care Reform who participated in 10/26/93 Conference Call

LAST NAME	FIRST NAME	TITLE	COMPANY	ST
Allaire	Mr. Paul	Chairman & CEO	Xerox Corporation	CT
Andreas	Mr. Dwayne	Chairman & CEO	Archer Daniels Midland Company	IL
Barnette	Mr. Curtis H.	Chairman & CEO	Bethlehem Steel Corporation	PA
Busch	Mr. August A.	Chairman of the Board & President	Anheuser-Busch Companies, Inc.	MO
Drummond	Mr. Garry	Chairman and CEO	Drummond Company	AL
Eaton	Mr. Robert J.	Chairman & CEO	Chrysler Corporation	MI
Hechinger, Sr.	Mr. John W.	Chairman of the Board	Hechinger Company	MD
Hoag	Mr. David H.	Chairman & CEO	LTV Corporation	OH
Smith, Jr.	Mr. John F.	President & CEO	General Motors Corporation	MI
Turley	Mr. Stewart	Chairman and CEO	Eckerd Corporation	FL
Wurtzel	Mr. Alan L.	Chairman of the Board	Circuit City Stores, Inc.	VA

t: 11

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release October 21, 1993

The following letter was released today by the White House.

-30-30-30-

NAM MANUFACTURING HELPS AMERICA GROW

JERRY JASINOWSKI
President

October 21, 1993

The President
The White House
Washington, DC 20510

Dear Mr. President:

I want to express my regrets over the way the NAM handled our press comments on the Administration's health care plan. Because the lead of the press release was negative, and our press office mistakenly released my letter to you, the story turned out much more negative than was appropriate.

As I have consistently said to the press, your health care proposal has far more positive elements than problems, and it is the best health care package that has been proposed thus far. I will put even more emphasis on those positive elements in the days ahead, particularly as you release your final plan next week.

I personally am upset with what has happened because Ira Magaziner has made such a special effort to acknowledge our criticisms. On a substantive level our dialogue could not have been more constructive. Moreover, Ira cautioned us about how we expressed our criticisms to the press, and we were the ones who inadvertently failed to be more judicious in our comments to the press.

In sum, your White House staff has been fully responsive on the health care issue, and I regret NAM has not handled our press comments more appropriately.

Sincerely,

Jerry J. Jasinowski

Ford Motor Company

The American Road
P.O. Box 1899
Dearborn, Michigan 48121-1899

October 11, 1993

The New York Times
229 West 43rd Street
New York, NY 10036

Dear Editor:

We were disappointed by the impression left by your October 8th article headlined "Business Leaders Voice Skepticism on Health Plan." Although all of us don't agree with every detail in the President's plan, we believe he deserves great credit for his bold and courageous effort to finally bring comprehensive health reform to the United States. Additionally, we believe there is much in the plan that is good for American competitiveness.

For example, providing universal coverage will stop the cost shifting that has hurt the private sector in recent years. Having a standardized benefits package and a single insurance form could dramatically lower business costs. And taking the responsibility for a more equitable distribution of the costs of retiree health care will help American business to be more competitive.

There are many business people who are enthusiastic about the prospect of comprehensive health reform. We will continue to work constructively with the President, Congress, and other business leaders to make sure true health reform that meets the President's principles passes during this Congress.

Sincerely,

Dwayne Andreas, Chairman & CEO, Archer Daniels Midland Company
Curtis H. Barnette, Chairman & CEO, Bethlehem Steel Corporation
John H. Bryan Jr., Chairman, Sara Lee Corporation
Charles A. Corry, Chairman & CEO, USX Corporation
Garry Drummond, Chairman & CEO, Drummond Company
Robert J. Eaton, Chairman & CEO, Chrysler Corporation
Joseph T. Gorman, Chairman & CEO, TRW, Inc.
David H. Hoag, Chairman & CEO, LTV Corporation
Harold A. Poling, Chairman & CEO, Ford Motor Company
John F. Smith Jr., Chairman & CEO, General Motors Corporation

XEROX

Xerox Corporation
800 Long Ridge Road
P. O. Box 1600
Stamford, Connecticut 06904
203 968-4313

Paul A. Allaire
Chairman and Chief Executive Officer

October 8, 1993

Mr. Howell Raines
Editor, Editorial Page
New York Times
229 West 43rd Street
New York, NY 10036

Dear Mr. Raines:

I am concerned that the article of October 8 entitled "Business Leaders Voice Skepticism on Health Plan" presents an inaccurate view of the business community's reaction to President Clinton's health care reform plan.

Details of the plan may not receive the full endorsement of all segments of business, however, the majority of business leaders have applauded the President's bold and courageous effort to finally make health care reform a reality. Without question there is much in the plan that is good for America.

The article overlooks the majority of business people who are excited at the prospect of health care reform offering greater access to medical care to millions of Americans and real cost containment. I trust all aspects of the business community will continue to work with the President and Congress to fashion a reform package which conforms to the President's principles.

Sincerely,

Paul A. Allaire

PAA:mps

H/C 13

cc Mike Lux

The White House
Office of Public Liaison

Alexis M. Herman, Director

Phone (202) 456-2930
Fax (202) 456-6218

Facsimile Transmittal Sheet

Number of Pages (Including Cover) (1)

To Alexis Herman

Fax Number 456-2983

Office Number

Date

From Ben Johnson

***** COMMENTS *****

I spoke to Percy Sutton and he is enthusiatically supporting Potus on Health care. According to him, New York City is overwhelmingly supportive especially in the African American community. The plan was the talk of the town on talk radio this morning... All positive.

Inner City Theatre Group, L.P.

(A Limited partnership Organized Under the Laws of N.Y. State)

Percy Sutton
General Partner

AH
FYI

September 23, 1993

The Honorable William Clinton
President of the United States
The White House
Washington, D. C. 20500

SEP 24

Dear Mr. President:

On yesterday, while I was away in Texas, Ben Johnson of your office, called to get my position with regard to Health Care Reform.

I have just spoken to Ben and told him that which I have just said to the audience on WLIB and WBLS, my radio stations here in New York, as I sought their opinions on your presentation, last night.

Mr. President, I heard and saw you address The Congress last night on your Health Care Reform initiative, and I tell you that your proposal was: 1) Brilliantly conceived; 2) Brilliantly developed; 3) Masterfully delivered (with calm, conviction and persuasiveness); and, 4) So substantive in its content, and so impactful in its potential, that, not only African-Americans, here in New York, but African-Americans, everywhere; (together with all other Americans) owe to you a deep debt of gratitude - - and support; you have ours.

Keep standing tall!

Sincerely,

PERCY E. SUTTON
Founder & Chairman Emeritus
Inner City Broadcasting Corporation

361 West 125th Street / Suite 213 / New York, New York 10027
212 866-3300 Fax 212 866-3311