

FOIA MARKER

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

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: Public Liaison

Series/Staff Member: Alexis Herman/Ruby Moy

Subseries:

OA/ID Number: 4276

FolderID:

Folder Title:

Health Care Support [binder] [5]

Stack:

S

Row:

29

Section:

5

Shelf:

7

Position:

1

Punch holes
& put in
binders

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

September 23, 1993

ATTENDEES AT TODAY'S HEALTH CARE REFORM SUPPORTERS EVENT

and

Letters of Support for the President's Health Care Plan

The following organizations, businesses, unions and prominent leaders in the health community, supportive of the President's health care initiative, are attending today's event on the South Lawn. Many have issued statements of support, which are attached.

GROUPS AND INDIVIDUALS ATTENDING HEALTH CARE SUPPORT EVENT

Aging 2000
AIDS Action Council
Alliance for Health Reform
Alzheimer's Association
Amalgamated Clothing and Textile Workers Union
American Academy of Child and Adolescent Psychiatry
American Academy of Family Physicians
American Academy of Pediatrics
American Academy of Physicians Assistants
American Association of Homes for the Aging
American Association for Marriage and Family Therapy
American Association for Partial Hospitalization
American Association of Children's Residential Centers
American Association of Medical Colleges
American Association of Pastoral Counselors
American Association of Physicians from India
American Association for Retired Persons
American Association of University Women
American Cancer Association
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American College of Physicians
American Council for the Blind
American Counseling Association
American Dental Association
American Ex-POWs
American Federation of the Blind
American Federation of State, County and Municipal Employees
American Federation of Teachers

American Gold Star Mothers
American Group Practice Association
American Health Care Association
American Heart Association
American Hospital Association
American Jewish Congress
American Legion
American Lung Association
American Medical Association
American Nurses Association
American Occupational Therapy Association
American Physical Therapy Association
American Psychiatric Association
American Postal Workers Union
American Public Health Association
American Speech-Language-Hearing Association
AMVETS
American Managed Care Review Association
American Society of Internal Medicine
Anxiety Disorders Association of America
ARC
Asian American Health Forum
Association of Academic Health Centers
Association of American Medical Colleges
Association of Schools for Public Health
Bazelon Center for Mental Health
Blinded Veterans Association
Blue Cross Blue Shield
B'nai B'rith International
Boston University Medical Hospital
Brandeis University; Dr. Samuel O. Thier, President
Brigham and Women's Hospital
Building Trades Council
California Health Care Institute
Catholic Charities USA
Catholic Health Association
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
Continental Health Affiliates
Dartmouth Medical Center; Jack Wennberg, M.D., Director of Center
for the Evaluative Clinical Sciences
Diario Los Americas
Disabled American Veterans

Duke University School of Medicine; Dr. Ralph Snyderman,
Chancellor for Health Affairs
Epilepsy Foundation of America
Families USA
Family Service America, Inc.
Federation of Families for Children's Mental Health
Fleet Reserve Association
Fourth Presbyterian Church
The Gerontological Society of America
GI Forum
Gold Star Wives
Group Health Cooperative of Puget Sound; Phil Nudelman,
President and CEO
Harvard Community Health of Rhode Island
Harvard School of Public Health; Harvey V. Fineberg, MD, Dean
Health Care Reform Project
HIP HMO
Hispanic Association of Colleges and Universities
Hispanic Council on Aging
Homeland Ministries
Hotel and Restaurant Employees and International Union
Human Rights Campaign Fund
International Association of Psychosocial Rehabilitation Services
I care of Arkansas Medical Center
Institute for Health Policy Solutions
Institute of Medicine
International Lady Garment Workers Union
Interreligious Health Care Access Campaign
Jewish War Veterans
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
Joint Center on Political and Economic Studies
Kirson Medical Equipment
Laborers International
Leadership Conference on Civil Rights
League of Women Voters
Legion of Valor
Long Term Care Campaign
Malibu Family Medical Center
Marine Corps League
Massachusetts Assistive Technology Partnership Center
Massachusetts General Hospital
Meharry College School of Medicine; Henry W. Foster, MD, Dean of
the School of Medicine and President for Health Services
Memorial Sloan-Kettering Cancer Center; Paul Marks, MD, President
and CEO
Mental Health Policy Resource Center
Mexican American Legal Defense and Education Fund
Midwest/Northeast Voter Registration Project
Military Order of the Purple Heart
National Abortion Rights Action League

National Alliance for the Mentally Ill
National Association of Children's Hospitals and Related
Institutions, Inc.
National Association of the Deaf
National Association of Hispanic Publications
National Association for Home Care
National Association of Letter Carriers
National Association of Public Hospitals
National Association of Social Workers
National Association of State Directors of Developmental
Disabilities Services
National Association of State Mental Health Program Directors
National Black Nurses Association
National Black Women's Health Project
National Caucus and Center on the Black Aged
National Community Mental Health Care Council
National Conference on Soviet Jewry
National Council of Senior Citizens
National Community Mental Healthcare Council
National Council of the Churches of Christ in the USA
National Council of Negro Women, Inc.
National Council on Jewish Women
National Council on the Aging
National Council on Independent Living
National Council of Senior Citizens
National Consumers League
National Easter Seal Society
National Education Association
National Farmers Union
National Federation of Black Women Business Owners
National Federation of Societies for Clinical Social Work
National Gay and Lesbian Task Force
National Health Policy Council
National Hispanic Council on Aging
National Hospice Organization
National Leadership Coalition for Health Care Reform
National Minority AIDS Council
National Medical Association
National Mental Health Consumer Self Help Clearing House
National Minority AIDS Council
National Organization for Rare Diseases
National Organization on Disability
National Puerto Rican Coalition
National Urban League
National Women's Health Network
National Women's Law Center
National Medical Association
National Puerto Rican Coalition
Northwestern Memorial Hospital
Older Women's League
Paralyzed Veterans of America
Parkland Memorial Hospital
Polish Legion of American Veterans USA
President's Committee on Employment of People with Disabilities

Purdue University; Steven Beering, MD, President
Religious Action Center
Retail Wholesale Department Store Workers
Retired Enlisted Association
Robert Wood Johnson Foundation; Stephen Schroeder, MD, President
Save Our Security
Scripps Clinic & Research Foundation; Dr. Charles Edwards,
President
Service Employees International Union
United Auto Workers
United Brotherhood of Carpenters and Joiners of America
United Mineworkers Union
United Seniors Health Cooperative
United Steelworkers of America
The University of Chicago Hospitals
The University Hospital
University of Notre Dame; Reverend Theodore Hesbergh, CSC,
President Emeritus of
University of Pennsylvania School of Medicine; William Kelley,
M.D.; Dean and Executive Vice President for the Medical
Center
Veterans of Foreign Wars of the United States
Vietnam Veterans of America
Vitas Corporation
Watts Health Foundation
Womens Legal Defense Fund

BUSINESS REPRESENTATIVES ON STAGE

Andrew Sharkey, III, American Iron and Steel Institute
Byron Cavaney, American Forest and Paper Association
W. Graham Claytor, Jr., Amtrak, Washington, DC
Kevin Harper, Autumn Harp, Bristol, Vermont
Curtis (Hank) Barnette, Bethlehem Steel, Bethlehem, PA
Eugene J. Barone, Blue Cross of Western Pennsylvania
Michael Levett, Businesses For Social Responsibility
Robert Eaton, Chrysler, Highland Park, MI
Alan Wurtzel, Circuit City Stores, Inc., Richmond, VA
Jack Rosen, Continental Health, Englewood Cliffs, NJ
Garry Drummond, The Drummond Company, Birmingham, AL
Earl Graves, Earl Graves Publishing Co., NY, NY
Alice Lusk, Electronic Data Systems (EDS), Dallas, TX
Terry Thorn, Enron Corp, Houston, TX
Peter Lynch, Fidelity Investments, Boston, MA
Ronald Burkle, Food 4 Less Supermarkets, Yucaipa, CA
Harold Poling, Ford, Dearborn, MI
John Hechinger, Sr., The Hechinger Company, Maryland
Mal Mixon, Invacare, Cleveland, OH
Robert Williams, James River Corporation, Richmond, VA
William Mauk, John Alden Insurance Company, Miami, Florida
Fred Julander, Julander Energy Co., Denver, CO
Elizabeth Lisboa-Farrow, Lisboa Associates, Washington, DC
Nancy Archuleta, MEVATEC Corp, Huntsville, AL.

Charlie West, National Association of Retail Druggists
Ronald Ziegler, National Association of Chain Drug Stores
George Allumbaugh, Ralph's Grocery, Compton, CA
Alex Grass, Rite Aid, Harrisburg, PA
Edward Gardner, Soft-Sheen Products, Chicago, Ill
Helen Mills, Soapbox Trading Company & The Mills Group, VA
Sanford and Susan Greenberg, TEI Industries, Washington, DC
Alan Solomont, The ADS Group, Boston, MA
Spencer Putnam, Vermont Teddy Bear Company, Shelburne, VT

HEALTH CARE GROUP SUPPORT EVENT
LIST OF SUPPORTERS ON STAGE WITH THE PRESIDENT

September 23, 1993

GROUP	NAME	CITY/STATE
Families USA	Ron Pollack, Executive Director	Washington D.C.
National Council on Aging	Daniel Thursz, President and CEO	Washington D.C.
American Nurses Association	Virginia Trotter Betts, President	Washington D.C.
Blue Cross Blue Shield	Barney Tresnowski, President	
AARP	Horace Deets, President	Washington D.C.
Vitas Corporation	Hugh Westbrook, CEO	Miami, Florida
National Council of the Churches of Christ in the USA	Joan Campbell, General Secretary	New York, NY
National Farmers Union	Lee Swenson, President	Denver, Colorado
AFL-CIO	Lane Kirkland, President	Washington, D.C.
AFL-CIO	Tom Donahue, Secretary Treasurer	Washington, D.C.
AFSCME	Gerald McEntee, President	Washington, D.C.
SEIU	John Sweeney, President	Washington, D.C.
Building Trades Council	Bob Georgine, President	Washington, D.C.
United Auto Workers	Owen Bieber, President	Detroit, MI
Citizen Action	Ira Arlook, Executive Director	Washington, D.C.
National Education Association	Keith Geiger, President	Washington, D.C.
American Health Care Association	Bruce Yarwood, President	Washington, D.C.

Catholic Health Association	John E. Curley, Jr.; President and CEO	St. Louis, MO
American Hospital Association	Richard Davidson, President	Washington, D.C.
National Association of Retail Druggists	Charlie West, Executive Director	Washington, D.C.
National Association of Chain Drug Stores	Ronald Ziegler, President	Washington, D.C.
Consumer Federation of America	Eugene Irvin Kimmelman, Legislative Director	Washington, D.C.
National Association of Social Workers	Ann Abbott, President	Villanova, Pennsylvania
American Medical Association	Joseph Painter, MD; President	Houston, TX
American Academy of Family Physicians	William Coleman, PhD; President-Elect	Scottsboro, AL
National Hispanic Council on Aging	Marta Sotomayor, Ph.D.	Washington, DC
American Academy of Pediatrics	Howard Pearson, President (pediatrician at Yale New Haven Hospital)	New Haven, CT
American College of Obstetricians and Gynecologists	Dr. Richard Hollis, President	Amery, MS
American College of Emergency Physicians	Dr. John McCabe; President-Elect	Syracuse, NY
League of Women Voters	Gracia Hillman, Executive Director	Washington, D.C.
National Black Nurses Association	Linda Burns Bolton, President	Washington, DC
Consumers Union	Linda Lipsen, Legislative Director	Washington, D.C.
American Academy of Physicians Assistants	Ann Elderkin, PA; President	Alexandria, Virginia

National Association of Childrens Hospitals and Related Institutes	Lawrence McAndrews, President	Alexandria, Virginia
AMVETS	Donald Hearon, National Commander	Lanham, MD
Paralyzed Veterans of America	Richard S. Johnson, National President	Washington, D.C.
Disabled American Veterans	Richard Marbes, National Commander	Washington, D.C.
Vietnam Veterans of America	James L. Brazee, President	Lafayette, LA
The American Legion	Bruce Thiesen, National Commander	Washington, D.C.
Veterans of Foreign War	Larry Rivers, Executive Director	Fairfax, VA
Group Health Cooperative of Puget Sound	Phil Nudelman, President and CEO	Seattle, WA
Robert Wood Johnson Foundation	Stephen Schroeder, MD; President	Princeton, NJ
Brandeis University	Dr. Samuel Thier, President	
American Society of Internal Medicine	Dr. Alan R. Nelson, Executive Vice President	Washington, D.C.
Johns Hopkins Health System	James Block, MD; President and CEO	Baltimore, MD
Johns Hopkins University School of Medicine	Michael M.E. Johns, MD; VP for Medicine and Dean of the Medical Faculty	Baltimore, MD
University of Pennsylvania School of Medicine	William Kelley, MD; Executive VP for the Medical Center and Dean	Philadelphia, PA
Memorial Sloan-Kettering Cancer Center	Paul A. Marks, MD; President and CEO	New York, NY
National Leadership Coalition for Health Care Reform	Henry Simmons, MD; President	Washington DC

Blue Cross Blue Shield of Iowa	Robert D. Ray, President and CEO	Des Moines, IA
Purdue University	Steven Beering, MD; President	West Lafayette, IN
Association of Academic Health Centers	Roger Bulger, MD; President	Washington DC
Scripps Clinic & Research Foundation	Dr. Charles Edwards, President	LaJolla, CA
Harvard School of Public Health	Harvey V. Fineberg, MD, PhD; Dean	Boston, MA
University of Notre Dame	Rev. Theodore Hesburgh, C.S.C.; President Emeritus	South Bend, IN
Duke University School of Medicine	Dr. Ralph Snyderman; Chancellor for Health Affairs	Durham, NC
Dartmouth Medical Center	Jack Wennberg, MD; Director of the Center for the Evaluative Clinical Sciences	Hanover, NH
Brandeis University	Dr. Samuel O. Thier; President	Waltham, MA
National Council of Senior Citizens	Larry Smedley, Executive Director	Washington, D.C.
Consortium for Citizens with Disabilities	Paul Marchand, Executive Director	Washington, D.C.
American Dental Association	Dr. Jack Harris, President	
National Council of Independent Living	Denise Figueroa, President	New York
National Medical Association	Dr. Tracy Walton, President-Elect	Washington, D.C.
American College of Physicians	Paul Griner, MD; President	Rochester, NY
Businesses for Social Responsibility	Michael Levett, President	Washington, D.C.
American Iron and Steel	Andrew Sharkey,	

American Forest and Paper	Red Cavaney,	
Amtrak	W. Graham Claytor, Jr., CEO	Washington, D.C.
Bethlehem Steel	Curtis "Hank" Barnette, CEO	Bethlehem, PA
Blue Cross of Western PA	Eugene Barrone, CEO	
Chrysler	Robert "Bob" Eaton, CEO	Highland Park, MI
Ford	Harold "Red" Poling, CEO	Dearborn, MI
Lisboa Associates	Elizabeth Lisboa-Farrow, CEO	Washington, D.C.
Julander Energy Co.	Fred Julander, CEO	Denver, CO
Enron Corp	Terry Thorn , CEO	Houston, TX
Soft-Sheen Products	Edward Gardner, CEO	Chicago, Ill
Earl Graves Publishing	Earl Graves, CEO	NY, NY
MEVATEC Corp	Nancy Archuleta, CEO	Huntsvilles, AL
Invacare	Mal Mixon, CEO	Cleveland, OH
The Drummond Companies	Gary Drummond, CEO	Birmingham, AL
Electronic Data Systems	Alice Lusk, CEO	Dallas, TX
Hechinger Company	John Hechinger,Sr., CEO	Maryland
John Alden Insurance	Bill Mauk, CEO	Miami, FL
Ralph's Grocery	George Allumbaugh, CEO	Compton, CA
Food 4 Less Supermarkets	Ronald Burkle, CEO	Yucaipa, CA
Autumn Harp	Kevin Harper, CEO	Bristol, VT
Fidelity Investments	Peter Lynch, CEO	Boston, MA
The ADS Group	Alan Solomont, CEO	Boston, MA
Vermont Teddy Bear Company	John Sortino, CEO	Shelburne, VT
Rite Aid	Alex Grass, CEO	Harrisburg, PA
Soapbox Trading Company and the Mills Group	Helen Mills, CEO	Virginia
Circuit City Stores, Inc.	Alan Wurtzel, CEO	Richmond, VA

James River Corporation	Robert Williams, CEO	Richmond, VA
-------------------------	----------------------	--------------

AFL-CIO NEWS UNION YES

DEPARTMENT OF INFORMATION 202 637-5010



**AFL-CIO President Lane Kirkland
Health Care Reform Press Conference
Washington, D.C.
September 21, 1993**

Today, the AFL-CIO Executive Council's Health Care Committee met to review what we understand to be the basic elements of the health care reform plan that President Clinton will present to the nation tomorrow evening.

Our assessment of the President's plan is that it meets labor's goals for health care reform. It will be good for working people, good for their families, and good for the country.

Accordingly, the AFL-CIO is going to support this historic initiative and we're going to conduct a major campaign for its enactment by the Congress.

We greet the unveiling of this plan with the hope that, at long last, America's working families will get some relief from the twin burdens of rising health care costs and diminishing coverage.

The plan contains strong cost containment measures. Cost containment is vitally important to working Americans, who have watched the spiraling price of their health care plans consume resources that should be going to wages and other benefits.

The plan will provide health security to everyone, regardless of their age, employment status or the condition of their health.

Everyone will be covered, and that will be of great comfort to working people and their family members, who now wonder whether their health insurance will be there for them if they need it in the future.

For the consumer, the plan, as we read it, will preserve choice. It will preserve quality. And it will simplify a system that has become overburdened with paperwork and red tape for patient and provider alike.

Finally, this plan will accomplish a goal that the labor movement has sought for the better part of this century – and that is health care for every American.

**Kirkland/Press Conference
September 21, 1993**

2

That would be a great leap forward for our society, and President Clinton ought to be commended for becoming the first President since Harry Truman to propose it.

We'll be behind him in this great effort. We're ready to work with his administration and all who share our vision of comprehensive health care reform.

Of course, we expect a tough fight. We do not expect those who profit from the inequities of the current health care system to give up their stranglehold without a fight.

We know they have a great deal of money – money, I might add, that was provided largely by working people through their premiums. And we know they are prepared to use their millions to trash this plan and preserve the status quo.

We will not let them get away with it. They may have money, but we've got the people on our side. And millions of trade unionists across the country – along with their friends and family members – are ready to fight the good fight.

Our members have spoken loud and clear for health care reform. This is the plan. We're ready to see it enacted into law.

###

09/22/93 13:47 0401 421 1001 3.0.3.

Aging 2000

A Project of Interfaith Health Care Ministries, Inc.

President Clinton
The White House
Washington, DC 20500

September 22, 1993

Dear President Clinton:

Aging 2000 is a grassroots health care reform project for the elderly in Rhode Island that involves medical and social health care providers, insurers, hospitals, physicians, consumers, elected officials, and state and federal agencies in both the planning and delivery of care. Our goal is to improve health care for the elderly and contain costs at the same time.

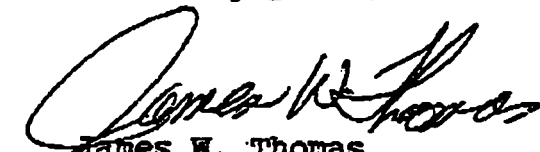
We believe that the principles of national health care reform that you are proposing are very much in keeping with the philosophy of care that underlies our efforts. We are supportive of the values and direction for national health reform that you have created, and we look forward to collaborating with you on local and national initiatives.

We are now ready to implement several models of service delivery in Rhode Island. We believe that the lessons learned through our demonstrations will be useful to the nation as it begins its path to reform. We are eager to share what we learn with you and to embark on this exciting experiment of universal health care for all Americans with you.

Thank you for the invitation and opportunity to participate in your announcement of the health care plan on September 23 in Washington.

We congratulate your efforts and wish you every success.

Sincerely yours,



James W. Thomas
Director

DATE: Wednesday, September 22, 1993

TO: Media Covering President Clinton's Address on Health System Reform

FR: American Dental Association

RE: ADA Prepared to Respond to President Clinton's Health System Reform Plan

The American Dental Association (ADA), which represents 140,000 dentists, is prepared to respond to President Clinton's address to a joint session of Congress on his health system reform plan.

"The American Dental Association agrees with the President that a high priority should be placed on children," said Dr. Jack Harris, president of the Chicago-based ADA, commenting on the President's plan to offer preventive dental benefits to children to age 18. "However, we believe any health system reform plan should first focus limited federal funds earmarked for dental benefits on providing oral health care to poor people of all ages starting with children."

With regard to how dentistry fits into the overall theme of health system reform, Dr. Harris said "dentistry has, for a majority of Americans, already achieved many of the goals which President Clinton is struggling to accomplish with health system reform--cost containment and improved access to care and an emphasis on prevention," he said.

Dr. Harris pointed out that dental insurance plans, for instance, encourage people to seek preventive care by reimbursing them at a higher percentage for regular teeth cleanings and checkups and a lower rate for more costly restorative work.

Dr. John S. Zapp, executive director of the ADA said that the delivery and financing of dental care has traditionally differed dramatically from medical care, making a merger between the two systems unworkable.

"Only four percent of dental services are paid for with public funds," said Dr. John S. Zapp, executive director of the ADA, explaining one reason why the Clinton Administration has not scrutinized dentistry as it has medicine, pharmaceuticals and insurance.

Dr. Zapp said the ADA applauds the Clinton Administration for recognizing that oral health is an integral part of overall health. He indicated the ADA is looking forward to working with both the Clinton Administration and Congress to ensure that Americans receive the finest oral health care possible under health system reform.

Note to media: For more information, or to arrange an interview with Dr. Zapp or ADA leadership, call Chris Martin at the ADA at 312/440-2806.

###

Statement of Support



AIDS Action Council, the Washington voice of our nation's AIDS organizations, applauds President Clinton for taking this historic step to reform the nation's health care system. The AIDS epidemic, more than any other public health crisis, has exposed the woeful inadequacies of our existing health care delivery system. The proposal set forth by the President provides the first comprehensive national framework for addressing a broad range of health care issues facing people living with HIV/AIDS from the elimination of pre-existing condition exclusions to the preservation and enhancement of Ryan White CARE Act programs.

We look forward to continuing to work with the Administration to assure that issues and concerns of special interest to people living with HIV/AIDS are addressed.

September 21, 1993

Daniel T. Bross
Executive Director
AIDS Action Council

1875

Connecticut Ave NW

Suite 700

Washington DC

20009

Fax 202 986 1315

Tel 202 986 1300



THE CLINTON HEALTH CARE PLAN

The President's plan dramatically changes the way we think about health care in this country. Instead of drawing harsh lines between medical care and long term care, the President is saying that Americans who have Alzheimer's disease and other chronic illnesses or disabilities also have a right to the care they need.

The Alzheimer's Association commends the President not only for his commitment to long term care but to the framework of his specific proposals, which embody the Association's recommendations for appropriate and cost-effective care.

The President's long term care proposals will give families the help they need to care for their loved ones at home where they want to be, without bankrupting the family or destroying the caregiver's health. His plan also takes useful steps to help with the overwhelming cost of a nursing home when that is the only option for care.

The President is offering help now to the 4 million American families who are dealing with Alzheimer's disease today, through his long term care proposals. By recommending increased funding for Alzheimer research, he is also offering hope to the 14 million Americans who will get Alzheimer's before they die if scientists do not find a way to stop the disease. Alzheimer's disease is the leading cause of dementia and the fourth-leading cause of death among adults. At least half of current residents of nursing homes have Alzheimer's disease or a related dementia.

The Alzheimer's Association is the only national voluntary health agency dedicated solely to support for persons with Alzheimer's disease and their families and to research to find the causes and effective treatments for the disease. The Association works through 220 chapters and thousands of support groups in the 50 states.

9/21/93

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOC. INC.

Washington Office: 1319 F St., NW, Suite 710 • Washington, DC 20009 • Phone: (202) 393-7733 • Fax: (202) 393-2109

American
Academy of
Pediatrics



Fifteenth Street, N.W.
400 North
Washington, D.C. 20005

News Release

CONTACT: Jeff Kimball
Marjorie Tharp
202/347-8600

Statement of Howard Pearson
President
American Academy of Pediatrics
for September 22, 1993

EMBARGOED FOR RELEASE UNTIL 9:00 P.M.

"The President took a bold and courageous step towards comprehensive health care reform tonight. The Clinton proposal has identified the right elements needed to ensure a healthier future for our children, including: a strong emphasis on prevention and primary care; guaranteed access to a one-tier system of care; health insurance reforms that would finally do away with pre-existing conditions, and; a solid basic benefits package, including comprehensive coverage for immunizations. The Clinton proposal also makes an unprecedented effort to reach out to adolescents, an often forgotten population, to bring them into the health care system where they can get the guidance they need to make responsible health choices.

The American Academy of Pediatrics gives the President an "A" for addressing the needs of this country's youngest citizens. Providing all children access to health care is the foundation upon which meaningful health care reform will be built. Now we all must shoulder the burden to make sure that children have a voice until the final vote is tallied, and comprehensive health care reform is passed.

We applaud President Clinton for talking seriously about health care reform. The 45,000 pediatricians at the American Academy of Pediatrics earnestly look forward to working with the President and both Republicans and Democrats in Congress as health care reform moves through the legislative process."

###

The American Academy of Pediatrics is an organization of 45,000 pediatricians dedicated to the health, safety and well-being of infants, children, adolescents and young adults.

Work: 617-625-6600 x4300
after 4:30:
617-625-6875



American Academy of Physician Assistants

950 North Washington Street, Alexandria, Virginia 22314
(703) 836-2272 FAX: (703) 684-1924

ANN L. ELDERKIN, PA PRESIDENT 1993-94 AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS

Ann Elderkin represents one of the fastest growing health care professions in the United States -- physician assistants (PAs).

Physician assistants are medically trained to provide health care services that traditionally have been performed by doctors, including diagnosing illnesses, developing treatment plans, assisting in surgery, and in most states prescribing medication. They practice medicine with the supervision of a physician, yet most state laws provide for supervision to occur via telephonic communications.

In addition to her volunteer duties as president of AAPA, Elderkin is the director of the Health Department in Somerville, Massachusetts. Somerville is a city of 76,000 residents next to Boston. Somerville faces some of the pressing health care issues of today -- AIDS, tuberculosis, smoking, violence, substance abuse, lead paint poisoning, childhood immunizations, elderly health care, and the health problems of those who are under- and un-insured.

Elderkin received her medical training at the Yale University School of Medicine Physician Associate Program and graduated in 1980. Her clinical work has included internal medicine, cardiothoracic surgery, family medicine, and outpatient "urgent care" medicine at Harvard Community Health Plan, one of the largest HMOs in Massachusetts. Elderkin received her bachelor's degree in Human Services Administration from the University of Massachusetts in Amherst in 1976.

Just prior to her appointment as director of the Somerville Health Department in 1990, Elderkin worked as a senior research analyst for the chairman of the State Senate Health Care Committee. She was responsible for analyzing and developing legislation and budget amendments on health care policy and financing issues, including a universal health care law, medical malpractice insurance, and health care cost containment.

In her position as director of the Health Department, Elderkin has been a leader in AIDS education and services. She also has led the effort to pass comprehensive local tobacco control regulations and to implement educational programs to promote non-smoking. She serves on the board of trustees of her local hospital and on the Governor's Advisory Committee on Childhood Lead Poisoning Prevention. Elderkin is a former VISTA volunteer.

"If we are going to truly reform the health care system and do it in a way that will reduce health care costs without reducing quality, then we must consider new ways of delivering that health care." -

Ann Elderkin speaking before the President's Health Care Task Force, Washington, DC. April 2, 1993

REVISED DRAFT

PHYSICIAN ASSISTANTS APPLAUD HEALTH CARE REFORM PLAN

The president of the American Academy of Physician Assistants (AAPA), Ann Elderkin, PA, from Somerville, MA, today issued the following statement in response to President Bill Clinton's health care reform proposal:

"The debate over universal health care coverage has gone on long enough. Today's announcement is an important step toward making it a reality. We endorse the goals and objectives of the Clinton plan. It is the most comprehensive health care reform plan yet proposed.

"There are too many men, women, and children in the United States without adequate care. The Clinton plan addresses the need for greater access to medical services.

"There are too many conflicting interests in today's health care system. The Clinton plan outlines a team approach to health care that focuses on the needs of the patients.

"There are too many communities today lacking health care services. The Clinton plan encourages the utilization of a mix of health care providers in rural and urban areas.

"AAPA recognizes that changes will be made to the plan as it is debated in Congress. We will be actively working to retain those elements in the plan that promote: universal access, comprehensive primary and preventive care, fair and equitable cost

controls, patient choice of providers, and enhanced access to health care services performed by physician assistants and other non-physician providers."

The Clinton health care reform plan recognizes that physician assistants (PAs) are essential to the delivery of primary care and preventive health care services to an increasing number of people. The proposal calls for doubling the number of PA graduates by increasing federal funding for PA programs. It encourages the adoption of state laws to increase utilization of PAs. It also includes tax credits for PAs who work in rural communities.

AAPA represents the more than 27,000 physician assistants in the United States and the armed forces. PAs are educated to provide health care services that traditionally have been provided only by physicians, such as conducting physical exams, diagnosing illnesses, ordering and interpreting tests, establishing treatment plans, assisting in surgery, and in most states writing prescriptions. PAs practice medicine with the supervision of physicians, though most state laws provide for supervision to occur by telephone or radio. Approximately 57% of all physician assistants provide primary care services, and approximately a third work in communities with fewer than 50,000 people.

###



AMERICAN ASSOCIATION OF HOMES FOR THE AGING
901 E STREET NW, SUITE 500, WASHINGTON, DC 20004-2037
202 • 783 • 2242 FAX 202 • 783 • 2255

September 21, 1993

FOR IMMEDIATE RELEASE

STATEMENT OF
SHELDON GOLDBERG, PRESIDENT
ON
PRESIDENT CLINTON'S HEALTH CARE REFORM PLAN

We are encouraged by the health reform proposal put forward by President Clinton this week. In particular, we support the inclusion of increased financing for home and community-based care and for the attempt to begin solving problems related to payment for long-term care.

As employers of more than 500,000 dedicated care-givers, AAHA members are likely to have similar concerns as other small and medium-sized employers nationally. But, morally and ethically, AAHA believes that all Americans have a right to health care. The President's plan for solving the problem of the uninsured and addressing the health care cost crisis is a step in the right direction.

Our members, as part of their historic mission of providing health care, housing and community services to the nation's elderly, have long advocated helping individuals to live as independently as possible for as long as possible. These new benefits are likely to help millions of older Americans and others with disabilities to be cared for in their homes for as long as practicable.

AAHA does not feel, however, that this approach to long-term care will cost society less. Nursing home care will continue to be a viable and cost-effective alternative for many persons with serious disabilities for whom care in another setting would be impractical.

The expansion of benefits for skilled care and the liberalizing of Medicaid asset rules are welcomed.

Representing not-for-profit organizations dedicated to providing quality health care, housing and services to the nation's elderly

CATHERINE A. PRICE, RHP, CHAIR SHELDON L. GOLDBERG, PRESIDENT

Regional Offices in Albany • Chicago • Denver • Orlando

We are also proud to see elements of "Partnership in Caring" -- AAHA's own long-term care reform plan -- incorporated in the President's proposal. For example, both the President's plan and AAHA's provide incentives to encourage the growth of long-term care insurance.

The home and community-based care program also mirrors elements of the AAHA-adopted plan and has our support. We do, however, see a continued need to address broader long-term financing issues as the health reform debate advances. We continue to believe that government program benefits must accurately reflect the cost of providing high quality services and meeting regulations.

As it has up until now, AAHA, its state affiliates and its members will continue to work with the Administration and Congress during the debate and deliberation on this important issue.

The American Association of Homes for the Aging represents more than 4,500 not-for-profit nursing homes, continuing care retirement communities, senior housing and assisted living facilities and community service agencies for the elderly nationwide.

#

NOTE TO REPORTERS AND ASSIGNMENT EDITORS: AAHA spokespersons are available for comment/interviews on the Clinton plan. Call Scott Parkin at 202/508-9450, Deborah Cloud at 202/508-9458, or Alice Rita at 202/508-9475 for assistance.

**AMERICAN ASSOCIATION
OF PASTORAL COUNSELORS**

9504A Lee Highway
Fairfax, Virginia 22031-2303

The Rev. C. Roy Woodruff, Ph.D.
Executive Director

September 22, 1993

The American Association of Pastoral Counselors supports the leadership and initiatives taken by President and Mrs. Clinton in the reform of health care in America. With great appreciation for this effort, we look forward to working together for the refinement of benefits to achieve truly comprehensive and equitable mental health coverage. This is an exciting and historic event.

**C. Roy Woodruff, Ph.D.
Executive Director**



NEWS

American
College of
Emergency
Physicians

CONTACT: Kate Perrin
or Jane Howell
(202) 728-0610

FOR IMMEDIATE RELEASE

September 23, 1993

ACEP SUPPORTS HEALTH CARE REFORM WITH SAFEGUARDS FOR ACCESS TO EMERGENCY CARE

The American College of Emergency Physicians (ACEP) today commended President Clinton for his efforts to enact comprehensive health care reform, and his commitment to ensure universal access to care for all Americans.

"As the physician group currently providing the major source of medical care to the uninsured, we applaud President Clinton for making this issue a major priority of his Administration, and for making access to health care the central theme of his plan," said ACEP President Robert Williams, MD, FACEP. "Such efforts are long overdue."

ACEP endorses a number of provisions in the President's plan, including the concept of mandating employers to provide health insurance for their employees, and supports the use of so-called "sin taxes" on tobacco and alcohol to provide additional revenue to finance coverage to the uninsured.

"It is a primary goal of our specialty to ensure the availability and access to critical emergency services for all of our patients," said Williams. "Emergency care is a critical community resource that our citizens will demand be maintained at a high level of both quality and availability."

At the same time, the American College of Emergency Physicians is calling for explicit federal standards to be added to the plan to guarantee the continued availability and economic viability of essential community emergency medical services. In particular, the College is concerned that safeguards be added to the bill so that undue obstacles will not prevent individuals from seeking emergency care. Specifically, emergency physicians would like to see provisions that would prevent health plans from dissuading patients from using the emergency department when they believe it is necessary, guarantee the provision of and payment for a medical screening examination for all patients who come to the emergency department, and establish mechanisms to ensure the continued viability of timely emergency care in every community.

"We will continue to work with the Administration to make passage of health care reform a reality, and to ensure continued access to emergency services for all our patients," concluded Dr. Williams. "We join with the President in a commitment to move this process forward in order to guarantee universal health care coverage for all Americans."

#

NEWS

American College of Physicians

Publisher of Annals of Internal Medicine

Monday, September 20, 1993

For immediate release

STATEMENT OF THE AMERICAN COLLEGE OF PHYSICIANS ON THE PRESIDENT'S HEALTH CARE REFORM PLAN

The American College of Physicians, the nation's largest medical specialty society, today expressed overall support for the President's blueprint for health care reform at a meeting between the President and physician leaders.

The President's proposal guarantees stable and secure health coverage for all Americans, regardless of employment or health status. Patients can stay with the same doctor over time because patients, not employers, control their coverage choices. Patients, not their employers, choose their health plans and their physicians. And patients and physicians continue choosing the practice arrangements they prefer, including traditional fee-for-service.

The Clinton proposal is a moderate and uniquely American approach to reform that will be the vehicle for building consensus and moving legislation through Congress. The proposal combines market forces -- competition based on price and quality -- with society's evolving perception of health care as a fundamental right, not a mere economic commodity.

Key elements of College policy are reflected in the Administration's health plan and these must remain in legislation as it moves forward:

- universal access to comprehensive health care;
- a national health care budget;
- a mix of public and private financing;
- competition among health plans based on price and quality;
- physician and patient choice; and
- enhancement of primary care practice.

As with any complex set of reforms, the President's proposal contains elements which must be changed for full physician support. The malpractice reform component is weak and must be strengthened significantly. We will closely monitor proposed strategies to address issues in graduate medical education, the health care workforce, and the authorities of new agencies at the federal and state level.

The President and leading Republicans have said the status quo is unacceptable. The College agrees. In the debate ahead, the American College of Physicians will be a constructive force for change.

The American College of Physicians, founded in 1915, is the nation's largest medical specialty society, representing 80,000 physicians practicing internal medicine and its subspecialties.

Contact: Kathleen Haddad, Dept. of Public Policy, 202-393-1650 or
Susan Anderson, News and Information, 215-351-2653

**The
American
College of
Obstetricians and
Gynecologists**

September 22, 1993

**William Jefferson Clinton
The President of the United States of America
The White House
Washington, DC 20100**

Dear Mr. President:

The American College of Obstetricians and Gynecologists (ACOG), an organization representing more than 33,000 obstetrician-gynecologists, would like to commend you and Mrs. Clinton on your commitment to the betterment of health care in the United States. Your proposal, the American Health Security Act of 1993, is a giant step forward toward ensuring that all citizens of our nation have access to quality health care.

ACOG is supportive of the goals put forth in your health care reform package. Most importantly, we are very pleased to be defined as primary care physicians for women in your health care reform package. This designation will ensure that all women will be able to continue to freely access the primary/preventive health care services offered by their obstetrician-gynecologist.

We also believe that improved access to reproductive and prenatal care, as proposed in the American Health Security Act, will benefit the lives of all American women and their children. Furthermore, we are heartened to see that family planning and pregnancy-related services are covered in the proposed guaranteed national benefit package. These services, coupled with the availability of clinical preventive services important to women, such as Pap smears, pelvic examinations and mammograms, will undoubtedly give the women in this country the assurance that this vital health care is available.

We are also pleased to see that perinatal health, reproductive health (including contraceptive development, STDs, adolescent pregnancy and pregnancy-related complications), women's mental health and HIV/AIDs are included under your "priority areas" for prevention research. In addition, the College is encouraged that some first, positive steps have been taken in your plan to address the malpractice problem, even though we believe that further reforms are needed to remedy this particular cause of spiraling health costs.

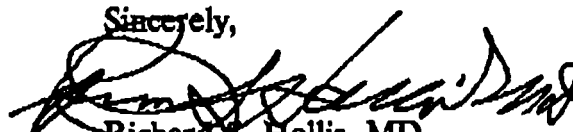
Although the College believes there are some deficiencies in the package as it is proposed,

we believe they are differences that can be worked out. For instance, the proposed schedule of clinical preventive services (which includes the frequency of Pap smears, pelvic examinations and mammograms) is contrary to the accepted scientific guidelines that are embraced by the major medical and cancer prevention groups. We will continue to work with you and the Congress to improve this package during the legislative process.

We have appreciated the opportunities extended by your Administration to comment on various aspects of the health care reform plan as it has evolved. Your Administration has certainly done its best to address the concerns of the various groups interested in health care reform and, judging by your proposal, you have certainly attempted to reconcile these concerns.

Again, ACOG supports you and Mrs. Clinton in your effort to provide affordable health care to all Americans. You are to be commended for your commitment to the betterment of health care in America. We look forward to working with you as this package proceeds through the legislative process.

Sincerely,

A handwritten signature in dark ink, appearing to read "Richard B. Hollis", is written over a circular stamp or seal.

Richard B. Hollis, MD
President

RSH:S:sw

FOR IMMEDIATE RELEASE
Wednesday, September 22, 1993

FOR MORE INFORMATION CONTACT:
Bob Harman or Janet Rivera 202/429-1130

STATEMENT BY
GERALD W. MCENTEE
PRESIDENT OF THE AMERICAN FEDERATION OF STATE,
COUNTY AND MUNICIPAL EMPLOYEES (AFSCME), AFL-CIO
ON PRESIDENT CLINTON'S HEALTH CARE REFORM ACT

"President Clinton has already succeeded where Presidents since Harry Truman have failed. He's put comprehensive, universal health care on the national agenda.

"To those who want to block health care reform, those who peck away at it like a thousand ducks we say: 'Get out of the way. There are more of us than there are of you -- working people, health care providers, business leaders and Americans of all ages -- and with the President of the United States on our side we're going to win.'

"This is the time for honest, critical debate and decision making. And it's time for Congressional action. AFSCME's politically active members all over the country will be engaged in pushing for passage of comprehensive, affordable health care."

###

FOR IMMEDIATE RELEASE: September 22, 1993

**Contact: Donald W. Fisher, Ph.D., CAE
AGPA Executive Vice President and
Chief Executive Officer
(703) 838-0033
or
Brent V. Miller, M.S.P.A.
AGPA Director of Government Relations
(703) 838-0033**

AGPA SALUTES WHITE HOUSE LEADERSHIP ON HEALTH SYSTEM REFORM

Washington, D.C. - The American Group Practice Association salutes President Clinton, First Lady Hillary Rodham Clinton and others who have participated in the White House Task Force on Health Care Reform for their tireless efforts in developing a detailed and comprehensive plan addressing health system reform for America.

"The President's plan shows Americans that the status-quo is no longer an option," says AGPA Executive Vice President and Chief Executive Officer, Donald W. Fisher, Ph.D. "The President has taken a major step toward reforming the nation's health care system by including substantial reforms in the areas of insurance, malpractice, administrative simplification, and public assistance for the indigent," stated Fisher.

Fisher indicates that the 26,000 physicians in the 250 AGPA member group practices are encouraged that the President addressed many of the issues that group practices have been raising for several years. Phil Lee, M.D., one of the President's leading health care advisors, calls group practice the "single most important innovation" in American health care delivery.

The President's plan has focused the nation's attention on issues of primary concern to group practices, such as management of the utilization of services, quality improvement through outcomes research, and the cost efficiencies which result from the integration of health care services. Dr. Fisher further emphasized that "Group practices have shown that cost efficiency and shared responsibility mold the environment of practice and create centers of excellence. As organized delivery systems, group practices demonstrate that quality and accessibility can be improved while constraining the growth of costs."

AGPA has some reservations with the plan on issues such as price controls - which could lock existing inequities of the current system in place; the implementation of global budgets among all the states where spending on health care is widely variable; and the highly regulatory potential for the proposed purchasing alliances. "Despite the overwhelming need for national health reform, we urge the President to not deter the innovative efforts of group practices," stated Fisher.

"As physician led organizations, quality patient care has always been the first priority of group practices," asserted Fisher. Dr. Fisher further assured that in the challenging months to come group practices will offer their full assistance and cooperation to the President as the nation attempts to design a health care system that provides quality care to every citizen.

The American Legion

★ NATIONAL HEADQUARTERS ★ P. O. BOX 1055 ★ INDIANAPOLIS, INDIANA 46206 ★
(317) 635-8411 ★



OFFICE OF THE
NATIONAL COMMANDER

September 21, 1993

Mrs. Hillary Rodham Clinton
The White House
Washington, DC 20500

Dear Mrs. Clinton:

Thank you for inviting our staff to participate in the informative briefing on September 18, about how veterans will be affected by the administration's Health Security Act.

The American Legion's Veterans Planning and Coordinating Committee has been discussing this issue for more than 2 years. The recommendations of the VPCC were endorsed by the Legion's National Executive Committee in May 1992, and our plan was published late last year.

From the beginning of your deliberations on a national health care plan we were concerned not so much with what veterans could get out of any change in the delivery of health care nationally, but with the prospect that veterans might be left out of the overall mix of delivery schemes. On several occasions in the past 8 months we have shared our concerns with Secretary Jesse Brown and with you. Clearly, you and the members of the health care task force took our concerns seriously, and we are most appreciative of the efforts each of you made to ensure that veterans will be treated with equity and dignity.

While we do not know the final shape of the Health Security Act, we stand ready to fight to protect the benefits that have been described to us by you and Secretary Brown, and to use the power we have to let members of Congress know how we feel.

The American Legion will not stand by and let VA suffer from the status quo. We are well aware of the importance of the inclusion of VA health care in a national health program, if the system designed for veterans is to survive.

Sincerely,

A handwritten signature in cursive script that reads "Bruce Thiesen".
BRUCE THIESEN
National Commander

TO: DEBBIE
FINE

4 PAGES

ANA

Capitol Place, Building #3
50 F Street, N.W.
Suite 1100
Washington, D.C. 20001
Telephone: 202.638-1100
FAX NO. 202.626-2345

STATEMENT FROM
THE AMERICAN HOSPITAL ASSOCIATION
ON PRESIDENT CLINTON'S HEALTH CARE REFORM PROPOSAL
September 17, 1993

Attribute to: Richard J. Davidson

President Clinton promised the American people that he would exercise strong leadership in health care reform. In offering a comprehensive set of proposals to frame the debate, he has done just that. America's hospitals commend the President and the First Lady for their historic effort to analyze the strengths and weaknesses of our health care delivery system, and offer concrete ideas on how it can be improved.

The President has, in effect, fired the starting gun. The challenge facing him now is to engender and sustain a cooperative spirit with the Congress to achieve much-needed change in one of the most fundamental aspects of our lives: care of our loved ones and ourselves when we are sick or injured. While the President has provided a strong voice and credible proposals for change, his are not the only ideas that will be debated. Republicans in the House and Senate and others in the President's own party have put forth thoughtful proposals that will become

part of the discussion.

It's clear we're at the start of a long legislative process -- we're beginning a marathon, not a sprint. America's hospitals have made a long-term commitment to health care reform. We support a reform vision that will mean dramatic change for us, and for all others who make up and use our health care delivery system -- in other words, for everyone.

We seek the kind of change that will put patients and communities at the center of the health care system. We want hospitals, physicians, and other health care providers to have sound reasons to work together, rather than at cross purposes. We want to eliminate expensive duplication of services and technology, and to contain costs.

To a significant degree, the President's plan reflects these principles. We share his belief that health coverage for all Americans must be the bedrock of any reform proposal. We see in his plan a bold yet realistic way to change the way we provide care and pay for it -- a way that will help consumers take more responsibility for their health, and will lead to wiser use of health care resources. And we share the President's view that the least disruptive way to achieve these goals is to preserve and strengthen our present system of providing health coverage through employers, and make coverage available through the government for those not employed.

We do, however, have serious concerns about aspects of the President's proposal. Most significantly, our concerns center on the structure of health alliances; on the proposed level of Medicare and Medicaid reductions; and on the lack of a timetable for folding Medicare recipients into the overall plan. We have a serious question about how reform would be financed. We believe that any global budget for health care spending should be based on people's actual health needs, not an abstract, mechanical formula.

Where do we end up when hospitals balance our support vs. our reservations? In the final analysis, there is far more common ground than battleground here. We pledge, to all those who have a sincere interest in making the health care system work better, that hospitals are willing to work hard to achieve reform. We will strongly support the President where we can, and engage in honest and open dialogue to reach consensus on those areas of the President's reform plan with which we disagree. And we will work in exactly the same manner with Members of Congress, Republicans and Democrats, because that is the only way to reach our goal of comprehensive health care reform.

And comprehensive reform is what the American people are asking us to do. Even those with adequate care today understand tomorrow's health care uncertainties. To do nothing, or worse, to fall back on simplistic solutions that may look like reform

but in reality do nothing to address the underlying problems facing our health care system, only postpones and complicates our task.

The road before us is a long one. There will be changes in positions, and months of give and take. But it's all part of the process of building consensus toward a health care system that better serves all Americans. To get there, all parties must put aside self-interest and keep the real target in view: the best interests of communities across America.

American Nurses Association
600 Maryland Avenue SW
Suite 100 West
Washington, DC 20043-4571
TEL 202 534 4444
FAX 202 534 2362

FOR IMMEDIATE RELEASE
September 22, 1993

CONTACT: Joan Meehan, ext. 244
Lisa Wyatt, ext. 240
Kathryn Scott, ext. 242
Kim Smith, ext. 243

AMERICAN NURSES ASSOCIATION SUPPORTS CLINTON HEALTH PLAN AS BEST VEHICLE FOR REFORM

Pledges Grassroots Support to Bolster Congressional Action

WASHINGTON, DC - Calling it a bold, visionary plan that addresses the fundamental problems of the nation's health care system, the American Nurses Association (ANA) today announced its strong support of the Clinton Administration's health care reform plan. ANA believes that consumers will benefit from the security of knowing they have access to comprehensive, quality health care services. The plan represents a major victory for registered nurses, who will play a larger role in the delivery of care, particularly preventive and primary health care.

"America's nurses believe that access to appropriate, quality, affordable health care is a right, not a privilege. The reforms proposed by the Clinton Administration are revolutionary in scope and demonstrate a commitment to fix a system that is broken," said ANA President Virginia Trotter Betts, JD, MSN, RN.

ANA, which has actively promoted nursing's reform plan, *Nursing's Agenda for Health Care Reform* since 1990, specifically praised the provisions of universal access, a mandated comprehensive benefits package, insurance reforms and recognition of advanced practice nurses and registered professional nurses as qualified providers for a continuum of health care services.

MORE...

NEWS RELEASE

CLINTON HEALTH PLAN/2

"This plan puts a greater emphasis on maintaining health and wellness, concepts that are central to nursing," said Betts. "It means that consumers will have access to a variety of cost-effective providers and will be able to choose an advanced practice nurse for care if they wish. It means that advanced practice nurses will be able to diagnose, treat and prescribe medications for everyday health care needs without unnecessary, costly oversight."

Currently, 100,000 advanced practice nurses provide primary health care services. The Clinton plan is calling for a new funding system to prepare more nurses as primary care providers to meet the demands of the new health care system. This special entitlement could be a mechanism similar to that for resident physicians.

ANA also supports the plan's approach to controlling the increase in health care costs, specifically through paperwork reduction, a crackdown on fraud and abuse, quality assurance initiatives and malpractice reforms. ANA supports provisions in the plan that empower consumers to be more active participants in health care decisions based on cost, quality and outcomes data as well as including consumers on key health care boards.

Overall, ANA believes the plan will greatly benefit consumers, especially children, the underserved, and the elderly. Consumers will have greater access to services that maintain and enhance their health and wellness provided by registered professional nurses in community locations, such as schools.

"This is a bold plan that puts consumers' needs first and foremost," said Betts. "The nation's nurses believe in President Clinton's plan. We support its goals and we will continue to work hard so that health security for all Americans becomes a reality as quickly as possible."

ANA has committed its national grassroots lobbying system, Nurses Strategic Action Team (NSTAT) to promote health care reform at the local and state levels. NSTAT is comprised of thousands of nurse volunteers who work to generate media, political and hometown support as well as lobby their federal senators and representatives.

###

The American Nurses Association is the only full-service professional organization representing the nation's 2.2 million Registered Nurses through its 53 constituent associations. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

k:\releases\clinton.sho dist.: entire



**American Physical
Therapy Association**

1111 North Fairfax Street
Alexandria, VA 22314-1488
703/684-2782
703/684-7343 Fax

Officers

Marilyn Moffat, PT, PhD, FAPTA
President

Jane M. Waller, PT, EdD
Vice President

Barbara A. Melzer, PhD, PT
Secretary

David W. Perry, MS, PT
Treasurer

Andrew A. Guccione, PhD, PT
Speaker of the House

Ron E. Massey, Jr., PT
Vice Speaker

Directors

Samuel M. Brown, PT

John S. Dunsinger, PhD, PT

John L. Gwyer, PhD, PT

Colleen M. Kigin, MPA, PT

Patricia C. Montgomery, PhD, PT

Roger M. Nelson, PhD, PT

Blair J. Packard, MS, PT

Jan K. Richardson, PT, PhD, OCS

Joseph W. Smey, EdD, PT

Chief Executive Officer

William D. Coughlan, CAE

C • COMBINED

S • SECTIONS

M • MEETING

New Orleans

Feb. 2-6, 1994

APTA • APTA • 1994
INTERNATIONAL CONGRESS

Toronto

June 4-8, 1994

September 22, 1993

The Honorable Bill Clinton
President, U.S.A.
The White House
Washington, D.C. 20500

Dear President Clinton:

The American Physical Therapy Association (APTA) is the national Association representing over 57,000 physical therapists, physical therapist assistants and students of physical therapy. The APTA shares the desire of the American public, other health care providers and our political leaders to make health services more accessible, less costly, and more effective for all Americans. President Clinton's health care plan includes many of the general principles that APTA supports. The APTA applauds President Clinton for his undying commitment to reforming our health care system.

Physical therapists are an integral part of the health care delivery system. Physical therapists provide services to a wide spectrum of patients in a variety of settings: from prenatal care to newborns to older Americans and from community centers to large teaching hospitals. The benefits of rehabilitation and physical therapy services are well documented and services are covered in nearly all federal, state and private insurance plans. Physical therapy services are among the most cost effective health services because a limited course of physical therapy often shortens a hospital stay, prevents future injury, and improves health outcomes. Physical therapists help 900,000 individuals daily to restore health and alleviate pain. Today's physical therapy profession serves a dynamic comprehensive health care role in improving and maintaining the quality of life for millions of Americans.

APTA commends President Clinton for his dedication to reform of our health care system. We look forward to working with the President to create a system in which all Americans receive access to quality, effective care. The time has come for us to unite as a nation of friends. Our political leaders, health care professionals and Americans alike must begin to take responsibility for the health and future of our nation. By working together we will earn respect and confidence which can overcome any obstacle and can bring us towards the mutual goal of obtaining an optimal, working health care system.

Sincerely,

Marilyn Moffat

Marilyn Moffat, PT, PhD, FAPTA, President
American Physical Therapy Association

news



American Public Health Association

1015 Fifteenth Street, NW
Washington, DC 20005

202/789-5660

FOR RELEASE:

EMBARGOED until 9:00pm e.d.t.

DATE: 22 September 1993

CONTACT: Jeff Jacobs, Congressional Affairs Director, 202-789-5645

American Public Health Association Praises Clinton's Commitment to Comprehensive Health Care Reform

"President Clinton is committed to health security for the country," said American Public Health Association President Helen Rodriguez-Trias of Clinton's proposed comprehensive health care reform. "We will work with the Administration to achieve its goal and with Congress to strengthen the proposal."

"This proposal is for universal, comprehensive reform, and APHA will fight to keep it that way," said Rodriguez-Trias. "The politicians rushing to introduce watered-down, voluntary approaches just don't understand how broken our health care system is. Those of us living with the system--afraid to change jobs, unable to take kids for regular preventive care, afraid to actually get sick--know the health care system needs universal, comprehensive reform." APHA has worked for a universal, comprehensive system for over 20 years.

Rodriguez-Trias praised the proposal's attention to public health, saying, "For the first time in over a decade, we have a President who understands that a strong public health system keeps people from getting sick. That system is worth paying for."

The American Public Health Association is the oldest and largest organization of public health professionals in the world, and the foremost publisher of public health related books and periodicals, promoting high scientific standards, action programs, and public policy for good health.

A M V E T S

NATIONAL HEADQUARTERS
4647 Forbes Boulevard
Lanham, Maryland 20706-4380



NEWS

■
FOR IMMEDIATE RELEASE
Release #93-39

CONTACT
Dick Flanagan
Tonya Swann
(301) 459-9600

AMVETS: Clinton Plan On Right Track

WASHINGTON, Sept. 20--Leaders of the nation's fourth largest veterans organization are encouraged by the Clinton administration's plan for reforming the VA medical system.

In a letter today to First Lady Hillary Rodham Clinton, AMVETS Transition National Executive Director James J. Kenney said the proposal, presented Saturday to veterans leaders, accomplishes much of what his organization has already proposed for the VA system.

"There is still some fine tuning that needs to be done," said Kenney, "but we're confident these small changes will provide a greater incentive for the higher income, nonservice-connected veteran to participate."

The AMVETS leader felt that the VA system would get increased use once a long-term care plan is added to the basic benefits package for veterans.

Kenney also urged that the current dialogue between the administration and veterans groups continue. He told Mrs. Clinton that "AMVETS looks forward to working with you on this most important issue."

The Arc

National Headquarters
500 E. Border Street, Suite 300
Arlington, Texas 76010
(817) 261-6003/ FAX (817) 277-3491
TDD (817) 277-0553

News Release

FOR FURTHER INFORMATION CONTACT:
Paul Marchand, Marty Ford, or
Kathy McGinley (202) 785-3388

For Release: September 23, 1993

RESPONSE OF THE ARC TO PRESIDENT CLINTON'S HEALTH CARE REFORM PROPOSAL

The Arc strongly supports President Clinton's initiative in making reform of health and long term services a top priority for his Administration. We are pleased that for the first time an Administration is supporting comprehensive reform and is addressing many of the problems in the nation's current system which affect people with mental retardation and their families.

People with mental retardation and their families are among the most vulnerable in the current health care system. They have often lost or been refused adequate health coverage for themselves or their family members because of pre-existing conditions. In addition, people with mental retardation often must rely on long term services and supports, including personal assistance services, to maintain their independence and productivity in their communities.

The Arc measures all proposals for health care reform against a set of five principles from a disability perspective. These are: non-discrimination, comprehensiveness, appropriateness, equity, and efficiency. In many ways, the Clinton proposal measures up to these principles; particularly in the guarantees of universal coverage and elimination of pre-existing conditions.

In addition, the Clinton proposal includes important new initiatives in long term services and supports, creating new community based support services to serve people of all ages with the most severe disabilities who need long term support.

Together, these two new initiatives are an important step toward achieving independence, integration, and productivity for people with mental retardation and toward fulfilling the promise of the Americans with Disabilities Act. The Arc believes that President Clinton is proposing a system which will greatly improve health coverage for people with mental retardation and their families. The proposal lays a foundation for a universal system in which everyone will have access to comprehensive health care regardless of age, income, or health status and people will have improved access to long term supports necessary as a result of their disabilities or age.

The Arc recognizes the complexity of the task before the Administration and the Congress. We are strongly committed to working with them to address areas of specific concern and to assure that the final act encompasses the best plan possible. We oppose efforts to maintain the status quo in the health care system or to enact only incremental or marginal reforms. We look forward to working with the President and the Congress in this historic effort to enact comprehensive, universal health care coverage for all Americans and to take a major step toward comprehensive long term services for people with mental retardation and other disabilities.

The Arc is marking its 43rd year of nationwide service to people with mental retardation. Together the more than 1,200 state and local chapters of The Arc across the country form the largest voluntary organization in the United States devoted solely to the welfare of the more than seven million people with mental retardation and their families and to the prevention of this condition for future generations.

- 30 -

a national organization on mental retardation
formerly Association for Retarded Citizens of the United States

Robert G. Petersdorf, M.D.
President



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

2450 N STREET, NW
WASHINGTON, DC 20037-1126
TELEPHONE (202) 828-0460

September 21, 1993

The President
The White House
Washington, DC 20500

Dear Mr. President:

I write, on behalf of the Association of American Medical Colleges, to express our appreciation for your leadership in initiating a definitive process to enhance the security of the American people by extending universal comprehensive health coverage in an environment that improves quality and constrains growth in health care costs. It is truly a monumental task to attempt to address all facets of health care, and we applaud the massive efforts of Mrs. Clinton and her staff over the past months in paving the way for your proposal.

The AAMC represents the academic medical community--126 accredited medical schools, some 400 major teaching hospitals, medical school faculty and medical students and residents--in its tripartite mission of education, patient care and biomedical and behavioral research. The "Ethical Foundation of Health Reform" as set forth in the "Preliminary Draft" of your proposal provides an excellent framework for debating the myriad issues inherent in health care reform. The Association intends to be a constructive and thoughtful contributor to this debate.

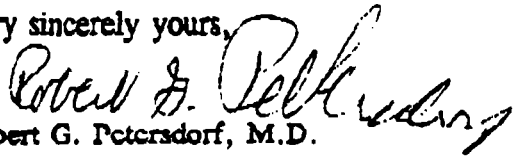
While the AAMC has, and will continue to have, views on the broad issues relating to the financing, structure and organization of the overall system, I do wish to express appreciation on behalf of the academic medical community to the sensitivity expressed in the draft to our missions--educating physicians and researchers, developing new medical technology, treatment of rare and unusually severe illnesses, providing specialized patient care and caring for special populations. The sections of the draft devoted to academic health centers, creating a new health work force and health research initiatives give us an opportunity to begin a more forthright dialogue in these arenas. They are of special concern to academic medicine and are critically important to the short and long term viability and quality of the overall health care system.

I also will take this opportunity to express my gratitude for your continued inclusion of me and many other leaders in academic medicine in the process of research and analysis that has led to your proposal, including the briefing and breakfast sessions

Page 2 - The President
September 21, 1993

this past Sunday and Monday. Again, congratulations to you, Mrs. Clinton and your staff on your thoughtful and balanced initiation of this effort. The road ahead will be difficult--all of us must be prepared to change and adapt. We in academic medicine will debate some points vigorously--but our contributions will be constructive and mindful of the overall objectives we share with you and your team.

Very sincerely yours,


Robert G. Petersdorf, M.D.

Bethlehem Steel Corporation

1170 EIGHTH AVENUE
BETHLEHEM, PA 18016-7689

CURTIS H. BARNETTE
CHAIRMAN
AND
CHIEF EXECUTIVE OFFICER



September 22, 1993

NATIONAL HEALTH CARE REFORM

Bethlehem supports the basic principles of the Clinton Health Care Reform Plan and commends the President and the First Lady for their leadership in this vitally important area of concern to all Americans.

Health Care Reform has the highest priority for Bethlehem Steel. Bethlehem has approximately 21,000 active employees and 170,000 health care beneficiaries -- active employees, retirees and their dependents. Bethlehem's health care costs have been increasing each year and have risen by 46% in the last 4 years from \$162 million in 1989 to \$237 million in 1992.

The Clinton Plan is comprehensive in nature, sets forth standards at the federal level, and provides a role for the states in implementation. We understand the Plan will impose better disciplines on public and private health care spending, increase competition among health care providers, increase consumer incentives to reduce costs, and reduce administrative expenses. We look forward to learning about and evaluating all of the details of the Plan.

Bethlehem is a member of the National Leadership Coalition for Health Care Reform. We support the need for comprehensive reform of our health care system. We support universal access so that all Americans will be provided with health care coverage once the Plan is fully implemented. We believe that Health Alliances will provide an appropriate mechanism for the

- 2 -

delivery of care in a more cost effective manner. Workable cost control mechanisms are absolutely essential for health care reform to be successful.

We will be working closely with the Clinton Administration and the Congress in developing the Plan and helping to bring about the very much needed prompt and comprehensive Health Care Reform.

Blake Pharmacy

C. ROBERT BLAKE, REG. PH.

206 NORTH MARKET STREET
WEST UNION, OHIO 43083

SEPTEMBER 21, 1993

The President
The White House
Washington, DC 20500

Dear Mr. President:

As a community pharmacist and small business owner, I commend you, Mrs. Clinton, and the members of the President's Task Force on Health Care Reform for your efforts to reform America's health care system.

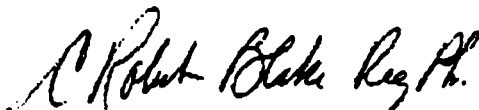
As a member of NARD who represents my interests as a member of the Community Retail Pharmacy Health Care Reform Coalition, I'm especially pleased with your recognition of the importance of community retail pharmacy and its cost savings and critical role in the delivery of good patient care.

Today for example I have had 2 patients needing care on prescription drugs that they cannot afford and will suffer the consequences.

With the implementation of your health care plan, patients such as I have mentioned will get their needed care and quite possibly avoid more expensive care later in their life.

As a registered Pharmacist, store owner and an American, I stand ready to help you in any way possible to bring to the American public the security of good health care that can be delivered by the retail Pharmacists of United States.

Sincerely,



C. Robert Blake Reg Ph.



BOSTON UNIVERSITY
MEDICAL CENTER
The University Hospital

65 East Newton Street
Dorchester Office Building 1107
Boston, Massachusetts
02128-2353
617 624-6900

J. Scott Abercrombie, Jr., M.D.
President and Chief
Executive Officer

September 20, 1993

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

Dear Mr. President:

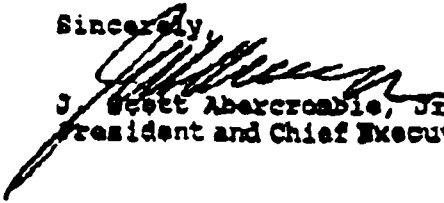
On behalf of Boston University Medical Center Hospital, I want to congratulate you on the introduction of your Administration's health care reform plan. You and Mrs. Clinton and the Health Care Task Force are to be commended for the completion of an extremely complex process that required the balancing of many diverse interests and opinions as well as consultation with representatives from virtually every sector of American life.

The plan represents an admirable commitment by your Administration to finding solutions to some of the foremost issues facing our country today. We are particularly pleased that the final recommendations contain a recognition of the unique role of the nation's academic health institutions and the resource that they provide as centers of patient care, health professions training, and clinical research.

As legislative scrutiny and debate begins on the health care reform plan, the Task Force's recommendations will serve as the foundation for this debate and will provide both the cornerstone and the vital framework for the final product.

Again, we congratulate you on this tremendous achievement and look forward to continue working with your Administration and the Congress to develop a health care reform plan that meets the needs of all Americans.

Sincerely,


J. Scott Abercrombie, Jr., M.D.
President and Chief Executive Officer

THE
CATHOLIC HEALTH
ASSOCIATION
OF THE UNITED STATES

September 17, 1993

CHA

The Honorable Bill Clinton
President of the United States
The White House
Washington, DC 20500

Dear Mr. President,

The Catholic Health Association of the United States (CHA) applauds your determination to initiate an historic endeavor to tackle the demanding, complex, and emotional issue of healthcare reform. You have set the terms of the debate and demonstrated the bold presidential leadership required to elevate healthcare reform to a national priority.

We share your conviction that reform is imperative, and we welcome this first significant endeavor in a quarter of a century to restructure the nation's healthcare system.

CHA, whose more than 1,200 facilities and organizations nationwide constitute the largest group of not-for-profit healthcare institutions under a single form of sponsorship, has been pointing to this day since 1986 when we called for universal coverage in a redesigned healthcare system.

As you and the First Lady have said on many occasions, and CHA concurs, a reformed delivery system is crucial not only for meeting social and human needs, but also for correcting the underlying economic forces that are threatening the healthcare system itself and the nation's economic prosperity.

Based on a preliminary review of your proposal, CHA is in basic agreement with many of the details. There are striking similarities to the vision of healthcare reform outlined in CHA's own reform plan, *Setting Relationships Right: A Proposal for Systemic Healthcare Reform*.

Features common to both plans include: universal coverage achieved quickly; substantial uniform benefit package; continuous coverage; many protections for the poor; overall expenditure control; progress towards more equitable, stable financing; and progress towards more appropriate government/private roles.

NATIONAL HEADQUARTERS

4455 Woodson Road
St. Louis MO 63134-3797
Phone 314-427-2500
Fax 314-427-0029

CLINTON/2

In the coming weeks, CHA will carefully evaluate in greater detail your proposal against CHA's vision of systemic healthcare reform. Where appropriate and necessary, CHA will pursue modifications during the legislative process that are faithful to the ethical values of the Catholic healthcare ministry.

We realize it is now incumbent on all stakeholders in the system, i.e., consumers, providers, big and small businesses, government, labor, insurers, pharmaceuticals, etc. to seize this moment and work toward solutions that are in the common good.

We pledge to join you in doing everything in our power to bring the cause of healthcare reform to successful fruition as this nation takes the first step on what is sure to be a journey of a thousand miles.

Sincerely,

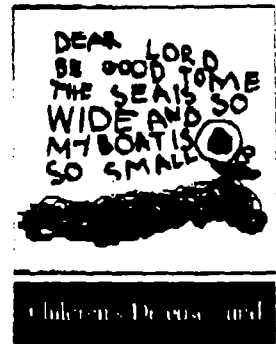
Sr. Maryanna Coyle SC

Sr. Maryanna Coyle, SC
Chairperson, Board of Trustees

John E. Curley Jr.
John E. Curley, Jr.
President and CEO

Contact:

Lynn Bowersox-Meggison 202-662-3613
Stella Ogata 202-662-3609
Carol Regan 202-662-3549



CHILDREN'S DEFENSE FUND APPLAUDS HEALTH CARE REFORM PLAN

WASHINGTON, D.C. -- The Administration's national health reform plan contains historic gains for children, according to the Children's Defense Fund (CDF), which applauded the plan's commitment to end the nightmare of insecurity that millions of parents feel when their children get sick.

According to CDF, the plan gives health coverage to nearly nine million children who are currently uninsured and dams the flood of millions of children who lose employer-based insurance at some point every year.

"Finally, we have a viable plan to reorganize the health system that would guarantee every American child a healthy start in life -- a guarantee every other industrialized nation already provides," said CDF President Marian Wright Edelman. "American children deserve no less than universal coverage, emphasis on preventive care, and a broad range of benefits."

The plan guarantees that lack of insurance, exclusion of pre-existing conditions, and soaring health care costs will no longer be barriers to children getting quality health care.

"For the first time, parents will be able to make decisions about their jobs based on their families' needs rather than on a child's pre-existing medical condition," Edelman said.

-more-

25 E Street, NW
Washington, DC 20001
Telephone 202 628 8787
Fax 202 662 3510

CDF said that, in the long run, the cost-control provisions and universal coverage provided in the President's plan will help families economically, as well as lower health costs making it more possible to reverse the wage erosion of recent years which particularly hurt younger workers with families.

The plan is not perfect, CDF said, and several improvements are needed including: making premiums and out-of-pocket costs more affordable for the working poor and near-poor; ensuring that low-and moderate-income children, including children on Medicaid, have access to the same plans and services as other families; and safeguarding essential services for children with disabilities.

CDF further noted that the benefits of the plan greatly outweigh the shortcomings and that the organization will work tirelessly with the Administration and Congress to improve and enact legislation that assures every American family has access to affordable, quality health care.

The Children's Health Fund

Board of Directors

Paul Simon
Co-Founder

Irwin Redlener, MD
Co-Founder, President

Robert F. Tannenhauser, Esq.
Chairman

Jeffrey S. Maurer, Esq.
Treasurer

Karen B. Redlener
Secretary

Ann Druyan
Fred Francis
Steven J. Green
Dan Klores
Robert C. Osborne
Ray Schulte

Advisory Board

Paul Simon
Chairman

David K. Bethune
Chairman, Corporate Council

Ron Anderson, MD
Susan H. Ball
Ron Berger
Senator Bill Bradley
Neil Braun
Peggy B. Brenner
Michael I. Cohen, MD
Hon. David N. Dinkins
Senator Christopher J. Dodd
Esther R. Dyer
Dick Ebersol
Honorable Mike Espy
Patrick Ewing
Zachary Fisher
Herbert B. Fixler, Esq.
Spencer Foreman, MD
H. Jack Geiger, MD
Rod Gilbert
Paul A. Goldner
Robert J. Haggerty, MD
Dave Herman
Samuel A. Keesal, Jr., Esq.
Joel Lamstein
Governor Ray Mabus
Don Mattingly
Bill McIntosh
Jewell Jackson McCabe
Paul Metselaar
Senator George J. Mitchell
Billie Heller Monness
Jane Pauley
Steven Kocheth
Senator John D. Rockefeller IV
Carl Sagan
Susan Saint James
Susan Taylor
Nancy Waldbaum
Joseph W. Werthammer, MD
Ronald Wolfgang

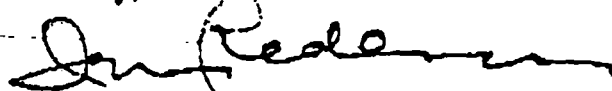
September 21, 1993

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

You have laid out an historic course for changing the nation's health care system from a lumbering, expensive, incomplete and inconsistent model to what will promise to be a new vision encompassing universal access to quality health care for all citizens. It is with great enthusiasm that The Children's Health Fund and I, personally, endorse this courageous effort and look forward to helping make this dream a reality.

Sincerely,



Irwin Redlener, M.D.

IR: kms

Citizen Action

1120 19th Street, N.W., Suite #630
Washington, D.C. 20036
(202) 775-1580
(202) 296-4054 (FAX)

For release:

Wednesday, September 22, 1993

Press Release

For further information

Contact: Ed Rothschild
(202) 775-1580

Citizen Action Praises President's Leadership on Health Care Reform Calls on Congress to Support Single-Payer System

Washington: Citizen Action, the nation's largest consumer organization, today praised President Bill Clinton for taking the bold step of proclaiming that health care will be a right for every American by 1997 and for basing his plan on the principles of universal access, cost containment and comprehensive benefits.

"President Clinton's plan sets a standard that the opponents of comprehensive, affordable health care for all Americans cannot meet, but which the proponents of a single payer system can certainly improve upon," said Ira Arlook, Citizen Action Executive Director.

"Now the battle must be to translate those principles into access for every American to quality, affordable care irrespective of income, status, employment or geographic location," said Arlook.

"While the President's initiative is a major step forward, Citizen Action will continue to fight for the American Health Security Act (H.R. 1200 and S. 491) -- a single-payer system that the Congressional Budget Office concludes will provide the most benefits at the lowest cost," said Arlook.

"We are very pleased that the President's plan recognizes the benefits of a single-payer system and will allow states to choose single-payer as an option for their residents," said Arlook.

"While the American Health Security Act and President Clinton's plan share the principles of universality, comprehensive benefits, cost control and public accountability, we will call on our members and citizens all over the country to tell Congress that a single-payer system must be the ultimate goal of health care reform," said Arlook.

The Clinton plan falls short of the American Health Security Act in that it:

- Discriminates by income level in the quality of care provided
- Does not provide enough cost savings
- Is not fairly funded, because it relies on flat premiums and consumer excise taxes

"We recognize that in the months ahead the special interests -- the insurance industry, drug companies and others -- will use their political muscle to protect their turf. They will mount expensive, misleading campaigns to attack the bedrock principles upon which both the President's plan and the American Health Security Act are based. We are announcing today an all out effort to combat those special interests and their friends in Congress, so that all Americans can have a safe, secure, reliable, responsible and affordable health care system," said Arlook.

"We will tell American voters how the plan proposed by the Senate and House Republicans falls woefully short of what is needed. The Republican solution is to require every American to purchase health insurance, even if they cannot afford it. And if individuals or families fail to buy insurance, but need health care, the supposed anti-Big Government party would have the IRS swoop down to punish any offenders. Even though the failure of exclusive reliance on the market is the primary cause of our present health care disaster, the Republican Party prescribes more of the same. That's like a doctor telling a patient with cirrhosis of the liver, to increase his intake of alcohol. Republican Party snake oil may make some people feel better, but it won't cure their diseases," said Arlook.



**COCOLINE CHOCOLATE
COMPANY, INC.**

689-697 Myrtle Avenue, Brooklyn, N.Y. 11205-3987
718) 522-4500 • 1-800-832-8803 • FAX: (718) 855-1242

September 21, 1993

President Bill Clinton
White House
Washington, D.C. 20500

Dear Mr. President:

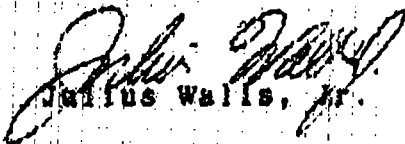
As a concerned citizen, and an African-American, I support your initiative in revamping the Health Care system. For far too long the 'regular' employee's needs for Health care and other services have been ignored. We need a new process. A process that includes and provides for those that have been unable to provide for themselves. This process should discourage the rampant waste and abuse that is evident in our present system.

Mr. President, I urge you to push forth with your program. Do not be dismayed by those who wish you failure. Do not be disheartened by those who do not wish to sacrifice. Do not be dissuaded by those who profit from the status quo.

I am not aware of the details of your program but I have made myself aware of the goals. I understand the struggle and difficulty with achieving these goals and offer my support.

If there is anything I can do to further your efforts, please do not hesitate to contact me.

Respectfully,


Julius Wallis, Jr.

Faxed 202-456-6682

Consortium for Citizens with Disabilities

For release Sept. 23, 1993

Contact: Paul Marchand (202) 785-3388
Bill Schmidt (301) 459-3700
Marty Ford (202) 785-3388

CONSORTIUM FOR CITIZENS WITH DISABILITIES RESPONSE TO PRESIDENT CLINTON'S HEALTH CARE REFORM PROPOSAL

The Consortium for Citizens with Disabilities (CCD) strongly supports President Clinton's initiative in making health care reform a top priority for his Administration. We are pleased that for the first time an Administration is supporting comprehensive reform and has offered a proposal that finally addresses many of the problems in our current system.

The CCD is a Washington-based coalition of over 100 national organizations concerned with disability policy, which advocates on behalf of people with disabilities. CCD member groups represent people with physical, mental, cognitive, and sensory disabilities and people with chronic, disabling illnesses. These individuals and their families are the most vulnerable in the present health care system. They have often been refused health insurance because of pre-existing conditions; have had to accept inadequate coverage; and have been most threatened by loss of coverage. Therefore, health care reform that will provide universal, comprehensive, and affordable health care to all Americans regardless of their health or disability status is a major priority of the Consortium.

The CCD measures all reform proposals against five principles for health care reform from the disability perspective. These are non-discrimination, comprehensiveness, appropriateness, equity, and efficiency. In many ways, the President's proposal measures up to the CCD principles. For example, the guarantee that no one will be denied health insurance for any reason and the elimination of pre-existing condition exclusions will mean that many people with disabilities will finally have access to health care services.

Further, we are pleased that the proposal includes important new initiatives in the area of long term services and supports, including personal assistance services. Taken together with the acute health care reforms, these new initiatives are a critical step toward achieving independence, integration, and productivity for millions of Americans with disabilities and fulfilling the promise of the Americans with Disabilities Act.

We strongly believe that President Clinton is proposing a system that would be a major improvement over what exists today. He is attempting to lay the groundwork for a universal system under which every American will have access to comprehensive health care regardless of their age, income or health status. The CCD recognizes the complexity of this task and is strongly committed to working with the Administration and Congress to address specific areas of concern and to ensure that the final proposal that Congress passes is the best plan possible for people with disabilities and meets all of the CCD principles for health care reform from a disability perspective. We oppose efforts to maintain the status quo in our health care system or to enact only incremental or marginal reforms. We applaud the President in this historic effort to enact comprehensive, universal health care coverage for all Americans, particularly for those who need it most: persons with disabilities and chronic illnesses.

JUSTIN DART, JR.
907 6TH STREET, S.W., APT. 516C
WASHINGTON, D.C. 20024
202-376-6200 (W)
202-488-7684 (H)

September 21, 1993

Dear Colleagues:

As you know, on Wednesday evening President Clinton will present to the nation his plan for health care reform. America's health care system is the most expensive in the world. Millions of people are not covered by health insurance, and we die younger than the people of many other nations. Millions of people with disabilities are condemned to unemployment and poverty because that is the only practical way they can get health care.

I enclose the response of the Consortium for Citizens with Disabilities to the President's plan. As you see, CCD applauds the President's effort to achieve responsible health care, and pledges to support and to strengthen the initiative.

President Clinton is calling for quality, affordable health services that will be guaranteed for life to every American, regardless of disability, economic status or employment. Conscience demands that I give my full personal support to the President's leadership for equitable, universal health care and to the position of CCD.

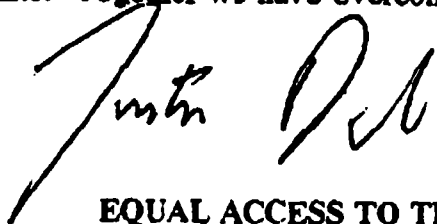
The President's plan would not - and possibly could not, in the present economic and political reality - achieve all of the legitimate health care goals of people with disabilities. However, its enactment would be a giant step forward. We would at long last be guaranteed inclusion in basic health care programs, and many of our special needs would begin to be addressed.

Having established the principle of inclusion, we will be in a stronger position to advocate for complete equity. And we will have a special advantage that we have not had in years past because, to an unprecedented extent, President Clinton has made us partners in the decision making process. Let us cultivate and expand that partnership.

I agree completely with CCD and other colleague advocates that we of the disability community must work with the Administration and the Congress to improve the plan in the areas of our concern, and that we must vigorously oppose efforts to maintain the status quo or to enact only marginal reforms. I believe that we must unite to ensure health care that fulfills the principles of ADA. I believe that we must unite to support the President's effort to achieve guarantees of quality health care for every single person, because anything less is a betrayal of the American dream and of the sacred value of human life.

Colleagues, America cannot win this historic struggle without your personal leadership. Yoshiko and I will be advocating with you on every issue of equity and empowerment. We must unite. Together we have overcome. Together we shall overcome.

Justin Dart



EQUAL ACCESS TO THE AMERICAN DREAM



Motto: "If I cannot speak good of my comrade, I will not speak ill of him."

DISABLED AMERICAN VETERANS

NATIONAL SERVICE and LEGISLATIVE HEADQUARTERS
807 MAINE AVENUE, S.W.
WASHINGTON, D.C. 20024
(202) 554-3501

September 20, 1993

The First Lady Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Ms. Clinton:

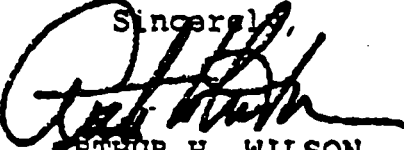
I am writing to extend the most genuine appreciation and gratitude of the Disabled American Veterans for your taking the time out of what must be a most hectic schedule to meet with the Veterans' Service Organizations this past Saturday to apprise us of the role identified for the Department of Veterans Affairs (VA) in the quest to make meaningful health care reform a reality for the citizens of our nation.

At the conclusion of the meeting, there were, I believe, three salient points that emerged. First, was the President's deep, personal feelings and commitment to the importance of maintaining and preserving an independent, quality VA health care system whose primary mission will continue to be the treatment of disabled veterans. The DAV agrees this is how it should be.

Secondly, and what we view to be the most central feature of the reform package, is the assurance that veterans now utilizing the VA for their health care needs will not experience a diminution of services. In fact, many veterans will experience an increase in the scope of benefits provided by VA.

Finally, we embrace the concept of securing reimbursement for the care provided certain veterans from Medicare. We agree with you that this is most central to the continued stability of the VA in the years to come.

In summation, Mrs. Clinton, the DAV supports and endorses the role identified for the VA in the Administration's Health Care Reform Plan.


Sincerely,
ARTHUR H. WILSON
Executive Director
Washington Headquarters

AHW:nb

**Pharmacy,
Inc.**

September 21, 1993

The President
The White House
Washington DC 20500

Dear President Clinton,

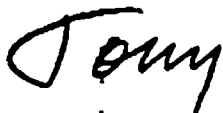
I commend you on your efforts to reform America's health care system.

The Community Retail Pharmacy Coalition for Health Care Reform, composed of the National Association of Retail Druggists and the National Association of Chain Drug Stores represents all community retail pharmacy in America. As a member of that group, I am pleased that you recognize the benefits of community pharmacists. Being in contact with people on a one-on-one basis consistently results in cost savings. It also produces the best possible health care for patients.

Your dedication and efforts deserve the support of all community retail pharmacists. Our contacts with many people each day should also enhance public support. The value of prescription coverage for the elderly and disabled will be maintained and enhanced. The prescription drug coverage through Medicare will result in better care for the patient and will result in cost savings to the health care system.

Please be assured that we will continue be supportive of your policies on the this issue.

Sincerely,



Tony Welder

222 N. 7th St. - Box 835 - Bismarck, ND 58501
Phone (701) 255-1881

ZHSOM06

PREPARE MAIL

09/21/93 04:45 P.M.

to: MR. CLINTON At:
from: P. DONAHUE At:
subject: PROPOSED HEALTH CARE REFORM

Page 1
Message type:

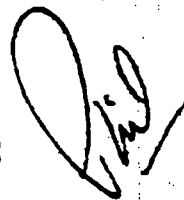
R. PRESIDENT,

I HAVE HAD THE OPPORTUNITY TO REVIEW THE PROPOSED PLAN FOR HEALTH CARE AND I AM VERY EXCITED ABOUT THE RESULTS IT WILL PRODUCE FOR ALL AMERICANS. I AM A RETAIL DRUGSTORE MANAGER AND I WHOLEHEARTEDLY SUPPORT YOUR EFFORTS.

I AM GLAD TO SEE PROVISIONS THAT WILL GIVE PHARMACY SERVICES TO ALL OF OUR CITIZENS. IF I CAN BE OF ANY SERVICE TO YOU IN LOCALLY PROMOTING THIS PLAN, PLEASE FEEL FREE TO CALL ON ME.

SINCERELY,

PHIL DONAHUE
REVCO DRUG
ELIZABETH CITY, N.C. 27909



P.O. Box 10246
Birmingham, Alabama 35202-0246
Telephone: (205) 945-6500
Telefax: (205) 945-6521

Garry N. Drummond
Chief Executive Officer

**DRUMMOND
COMPANY,
INC.**

September 21, 1993

The President
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

As you prepare to formally announce the details of your health care reform plan, I wish to express my support for the significant initiatives you have taken on this subject. I compliment you for having the political courage to face up to the serious economic and social problems currently before us, the fortitude to pursue your goals forthrightly, and the determination to move effective plans through Congress.

As I indicated to you in our luncheon conversation on June 16, and in my previous letters of July 31 and September 10, health care issues have been a subject of serious study and deep concern within our company for the past 10 years. Given your plan, the means for applying adequate reform and delivering quality health care with cost containment can be put in place for all Americans.

My knowledge of your plan, at this time, is limited to various press reports that have appeared over the past few weeks. If they are accurate, however, two aspects of your plan strike at the heart of the current problems, and that I support enthusiastically. They are:

1. Cost sharing and deductibles. Each individual definitely must share at least a portion of the cost. In my July 31 letter to you, I spoke of the need for consequences for all. Your provision for reasonable deductibles, together with co-payments, will help to establish a sense of responsibility with the user of health services, and provide some financial consequences for his or her actions. This is an absolutely essential feature in order to contain costs.

2. Universal coverage. Every American should have access to health care, and your system steadfastly provides for this. This is an excellent goal unto itself, and one that has been badly needed. But this general provision also will have a

benefit on the cost-containment side. Your plan requires every employer who is able to pay for his or her employees' health care plan to do so. Such costs, therefore, cannot be shifted to others. The load is fairly distributed. This will prove to be a pivotal element in the ability to hold down health care costs for all. Also, your approach to the problems of small business is fair and equitable.

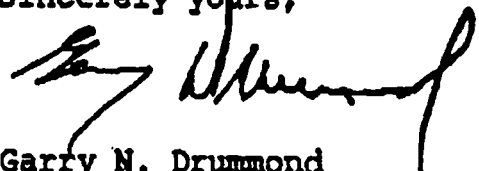
There are many other features of the plan that I strongly applaud, such as the reduction of red tape in claims processing, the effort to cut down on duplication and outright fraud in prescribing and billing for services, and the need to address malpractice and related litigation issues. This is a complex proposal and I'm certain there will be other provisions we will endorse as equally useful. If I fault your plan at all it would be in the area of litigation cost containment, and disciplining of the trial lawyers. They are abusing American society as much as the health industry, and this is a good time to bring this part of the abuse to rest. Please do this.

I applaud the members of the commission headed by Mrs. Clinton for their work. They have done a masterful job of putting together a package to address this most difficult problem that has grown, largely without restraint, for many years. It is my hope that the members of your administration will have frequent, ongoing contact on this subject with business leaders, who -- together with the government and its taxpayers -- are responsible for paying the bill for all health care in America.

Some have criticized this effort as bringing too much government into the free market system. The health industry has no free market. Involvement of government in the manner you propose works to establish a free market and therefore allows market forces to work -- market forces that have been absent in the past.

As I have stated previously, I am seriously interested in solutions to our nation's health care dilemma. If I can assist you in any way, please call on me. I congratulate you on the progress made thus far, and encourage your continued strong support of health care reform, cost containment, and quality health delivery.

Sincerely yours,



Garry N. Drummond



EPILEPSY FOUNDATION of AMERICA.

Contact: Bill Schmidt
(301) 459-3700

EPILEPSY FOUNDATION OF AMERICA'S RESPONSE TO PRESIDENT CLINTON'S HEALTH CARE REFORM PROPOSAL

The Epilepsy Foundation of America (EFA) strongly supports efforts to enact comprehensive reform of the nation's health care system, and applauds the Clinton Administration for its historic effort to ensure comprehensive, universal health coverage for all Americans. We believe that President Clinton's plan is a serious step toward correcting the problems in the current system, and look forward to working with the Administration and the Congress on specific issues of concern.

EFA is the only national voluntary health agency in the United States specifically dedicated to the welfare of people with epilepsy (seizure disorders). EFA is committed to the prevention and eventual cure of epilepsy and to improving the lives of people who have the disorder.

People with epilepsy and other disabilities have an enormous stake in the current health care debate. Access to adequate health insurance has long been a major problem for people with epilepsy. Difficulty in obtaining coverage has a profound effect on employment choices, standards of living, and overall quality of life. This already difficult situation has deteriorated even further in recent years as the private health insurance industry has increasingly turned to medical underwriting to exclude employees and their dependents from coverage due to pre-existing conditions such as epilepsy.

We are pleased that the Clinton proposal would eliminate both medical underwriting and caps on lifetime coverage maximums, includes an outpatient prescription drug benefit for everyone, and provides protection against catastrophic out-of-pocket costs. In addition, we are pleased that the proposal includes initiatives in the area of long term services and supports, including personal assistance services. While recognizing that there are concerns that the plan does not currently address, we believe that the sort of system that President Clinton is proposing would be a significant improvement over the status quo, and one that would improve access for those who are most in need of services, people with disabilities and chronic health conditions.

4351 Garden City Drive
Landover, MD 20785-2267
(301) 459-3700
FAX (301) 577-2684



FOURTH
PRESBY
TERIAN
CHURCH

A LIGHT IN THE CITY

September 22, 1993

The President
The White House
Washington, DC 20500

Dear Mr. President:

I am writing to encourage you to continue to lead the country toward a new, reformed health care system.

I believe that adequate health care is a right and not a privilege, and that the denial of that right demeans the humanity of many of our citizens, enables unnecessary suffering, and ultimately costs us all more.

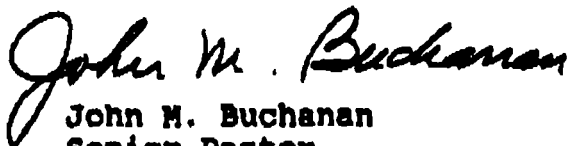
As a minister of thirty years and a member of the Board of Pensions of the Presbyterian Church (U.S.A.) which administers our health care plan for church employees, I know, presently, how critical this issue is.

My hope is that the current discussion will continue in the months ahead and that what Mrs. Clinton has started will result in a new and more equitable situation for all of our people.

What is required now, Mr. President, is your articulation of the vision of that new day, and your strong leadership.

God bless you.

Yours faithfully,



John M. Buchanan
Senior Pastor

JMB:K



The Gerontological Society of America

RESEARCH, PRACTICE AND EDUCATION IN AGING

1275 K STREET, N.W., SUITE 350, WASHINGTON, D.C. 20005-4006
TEL (202) 842-1275 • FAX (202) 842-1150

September 23, 1993

To: President, Bill Clinton/First Lady, Mrs. Hillary Rodham Clinton

From: The Gerontological Society of America,
Dr. Paul Kerschner, Executive Director

Subject: Health Reform Initiative

The Gerontological Society of America (GSA) salutes and firmly supports the health care reform agenda put forth by the President in his speech to the nation on Wednesday evening, September 22, 1993.

In so doing, GSA also deeply commends and congratulates the First Lady, Mrs. Hillary Rodham Clinton, her staff and members of the health reform task force for their months of arduous, complex and unceasing hard work on behalf of the American people.

The plan which has been put forth is one of the most complex and comprehensive legislative initiatives ever put forth in this nation. It is as if one took attempted to enact Social Security, Medicare, and the Civil Rights Bill simultaneously.

It is above all, a uniquely American plan which seeks to integrate abiding American concerns for equity and fairness with realistic means of achieving universal coverage, ease of access, and controls of excessive and inappropriate costs.

The President and the First Lady have provided the blueprint and constructed the foundation, it is now up to the Congress and the American people to complete the design and provide a health care "home" where all Americans can participate with pride.

The Gerontological Society of America and its over 7,000 scientific researchers and practitioners stands ready to assist the Administration and the Congress as they strive to hammer out a health care program for American in the 21st century.

09/22/93 20:00

HEALTHCARE LEADERSHIP COUNCIL + 19055421265

NO. 125 1993

**HEALTHCARE
LEADERSHIP
COUNCIL****STATEMENT BY PAMELA G. BAILEY
HLC MEDIA BRIEFING
September 22, 1993, 10:00 a.m.**

Good Morning. My name is Pam Bailey, and I am President of the Healthcare Leadership Council. I appreciate your coming this morning.

For those of you who may not know us, the HLC is a group of some 50 leaders in the health care industry. Hospitals, managed care insurance, pharmaceutical, technology, and physician/nurse sectors make up the Council. The Council originated nearly 5 years ago from discussions among its founding members after the 1988 Presidential election. They realized then a crisis was facing our health care system, that as a nation we weren't prepared to face up to that crisis - and that as leaders in the industry they had a responsibility to provide leadership toward reform. And so, the Council was created with the sole purpose of developing and advocating action on consensus solutions to health care.

Today, we applaud President Clinton's commitment to health care reform and his efforts to initiate a national discussion about reform. The very nature of that discussion demonstrates much progress has been achieved since the Council's creation. Unlike 5 years ago the debate this year is no longer over the need for reform, or even the goals. On both these points all Americans agree. Rather, the debate will now focus on how to achieve our shared vision without compromising the quality, choice and innovation that characterizes our nation's health care system at its best.

What has also changed in the past 5 years has been the delivery system itself - led in many cases by HCL members. Whether it's consolidation of hospitals and the creation of doctor and hospital networks, the targeting of R & D and manufacturing on new cost-effective technology, or the recognition by our insurance members that the future for them was not to merely process claims or manage risk, but to manage health care -- our members have been in the forefront of the market place revolution that is now the hallmark of the best of American health care.

Let me make it clear. These industry leaders and their companies and institutions are not protectors of the status quo. They are the opposite. They are the risk takers, the ones who welcome and seek change. In fact, one of our most serious concerns about the Administration's plan, as it has been described so far, is the extent to which government would intrude in the market place revolution, using price controls and regulations to turn back the clock and stifle innovation -- dealing competition a crippling blow by freezing in place the status quo.

So that you can better understand the implications of certain reform options on those who would implement them, is why we're holding this briefing. Now, I will introduce each of our panelists and ask them to make brief comments and open the floor to questions.

1500 K Street NW Suite 360
Washington, D.C. 20005
202/347-5731

09/22/93 20:00

HEALTHCARE LEADERSHIP COUNCIL + 19035421266

NO.105 P004

**HEALTHCARE
LEADERSHIP
COUNCIL****STATEMENT BY PAMELA G. BAILEY, PRESIDENT
HEALTHCARE LEADERSHIP COUNCIL, IN RESPONSE
TO PRESIDENTIAL ADDRESS ON HEALTH CARE REFORM****EMBARGOED UNTIL 9:00 PM EDT****Wednesday September 22, 1993****Contact: Claire del Real (202) 347-5731**

The Healthcare Leadership Council applauds President Clinton's commitment to comprehensive reform and believes the announcement of the Clinton Plan is the start of a long national discussion on health care reform.

Much progress has been achieved since the members of the Healthcare Leadership Council first joined together to fight for reform nearly five years ago. As a result, the 1993 debate will not be over the need for reform, or even the goals. On both these points all Americans agree. Rather, the debate will now focus on how to achieve our shared vision - without compromising the quality, choice, and innovation that characterizes our nation's health care system at its best.

The President has laid down the right criteria by which to judge any reform plan - simplicity, savings, security and quality. To these we would add a fifth important measure - whether the plan would allow the radical reforms that are taking place now in local delivery systems to continue, or whether it would stop at the status quo.

In the ensuing debate we must be honest with ourselves about what we know will work, what is just theory, and what we know won't work. Among the questions Americans must ask is how secure will the quality of their families' health care be if the federal government:

- takes control of a \$900 billion sector of the economy?
- balances that \$900 billion budget with price controls?
- funds the new system with mandatory payroll assessments?
- simultaneously cuts \$233 billion from Medicare and Medicaid over the next five years?

How secure and simple, we must ask ourselves, is a system that requires virtually all employers to disband their current employee health plans and send their employees to a government agency to choose coverage?

The worst outcome of this debate would be to lose sight of those significant points on which there is broad agreement. We call on the President to give all Americans immediate relief from fear of job lock, pre-existing conditions and cancellation of coverage by putting these consensus elements of his plan on a bi-partisan fast legislative track.

1300 K Street N.W. Suite 360
Washington, D.C. 20005
202/347-5731

HECHINGER

3500 Pennsy Drive
Landover, Maryland 20785-1691
301 341 1000

The world's most
unusual lumber yards.

September 21, 1993

The President
The White House
Washington, D.C. 20500

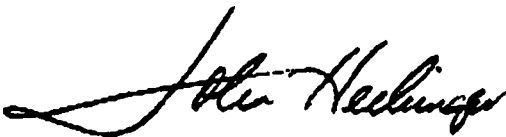
My dear Mr. President:

I could not agree with you and the First Lady more that health cost containment is the number one economic problem of America. In my company of some 18,000 employees, we have been experiencing close to an unreal increase in health care cost of 18% per year. It is as if we are in a banana republic with runaway inflation.

As we approach the difficult days ahead honing the details of the various parts of the legislation, I am fully in accord with C. Everett Koop's statement that you and Mrs. Clinton have "accomplished more in health care reform in the past four months than all of your living predecessors put together."

But, I realize now comes the hard part of working out the particulars. For even I, as one of your staunch supporters, worry about how we will pay for some parts of the program.

Best of luck!



John W. Hechinger, Sr.
Chairman of the Board

JWH:jb

HOMECARETM

NATIONAL ASSOCIATION FOR HOME CARE
519 C STREET, N.E., STANTON PARK
WASHINGTON, D.C. 20002-5809
(202) 547-7424, FAX (202) 547-3540

KAYE DANIELS
CHAIRMAN OF THE BOARD

VAL J. HALAMANDARIS
PRESIDENT

HONORABLE FRANK E. MOSS
SENIOR COUNSEL

STANLEY M. BRAND
GENERAL COUNSEL

FOR IMMEDIATE RELEASE
September 22, 1993

CONTACT: SARA ANDERSON
202.547.7424

NAHC SUPPORTS KEY ELEMENTS OF PRESIDENT'S HEALTH CARE PLAN

As President Bill Clinton formally introduces his health care reform package today, the National Association for Home Care (NAHC) expresses its support for key elements in the President's American Health Security Act of 1993.

"I commend President Bill Clinton and First Lady Hillary Rodham Clinton for the aggressive and historic efforts directed towards health care reform. I commend their leadership, their goals, and their basic approach. They have taken us a long way toward the establishment of the fundamental goal of creating a national health care system, including long-term care as a basic right for all Americans," said Val J. Halamandaris, president of NAHC.

Although NAHC reserves final judgment until the plan appears in legislative language, NAHC applauds the following key provisions of the American Health Security Act of 1993:

- Creating a unified national health system in which **health care will be preserved as a basic right of all Americans.**
- Making available to all Americans a **uniform package of minimum federal benefits** while preserving local flexibility and a pluralistic system allowing health care to be delivered in many different settings by many different kinds and combinations of providers.
- Taking an important first step toward establishing a **national long-term home care program**, guaranteeing ill and disabled Americans for the first time that they can receive long-term care where they most prefer it--in their own homes.
- **Simplifying paperwork**, the current administrative nightmare facing health care providers and patients alike. Instead of hundreds of different forms and coverage rules, every American would have a Health Security Card and a simple standard form would be used by every health care provider.
- Preserving **freedom of choice of practitioners and providers**, which is essential to meeting the needs of beneficiaries and to maintaining the quality of care.
- Recognizing the **important role of home care and hospice in the American acute care system**, and guaranteeing coverage of this care.

"We applaud the President's leadership and commitment to ensuring that every American will have access to high quality, affordable health care. And we look forward to working with the Administration and Congress toward passage of meaningful health care reform," concluded Halamandaris.

September 21, 1993

William Jefferson Clinton
President of the United States
The White House
Washington, D.C.

Post-It® brand fax transmittal memo 7671

To: DEBBIE FEIN
Co: THE WHITE HOUSE
Fax: 202-456-6682

5712200
1 of pages: 1
Ann Updegraff Spleth
317-353-1491
317-352-8294

Dear President Clinton:

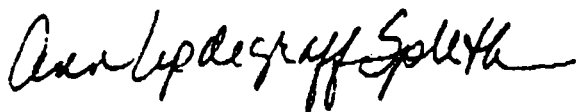
The Division of Homeland Ministries, the North American mission arm of the Christian Church (Disciples of Christ), wishes to express our support to you for your Health Care initiatives.

We support a national health care policy that is equitable for all Americans. Such a policy would have at its core incentives for those people who maintain themselves in good health. We support a plan which encourages preventive care.

Preventive care consists of providing equitable access to mammographies, mental health care for those who need it, protection for people who are physically battered, and/or emotionally abused, and health care.

We are aware of the great challenge you face in your plan to provide the United States and all U.S. Citizens with a just policy on health care. You are in our prayers.

Sincerely,



Ann Updegraff Spleth, President
Homeland Ministries
Christian Church (Disciples of Christ)



Ann L. Updegraff Spleth, President

**I CARE OF ARKANSAS, INC.**

Freeway Medical Center

5810 W. Tenth

Little Rock, Arkansas 72204

Tel. (501) 864-7474

September 22, 1993

President Bill Clinton
The White House
Washington, D.C. 20500

Dear Mr. President:

I commend you and Mrs. Clinton for your hard work to reform America's healthcare system. I am Chairman of the Executive Committee of the National Association of Retail Pharmacists, a member of the Community Retail Pharmacy Coalition for Health Care Reform. Our coalition represents all of community retail pharmacy in America.

I am particularly pleased with your recognition of the importance of community retail pharmacy and its cost saving and critical role in preventative medicine. I believe that your efforts in healthcare reform deserves the strong and active support of community retail pharmacy. I applaud your expansion of Medicare benefits to include pharmacist services and prescription drug coverage. I also applaud your leveling the playing field in respect to the "class of trade" discriminatory pricing policies of drug manufacturers.

The Coalition looks forward to working with you through the coming months and years.

Sincerely,

Gene Graves, Pharm.D.
CEO

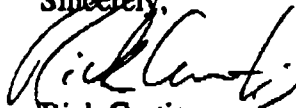
GG/pdw

IHPS**INSTITUTE FOR HEALTH POLICY SOLUTIONS****RICHARD E. CURTIS
PRESIDENT****22 September 1993****President William J. Clinton
The White House
Washington, DC 20500****Dear President Clinton:**

My Institute colleagues and I greatly appreciate your personal commitment to achieve health system reform. We support your efforts to secure coverage for all Americans, regardless of health or job status, as well as the mandated contributions necessary to attain this goal.

We also strongly support cost containment policies that incorporate choice of competing private plans through a carefully managed marketplace. Since our inception in the spring of 1992, much of our work has focused on state and private sector development of health purchasing alliances. We are currently in the process of establishing a Center for Health Purchasing Alliance Development at the Institute.

As a not-for-profit, nonpartisan organization (classified as a 501 (c)(3) organization), the Institute does not advocate specific legislative proposals. But as health policy professionals who have long (and all too often futilely) worked toward the goals embodied in your proposal, we are deeply grateful for your personal dedication and leadership to achieve a humane and affordable American health care system.

Thank you Mr. President.**Sincerely,**
Rick Curtis



INTERNATIONAL ASSOCIATION OF PSYCHOSOCIAL REHABILITATION SERVICES

10025 Governor Warfield Pkwy. #301

Columbia, Maryland 21044-3357

Phone: 410-730-7190

FAX: 410-730-5965

PRESS RELEASE FOR IMMEDIATE DISTRIBUTION

IAPSRs CONTACT PERSON

**Ruth Hughes PhD, Executive Director
(410) 730-7190**

Clinton Health Reform Proposal Promises Community Rehabilitation Programs for People with Serious Mental Illnesses

The Clinton Administration's Health Care Reform proposal will, for the first time, make psychiatric rehabilitation and mental health services available to millions of people with mental illnesses. The plan takes steps to end a history of neglect and gross underfunding of essential health care services for people with serious and persistent mental illnesses such as schizophrenia, major depression and manic depressive disorder. The International Association of Psychosocial Rehabilitation Services, an organization representing over 1600 providers and practitioners of rehabilitation services for people with serious mental illnesses, supports President Clinton's health care reform proposal. Not only does the proposal introduce universal coverage, portability of benefits, and elimination of exclusions based on preexisting conditions, but it offers all Americans access to a broad range of mental health benefits.

People with severe and persistent mental illnesses experience functional impairments that diminish a person's ability to live independently and sustain interpersonal relationships with family, friends and co-workers. Cognitive deficits result in difficulties in thinking through and planning tasks, or making decisions. The goal of psychiatric rehabilitation is to restore the person's ability for independent living, socialization and effective life management through an experiential learning process in the community.

The Administration's proposal requires all regional health alliances include community based psychiatric rehabilitation services for individuals with serious mental illnesses in their standard benefits package.

Agencies that provide psychiatric rehabilitation reinforce national efforts to reduce health care costs while providing quality care. These community based services have proven results reducing costly inpatient hospitalizations, while introducing coping strategies for symptom management, and teaching people skills that promote independence.

Although the Administration has introduced a comprehensive mental health benefits package, the proposal contains significant limits for mental health services until the year 2001, which exceed those limits placed on services for physical illnesses. People with severe and persistent mental illnesses and children will be

particularly affected by these arbitrary limits.

We are pleased that the Administration has promised to eliminate discriminatory portions of the benefit package by the year 2001. A promise however is not a guarantee. The International Association of Psychosocial Rehabilitation Services with member agencies that serve persons with mental illness in every state are working with the entire mental health community to ensure that these promises are fulfilled. Congress must pass health care reform that legislates these historic changes, assuring all Americans that non discriminatory coverage and medically necessary care for mental and physical illnesses becomes a reality.

* * * * *

For more information, members of the media are encouraged to contact Ruth Hughes at (410) 730-7190. Also refer to the attached enclosures that provide more details about serious mental illnesses and the effectiveness of psychiatric rehabilitation.

Contact persons representing community agencies throughout the Nation that provide psychiatric rehabilitation are available to speak with members of the press.

Alex, from People Encouraging People -- an agency in Baltimore, Maryland, has generously allowed IAPSRs to share his story with you and members of the press. Dimitrios Cavathas, a PEP staff person has provided us assistance.

Alex's Story

My name is Alex and I am a person afflicted with a mental illness. I am diagnosed as having paranoid schizophrenia. I would like to tell you a little bit about myself so that people can understand what people like me go through. Growing up, I had experiences of hearing voices. My teachers at school would tell me not to listen to the voices and not worry about people's thoughts. They said this would lead up to a lot of trouble in the future if I did not try to deal with this; they were right. There was no reason why these voices and thoughts started happening, they just did. Instead of going to school, I spent a lot of times in hospitals. I have had more than four hospitalizations that lasted a while. It was definitely not fun. I was even overmedicated one-time and I was like a vegetable. Even though I had all these problems, I still got my diploma in Connecticut. Finally at age 25, I am on my way to becoming more independent and being part of the community. I owe much of this progress to the psychiatric rehabilitation program that I attend, People Encouraging People. To understand what a community rehabilitation program does, let me tell you about PEP.

PEP is Maryland's largest psychiatric rehabilitation program for persons with mental illness. The participants range from 18 through senior citizenship. The consumers can access an array of services and opportunities which include: independent living skills, case management, community housing, education, job training and placement and transportation training. The program is divided into three departments. They are the Departments of Rehabilitation Services, Vocational Services, and Residential Services. Together they comprise a comprehensive program that is designed to restore or discover each individual's sense of self-value and involvement in everyday situations. By promoting self-awareness, PEP is able to assist our clients with taking control of their own health, appearance, diet and social well-being.

PEP is an outstanding example of the accomplishments that can come out of the public and private sectors working together. It is a program which works in collaboration with Baltimore Mental Health Systems, Inc. Sinai Hospital Lead Agency Consortium. This arrangement is not only more economical than the state hospitals,

it is also more productive for people like me. When I was in the hospital, it was like I was dead. There was nothing to do. However when I came to PEP, I learned how to be productive and I was treated like a human being.

Involvement in a psychiatric rehabilitation program does many things for me. Case management assists me in getting my medication and keeping my appointments with the doctor. They help me with entitlements and any legal or technical problems that I have. For example, they assisted me to register to vote and help me to understand my medical bills. They help me communicate with other agencies if I need to.

The Young Adult Group that I attend helps me get back on my feet and into the community. The Young Adult Counselor helps me learn how to deal with people and talk to others better. My counselor helps me learn how to look at businesses and how to behave while working. He also teaches me how to use the public transportation system so I can get around. I also learn how to budget my money and pay bills. The Vocational Counselor helps me get a job and teaches me how to fill out an application and how to act in an interview.

PEP has also helped me get out of the hospital, out of my house, and become more independent. I learn how to live on my own. If it wasn't for programs like PEP, I would probably still be in the hospital instead of living in the community.

I am so happy now that I can act like a real person instead of a vegetable in the hospital. I now have a volunteer job at a hospital as an orderly. I am doing very well and it feels great to be working. I hope in the near future that I will get a paying job. I have been on clozaril* for a while which has really helped me out. I really feel that I am getting my life in order. The hospital never helped me become a real person, a person who is normal and lives and acts normal. PEP has helped me be like everyone else; normal. The government should give money to places like PEP so other people like me can get help and live a normal life.

* Clozaril is a psychotropic medication.

Interreligious Health Care Access Campaign

110 Maryland Avenue, NE
Box 26, Suite 504
Washington, DC 20002

phone: 202-543-5878
fax: 202-546-5103

Bishop Leontine T.C. Kelly
The United Methodist Church
President

Sarah Naylor
Evangelical Lutheran Church
in America
Chairperson

Roger N. Pohl
United Church of Christ
Chairperson

A Cooperative Project
with
INTERFAITH IMPACT for
Justice and Peace
and
the National Council of the
Churches of Christ in the USA

seeking
a national
health care plan
which serves
everyone

September 23, 1993

President William J. Clinton
Office of the President
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mr. President,

On behalf of the Interreligious Health Care Access Campaign, I want to affirm the work that you and The First Lady have done to address the crisis in our nation's health care system. The Health Security Act of 1993 is a positive step in the right direction by proposing improvements in health care access.

It is absolutely unacceptable that millions of people in the United States do not currently have access to comprehensive benefits package. It is absolutely unacceptable that many of our health care providers are not even closely reimbursed for the cost of caring for low-income people. It is unacceptable that our current system encourages abuse, fraud and greed at our people's expense. It is time to find the cure for the current illness which exists in our health care delivery system.

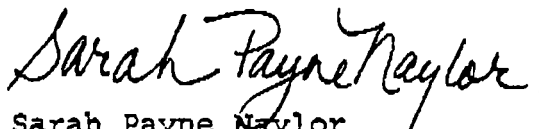
The Interreligious Health Care Access Campaign, representing close to 80 faith-based groups, has worked over the past five years to promote universal access to health care and systemic reform. We have worked to address the issues of compassion and equity in the current health care delivery system.

Early on in the Campaign's history we formulated a "Working Principles" document to articulate the values of concern that we are committed to. These values address the issues of access, benefits, cost containment, financing, and choice. This document serves as the lens through which we assess, analyze, and formulate our value-based response to legislative proposals.

The Interreligious Health Care Access Campaign is a current manifestation of long religious involvement both in providing health

care and in health policy. We look forward to working with your administration and Congress in the coming months for comprehensive reform of the current health care system.

Very truly yours,

A handwritten signature in cursive script that reads "Sarah Payne Naylor". The signature is written in dark ink and is positioned above the printed name and title.

Sarah Payne Naylor
Chairperson



7600 Corporate Center Drive
Miami, Florida 33126
MAILING ADDRESS
P.O. Box 829504
South Florida, Florida 33082-9504
(305) 715-4381
1-800-344-0518
Fax (305) 715-4306

WILLIAM H. MAUK, JR.
Chief Executive
John Alden Healthcare Management Division



DRAFT

September 20, 1993

President William Jefferson Clinton
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Mr. President:

I am pleased to endorse the Administration's health care reform plan. Your goal to guarantee comprehensive health coverage for all Americans regardless of health or employment status is a most worthy and important cause and one in which all Americans will benefit. A plan that would secure access to quality health care, preserve the right to choose your doctor, bring escalating costs under control and establish fairness for those who pay, deserves the support of all Americans. I am committed to helping you bring Americans together for a healthier America.

John Alden Life Insurance Company insures more than 170,000 small businesses in 47 states. As an insurer of small businesses typically ranging from 2 to 5 employees, John Alden is acutely aware of the need to keep quality health care affordable for its customers. Many of us who work at John Alden believe that with your plan, the costs of health care borne by those small businesses that have provided insurance to their employees will be more fairly distributed across all employers, both large and small, as well as employees.

Please count on us for support throughout the health care debate. We look forward to helping you make the American dream of universal access to health care a reality. Good luck!

Sincerely,

William H. Mauk, Jr.

WHM:jfe

DRAFT PRESS RELEASE

CONTACT: Maggie Simpson
(202) 429-1965, ext. 290

FOR IMMEDIATE RELEASE:
September 22, 1993

PRESIDENT'S PLAN IS EFFECTIVE BLUEPRINT FOR HEALTH CARE REFORM

Statement by Becky Cain, President
The League of Women Voters of the United States

The President's health care reform package marks a critical step forward. It will fix fundamental flaws in our nation's health care system.

This is real reform. The plan provides for universal access and for stringent cost control measures -- the two most important criteria set forth by League members after more than three years of studying the health care crisis.

Under the plan, Americans will be covered no matter where they live, where they work or how much they earn. The plan's basic benefits package will be a boon to people's health, especially for women. For the first time, all Americans will be guaranteed coverage for preventive, primary and acute care; and reproductive health services, including abortion, are in the plan. Mental health services and long-term care are also included, but are limited to keep costs down.

Among the plan's most critical features are its built-in cost control mechanisms. Millions of Americans are losing the battle to keep up with rising health care costs and millions more cannot even afford the most basic health care coverage. Health care costs have doubled since 1980 and will double again by the year 2000 unless strong action is taken. By standardizing forms, introducing new competitive structures and limiting spending, the plan has effective ways of cutting waste and reducing costs.

The President's health care plan is not perfect, but it is fair. It will need some fine-tuning in the legislative process. For example, citizen participation must be included in all aspects of the plan's implementation to ensure that government-sponsored programs are responsive to citizens' needs.

Health care reform will need bipartisan support. The League is encouraged that many of the goals for reform are now shared by key members of both political parties on Capitol Hill. Congress must not lose sight of the costs of inaction on this critical issue. There will be no perfect solution to this crisis. We need a viable plan that gives all Americans a more humane health care system. The President's plan is an effective blueprint for reform.

THE LONG TERM CARE CAMPAIGN

September 23, 1993

Embargoed

For more information, contact:
Deborah Briceland-Betts, 202-434-3744

President's Health Reform Proposal Praised for its Vision on Long Term Care

The Long Term Care Campaign, a diverse 137 member national coalition, applauds President Clinton for his leadership in seeking to reform the national health care system and for his vision in including long term care services as an integral part of that effort. The President's proposal is a substantial and positive step forward. The plan emphasizes the importance of helping individuals and families choose appropriate services at home and in the community without diminishing the services currently available in nursing homes and other settings.

"We will fully support the President's effort to provide help for families struggling to care for a chronically ill member at home and to provide greater independence for people with disabilities," said the Alzheimer's Association's Stephen McConnell, who chairs the Long Term Care Campaign Board of Directors. "The Long Term Care Campaign will mobilize its grass-roots network to ensure that Americans know about the long term care benefit and that they call or write their Member of Congress to let them know how important this long term care program is to their families and to real health reform."

The Campaign is pleased that the President's proposal will help people of all ages: not only those caring for aging parents, for instance, but those caring for a chronically ill child, an adult with life long severe disability trying to become more independent, or a young family who

-MORE-

is struggling because a wage-earner has been severely disabled by an accident or illness. The new "personal assistance services" benefit will make a major difference in the ability of people of all ages with severe disabilities and chronic illness to remain in the community, take jobs, and maintain their independence.

The President's plan would provide security for the average American, because hard-working families and retiring seniors will no longer have to impoverish themselves before they can get help, as they must under the present system. Instead, the home and community-based services will be available to all based on their physical and cognitive need.

"Importantly, the President's proposal will provide America's families with choices they don't have under our current system. It will provide the option to receive care where people most want to receive it, at home and in the community," said AARP's John Rother, also a Campaign Board member. "People will no longer have to feel that going into a nursing home is the only choice they have."

"In addition, this proposal would begin to support family members, most of whom are women, who now provide the bulk of care," said the Older Women's League's Joan Kuriansky, another Campaign Board member.

The proposal also contains necessary built-in cost containment mechanisms to prevent costs from spiraling out of control.

The Long Term Care Campaign is a coalition of 137 national organizations representing more than 60 million people nationwide. The member groups include those representing nurses, children, seniors, veterans, women, people with disabilities, unions, religious denominations, and racial and ethnic groups. The Campaign is dedicated to enacting legislation to protect American families from the devastating cost of long term care.

-MORE-

Additional information about long term care and The Long Term Care Campaign's activities can be obtained from:

Stephen McConnell
Chair, LTCC Board of Directors;
Senior Vice President of Public Policy
Alzheimer's Association
202-393-7737

John Rother
Secretary/Treasurer,
LTCC Board of Directors;
Director of Legislation
& Public Policy
American Association
of Retired Persons
434-3701

Joan Kuriansky
Executive Director
Older Women's League
783-6686

Marty Ford
Assistant Director
Governmental Affairs
The Arc
785-3388

Jim Firman
Executive Director
United Seniors Health Cooperative
393-6222

Richard Fuller
Director, Health Policy Program
Development
Paralyzed Veterans of America
872-1300

Steve Reganstreif
American Federation of State County
and Municipal Employees Retirees
202-429-1274

Samuel J. Simmons
Chief Executive Officer
National Caucus and Center
on Black Aged, Inc.
202-637-8400

Deborah Briceland-Betts
National Campaign Director
Long Term Care Campaign
202-434-3744

**Dennis Ludwig
Ludwig Pharmacy
2590 Baseline Road
Boulder, CO 80303
(303) 499-2121**

September 22, 1993

**President
The White House
Washington, D.C. 20500**

Dear Mr. President,

I am writing to commend you on your efforts to reform the Health Care system. Your commitment and Mrs. Clinton's commitment to this reform deserves my strong support.

I am a community pharmacist owning my own store in Boulder, Colorado. I wish to thank you for including many of the suggestions advanced by the Community Retail Pharmacy Coalition for Health Care reform.

Sincerely,

Dennis Ludwig

Dennis Ludwig



MASSACHUSETTS GENERAL HOSPITAL

Boston, Massachusetts 02114

16 September 93

President Bill Clinton
The White House
1600 Pennsylvania Avenue
Washington 20036, D.C.

Dear Mr. President:

As you announce the health care reform legislation so thoughtfully crafted by you and your wife, we of the Massachusetts General Hospital want to congratulate you both on your willingness to tackle such a difficult issue, especially one with great potential for negative political fall-out.

The American people and those who provide them health care are in desperate need of a more rational, equitable and less wasteful system. The launch of your legislative proposal is a necessary start to what will undoubtedly be a highly visible and energized debate. We can assure you that we do all that we can to make certain that it is enlightened debate focused on outcomes that will best serve the nation.

With appreciation of your efforts, I am,

Sincerely,

J. Robert Buchanan, M.D.
General Director

Richard R. Crater
Chief, Operating Officer

202 659 7613
SEP 22 '93 18:01 TO: 8720688

FROM: POLICY RESOURCE CTR T-692 P.01

Mental Health Liaison Group

FOR RELEASE AFTER
9 P.M. EDT 9/22/93

CONTACT: Leslie Scallet
202.775.8826

Thirty-Eight Mental Health Organizations React To Clinton Health Reform Proposal

Millions of people suffering from mental illnesses will for the first time have access to health care under the historic reforms proposed by the Clinton Administration — including universal coverage, portability of benefits and elimination of exclusions based on preexisting conditions. Thirty-eight (38) members of the Mental Health Liaison Group commend the Administration for focusing public attention on the needs of Americans with mental illnesses and on the destructive impact of mental illnesses as a major public health problem.

We are pleased that the Administration has promised to eliminate discriminatory limits on the mental health benefit by the year 2001, but a promise is not a guarantee. The current proposal is an important first step. Even so, the proposed initial benefit contains significant limits on needed services for individuals with mental illnesses who require more intensive psychotherapy, community services or hospital care, and it fails to meet the special needs of children. The Mental Health Liaison Group and its members will continue to support nondiscriminatory coverage of all medically and psychologically necessary care until the promise of comprehensive benefits is realized.

For too long society has failed to recognize the reality of mental illnesses and the suffering they cause. Mental health care must be provided on a par with that available for other illnesses. Accordingly, we are concerned with any cost-sharing requirements that may be so excessive as to place the benefit outside the financial means of many Americans. Mental health care is a controllable and cost-effective benefit that can lead to significant national savings in overall health care costs and will reduce losses to the economy due to absenteeism, impaired productivity and death.

We commend the Administration for initiating healthcare reform and offer our assistance to the Administration and Congress in the months to come.

The Mental Health Liaison Group is a Washington, DC-based coalition of national organizations representing consumers, family members, advocates, professionals and providers.

(MORE)

National organizations representing consumers, family members, advocates, professionals and providers

1730 Rhode Island Avenue NW • Suite 308 • Washington DC 20036-3101 • TEL: 202-775-8826 • FAX: 202-659-7613

SEP 22 '93 18:03 TO:8720688

FROM:POLICY RESOURCE CTR T-692 P.02

The following thirty-eight organizations have endorsed this statement:

National Association of State Mental Health Program Directors
Dr. Clarke Ross, Deputy Executive Director
202.624.5837

American Psychoanalytic Association
Susan Lazar, MD
301.365.0373

American Association of Private Practice Psychiatrists
Lawrence G. Sack, MD
202.369.8982

American Association of Pastoral Counselors
Caesar A. Giolitto, PR Consultant
202.825.7597

National Federation of Societies for Clinical Social Work
Susan Horne Quantannens, LCSW, National Legislative Chair
703.370.4351

International Association of Psychosocial Rehabilitation Services
Ruth A. Hughes, Ph.D., Executive Director
410.730.7190

National Mental Health Association
Gina White, Director of Media Affairs
703.836.7530

National Association of Psychiatric Health Systems
Carole Szpak, Director of Communications
202.393.6700

National Alliance for the Mentally Ill
Farrell Fitch, Director of Communications
703.524.7600

National Association of Social Workers
Lucy Sanchez, Director of Public Relations
202.408.8600

American Association of Children's Residential Centers
Claudia C. Waller, Executive Director
202.636.1604

American Counseling Association
Lesley Copeland, Public Relations Coordinator
703.823.9800

SEP 22 '93 18:03 TO:8720688

FROM:POLICY RESOURCE CTR T-692 P.03

National Council of Community Mental Healthcare Centers
Joanne Petro, Director of Marketing and Communications
301.984.6200

American Association for Marriage and Family Therapy
John Hutchins, Public Information Manager
202.452.0109, ext 105

American Psychiatric Association
John Blamphin, Director of Public Affairs
202.682.6138

American Psychological Association
Lynette Clervo, Director of Public Relations
202.336.5898

Family Services America, Inc.
Paula Purcell, Communications Specialist
414.959.1040

American Association for Partial Hospitalization
Larry Best, Government Relations Specialist
703.836.2274

Anxiety Disorders Association of America
Jerilyn Ross, President
301.231.9350

Child Welfare League of America
Joyce Johnson, Press Secretary
202.638.2952

American Academy of Child and Adolescent Psychiatry
Mary Crosby, Director of Government Affairs
202.960.7300

American Family Foundation
Herbert Rosedale, President
212-249-7693

American Occupational Therapy Association
Donna Shank
301 948-9826

American Orthopsychiatric Association
Karen Kun
212-364-5770

American Psychological Society
Donna Shank
202-783-2077

SEP 22 '93 18:04 TO:8720688

FROM:POLICY RESOURCE CTR. T-692 P.04

Association of Mental Health Administrators**Ellen LoCurto
703-480-9526****Bazelon Center for Mental Health Law****Joseph Manes
202-467-5730****The Center for Victims of Torture****John Salzberg
202-296-1180****Cult Awareness Network****David Bardin
202-657-6089****The Employee Assistance Professionals Association****Maureen Kerrigan
703-522-6272****Federation of Behavioral, Psychological and Cognitive Sciences****Sarah Evans
202-336-5920****National Organization of State Associations for Children****Pat Heinz
202-232-8111****World Association for Psychosocial Rehabilitation, U.S. Branch****Murry Itzkowitz
201-764-9400****National Association of Protection and Advocacy Systems****Stuart Campbell
202-408-9514****National Association of Psychiatric Treatment Centers for Children****Joy Midman
202-955-3828****National Depressive and Manic-Depressive Association****Susan Dime-Meenan
312-642-0049****National Foundation for Depressive Illness****Debbi Honorof
212-268-4280****Children and Adults with Attention Deficit Disorder****Wade Horn
301-848-0599**



MILITARY ORDER OF THE PURPLE HEART

CHARTERED BY CONGRESS

NATIONAL HEADQUARTERS
5413-B BACKLICK ROAD
SPRINGFIELD, VA 22151-3000
(703) 642-5300 (FTS-300-300)

OFFICE OF: **National Commander**

September 21, 1993

Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Mrs. Clinton:

It gives me a great deal of pleasure to inform you that the Military Order of the Purple Heart of the USA, an organization of combat wounded veterans, endorses the VA Participation in the National Health Plan as outlined by Secretary Brown in a recent briefing to the Veterans Service Organizations. We hope that the Secretary's plan will be adopted as part of the National Health Plan.

Sincerely,

A handwritten signature in cursive script that reads "Michael D. Tomsey".

MICHAEL D. TOMSEY
National Commander

MDT/hrc

THE MILLS GROUP

Employee Benefits Consulting & Brokerage

10600 ARROWHEAD DRIVE
SUITE 190
FAIRFAX, VIRGINIA 22030
(703) 352-8248
FAX (703) 352-8235

9 PIEDMONT CENTER
SUITE 102
ATLANTA, GEORGIA 30305
(404) 238-9190
FAX (404) 262-3427

September 22, 1993

Hon. William Jefferson Clinton
The President of the United States
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear President Clinton:

As a health care insurance broker, an owner of two small businesses, and a founder of Businesses for Social Responsibility, I am writing to express my support of your vitally important initiative to reform our health care system.

The system as we know it today simply must be changed. The Mills Group has spent the last ten years in corporate benefits departments and board rooms assisting employers in the ethical and financial struggles of determining who will be eligible for what coverages and who will pay what portion of the premium. We feel like doctors serving a terminal patient.

We have observed the untenable paradox of people being denied coverage because they need care. All of us know of people who are afraid to or cannot change jobs because they are afraid of losing health care benefits. This is not the American way.

We praise your efforts to embrace and enforce a free market, yet managed, process. We encourage you to strive for a highly competitive market environment to control costs.

In order to provide coverage to all, there must be sharing and giving. In that context, as you reinvent government, I'll be reinventing my health insurance brokerage business. Perhaps I can avail myself of the resources of the SBA!

Thank you and Mrs. Clinton for demonstrating the leadership in undertaking this enormous task. We vigorously applaud your efforts.

Sincerely,



Helen H. Mills
Managing Principal

THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS
and Related Institutions, Inc.

LAWRENCE A. McANDREWS, FACHE
President & CEO

September 21, 1993

The President
The White House
Washington, DC 20500

Dear Mr. President:

At a time when one in every three children in the United States depends either on Medicaid or on charity to pay for health care, we commend your effort to move the nation toward comprehensive health care reform.

We believe reform will enhance both medical security for the nation's 65 million children and peace of mind for their parents. We are especially impressed by the commitment of yourself and the First Lady to ensuring all children have access to appropriate health care, because it is such an important investment in the nation's future.

As your legislation unfolds, children's hospitals will continue to work with you and Congress to make sure that the financing elements of the plan take into account the plain fact that one size won't fit all -- that children are different from adults and have different needs.

Your leadership is invaluable to the nation's efforts to achieve, at long last, the goal of health care coverage for all Americans.

Sincerely,

Lawrence A. McAndrews
Lawrence A. McAndrews

here are changes from -

HOLD FOR RELEASE, Until 9:00 pm (EST)
Wednesday, September 22, 1993

For more information contact:
Tiffany Erickson (202) 408-0223

Statement of Larry S. Gage, President
National Association of Public Hospitals
on the Introduction of President Clinton's Health Plan

DRAFT

Washington, D.C. - President Bill Clinton has today offered Americans our best opportunity in over half a century to join the family of civilized nations that make adequate health care a basic right of citizenship. NAPH strongly supports President Clinton in this historic effort and will work with him to achieve enactment of health reform as swiftly as possible. We simply cannot afford to let this opportunity slip away, like so many others in the last 50 years.

NAPH member hospitals, together with a fragile network of health centers and other public health providers are today the providers of last resort for the uninsured and under insured in most metropolitan areas. In effect, our members have served for years as an institutional "national health plan" in the absence of universal insurance coverage. In many cases, they provide the only health services for low income urban residents, regardless of whether or not they have coverage. At the same time, these providers train a substantial number of our nation's doctors, nurses, and other health professionals, and often serve as the only provider of many costly, specialized services, such as trauma care, burn care, neo-natal intensive care, high risk pregnancy services, and emergency psychiatric care.

It is important to point out that the situation of these safety net providers continues to worsen. The nation's urban public hospitals continue to be burdened by multiple crises - including persistent state and local budget shortfalls -- escalating federal and state curbs on Medicaid eligibility and spending -- continuing increases in the number of uninsured and under-insured - and an increasing inability or unwillingness of many providers to shift uncompensated costs to privately insured patients. For all of these reasons, enactment of health reform must now be our most important domestic policy priority.

NAPH believes that President Clinton's proposal is an outstanding foundation for achieving health reform. There is much to admire in the President's plan, including its commitment to universal and mandatory coverage - its commitment to prevention and primary care in the context of a generous uniform benefit package - its proposal to community rate premiums for all, as well as to adjust premiums to reflect such factors as health and income status - its willingness to subsidize premiums for low income individuals and small businesses - its attention to the special access and infrastructure needs of underserved areas and academic health centers - to name just a few.

Of course, NAPH (like others) will want to raise a number of specific issues and questions during the forthcoming debate. Based on our preliminary reading of the President's plan, those issues and concerns will include the suitability of "managed competition" in the near term for some undeserved urban and rural areas - the treatment of populations excluded under the plan, such as undocumented immigrants and prisoners - the proposed elimination of Medicare and Medicaid disproportionate share hospital adjustments, which finance a broad range of essential services, including many that are not proposed as part of the benefit package -- and concerns regarding the scope and level of support of proposed initiatives for "essential access providers", infrastructure improvement, public health, health manpower, and academic health centers.

However, we wish to make crystal clear that we will be raising these questions and issues from a position of support and encouragement, not opposition or obstruction, and NAPH's goal, like to President's, will be the earliest possible enactment of comprehensive national health reform.

###



News RELEASE

FOR IMMEDIATE RELEASE
SEPTEMBER 22, 1993

CONTACT: SHARON FISCHMAN
202-328-5160

**STATEMENT OF MARCIA GREENBERGER AND NANCY DUFF CAMPBELL,
CO-PRESIDENTS OF THE NATIONAL WOMEN'S LAW CENTER,
IN SUPPORT OF PRESIDENT CLINTON'S HEALTH REFORM PLAN**

For decades, the health needs of women in the United States have been underfunded, overlooked and cut out of key health programs. Correcting these inequities is long overdue. President Clinton's health reform plan can make comprehensive health care a reality for all American women.

President Clinton's health care plan contains critical improvements in health care for women. All women, regardless of age, economic or health status, will have access to health insurance. Whether a woman is employed, where she is employed, or the size of her employer will not dictate her eligibility for insurance. And changing jobs will no longer put women at risk of losing their insurance.

The benefits package is important for women as well. It guarantees preventive health services that run the gamut from routine checkups for pregnant women to diagnostic and screening services such as mammography and pap smears. It also provides reproductive health care, including family planning, abortion and maternity services.

The Center supports the plan, and is committed to working through the legislative process to build on its important principles. Part-time workers, nearly two-thirds of whom are women, need greater protection; long-term care services should be broadened; and key diagnostic and screening services like pap smears and mammograms must be provided at more frequent intervals as recommended by lead professional groups. The waiting time for some important services like comprehensive mental health coverage is too long. No one should have to wait until the year 2000 for critical care she sorely needs today. And subsidies for low-income women must be expanded to assure that no woman currently receiving government assistance for health care loses that help.

And, of critical importance to women nationwide, the Administration must make it clear that "pregnancy-related services" is defined as including both maternity care and termination of pregnancy.

Women need to fight not only to retain the sorely-needed improvements to their health care that are already in this plan, but also to expand the plan to improve upon it.

Women have too much at stake here to allow politics to invade the doctor's office. We will fight to make comprehensive health care a reality for all women by supporting President Clinton's plan and by building on its key principles.

#30

The National Women's Law Center is a non-profit organization that has been working since 1972 to advance and protect women's legal rights. The Center focuses on major policy areas of importance to women and their families including employment, education, reproductive rights and health, family support and income security, with special attention given to the concerns of low-income women.

NATIONAL WOMEN'S LAW CENTER



National Association of Social Workers

BOARD OF DIRECTORS

PRESIDENT - 1995

Ann A. Abbott, PhD, ACSW
Villanova, Pennsylvania

FIRST VICE PRESIDENT - 1995

Virginia E. Jacobson, ACSW, LICSW
St. Paul, Minnesota

SECOND VICE PRESIDENT - 1994

Jay J. Coyne, ACSW, LISW
Iowa City, Iowa

SECRETARY - 1994

Terry Mizuchi, PhD
New York, New York

TREASURER - 1995

Eugene Hickey, ACSW, CISW
Glastonbury, Connecticut

STUDENT MEMBER/BSW

Sharon L. Jones - 1995
Buffalo, New York

STUDENT MEMBER/MSW

Joanne Tenery, MSW - 1994
Arlington, Texas

MEMBERS AT-LARGE

Frances S. Cople, PhD, LCSW - 1996
Los Angeles, California

Shirley E. Cox, DSW, ACSW - 1994
Las Vegas, Nevada

Ramon Salcido, DSW - 1995
Pomona, California

Alicia Smalley, BSW - 1995
Canton City, Nevada

REGIONAL MEMBERS

Barbara A. Bacon, ACSW, LCSW - 1994
Chicago, Illinois

Claudia Bonilla Santiago, PhD, ACSW - 1994
Clancy Hill, New Jersey

Ruth A. Brondwin, PhD - 1994
Canton, New York

Mary Ann Bromley, DSW, CISW - 1996
Barrington, Rhode Island

Carolyn L. Brown, MSW, LCSW - 1994
Huntington, West Virginia

Margaret A. Clark, ACSW, LCSW - 1996
Modesto, California

Lydia R. Durbin, MSW - 1995
Wilmington, Delaware

Margorie B. Hammock, ACSW - 1995
Columbia, South Carolina

Kenneth W. Lee, ACSW - 1995
Honolulu, Hawaii

Bonnie C. Limbird, MSW, LCSW - 1996
Little Rock, Arkansas

Julie Morales, PhD, CISW - 1996
West Hartford, Connecticut

Margaret L. Palmer, PhD - 1994
Clarkston, Michigan

Judy C. Waltruff, ACSW - 1995
Glendale, Arizona

EXECUTIVE DIRECTOR

Sheldon R. Goldstein, ACSW, LISW

ASSOCIATE EXECUTIVE DIRECTORS

Milton Grady, ACSW

Linda Beebe

GENERAL COUNSEL

Robert H. Cohen, JD, ACSW

September 22, 1993

President Bill Clinton
The White House
Washington, DC

Dear President Clinton:

On behalf of the 145,000 Members of the National Association of Social Workers (NASW) and NASW president Ann Abbott, I salute you for your extraordinary leadership efforts to reform the nation's health care system. Social workers across the country are too familiar with the human tragedies experienced by so many Americans due to lack of access to adequate health care. You have brought the barriers to service to the forefront of the national debate.

NASW supports your efforts for major reform of the health care system and we greatly appreciate the opportunity you have given social workers and others to recommend improvements. While we are seeking some important changes in the version of your proposal that we reviewed, we commend its provisions for universal access to health care services, among many other of the directives in the plan.

Thank you for the courage and energy you have demonstrated in tackling this very difficult issue. We look forward to working with you further on refining the proposal.

Sincerely,

Sheldon R. Goldstein, ACSW, LISW
Executive Director



National Black Nurses' Association, Inc.

1012 - 10th Street, N.W., Washington, D.C. 20001-4492 (202) 393-6870

Fax (202) 347-3808

The National Black Nurses Association stands with President Clinton in supporting the Health Care Reform Initiative

We are pleased that the Health Care Reform package includes:

- 1. Universal access to health care for all Americans; assuring that the insured, uninsured and underinsured individuals receive a basic standard benefit package.**
- 2. Insure that the basic standard benefit package be determined by the Federal National Health Board. This package is to be standardized to assure that all citizens receive basic services regardless of State residence.**
- 3. Include access for appropriate standard health care technology.**
- 4. Develop a system to monitor and evaluate program quality and effectiveness.**
- 5. Encourage promotion of joint ventures between the public and private sector in the provision of care.**
- 6. Include consumer participation in the community design, decision-making, implementation and evaluation of a reformed health care system.**
- 7. We look forward to working with the Administration to insure a health care system whereby the Health Care Alliances are representative of the ethnic and cultural groups reflected in the community they serve.**
- 8. Increase the number of health professional providers, particularly African-Americans and representatives from other ethnic and culturally diverse groups committed to serving the underserved populations.**



NATIONAL BLACK WOMEN'S HEALTH PROJECT

Public Education / Policy Office

Julia R. Scott, Director

**FOR IMMEDIATE RELEASE
SEPTEMBER 21, 1993**

**CONTACT: Julia R. Scott
202-835-0117**

THE NATIONAL BLACK WOMEN'S HEALTH PROJECT SUPPORTS THE BASIC PRINCIPLES OF CLINTON'S HEALTH CARE REFORM PLAN

"The National Black Women's Health Project (NBWHP) applauds the President for his historic first step in reforming our health care system," said Julia R. Scott, Director of the Washington Office of the NBWHP.

Scott said, "NBWHP's primary concern is protecting women's health, which includes reproductive health. We are pleased that the benefit package emphasizes preventive health care and covers the full range of reproductive health services, including abortion, which is a critical element of pregnancy-related care. The NBWHP commits its resources and membership to ensure that the full spectrum of reproductive health services remains in the plan."

"The NBWHP's position on health care reform," said Scott, "is that it must be comprehensive with universal access; be portable from job to job; include a full range of reproductive health care; contain a benefits package that covers preventative care including family planning; use community rating; include no pre-existing conditions and exceptions; and that the women most affected are represented in all planning, review, and decision-making boards and commissions. Most importantly, the plan must have strong anti-discrimination provisions."

"We look forward to working with the President in making quality health care available to all women, particularly poor women, and in making the need for abortion less necessary by emphasizing prevention, contraception, sex education, and family planning," said Scott.



September 22, 1993

The Honorable Bill Clinton
President of the United States
The White House
Washington, DC 20500

Dear Mr. President:

The National Community Mental Healthcare Council strongly supports your initiative to make healthcare reform a top priority of your Administration. Today community mental health service providers are applauding your proposal because it offers comprehensive reform that addresses many of the structural problems in our current system. For the first time, millions of people suffering from mental illnesses will have access to healthcare through universal coverage, portability of benefits and elimination of exclusions based on preexisting conditions.

We are pleased that the Administration has endorsed comprehensive and flexible mental health benefits by the year 2001. Mental healthcare is a controllable and cost-effective benefit that can lead to significant national savings in overall healthcare costs and will reduce losses to the economy due to absenteeism, impaired productivity and death. However, the proposal for the initial benefit is only an important first step that must be expanded upon in order to realize our vision of comprehensive, coordinated, clinically effective mental health services for all who need them. We are also concerned with the plan's cost-sharing requirements, which may become a barrier to necessary services for many Americans, who by virtue of their illness, have limited financial means.

We recognize that every detail of your proposal is not yet complete, but we believe that it offers a sound foundation for national debate on the need for comprehensive reform and of the value of mental health care. As these details are resolved, the National Council will respond to the specific benefit management and financing mechanisms contained in your plan.

We commend your Administration's efforts to reach out and seek input from the mental health service community in the development of this proposal. We are eager to offer our assistance to you and the Congress in the months ahead to ensure healthcare reform becomes a reality for our nation.

Sincerely yours,

A handwritten signature in cursive script, reading "Judy Dierenfeld".
Judy Dierenfeld, Chair
Public Policy Committee

National Office
12300 Twinbrook Parkway
Suite 320
Rockville, Maryland 20852
301/984-6200
Fax 301/881-7159

Capitol Hill Office
900 2nd Street, N.E.
Suite 216
Washington, D.C. 20002
202/842-1240

Chief Executive Officer
Charles G. Ray

Board of Directors
1993-1994

President
Stanley Eichenauer, ACSW

President-Elect
Mary Lee Gowell

Secretary-Treasurer
B. R. Pete Kennemer, MPH

Chair, Public Policy
Judy P. Dierenfeld, CAE

Region I
Pamela M. Polowski
Ellen Fein, MSW

Region II
Samuel Lazarus
Michael Kaufman, MS

Region III
Richard W. Cardot, JD
Lowry Michael Gilmore, PhD

Region IV
Elisabeth Rukeysen
Dell Laroen

Region V
Rev. Rudolph Kemppainen
Patricia B. Walden

Region VI
Paul Elzondo
Ruben R. Cardenas, MBA

Region VII
Barbara J. Lips
David Wiebe, ACSW

Region VIII
William S. Warfield IV
Ahmad

Region IX
Clay L. Moore, PhD
Floyd H. Martinez, PhD

Region X
Mary Lee Gowell
Terry E. Fitzgerald, PhD

NEWS

The National Council on the Aging



409 Third Street SW, Washington, DC 20024

Phone: (202) 479-1200

FAX: (202) 479-0735

TDD: (202) 479-6674

FOR IMMEDIATE RELEASE

CONTACT: Louise Cleveland, Dir. of Communications 202 479-6975

THE NATIONAL COUNCIL ON THE AGING APPLAUDS THE PRESIDENT'S APPROACH TO HEALTH CARE REFORM

WASHINGTON DC, SEPT. 22--President Daniel Thursz of The National Council on the Aging made the following statement concerning the Clinton Proposal on health care reform:

The National Council on the Aging is committed to health care reform. The Clinton approach has many excellent features, first and foremost its commitment to universal access to health care for all Americans.

NCOA will continue to study carefully, and sympathetically, the details of the proposal as they become available.

The National Council on the Aging, Inc. (NCOA)--a private, nonprofit organization--serves as a national resource for information, training, technical assistance, research, advocacy, and publications on every aspect of aging. Founded in 1950 and headquartered in Washington, D.C., NCOA has a national membership comprised of professionals, volunteers, and organizations who work with, for, and on behalf of older persons. NCOA's mission: to promote the dignity, self-determination, well-being, and contribution of older persons--both as individuals and within the context of their families and communities.

#####



NATIONAL COUNCIL OF NEGRO WOMEN, INC.

NATIONAL HEADQUARTERS:

1667 K STREET, N.W., SUITE 700, WASHINGTON, D.C. 20006

TELEPHONE: (202) 658-0006

FAX: (202) 785-8733

September 21, 1993

President William Jefferson Clinton
The White House
Washington, DC 20500

Dear Mr. President:

The National Council of Negro Women, Inc. (NCNW) applauds your commitment to the state of well being of the citizens of this country. Reform of the current health care system is vital to the 37 million Americans currently uninsured. Health care reform promises health care to all regardless of economic status, employment, or health status. The National Council of Negro Women commends your efforts to provide real solutions to the health care crisis facing this country.

Through the years, we have come to know first hand the impact inadequate health care has had on individuals, families, and community life. As a national organization of 34 affiliated national organizations and 250 community based Sections in 42 states, the National Council of Negro Women has had to make health a priority. Our record of community service and advocacy reflect years of intensive work on the problems of infant mortality, child immunization and high morbidity and mortality from preventable diseases among African Americans.

Because of NCNW's commitment to raising public awareness of the health crises in the African American community, we have initiated research on the attitudes and behaviors of African American women on such matters as reproductive health and access to care. We have also conducted a survey of the millions who attend our annual Black Family Reunion Celebrations. The results show that the greatest fear African Americans -young and old- have is "getting sick".

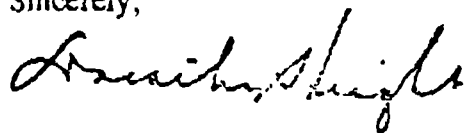
We believe that the proposed focus on preventive care and access to care are crucial components of the health reform plan. We are particularly supportive of your efforts to develop a network of clinical services through school based clinics and comprehensive health education. Such a comprehensive approach to providing physical and mental health services, counseling in disease prevention, and health promotion is critical to addressing the current needs of adolescents and preventing future increases in diseases which affect African American families today.

President's Letter

Page Two

The National Council of Negro Women, Inc. thanks you for your leadership in placing health reform in the forefront of our nation's public policy agenda. We stand ready to be supportive.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dorothy I. Height".

Dorothy I. Height
President & CEO

PRESS RELEASE



National Council of Senior Citizens

1331 F Street, N.W. • Washington, D.C. 20004 • (202) 347-8800

For Immediate Release
Tuesday, September 21, 1993

Contact: Larry Smedley, Exec. Director
Dan Schulder, Dir. of Legislation

NATIONAL SENIOR GROUP APPLAUDS CLINTON HEALTH PROPOSALS AND CALLS FOR FURTHER IMPROVEMENTS

In a policy statement to its 5,000 local club leaders, the National Council of Senior Citizens (NCSC) said today that the Clinton health reform proposal would "establish health care as an achievable right for all citizens—that alone deserves the praise of Americans, young and old."

The statement, made by NCSC Executive Director Lawrence T. Smedley, noted that the Clinton proposal would assure comprehensive health services while creating mechanisms to control health costs. The senior leader said that the proposed Clinton program "can meet many of the benchmarks contained in the single-payer, universal health system backed by the Council."

Smedley hailed the Clinton proposal's inclusion of long-term care service and a new prescription drug benefit for Medicare beneficiaries, including younger persons with disabilities. He said that the Council also welcomes coverage of "early" retirees, age 55-65, many of whom have lost health insurance protection when their former employers terminated benefits.

Smedley told the grassroots NCSC leaders that, "Our ultimate goal is quality health services provided without regard to age or employment status at affordable costs based on the ability to pay through progressive financing. In short, we are committed to a national health system managed in the public interest without regard to profits or differing standards based on income, age, location or population group."

Smedley said that NCSC had adopted a three-point strategy on health care reform:

1. Support the Clinton measure's progressive, basic components including universal coverage, cost constraints and subsidized insurance for lower income, unemployed and retired persons;
2. Assure that any Medicare and Medicaid cost reductions will not harm older and disabled persons and the poor and assure prompt incorporation of Medicare into the new health reform system with full participation on an equal footing for Medicare beneficiaries; and
3. Continue to work for additional improvements in the design and financing of the nation's health care programs toward a single-payer system.

Smedley said that NCSC would fight against "those with a vested interest in the status quo—a health system based on waste and duplication that shortchanges seniors, punishes the poor and hard-working families and threatens to bankrupt the nation." Smedley said the Executive Board of the NCSC will be meeting in coming weeks to determine the game plan the Council will pursue in the ongoing struggle to improve and pass national health care.

The NCSC Director concluded his statement by saying: "The American people deserve an efficient health care system administered with a commitment to quality and compassion. The National Council believes that strong support of the Clinton program while working toward further improvements will lead the Nation to such a system. America's seniors are anxious to play a central role in the coming legislative and political debate. We are ready."

The Power To Overcome

National Easter Seal Society
Office of Public Affairs

1350 New York Avenue N.W., Suite 915
Washington, D.C. 20005
202 347.3066
202 347.7385 (TDD)
202 737 7914 (fax)

For Release: September 23, 1993
Contact: Randall Rutta 202/347-3066
Sara Brewster 312/726-6200

NATIONAL EASTER SEAL SOCIETY
RESPONSE TO PRESIDENT CLINTON'S HEALTH CARE PROPOSAL

Today, the National Easter Seal Society announced its support for the initiative that President Clinton has taken on health care reform. The national society endorses the comprehensive approach and general direction of the Administration's proposal, and is pleased that the President is making health care reform the top legislative priority on his domestic agenda.

Since 1919, Easter Seals has championed the interests of people with disabilities through advocacy and service delivery. In our experience, people with disabilities and their families have faced inordinate difficulties in obtaining needed health care at a reasonable cost. We believe that the President, in seeking universal, comprehensive, and affordable health care for all Americans, will significantly enhance the health, productivity, and independence of the nation's 43 million citizens with disabilities.

Last year, the National Easter Seal Society adopted "Principles for National Health Care Reform," which are the foundation for our actions on this issue. Our leadership presented these principles to President Clinton in the oval office in March 1993. They are: universal access, quality, comprehensiveness, equity, appropriateness, and efficiency, and represent the standard against which all reform proposals will be assessed. Having evaluated the President's plan, we have concluded that, to varying degrees, the Administration addresses all of our principles.

The National Easter Seal Society applauds the President's commitment to universal access and the elimination of pre-existing condition exclusions on the basis of disability. We are encouraged that the proposal makes a serious attempt to provide long term care through home and community supports, recognizing, in particular, that rehabilitation services are an integral part of any complete health reform approach.

The National Easter Seal Society is pleased to be playing a role in shaping America's health care system. As a leading advocate for and with persons with disabilities, as an employer of 10,000 people in a national network of 160 affiliates, and as a nonprofit provider of diverse, community-based services, Easter Seals is well-equipped to make a significant contribution to this effort. We clearly share the goals of the Administration and, in collaboration with our affiliates across the country, will offer specific recommendations that we believe will enhance the President's proposal.

The National Easter Seal Society commends the President for taking this critical first step, and looks forward to working with the Administration and Congress during the months ahead to refine and enact comprehensive, universal health care coverage for all Americans, particularly for people with disabilities.



**NATIONAL
FARMERS
UNION**

**STATEMENT OF LELAND H. SWENSON
PRESIDENT, NATIONAL FARMERS UNION
The White House
September 23, 1993**

It is an honor for me to join President Clinton and lend the support of the 250,000 farm, ranch and rural families of National Farmers Union to your leadership in reform of our nation's health care system.

National Farmers Union is especially pleased that the proposal includes provisions for rural communities.

- *Requiring Alliances to serve rural areas;
- *Investment to develop the health work force;
- *Expansion of the rural public health system;
- *The development of infrastructure to link academic health centers with rural providers;
- *Longterm contracts to service rural areas;
- *Investment in rural infrastructure;
- *Incentives to expand rural community-based network and plans; and
- *Federal loan guarantees to help rural community-based organizations make capital improvements.

President Clinton, we are also pleased that your plan provides universal coverage for all Americans, includes long-term care provisions critical for many rural elderly and the rural care centers in many communities.

We commend your leadership in structuring reform to address the skyrocketing costs of health care and prescription drugs, a priority issue for rural people. We also support the provision for 100% deductibility of health insurance premium for the self-employed.

We support the need to reform the administrative costs of health care and its delivery and believe the inclusion of the single payer system a positive approach.

President Clinton, yesterday as I was literally preparing my remarks for today, our office received a phone call from a Wisconsin farm family whose health insurance premium had increased to over \$1,000 per month with a deductible of \$2,000.

As a self-employed farm family, they cannot afford that premium and because their child has a medical problem they cannot obtain coverage from any other carrier. Their only option was to maintain coverage and increase their deductible share to \$5,000 and lower their monthly premium to approximately \$600 per month.

Their next option is to drop health care coverage for the family entirely or to exclude their child.

President Clinton, your plan will make health care available and affordable for this family and thousands like them. The importance of health care reform cannot be overemphasized. The health of our nation's people is at stake and the health of our nation's economy is at stake.

National Farmers Union is anxious to get on with the task of reforming our nation's health care system.



September 20, 1993

President of the United States
William Jefferson Clinton
The White House
Washington, D.C.

Dear President Clinton:

The National Hispanic Housing on Aging (NHCoA), a membership based organization that promotes the well being of Latino elderly, families and communities, strongly supports your efforts in health care reform. Your initiatives will address the many health related problems faced by this rapidly growing population of elderly.

We are ready to engage our members in the national debate on health care that we are certain will bring solutions to the growing problems faced by the nation in this area. We are ready to provide information and clarification to our membership on issues and solutions addressed in your health care reform plans in order to promote informed decision making and participation.

Sincerely,


Marta Sotomayor, Ph.D.
President and CEO
NHCoA

NATIONAL HISPANIC COUNCIL ON AGING
2713 Ontario Rd. N.W. • Washington D.C. 20009
(202) 745-2521 (202) 265-1288 FAX (202) 745-2522

N E W S R E L E A S E

Hold for release until 10 p.m.,
September 22.

Contact: Dr. Henry E. Simmons, Peggy
Rhoades, or Mark Goldberg
(202) 637-6830

STATEMENT BY DR. HENRY E. SIMMONS

PRESIDENT OF THE NATIONAL LEADERSHIP COALITION
FOR HEALTH CARE REFORM

REGARDING PRESIDENT CLINTON'S HEALTH CARE REFORM PROPOSAL

The nation's largest and broadest alliance on health care issues -- the National Leadership Coalition for Health Care Reform -- is heartened by the comprehensiveness and strength of President Clinton's proposal for health care reform.

We are especially encouraged by the clear signs that Republican and Democratic leaders in Congress are intent on achieving reform, rather than succumbing to deadlock.

The Coalition believes that the President's strategy for reform would help Americans in three ways.

First, it would guarantee comprehensive health coverage to all Americans, not just the affluent or the fortunate. We believe that it makes sense to do that by building on one of the great strengths of the current system -- that most employers already help to finance health care coverage for their employees. And we believe that it makes sense to combine an employer obligation with an individual one. The assurance of health coverage should be both a shared and an individual responsibility.

Second, it would work to keep health care costs in line with economic growth, not at odds with it. The Coalition supports tough measures to control costs and curtail cost-shifting, including budget targets, rate-setting to contain spending in the fee-for-service segment of the health care system, and increased competition among health care plans.

And third, it includes tools to improve the quality of care that Americans receive -- and to help them choose among health care plans on the basis of value, not just cost.

The National Leadership Coalition has nearly one hundred organizational members -- companies in all sorts of industries, unions, consumer groups, and associations of health care providers.

THE NATIONAL
LEADERSHIP
COALITION FOR
HEALTH CARE
REFORM

555 13TH STREET, N.W.
WASHINGTON, D.C. 20004
(202) 637-6830

HONORARY CO-CHAIRS

Former President Jimmy Carter
Former President Gerald Ford

CO-CHAIRS

The Honorable Paul G. Rogers, J.D.
The Honorable Robert D. Ray, L.L.B.

PRESIDENT

Henry E. Simmons, M.D., M.P.H.

EXECUTIVE DIRECTOR

Margaret M. Rhoades, Ph.D.

I (A list of our members is attached.) We have been working together for three and a half years to achieve thorough and effective reform of the health care system. We are a non-partisan group -- our honorary co-chairmen are former Presidents Jimmy Carter and Gerald R. Ford -- and we are committed to working with President Clinton, and with members of Congress in both parties, to secure reform.

We recognize, as the President clearly does, that the Administration's proposal will evolve as it moves through the legislative process. We expect to make suggestions along the way, to the Administration and to the Congress, as the details of reform are refined. We are concerned to make sure that cost controls are effective in the short term as well as the long run, that reform does not require too rapid a transformation of the health care delivery structure, and that the financing mechanisms relied on to fund reform are adequate to the needs.

Congress has an extraordinary opportunity to make life better for Americans -- and Americans aren't in the mood for excuses. Now that the President's plan is front and center, the supporters of reform need to reach to the right and the left to build support for effective measures.

Attachment

**MEMBERS OF THE NATIONAL LEADERSHIP COALITION FOR
HEALTH CARE REFORM**

Acme Steel Company
Amalgamated Clothing & Textile Workers Union, AFL-CIO
American Academy of Family Physicians
American Association of Retired Persons
American College of Physicians
American Federation of Teachers, AFL-CIO
American Forest and Paper Association
American Iron & Steel Institute
American Nurses Association, Inc.
American Physical Therapy Association
American Psychological Association
Association of Minority Health Professional Schools
Banc One Corporation
Bank South Corporation
Bethlehem Steel Corporation
Blue Diamond Growers
Brown & Cole Stores
Burlington Coat Factory
Caterpillar Inc.
Ceridian Corporation
Christian Children's Fund
Chrysler Corporation
Cold Finished Steel Bar Institute
Communication Workers of America
CoreStates Financial Corp.
Cox Enterprises Inc.
Crown American Corporation
Dayton Hudson Corporation
Del Monte Foods
Families USA Foundation
Filter Materials
Ford Motor Company
Georgia-Pacific Corporation
Giant Food Inc.
The Great Atlantic & Pacific Tea Company, Inc.
Gross Electric Inc.
The Heights Group
H. J. Heinz Co.
The Home Depot
Geo. A. Hormel & Company
Hunt-Wesson Inc.
Inland Steel Company
International Brotherhood of Electrical Workers
International Multifoods
International Union of Bricklayers and Allied Craftsmen
James River Corporation
Johnstown Corporation
Keebler Company
Keller Glass Company
Lincoln Telephone & Telegraph Co.
Lockheed Corporation
LTV Steel Company
Lukens Inc.
Mars, Incorporated

Maternity Center Association
 National Association of Childbearing Centers
 National Association of State Boards of Education
 National Easter Seal Society
 National Education Association
 National Steel Corporation
 Norwest Corporation
 Olympia West Plaza, Inc.
 Pacific Gas & Electric
 Preferred Benefits
 The Quaker Oats Company
 R. R. Donnelley & Sons Co.
 Ralphs Grocery Company
 Regis Corporation
 Rohm & Haas Company
 Safeway Inc.
 Sara Lee Corporation
 Scott Paper Co.
 Service Employees International Union, AFL-CIO
 Sokolov Strategic Alliance
 Southern California Edison Company
 Strategic Marketing Information, Inc.
 Texas Heart Institute
 Time Warner Inc.
 United Air Lines, Inc.
 United Food and Commercial Workers International Union, AFL-CIO
 United Paperworkers International Union, AFL-CIO
 United Steelworkers of America, AFL-CIO
 UNUM Life Insurance Company of America
 U.S. Bancorp
 The Vons Companies, Inc.
 Westinghouse Electric Corporation
 Wheat, First Securities, Inc.
 Wheeling-Pittsburgh Steel Corp.
 The Whitman Group
 Wisconsin Public Service Corporation
 Xerox Corporation

September 8, 1993



National Medical Association

1012 Tenth Street, Northwest
Washington, D.C. 20001-4492
(202) 347-1895 FAX (202) 842-3293

Leonard E. Lawrence, M.D.
President
Office of the Medical School Dean
7703 Floyd Curl Drive
San Antonio, Texas 78284-7790
Office (210) 567-4429
FAX (210) 567-6962

September 22, 1993

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

Dear President Clinton:

The National Medical Association awaits your formal statement to the nation about your plans for Health Care Reform. We applaud the stand which your administration has taken relative to the need for all persons to have access to quality health care services. Such is critical for African American persons who in their "excess deaths" continue to manifest the impact of years of discrimination, neglect and lack of empowerment within the American society.

As details of the Plan become available, we will engage in active debate and advocacy around those issues which are necessary to specifically address the needs of African American citizens. As you indicated during your presentation to those of us who gathered in the East Room on the morning of Monday, September 20, 1993, the Plan will continue to require input from a variety of sources as it wends its way through Congress. The National Medical Association looks forward to continued participation in the development of an approach which will best serve the needs of our nation.

Thank you for the leadership which you and Mrs. Clinton have shown in the process.

Sincerely,

Leonard E. Lawrence, M.D.
President

LEL/bk

September 22, 1993

President William Jefferson Clinton
The White House
Washington, D.C. 20501

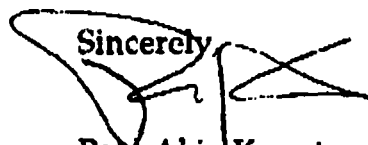
Dear President Clinton:

On behalf of the National Minority AIDS Council (NMAC), we welcome your initiative on health care reform. For those people living with HIV/AIDS, the health care reform would assist in enriching and prolonging their lives.

NMAC is pleased that the proposed plan contains a comprehensive benefits package and maintains essential programs like the Ryan White CARE Act.

NMAC is reviewing the various aspects of health care reform to ensure that the final plan be responsive to the needs of the AIDS community. We look forward to working with your administration on this vital effort.

Sincerely,



Paul Akio Kawata
Executive Director

300 FYE STREET, NW
SUITE 400
WASHINGTON, DC
20002-4389
TEL 202-544-1076
FAX 202-544-0378

NATIONAL
MINORITY
AIDS
COUNCIL

BOARD OF DIRECTORS
CHANE, NORMAN NICKLES
SAN FRANCISCO EMPLOYERS
RETIREMENT SYSTEM
5 OAKLAND, CA

VICL CUBIS, IVAN ADELINA CRESPO
WINFIELD MOODY HEALTH CENTER
CHICAGO, IL
SECRETARY, MARIE ST. CYRIL
NEW YORK COMMISSION ON
HUMAN RIGHTS
NEW YORK, NY

TERESA JEFF, SANDRA McDONALD
OUTREACH, INC
ATLANTA, GA
AT LARGIL JAMES STACA, PA
TRINITY TOWER ONE ON AIDS
SAN FRANCISCO, CA

BISHOP CARL HAN
MINORITY AIDS PROJECT
LOS ANGELES, CA
FRANK BROWN
CLEVELAND, OH

BARBARA GIBBS
SALUD PARA TODOS
WALDEN, CA
RASHIDA HAYAN, RN
BRITISH
PHILADELPHIA, PA

CAROL LAFAYETTE
MINNEAPOLIS, MN
NORMA COPELAND
NATIONAL COUNCIL ON AFRICA
WASHINGTON, DC

JANET MATHWELL, MD
HARBING HOSPITAL
NEW YORK, NY
SHEILA PERIS
FAMILY HEALTH CENTER
NEW YORK, NY

EXECUTIVE DIRECTOR
PAUL AKIO KAWATA



National Puerto Rican Coalition, Inc.

Board of Directors Officers

Chairperson
Domingo Garcia
Rochester, NY

Vice Chairperson
Amalia V. Betanzos
New York, NY

Treasurer
Lillian Escobar-Masuns
Harrisburg, PA

Secretary
Maria E. Girons
Puerto Rican Family Institute, Inc.
New York, NY

Tonio Burgos
New York, NY

Anna Carbonelli
Staten Island, NY

Bishop Roberto González
Boston, MA

Olga Jimenez-Wageningen
Maplewood, NJ

Reynaldo P. Maduro
Arlington, VA

Frank Mann
East Meadow, NY

Martin Martinez
Vega Bay, PR

Eric Muñoz, MD
Newark, NJ

Miguel Rivera
Chicago, IL

Damaso Sede
New York, NY

Christine Torres-Matruilo
Philadelphia, PA

Nettie Torres
Yonkers, NY

Magdalena Torres
Lynbrook, NY

Edwin Vargas, Jr.
Hartford, CT

Jose J. Villamil
San Juan, PR

Eduardo Gautier
Círculo de Puerto Rico
Indian Head, MD

Lydia Valencia
Congreso Bancos de N.J., Inc.
Trenton, NJ

Alba Martinez, Esq.
Congreso de Latinos Unidos, Inc.
Philadelphia, PA

Hipolito Roldán
Hispanic Housing Development Corp.
Chicago, IL

Juko Vázquez
Ibero American Action League, Inc.
Rochester, NY

Dr. José R. González
InterAmerican University of P.R.
San Juan, PR

Juan A. Figueroa
Puerto Rican Legal Defense &
Education Fund
New York, NY

President
Louis Núñez

September 21, 1993

President William Jefferson Clinton
The White House
1600 Pennsylvania Ave, NW
Washington, DC 20500

Dear President Clinton:

The National Puerto Rican Coalition, Inc. (NPRC) applauds your efforts on behalf of the millions of Americans with inadequate or non-existent health care coverage. Although we have previously stated our concerns regarding the lack of Puerto Rican and Latino involvement in the design of the American Health Security Act of 1993, we were pleased to have been invited last week to review a draft of the plan and to meet with Ira Magaziner.

Enclosed you will find our position paper titled "Puerto Rican Health Care Agenda" which outlines the most crucial issues to the Puerto Rican community. As American citizens, we support most of the issues included in the package. Based on an analysis of the Puerto Rican health care crisis, we decided to focus on the four following issues:

♦ There needs to be an increase in health professionals serving the inner cities. Health service providers also need to be culturally sensitive and linguistically capable of serving our community;

♦ The White House must continue to include Puerto Rican health and public policy professionals as program design and implementation strategies continue;

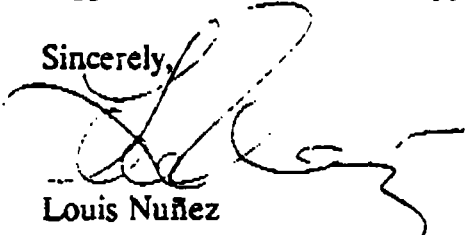
♦ While we are pleased that AIDS and substance abuse are listed as priorities under the proposal, a portion of the prevention, education and treatment programs should be targeted to the Puerto Rican community, who suffer from both maladies at distressing levels;

President W. J. Clinton
September 21, 1993
Page 2

♦ We are pleased that the residents of the island of Puerto Rico will be included in the plan. We trust, however, that you are committed to the premise that the program funding for the island, as well the quality of the services available to that community, will eventually reach parity to those in the mainland United States.

Thank you for allowing us to review the draft plan. The National Puerto Rican Coalition is prepared to work with your staff and offer suggestions on community-appropriate outreach and service delivery.

Sincerely,



Louis Nuñez

LN/rp

cc: Hillary Rodham Clinton
Ira Magaziner

ATTN: Sawell Office of Public Liaison

NEWS from National Urban League

CONTACT: Ernie Johnston, Jr.

FOR IMMEDIATE RELEASE

Communications Specialist

(212) 310-9131

STATEMENT BY JOHN E. JACOB

President and Chief Executive Officer

National Urban League, Inc.

ON PRESIDENT CLINTON'S HEALTH CARE PROPOSAL

The Administration has performed a historic breakthrough by developing a comprehensive plan for the long-overdue reform of the nation's health care system.

The National Urban League strongly supports reforms that will close the health gap between affluent, well-educated people and those who are poor and poorly educated.

The Administration's proposal is necessarily complex, and will require very careful examination to determine whether it accomplishes the objectives we believe to be critical to improving the nation's health care system.

Those objectives are: universal coverage, high quality, efficiency, affordability and availability without regard to income or geographical location, adaptability to the needs of different population groups, and education and training support.

We will measure the Administration's plan and other proposed plans by those standards -- the true test of any health care reform plan is the degree to which it meets the needs of our neediest citizens. The National Urban League will play an active role in monitoring the legislative process and in working to assure that those principles are paramount. With Urban League affiliates, we will play our part in educating our communities about the issues, and in shaping a national health care plan that meets the needs of our constituents.

The Equal Opportunity Building
500 East 62nd Street, New York, N.Y. 10021
Telephone: (212) 310-9000

FOR IMMEDIATE RELEASE

SEPTEMBER 22, 1993

CONTACT: Stephen Gorin (783-9523)

NH HEALTH CARE COALITION WELCOMES PRESIDENT'S PLAN

CONCORD—The New Hampshire Health Care Coalition today welcomed President Clinton's proposal for health care reform.

"We are excited that President Clinton has broken the logjam and finally placed health care reform in the forefront of the national agenda," said Dr. Stephen Gorin, Chair of the Coalition. The Coalition, which was formed in 1986, has long advocated a system that would provide universal access, comprehensive benefits, cost controls, and quality care.

"We believe the President's proposal meets these criteria," said Gorin, "and we urge New Hampshire residents to give it careful consideration."

The President's plan would guarantee every American a comprehensive and affordable package of health care benefits, as well as preserve the right to choose one's own physician. "The Clinton plan would empower consumers," said Gorin, "and stop insurance companies from refusing to cover people with pre-existing conditions and charging small businesses as much as a third more than larger companies."

"We wholeheartedly agree with Dr. Koop's comment that President Clinton has "'accomplished more in health care reform...than all of his living predecessors put together'" (Concord Monitor, 9/21/93), said Gorin.

New Hampshire Health Care Coalition

MEMBER ORGANIZATIONS

AFL-CIO, New Hampshire
 Alliance for the Mentally Ill of New Hampshire
 American Baptists of Vermont & New Hampshire
 Concord Feminist Health Center
 Episcopal Diocese of New Hampshire
 The Granite State Association of Non-Profits
 Home Care Association of NH
 The Homemakers of Strafford County
 Laconia Women's Health Center
 Lakes Region Community Health
 NAACP
 NH Academy of Family Practice
 NH AIDS Foundation
 NH Association for the Elderly
 NH chapter, American Massage Therapy Association
 NH chapter, National Association of Social Workers
 NH chapter, National Head Injury Foundation
 New Hampshire chapter, National Multiple Sclerosis Society
 NH Citizen Action
 NH Community Action Directors Association
 NH Methodist Conference
 NH National Education Association
 NH Nurses' Association
 NH Pharmacists Association
 NH School Nurses' Association
 NH Sisters of Mercy Region II
 NH Society of Physician's Assistants
 NH Women's Lobby
 Office of Justice and Peace, Catholic Diocese of Manchester
 Parents for Justice
 Positive Action
 Retired State Employees Association
 Rochester Visiting Nurses
 Salem District Nursing Association
 Southwestern Community Services
 Special Families United
 Faculty & Staff, School of Human Services, Springfield College
 State Employees Association
 WISH Center

Oakdel PHARMACY, INC.

Oakdel Pharmacy
Armstrong Pharmacy
Alamo Heights Pharmacy



Physicians Plaza Pharmacy
Home Intensive Care Pharmacy
Oakdel Long Term Care Pharmacy

John R. Carson, R.Ph.

7220 Louis Pasteur Dr. San Antonio, Texas 78229
Phone: (210) 614-6200 FAX (210) 618-0113

September 20, 1993

The President
The White House
Washington, DC 20500

Dear Mr. President:

On behalf of the Community Retail Pharmacy Coalition for Health Care Reform we commend you, Mrs. Clinton, and the members of the President's Task Force on Health Care Reform for your efforts to reform America's health care system.

The Coalition, composed of the National Association of Retail Druggists, and the National Association of Chain Drug Stores represents the totality of community retail pharmacy in America.

Specifically, we are pleased with your recognition of the importance of community retail pharmacy and its cost savings and critical role in the delivery of preventive patient care.

We believe your commitment to reform and the security it will bring to all Americans deserves the strong and active support of community retail pharmacy.

Our Coalition--through our 112,000 community retail pharmacists and our more than one million employees--is prepared to communicate aggressively the merits of the evolving plan in our efforts to further enhance and solidify public support for your health care reform proposal. We will bring enthusiastic support through the interaction of community retail pharmacists with millions of patients each day in more than 60,000 drug stores.

A Company Commitment To Personal Service

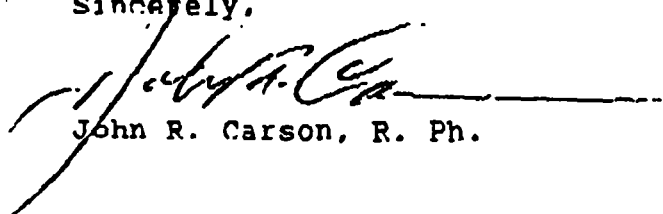
September 20, 1993

Page Two

The Coalition can be especially effective in working with our pharmacists to convey the value of new prescription drug coverage to the many uninsured and elderly patients who visit their pharmacy each day. We especially applaud your expansion of Medicare benefits to include pharmacist services and prescription drug coverage that will provide cost savings to the health care system as well as additional high-quality services to Medicare beneficiaries.

The Coalition looks forward to being a continuing participant and supportive resource throughout the public policy process on this important initiative.

Sincerely,



John R. Carson, R. Ph.

O-W-L

MEDIA RELEASE
For immediate release
September 23, 1993

CONTACT: Vicki O'Reilly
(202) 783-6686

WOMEN'S GROUP SUPPORTS HEALTH CARE REFORM

WASHINGTON, DC -- President Clinton's health care reform proposal offers substantial benefits to midlife and older women, leaders of the Older Women's League, a national advocacy group based in Washington, D.C., said today. "In recognizing that universal access to health care is an essential right, the President has taken an important step forward for all Americans -- especially women," said OWL President Lou Classe.

"We are pleased that the President's proposal authorizes states to adopt single payer systems," said Classe. "OWL believes that a single payer system of health care financing is the best way to contain costs without sacrificing quality of care. In the meantime, we are pleased that the President has proposed a plan that will cover part-time workers, workers in small businesses and the unemployed."

"It is women who are most likely to hold low-paid and part-time jobs," Classe stated. "For too long, many women have relied on a husband's insurance plan to meet their health care costs, leaving them without access to coverage if they were widowed or divorced."

-more-

Add One

"OWL applauds the President's emphasis on long-term care, within homes and in community settings," said OWL Executive Director Joan Kuriansky. "This is a vital concern for women who both provide the bulk of family caregiving and are most likely to require such care as they age. Long-term care services in a full range of settings -- at home, in community care facilities and, when necessary, in institutions -- must be available under a comprehensive plan."

"We must ensure that state governments have adequate funds to offer a full array of long term care services," Kuriansky said. "At the same time, we will work with the Administration and Congress to avoid possibly excessive Medicare cuts -- which could lower the quality of care and limit the number of health care providers willing to serve Medicare patients."

Additional provisions of the President's proposal which OWL praised are:

- The coverage of preventive as well as acute care services.
- The assurance that consumers may choose their own health care providers.
- Significantly expanded coverage of prescription drug costs.

"OWL's founders both died of breast cancer," Glasse stated. "It is long past the time when Pap smears, mammograms and appropriate cancer treatments are unavailable to many older women. We support cancer research and treatment schedules which provide to women adequate and appropriate care."

-more-

Add Two

"OWL commends the President and Ms. Clinton for their leadership in bringing reform to this point," Kuriansky said. "We pledge to work with the Administration and Congress to successfully ensure that every person in America has access to comprehensive health care."

Founded in 1980, OWL -- the first national membership organization to focus exclusively on issues of concern to midlife and older women -- provides leadership on health care issues. OWL is represented on the three-member board of the Long-Term Care Campaign. It is the Convenor of the Campaign for Women's Health, a coalition of 80 women's, labor, and health care organizations representing over 8 million Americans who seek to ensure that women's voices are heard in health care reform.



**PARALYZED VETERANS
OF AMERICA**

Chartered by the Congress
of the United States

September 22, 1993

Mrs. Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mrs. Clinton:

On behalf of the members and officers of the Paralyzed Veterans of America (PVA), I want to thank you and commend you and all the individuals involved with the "American Health Security Act of 1993," to secure health-care reform for all Americans. As a veterans' service organization chartered by Congress with the mission of ensuring that the needs of veterans who have experienced catastrophic spinal cord injury or dysfunction are met, we applaud and support your efforts to secure appropriate, affordable health care for all Americans.

I want to extend PVA's appreciation for the time you spent this past Saturday, September 18, briefing us on the outlines of the proposal and listening to our concerns. As you advised, we are working with the Secretary of Veterans Affairs, Jesse Brown, to clarify those issues which remain a concern to our members and we have conveyed those issues to the Secretary in a separate letter.

PVA is extremely pleased that the plan, as outlined, provides for a national, independent veterans health care system. And, we support your initiative to incorporate additional resources such as Medicare funding into the income stream available for veterans' health care.

Beyond the VA initiative, your efforts in health care reform offer, for the first time a substantial new program of long term care and assistive services offering new hope for millions of Americans with disabilities. Your efforts afford new prospects for those Americans who have experienced catastrophic disability for a more dignified and cost-effective alternative to institutional care.

PVA supports the concept of your program and we look forward to working with the Administration and the Congress, to bring about this much needed change. We thank you and all involved in this endeavor.

Respectfully,

Gordon H. Mansfield/kaa

Gordon H. Mansfield
Executive Director

cc: Honorable Jesse Brown, Secretary of Veterans Affairs

SEP 21 1993 10:12 AM
Parkland Memorial Hospital
5201 Harry Hines Boulevard
Dallas, Texas 75235
214/590-8011
Fax 214/590-8096

September 21, 1993

**The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500-0001**



Parkland

Dear Mr. President:

I appreciated the invitation to the White House for the September 20 breakfast briefing for physician leaders interested in and hopefully committed to health care reform. To be numbered among that group was an honor in itself, but to be there as history was very exciting for someone who has been advocating for reform for over a decade.

I have dedicated all of my years as a physician and administrator to the care of the indigent and uninsured. As the chief executive officer of Parkland Memorial Hospital, the principal teaching hospital of The University of Texas Southwestern Medical Center at Dallas, I pushed to create a series of neighborhood clinics that operate on the community oriented primary care model. This model will serve us well in the type of reform you envision. Such settings can also be used to train the primary care physicians so sorely needed as well. And on the other end of the spectrum, Parkland provides tertiary services for trauma, neonatal intensive care, burn, and other "safety net" services needed by all of our community. These resources are severely strapped because of indigent care and will need special attention even with universal coverage as part of the academic health center infrastructure. I was pleased to see such services addressed in your plan.

My tenure as CEO has labored through two Republican presidents. During that time I witnessed the dissolution of the public health infrastructure. Your report indicates that you understand that universal insurance won't mean universal access without serious attention being given to the public health infrastructure. The need goes beyond the classical public health services to the community health clinic networks and public teaching hospitals which have been at the front lines. Please help us integrate these resources into a dynamic and culturally competent delivery system to deal more effectively with the issues facing our nation's poor and minority residents. I sense that your heart is with us and that you have the courage of your convictions. That is so refreshing after such a drought.

Our country is at a moral crossroads and we must boldly and yet wisely move forward on a journey that emphasizes the value of every citizen in our society as fundamental and not further reducible in the debate.

The attributes I have been looking for in a health reform package are embedded in your plan. While I have to admit that I was for a simpler system and one with even stronger cost controls, your speech and Mrs. Clinton's speech along with the sage advice of Dr. Koop have convinced me that now is the time to move ahead and give this reform effort a chance.

Since this will be an interactive process at the local and state levels, I stand ready to assist you in bringing about the dialogue you desire in Texas. I always felt that if I put the patients first, the institution in which I worked would be well-served. I believe that is true also of health reform. If we put the patients and the citizens first and understand health in its broadest context, we all would have to agree that medical costs cannot continue to erode the dollars we need for education, crime control, economic opportunity development, and fair housing and other legitimate purposes of government. We need these other infrastructural elements to have a healthy society.

Thank you and Mrs. Clinton for addressing these issues so we can restore this country to greatness and more importantly, return to its values.

Sincerely,



Ron J. Anderson, M.D.
President & Chief Executive Officer



NATIONAL LEGISLATIVE OFFICE
Polish Legion of American Veterans, U.S.A.

CHARTERED BY ACT OF CONGRESS

5413-C Backlick Road Springfield, VA 22151-3960
(703) 354-2771 (FIS) 389-3539 FAX (703) 642-2054

"Unity with Heritage"



September 22, 1993

Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Mrs. Clinton:

It gives me a great deal of pleasure to inform you that the Polish Legion of American Veterans, U.S.A. endorses the VA participation in the National Health Plan, as outlined by Secretary Brown in a recent briefing to the Veterans Service Organizations.

We hope that the Secretary's plan will be adopted as part of the National Health Plan.

Sincerely,

Edmund E. Janiszewski
National Legislative Director



SOS • Save Our Security
Coalition to Protect Social Security
1331 F St. NW
Washington, DC 20004

MUR S. FLEMING
Former Secretary of Health, Education
& Welfare
Chair

WILLIAM D. BECHILL
Former Commissioner on Aging
Executive Vice Chair

LAWRENCE T. SMEDLEY
National Council of Senior Citizens
Treasurer

BOARD OF DIRECTORS

ROBERT M. BALL
Former Commissioner of
Social Security

OWEN BREBER
United Auto Workers

HORACE DEETS
American Association of
Retired Persons

DEBRA S. DELEE
National Education Association

EVLYN DUBROW
International Ladies Garment
Workers Union

TIM FOLEY
United Auto Workers - Retirees
THA E. FORD
The Arc (Formerly the Assoc. of Retarded
Citizens)

GAGE
American Federation of
Government Employees
LOU GLASSE

Older Women's League
MELVIN A. GLASER

Health Security Action Council
EUGENE GLOVER

National Council of Senior Citizens
KAREN IGASHI

AFL-CIO
GERALD MCINTEE
American Federation of State, County
& Municipal Employees
ALD F. POLLACK

Retiring USA
BERT SEIDMAN
Jewish Labor Committee
National Consumers League

AL SHANKER
American Federation of Teachers
J. SIMMONS

National Caucus and Center
for the Black Aged
LINDA TARD-WHELAN

Center for Policy Alternatives
EILEEN SWEENEY

J. SWEENEY
Service Employees
International Union
J. THURSZ

National Council on the Aging
ELIZABETH WICKERSON

SENIOR ADVISORS

JOHN J. COBSON

Former Director,
Bureau of Old Age
and Survivors Insurance
CHARLES SCHOTTLAND

Former Commissioner
of Social Security
ESTHER PETERSON

Former Counselor Advisor
to the President
CHARLES VANIK

Former Member, House
Committee on Ways & Means
RALPH D. YARBOROUGH

ROBERTA FEINSTEIN HAYEL
Executive Director

FOR IMMEDIATE RELEASE
Wednesday, September 22, 1993

Contact: Roberta Feinstein Ha
(202) 624-9557

SOS APPLAUDS CLINTON LEADERSHIP

The Save Our Security (SOS) Coalition, comprising over 100 labor, aging, disability and religious organizations, applauds President Clinton's health care reform initiative.

SOS believes that national health reform is long overdue. No Americans should ever be denied access to necessary care because they are uninsured. The President's proposal goes a long way toward assuring everyone access to a doctor when the need arises. It will eliminate the risk-the terror--facing millions of families who are one operation or one injury away from medical disaster because they have no insurance. Indeed, employers, workers, retirees, persons with disabilities, and the poor for the first time will have comparable personal security based on universal health care coverage, the banning of pre-existing condition exclusions, and a community-rating system to spread costs equitably among the population. We applaud the inclusion of long-term care and prescription drugs and will work to make sure that the final program equitably meets the needs of the elderly and persons with disabilities.

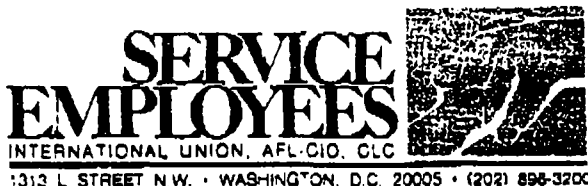
The Administration's proposal emphasizes primary care and prevention. When it is fully implemented, the plan will replace the nation's shame in ranking of 21st in infant mortality and 18th in life expectancy with a renewed sense of pride that matches the sophistication of our medical technology.

It has long been said that the United States and South Africa share the sad distinction of being the only developed countries without national health care for their citizens. We have the opportunity to change this!

We believe when passed health care reform will equal in importance Social Security and will be another bright chapter in the legacy of Franklin Delano Roosevelt's New Deal.

We congratulate President Clinton for his leadership on national health reform, and we intend to work with him to enact a comprehensive health reform package with basic benefits for all Americans.

To: Debbie Jones
White House



For more information: Denise Mitchell 202-898-3200, 202-842-3100 or (h) 202-362-3745.

Statement by John J. Sweeney, President
Service Employees International Union, AFL-CIO

Clinton National Health Care Reform Proposal

September 22, 1993

Meeting in Washington yesterday, the Health Care Reform Committee of our Executive Board reviewed the Clinton plan. We like what we see and we are mobilizing our more than 1 million members in support of the President and comprehensive healthcare reform.

Bill Clinton is the first president since Harry Truman to stand up and say, "The time is now for comprehensive national health care reform and I have a plan." The Truman plan died under a partisan onslaught led by Republican Sen. Robert Taft; the Clinton plan will pass because it transcends ideological differences. And because politicians on both sides of the aisle realize every family in this country has a stake in seeing this historic opportunity is not lost.

We're a growing, vital union and we've bargained hard, walked picket lines, testified, lobbied and sacrificed wage gains to secure the healthcare benefits our members enjoy. Despite our work, however, costs for health care have shifted dramatically to our members. And today, the fact is that without reform no family, working or otherwise, can be assured that health care will be affordable, or available at any price, in just a few years.

The President's proposal embodies all the basic principles essential to genuine reform: affordable, comprehensive coverage for all Americans, strong cost containment and preservation of quality care.

Equally important, it's a uniquely American response, one that mixes private and public delivery systems and resources, one that retains what is working while discarding what is not. It's this combination of basic principles and American ingenuity that will work.

Our union is the biggest union of healthcare workers in the country and, speaking from the perspective of those on the front lines of this crisis, the President's proposal is right on target. It eliminates the waste our members --- nurses, technicians, doctors and hospital and nursing home service workers --- witness every day. And it protects the superb care we work so hard to deliver.

We've worked closely with the White House to make sure this plan meets the needs of our members as consumers of health care as well as providers of care. We're satisfied it meets those needs and we're enthusiastically supporting it.

-30-

The Service Employees International Union is the largest union of healthcare workers in the United States and, with 1 million members, it is the fourth-largest and fastest-growing union in the AFL-CIO. John Sweeney also chairs the AFL-CIO Healthcare Committee.

TIGER DRUG CO.

Calvin Anthony - Owner
824 Walnut Street — Ph. 372-7900
STILLWATER, OKLAHOMA 74074

**The President
The White House
Washington, D C 20500**

Dear Mr. President:

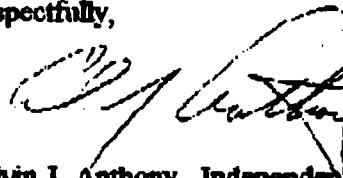
Congratulations on your outstanding proposal to help our country deal with the difficult issue of health care reform. This is one issue that truly affects every American. I am proud that our Community Retail Pharmacy Coalition For Health Care Reform has worked so closely with you. Please know that the 112,000 community pharmacists and their one million employees will support you and your efforts as you work to contain health care costs.

I am convinced Mr. President, that the inclusion of a pharmacy benefit will prove to be one of the most cost efficient aspects of your proposal.

Reforming health care is a very difficult job. Any legislation passed will require time and patience before we can actually determine its effectiveness. But we must start somewhere.

As a pharmacist and state legislator from Oklahoma, I pledge to you my support to make health care accessible and affordable for all Americans.

Respectfully,



**Calvin J. Anthony Independent Pharmacist
and member of the House of Representatives**

Corporate Offices
The Crafts House
55 North Third Street
Philadelphia, PA 19106
215.627.6229

ToppersSpa at the Bourse
21 South Fifth Street
Philadelphia, PA 19106
215.627.3545

ToppersSpa at Main Street
Plaza 1000
Morris, NJ 08043
609.751.0055

ToppersSpa/The Rittenhouse
210 West Rittenhouse Square
Philadelphia, PA 19103
215.546.1830

TOPPERS SPA

S A L O N

The Honorable Bill Clinton
President of the United States
Washington, D.C.

Dear Mr. President:

First of all, thank you for having the courage to risk your political future on such a fundamental human right. The simple fact is that our country exists to provide for the health, education and welfare of all its' citizens. Until UNIVERSAL HEALTH CARE is a reality, our country fails to uphold its' basic foundation.

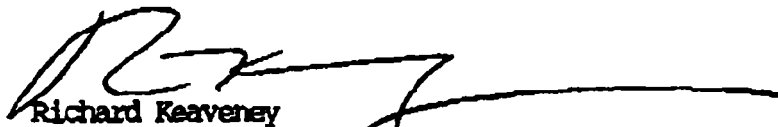
The specifics will be an intriguing debate and I hope that I can be a part of it.

Of course, as a small business owner, I am deeply concerned about rising expenses and diminishing profits. Currently, our health benefit costs average 6% of payroll costs. Although we benefit from an alliance with the Chamber of Commerce, quite similar to your proposal, our premiums increased by 16.4% in 12 months, from \$182 per month to \$213 per month.

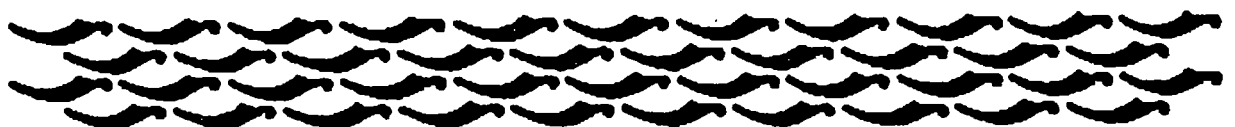
Overall, Mr. President, the summary which I read and your presentations that I have heard are caring, intelligent and fair.

Please continue to listen to the average citizen. It will be your greatest source of information and support in the years ahead.

Sincerely,



Richard Keaveney
President, Toppers Spa Salons



NEWSUAW®

FOR RELEASE: Immediate, Wednesday, September 22, 1993

UAW SUPPORTS CLINTON HEALTH CARE PLAN

UAW President Owen Bieber strongly endorsed the health care plan to be announced tonight by President Bill Clinton, stating, "We believe that this well thought out and carefully studied plan will make health care more affordable, more accessible and more secure."

"That's good for workers, good for employers and good for the country," Bieber added.

"As long time leaders in the fight for national health care reform, Bieber continued, "we will work with pride and energy to enact this landmark program."

Commenting on specific elements of the Clinton proposal, the UAW leader said, "According to our information, this plan incorporates a number of basic principles which the UAW has long supported. We are pleased that the plan:

- guarantees universal access to a comprehensive range of health care benefits;
- imposes tough cost containment through enforceable budgets;
- solves the retiree health care problem;
- establishes a level playing field between all employers by requiring all employers to contribute to the cost of health care, and by requiring community rating for health insurance premiums;
- places a cap on overall out-of-pocket costs (both premiums and cost sharing) which any individual may be required to pay; and
- retains the tax free status of health care benefits."

Bieber also commended the Clinton plan for its compatibility with the union's long-term goal of achieving a single payer health care system.

"We salute the efforts of President Clinton, Hillary Rodham Clinton and the entire White House health care team for their dedicated and successful effort. We are committed to its passage," Bieber concluded.

* * *

RMjr
opeiu494
9/22/93-73



INTERNATIONAL UNION
UNITED AUTOMOBILE
AIRCRAFT AND
AGRICULTURAL IMPLEMENT
WORKERS OF AMERICA

PUBLIC RELATIONS
AND PUBLICATIONS
DEPARTMENT
8000 E. JEFFERSON AVE.
DETROIT, MI 48214

FRANK JOYCE
DIRECTOR
313-723-5274



An Important Message to the Members of United Seniors Health Cooperative
from the Board of Directors:

People have been talking about a national health plan for more than 60 years. There was an unsuccessful attempt to include health care under the first Social Security proposals and President Truman presented a proposal to the Congress which was defeated. It was only in the 1960s that President Johnson gained enough support for passage of the Medicare and Medicaid legislation. President Nixon introduced a broader plan in the early 1970s but it went nowhere.

We will soon have an historic opportunity to guarantee access to basic health care at an affordable cost for all Americans. While the new plan expected to be announced soon by the Clinton Administration will not include everything we want, we believe it is the best that can be achieved at this time. We cannot risk total defeat in the quest for perfection. We urge every member of the Cooperative to do all you can to ensure that the new plan becomes the law of the land.

If this plan does not pass, there may not be a second chance for a very long time. Meanwhile, many of us will grow sicker and poorer while we wait for that next opportunity. Even those who have good health insurance themselves know of someone who has lost a job (and, therefore, insurance benefits), who has become uninsurable through disability, or a young person who cannot find a full-time job which includes health insurance, or someone who may face these risks in the near future.

United Seniors Health Cooperative takes this position:

We support the plan recommended by the Clinton Task Force on Health Care Reform.

We appreciate the care and thoroughness which has gone into preparing this plan and we are thankful that people of all ages in this country will soon have access to health care.

We urge Congress to hold hearings promptly and pass the proposal immediately.

We reiterate our desire to see in the plan provision for comprehensive long-term care coverage. We believe that mental health care should be more adequately provided and urge the Congress to improve this coverage.

We are willing to pay our fair share of the cost of this plan and expect to receive a fair share of its benefits.

We urge each of you to be prepared to contact your Members of Congress immediately after the plan is announced and give them a simple message:

We want national health care for ourselves, our children and our grandchildren.
We support the national health plan and we want it passed as soon as possible.

THE
UNIVERSITY
OF CHICAGO
HOSPITALS

September 20, 1993

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

Dear Mr. President:

5841 South
Maryland Avenue
Chicago, Illinois
60637-1470

I am writing to add the support of the University of Chicago Hospitals to your health reform plan. We commend your efforts and those of Mrs. Clinton in developing a much needed and comprehensive proposal. We believe that our nation must find a health care system that offers security to all our citizens and that such a system must be found now if we are to continue to prosper in the world.

The American Health Security Act offers us the opportunity to engage in thoughtful debate on the successes and failures of our current health care system. It is our sincere hope that the conclusion of the debate will provide Americans with a system that maintains our potential for miracles while assuring access to everyone. We intend to be active participants and wish you well as you undertake this most important task.

Sincerely,



Ralph W. Muller
President

BERNARD
MITCHELL
HOSPITAL

CHICAGO
LYING-IN
HOSPITAL

WYLER
CHILDREN'S
HOSPITAL





The Vermont Teddy Bear Company

September 22, 1993

Bill Clinton
President of the United States
White House
Washington, D.C.

Dear Mr. President:

The Vermont Teddy Bear Company is pleased to endorse your efforts to bring a national health care plan to the American people.

We recognize that good health is crucial to employee productivity. Equally important is freedom from the emotional and financial stresses associated with our current health care delivery system. We believe that American businesses - small and large - will benefit from having a healthy work force which enjoys ready access to an efficient health care system. We encourage you to pursue the goals of containing costs, streamlining paperwork, and emphasizing preventive health care.

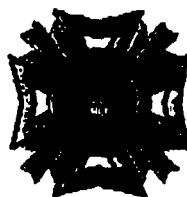
Thank you for making health care a priority of your administration.

Sincerely,

Spencer Putnam
Vice President

John Sortino
President

VETERANS OF FOREIGN WARS OF THE UNITED STATES



THE COMMANDER-IN-CHIEF

September 22, 1993

Hillary Rodham Clinton
The White House
Washington, DC 20002

Dear Mrs. Clinton:

On behalf of the Veterans of Foreign Wars of the United States I would like to thank you for your efforts in working toward health care reform. We are particularly appreciative that you have solicited our views, and the views of our fellow veterans service organizations, throughout the process. We believe the health care reform concept proposed by the Administration is a good one. Further, we believe the role assigned the VA health care system under this plan is good for America and in the best interest of veterans. We are pleased to offer our support.

I would also like to commend Secretary of Veterans Affairs, Jesse Brown. On this issue, as with many others, he has encouraged veterans to become part of the process thereby ensuring our concerns are addressed and voices heard.

As the health care debate begins the VFW looks forward to continued dialogue with both the Administration and Congress. Tough and difficult battles lie ahead. We are preparing for future battles confident that we will ultimately succeed.

Sincerely,

George R. Cramer
Commander-in-Chief

VITASSM

Vitas Healthcare Corp.
100 South Biscayne Boulevard
Miami, Florida 33131
Telephone 305 374 4143

INNOVATIVE HOSPICE CARESM

FOR RELEASE: September 23, 1993
CONTACT: Ron Fried
(305) 374-4143

Vitas Healthcare Corporation, the nation's largest provider of hospice care services, is pleased to support President Clinton's proposal for reforming the nation's health care system. We applaud the President's vision in proposing a system that balances America's need for high quality care, universal access and effective cost control. The proposals are an important step toward building a secure health care system for all Americans and we urge its adoption by the Congress.



Vietnam Veterans of America, Inc.
1224 M Street, NW
Washington, DC 20005-5183

(202) 628-2700
(202) 628-5880 fax

Service to America

September 20, 1993

The First Lady
Honorable Hillary Rodham Clinton
Old Executive Office Building
17th and Pennsylvania Avenue, NW
Room 100
Washington, DC 20503

Dear Mrs. Clinton:

This letter is intended to express the sincere appreciation of my organization, Vietnam Veterans of America (VVA), for your inclusiveness and openness in responding to the concerns of the organized veterans community on health care issues throughout your work in crafting a comprehensive health plan for the nation. The veterans community provided you with its preferences and you delivered by sustaining VA's health operations as an independent entity within the overall national health plan.

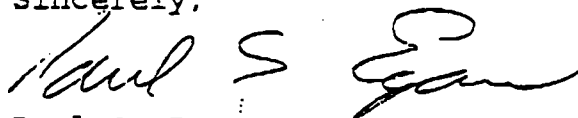
It is gratifying to note that the extraordinary hospitality you and the President have shown the veterans organizations is without parallel in recent memory. In this connection, it is hoped the demonstration of hubris by a representative of one of the veterans groups at last Saturday's meeting is not mistaken for a representation of ingratitude by all of the veterans groups.

Mrs. Clinton, even without having reviewed the important details of your plan, you may feel free to assume with considerable confidence that VVA is prepared to place the full weight of its advocacy efforts on Capitol Hill behind your plan. It may also interest you to know that unlike most of the other veterans groups, the availability of choices for VA-dependent veterans in selecting health providers, as your plan makes possible for the first time, is even more important to VVA than the maintenance alone of an independent VA health system.

Under the circumstances, our involvement in the legislative effort to achieve national health will be focused not only on VA, but instead on the overall program. This is because we are convinced that the better the program for the nation as a whole, the better the choices for veterans. The only difference we have with you on this program has more to do with assumptions than with substance. We have less confidence than perhaps you have in how successful VA will be in becoming user-friendly and therefore competitive in attracting paying subscribers to VA health facilities. What we are certain of however, is that VA health cannot survive in a national health environment absent your program for veterans.

As the battle lines begin to take shape in this titanic struggle to achieve national health, we look forward to playing a role in supporting both you and the President. It should be added here that the reach of our efforts will extend well beyond the Veterans Affairs Committees. It is indeed ironic that Vietnam veterans have never enjoyed the privilege of being able to rely on the Veterans Affairs Committees alone.

Sincerely,

A handwritten signature in cursive script, reading "Paul S. Egan". The signature is written in dark ink and is positioned above the printed name and title.

Paul S. Egan
Executive Director



WATTS HEALTH FOUNDATION, INC.

☐ 10300 S. Compton Ave.
Los Angeles, CA 90002
(213) 564-4331
FAX: (213) 563-6378

☒ 3405 W. Imperial Hwy.
Inglewood, CA 90309
(310) 671-3485
FAX: (310) 673-9176

BOARD OF DIRECTORS

Officers

Benjamin H. Wyatt, Esq.
Chairman

Wolton L. Irving
First Vice Chairperson
Edna F. Briggs, D.P.A.

Second Vice Chairperson

Edna F. Gullary
Recording Secretary
Beulah C. Patterson
Corresponding Secretary
Bernard C. Simpson, CPA
Treasurer
Alice Harris
Sergeant-at-Arms
Frank Sotelo
Parliamentarian

Joseph W. Hayward
Chaplain

Members:

Wayne-Kent A. Bradshaw
Walter W. Davis
Gilbert A. Fernandez
Jack M. Hirschberg
Geri Morales
Louise H. Reed
William H. Park, M.D.
Keith A. Sharp
Arman K. Walker
Paula L. Woods
Antionette K. Yarosz, M.D.
Dr. Clyde W. Oden
President, Chief Executive Officer

September 20, 1993

Via Fax
President Clinton
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500
Attention: Debbie Fine

Dear Mr. President:

I have reviewed the outline of the Health Care Reform package and I am totally supportive of the proposal to reform health care. Please be assured that I will be one of the individuals you can count on to actively participate in public dialogue and discussion in strong support of your position. Call on me at anytime.

This morning at breakfast, I invited you to visit the Watts Health Foundation and witness a live demonstration of a managed care organization delivering high quality care to low income patients. We would be happy and honored to receive you.

Very truly yours,

Clyde W. Oden, OD, MPH
President and Chief Executive Officer

Amtrak

September 21, 1993

The President
The White House
Washington, DC 20500

Dear Mr. President:

I am writing to express my strong support for your effort to reform the nation's health care system.

The National Railroad Passenger Corporation (Amtrak) last year carried 22 million intercity passengers on its own trains, as well as 18.1 million commuters under contract to commuter authorities. Our employees are Amtrak's most important asset in providing our transportation service, and their access to health care is clearly of vital concern to us.

As we know, however, millions of Americans are completely without health insurance coverage for all or part of every year. Millions of others are "underinsured," and health care expenses consume an ever larger share of America's resources. Clearly, the present system is not working to meet our nation's needs.

As President of a national corporation, I recognize that a workable health care system makes sense not only in terms of public policy, but economically as well. We are fortunate to have a leader willing to tackle this difficult, but important issue, and you have my full support.

Sincerely,

W. Graham Claytor, Jr.

W. Graham Claytor, Jr.
President



AUTUMN
HARP

September 23, 1993

The Honorable William J. Clinton
The White House
Washington, DC 20510

Dear Mr. President:

Thank you for the opportunity to participate in the discussions on health care reform. As an entrepreneur and business owner, I have always sought to provide high quality health insurance to our employees. As our company has grown and the costs of health care have risen sharply, this has become more and more difficult. Costs are now at 6.5% of our gross payroll.

Still, we remain committed to seeing that our employees are able to take care of their health and are not burdened with the fear of crushing medical bills. We believe every American needs this basic provision.

We welcome your efforts to begin controlling costs while providing benefits for all Americans. We know there are many issues to be resolved and we encourage enlightened debate aimed at solutions. We wish to be positive contributors to that process, and we appreciate your seeking the views of Americans beyond the "beltline" and beyond the cliches of antiquated anti-government business lobbies.

Sincerely,

Kevin Harper
Chief Executive Officer

67 PINE STREET

SPRING

VERMONT 05402

T 802 453 4807

F 802 453 4902

Bethlehem Steel Corporation

1170 EIGHTH AVENUE
BETHLEHEM, PA 18018-7600

CURTIS H. BARNETTE
Chairman
and
Chief Executive Officer



September 22, 1993

The President
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mr. President:

We commend you and the First Lady for your leadership on Health Care. We support the Clinton Health Care Reform Plan and a copy of our statement of support is enclosed.

As you know, we support (1) the Economic Plan, (2) NAFTA, and (3) now Health Care.

I am giving strong endorsement for these initiatives within Bethlehem, and in all of my public speaking engagements, including the following:

1. American Mining Congress, San Francisco, September 20.
2. Burns Harbor Facility Dedication, Burns Harbor, Ind., September 24.
3. American Institute of Steel Construction, Tucson, October 11.
4. Morgan Stanley Seminar, New York City, October 14.
5. Sparrows Point Facility Dedication, Baltimore, October 19.

We look forward to working with you, the Administration and the Congress, in helping to bring about vitally needed Health Care reform which is a first priority for all Americans.

Best personal regards.

Sincerely,

Harry Brown

cc: Mrs. Hillary Rodham Clinton
The Honorable Ronald H. Brown
The Honorable Michael Kantor
The Honorable Thomas F. McLarty, III
The Honorable Robert E. Rubin
The Honorable Alexis M. Herman

Bethlehem Steel Corporation

1170 EIGHTH AVENUE
BETHLEHEM, PA 18010-7600

CLYDE M. BARNETTE
CHAIRMAN
AND
CHIEF EXECUTIVE OFFICER



September 22, 1993

NATIONAL HEALTH CARE REFORM

Bethlehem supports the basic principles of the Clinton Health Care Reform Plan and commends the President and the First Lady for their leadership in this vitally important area of concern to all Americans.

Health Care Reform has the highest priority for Bethlehem Steel. Bethlehem has approximately 21,000 active employees and 170,000 health care beneficiaries -- active employees, retirees and their dependents. Bethlehem's health care costs have been increasing each year and have risen by 46% in the last 4 years from \$162 million in 1989 to \$237 million in 1992.

The Clinton Plan is comprehensive in nature, sets forth standards at the federal level, and provides a role for the states in implementation. We understand the Plan will impose better disciplines on public and private health care spending, increase competition among health care providers, increase consumer incentives to reduce costs, and reduce administrative expenses. We look forward to learning about and evaluating all of the details of the Plan.

Bethlehem is a member of the National Leadership Coalition for Health Care Reform. We support the need for comprehensive reform of our health care system. We support universal access so that all Americans will be provided with health care coverage once the Plan is fully implemented. We believe that Health Alliances will provide an appropriate mechanism for the

- 2 -

delivery of care in a more cost effective manner. Workable cost control mechanisms are absolutely essential for health care reform to be successful.

We will be working closely with the Clinton Administration and the Congress in developing the Plan and helping to bring about the very much needed prompt and comprehensive Health Care Reform.



September 17, 1993

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

We want to congratulate you, the First Lady and her entire Task Force for having the courage to tackle the critical issue of health care reform.

Meeting the health care needs of Americans, keeping health cost growth in line with overall economic growth, and spreading costs fairly throughout the economy are all matters of paramount importance. Accomplishing these goals will help dictate the future standard of living for Americans, the competitiveness of American business in a global economy, and the ability of American businesses to offer well paying, high value-added jobs. Moreover, as is so aptly stated in your proposal, a health system must reflect fundamental national beliefs about community, equality, justice and liberty.

Many elements of your proposal will be particularly important to the competitiveness of those businesses, including our own, which are expected to help lead this country in the international market place. We would like to highlight some of them.

Establishing, as a matter of this nation's health policy, a new means to help finance health care for retirees who are not yet 65, is most appropriate. All of our major trading partners spread the costs for those not part of the active work force through the overall economy. Similar treatment in the United States will enhance our ability to compete internationally, while protecting the health care needs of all Americans. We commend you for including this provision in your proposal.

We also support a requirement that all employers help finance health care for all workers, including part time workers. All economic activity should carry its fair share of health costs. Further, we strongly endorse the provision permitting employers to continue to deduct health benefit costs as a business expense.

To assure our nation's ability to provide expanded health coverage, we agree it is essential to have budget discipline for the entire health system. Reducing the burden of health costs will help stimulate the economy and promote job growth. The alternative, capping only public sector spending, results in cost shifting and not cost reduction -- problems our industry confronts today -- and increasing obstacles to job creation. Equally important is improving the quality of health care for all individuals, which we believe your proposal will do.

We obviously share your desire to see comprehensive health reform become a reality. To this end, we hope we can work together to achieve all of the above objectives in this important effort.

Sincerely,


Robert J. Eaton
Chairman
Chrysler Corporation


Harold A. Poling
Chairman
Ford Motor Company


John F. Smith, Jr.
President
General Motors Corporation

cc: Hillary Rodham Clinton
Ira C. Magaziner

CIRCUIT CITY

Circuit City Stores, Inc.
2134 H Street NW
Washington DC 20008
Phone: (202)265-3232
Fax: (202)265-3019

Alan L. Wurtzel
Chairman of the Board

VIA FACSIMILE

September 22, 1993

The President
The White House
Washington, DC 200

Dear Mr. President:

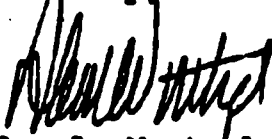
I want to congratulate you on your health care reform initiatives.

The problem, as you well know, has contradictory aspects. We have the world's best health care for those who can afford it and the industrialized world's worst for those who cannot. We also have the world's most expensive system (despite limited coverage) and this is crippling our competitiveness, our federal and state budgets and our economy.

In attempting to rationalize this system you are finding many obstacles, especially interest groups who benefit from the status quo. But you and The First Lady have skillfully directed America's attention to a problem that deeply troubles every family.

I certainly support your efforts to develop an affordable system of health care for all Americans, based on the twin principles of universal coverage and cost reduction. If I can be of help, I would be pleased to do so.

Sincerely,



Alan L. Wurtzel

ALW/sg

P.O. Box 10246
Birmingham, Alabama 35202-0246

Telephone: (205) 945-8500
Telefax: (205) 945-8521

Garry N. Drummond
Chief Executive Officer

**DRUMMOND
COMPANY,
INC.**

September 21, 1993

The President
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

As you prepare to formally announce the details of your health care reform plan, I wish to express my support for the significant initiatives you have taken on this subject. I compliment you for having the political courage to face up to the serious economic and social problems currently before us, the fortitude to pursue your goals forthrightly, and the determination to move effective plans through Congress.

As I indicated to you in our luncheon conversation on June 16, and in my previous letters of July 31 and September 10, health care issues have been a subject of serious study and deep concern within our company for the past 10 years. Given your plan, the means for applying adequate reform and delivering quality health care with cost containment can be put in place for all Americans.

My knowledge of your plan, at this time, is limited to various press reports that have appeared over the past few weeks. If they are accurate, however, two aspects of your plan strike at the heart of the current problems, and that I support enthusiastically. They are:

1. Cost sharing and deductibles. Each individual definitely must share at least a portion of the cost. In my July 31 letter to you, I spoke of the need for consequences for all. Your provision for reasonable deductibles, together with co-payments, will help to establish a sense of responsibility with the user of health services, and provide some financial consequences for his or her actions. This is an absolutely essential feature in order to contain costs.

2. Universal coverage. Every American should have access to health care, and your system steadfastly provides for this. This is an excellent goal unto itself, and one that has been badly needed. But this general provision also will have a

benefit on the cost-containment side. Your plan requires every employer who is able to pay for his or her employees' health care plan to do so. Such costs, therefore, cannot be shifted to others. The load is fairly distributed. This will prove to be a pivotal element in the ability to hold down health care costs for all. Also, your approach to the problems of small business is fair and equitable.

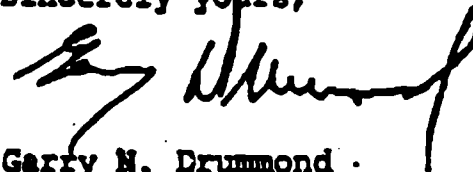
There are many other features of the plan that I strongly applaud, such as the reduction of red tape in claims processing, the effort to cut down on duplication and outright fraud in prescribing and billing for services, and the need to address malpractice and related litigation issues. This is a complex proposal and I'm certain there will be other provisions we will endorse as equally useful. If I fault your plan at all it would be in the area of litigation cost containment, and disciplining of the trial lawyers. They are abusing American society as much as the health industry, and this is a good time to bring this part of the abuse to rest. Please do this.

I applaud the members of the commission headed by Mrs. Clinton for their work. They have done a masterful job of putting together a package to address this most difficult problem that has grown, largely without restraint, for many years. It is my hope that the members of your administration will have frequent, ongoing contact on this subject with business leaders, who -- together with the government and its taxpayers -- are responsible for paying the bill for all health care in America.

Some have criticized this effort as bringing too much government into the free market system. The health industry has no free market. Involvement of government in the manner you propose works to establish a free market and therefore allows market forces to work -- market forces that have been absent in the past.

As I have stated previously, I am seriously interested in solutions to our nation's health care dilemma. If I can assist you in any way, please call on me. I congratulate you on the progress made thus far, and encourage your continued strong support of health care reform, cost containment, and quality health delivery.

Sincerely yours,



Garry N. Drummond

September 22, 1993

The Honorable William Clinton
President of the United States
The White House
Washington, D. C.

Dear President Clinton:

As we have reported in the pages of BLACK ENTERPRISE Magazine, health care coverage continues to be a major challenge to this nation. With more than 37 million uninsured Americans, the time has come for our government to take bold strides to remedy this shameful situation. The fact that a disproportionate number of African Americans are represented among the ranks of the un- and underinsured is of particular concern to me.

As the publisher of a business magazine targeted to African Americans, I would be remiss in not also addressing the burdensome high costs of health care on small and emerging businesses. Over the years, organizations that represent small business have reported that these spiraling costs have ranked among the top challenges that they face each year.

Your health care plan is a major step in the right direction to tackle America's health care crisis. It is heartening to finally have an Administration in place that is willing to confront the most pressing issues of our times. I am confident that your team has the guts and the expertise to deliver the health care system that Americans have long deserved.

Sincerely,



Earl G. Graves

Alice Lusk
Corporate Vice President

September 21, 1993



The Honorable William Jefferson Clinton
President of the United States
The White House
1600 Pennsylvania N.W.
Washington, DC

Dear President Clinton:

On behalf of EDS, I wish to congratulate you, the first lady and your entire staff on the commitment and leadership you have demonstrated to date on the issue of national health reform. Your proposal provides an excellent starting point for the national debate in which we must all engage if we are ever to achieve our dual objectives of cost containment and universal access.

As a large, self-insured company that provides many services to the health care industry, EDS, our employees and our customers would be dramatically impacted by the reform measures you have proposed. We look forward to working with you over the coming months to assure whatever legislation is adopted by the Congress not only corrects pressing problems in our health care system, but preserves and enhances those aspects of our system from which we all benefit.

Sincerely,

Alice Lusk

AL:lw

AS-14-07
2400 Legacy Drive
Riverside, Texas 75081
214) 884-8888
Fax: (214) 884-1004

**ENRON
CORP**

Kenneth L. Lay
Chairman and
Chief Executive Officer

September 22, 1993

P. O. Box 1188
Houston, Texas 77251-1188
(713) 853-6773

The Honorable William J. Clinton
The White House
Washington, DC 20500

Dear Mr. President:

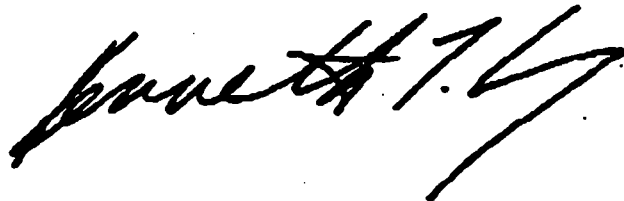
Enron Corp. supports your objective of reforming the health-care system. Your goal to assure all Americans basic health-care coverage is truly visionary and necessary.

At the same time, solutions must be found for spiraling health-care costs that are eroding the competitiveness of U.S. companies in international markets and causing lower wages, higher prices for goods and services, and higher taxes here at home.

Enron Corp. is committed to reasonable and equitable reform of the health-care system. In addition to controlling costs on a sustained basis, some of the critical reform objectives we support are: all Americans should pay for a portion of their health-care bills thereby becoming informed consumers; a competitive health-care system must be nurtured where the most efficient and highest quality providers will flourish; the current legal system must be reformed to reduce the deadweight cost of unjustified malpractice lawsuits and the enormous cost of defensive medicine to prevent them; and uniform administrative processes need to be implemented which will greatly reduce the administrative cost of all health care.

We appreciate your leadership in this area which is very important to all U.S. citizens and employers and stand ready to work with you and your administration any way we can.

Sincerely,





David Caplan
(313) 322-9600

Ford Motor Company is pleased that the President has included the following elements in his proposal. In our view, they all need to be retained as a key part of U.S. efforts to compete successfully.

(354) Mini-FAX Trans.	Date _____ Pages _____
FROM Mr. Maridyn Yeager SLO	FAX NO.
TELEPHONE	TELEPHONE
FAX NO. 802-456-6218	FAX NO.
11/20/94	11/20/94



-2-

- There should be limits on how much will be spent on health care. Every household and business in America must control how much it spends -- doesn't it make sense that we do this for health care?
- Fairness requires that all employers should participate in the program although there may need to be some relief for small businesses.
- In all major nations with whom we compete, broad-based national programs exist to provide coverage for retirees. Those workers, who have provided strength to the country for decades, should continue to have access to high quality health care as part of a national solution.
- A comprehensive benefit plan that includes perscription drugs for the elderly who have been hit particularly hard by high drug costs.

#

9/22/93

HECHINGER3500 Pennsy Drive
Landover, Maryland 20785-1691
301 341 1000The world's most
unusual lumber yards.

September 21, 1993

The President
The White House
Washington, D.C. 20500

My dear Mr. President:

I could not agree with you and the First Lady more that health cost containment is the number one economic problem of America. In my company of some 18,000 employees, we have been experiencing close to an unreal increase in health care cost of 18% per year. It is as if we are in a banana republic with runaway inflation.

As we approach the difficult days ahead honing the details of the various parts of the legislation, I am fully in accord with C. Everett Koop's statement that you and Mrs. Clinton have "accomplished more in health care reform in the past four months than all of your living predecessors put together."

But, I realize now comes the hard part of working out the particulars. For even I, as one of your staunch supporters, worry about how we will pay for some parts of the program.

Best of luck!

John W. Hechinger, Sr.
Chairman of the Board

JWH:jb

INVACARE

nnovation in Health Care

September 17, 1993

The President
The White House
Washington, DC 20500

Dear Mr. President:

On behalf of Invacare Corporation and the home care industry, I want to thank you for the opportunities you have provided us to present our views on health care and in particular, the opportunity to review your comprehensive health care reform proposal. Invacare is the world's leading manufacturer and distributor of home medical equipment (HME) with over 3,400 employees worldwide and 1993 sales expected to top \$370 million.

I am impressed with your level of understanding of the role home health care can play in increasing access to health care while reducing costs. It is clear you understand that home health care is a viable alternative to facility-based care for both acute and long-term care. From your record in Arkansas and the emphasis on home care in the proposed American Health Security Act, it is clear that you know that 70% of Americans polled state that they would rather recover from an accident or illness in their home. It is also clear you understand that, in many cases, home care can yield clinical outcomes equal to or better than facility-based care.

I have reviewed the *working group draft* of the plan and am most appreciative of the fact that you have included both home health care services and HME as covered items in the basic benefits package which will be the central focus of the American Health Security Act of 1993. I believe you have proposed meaningful reform that is good for America and with the inclusion of coverage for home care services and HME, your plan can meet the twin objectives of reducing costs while insuring access to health care for every American.

Many arguments will be mounted in opposition to your proposal and I am sure that one of them will be a projected adverse impact on employment. Those who would make this argument have lost sight of the growth potential for home care. The demand for nurses, therapists and aides to provide home health services is already high and it will increase if your plan is adopted. As home health care is made available to the 37 million uninsured Americans and home care is extended to others as a covered long-term care option, businesses like Invacare will continue to grow and create jobs in the U.S.A.

INVACARE

innovation in health care

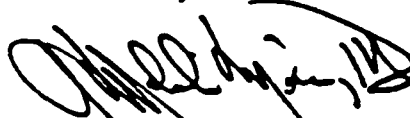
The President
September 17, 1993
Page Two

Mr. President, I truly believe that the basic benefits package you will propose to Congress next week as part of the American Health Security Act will be good for America and Americans, and I am willing to publicly express my support for this package in whatever way you may find appropriate. Toward that end, I would like to extend an invitation to you and Mrs. Clinton to visit Invacare either at our world headquarters in Elyria, Ohio or at our major manufacturing facility in Sanford, Florida. These would be great venues to speak about your support of home care and the reasons why you have included it in your basic benefits package.

I also serve on the Board of Directors and Executive Committee of The Cleveland Clinic Foundation, one of the most advanced health care institutions in the world. One of the fastest growing programs at The Clinic is our home care subsidiary which provides cost-effective and clinically-appropriate services to people with severe health conditions - including patients awaiting heart transplant surgery! This would be a very appropriate venue to discuss the role of home care in meeting the needs of patients with acute illness.

In closing, I want to thank you for your leadership on this important issue and congratulate your staff and the White House Task Force on Health Care Reform for a job well done. As the debate on this important issue heats up, please know that I support your basic benefits package and stand ready to articulate that support upon request.

Sincerely,



A. Malachi Mixon, III
Chairman, President and
Chief Executive Officer

AMM:bjh

C:\word5\dwcfusion2
DTW:9/16/93

**STATEMENT ON PRESIDENT CLINTON'S
HEALTH CARE REFORM PROPOSAL**

**BY ROBERT C. WILLIAMS
CHAIRMAN, PRESIDENT AND CEO - JAMES RIVER CORPORATION**

I support a national health care program. The current system is out of control and there is serious inequality. Free enterprise has not quite done the job. This is a massive and complex undertaking. It should not be hurried. The President and Mrs. Clinton and their staff have made commendable progress. I hope that we can figure out how to pay for delivering upgraded health care to 37 million uninsured Americans, along with all the rest of us as we all live longer and as medical science advances and becomes more sophisticated and more expensive.



7600 Corporate Center Drive
Miami, Florida 33126
MAILING ADDRESS
P.O. Box 828804
South Florida, Florida 33082-7504
OOB 713-4381
1-800-344-5318
Fax OOB 713-4306

John Alden
LIFE INSURANCE COMPANY

WILLIAM H. MAUK, JR.
Chief Executive
John Alden Healthcare Management Division

September 21, 1993

President William Jefferson Clinton
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Mr. President:

I am pleased to endorse the Administration's health care reform plan. Your goal to guarantee comprehensive health coverage for all Americans regardless of health or employment status is a most worthy and important cause and one in which all Americans will benefit. A plan that would secure access to quality health care, preserve the right to choose your doctor, bring escalating costs under control and establish fairness for those who pay, deserves the support of all Americans. I am committed to helping you bring Americans together for a healthier America.

John Alden Life Insurance Company insures more than 170,000 small businesses in 47 states. As an insurer of small businesses typically ranging from 2 to 5 employees, John Alden is acutely aware of the need to keep quality health care affordable for its customers. Many of us who work at John Alden believe that with your plan, the costs of health care borne by those small businesses that have provided insurance to their employees will be more fairly distributed across all employers, both large and small, as well as employees.

Please count on us for support throughout the health care debate. We look forward to helping you make the American dream of universal access to health care a reality. Good luck!

Sincerely,

Bill

William H. Mauk, Jr.

WHM:ge

JULANDER ENERGY COMPANY

Energy. Natural Resources. the Environment.

One Northwest Center
1700 Lincoln, Suite 4706
Denver, Colorado 80203
303/860-7510
(fax) 303/860-0711

September 21, 1993

President of the United States
The White House
Washington, D.C. 20500

Dear Mr. President:

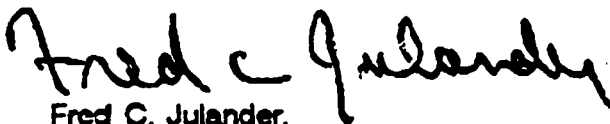
I commend you and your administration for your courage in addressing the health-care crisis in America. It is one of the major issues of our time.

As a middle-class American with two post-graduate degrees and CEO status in the energy industry, I have personally faced the loss of my own health insurance and the apprehension of confronting not only a serious illness but also its nearly overwhelming medical costs without the security of insurance. I have colleagues and friends who, with their families, have faced similar frightening situations.

The uncertainty of insurance coverage and the escalation of medical costs impair America's economic productivity. The potential is there for any of us - the financially "secure" as well as those who raise families on modest salaries or face retirement on a fixed income - to have our savings and our incomes devastated by a serious illness. As the horror stories increase, Americans become more disheartened about the future.

I support your efforts wholeheartedly and appreciate the extensive research you have done to arrive at the plan you are proposing. It is so important to spare future generations the dilemma of medical treatment vs. financial solvency that increasing numbers of our own generation now face.

Very truly yours,


Fred C. Julander,
President

Pride in the Rockies

LISBOA ASSOCIATES, INC.
1317 F STREET, N.W.
SUITE 802
WASHINGTON, D.C. 20004
(202) 737-2622
FAX (202) 638-1973

September 21, 1993

The Honorable Bill Clinton
President of the United States
The White House
Washington, DC

Dear Mr. President:

As a small business owner, I would like to express my support for your health care reform initiative. In my fifteen years as a business owner I have experienced most of the problems your plan addresses.

I strongly believe that a comprehensive employee health plan is a key tool in attracting and retaining high quality employees, because of that belief I have made the commitment to provide this coverage despite the direct business costs. Many of my colleagues in the small business community also hold this belief but have insufficient leverage with insurers to negotiate a plan that is financially practicable. Your plan will give the small business the same clout in dealing with HMOs and insurers as the largest corporations.

The current environment also penalizes small businesses attempting to provide quality health insurance for their employees in two ways. First, through limiting the percent of medical insurance that is tax deductible and, second, by allowing your competitors to opt not to provide coverage.

I am also keenly aware of the administrative burden the current health care system places on a small business. The current requirements of administering a health care plan detract from the time my limited administrative staff have to do their primary job - helping me run the business.

Reform of the health care system is long overdue. I applaud your courageous effort to accomplish this and stand willing to give you my support.

Sincerely,


Elizabeth Lisboa-Farrow
President and CEO

THE MILLS GROUP

Employee Benefits Consulting & Brokerage

10600 ARROWHEAD DRIVE
SUITE 190
FAIRFAX, VIRGINIA 22030
(703) 352-8248
FAX (703) 352-8235

9 PIEDMONT CENTER
SUITE 102
ATLANTA, GEORGIA 30305
(404) 238-9190
FAX (404) 282-3427

September 22, 1993

Hon. William Jefferson Clinton
The President of the United States
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear President Clinton:

As a health care insurance broker, an owner of two small businesses, and a founder of Businesses for Social Responsibility, I am writing to express my support of your vitally important initiative to reform our health care system.

The system as we know it today simply must be changed. The Mills Group has spent the last ten years in corporate benefits departments and board rooms assisting employers in the ethical and financial struggles of determining who will be eligible for what coverages and who will pay what portion of the premium. We feel like doctors serving a terminal patient.

We have observed the untenable paradox of people being denied coverage because they need care. All of us know of people who are afraid to or cannot change jobs because they are afraid of losing health care benefits. This is not the American way.

We praise your efforts to embrace and enforce a free market, yet managed, process. We encourage you to strive for a highly competitive market environment to control costs.

In order to provide coverage to all, there must be sharing and giving. In that context, as you reinvent government, I'll be reinventing my health insurance brokerage business. Perhaps I can avail myself of the resources of the SBA!

Thank you and Mrs. Clinton for demonstrating the leadership in undertaking this enormous task. We vigorously applaud your efforts.

Sincerely,



Helen H. Mills
Managing Principal

NARD

Charles M. West, P.D.
*Executive
Vice President*

COMMUNITY RETAIL PHARMACY
Health Care Reform Coalition

*The Coalition Representing
Retail Community Pharmacy in America.*

NACDS

Ronald L. Ziegler
*President & Chief
Executive Officer*

September 17, 1993

The President
The White House
Washington, DC 20500

Dear Mr. President:

On behalf of the Community Retail Pharmacy Coalition for Health Care Reform we commend you, Mrs. Clinton, and the members of the President's Task Force on Health Care Reform for your efforts to reform America's health care system.

The Coalition, composed of the National Association of Chain Drug Stores and the National Association of Retail Druggists, represents the totality of community retail pharmacy in America.

Specifically, we are pleased with your recognition of the importance of community retail pharmacy and its cost saving and critical role in the delivery of preventive patient care.

We believe your commitment to reform and the security it will bring to all Americans deserves the strong and active support of community retail pharmacy.

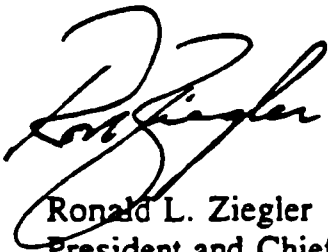
Our Coalition -- through our 112,000 community retail pharmacists and our more than one million employees -- is prepared to communicate aggressively the merits of the evolving plan in our efforts to further enhance and solidify public support for your health care reform proposal. We will bring enthusiastic support through the interaction of community retail pharmacists with millions of patients each day in more than 60,000 drug stores.

September 17, 1993
Page Two

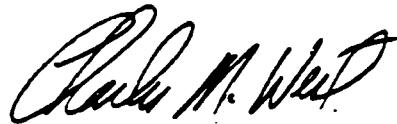
The Coalition can be especially effective in working with our pharmacists to convey the value of new prescription drug coverage to the many uninsured and elderly patients who visit their pharmacy each day. We especially applaud your expansion of Medicare benefits to include pharmacist services and prescription drug coverage that will provide cost savings to the health care system as well as additional high-quality services to Medicare beneficiaries.

The Coalition looks forward to being a continuing participant and supportive resource throughout the public policy process on this important initiative.

Sincerely,



Ronald L. Ziegler
President and Chief Executive Officer
National Association of Chain Drug Stores



Charles M. West, P.D.
Executive Vice President
National Association of Retail
Druggists



Rite Aid Corporation

ALEX GRASS
Chairman of the Board

- **MAILING ADDRESS**
P.O. Box 3188
Harrisburg, PA 17106
- **GENERAL OFFICE**
30 Hunter Lane
Camp Hill, PA 17011
- **(717) 975-6700**

September 21, 1993

The President
The White House
Washington, DC 20500

Dear Mr. President:

On behalf of the Rite Aid Corporation, currently operating 2,667 drugstores in 23 states and the District of Columbia, I extend to you, Mrs. Clinton and the members of the Health Care Reform Task Force my personal congratulations on the initial results of your efforts to make available to all Americans an affordable health care system. While a great deal of work remains before us, I am pleased that you have recognized the importance which retail pharmacy can and does play in delivering cost effective prescription medication to the communities in which we operate.

I pledge to you the willingness of Rite Aid Corporation to continue to work with this Administration to help enact affordable legislation which will carry out the concepts outlined in your reform plan.

Please look towards Rite Aid Corporation as an ongoing resource throughout the upcoming legislative debate on your reform initiative.

Sincerely,

A handwritten signature in black ink, appearing to read "Alex Grass".

ALEX GRASS



The Vermont Teddy Bear Company

September 22, 1993

Bill Clinton
President of the United States
White House
Washington, D.C.

Dear Mr. President:

The Vermont Teddy Bear Company is pleased to endorse your efforts to bring a national health care plan to the American people.

We recognize that good health is crucial to employee productivity. Equally important is freedom from the emotional and financial stresses associated with our current health care delivery system. We believe that American businesses - small and large - will benefit from having a healthy work force which enjoys ready access to an efficient health care system. We encourage you to pursue the goals of containing costs, streamlining paperwork, and emphasizing preventive health care.

Thank you for making health care a priority of your administration.

Sincerely,

A handwritten signature in dark ink, appearing to read "Spencer C. Putnam". The signature is fluid and cursive, with a long horizontal stroke at the end.

Spencer Putnam
Vice President

A handwritten signature in dark ink, appearing to read "John Sortino". The signature is very stylized, with large loops and a long horizontal stroke at the end.

John Sortino
President

Nafta
bundle
similar to
health care.
w/ section
for endorsements

From the Office of the Chief of Staff

Phone: 202/456-6797 Fax: 202/456-1121

Amst

Date: 23 Sept Response needed by: _____
 COS Office Contact: Bill Burton, Policy & Staff Director

	Action	FYI		Action	FYI
Joan Baggett			Bernie Nussbaum		
Lee Brown			Leon Panetta		
Bill Daley	X		Howard Paster		
Rahm Emanuel			John Podesta		
Mark Gearan			Jack Quinn		
Kristine Gebbie			Carol Rasco		
David Gergen			Bob Rubin		X
Jack Gibbons			Eli Segal		
Marcia Hale			Ricki Seidman		
Alexis Herman		X	George Stephanopoulos		
Nancy Hernreich			Christine Varney		
Tony Lake			David Watkins		
Bruce Lindsey			Maggie Williams		
Ira Magaziner					
Katie McGinty					
Dee Dee Myers					
Roy Neel					

Remarks:

Bill -
 pls follow up as appropriate.

Mack /
 DB

Response:

VALIS ASSOCIATES

1747 Pennsylvania Avenue, N.W., Suite 850

Washington, D.C. 20006

Telephone: 202/833-5055

FAX: 202/833-9265

FAX COVER SHEET

To: MAK McLarty

FAX Number: 456 2883

From: WAYNE Valis

This cover plus 1 pages.

Date/Time: Sept 22

Comments:

*If you have any problems with this transmission,
please call Anissa Rather at 202/833-5055.*

September 22, 1993

MEMORANDUM FOR: Mack McLarty

FROM: Wayne Valis

SUBJECT: Support for the President on NAFTA:
1) Nat'l Assoc. of Wholesaler-Distributors
2) Citizens for a Sound Economy

As I mentioned to you last night, two organizations are ready to be activated on behalf of NAFTA by a call from you or another senior White House official. The National Association of Wholesaler-Distributors and Citizens for a Sound Economy would be strong allies for you. Both of these groups support principles and policies, not people or partisan stands. Each opposed the President's tax proposals because each are vigorous proponents of spending reduction.

NAW has succeeded in becoming one of the top small business association players on Capitol Hill--on both sides of the aisle. They can be formidable players, especially given their state-of-the-art grassroots capabilities among their own 70,000 members and the members of their 110 affiliated wholesale distribution associations. NAW President Dirk Van Dongen would welcome a phone call (202/872-0885). NAW is close to Rostenkowski and has enormous influence with most Republican House Members.

Citizens for a Sound Economy (CSE) is a nonpartisan public interest group with more than 250,000 members nationwide. They are already actively beginning their support of NAFTA. CSE Chairman Jim Miller (former Reagan OMB Director) or CSE President Paul Beckner (202/783-3870) would welcome a call inviting them to be "on the team."

Both of these groups are extremely effective and would be valuable additions to our effort. Please let me know if I can provide you with any additional information. Thank you for your courtesy and consideration.

cc Staff
Doris

(Bmt)

From the Office of the Chief of Staff

Phone: 202/456-6797

Fax: 202/456-1121

Date: 9/23/93 Response needed by: _____
COS Office Contact: Bill Burton, Policy & Staff Director

	Action	FYI		Action	FYI
Joan Baggett		✓	Bernie Nussbaum		
Lee Brown			Leon Panetta		
Bill Daley		✓	Howard Paster		
Rahm Emanuel			John Podesta		
Mark Gearan			Jack Quinn		
Kristine Gebbie			Carol Rasco		
David Gergen			Bob Rubin		
Jack Gibbons			Eli Segal		
Marcia Hale			Ricki Seidman		
Alexis Herman	NA	✓	George Stephanopoulos		
Nancy Hernreich			Christine Varney		
Tony Lake			David Watkins		
Bruce Lindsey			Maggie Williams		
Ira Magaziner					
Katie McGinty					
Dee Dee Myers					
Roy Neel					

Remarks:

Response:



National Association
of Manufacturers

Jerry J. Jasinowski
President

SEP 22 1993

September 21, 1993

Mr. Thomas F. McLarty III
Chief of Staff
The White House
Washington, D.C. 20500

Dear Mack:

I wanted to reinforce a couple of points I made in our conversation last week. The first is that I thought the signing ceremony for the NAFTA side agreements was brilliantly done. Congratulations! The President could not have given a more impressive or a more persuasive address in support of the North American Free Trade Agreement, and his themes were effectively amplified by the former presidents who followed him. Notwithstanding the troubling strength of the anti-NAFTA campaign, President Clinton's clear commitment to the agreement has been very encouraging to NAFTA's supporters. A lot more people are a lot more optimistic about NAFTA today than they were two weeks ago.

As for NAM, we will continue to do everything we can to ensure that the agreement is implemented. A brief summary of some of the things we have already done is enclosed. You can count on us to be even more active advocates for NAFTA between now and the vote, which we expect to occur at the very end of the current session of Congress. At this point, we have just hired a new person, Mollie Shields, to work with us exclusively on NAFTA from now through December.

At a minimum we are going to continue to seize every opportunity we have to tell the Congress and the American people that NAFTA is a winner for the United States. The real leader of the pro-NAFTA coalition from now on, though, is not NAM, and it is not USA*NAFTA. It is the President, or more broadly, the White House. If at any point there is something you would like us to do to support your NAFTA work, I hope you will let me know. With best wishes,

Sincerely,

Enclosure



THE NAM NAFTA CAMPAIGN

SELECTED NAM INITIATIVES

* * *

- 9
February
1991
- NAM Board of Directors approves statement on the proposal to negotiate a U.S. free-trade agreement with Mexico.
- 28
February
1991
- NAM's Senior Vice President, Michael Baroody, testifies on NAFTA before the Subcommittee on Trade, Committee on Ways and Means, U.S. House of Representatives.
- 9
April
1991
- NAM's Senior Vice President, Michael Baroody, testifies on NAFTA before the Subcommittee on International Economic Policy and Trade, and the Subcommittee on Western Hemisphere Affairs, Committee on Foreign Affairs, U.S. House of Representatives.
- 14
May
1991
- NAM's R.K. Morris, Director, International Trade, testifies on NAFTA before the Task Force on Economic Policy, Projections and Revenue Committee on the Budget, U.S. House of Representatives.
- 15
May
1991
- NAM's Senior Vice President, Michael Baroody, testifies on NAFTA before the Subcommittee on Commerce, Consumer Protection and Competitiveness of the Committee on Energy and Commerce, U.S. House of Representatives.
- 26
September
1991
- NAM Working Group on NAFTA releases statement on investment policy issues in the NAFTA negotiations.
- 14
January
1992
- NAM releases statement on rules of origin for NAFTA.
- 9
October
1992
- NAM participates in creation of the USA*NAFTA Coalition, the principal umbrella organization for promoting NAFTA.

24
October
1992

NAM Board of Directors approves statement endorsing NAFTA agreement concluded in August 1992 and signed by President Bush on December 17,

31
December
1992

NAM President Jerry Jasinowski sends letter to newly appointed United States Trade Representative Michael Kantor. This letter, which covered a range of trade issues, included a suggestion for the promised NAFTA side agreement on import surges. This suggestion appears to have been adopted in the final agreement.

7
January
1993

NAM signs letter to President-elect Clinton on behalf of the USA*NAFTA Coalition in support of NAFTA.

26
January
1993

NAM's President Jerry Jasinowski sends letter to full House and Senate in support of NAFTA.

23
March
1993

NAM releases criteria for side agreements to NAFTA.

26
March
1993

NAM's President Jerry Jasinowski sends letter to Amb. Kantor, USTR, along with NAM criteria for side agreements to NAFTA.

March-
May
1993

NAM organizes visits with the Florida Congressional delegation.

April-
June
1993

NAM organizes visits with the Ohio Congressional delegation.

5
May
1993

NAM's Chairman, Robert Cizik and CEO, Cooper Industries, Inc., signs letter to full House and Senate on behalf of the USA*NAFTA Coalition along with 5 other CEOs.

4
June
1993

NAM and 8 other groups send a letter to Amb. Kantor outlining a series of concerns regarding the side agreements.

7
June
1993

NAM mailing in conjunction with the USA*NAFTA Coalition produces 450 new members for coalition.

17
June
1993

NAM member companies participate in NAM Midwest Day and lobby Congressional members on NAFTA.

19
July
1993

NAM files amicus brief with the U.S. Court of Appeals for the District of Columbia Circuit calling for a reversal of the necessity of completing an environmental impact statement before NAFTA can be approved by Congress.

13
August
1993

NAM issues press release welcoming completion of side agreements, expressing certain reservations, but reaffirming its support for NAFTA.

Summer
1993

NAM holds series of grassroots meetings on the North American Free Trade Agreement. These take place in Minneapolis, St. Louis, Chicago and other cities.

13
September
1993

Mollie Shields, former USTR official, joins NAM as Special Director for NAFTA.

NAM
September 21, 1993

Amel



Jerry J. Jasinowski
President

September 21, 1993

Mr. Thomas F. McLarty III
Chief of Staff
The White House
Washington, D.C. 20500

Dear Mac:

I wanted to reinforce a couple of points I made in our conversation last week. The first is that I thought the signing ceremony for the NAFTA side agreements was brilliantly done. Congratulations! The President could not have given a more impressive or a more persuasive address in support of the North American Free Trade Agreement, and his themes were effectively amplified by the former presidents who followed him. Notwithstanding the troubling strength of the anti-NAFTA campaign, President Clinton's clear commitment to the agreement has been very encouraging to NAFTA's supporters. A lot more people are a lot more optimistic about NAFTA today than they were two weeks ago.

As for NAM, we will continue to do everything we can to ensure that the agreement is implemented. A brief summary of some of the things we have already done is enclosed. You can count on us to be even more active advocates for NAFTA between now and the vote, which we expect to occur at the very end of the current session of Congress. At this point, we have just hired a new person, Mollie Shields, to work with us exclusively on NAFTA from now through December.

At a minimum we are going to continue to seize every opportunity we have to tell the Congress and the American people that NAFTA is a winner for the United States. The real leader of the pro-NAFTA coalition from now on, though, is not NAM, and it is not USA*NAFTA. It is the President, or more broadly, the White House. If at any point there is something you would like us to do to support your NAFTA work, I hope you will let me know. With best wishes,

Sincerely,

Enclosure



THE NAM NAFTA CAMPAIGN

SELECTED NAM INITIATIVES

* * *

- | | |
|-------------------------|---|
| 9
February
1991 | NAM Board of Directors approves statement on the proposal to negotiate a U.S. free-trade agreement with Mexico. |
| 28
February
1991 | NAM's Senior Vice President, Michael Baroody, testifies on NAFTA before the Subcommittee on Trade, Committee on Ways and Means, U.S. House of Representatives. |
| 9
April
1991 | NAM's Senior Vice President, Michael Baroody, testifies on NAFTA before the Subcommittee on International Economic Policy and Trade, and the Subcommittee on Western Hemisphere Affairs, Committee on Foreign Affairs, U.S. House of Representatives. |
| 14
May
1991 | NAM's R.K. Morris, Director, International Trade, testifies on NAFTA before the Task Force on Economic Policy, Projections and Revenue Committee on the Budget, U.S. House of Representatives. |
| 15
May
1991 | NAM's Senior Vice President, Michael Baroody, testifies on NAFTA before the Subcommittee on Commerce, Consumer Protection and Competitiveness of the Committee on Energy and Commerce, U.S. House of Representatives. |
| 26
September
1991 | NAM Working Group on NAFTA releases statement on investment policy issues in the NAFTA negotiations. |
| 14
January
1992 | NAM releases statement on rules of origin for NAFTA. |
| 9
October
1992 | NAM participates in creation of the USA*NAFTA Coalition, the principal umbrella organization for promoting NAFTA. |

7
June
1993

NAM mailing in conjunction with the USA*NAFTA Coalition produces 450 new members for coalition.

17
June
1993

NAM member companies participate in NAM Midwest Day and lobby Congressional members on NAFTA.

19
July
1993

NAM files amicus brief with the U.S. Court of Appeals for the District of Columbia Circuit calling for a reversal of the necessity of completing an environmental impact statement before NAFTA can be approved by Congress.

13
August
1993

NAM issues press release welcoming completion of side agreements, expressing certain reservations, but reaffirming its support for NAFTA.

Summer
1993

NAM holds series of grassroots meetings on the North American Free Trade Agreement. These take place in Minneapolis, St. Louis, Chicago and other cities.

13
September
1993

Mollie Shields, former USTR official, joins NAM as Special Director for NAFTA.

NAM
September 21, 1993

24
October
1992

NAM Board of Directors approves statement endorsing NAFTA agreement concluded in August 1992 and signed by President Bush on December 17,

31
December
1992

NAM President Jerry Jasinowski sends letter to newly appointed United States Trade Representative Michael Kantor. This letter, which covered a range of trade issues, included a suggestion for the promised NAFTA side agreement on import surges. This suggestion appears to have been adopted in the final agreement.

7
January
1993

NAM signs letter to President-elect Clinton on behalf of the USA*NAFTA Coalition in support of NAFTA.

26
January
1993

NAM's President Jerry Jasinowski sends letter to full House and Senate in support of NAFTA.

23
March
1993

NAM releases criteria for side agreements to NAFTA.

26
March
1993

NAM's President Jerry Jasinowski sends letter to Amb. Kantor, USTR, along with NAM criteria for side agreements to NAFTA.

March-
May
1993

NAM organizes visits with the Florida Congressional delegation.

April-
June
1993

NAM organizes visits with the Ohio Congressional delegation.

5
May
1993

NAM's Chairman, Robert Cizik and CEO, Cooper Industries, Inc., signs letter to full House and Senate on behalf of the USA*NAFTA Coalition along with 5 other CEOs.

4
June
1993

NAM and 8 other groups send a letter to Amb. Kantor outlining a series of concerns regarding the side agreements.

THE WHITE HOUSE

WASHINGTON

September 22, 1993

HEALTH CARE GROUP SUPPORT EVENT

DATE: September 23, 1993
TIME: 2:00 PM
LOCATION: South Lawn
FROM: Alexis Herman
Mike Lux

I. **PURPOSE**

To build political momentum for health care reform by having a broad range of groups and businesses join you at the White House for an event in support of health care reform.

II. **BACKGROUND**

In order to demonstrate the incredible depth and breadth of political support for your overall vision of health care reform, we decided to have a support event at the White House the day after your speech to Congress. Those who will be there are there under the following ground rules:

- That they support the overall direction of your health care plan, although we have explicitly told them they don't need to have endorsed the entire bill or agree with every detail of it.
- That they are committed to work constructively with us to get comprehensive health reform legislation passed in this Congressional session.
- That they support our six basic principles (security, simplicity, savings, responsibility, quality, choice).
- That any negative things they do say in statements to the press be couched in constructive, moderate language in stead of using highly politicized phrases (such as "big government," "vast new programs," etc.)

Under that set of ground rules, we have been able to attract a wide cross-section of people to stand behind you, ranging in perspective from single payer advocates to Blue Cross Blue Shield and the American Medical Association

III. PARTICIPANTS

The President
The First Lady
The Vice President
Mrs. Gore

There are several hundred organizations and businesses represented, as well as all of the Working Group members who worked on health care policy development. Attached is a list of the 89 individuals who will be standing with you on stage.

IV. SEQUENCE OF EVENTS

- You will meet the Vice President, Mrs. Clinton, and Mrs. Gore in the Red Room.
- The four of you will be announced and will walk out together onto the South Lawn.
- You will proceed down the center aisle of the tent and onto the stage. Eighty nine heads of organizations, CEOs, and labor leaders will be standing behind you.
- It is suggested that the four of you take a minute to stand together away from the podium and acknowledge the crowd with a wave or something similar before you begin the speaking program.
- The program begins:
 - Mrs. Clinton welcomes
 - Mrs. Gore speaks
 - The Vice President speaks
 - Mrs. Clinton speaks and introduces you
 - You deliver remarks
- When the program is finished, you and Mrs. Clinton will depart stage left and the Gores will depart stage right in order to work separate rope lines.

V. PRESS

This event is open press. All supporters on stage will have an opportunity to speak to the press.

VI. REMARKS

Attached.

HEALTH CARE GROUP SUPPORT EVENT
LIST OF SUPPORTERS ON STAGE WITH THE PRESIDENT

September 23, 1993

GROUP	NAME	CITY/STATE
Families USA	Ron Pollack, Executive Director	Washington D.C.
National Council on Aging	Daniel Thursz, President and CEO	Washington D.C.
American Nurses Association	Virginia Trotter Betts, President	Washington D.C.
Blue Cross Blue Shield	Barney Tresnowski, President	
AARP	Horace Deets, President	Washington D.C.
Vitas Corporation	Hugh Westbrook, CEO	Miami, Florida
National Council of the Churches of Christ in the USA	Joan Campbell, General Secretary	New York, NY
National Farmers Union	Lee Swenson, President	Denver, Colorado
AFL-CIO	Lane Kirkland, President	Washington, D.C.
AFL-CIO	Tom Donahue, Secretary Treasurer	Washington, D.C.
AFSCME	Gerald McEntee, President	Washington, D.C.
SEIU	John Sweeney, President	Washington, D.C.
Building Trades Council	Bob Georgine, President	Washington, D.C.
United Auto Workers	Owen Bieber, President	Detroit, MI
Citizen Action	Ira Arlook, Executive Director	Washington, D.C.
National Education Association	Keith Geiger, President	Washington, D.C.
American Health Care Association	Bruce Yarwood, President	Washington, D.C.

Catholic Health Association	John E. Curley, Jr.; President and CEO	St. Louis, MO
American Hospital Association	Richard Davidson, President	Washington, D.C.
National Association of Retail Druggists	Charlie West, Executive Director	Washington, D.C.
National Association of Chain Drug Stores	Ronald Ziegler, President	Washington, D.C.
Consumer Federation of America	Eugene Irvin Kimmelman, Legislative Director	Washington, D.C.
National Association of Social Workers	Ann Abbott, President	Villanova, Pennsylvania
American Medical Association	Joseph Painter, MD; President	Houston, TX
American Academy of Family Physicians	William Coleman, PhD; President-Elect	Scottsboro, AL
National Hispanic Council on Aging	Marta Sotomayor, Ph.D.	Washington, DC
American Academy of Pediatrics	Howard Pearson, President (pediatrician at Yale New Haven Hospital)	New Haven, CT
American College of Obstetricians and Gynecologists	Dr. Richard Hollis, President	Amery, MS
American College of Emergency Physicians	Dr. John McCabe; President-Elect	Syracuse, NY
League of Women Voters	Gracia Hillman, Executive Director	Washington, D.C.
National Black Nurses Association	Linda Burns Bolton, President	Washington, DC
Consumers Union	Linda Lipsen, Legislative Director	Washington, D.C.
American Academy of Physicians Assistants	Ann Elderkin, PA; President	Alexandria, Virginia

National Association of Childrens Hospitals and Related Institutes	Lawrence McAndrews, President	Alexandria, Virginia
AMVETS	Donald Hearon, National Commander	Lanham, MD
Paralyzed Veterans of America	Richard S. Johnson, National President	Washington, D.C.
Disabled American Veterans	Richard Marbes, National Commander	Washington, D.C.
Vietnam Veterans of America	James L. Brazee, President	Lafayette, LA
The American Legion	Bruce Thiesen, National Commander	Washington, D.C.
Veterans of Foreign War	Larry Rivers, Executive Director	Fairfax, VA
Group Health Cooperative of Puget Sound	Phil Nudelman, President and CEO	Seattle, WA
Robert Wood Johnson Foundation	Stephen Schroeder, MD; President	Princeton, NJ
Johns Hopkins Health System	James Block, MD; President and CEO	Baltimore, MD
Johns Hopkins University School of Medicine	Michael M.E. Johns, MD; VP for Medicine and Dean of the Medical Faculty	Baltimore, MD
University of Pennsylvania School of Medicine	William Kelley, MD; Executive VP for the Medical Center and Dean	Philadelphia, PA
Memorial Sloan-Kettering Cancer Center	Paul A. Marks, MD; President and CEO	New York, NY
National Leadership for Health Care Reform	Henry Simmons, MD; President	Washington DC
Blue Cross Blue Shield of Iowa	Robert D. Ray, President and CEO	Des Moines, IA
Purdue University	Steven Beering, MD; President	West Lafayette, IN

Association of Academic Health Centers	Roger Bulger, MD; President	Washington DC
Scripps Clinic & Research Foundation	Dr. Charles Edwards, President	LaJolla, CA
Harvard School of Public Health	Harvey V. Fineberg, MD, PhD; Dean	Boston, MA
University of Notre Dame	Rev. Theodore Hesburgh, C.S.C.; President Emeritus	South Bend, IN
Duke University School of Medicine	Dr. Ralph Snyderman; Chancellor for Health Affairs	Durham, NC
Brandeis University	Dr. Samuel O. Thier, President	Waltham, MA
National Council of Senior Citizens	Larry Smedley, Executive Director	Washington, D.C.
Consortium for Citizens with Disabilities	Paul Marchand, Executive Director	Washington, D.C.
National Council of Independent Living	Denise Figueroa, President	New York
National Medical Association	Dr. Tracy Walton, President-Elect	Washington, D.C.
American College of Physicians	Paul Griner, MD; President	Rochester, NY
Businesses for Social Responsibility	Michael Levett, President	Washington, D.C.
American Iron and Steel	Andrew Sharkey,	
American Forest and Paper	Red Cavaney,	
Amtrak	W. Graham Claytor, Jr., CEO	Washington, D.C.
Bethlehem Steel	Curtis "Hank" Barnette, CEO	Bethlehem, PA
Blue Cross of Western PA	Eugene Barrone, CEO	
Chrysler	Robert "Bob" Eaton, CEO	Highland Park, MI
Ford	Harold "Red" Poling, CEO	Dearborn, MI
Lisboa Associates	Elizabeth Lisboa-Farrow, CEO	Washington, D.C.

Julander Energy Co.	Fred Julander, CEO	Denver, CO
Enron Corp	Terry Thorn , CEO	Houston, TX
Soft-Sheen Products	Edward Gardner, CEO	Chicago, Ill
Earl Graves Publishing	Earl Graves, CEO	NY, NY
MEVATEC Corp	Nancy Archuleta, CEO	Huntsvilles, AL
Invacare	Mal Mixon, CEO	Cleveland, OH
The Drummond Companies	Gary Drummond, CEO	Birmingham, AL
Electronic Data Systems	Alice Lusk, CEO	Dallas, TX
Hechinger Company	John Hechinger, Sr., CEO	Maryland
John Alden Insurance	Bill Mauk, CEO	Miami, FL
Ralph's Grocery	George Allumbaugh, CEO	Compton, CA
Food 4 Less Supermarkets	Ronald Burkle, CEO	Yucaipa, CA
Autumn Harp	Kevin Harper, CEO	Bristol, VT
Fidelity Investments	Peter Lynch, CEO	Boston, MA
The ADS Group	Alan Solomont, CEO	Boston, MA
Vermont Teddy Bear Company	John Sortino, CEO	Shelburne, VT
Rite Aid	Alex Grass, CEO	Harrisburg, PA
Soapbox Trading Company and the Mills Group	Helen Mills, CEO	Virginia
Circuit City Stores, Inc.	Alan Wurtzel, CEO	Richmond, VA
James River Corporation	Robert Williams, CEO	Richmond, VA

Amk/TA

cc DOTIS

THE WHITE HOUSE
WASHINGTON

September 8, 1993

Mr. Jack Valenti
Motion Picture Association of America, Inc.
1600 Eye Street, N.W.
Washington, D.C. 20006

SEP - 9 1993

Dear Jack:

Many thanks for your offer to help on NAFTA.

We are delighted to have MPAA's welcome support and I will share your note with Alexis Herman in Public Liaison and Bill Daley, who came on board expressly to work on NAFTA, so that we can take full advantage of your offer.

Thanks and kind regards.

Sincerely,


Howard Paster
Assistant to the President
for Legislative Affairs

cc: Alexis Herman ✓
Bill Daley



MOTION PICTURE ASSOCIATION
OF AMERICA, INC.
1600 EYE STREET, NORTHWEST
WASHINGTON, D.C. 20008
(202) 293-1968
FAX (202) 452-9823

JACK VALENTI
PRESIDENT
AND
CHIEF EXECUTIVE OFFICER

September 3, 1993

To: The Honorable Mack McLarty

From: Jack Valenti

I just wanted you to know that the MPAA enthusiastically supports the President on NAFTA and have made that clear to all who ask.

We're with you and the President on this, although I must sadly confess that too many of our Congressional friends have taken an opposite view.

If there's anything you want me to do, let me know.

P.S. I'm dictating this from Paris.

cc: The Honorable Mickey Kantor, The Honorable Robert Rubin,
The Honorable Howard Paster

R'CC

To : Alexis Herman

Fax : (202) 456 - 2983

From : Philip E. Cassidy

Fax : (804) 221 - 8492

phone : (804) 221- 8490

19 pages to follow.

REPORT TO THE BUSINESS COUNCIL ON THE ECONOMIC OUTLOOK

Presented by

**Dennis Weatherstone
Vice Chairman of the Business Council**

**Williamsburg, Va.
May 6-8, 1993**

Highlights:

- **The technical consultants are in broad agreement that the United States will remain on a path of moderate economic growth this year and next. Real GDP is expected to average about 3% in both 1993 and 1994, led by business equipment (especially computers, computer-based machinery, and communications equipment), housing, and consumer durables.**
- **Perceived risks to the growth forecast are weighted to the downside, however. Spending may be dampened by uncertainty about federal policy and the possibility of steep tax increases to finance deficit reduction and health care reform. Moreover, weak markets abroad are a concern.**
- **The technical consultants believe that inflation, as measured by the consumer price index, will remain in the 3% to 3 1/2% range this year and next. The average forecast calls for inflation to average 3.1% this year and then edge up to 3.5% by the second half of 1994. None of the consultants expect inflation to exceed 4% in 1993 or 1994. Firms are generally planning for profit growth to come from higher volumes and efficiency gains rather than from higher prices.**
- **Interest rates and exchange rates are likely to show little change in an environment of moderate growth and stable inflation. Short-term interest rates are expected to be flat this year and rise about 75 basis points during 1994; long-term rates are expected to hold near current yields through the end of 1994; and the dollar is expected to appreciate about 5% against the yen and DM by late-1993 and then hold its value through 1994.**

Note: The Technical Consultants to the Business Council met on April 27. Prior to the meeting, each consultant submitted detailed quantitative economic projections which provided a framework for discussion of overall economic conditions and the outlook.

The technical consultants are in broad agreement that the U.S. economy will remain on a path of moderate growth this year and next. Real GDP growth averaged 3.2% in 1992 and the consultants expect that growth will proceed at nearly identical rates of 2.9% this year and 3.2% in 1994 (all growth rates are measured on a fourth-quarter to fourth-quarter basis). While there is a recognition of widespread slowing in the first few months of 1993, as confirmed in first-quarter GDP growth of only 1.8% at an annual rate, this slowing is viewed as a temporary pause following a growth spurt in the fourth quarter of last year rather than the beginning of a protracted period of weakness.

The consultants show a striking uniformity in their outlook for moderate growth. None of the consultants expect either recession or boom in 1993 or 1994. All of the growth forecasts for 1993 are wedged between 2.4% and 3.4%, and all of the forecasts for 1994 are between 2.4% and 4.0%.

The consultants expect those sectors that have grown relatively rapidly over the past year to continue to lead the expansion in 1993 and 1994. Spending on business equipment is expected to lead growth, with projected volume gains of 11% this year and 10% in 1994 on top of the 13% growth last year. Orders and shipments for "high-tech" equipment including desktop and laptop computers and mobile communications equipment are growing especially rapidly, and this growth is seen as likely to continue at a rapid pace for the foreseeable future. Housing activity, which expanded 14% in 1992 is projected to rise another 11% this year and 6% in 1994, with help from recent reductions in mortgage rates. And, as usual in the early stages of a recovery, spending on consumer durables including autos are projected to post above-trend growth. The government sector should continue to be a drag on the economy.

Reports by the consultants on conditions in their specific industries generally support the consensus forecast. Representatives of the semiconductor and computer industries confirmed that the boom in "high-tech" equipment is continuing. Consultants from other capital goods industries reported solid growth in shipments of other types of producers' equipment, including construction equipment, communications equipment, trucks, and truck engines. Despite some weakness in the first quarter, consultants reported that general merchandise retailing and the auto industry are in a well-established, but irregular, uptrend. One representative of the financial services industry noted that credit card usage continues to increase. The only industries reporting noticeable weakness were rail and truck freight, but

this may have been associated with a short-term inventory correction rather than a more long-lived slowdown.

Improving domestic demand growth is being offset by slowing export markets. The consultants expect exports of goods and services to slow from 4.8% last year to 3.1% this year and then rebound in 1994 to 6.2% growth. Shipments to Europe and Japan are clearly weak, and there were differing views as to how well the high-growth markets of Asia (outside of Japan) and Mexico are holding up.

The technical consultants believe that 3% growth is consistent with a gradual decline in the unemployment rate from 7.0% currently to an average rate of 6.8% in the fourth quarter of this year and 6.4% in the fourth quarter of 1994. Most consultants reported, however, that their specific firms are not planning to add to payrolls to meet growing sales volumes. A representative of the U.S. Labor Department noted that the BLS had recently seen signs of a pickup in new business formation, which would help support job growth.

The technical consultants' forecast of the growth rate and the composition of growth for 1993 are nearly identical to the forecast made in April 1992. However, a year ago the consultants had expected that the 3% growth path could be reached with higher interest rates and a stronger dollar than are now seen as required.

The consultants are in general agreement that risks to the forecast are weighted toward the downside. Several consultants are concerned about federal fiscal policy and, in particular, the possibility that large tax increases to finance deficit reduction and health care reform, might derail consumer spending. A few worried that the prospect of higher excise taxes and associated increase in inflation might force up interest rates. Another source of downside risk to the forecast comes from weakening export markets. Both Continental Europe and Japan are widely recognized to be in recession, and some consultants noted a slowing in shipments to faster-growing markets including Mexico and Asian countries other than Japan. Although consultants perceived downside risks to the 3% growth forecast, these risks were generally not viewed as so severe that they might send the U.S. economy back into recession.

Failure of Congress to approve an Investment Tax Credit (ITC) is seen as having little impact on economic performance. Both purchasers and producers of equipment expressed the view that an ITC of the size that had been proposed by President Clinton would have little effect on capital spending decisions.

The consultants are also in broad agreement that inflation, as measured by the consumer price index, will remain in the 3% to 3 1/2% range this year and next. The average forecast projects consumer price inflation to hold at 3.1% this year and then gradually rise to 3.3% in the first half of 1994 and 3.5% in the second half of 1994. The consultants view the possibility of an upside break in inflation as remote, and none of the consultants expect inflation to reach 4% in either 1993 or 1994. The average consultants' forecast for 1993 consumer price inflation has been progressively lowered from 3.6% in the April 1992 survey to 3.3% in September 1992 and 3.1% in the April 1993 survey.

Consultants' discussions of corporate business plans and of industry attitudes mirrored this stable inflation outlook. Consultants quite generally expect downward price pressures to remain intense and indicated that recent highly-visible price reductions for specific branded goods were not isolated incidents. The consultants reported that corporations will continue to keep tight control on payrolls and inventories in the coming year and that corporate strategies are emphasizing cost reductions, rather than price increases, as a means of boosting profits. Several consultants related the boom in spending on computers and computer-based equipment to the potential of this equipment to boost productivity, and they expected continued productivity improvements in services-producing industries in coming years.

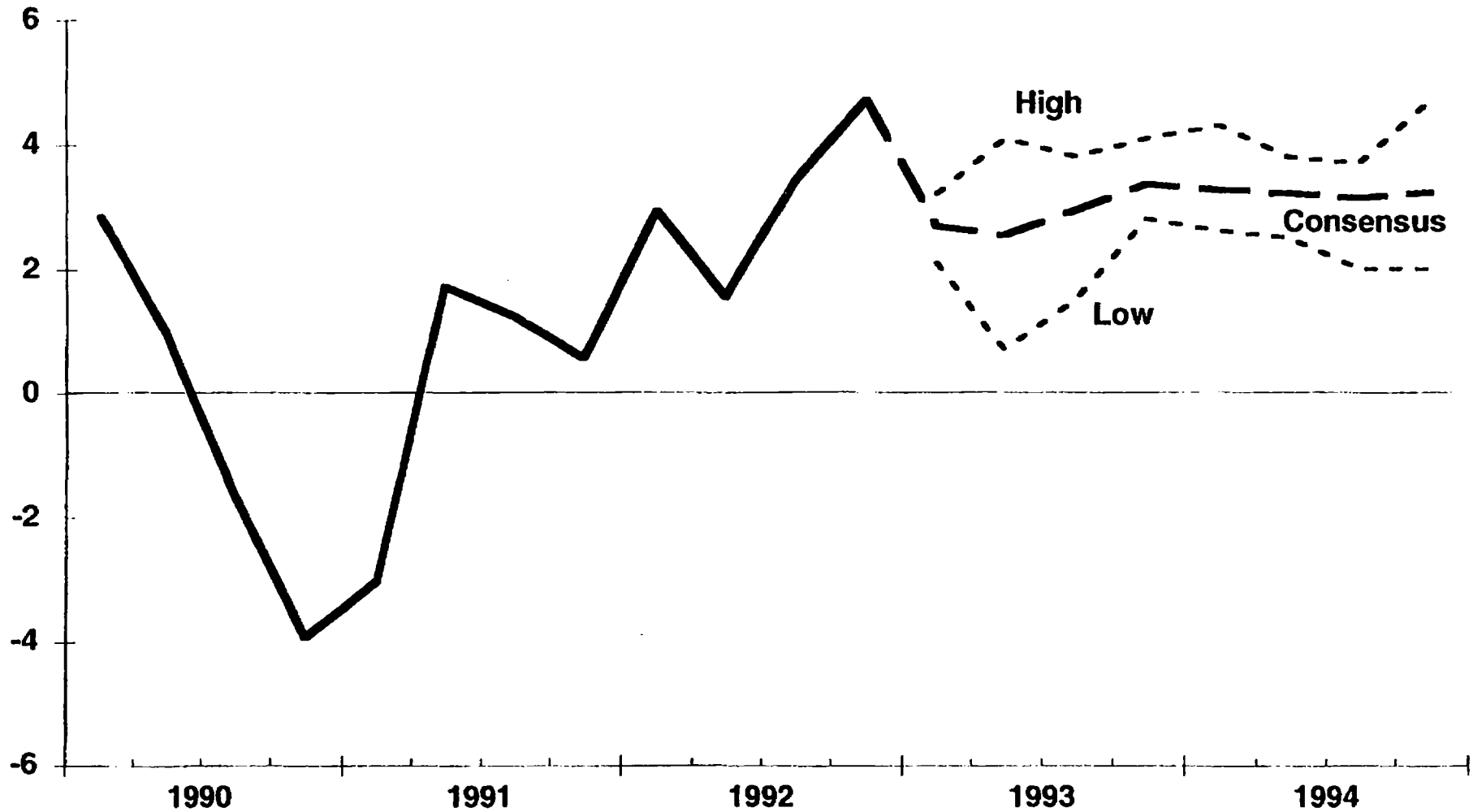
The consultants are in broad agreement that the forecast of 3% to 3 1/2% growth and 3% to 3 1/2% inflation is consistent with relatively stable interest rates and exchange rates. The Fed Funds rate, a benchmark short-term interest rate, is projected to edge up from an average 3.04% last quarter to 3.13% in the fourth quarter of this year and then to 3.88% in the fourth quarter of next year. Twelve of the sixteen respondents forecast Fed Funds to be between 3.50% and 4.00% in the fourth quarter of 1994. The consultants generally expect yields on the 30-year Treasury bond to remain in the 6 1/2% to 7 1/4% range through the end of 1994.

The consultants foresee some strengthening of the dollar on foreign exchange markets by the end of this year and then stability in 1994. The yen/dollar exchange rate is expected to rise to 117 yen/\$ by the fourth quarter of this year and only slightly further to 119 yen/\$ by the fourth quarter of next year. Similarly the DM/\$ exchange rate is expected to rise to 1.65 DM/\$ late this year and 1.68 DM/\$ late next year.

The consultants expect health care spending to continue to outpace GDP growth this year and next. As part of the forecasting exercise, the respondents also answered a questionnaire on future trends in health costs. A large majority of respondents thought that health care costs would continue to rise as a share of GDP, that the inflation rate of health care costs would exceed overall inflation by at least two percentage points through 1994, and that the current health care system is a competitive disadvantage for U.S. firms. A large majority of the consultants also reported that their companies have been taking a variety of actions to control increases in medical costs. About two-thirds of the attendees at the April 27 meeting thought that Congress would approve some form of general health care reform in 1994.

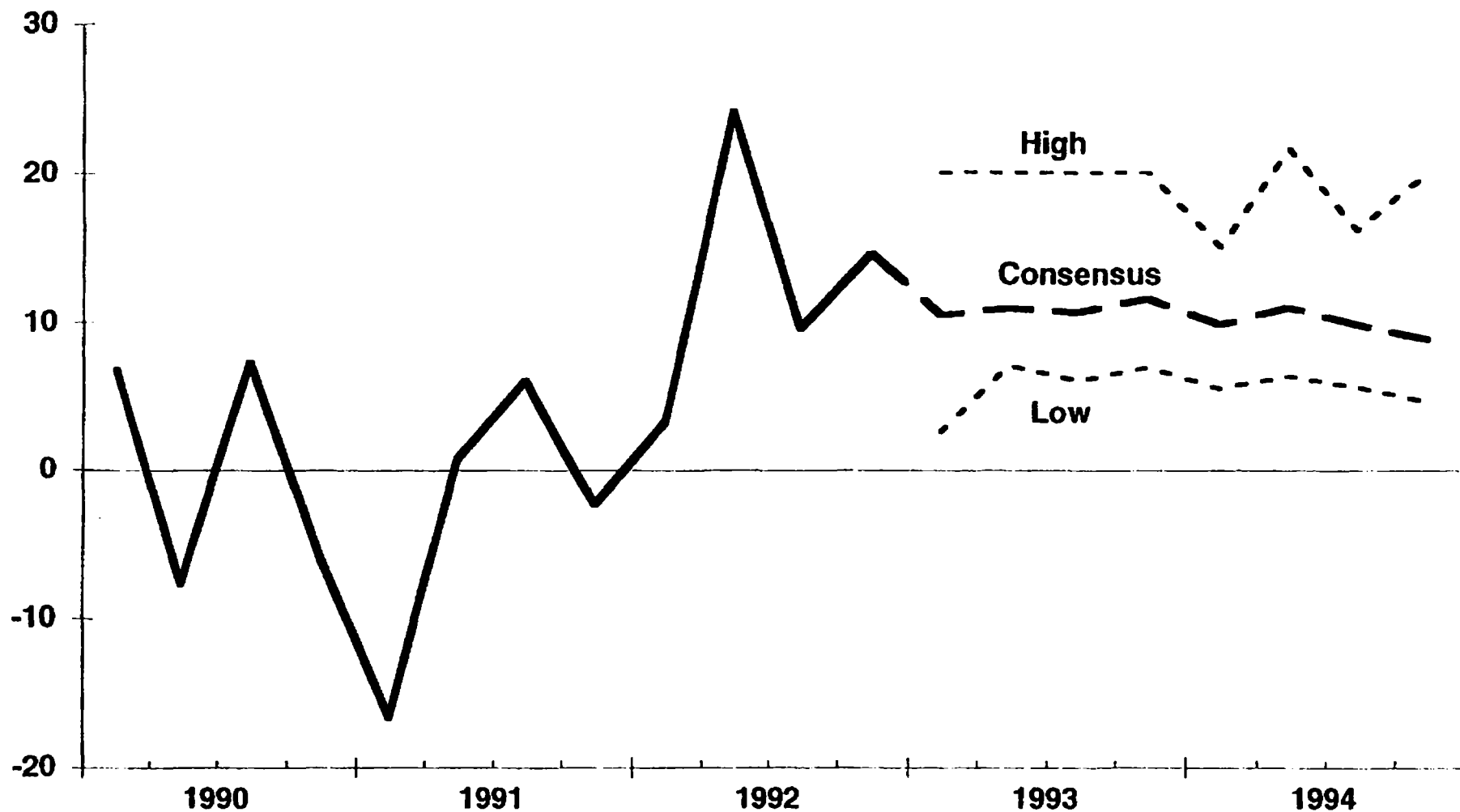
Real GDP - April '93 Forecast High, Low and Consensus Views

percent change at annual rate



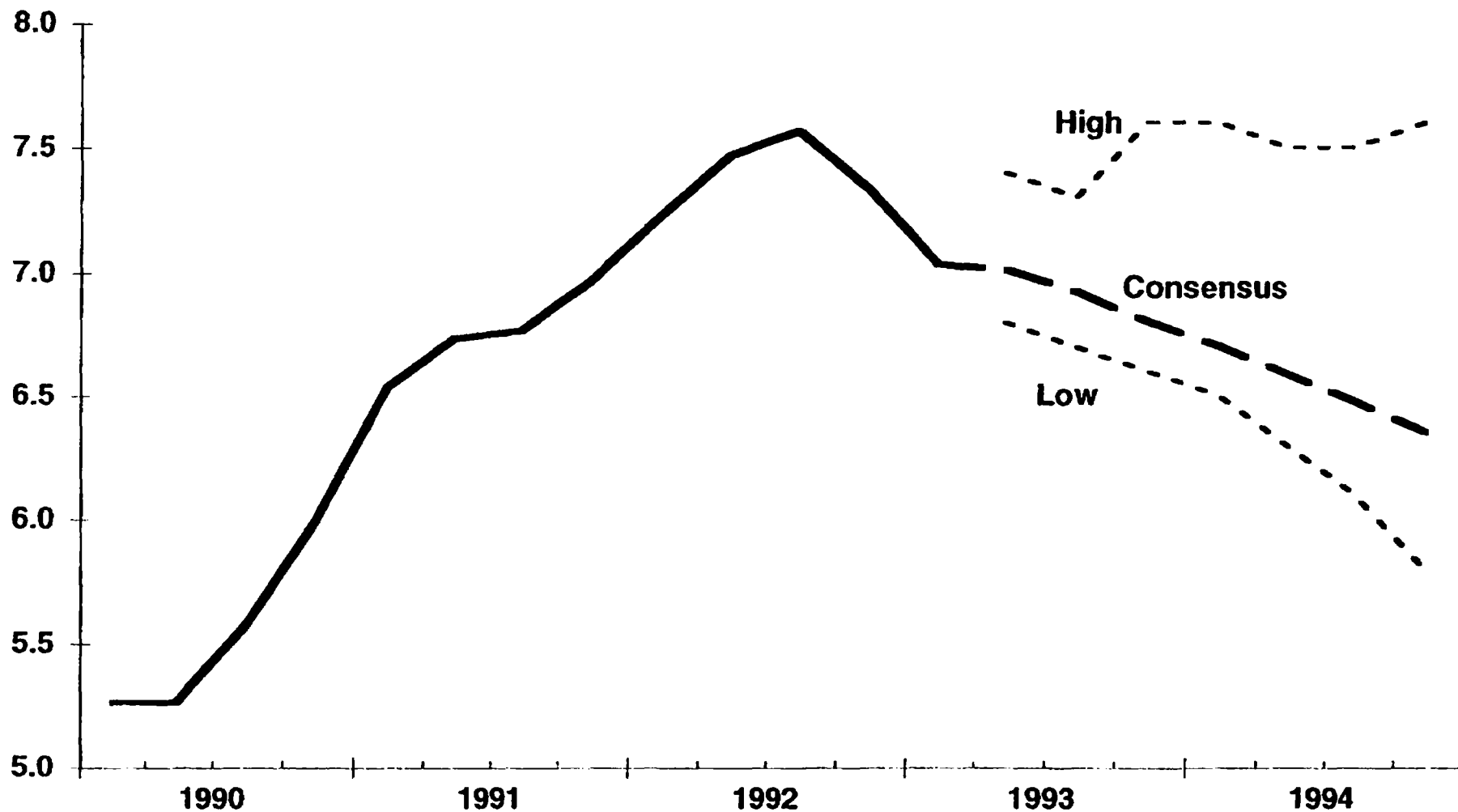
Real Capital Spending: Equipment - April '93 Forecast High, Low and Consensus Views

percent change at annual rate



Unemployment rate - April '93 Forecast High, Low and Consensus Views

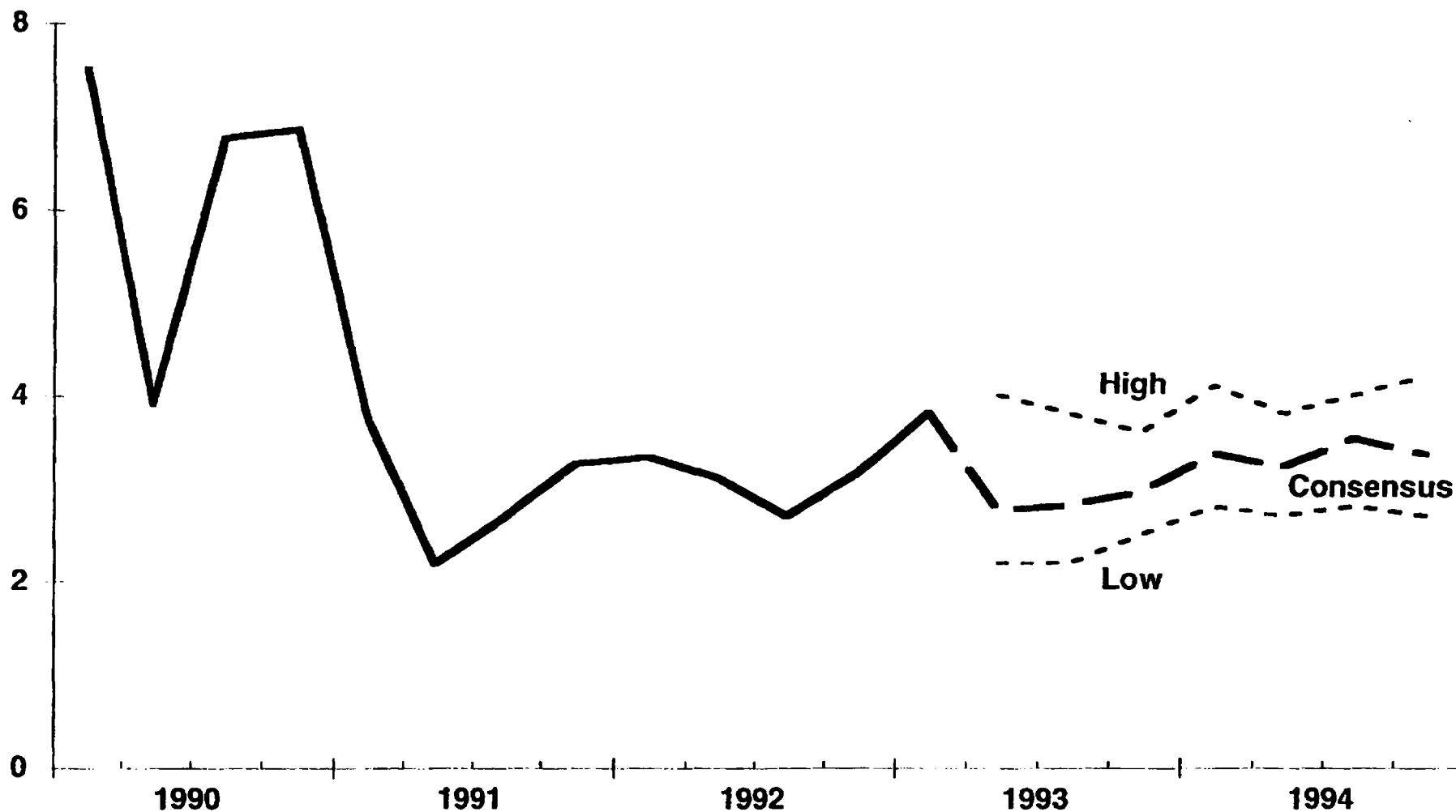
percent



Consumer Price Inflation - April '93 Forecast

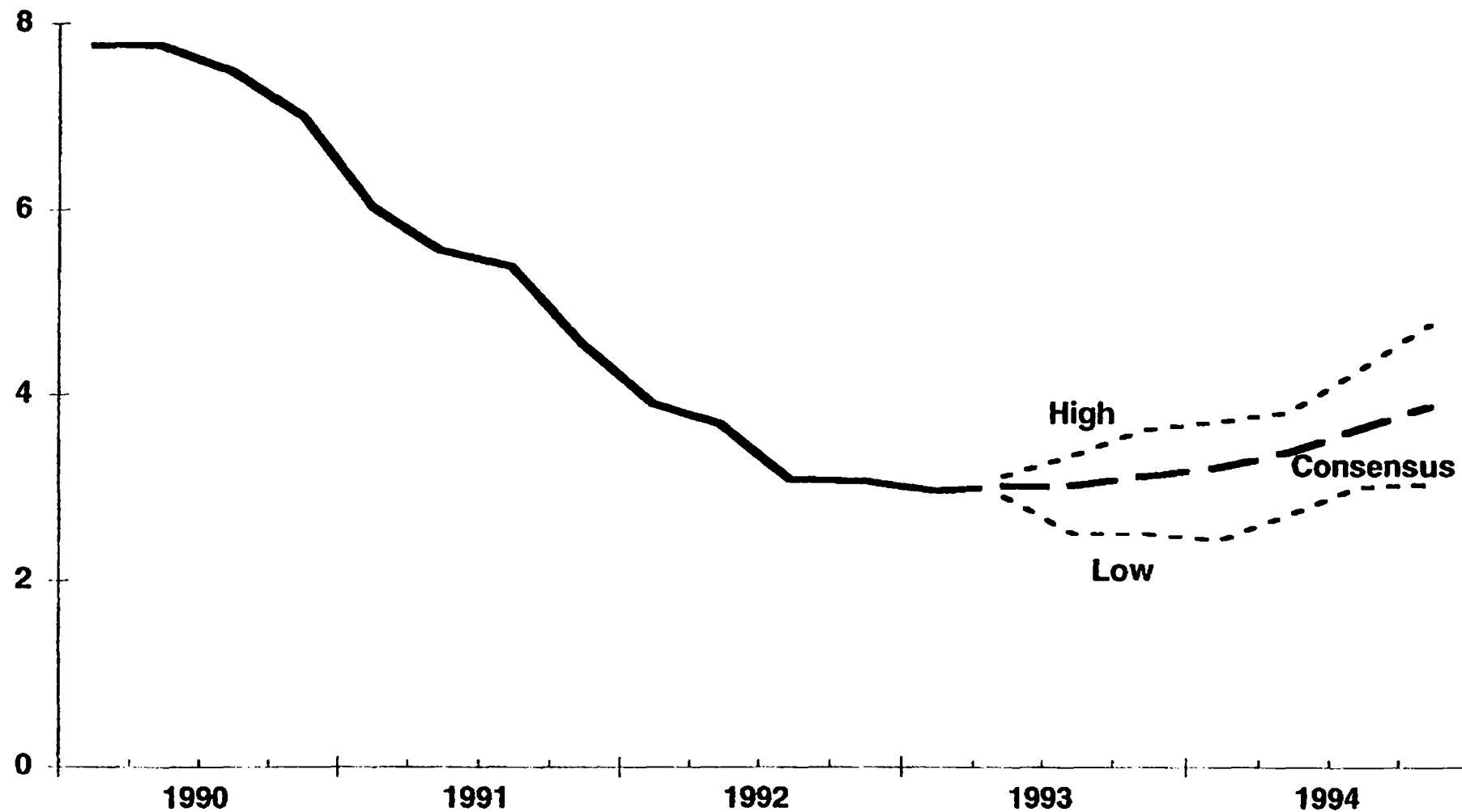
High, Low and Consensus Views

percent change at annual rate



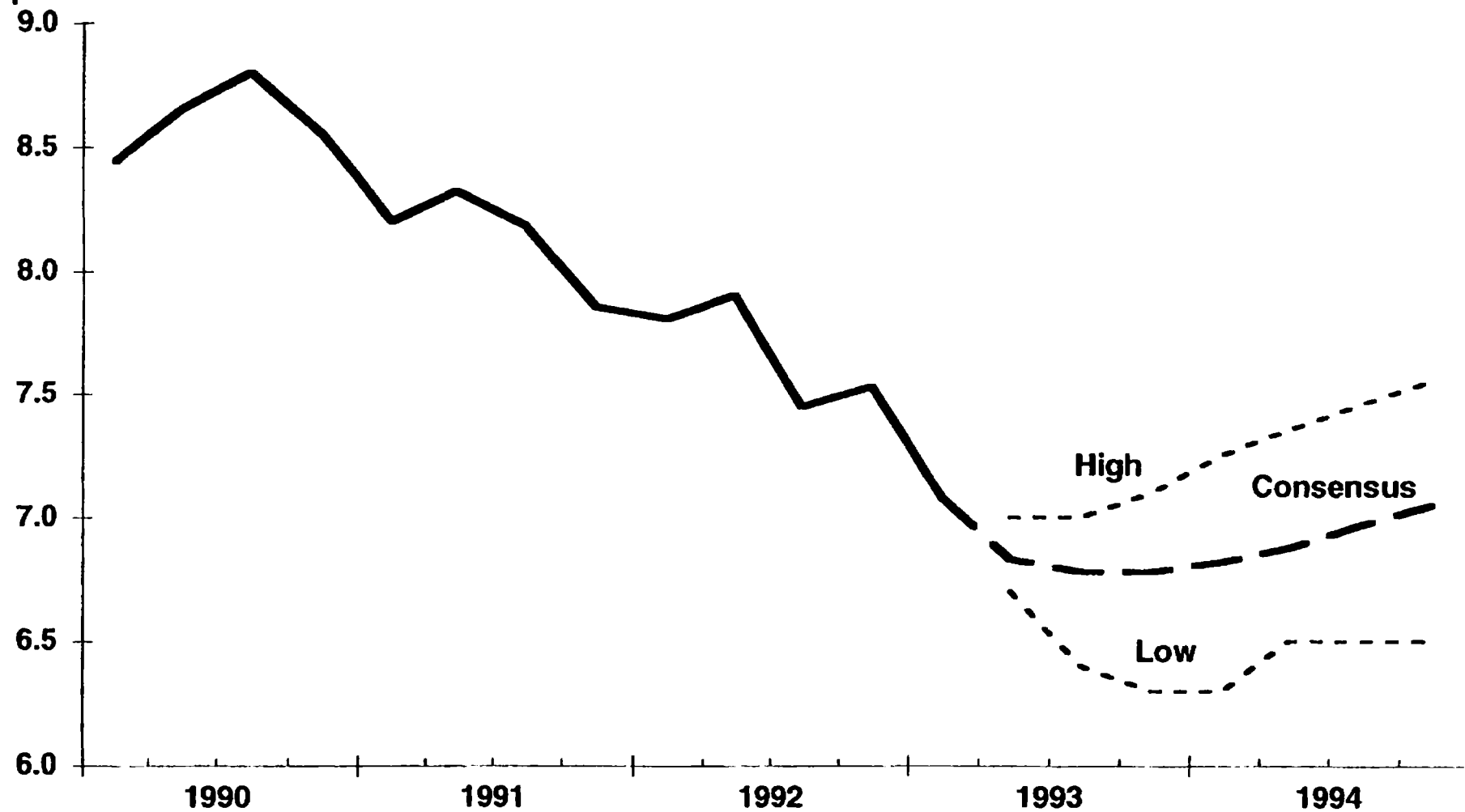
Interest Rates: 3-month Treasury Bills - April '93 Forecast High, Low and Consensus Views

percent



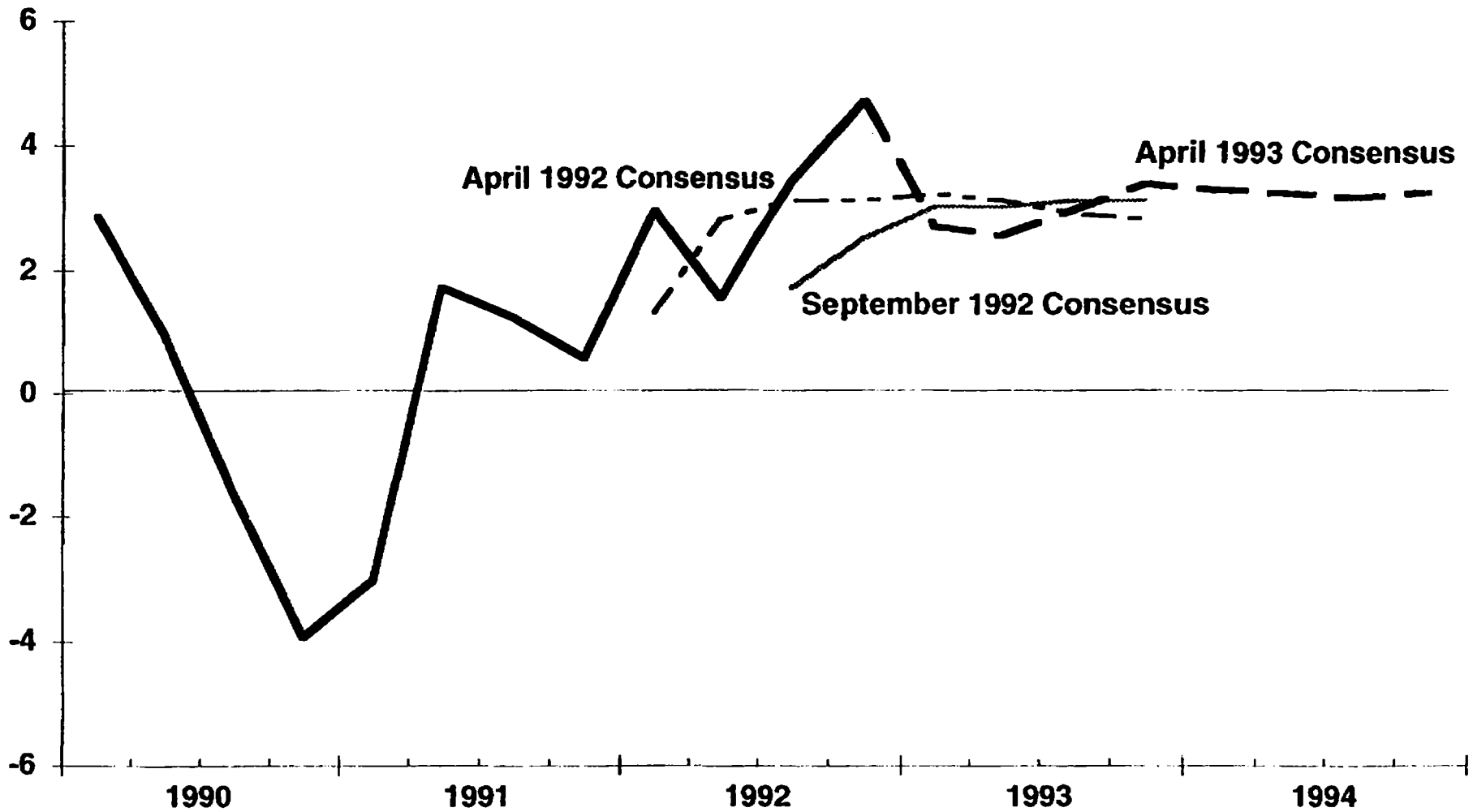
Interest Rates: 30-year Treasury Bonds - April '93 Forecast High, Low and Consensus Views

percent



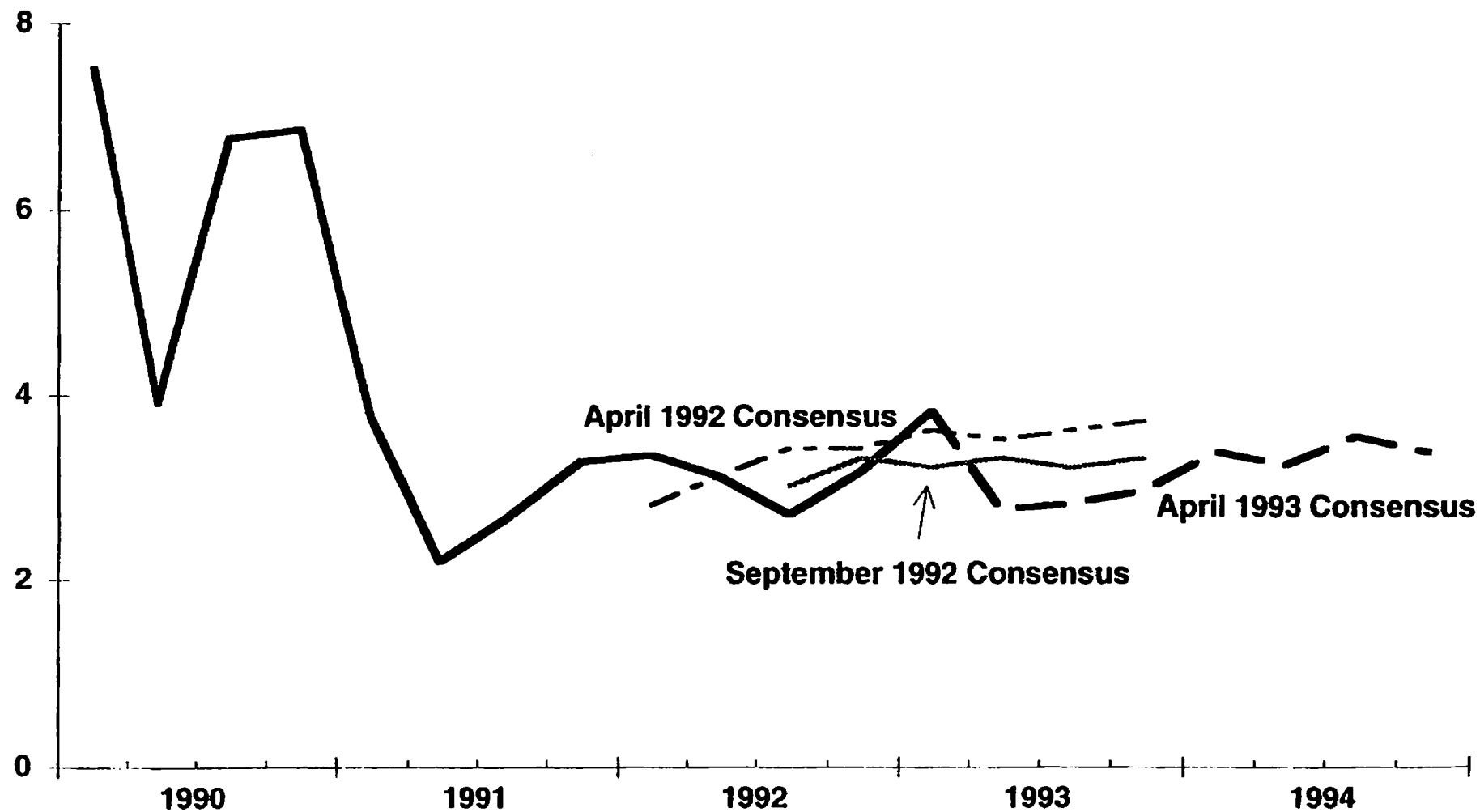
Real GDP Consensus Views

percent change at annual rate



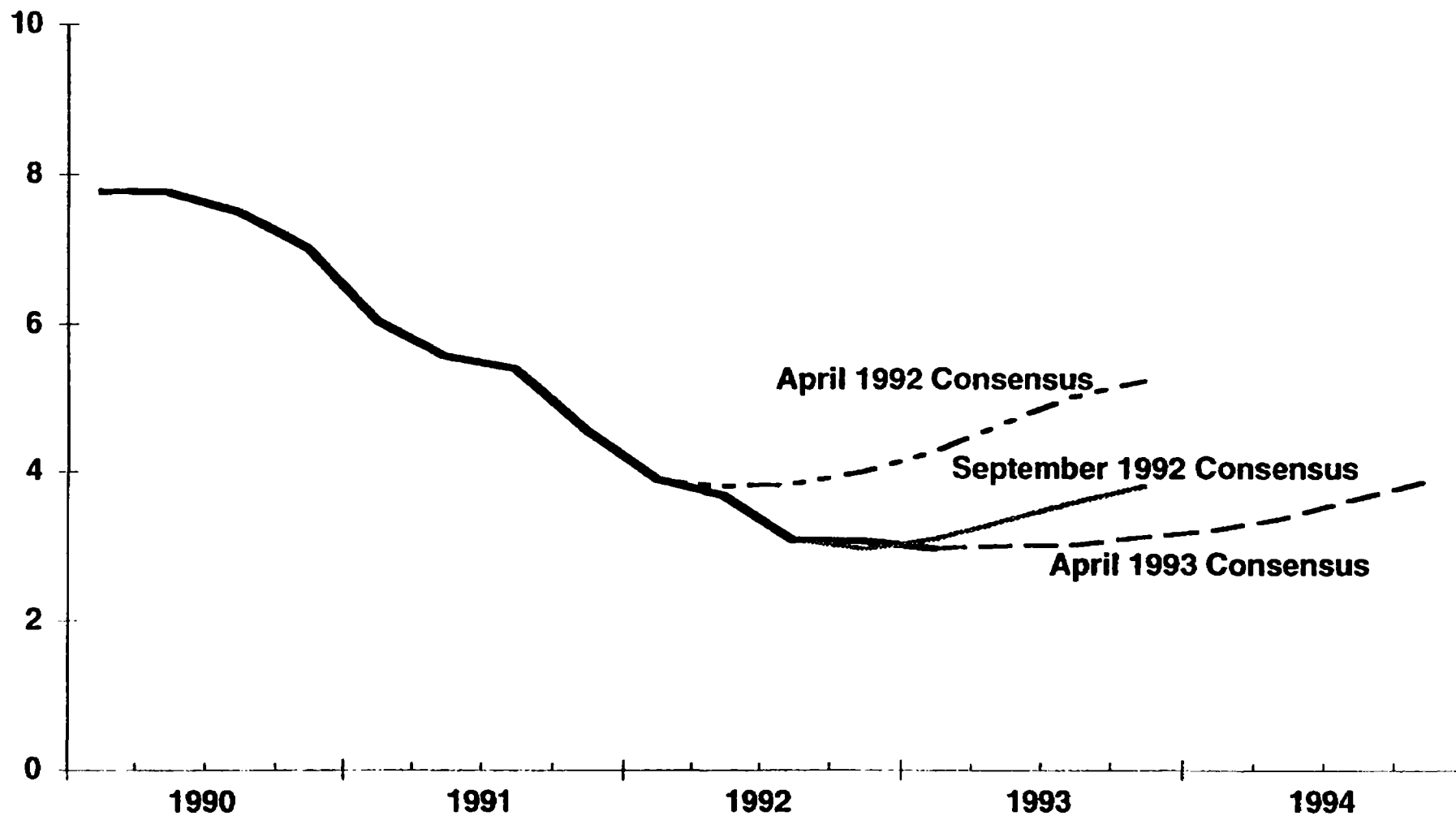
Consumer Price Inflation Consensus Views

percent change at annual rate



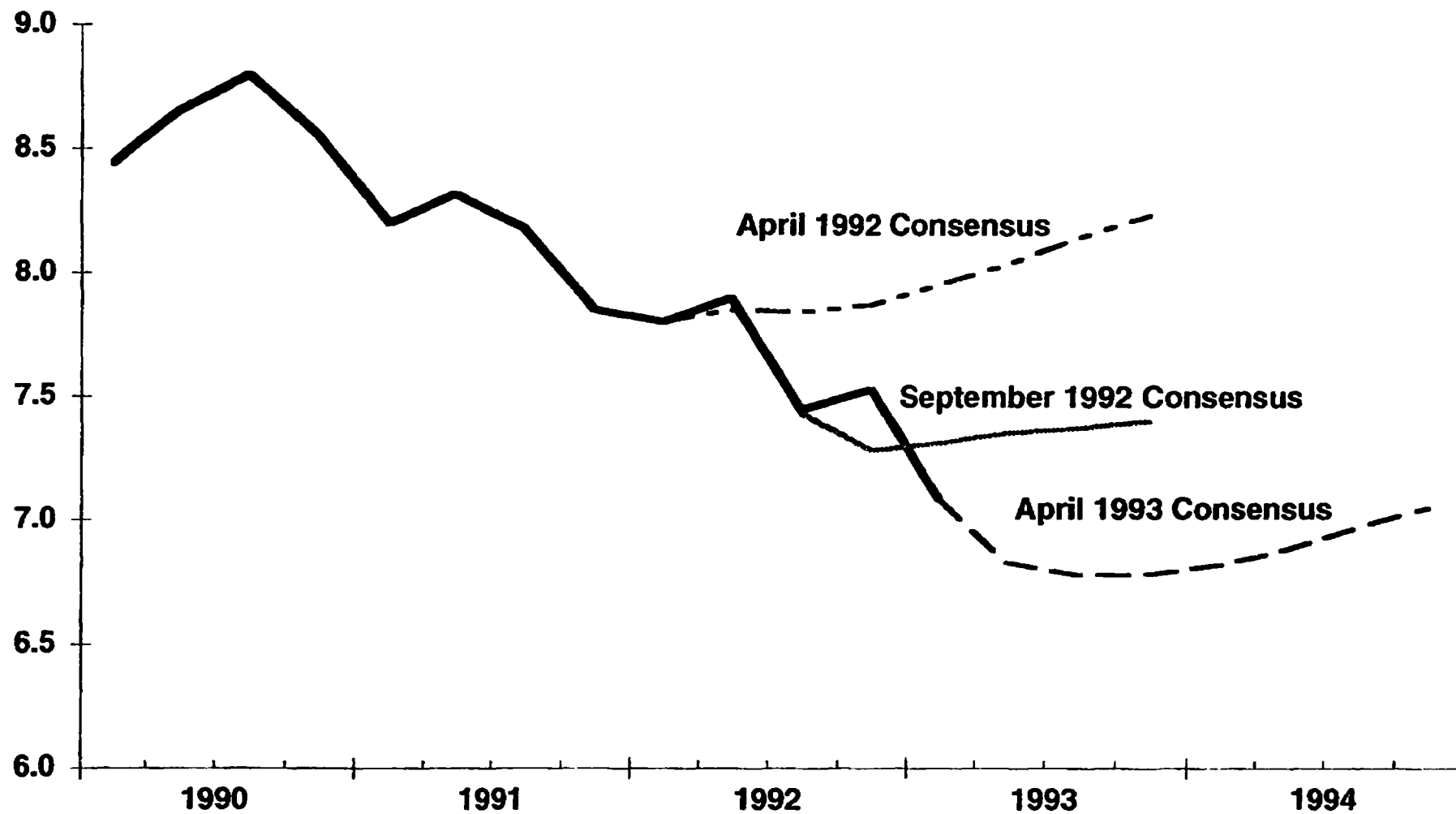
Interest Rates: 3-month Treasury Bills Consensus Views

percent



Interest Rates: 30-year Treasury Bonds Consensus Views

percent



**Results of the Technical Consultants
April 1993 Survey
Summary Table A**

		Avg	High	Low	Std Dev	Avg	High	Low	Std Dev
		% ch from year ago				% ch 4th qtr-4th qtr			
Real GDP	1993	3.1	3.5	2.8	0.2	2.9	3.4	2.4	0.3
	1994	3.2	3.6	2.7	0.2	3.2	4.0	2.4	0.4
Personal Consumption Exp.	1993	3.0	3.3	2.4	0.2	2.7	2.9	2.0	0.2
	1994	2.8	3.4	2.4	0.3	2.8	3.7	2.1	0.4
Consumer Durable Goods	1993	6.7	7.5	5.3	0.7	5.2	6.1	3.5	0.7
	1994	5.0	6.5	3.9	0.7	4.6	7.0	3.4	1.0
Consumer Nondurable Goods	1993	2.2	2.9	1.7	0.4	1.5	2.3	0.8	0.5
	1994	1.9	2.6	1.3	0.4	2.0	2.9	1.3	0.5
Consumer Services	1993	2.6	2.9	2.0	0.3	2.7	3.1	2.1	0.3
	1994	2.7	3.5	2.1	0.4	2.7	3.5	2.2	0.4
Nonresidential Fixed Invest.	1993	8.1	12.3	6.1	1.4	8.4	14.3	6.4	1.9
	1994	9.4	12.2	6.5	1.5	9.4	12.4	5.3	1.9
Nonresidential Structures	1993	-1.6	2.8	-5.9	1.9	1.6	7.5	-6.3	3.0
	1994	5.6	10.6	-3.6	3.9	7.3	13.1	-1.9	4.2
Producers' Durable Equip.	1993	12.0	17.6	9.7	1.8	11.0	18.7	7.5	2.6
	1994	10.7	14.6	7.9	1.9	10.0	14.9	6.1	2.3
Residential Fixed Invest.	1993	12.0	16.8	8.8	2.1	11.0	19.7	5.9	3.3
	1994	8.1	17.5	4.5	3.1	5.5	12.4	-0.7	3.2
Exports, Goods & Services	1993	4.1	5.2	2.3	0.8	3.1	5.9	0.6	1.2
	1994	5.1	8.4	2.8	1.6	6.2	10.0	2.5	2.2
Imports, Goods & Services	1993	7.6	9.1	5.1	1.1	6.5	9.0	3.7	1.6
	1994	6.8	10.9	3.9	1.9	6.8	9.4	2.9	1.8
Government Purchases	1993	-0.4	0.4	-1.0	0.4	-0.2	1.2	-1.0	0.6
	1994	0.6	1.9	-0.6	0.9	0.8	2.6	-1.0	1.1
Final Sales	1993	2.8	3.2	2.4	0.2	2.6	3.1	2.2	0.3
	1994	3.1	3.6	2.9	0.2	3.2	4.0	2.8	0.3
Final Sales to Domest. Purch.	1993	3.2	3.6	3.0	0.2	3.0	3.6	2.7	0.2
	1994	3.4	4.0	2.7	0.3	3.3	4.0	2.7	0.4

Results of the Technical Consultants April 1993 Survey Summary Table B

		Avg	High	Low	Std Dev	Avg	High	Low	Std Dev
		% ch from year ago				% ch 4th qtr-4th qtr			
Nominal GDP	1993	5.8	6.3	5.2	0.3	5.6	6.5	4.9	0.5
	1994	6.1	7.2	5.4	0.5	6.4	7.4	5.7	0.5
GDP Fixed Weight Index	1993	2.8	3.0	2.4	0.2	2.7	3.2	2.1	0.4
	1994	2.8	3.5	2.4	0.4	3.0	3.7	2.6	0.4
Consumer Price Index	1993	3.1	3.5	2.9	0.1	3.1	3.8	2.7	0.3
	1994	3.2	3.6	2.7	0.2	3.4	3.9	3.0	0.2
Corporate Profits (IVA/CCA)	1993	16.4	21.0	7.5	4.7	10.0	18.0	-1.2	6.0
	1994	8.8	16.7	2.7	4.4	8.2	18.2	1.5	4.7
Industrial Production	1993	4.1	5.0	3.3	0.4	4.2	5.5	3.1	0.6
	1994	4.1	5.2	3.3	0.5	4.1	5.9	3.2	0.6
		bil 87\$, yr avg				bil 87\$, 4th qtr			
Change in Business Inventory	1993	20.1	32.7	11.9	5.4	22.2	36.3	7.5	7.2
	1994	26.4	38.0	7.5	7.6	27.9	41.4	7.5	8.6
Net Exports	1993	-64.2	-53.0	-77.8	7.4	-71.6	-53.8	-89.9	9.9
	1994	-79.6	-54.0	-109.8	16.3	-79.6	-53.7	-117.6	19.4
Exports, Goods & Services	1993	596.8	602.9	586.4	4.5	606.4	623.2	591.8	7.3
	1994	628.3	653.5	615.1	11.0	644.3	679.3	623.0	15.0
Imports, Goods & Services	1993	661.7	670.8	646.5	6.6	679.0	694.5	660.9	10.1
	1994	708.3	741.7	681.9	17.8	725.4	760.1	692.3	21.3
		mil units, yr avg				mil units, 4th qtr			
Housing Starts	1993	1.329	1.394	1.298	0.0	1.407	1.550	1.350	0.1
	1994	1.438	1.527	1.375	0.0	1.436	1.536	1.350	0.1
Total Vehicle Sales	1993	13.9	14.2	13.2	0.3	14.3	14.8	13.5	0.4
	1994	14.7	15.2	13.6	0.5	14.9	15.5	13.8	0.6
Auto Sales	1993	8.7	9.0	8.4	0.1	9.0	9.5	8.5	0.2
	1994	9.3	9.7	8.7	0.3	9.4	9.9	8.7	0.4
Truck Sales	1993	5.3	5.4	5.1	0.1	5.4	5.7	5.2	0.2
	1994	5.6	5.9	5.3	0.2	5.7	6.0	5.3	0.2

**Results of the Technical Consultants
April 1993 Survey
Summary Table C**

		Avg	High	Low	Std Dev	Avg	High	Low	Std Dev
		<u>percent. yr avg</u>				<u>percent. 4th qtr</u>			
Unemployment Rate	1993	6.9	7.3	6.8	0.1	6.8	7.6	6.6	0.2
	1994	6.5	7.6	6.2	0.3	6.4	7.6	5.8	0.4
Federal Funds Rate	1993	3.05	3.19	2.76	0.1	3.13	3.49	2.50	0.2
	1994	3.54	4.25	3.00	0.4	3.88	5.00	3.00	0.5
3-Month Treasury Bill Rate	1993	3.02	3.24	2.74	0.1	3.12	3.62	2.50	0.2
	1994	3.52	4.03	2.95	0.4	3.87	4.75	3.03	0.5
30-Year Treasury Bond Yield	1993	6.87	7.05	6.65	0.1	6.78	7.10	6.30	0.2
	1994	6.93	7.40	6.52	0.3	7.05	7.55	6.50	0.3
Yen/US\$	1993	117.5	123.0	112.7	3.0	116.8	125.0	105.0	5.9
	1994	118.8	127.5	105.0	7.2	119.1	130.0	105.0	8.4
DM/US\$	1993	1.63	1.73	1.46	0.1	1.65	1.80	1.35	0.1
	1994	1.68	1.90	1.34	0.1	1.68	1.90	1.35	0.1

**Results of the Technical Consultants
April 1993 Survey
Comparison of Survey Results
Percent change, 1993 over 1992**

	Forecast as of:		
	<u>Apr-92</u>	<u>Sep-92</u>	<u>Apr-93</u>
Real GNP/GDP	3.1	2.7	3.1
Personal Consumption Exp.	2.8	2.2	3.0
Consumer Durable Goods	6.1	4.4	6.7
Consumer Nondurable Goods	1.7	1.7	2.2
Consumer Services	2.4	2.1	2.6
Nonresidential Fixed Invest.	6.8	5.3	8.1
Nonresidential Structures	2.4	-0.3	-1.6
Producers' Durable Equip.	8.4	7.6	12.0
Residential Fixed Invest.	8.0	9.0	12.0
Exports, Goods & Services	4.6	5.0	4.1
Imports, Goods & Services	5.8	4.7	7.6
Government Purchases	-0.6	-0.1	-0.4
Final Sales	2.6	2.4	2.8
Final Sales to Domest. Purch.	2.8	2.4	3.2
Nominal GDP	6.0	5.6	5.8
GDP Fixed Weight Index	2.4	2.8	2.8
Consumer Price Index	3.5	3.2	3.1
Corporate Profits (IVA/CCA)	15.2	14.3	16.4
Industrial Production	4.3	3.7	4.1
Housing Starts (mil units) *	1.304	1.343	1.329
Total Vehicle Sales (mil units) *	14.4	14.3	13.9
Auto Sales	9.7	9.3	8.7
Truck Sales	4.7	4.9	5.3
Unemployment Rate (%) *	6.6	7.2	6.9
Federal Funds Rate (%) *	5.01	3.49	3.05
3-Month Treasury Bill Rate (%) *	4.78	3.45	3.02
30-Year Treasury Bond Yield (%) *	8.09	7.36	6.87
Yen/US\$ *	133.92	127.65	117.53
DM/US\$ *	1.729	1.564	1.63

* 1993 average level

Results of the Technical Consultants
April 1993 Survey
Comparison of Survey Results
Percent change, 4th qtr 1993 over 4th qtr 1992

	Forecast as of:		
	<u>Apr-92</u>	<u>Sep-92</u>	<u>Apr-93</u>
Real GNP/GDP	3.0	3.0	2.9
Personal Consumption Exp.	2.8	2.6	2.7
Consumer Durable Goods	5.5	5.9	5.2
Consumer Nondurable Goods	1.7	1.9	1.5
Consumer Services	2.6	2.3	2.7
Nonresidential Fixed Invest.	7.8	6.0	8.4
Nonresidential Structures	4.2	1.9	1.6
Producers' Durable Equip.	9.2	7.6	11.0
Residential Fixed Invest.	6.9	9.4	11.0
Exports, Goods & Services	5.1	6.6	3.1
Imports, Goods & Services	5.7	5.1	6.5
Government Purchases	-0.4	-0.3	-0.2
Final Sales	2.8	2.8	2.6
Final Sales to Domest. Purch.	2.9	2.7	3.0
Nominal GDP	6.0	6.1	5.6
GDP Fixed Weight Index	2.5	3.0	2.7
Consumer Price Index	3.6	3.3	3.1
Corporate Profits (IVA/CCA)	10.8	13.3	10.0
Industrial Production	4.1	4.2	4.2
Housing Starts (mil units) *	1.303	1.382	1.407
Total Vehicle Sales (mil units) *	14.6	14.7	14.3
Auto Sales	9.8	9.6	9.0
Truck Sales	4.7	5.0	5.4
Unemployment Rate (%) *	6.4	7.0	6.8
Federal Funds Rate (%) *	5.46	3.85	3.13
3-Month Treasury Bill Rate (%) *	5.21	3.80	3.12
30-Year Treasury Bond Yield (%) *	8.23	7.40	6.78
Yen/US\$ *	133.23	128.19	116.84
DM/US\$ *	1.735	1.601	1.652

* 4th qtr,1993 average level

NAM

*Heath
Bender*

National Association of Manufacturers
Suite 1500 - North
1331 Pennsylvania Avenue, NW
Washington, DC 20004-1703

FAX Number: (202) 637-3182

TO: Alexis Herman

COMPANY: White House

FROM: Jerry Jasinowski

DATE: 5/12/93

NUMBER OF PAGES SENT (including cover): 2

IF ALL PAGES NOT RECEIVED, PLEASE CALL: Pamela at 202/637-3113

COMMENTS:

The earlier release I faxed is a draft we will be sending once Administration makes its release. It has not been sent yet. What we meant to send is attached.



NATIONAL ASSOCIATION OF MANUFACTURERS

NEWS

93-86

NEWS CONTACTS:

FOR IMMEDIATE RELEASE

ANDY SMART (202) 637-3090

SHARON CANNER (202) 637-3124

NAM PRESIDENT PRAISES ADMINISTRATION HEALTH CARE LEADER'S REMARKS

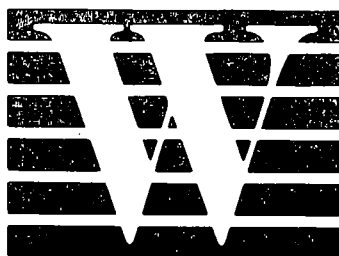
WASHINGTON, D.C., May 12, 1993 -- "We were genuinely impressed with Ira Magaziner's articulation of the health care problem," said Jerry Jasinowski, president at the National Association of Manufacturers following the White House policy adviser's address to a manufacturing audience of more than 300 in Washington today.

"The manufacturing community is supportive of the general thrust of the administration's thinking," Jasinowski said. "We will judge it as a whole when we have complete details of the plan.

"Health care is one of the fastest-rising costs for U.S. manufacturers. Health care is a serious jobs issue and cost-shifting, health quality improvement, medical liability costs and universal coverage are among the priority issues affecting the bottom line for tens of thousands of U.S. manufacturers," he said.

"To successfully reform health care will require parties on all sides to be open to meaningful dialogue on this important issue," Jasinowski said. "We look forward to working closely with Ira Magaziner and Mrs. Clinton as we all seek workable, cost-effective solutions to the health care challenge."

- NAM -



WOMEN'S BUSINESS
DEVELOPMENT CENTER

TO: Hillary Rodham Clinton.
Health Security Act, The White House

NOV 22 1993

Alexis Herrman, Director, Office of Public Liaison The
The White House OEOB Rm 122, Washington DC

Erskine Bowles, Administrator, U.S. SBA
Katie Broeren, Chief of Staff, U.S. SBA

Mary Ann Campbell, Chairperson
National Women's Business Council

Donna Shalala, Secretary
U. S. Department of Health & Human Services

Jan Piercy, Deputy Director
Office of the Presidential Personnel

Sara Kovner, Assist. to the Secretary
U.S. Department of Health & Human Services

Heather Booth, Democratic National Com.

FROM: Hedy M. Ratner, - Co-Director
Women's Business Development Center

RE: Health Security Act - Advocacy

Enclosed is the copy for an oped piece I wrote that will appear
within the next two weeks in the Chicago business publication,
Crain's Chicago Business. I will send you a copy once it is
published.

As a 25-year advocate for women--I founded the Illinois Women's
Political Caucus; women in business--I am Director of the Women's
Business Development Center, the largest women's business
assistance program in the U. S.; and women's health--I am Co-chair
of the Mayor's Task Force on Women's Health for Chicago Mayor
Richard M. Daley--I am in support of President Clinton's Health
Security Act.

I am also hopeful that women's health issues addressed by the
Campaign for Women's Health on the enclosed documents will be
addressed.

Congratulations on NAFTA, I am available to help on the Health
Security Act.

CAROL DOUGAL, DIRECTOR • HEDY RATNER, DIRECTOR
8 SOUTH MICHIGAN, SUITE 400 • CHICAGO, ILLINOIS 60603 • (312) 853-3477 • FAX (312) 853-0145

HEALTH CARE REFORM: A WOMAN'S PRIORITY

By Hedy M. Ratner, Co Director

Women's Business Development Center and
Co-Chair, with Sister Sheila Lyne, Mayor's
Task Force on Women's Health

for

Crain's Chicago Business/Opinion/Editorial

If the critics of the Clinton health care plan have their way and scuttle reform, women, once again, will come up losers.

The bashing of the Health Security Act threatens the interests of every woman, whether she is a boss or worker, employed or unemployed, married or single, old or young.

As a 25-year feminist, a spokeswoman for women's health and an advocate for women and minority-owned small business, I'm raising my voice to stop the bashing and to rally support for the Health Security Act.

Presently, women suffer as a result of the many inequities in our health care system. For example:

-While the number of American women with life-threatening illnesses increase, funding for research and clinical trials for breast and ovarian cancers and heart disease and other diseases which predominantly affect women is still grossly inadequate.

-more-

page two

-Although women are greater health care consumers than men, women are less likely to have health insurance because women are more frequently part-time workers, independent contractors and work in small businesses which often can't afford to provide coverage to their employees.

-Women have longer life-expectancy and require more long-term and home health services. However, these services are often not available at all or not at an affordable cost to older women, many of whom live on fixed incomes.

-Many women must rely on their spouses for health insurance. If they divorce or become widowed, they often lose coverage.

Point by point, women will benefit from the Health Security Act. Here's why:

-Under the Clinton plan, there will be greater research on diseases that imperil women.

-All women will be guaranteed coverage, regardless of their health condition, marital status, employment situation, or economic level.

-All women will be entitled to life-saving preventive care, including regular mammograms for women with a close family history of breast cancer, and bi-annual mammograms for women over 50.

-more-

page three

-Coverage for health services that support reproductive choice and help prevent unwanted pregnancies is included in the Act.

It's painful to see some of my small business peers express opposition to the President's plan.

Perhaps these critics don't hear from the same women business owners I do, who look to the Health Security Act to rein in out-of-control health costs that are menacing their operations.

In fact, some economists have determined that if health care costs aren't controlled, by the year 2000 the cost of health care benefits will absorb almost 60% of businesses' before-tax profits.

As I've said before on these editorial pages, women do business differently than men; our management style is more participatory, democratic and humane. Women business owners are genuinely concerned about providing benefits, particularly health care coverage for employees and their families. But the rising costs of such benefits are overwhelming. Without reform to cap the employer share of the payments, many women business owners worry about staying afloat.

Small businesses are vulnerable, especially those owned by women and minorities.

-more-

page four

If small business owners provide health care for themselves and their employees, they are assured of spiraling costs.

If small business owners do not provide health care, they risk higher absenteeism and lower productivity, and they force uninsured employees to rely on the already overburdened public health care system.

Under President Clinton's plan, employers will have to provide employee coverage. But those with fewer than 75 employees and an average employee wage of under \$24,000 will be helped by the Presidents' Plan because they will be eligible for premium discounts ranging from 30 to 50 percent therefore lowering the cost of doing business.

Because of the purchasing pools proposed by the Health Security Act, many women business owners who can now only afford to offer minimum coverage will be able to provide a comprehensive package of benefits, thus competing with the big guys for the best workers.

All of the women who are operating home-based businesses or who are self-employed will benefit from the proposed health care reform plan: they will be able to deduct 100 percent of the cost of health care from their taxes, instead of the current 25 percent.

-more-

page five

An insured work force among our women and minority owned small businesses helps to assure more employee loyalty, less absenteeism, decreased turnover, a healthier work force and a more competitive economy.

Stop the bashing. We must guarantee that everyone, particularly women who need it the most, has access to quality health care in their lifetimes and for generations to come.

The Health Security Act must prevail.

-end-

CAMPAIGN FOR WOMEN'S HEALTH

A PROPOSAL TO THE CLINTON ADMINISTRATION:

WOMEN'S HEALTH IN HEALTH CARE REFORM

EXECUTIVE SUMMARY

Women's requirements for health and well-being have largely been ignored by the current health care system. Medical research, health care delivery and payment systems have failed to address women's changing needs. In addition to biological differences, social and economic factors conspire to impede women's access to quality health care. Therefore, the Campaign for Women's Health makes the following recommendations:

1. Develop a health care system which provides universal access as well as a comprehensive benefits package which meets women's health needs and is affordable.
2. Include in this health plan preventive health services, a full range of reproductive health services, and long-term care. Offer services from a wide range of providers, in a wide range of settings and provide accessible community-based care.
3. Include in the national research agenda increased attention to the health needs of women, accelerate appointments of women to senior research positions, and create opportunities for young women in scientific research.
4. Solicit input from the women's health community for appointments to key health positions in the executive branch.
5. Ensure that representatives of the women's health community, including those of different races, ages, income levels, and sexual orientations are included in decision-making boards, commissions, and other advisory and regulatory bodies.

CAMPAIGN FOR WOMEN'S HEALTH

A PROPOSAL TO THE CLINTON ADMINISTRATION:

WOMEN'S HEALTH IN HEALTH CARE REFORM

The Campaign for Women's Health is a broad-based coalition of more than 70 national, state, and grassroots organizations convened to assure that women's voices are heard in the current debate on health care reform. Our member organizations include women's groups, labor unions, health care organizations and others concerned about women and their health. The Campaign for Women's Health represents more than 8 million individuals nationwide.

I. Introduction: Health Is A Woman's Issue... and Everyone's Issue

For too long the health of women has been ignored or set apart from our nation's concerns about its citizens' health. Women are the majority of Americans, comprising almost 52% of the U.S. population. And yet, the health of more than half our citizens has been treated as marginal, of little concern to policymakers and providers alike. Until two years ago the world's premier research facility, the National Institutes of Health, paid scant attention to women. Only after the General Accounting Office reported that merely 13% of the NIH budget is allocated to women's health research did the NIH begin its major initiatives for women.

The NIH is but one example among many of the country's failure to address women and their health. Heart disease is the leading killer of both men and women and, until the Women's Health Initiative, every major study of this disease had been conducted on men only. Other smaller studies have evaluated the treatment women receive for heart disease and concluded that women's symptoms are often either ignored or treated too late. Women are the caretakers of family health. Yet, few services exist to help women take care of sick older relatives at home or get children to health clinics in their communities.

Currently, 12 million women have no health insurance of any kind. Millions more have inadequate coverage, tenuously based on either their marital status or their employment. Almost 60% of men have health coverage through their jobs, whereas just 37% of women have employment-based health insurance. Many women work part time, in small businesses, and in sales or clerical jobs where health benefits are most often

A Project of O.W.L.

666 Eleventh Street, NW, Suite 700, Washington, DC 20001 (202) 783-6686 FAX (202) 638-2356

unavailable.

As we move to considerations of how to reform the health care system, women and their health must be foremost in the minds of policymakers. By addressing women's needs in a reformed system we will begin to meet not only the needs of women, but the needs of all our citizens.

II. Diseases and Conditions Affecting Women and Their Health

Women's health is, like the health of men, the importance of maintaining good health, preventing disease and disability, treating illness, and creating the circumstances for the optimal well-being of every individual. Women's health also includes diseases and conditions which affect women differently than men and which are unique, more prevalent or more serious in women. A number of often-severe chronic and acute diseases disproportionately affect women, such as lupus erythematosus, chronic fatigue syndrome, arthritis, and depression among others. The following are a few examples from the breadth of women's health diseases and conditions:

Breast cancer strikes one out of eight women in her lifetime and in 1993 more than 180,000 women will be diagnosed with the disease. In 1992 nearly 50,000 women will have died of breast cancer. Yet, little is known about the causes of breast cancer. Mammograms are important health services for women and yet, only 30% of older women get the annual mammograms the National Cancer Institute recommends. As important as they are in saving women's lives, mammograms do not prevent or treat, but only find existing breast cancer in women.

Osteoporosis is a disabling disorder which affects some 24 million Americans, both men and women. However, four out of five individuals with osteoporosis are women. The lifetime risk of a hip fracture is fifteen percent in women, while it is five percent in men. Following hip fracture fifty percent of individuals will require assistance with daily living, while fifteen to twenty-five percent will require long-term institutional care. The costs of osteoporosis are staggering, some \$10 billion per year. Yet, the federal government spends only \$20 million per year on research.

Women are the fastest growing segment of the population with **HIV disease** despite public perception that it is a man's disease. The Centers for Disease Control report that AIDS is now one of the five leading causes of death in all women ages fifteen to forty-four. AIDS disproportionately affects women of color throughout the country. Last year there was a thirty-seven percent increase in the number of AIDS cases among women. Yet, women are often misdiagnosed early on and clinical trials include few women. Men with AIDS have access to more benefits, including Social Security Disability benefits which were designed for men and not women. The June 1992 issue of the Journal of Infectious Disease reported that women die more rapidly from AIDS than men because they are not tested, monitored and treated adequately.

Domestic violence is a serious health threat to women. Approximately one in four women is attacked by a partner sometime in her life. Battering is the single largest cause of injury to women, accounting for more emergency room visits than auto accidents, muggings and rape combined. One in three women admitted to an emergency room has been seriously abused as have almost a quarter of all pregnant women seeking prenatal care. Women who have undergone violence are more prone to suicide and alcoholism, and battered women are four to five times more likely to require psychiatric treatment.

The range of conditions and diseases affecting women and their health go well beyond the above examples, from Alzheimers to urinary incontinence. By and large the majority of this alphabet of illness affects men as well as women, although as the above examples illustrate, women have special needs, as do men.

III. The Principles of the Campaign for Women's Health

The Campaign for Women's Health has developed a set of principles to meet the health needs of women. The principles are a comprehensive approach to address the three major areas in which reform is needed: treatment, access and research.

Treatment Needs

- *Women require a full range of health care services to meet their unique health needs, including comprehensive preventive, screening, diagnostic, and treatment services.*
- *Pre-existing conditions must not be excluded from coverage.*
- *Preventive care services must include but not be limited to regular, appropriately-timed check-ups, screening for cervical cancer (Pap tests), breast cancer (clinical breast examinations and mammography) and reproductive health services.*
- *A full range of reproductive health services must cover maternity care, prenatal and postnatal care, family planning, abortion, and infertility.*
- *Services must be available in the home, in physicians' offices or other outpatient settings, or in hospital, skilled nursing, long-term care or hospice facilities.*
- *Services should be appropriate to women and their health. Each woman should be treated according to her individual needs. Sex role stereotyping and assumptions about sexual orientation in the delivery of health care services must be eliminated by means of public and, most important, provider education.*

Access to Health Care

- *Ability to pay, employment status, marital status, public assistance (welfare) and health status should not be barriers to eligibility for health services.*
- *The cost of health care services must be affordable. Cost sharing in the form of co-payments and deductibles should not constitute barriers to care. Medically necessary preventive services should not be subject to cost-sharing.*
- *Eligibility for or enrollment in public programs or public assistance must not preclude eligibility for health services or force a lesser standard of coverage, services or care.*
- *Women must have access to full health care information as well as information about treatment options and alternatives to treatment in order to promote optimal well-being and make informed choices regarding their health.*
- *Individuals enrolled in a health plan should have the option of extending health insurance coverage to another family member or partner to parallel the coverage available for married partners.*
- *Each individual should be covered from the moment of birth regardless of the form the health care system takes. This can be accomplished either through a system that covers everyone in their own right or one that covers dependents fully. Dependents are to include all those individuals relying on an individual for financial, caregiving, or other forms of tangible and intangible support.*
- *Services should be available through physicians, nurse practitioners, physician assistants, and other appropriate health providers such as certified nurse midwives, nurse midwives, health educators, licensed clinical social workers, clinical nurse specialists, and others.*
- *Women should have the option of receiving care from women providers. Equitable representation of women as physicians and health care providers at all levels of care should be achieved through expanded training programs.*
- *Primary care services should be community-based. Community health centers and other forms of community-based care should be encouraged and expanded to meet the needs of both rural and urban women.*
- *Primary care providers should be required to provide comprehensive case management to assure preventive health services, to make referrals to other providers, and to provide for coordinated care for each individual based on each woman's unique health needs.*
- *Where necessary, assistance to assure access to needed care should be available*

including transportation, child and elder care, caregiving arrangements and financial assistance to pay out-of-pocket costs of needed care.

- *Informal caregiving should be compensated and caregivers protected from workplace job loss and employment discrimination because of caregiving responsibilities.*

Research Needs

- *Research should be conducted to redress the lack of data on the health of women. New methodologies should be developed to account for women's reproductive capacities and other gender differences as variables in the conduct of research.*

- *Women must be included in clinical trials in the same proportions as men and data analyzed for gender differences. Research and analysis must address sub-populations of women, including but not limited to women of color, older women, minority women, differently-abled women and women with specific health and medical conditions.*

- *The research agenda should be expanded beyond traditional definitions of women's health to include issues related to the economic, social, and psychological consequences of women's roles. These issues include but are not limited to: women as caregivers, domestic violence, violence against women, sexually transmitted diseases, workplace harassment and stress, occupational and workplace safety, homelessness, housing, and lack of education, employment and job training.*

- *To increase the attention and sensitivity to women's health needs within the scientific community a critical mass of senior women scientists must be developed. Accelerated appointment of senior women scientists in the federal government and research universities as well as the expansion of opportunities for young women in science must be encouraged.*

Any reform plan for the health care system must include the above principles if the plan is to adequately meet the health needs of American women. By extension, a reform plan which incorporates the principles of the Campaign for Women's Health will also dramatically improve how the health care system meets the health needs of all our citizens.

IV. Cornerstones of Health Care Reform for Women

A. A Comprehensive Benefits Package for Women

Universal access to health benefits must be a fundamental right, not a privilege. But, access to a benefits package which includes only limited health services will fail to assure the

health of all women. A basic benefits package, rather than a comprehensive benefits package, will perpetuate the inequities of the current system: those who can afford it will pay additional dollars for the health care they need and those less fortunate will go without. The additional irony of a less-than-comprehensive benefits package is that those who can least afford health care are those who frequently need it most.

Many recent health reform proposals have included hospital and physician care but, have failed to include other essential services, including long-term care and even preventive health services. All the proposals strictly limited coverage to "medically necessary" services.

Most of our older citizens have little protection against the high costs of long-term care. And women are most vulnerable because they live longer and can least afford long-term care. Of the almost two million nursing home residents, 1.5 million are women. Private long-term care insurance currently pays for just two percent of annual nursing home costs. Less than one percent of home care costs are paid by private insurance. More than half of nursing home costs and twenty percent of home care costs are paid out-of-pocket, by those who can afford it.

Although some proposals have included mammograms and Pap smears, preventive health for women goes well beyond these two tests. A range of preventive health services, including blood pressure checks, colorectal screenings, glaucoma tests and diabetes work-ups are but a few examples of the services women, and men, need to stay well and keep health costs down.

Limiting benefits to "medically necessary" services may seriously compromise the health of women in our country. Such a definition is both restrictive and unclear. What does "medically necessary" mean and who decides? With such a definition in place women may not have access to a range of important health services. Most important among these are reproductive health services. Women are concerned that abortion, family planning, contraceptive, and infertility services could be excluded in a benefits package limited to "medically necessary" services.

A comprehensive benefits package for women will include the following:

Services

preventive health care
regular check ups
reproductive health care
long-term care
prescription drugs
mental health services
dental care
vision services

Settings

hospitals
physicians offices
other outpatient settings
community health centers
clinics
specialized centers
skilled nursing centers
long-term care facilities
hospices

Providers

physicians
nurse practitioners
certified nurse midwives
nurse midwives
clinical nurse specialists
licensed clinical social workers
chiropractors
optometrists
podiatrists
psychologists
physical therapists
allied health practitioners

B. Reproductive Health Is An Important Part of Women's Health

Women's reproductive health has, for too long, either been ignored, denied, or presumed to be all there is to women's health. Any reform of the current health system must also include a renewed understanding of women's reproductive health: that it is an important part of the overall health of women. This renewed perspective will enable reform of our health system to include services for women's reproductive health in ways that will benefit women's full health and well-being.

Prenatal, maternity, and postnatal care. Attention to these interrelated health services is usually based on concern for the developing fetus and newborn. Yet, a woman's health is as important as the health of the child she carries. While maternal mortality has sharply declined, maternal morbidity from risks of pregnancy remains a serious threat to the health of women. Insurance coverage for normal delivery has steeply declined, many exclusions for obstetrical complications are used as cost-saving measures, and even some aspects of normal maternity care are being excluded. A full range of prenatal, maternal, and postnatal services for all women must be included in a reform proposal.

Teen pregnancy. The United States leads all western countries in teen pregnancies. One million teenage pregnancies occur each year, with 30,000 occurring in girls under age fifteen. Underage pregnancies take a heavy toll on the health of young women and girls. Pregnant teenagers have higher rates of maternal and obstetrical complications as well as repeat pregnancies. Any reform of the health system must provide contraceptive, health, and social education to limit the number of teen pregnancies and provide services specific to this age group.

Abortion. The chilling effect of the politics of abortion has seriously eroded women's access to this vital health service. The number of clinics, hospitals, and physicians able to perform abortion has declined to the extent that twenty percent of American women cannot get the abortions they want. Eighty-three percent of all U.S. counties no longer have a clinic or hospital providing abortion. The number of abortion providers has declined more than ten percent in the last five years. Fewer young doctors are receiving training in abortion procedures. In 1991 only thirteen percent of obstetrics-gynecology residencies provided abortion training for first-trimester abortions and only seven percent for second-trimester abortions. Proposals for reform must assure women access to safe abortions by trained health providers in community settings, with counseling, follow-up care, transportation, and child care as needed.

Infertility. Infertility affects 4.9 million American women. Insurance coverage for infertility is spotty at best. Infertility may be the first sign of underlying diseases, such as pelvic inflammatory disease and endometriosis. Infertility is also a major risk factor for depression. The emotional toll of the inability to conceive often takes a heavy toll on the overall health of women.

Family planning and contraception. Family planning and contraceptive services are an essential part of women's health for women to prevent unwanted and unintended pregnancies. Again, the effects of abortion politics have forced a steady erosion of these services and women's access to health education and counseling regarding reproduction. In 1992 cutbacks for family planning and contraceptive services forced funding to 1981 levels. Additionally, women have fewer effective contraceptive choices now than in previous years. Only one major private American company is doing contraceptive research, as compared with thirteen in 1970. The NIH spent only \$10 million on applied research in contraceptive development in 1992. The ban on RU 486 is an example of the restrictions placed on women's access to safe and effective contraception. Optimal health and well-being for women cannot be achieved without reforms which assure that all women will have access to a range of family planning and contraceptive services as needed.

Other Reproductive Health Services. Reproductive tract cancers, sexually transmitted diseases, the dearth of information and services regarding the menstrual cycle and menopause, and the excess of hysterectomies performed are just some of the other reproductive health issues which must be addressed when including women's health in any reform deliberations.

C. Long-Term Care As A Part of Health Care Reform for Women

Long-term care is often the stepchild of health care reform. Most of the proposals submitted to date have failed to include these important health services for women. Yet, access to appropriate, comprehensive, and affordable long-term care services is as important as any other segment of health care made available to our citizens.

The following principles should help guide the development of long-term care services in a reformed health system:

- *Access to appropriate and affordable long-term care services for all who need them*
- *Provision of a continuum of services, including home care services, supportive social services, community and institutional services*
- *Recognition of the role of all long-term care workers, including adequate training, wages, working conditions, and benefits for paid caregivers and assistance, respite, support services and financial support where appropriate for unpaid caregivers*
- *Comprehensive research in long-term care and chronic impairments to improve the quality of long-term care now and in the future*

V. Health Appointments In The Clinton Administration

The Campaign for Women's Health takes a strong interest in those individuals chosen to fill the most important health positions in the federal government. These individuals play vital roles as policymakers in the process of health reform and in the implementation of the reforms that are made. Their selection is of great import to women and the future of their health. To that end the Campaign for Women's Health is available to offer recommendations for the following positions:

- Secretary of Health and Human Services
- Director of the National Institutes of Health
- Administrator of the Health Care Financing Administration
- Director of the Centers for Disease Control and Prevention
- Commissioner of the Food and Drug Administration
- Surgeon General

VI. The Women's Health Community

The women's health community is extensive, diverse, and located throughout the country. Members of this community include women's health organizations, health care professionals, practitioners, and providers, activists and advocates, policymakers, consumers, and academics. All the members of the community have a commitment to improving the health care system as it serves women. To that end, the Campaign for Women's Health recommends the following:

- *Recommendations for key health appointments in the executive branch be sought from the women's health community*
- *Representatives of the women's health community, including women of different races, ages, income levels and sexual orientations be included on decision-making boards, commissions, and other advisory and regulatory bodies establishing policies and procedures which affect women's health*

The Campaign for Women's Health welcomes the opportunity to work with the Clinton Administration and offers its expertise on women and their health to the deliberations on health care reform.

CAMPAIGN FOR WOMEN'S HEALTH

SETTING PRIORITIES FOR WOMEN'S HEALTH RESEARCH

In October 1991 the Campaign for Women's Health met with Dr. Bernadine Healy, director of the National Institutes of Health, regarding the lack of research on health issues of concern to women. Dr. Healy stated that the federal biomedical agenda has never adequately addressed women's health research. While Dr. Healy has turned much-needed attention to women's health research, a great deal remains to be done. Few research studies are conducted on diseases and conditions that affect women, few women are included in clinical trials, and the country has insufficient numbers of women as senior scientists in the research establishment. To redress these inadequacies, the Campaign for Women's Health makes the following recommendations:

1. Give statutory authority to the NIH Office of Research on Women's Health and increase its scope of authority to initiate and fund research on women's health. Require an advisory board to the ORWH, to include at least one-third consumer representation from the women's health community.
2. Continue the commitment and funding for the Women's Health Initiative, the Women's Aging Study, and other recently developed projects now underway. Develop a long-range strategy for women's health research studies to fill existing omissions of data on women's health, particularly data on chronic diseases and prevention. Review the PHS Plan of Action for Women's Health for its adequacy in meeting these long-range strategy goals.
3. Include women in clinical trials in the same proportion as men and analyze the data for gender differences. Assure the inclusion of women of color, older women, minority women, lesbian women, differently-abled women and women with specific health and medical conditions.
4. Develop new research methodologies to account for women's reproductive capacities. Expand the definition of women's health to include the health consequences of the economic, social and psychological roles of women, including but not limited to the health effects of violence against women, poverty, homelessness, women as caregivers, workplace harassment, stress, occupational and workplace safety, and lack of education, employment and job training.
5. Appoint a director of NIH openly sensitive to and supportive of women's health research. Accelerate the appointment of women senior research scientists in the federal research establishment. Develop programs to expand the opportunities for young women to enter scientific professions.

A Project of O.W.L.

666 Eleventh Street, NW, Suite 700, Washington, DC 20001 (202) 783-6686 FAX (202) 638-2356

CAMPAIGN FOR WOMEN'S HEALTH

A MODEL BENEFITS PACKAGE FOR WOMEN

SUMMARY

The Campaign for Women's Health believes that health care reform must address the health needs of women. As 52% of the population, women are the major consumers of health services. Women are also the majority of health caregivers and the traditional caretakers of family health. Women's health is everyone's health.

A comprehensive benefits package is fundamental to women's interests in health care reform. All services which are necessary or appropriate for the maintenance and promotion of women's health should be included in a benefits package.

Health care is far more than the treatment of illness, disease, accident or disability by physicians in hospitals. In addition to hospital care and physicians services, women require a range of primary and preventive services from physicians and non-physician providers in a variety of settings. The following represent a comprehensive set of services, settings and providers - beyond treatment of illness or disease - for inclusion in a benefits package which will address women's health needs:

Primary and Preventive Care:

periodic history and physical
exam
blood pressure check
urinalysis
total blood cholesterol
osteoporosis screen
mental health screen
domestic violence screen
dental check
vision check
speech and hearing checks

prescription drugs and devices
laboratory tests and immunizations as needed
HIV counseling and anonymous
testing
evaluations for nutrition, exercise, mental health,
tobacco use, drug and substance use,
harassment/violence prevention,
sexuality education and counseling

Primary and Preventive Reproductive Health Care:

periodic gynecological history and exam,
including pelvic exam, Pap smear, clinical
breast exam
mammogram
contraceptive drugs and devices
maternity care
prenatal
labor and delivery
complications of pregnancy and childbirth
postnatal

counseling and services for:
family planning
abortion
sterilization
infertility
sexually transmitted diseases
gynecological infections
menstrual disorders
pregnancy
menopause

A Project of O.W.L.

666 Eleventh Street, NW, Suite 700, Washington, DC 20001 (202) 783-6686 FAX (202) 638-2356

Long Term Care:

chronic illness and disability care
speech, physical and occupational
therapy
mental health care
nutritional services
home care services, equipment and
supplies
social support services

community support services
prescription drugs and devices
counseling for diet, exercise,
injury prevention, tobacco use,
drug substance use, dental,
violence, vision, speech and
hearing care

Settings:

hospitals
physicians' offices
allied health practitioners' offices
community and rural health centers
specialized centers
public health clinics
school-based or -linked clinics

family planning clinics
birthing centers
skilled nursing centers
long-term care facilities
hospices
home care
respite care

Health Care Providers:

physicians
physician assistants
nurse practitioners
clinical nurse specialists
certified nurse midwives
lay midwives
licensed clinical social workers
licensed allied health practitioners

optometrists
podiatrists
psychologists
physical, occupational, and language
therapists
home care workers and home health
aides



A MODEL BENEFITS PACKAGE FOR WOMEN IN HEALTH CARE REFORM

Introduction

Health care reform offers an opportunity to redefine the dimensions of health and health care. While the public has understood for some time that health care is not the provision of medical services, the system has not. Currently our health system is quick to pay expensive bills for CAT scans, while it ignores the essentials of primary care, the cost-effectiveness of preventive care and the importance of long term care.

Creating an appropriate standard under which a core benefits package is established is key to the success of the entire system. Carefully reviewing current and proposed qualifying language, the Campaign established the following standard: All services which are necessary or appropriate for the maintenance and promotion of women's health should be included in a benefits package.

We do not recommend the application of a medically necessary standard because we believe it is inconsistent with the promotion of good health. Although the term medically necessary is not yet defined in pending legislation, many earlier proposals applied the medically necessary standard embodied in Medicare. As defined by law, Medicare covers services necessary for the diagnosis and treatment of illness or injury, or to improve the functioning of a malformed body part.

Defining a benefits package solely on the basis of medically necessary services could contradict the goal of comprehensive health care reform and in some instances be contradictory to provision of preventive services, a full range of reproductive services including abortion, and long term care.

Primary and Preventive Care

The shift towards a cost-conscious health care system which prevents illness, disease and disability invites a strong emphasis on primary and preventive care for women. The majority of primary and preventive care services are low-cost, low-tech services which can be provided by a range of health practitioners in one-stop, out-patient settings. Most primary care services do not require a physician, other than for consultation and referral. The provision of the primary and preventive care services for women listed in this summary would address the majority of common health problems seen daily by primary care providers. Equally important, these same services also screen for cardiovascular and infectious diseases, cancers, injuries and the other major causes of death and disability in women.

Periodic History and Physical Exam, Including Blood Pressure Check, Urinalysis and Cholesterol Screen. Personal health history and family history are reviewed to predict which patients are at risk for disease. Screens for common diseases such as diabetes and hypertension prolong life and are cost-effective. A full physical exam also includes an eye exam, thyroid evaluation and urinalysis. Blood pressure and weight checks as well as cholesterol screening

evaluate the patient for cardiovascular disease, the leading cause of death for American women. Evaluations for nutrition, tobacco use, exercise, drug and substance use and violence, as well as mental health status, are completed. *Regular, periodic primary care visits provide the most important assessment of health status.*

Osteoporosis. Osteoporosis is a major cause of death and disability in women. It is a preventable, progressive disease which afflicts 50% of women over the age of 45 and 90% of women over 75. This bone-thinning disease results in 1.3 million fractures each year and over 50,000 deaths, costing an estimated \$7-10 billion annually. Yet, *the disease is largely preventable by alerting younger women to the importance of dietary changes, weight-bearing exercise and calcium.* In women over age 35 bone loss may be arrested with a combination of diet, exercise, calcium supplements and, in high risk women, with estrogen replacement therapy and other treatments.

Mental Health Screen. Women suffer twice the rate of clinical depression as men. However, three-quarters of American women who experience clinical symptoms of depression never receive treatment. Some forms of anxiety disorder are also more common in women. An overwhelming percentage (90%) of eating disorders occur in women. And, in general, women's experience of mental illness differs from that of men, requiring appropriate screening and treatment. Over 20% of primary health care visits are mental health related. The American Psychological Association states that parity of mental health benefits with medical/surgical benefits is cost effective. *Routine mental health screening for women would ensure improved detection of mental illness in its earliest stages.*

Domestic Violence. Every 15 seconds an American woman is beaten in her own home. Women are twice as likely to be injured by violence as to be diagnosed with cancer. Battering is the single major cause of emergency room visits by women. The health consequences of violence against women result not only in bruises, broken bones, infection and disease but, in long-term mental health problems as well. The costs can be high -- medical expenses are 2.5 times higher and physician visits twice as high for victimized women versus non-victimized women. *Emergency room protocols to identify victims have been initiated in some hospitals but, should be made available nationwide.* Police arrest programs have demonstrated that *early intervention may be effective in breaking the cycle of violence.* However, *routine domestic violence screening by health professionals -- recently endorsed by the AMA -- is still uncommon.*

Dental Check. Women are 20 times more likely than men to experience temporomandibular joint dysfunction (TMJ). Pregnant women show a significant increase in gingivitis and tooth decay. Post-menopausal women are 90% of individuals with Sjogren's syndrome, an oral cavity disorder. *Failure to treat preventable tooth decay results in more than \$16 billion in annual costs.* Dental screening would identify dental problems in women at early, preventable stages.

Vision Check. Diabetic retinopathy is a serious complication of diabetes, leading to blindness if left unchecked. African- American women have twice the risk for diabetes as white women. Other populations, including Native American, Cuban, Mexican-American and Puerto Rican women also have a high prevalence of diabetes. Women are a larger segment of the elderly, a population also at risk for vision problems. The National Eye Institute reports that *over half the cases of blindness due to diabetic retinopathy could have been prevented if detected early.*

Speech and Hearing Checks. Hearing loss is the most common health problem for older women where hearing loss is associated with aging rather than physiologic dysfunction. Older women often inaccurately view hearing loss as an uncorrectable consequence of aging. *Good preventive care includes a periodic assessment for speech-language and hearing function.*

Limitations in independent living and functional status due to hearing loss can be reduced if detected early.

Prescription Drugs and Devices. Prescription drugs and devices are an essential component of some forms of diagnosis, prevention and treatment for women. They must be included as a covered benefit for women so that primary and preventive care can be effective in slowing or halting the progression to more serious conditions women may face. *Appropriately prescribed drugs and devices can improve health status and lower overall health cost.*

Laboratory Tests and Immunizations. Specific laboratory tests and immunizations are important diagnostic tools and serve to prevent illness and disease. For example, a fasting glucose test for a woman with a prior history of gestational diabetes may alert her and her provider to the onset of diabetes. Certain immunizations are known to be efficacious, such as DTP (diphtheria-tetanus-pertussis) and hepatitis B vaccine. *Infectious diseases such as polio were once widespread -- there were more than 18,000 cases in 1954 -- and have now all but disappeared because of basic and low-cost immunizations within primary care.*

HIV Counseling and Anonymous Testing. Women are the fastest growing population with HIV. An estimated 80,000 women aged 15 to 44 are currently infected. HIV seropositivity is now nearly equal among men and women in several tested populations. By 1995, the Centers for Disease Control (CDC) estimates that 75,000 women will have AIDS, compared to 26,000 today. *Universal anonymous testing with pre- and post-test counseling will ensure that women will choose to be tested.* Anonymous testing should be made accessible to women, in public health clinics, family planning clinics and other settings where they seek primary care services. Studies by the CDC have shown that persons who are tested at anonymous test sites are more likely to seek additional care.

Primary and Preventive Reproductive Health Care

Reproductive health services are an inseparable part of primary and preventive services for women. The full complement of reproductive services are linked to one another and are an integral part of women's health and well being. Reproductive health services must be treated as a total package of services for women. Reproductive health is part of the continuum of services over the life course because women's reproductive health needs precede, include and follow the childbearing years.

Periodic Gynecological History and Exam, Including Pelvic Exam, Pap Smear and Clinical Breast Exam. The gynecological history and exam includes a survey of the woman's reproductive history, current sexual activity and contraceptive use. The pelvic exam includes a check for abnormalities of the uterus, ovaries, rectum and abdominal organs. Screening for and counseling about sexually transmitted diseases is included. The Pap smear detects cancer in early stages -- cancerous cells can be detected up to 10 years before invasive cervical cancer develops. *The survival rate of women with cervical cancer detected by Pap smear approaches 100%.* The clinical breast exam is performed to screen for breast cancer, the second most common cause of cancer in women. The exam is also an opportunity for the practitioner to teach breast self-exam (BSE) and to make a referral for mammography. *Regular, periodic gynecological history and exam is essential primary care for women.*

Mammogram. More than 180,000 women were diagnosed with breast cancer in 1992 and 46,000 women died from the disease. Reducing the mortality from breast cancer depends, in part,

upon early detection. *Mammograms are a proven screening tool for detecting breast cancer in women. Research indicates that universal access to screening mammography would reduce breast cancer mortality by 30 percent.* However, many sub-populations of women including older, African-American, Hispanic and poor women do not get screening mammograms. Physicians failing to recommend mammograms for their patients and the lack of both public and private insurance coverage contribute to the underutilization of mammograms.

Maternity Care. The full range of maternity care services, including prenatal, intrapartum and postnatal care, are known to produce better outcomes for both mother and child. Women who lack access to prenatal care are twice as likely to give birth to low-birth-weight or premature babies. *An Institute of Medicine study reported that for every dollar spent on prenatal care to low income women, savings of \$3.38 in medical care for their low-birth-weight infants could be achieved.* Forty percent of women experience no complications during the prenatal or intrapartum period. However, the remaining 60% experience complications, about half being major complications. Maternal mortality and morbidity including infection, hemorrhage, toxemia and surgical interventions are reduced with appropriate and timely maternity care.

Family Planning. Family planning services reduce the incidence of unplanned pregnancies -- half of all pregnancies each year -- by increasing access to contraceptive services. Family planning also improves pregnancy outcomes for both mother and child by increasing the spacing between births. The National Commission on Infant Mortality estimates that 10 percent of all infant deaths would be prevented if all pregnancies were planned. *Every public dollar spent to provide contraceptive services saves an average of \$4.40 that would otherwise be spent providing medical care, welfare and social services to pregnant women.*

Abortion. Maternal mortality in New York State fell by 26% after abortion was legalized in the state in 1970. *The availability of safe abortion services is associated with declines in maternal mortality, low-birth-weight infants and neonatal mortality.* According to the Alan Guttmacher Institute, the availability of legal abortion was the single most important factor in the decrease in neonatal mortality between 1964 and 1977.

Infertility. Infertility affects 2.3 million couples or 1 in 12 couples in the U.S. *The National Center for Health Statistics reported that 1.3 million women had one or more visits for infertility treatment in 1988.* Diagnosis of infertility in women includes determining when and if ovulation occurs, the post-coital test, endometrial biopsy and laparoscopy. *The majority of infertile couples require conventional treatments, with fewer than 2% of couples using assisted reproductive technologies.* Infertility exacts an emotional toll on women, compounding the health consequences of this condition. The American Psychological Association has reported that infertility is a major risk factor for depression in women.

Sexually Transmitted Diseases. The major sexually transmitted diseases (STDs) include gonorrhea, syphilis, genital herpes, chlamydia, human papillomavirus and AIDS. *Many of the sexually transmitted diseases have no clear symptoms to alert women to seek treatment -- screening is vital.* Untreated STDs can lead to pelvic inflammatory disease (PID), a serious condition which can result in ectopic pregnancy and infertility. The Centers for Disease Control (CDC) report that at least 7 forms of malignancy have been associated with STDs. Untreated STDs can cause fetal and infant morbidity and death. *One study in California estimated that \$6 million in treatment costs could be saved in one year if patients in family planning clinics with asymptomatic chlamydial infections were screened.* A CDC pilot chlamydia screening program led to a 51% decrease in the chlamydia rate among family planning clients between 1988 and 1991.

Menopause. A majority of American women spend up to one-third of their lives post-

menopausally. While menopause is a natural physiologic process, and not a medical condition, little is known about it. Some of the health difficulties associated with menopause include hot flashes, vaginal and urinary tract changes, thinning of bone and changes in mental health. *Health providers and educators can aid the majority of women to experience menopause without medical interventions.*

Long Term Care

Long term care integrates a continuum of home, community and institutional services. These services include medical services, health care, mental health services, personal care, nutrition services and social services. These services are delivered over a sustained period of time to persons who have lost or never acquired some degree of functional capacity.

Long term care is a woman's issue and a family issue. Long term care is an intergenerational issue:

- 62% of women over age 85 either reside in nursing homes or need assistance to live at home
- 40% of all Americans who need long term care services are under age 65
- a majority of Americans have experienced a long term care crisis or expect to within five years
- almost 80% of long term care is provided by unpaid caregivers, usually women family members

Surveys show that Americans are willing to provide long term care for family members but, they lack support services to help them sustain their caregiving responsibilities. *Many long term care support services can be provided in the community and in the home, including:*

- for mental health care the older population needs to be better served by community mental health centers, private practitioners and nursing homes than currently
- nutritional services, including meals, counseling and education, can be provided in congregate settings and through home-delivered meals programs
- home care services, equipment and supplies, including home health aid, hospice benefit, mental health care, speech, physical and occupational therapy can be offered in the home
- social support services, including respite care, social worker, homemaker, help with heavy chores, caregiver support and training programs enable families to provide long term care
- community support services, including transportation, escort, adult day care, senior centers and information and referral services
- for prescription drugs and devices older Americans make up 12% of the population but, purchase 25% of all prescriptions written annually, paying 64% of their prescription drug costs out of pocket
- counseling services, including counseling for diet, exercise, injury prevention, tobacco use, drug and substance use, dental care, violence prevention, vision, speech and hearing care

Health Care Delivered In A Variety of Settings.

Although most Americans think of health settings as the doctor's office and the hospital, a wide variety of settings already exist for the delivery of health care. Community health, rural health and migrant health centers, public health and family planning clinics, school-based or -linked

clinics and allied health practitioners offices are existing settings where a range of health services are provided. Health care reform offers an opportunity to increase and support the cost-effective delivery of affordable services in these many settings.

Health care reform also offers an opportunity to restructure consumer access to health services. Primary, preventive and long term health care can be delivered in convenient, community-based and affordable settings such as the workplace, schools, day care centers and in the home. In a restructured health care setting the hospital would no longer expend costly resources to provide primary or chronic care but, would provide only acute care services. Community-based care means primary, preventive and long term care would be more accessible and less costly than it is today.

An example of a community-based setting is a family health center, located near or at a public school and meeting the health needs of families, including women's health care needs. Community-centered care emphasizes family and individual health, convenient access and utilization of existing community resources such as schools or worksites.

Health Care Delivered by a Range of Providers.

With health care reform, women should have the option of care from the health care provider of their choice, including the choice of women providers. Providers should include not only physicians, but nurse practitioners, clinical nurse specialists, certified nurse midwives, lay midwives, licensed clinical social workers, optometrists, podiatrists, psychologists and other allied health practitioners.

In our current system many barriers prevent many non-physician providers from being full participants in the health care system. The major obstacle to their participation is the practitioner limits set by Medicare, Medicaid and other federal and state laws. *With a restructuring of the health care system we can enable a range of providers to provide health services in an efficient, affordable and coordinated manner.*

Midwives are an example of accessible, appropriate and cost-effective providers of primary and preventive care for women. Midwives work in a range of settings in the community -- hospitals, free-standing clinics, physicians offices, birthing centers and the home. Midwives offer maternity care services with a minimum of costly interventions. Yet, studies of midwifery care demonstrate that mortality rates are equivalent to those of physicians, certain types of morbidity are much lower, surgical procedures are fewer and breastfeeding rates are higher.

Conclusion

Health care reform is an opportunity to simultaneously provide health care to the 37 million uninsured and to create a system which offers accessible, appropriate and affordable health care for all our citizens. *It is a unique opportunity to redress many of the inequities women have faced securing health care for themselves and their families.*

This model benefits package for women demonstrates that the majority of health care for women does not demand complex technology or sophisticated medical settings -- both at a high cost. *Rather, the majority of health care for women is basic care which can be provided in low-cost settings by a range of efficient providers.*

Compiled by the staff of the Campaign for Women's Health:

Anne Kasper
Joan Kuriensky
Vanessa Mitchell
Alice Weiss

With Contributions from the following:

CWH Health Care Strategy Core Group:

Stephanie Aaronson	Institute for Women's Policy Research
Jo Blum	Planned Parenthood Federation of America
Chris deVries	American Nurses Association
Pat Ford-Roegner	Service Employees International Union
Carolyn Head	American Association of University Women
Joanne Hustead	Women's Legal Defense Fund
Donna Lenhoff	Women's Legal Defense Fund
Ann Kolker	National Women's Law Center
Cindy Pearson	National Women's Health Network
Julia Scott	National Black Women's Health Project
Diane Thompson	National Abortion Rights Action League
Claudia Wayne	American Federation of State, County, and Municipal Employees

CWH Benefits Task Force:

Rachel Benson-Gold	Alan Guttmacher Institute
Jo Blum	Planned Parenthood Federation of America
Carolyn Head	American Association of University Women
Jody Hoffman	American Federation of State, County, and Municipal Employees
Joanne Hustead	Women's Legal Defense Fund
Tracy Johnson	Bass & Howes
Lisa Kaefer	Alan Guttmacher Institute
Katherine Kany	Federation of Nurses and Health Professionals
Ann Kolker	National Women's Law Center
Lynne Lawrence	American Fertility Society
Cindy Pearson	National Women's Health Network
Lois Schoenbrun	American Medical Women's Association
Julia Scott	National Black Women's Health Project

Other Contributors include:

Patti Blumer	The American Dietetic Association
Ellen Battestelli	Planned Parenthood Federation of America
Alice Dan	Center for Research on Women and Gender, University of Illinois at Chicago
Chris Gallagher	American Academy of Otolaryngology
Jane Grimstad	Center for Health Policy, University of Wisconsin
Michelle Harrison	University of Pittsburgh School of Medicine
Linda Huss	National Eye Institute
Sarah Kayson	American Heart Association
Gwendolyn Keita	American Psychological Association
Jennifer Knauss	Illinois Caucus on Teen Pregnancy
Donna Kohlhepp	Maryland Association of Innovative Health Practitioners
Judith Littlejohn	Older Women's League
Janet Melantz	American Speech-Language-Hearing Association
Janet Platt McCarty	American Speech-Language-Hearing Association
Judy Norsigian	Boston Women's Health Book Collective
Kelley Phillips	American Psychological Association
Dianna Porter	Older Women's League
Jennifer Prouty	Nursing Administration, Brigham and Women's Hospital, Boston
Rosemary Ruelka	American Academy of Ophthalmology
Carol Sakala	Women's Institute for Childbearing Policy
Kathleen Stoll	Center for Women Policy Studies/Women and AIDS Coalition
Norma Swenson	Boston Women's Health Book Collective
Gillian Thomas	American Medical Women's Association
Fran Toler	Midwives Alliance of North America
Susan Wise	National Institute for Dental Research
Joan Zero	American Pharmaceutical Association