THE WHITE HOUSE

WASHINGTON

May 1, 1995

The Honorable Newt Gingrich
Speaker
United States House of Representatives
Washington, D.C. 20515

Dear Mr. Speaker:

The President has asked me to respond to your letter of April 28, 1995. As the Administration has shown over the last two and a half years, we are committed to reducing the deficit and achieving meaningful health care reform. We continue to seek progress on both of these fronts, while also making our tax system fairer and our system of investing in education and children even stronger.

When this President took office on January 20, 1993, he inherited an escalating deficit and a Medicare Trust Fund that was projected to be insolvent in 1999. Twenty-seven days later, he proposed, and then helped pass, a historic deficit reduction plan that included several serious policies to strengthen the Trust Fund. Indeed, these proposals pushed out the insolvency date by three full years.

Last year, the President spoke directly to the nation about the need to reform our health care system and made clear that further federal health savings needed to take place in the context of serious health care reform. In December 1994, the President wrote the Congressional leadership and made clear that he would work with Republicans to control health care spending in the context of serious health care reform. The President repeated this offer in his 1995 State of the Union speech.

Despite these repeated calls for significant action on health care reform, the reply from the Republicans has been silence. Indeed, the only proposal in the Contract with America that specifically addresses the Medicare Trust Fund would explicitly *weaken* it by $27 billion over seven years and undo some of the progress made in 1993.

Moreover, the over $300 billion in Medicare cuts over seven years -- the largest Medicare cut in history -- you are reported to be considering would be completely unnecessary if you did not have to pay for a seven-year $345 billion tax cut that goes predominantly to well-off Americans. *No amount of accounting gimmicks, separate accounts, dual budget resolutions or reconciliations can hide the reality that you are essentially calling for the largest Medicare cut in history to pay for tax cuts for the well-off.*

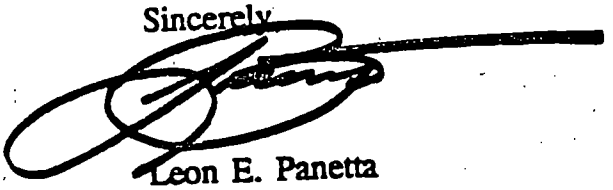
The President has long stated that making significant cuts in Medicare and Medicaid outside the context of health care reform will not work. Such dramatic cuts could lead to

less coverage and lower quality, much higher costs to poor and middle income Medicare recipients who cannot afford them, a coercive Medicare program, and cost-shifting that could lead to a hidden tax on the health premiums of average Americans. That is why it is essential to deal with the Medicare Trust Fund in the context of health care reform that protects the integrity of the program, expands not reduces coverage, and protects choice as well as quality and affordability.

The Medicare Trust Fund is an important issue that needs to be addressed in a bipartisan way in the context of larger health care reform. To do that, you must first meet the requirements of the budget law that Congress pass a budget resolution. The April 15 deadline has passed, and the American people are still waiting to see the new Republican majority fulfill this responsibility. If you really want to work together on the Medicare Trust Fund, you must first pass a budget plan that fully specifies how you plan to balance the budget and pay for the proposed tax cuts.

We hope that you will work hard to respond to these issues. The Administration and the American people continue to await your proposals.

Sincerely,



Leon E. Panetta
Chief of Staff

# REPUBLICAN MEDICARE CUTS

Republicans are considering proposals that would cut Medicare funding by between $250 billion and $305 billion between now and 2002. Slashing Medicare at this level translates into 20% to 25% cuts in 2002 alone for this program serving our most vulnerable Americans -- the elderly and disabled.

**COERCION INSTEAD OF CHOICE:** Managed care simply cannot produce anywhere near the magnitude of Federal savings being suggested by the Republicans without turning Medicare into a fixed voucher program. That would put Medicare's 36 million beneficiaries, many of whom have pre-existing conditions, into the private insurance market to shop for what they can get. With a fixed and limited voucher, beneficiaries would have to pay far more to stay in the current Medicare program if large savings are to be realized. That's not choice, that is financial coercion.

**ADDING TO ALREADY HIGH COSTS FOR SENIORS:** Today, despite their Medicare benefits, health care consumes major amounts of older Americans' income. According to the Urban Institute, the typical Medicare beneficiaries already dedicate a staggering 21% (or $2,500) of their incomes to pay for out-of-pocket health care expenditures.

**$3,100-$3,700 Out-of-Pocket Payments:** If the Republican cuts ($250 billion to $305 over seven years) are evenly distributed between health care providers and beneficiaries, the cuts would add an additional $815 to $980 in out-of-pocket burdens to Medicare beneficiaries in 2002. Over the seven year period, the typical beneficiary would pay between $3,100 to $3,700 more.

**Reduce Half of Social Security COLA:** The Republicans say they aren't cutting Social Security, but these Medicare cuts are a back-door way of doing just that. By 2002, the typical Medicare beneficiary would see 40 to 50 percent of his or her cost-of-living adjustment eaten up by the increases in Medicare cost sharing and premiums. In fact, about 2 million Medicare beneficiaries will have all or more than all of their COLAs consumed by the Republican beneficiary cost increases.

**$40-$50 Billion in Cost-Shifting:** Assuming the other half of the Republicans' cuts go to providers, hospitals, physicians and other providers would be targeted with between a $125 billion to $150 billion cut over seven years. In 2002 alone, a $33 billion cut in providers would be needed. Even if only one-third of Medicare provider cuts overall are shifted onto other payers (an assumption consistent with a 1993 CBO analysis), businesses and families would be forced to pay a hidden tax of $40 billion to $50 billion in increased premiums and health care costs between now and 2002.

**Rural and Inner City Hospitals At Risk:** Cuts of this magnitude, combined with the growing uncompensated care burden (which would be further exacerbated by Medicaid cuts and increases in the number of uninsured), would place rural and inner-city providers in jeopardy because they have limited or no ability to shift costs to other payers. As a result, quality and access to needed health care would be threatened.

## THE REALITY OF MEDICARE GROWTH

- Despite the current rhetoric, Medicare expenditure growth is comparable to the growth in private health insurance.
  - Under Administration estimates, Medicare spending per person is projected to grow over the next five years at about the same rate as private health insurance spending. Under CBO estimates, Medicare spending per person is projected to grow only about one percentage point faster than private health insurance.
  - So, unless Medicare can control costs substantially better than the private sector, beneficiaries and providers would be forced to shoulder the burden of the huge cuts being proposed by Republicans.

## MAJOR BURDEN ON RURAL AMERICA

- Reducing Medicare payments would disproportionately harm rural hospitals.
  - Nearly 10 million Medicare beneficiaries (25% of the total) live in rural America where there is often only a single hospital in their county. These rural hospitals tend to be small and serve large numbers of Medicare patients.
  - Significant cuts in Medicare revenues has great potential to cause a good number of these hospitals, which already are in financial distress, to close or to turn to local taxpayers to increase what are already substantial local subsidies.
  - Rural residents are more likely than urban residents to be uninsured, so offsetting the effects of Medicare cuts by shifting costs to private payers is more difficult for small rural hospitals.
  - Rural hospitals are often the largest employer in their communities; closing these hospitals will result in job loss and physicians leaving these communities.

## UNDERMINES URBAN SAFETY NET

- Large reductions in Medicare payments would have a devastating impact on a significant number of urban safety-net hospitals. These hospitals already are bearing a disproportionate share of the nation's growing burden of uncompensated care. **On average, Medicare accounted for a bigger share of net operating revenues for these hospitals than did private insurance payers.**

# REPUBLICAN MEDICAID CUTS

Republicans are considering cutting federal Medicaid funding by $160 to more than $190 billion between 1996 and 2002. The Republicans claim that they are not cutting the program, but simply reducing the rate of growth. Yet, these technical number disputes avoid the real question: who will be hurt, who will lose coverage and who will lose benefits if $160 to $190 billion are cut from a program that provides critical health care services. It also ignores the fact that 3 to 4 percent of program growth is for the increasing number of people being covered, without which millions more Americans would be uninsured.

- **HEAVY BURDEN TO FAMILIES FACING LONGTERM CARE:** While most people think that Medicaid helps only low-income mothers and children, about two-thirds of Medicaid funds are spent on services for elderly and disabled Americans. Without Medicaid, working families with a parent or spouse who need long-term care would face nursing home bills that average $38,000 a year.

- **MANAGED CARE SAVINGS NOT NEARLY SUFFICIENT:** Savings from managed care cannot produce anywhere near the magnitude of cuts proposed by the Republicans. Two-thirds of Medicaid funds are spent on the elderly and disabled, and there is little to no evidence that putting them in managed care can produce savings. And because the baseline projections already assume that a growing number of mothers and children on Medicaid will be in managed care plans, there are little additional savings left in the remaining one-third of the program.

- **FLEXIBILITY CAN'T MASK DEEP CUTS:** Republicans defend these cuts by saying that what they are doing is giving added flexibility to states through block grants. Issues of flexibility can't mask the inevitable fact that states are being asked to absorb enormous federal cuts -- forcing them to cut spending for education, law enforcement or other priorities -- and that's unrealistic.

**LIKELY IMPACTS:** So let's look at what these cuts really mean. Even accounting for some managed care savings, they mean deep cuts in eligibility, benefits and payments to doctors, hospitals, nursing homes and other health care providers. If the Republicans were to cut $160 to $190 billion between 1996 and 2002 and those cuts were divided evenly between eliminating eligibility for elderly and disabled beneficiaries, eliminating eligibility for children, cutting services, and cutting provider payments, that would mean -- in the year 2002 alone -- that:

- **5 TO 7 MILLION KIDS WOULD LOSE COVERAGE;** and
- **800,000 TO 1 MILLION ELDERLY AND DISABLED BENEFICIARIES WOULD LOSE COVERAGE;** and
- **TENS OF MILLION LOSE BENEFITS:** All preventive and diagnostic screening services for children, home health care and hospice services would be eliminated -- as well as dental care if the $190 billion were cut; and
- **OVER TEN BILLION REDUCED TO HEALTH CARE PROVIDERS:** Already low payments to health care providers would be reduced by $10.7 to $12.8 billion.

# MEDICARE/MEDICAID CUTS:
# BUSINESS, PROVIDER AND ADVOCACY GROUPS' RESPONSES

**The National Association of Manufacturers says:**

*"Across the board reductions in [Medicare and Medicaid] should be avoided, since they are likely to exacerbate cost-shifting to the private sector." (February 11, 1995)*

**Eastman Kodak says:**

*"My message to you as you wrestle with the growing costs of the Medicare program is that greater use of managed care and aggressive purchasing of care on the part of the government are more appropriate solutions than massive across-the-board cuts in payments to providers, which result in cost shifting or an invisible tax on companies providing coverage to employees in the private sector." (March 21, 1995)*

**American Hospital Association says:**

*"One of every four hospitals in the United States is in 'serious trouble,' and with deep reductions in Medicare growth will be forced to cut services or close its doors." (April 13, 1995)*

*"The wrong way [to reform Medicare] is to do business as usual, letting short-sighted political pressures squeeze Medicare spending and weaken a program that needs to remain strong for our nation's seniors." (February 6, 1995)*

*"Sixty-four percent of the electorate believes that if you ran for office saying that you would not cut social security, and if Congress votes this year to cut Medicare then that Member of Congress has broken their campaign promise." (April 1995 Polling Data Report)*

**American Association of Retired Persons says:**

*"Medicare was hardly discussed in the last election; and there was certainly no mandate from the electorate to change the system." (March 28, 1995)*

*Medicare cuts "would mean that over the next 5 years older Americans would pay at least $2000 more out of pocket than they would pay under current law. And over the next seven years they would pay $3489 more out of pocket." (March 6, 1995)*

*"...[T]he total number of Medicaid beneficiaries in need who would lose long-term care services...could reach 1.75 million in the year 2000." (March 6, 1995)*

The National Council of Senior Citizens says:

*"The facts do not warrant a panic approach or a fundamental recasting of Medicare. The trust fund is not about go belly-up; a seven-year window does not merit a panic button."*

*"The levels of the cuts in Medicare contemplated by the Senate and House Budget Committees will not just devastate the finances of millions of older citizens, but more importantly, they will devastate the hopes for a secure and healthy old age for all Americans." (April 1995)*

Older Women's League says:

*"We receive hundreds of letters from women who are already forced to chose between paying for food and rent and buying much needed medicine that is not covered by their Medicare. Substantial cuts in Medicare will literally take food out of the mouths of these older women." (January 10, 1995)*

Children's Defense Fund says:

*"States could make these cuts in several ways: by raising taxes substantially; by excluding groups of children from programs or putting them on waiting lists; by reducing benefits or the quality of services; or by making low-income families pick up more costs through co-payments and fees. Regardless of which method is chosen, the overall effect would be large." (April 19, 1995)*

Catholic Health Association says:

*"Budget cuts of such magnitude [in Medicare and Medicaid] would attack the very fiber of these programs and, in fact, decimate them. Consequently, the Catholic Health Association believes that Congress should put aside consideration of tax cuts for now and refocus the debate on how best to solve the deficit problem." (March 2, 1995)*

April 27, 1995

TO: Don Baer
Terry Edmonds

CC: Mark Gearan
Julia Moffett
Carol Rasco
Gene Sperling
George Stephanopolous

FROM: Jeremy Ben-Ami
Molly Brostrom
Chris Jennings
Jennifer Klein

SUBJECT: President's Speech to the White House Conference on Aging

Attached are two outlines of remarks for the President's speech to the White House Conference on Aging. It is our understanding that the bulk of the speech will be focused on Medicare/Medicaid budget cuts. The message of those remarks is still in progress; however, a preliminary outline of what will be discussed with the President as the potential message is included here.

The second outline provides talking points on the three other areas that we believe should be addressed in the speech: 1) general points on the importance and themes of the Conference; 2) reaffirming commitment to Social Security and describing principles that should be protected in any reform; and 3) highlights of the Administration's accomplishments on behalf of the elderly.

It is our understanding that the President will introduce Paperwork Reduction initiatives on Tuesday, and briefly mention them in his Wednesday speech.

# White House Conference on Aging Speech

**Message:** As Medicare and Medicaid are being threatened by deep and arbitrary cuts proposed by Republicans, I am fighting to protect coverage, choice, quality and affordability for seniors.

**Outline:**

- **Background on Medicare and Medicaid.** **Medicare and Medicaid have provided a safety net for our nation's elderly for 30 years.** Today, Medicare covers 37 million elderly and disabled Americans. And, while most people think that Medicaid helps only low-income women and children, about two-thirds of Medicaid funds are spent on services for older Americans and people with disabilities.

  **These programs are an example of government that works.** This year, as we celebrate the 30th anniversary of their passage, we must remember that:

  - Medicare and Medicaid have lifted millions of older Americans out of poverty. Before Medicare, almost 30 percent of our nation's elderly lived in poverty -- as compared with 12 percent today.

  - Before Medicare, about 45 percent of the elderly had no health insurance and even more were underinsured. For 30 years, Medicare has guaranteed health security to older Americans -- even as the number of uninsured in this country continues to rise. And Medicaid has helped middle class families who have exhausted their savings to manage the overwhelming costs of nursing home care.

- **The Need to Address Health Care Spending.** But there are real problems in Medicare and Medicaid that need to be addressed. We cannot get a hold of the deficit without addressing growing health care entitlement spending. Over the next five years alone, almost 40 percent of the growth in Federal spending will come from rising costs in Federal health care programs. They are growing faster than GDP, than overall inflation, than almost all other items of government spending. If we want to bring the deficit under control and reduce the debt we bequeath to future generations, we must address the growth in these programs. In addition, the long-term solvency of the Medicare Trust Fund remains a problem. **We must contain costs in these programs, but there is a right way and a wrong way to do so.**

- **The Wrong Way to Address Health Care Spending.** **The wrong way is:**

  - **To simply slash Medicare and Medicaid;**

  - **To use these programs as a bank to pay for tax cuts for the wealthy;**

- **To go backward and reduce coverage; and**

- **To make changes in Medicare that call for coercion over choice.**

  The Republicans claim that they would increase choice by giving Medicare beneficiaries vouchers to buy insurance in the private market. In reality, these vouchers would pay for only the low cost health plans in an area. Your choice would be simple: take the cheapest plan or pay more. That's not choice, that's financial coercion.

- **<u>The Right Way to Address Health Care Spending.</u> The right way is through health care reform.**

  - First, we need to build for our future and our childrens' futures by addressing the long-term solvency of the Medicare Trust Fund.

    - The Medicare Trust Fund is in better shape now than it appeared two years ago because of the actions we took in our 1993 budget and because of the strong 1994 economy.

    - But, as with Social Security, we need to make a bipartisan commitment to keep Medicare sound and secure throughout the 21st century. The Trustees have recommended that a bipartisan commission be appointed to review this problem thoroughly, and I am prepared to work with Congress to get the commission in place.

  - **And as we consider changes to Medicare and Medicaid this year, we must ensure that any proposed change maintains coverage, choice, quality and affordability for beneficiaries.**

    I will have a simple test for every proposal. I will ask:

    (1) **Coverage.** Does it work toward our goal of expanding coverage or does it go backward and increase the number of uninsured Americans or take away services -- like the limited nursing and home care services now provided under Medicaid -- that Americans have now?

    (2) **Choice.** Does it expand choice -- so that Medicare beneficiaries have the range of choices (like managed care and preferred provider plans) available in the private market -- or does it financially coerce beneficiaries into managed care plans?

    (3) **Quality.** Will this proposal reform the Medicare and Medicaid programs to make them more efficient without harming the delivery system, threatening quality and increasing cost shifting to small businesses? Or are these simply arbitrary and excessive cuts used to

pay for other priorities -- like tax cuts for the wealthy?

(4) **Affordability.** Will this proposal increase costs for beneficiaries so much as to make Medicare unaffordable?

- We also can and should work toward guaranteeing health security to all Americans and containing costs for all families and businesses and for the government. As I have said before, this year I believe we can take the first steps. Congress has already passed legislation that will make insurance more affordable for self-employed workers and their families. We can also:

  - Reform the insurance market -- so that people don't lose their health insurance when they lose their job or change jobs or a family member falls ill, and so that small businesses can afford to buy insurance for their workers;

  - Make coverage more affordable for working families;

  - Help workers who lose their jobs keep their health insurance;

  - Continue the start already made to level the playing field for the self-employed; and

  - And help families provide long-term care for a sick parent or disabled child. That is why we support expanding state administered home care services. And that is why we support tax clarifications for private long-term care insurance as well as consumer standards so that long-term care insurance policies are worth more than the paper they are written on.

- My Administration is also taking steps now to reform our health care system and to improve Federal health care programs. We have cracked down on fraud and abuse and will increase these efforts through a new program I am announcing this week as part of our "Reinventing Government" proposal. This is just one example of the "right way" to reform our health programs.

**1995 WHITE HOUSE CONFERENCE ON AGING**
**Outline of Additional Points for President's Speech**

I. **General**. *The 1995 WHCoA is a historic event: last WHCoA held in 1981. 1995 Conference is unique in grassroots approach, and results orientation. Two primary themes of Conference: intergenerational linkages and diversity of older Americans.*

- I am proud to convene the 1995 White House Conference on Aging. This historic event is the first Conference to be held since 1981, the fourth formal White House Conference on Aging, and will be the last Conference of this century.

- Past White House Conferences on Aging have had a significant impact on aging policy, including initial conceptualizations of the Medicare program and the Older Americans Act. I am sure this Conference will continue in that tradition, and provide us important guidance in both meeting the needs of today's seniors and shaping aging policy for the 21st century.

- And this Conference could not come at a more critical time. [Elaborate on political climate, doubling of aging population...]

- I would also like to recognize the unique grassroots approach used by this Conference that has resulted in the involvement of tens of thousands of seniors across the country. The more than 800 local, State, and regional events in which many of you, as well as your friends and neighbors back home, participated helped formulate the ideas and agenda that will be addressed this week.

- I would also like to note that you set a tremendous example for the rest of us in the goals of this Conference. In the coming days, you have challenged yourselves to not only identify problems and concerns, but also to seek methods to effectively address these issues. And you will carry this challenge beyond Friday, to a series of post-Conference activities at the state and local level, that will focus on practical responses and implementation steps for the issues raised this week. I commend you for your responsible approach and pledge to work with you in addressing the issues identified.

- As you prepare to begin the nitty-gritty work of deliberations of this 1995 White House Conference on Aging, I wish that I could join you, to demonstrate the unity that I --as a "somewhat younger American"-- and your other "somewhat younger" and even "much younger" fellow citizens feel with you. The concerns and issues recognized by you as older Americans, are ones shared by the rest of the nation--not only because of the universal bond that ties each one of us to old age, but because you are the core threads in the fabric of our country.

- You are parents, grandparents, teachers and mentors to us. You have helped build this nation, defended the principles upon which our country was founded, nurtured children and grandchildren, and continue to give of yourselves -- through continued parenting and grandparenting, and through a host of volunteer activities -- I know X number of you are participating in the National Service Corps. I salute and thank all of you for the contributions you have made and continue to make to this nation.

- And finally, in these words of welcome, I want to say that, even as we address you as a bloc, a whole, as older Americans or seniors, I recognize that you are as diverse a group as we "somewhat younger" and those "much younger" fellow citizens are. It's a diversity that we celebrate as part of our distinct American nature. I am sure this diversity will be evident to all of you as you work to come to consensus around many of the issues you will address at this Conference.

II. **Social Security**. *Unions and many senior advocates have urged the President to re-emphasize his commitment to protecting and maintaining the universality of the Social Security program. The solvency of the Social Security Trust Fund, and what steps will be taken to secure it are high on lists of concerns. This year, the 60th Anniversary of the creation of Social Security program, provides a good backdrop to renew commitment to the program.*

- As your President, I want to reiterate my fundamental commitment to Social Security. This government has a solemn commitment to every working American, and to their families, that Social Security will be there for them when they need it.

- For decades, Social Security has provided economic security to the elderly, to Americans with disabilities, to families who have lost not just a loved one, but the family provider. It is a program that has made a difference in the millions of individual lives and in American society.

- Almost 60 years ago, President Franklin Roosevelt signed the legislation creating Social Security, saying that the program "will give some measure of protection to the average citizen and to his family against the loss of a job and against poverty-ridden old age."

- And his words have rung true. The poverty rate among the elderly has declined by more than 65 percent since 1959, due in large part to the Social Security program. If Social Security did not exist today, the poverty rate among older Americans would be over 50 percent, instead of the current 13 percent. For 15 million people, Social Security is the barrier that keeps them out of poverty.

- To ensure that our Social Security commitments to future generations will be honored, we need to look to the future. We need to make a bipartisan commitment to keep Social Security safe, sound and secure throughout the

21st century.

- We have the time to make the right decisions about Social Security's future -- according to recent estimates of the Trustees, Social Security will have sufficient funds to pay benefits for the next 35 years.

- The important groundwork is already being laid. An Advisory Council on Social Security -- a bipartisan panel with a great deal of expertise and experience -- has begun developing policy recommendations aimed at achieving long-term solvency for Social Security, and is expected to report this fall. No significant change in the Social Security program has ever taken place without the groundwork being laid by this kind of bipartisan commission. The 1930s changes adding coverage for survivors and dependents, the 1960s recommendation for the creation of the Medicare program, and the 1983 changes that addressed the insolvency crisis -- all of these changes were preceded by commissions like our Advisory Council that were instrumental in developing sensible, effective change to the program.

- Whatever the recommendations, as we begin to pursue changes that will keep Social Security solid throughout the 21st century, I believe very strongly that we must protect the core principles that make Social Security work as well as it has for nearly 60 years.

- First, Social Security has been so successful, so important to our society, because it is universal -- virtually every American participates in the program. The program works because we all participate in it, pooling our payroll contributions so that we share in the benefits the program provides -- whether as a senior citizen, a spouse or dependent who has lost a loved one who was still in his or her working years, or as one who has lost the ability to work because of a disability. Social Security is a vitally important package of economic protection that is there for us during our times of greatest vulnerability.

- Second, Social Security is effective because it promotes and rewards work by tying benefits to wage-earning labor, and we must protect that link between work and benefit eligibility, ensuring workers a fair return on their payroll tax dollars.

- And, finally, Social Security is so important to our society's well-being because it is the single most important instrument this nation has to keep our elderly out of poverty. We must protect the program so that it provides an adequate base for older Americans and continues to keep people from falling into poverty.

- I want to say a word to my fellow members of the baby boom generations as well as to citizens in their 20s and 30s who have doubts about Social Security's future, and who wonder whether they should still be a part of the program.

- Social Security has always been a model of intergenerational cooperation. The program works because current workers generate the revenues that provide retirement benefits for their eligible parents and grandparents. These benefits

allow older Americans to live lives of dignity and independence, relying on their own resources, and not a burden to adult sones and daughters.

- For Social Security to stay strong in the future, we need people of all generations to work together. Younger people need to recognize the value Social Security plays in the lives of senior citizens. Older Americans must understand that Social Security cannot be allowed to end with their generation, that we must share ideas and thoughts to ensure that the program lives on for decades to come.

- It has been almost 60 years since President Franklin Roosevelt's pen created a Social Security program that became one of the most successful and important initiatives this or any other government has ever created. The lives of tens of millions of Americans have been touched by Social Security during its existence. Our goal, our bipartisan goal, must be to ensure that Social Security will be around for another 60 years and beyond, providing economic security to generations of American workers and their families.

III. **Accomplishments/Other**. *The WHCoA provides an opportunity to highlight Administration accomplishments on behalf of seniors, and highlighted by the notable anniversaries of admired federal programs (Medicare, Social Security, Older Americans Act), the Conference provides the opportunity to discuss examples of government working.*

*Could also recognize Oklahoma victims who worked on many of these programs.*

- I think a universal belief about government is that one of its key roles is to protect society's most vulnerable. And the times when we are most vulnerable are at the beginning and end of life. I am proud that my Administration has fought hard to protect the youngest and the oldest in our nation. For older Americans, we have fought for programs that promote health and independence,... [Review select accomplishments, perhaps including:

    - Elevation of Commissioner of Aging to Assistant Secretary of Aging
    - Champion of long-term care, health security, strengthening Medicare (First Lady and Mommograms), containing spiralling health care costs
    - Establishment of independent Social Security Administration
    - Improving SSA customer service--e.g. Personal Earnings and Benefits Statement, reduction in pending disability claims.
    - Support for senior involvement in Americorps.
    - Laundry list of accomplishments being compiled.]

- I am proud that your country can offer you some assistance, protection after all you have given to your country. As we celebrate the 50th Anniversary of the end of World War II this year, I would particularly like to salute the contributions and protection given by our WWII veterans, many of whom are

here today. You fought selflessly, to protect our community and our neighbors abroad; you and your generations have taught us the values of patriotism, community, selflessness, and self-reliance. This Administration is working to keep those values in our society...

- I pledge to work with you to continue fighting to protect our society's most vulnerable. I look forward to the guidance and recommendations that will come out of the 1995 White House Conference on Aging. I know that your desire to leave a legacy of hope for your children and grandchildren will be reflected in the outcomes of the Conference. I hope you will work with me, in a cooperative, bipartisan manner, to set a strong, hopeful course into the 21st century.

PRODUCE DOC on Accomplishments.

**1995 WHITE HOUSE CONFERENCE ON AGING**

Planning/Coordination Meeting
April 20, 3:30 – 4:30 (maybe even 4:00) p.m.

Agenda

BRIEFINGS: START on TUESDAY.

1. Update on Outside Groups Outreach
   –Marilyn Yager, Steve Edelstein

2. Pre-Conference Rollout
   –Julia Moffett

3. Media Strategy
   –Julia, Peggy Lewis, Elaine Dalpiaz

4. Program for Opening Plenary
   –Bob Blancato

9:30 Pryor - remarks
Donni MC
Shalala - 10 mins
Brown - 5 mins
Bacon

Butler
Cohen
Morella
12 min. VIDEO - Broad testimonial
11:00 POTUS
Pryor intro Fleming Blanco

5. Second Plenary
   –Bob, others

Fernando Ferri

6. Satellite Sites
   –Mike King, LeeAnn Inadomi

- NY - Eli
- Pitt - Bonnie Campbell
- LR - Carol Rasco
- KC - Chater
- SACTO
- ~~SA~~ - Anita Perez Ferguson DOT
- LA
- Orlando

- Vladeck - Glenn
- Haas -

7. Next Steps on Policy/Resolutions

8. Additional Items

**WHITE HOUSE CONFERENCE ON AGING**

Planning/Coordination Meeting
April 17, 2-3:30 (3:00 if possible)p.m.

Agenda

1. Report/Discussion on Outside Groups Strategy
   -Marilyn Yager/Steve Edelstein
2. Pre-Conference Rollout
   -Julia Moffett
3. Media Strategy
   -Julia, Peggy Lewis, Elaine Dalpiaz
4. Program for Opening Plenary/Possible Second Plenary
   -Bob Blancato, Elaine, Others
5. Satellite Sites ✓
   -Mike King, LeeAnn Inadomi
6. Next Steps on Policy
7. Additional Items

1. Bring list of groups on 2 shows report
2. Get addresses/names Bear → Steve

Updates

- List from IGA
- Pepper
- Shalala
- Cisneros
- 2 REP members Collins Morella
- Brown
- Arthur Fleming
- Bush
- Pryor J. Rod
- President
- Fleming

April 17, 1995

**PLANNING MEMO REGARDING ORGANIZATIONAL ACTIVITY AND THE WHITE HOUSE CONFERENCE ON AGING**

I. Pre-Conference Meetings with Organizations to Discuss: (Week of April 24th)

A. Issues and Resolutions

Discuss the issues they will be focusing on and their plans and strategies around the resolutions.

B. Broader Message and Accomplishments

1. Broad comments regarding the President's Speech - (assuming we feel confident we can do so)

2. Provide materials regarding the Clinton record on issues of concern to older Americans (assuming materials are prepared).

C. Meetings with Seniors/Health groups will include discussions of external issues likely to be raised in Congress that week in regards to Medicare and Social Security.

D. Ensure that we know each group's total strategy around the Conference.

II. White House Briefing for the President's delegates.

A. Clarify with WHCOA the time and date (needs to be early enough so that participants can do press - preferably AM).

B. Reserve Room/Schedule Briefers (possibly the VPOTUS)

C. Make sure they have materials on the Clinton record and accomplishments.

D. Schedule opportunities for select number of these delegates to do radio/satellite/print to their home communities.

III. Amplification of the President's Speech (Day of activities)

A. Provide copies of the speech to all the organizations involved in the event - ask for statements praising the President's comments.

B. Talk with media affairs about POTUS followup, i.e. possible radio interviews for the President on several key senior stations.

White House Conference on Aging
Preliminary ideas for roll-out plan
Monday, April 17, 1995

Principals

- May propose Presidential interview with AARP Radio Network.
- May propose Presidential interview with clomunist on intergenerational themes (WHCOA suggests Judy Mann or Ellen Goodman).
- An op-ed by the President will appear in a special section of *The Washington Post* on aging, April 26th.
- The President may sign the proclamation for Older Americans Month in a public setting.
- May propose that the President meet with a small group of delegates prior to his address in order to hear first-hand accounts of issues of concern to older Americans.

Cabinet

- White House Briefing Room briefing either Tuesday prior to the event or Wednesday following the event.
- Conference calls with Secretaries Shalala, Cisneros, and Jesse Brown to African-American, Veterans, Business and Health reporters during the week prior to the conference.
- Op-ed by Secretary Shalala being pitched to *Wall Street Journal.*
- Op-ed by Fernando Tores-Gil being pitched for *Los Angeles Times.*
- Op-eds by Hugh Downs will be placed with the *Cleveland Plain Dealer, Dallas Morning News, Detroit Free Press*, and other large regionals.
- Identifying best person to do op-eds for *The Washington Post* and *New york Times.* (might be Members of Congress--Ted kennedy, Barbara Mikulski,...)
- Exploring ideas for a roundtable with aging press and Cabinet members.
- May propose an event/press opportunity/interview with members of the Cabinet and their parents (Shalala, Cisneros, Riley; Shalala and the Vice President's mothers are both delegates)

- Sub-cabinet such as Fernando Torres-Gil, Shirley Chater, and Bruce Vladek will also participate.

- Members of the Cabinet/sub-Cabinet will participate in satellite events in: New York City, Pittsburgh, Orlando, Kansas City, Sacramento, and Little Rock. They will do press in those markets prior to their arrivals on 5/3.

Other Press

- The WHCOA will pitch members of the Cabinet and other representatives for network news programs and morning shows.

- Will explore press opportunities for Senator Pryor, WHCOA Chair..

- Identifying best person to speak at National Press Club on aging issues/preparing for the next century as a scene-setter to the conference.

- Other representatives might include Dr. Robert Butler, Arthur Flemming, Hugh Downs...

- Conference delegates will do press prior to their departure for the conference. Each delegate was sent a "How To Work With Your Local Media" package.

- Many stories focusing on grass-roots aspects of the conference. Intergenrational pieces will also be heavy. Colorful pieces, i.e., delegates who have attended all three WHCOA since 1961, etc.

Outreach

- Will coordinate with White House and HHS Intergovernmental Affairs to make sure they are in touch with their delegates before/after the conference. This will be especially important in the ten cities with satellite events.

- Groups will play a big role. Press conferences, studies, validation, disseminating information to their membership, etc....

Things to keep in mind:

- May is Older Americans Month.

- 30th Anniversary of Medicare

- 50th Anniversary of Social Security

- Legislative Context: Budget hearings

# Television-Morning

**Good Morning America**

- Interested in "Big Picture" and celebrities
- Will pitch Bob and Liz Carpenter (member of advisory committee)

**CBS This Morning**

- Interested in medical and regional angles
- will pitch Norm Abramowitz (Mayor of Tamarac, FL and member of Policy Committee and Dr. Butler (Chair of Advisory Committee)

**NBC Today**

- Interested in politics, favorable to Democrats
- will pitch Sec. Shalala and Sec. Brown

**Fox Morning News**

- Interested in heads of associations, politicians
- will pitch Horace Deets of AARP, Connie Morella

**CNN Daybreak**

- Interested in debate/discussion format
- will pitch panelists from Generations United Conference

**C SPAN**

# Television-Evening

**ABC American Agenda**

- interested in trends
- will pitch the debunking of aging stereotypes

**NBC Nightline**

- will pitch, "What is in store for 2025"; Medicare/Social Security; intergenerational panelists (Horace Deets and Marian Wright Edelman, two college students from generations United Panel)

**CBS Evening News/Eye on America**

will pitch productive Aging such as senior volunteers via Senior Corps Program

**Larry King Live**

- Secretary Shalala, Hugh Downs

**C SPAN**

## VNRs/Radio Interviews

A total of three VNRs, to take place Wednesday, Thursday, and Friday. Each will be approximately thirty minutes in length and will include highlights from respective days as well as interviews from delegates representing states with largest elder populations.

Fifteen to twenty delegates to be interviewed over the phone by local radio stations in states with largest elder populations. Lynn Filoosh at HHS will handle technical aspects of this project.

### Special Focus on Delegates

WHCoA is currently identifying 3-5 delegates from each of the 10 most elder populated states, delegates who have been to previous conferences and "celebrity" delegates. These delegates may be used for the VNRs, radio, television and print media interviews.

# Opinion/Editorial Placement

WHCoA has approached the following to write op ed pieces:

**Secretary Shalala** -- Wall Street Journal

**Fernando Torres-Gil** -- LA Times

**Hugh Downs** -- At-large piece for paper such as Cleveland Plain Dealer, Dallas Morning News, Detroit Free Press, etc.)

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary
Administration on Aging

Washington, D.C. 20201

MEMORANDUM

TO: Carol Rasco

cc: Harold Ickes
George Stephanopolous

FROM: Robert B. Blancato, Executive Director
White House Conference on Aging

Fernando M. Torres-Gil
Assistant Secretary for Aging

SUBJECT: The President's Remarks at the
1995 White House Conference on Aging

**BACKGROUND**

The 1995 White House Conference on Aging is the last of this century, and the first to be convened by a Democratic President. With approximately 2300 delegates from across the nation, this Conference will be the most cost-effective, focused, and results oriented forum since the first official White House Conference on Aging in 1961.

President Clinton's remarks to the delegates at the opening plenary session on May 3, 1995, can be likened to a State of the Union address on aging issues. The Conference can be used as the President's defining moment on the concerns and priorities of older Americans, and as such, his speech should have an air of urgency, opportunity, excitement and hope.

There are two principles that have served as the foundation of this Conference, and guided the overall tone and message of the hundreds of preliminary activities that were held across the nation in the past 18 months: (1) older Americans are not a monolithic bloc--a great deal of diversity exists among this population, and those differences should be recognized and celebrated; and, (2) the importance of intergenerational linkages---the natural bridge between the old and young. These twin pillars reflect provisions mandated by the legislation that authorized the White House Conference on Aging---the Older Americans Act Amendments of 1992.

This memo outlines several messages we feel it is important for the President to convey to the assembled Conference delegates.

The President will be offering a charge to the delegates, establishing the tone that will frame the discussions over the next several days---reminding the Conference participants of the essential nature of the task before them. We suggest that in the President's challenge to the delegates, he should clearly assert his commitment to the issues that impact on older Americans, including a strong declaration of support for the Medicare and Social Security programs. While seniors make their views known on a host of social and fiscal issues, the future of Medicare and the solvency of Social Security are the predominant concerns.

A focus on intergenerational linkages provides a fresh approach to the discussion of Medicare and Social Security. Rather than merely highlighting these programs as important to today's seniors, an effective argument can be made for the importance of these services for future generations of retirees as well. If the debate is recast in those terms, the polarizing effect that often surrounds these issues can be effectively neutralized.

**SPECIFIC ELEMENTS**

1. History of White House Conferences

Historically, White House Conferences have been an important tool to demonstrate an Administration's commitment and resolve on a host of topics, including children and families, and the special concerns of the small business community. These forums, with the imprimatur of the President, have served to highlight specific priorities, and advance the Administration's views.

While President Truman held the first national forum on aging, each of the succeeding formal White House Conferences on Aging (1961, 1971, and 1981) were convened by Republican Administrations. This year's forum is the first to be assembled under a Democratic President. Each of the earlier conferences had a significant impact on public policy, including initial conceptualizations of the Medicare program and the Older Americans Act.

The 1995 White House Conference on Aging can also influence public debate---not only in terms of the needs of today's seniors, but also as a means for shaping aging policy for the 21st century, as the nation prepares for a doubling of the aging population.

2. How does this White House Conference on Aging differ from previous national forums?

The 1995 White House Conference is not merely an opportunity for seniors to travel to Washington and voice their demands, rather, this forum is goal directed and results oriented--with a

challenge to the delegates to not only identify problems and concerns, but also to seek methods to effectively address those issues, with particular emphasis on individual, local, and State responsibility, as well as what role, if any, the Federal Government can perform. While previous Conferences have focused on the Federal obligation to this population, the 1995 Conference has a focus on personal responsibility.

This Conference has been preceded by approximately 800 local, State, and regional events, with a focus on which issues and solutions should be brought to the national arena. Older Americans themselves have also participated in pre-Conference reports, and the formulation of the Conference agenda through the open comment period following the publication of the proposed agenda in the Federal Register. This grassroots approach is another clear departure from Conferences of the past, and has resulted in the involvement of literally tens of thousands of seniors across the country.

Yet another distinction of the 1995 event is the series of post-Conference activities that will take place in the months following the national forum. Sessions will be held at the State and local level to focus on practical responses to, and a plan of implementation for, the issues raised at the Conference. Further, the final report of the Conference, which will be issued in December of this year, will not merely reflect matters raised at the Conference, but also the solutions advanced to address those concerns, as well as strategies to realize those solutions.

3. Who are the Elderly?

An important thread to weave throughout the President's remarks is the reminder that older Americans in this country are our parents, grandparents, teachers, and mentors---the people we love, respect, and admire. Older persons are not shrouded in a cloak of mystery, nor are their concerns so far removed from those of any citizen. These are individuals who have built this nation, defended the principles upon which this country was founded, nurtured children and grandchildren, and continue to give of themselves in a host of volunteer activities, including the National Service Corps. Further, no matter the race or gender, religious or political affiliation, each one of us will grow older, and that fact provides a universal bond and frame of reference.

4. Recognizing the Diversity of the Older Population while Responding to Common Concerns

It is important to keep in mind that while older persons are clearly an important political force, they are not a homogenous group. Differences based on gender, socio-economic status, minority and ethnic allegiance, family lifestyles, and geographic

dispersion, make Older Americans an increasingly diverse population. By the year 2030, there will be a doubling of the minority aging population, including an increase of 500 percent within the Hispanic aging community, and a 600 percent increase among Asian elders.

Despite this diversity, seniors respond as a political bloc on several key issues: preserving Social Security benefits; protecting and expanding Medicare coverage; promoting increased long term care services; stemming the rising tide of crime against the elderly; preserving social services such as nutrition programs; and planning for and safeguarding their families.

5. An Appeal to the Baby Boom Generation

As the country's first baby boom generation Chief Executive, the President has a natural forum to speak from that perspective. One-third of the nation's population are baby boomers, and the first wave of this group will be 65 by the year 2010. These individuals comprise a cohort of informed, well-educated, and politically active citizens, many of whom will continue to stay employed well past the traditional retirement years, and who will be influential in reshaping perceptions of aging. It is not too early for this group to begin to plan for their later years, whether they are still going strong at 70, or decide to retire at 55.

This generation is searching for reassurances that they will be able to count on Medicare and Social Security when it is time for them to seek assistance from those federal programs.

6. Celebrating the World War II Generation

The White House Conference on Aging provides a wonderful opportunity to pay tribute to the sacrifices of older veterans, particularly those who served in World War II. These Americans were the greatest achievers in the history of our country, whose successes range from eliminating dictatorships in Europe, ending legal segregation in America, and sending man to the moon. This generation created a wave of prosperity unprecedented in human history. Through the efforts of this cohort, a host of technological discoveries were advanced, and the World War II generation has lived to reap the benefits of those achievements.

These citizens represent the values of patriotism, community, selflessness, and self-reliance---values the Clinton Administration has sought to embrace once again---as well as a belief in government. References to the 50th Anniversary of the end of World War II will resonate well with the Conference delegates.

7. The Clinton Administration's Accomplishments for Older Americans

The President also has a unique opportunity to highlight his accomplishments on behalf of older Americans, including:

- o Establishment of an independent Social Security Administration;
- o Unwavering support for Social Security and Medicare;
- o Championing the importance of long-term care, as evidenced by the long-term care provisions in the Health Security Act;
- o Commitment to increases in research dollars for Alzheimer's Disease;
- o Support for the involvement of seniors in Americorps;
- o Elevation of the Commissioner on Aging position to Assistant Secretary status.

8. A Call for Compassion

Sorely lacking in the approach of the new Congress and their Contract With America, is a sense of compassion and understanding of individuals who will be impacted by changes in federal services. The most vulnerable persons (women, children and the elderly) in our society, of all ages, will be forced to cope with the consequences of the mean-spirited, slash and burn tactics of the Majority Party.

The legacy of the Democratic Party stands in direct contrast to the philosophy being advanced on the Hill. The fundamental principle of a Federal Government that **works for the greater good** of its citizens, runs counter to the notion of a Federal Government that **knows what is best for** its citizens. The President has consistently demonstrated a more empathetic approach.

9. The Success of Federal Programs for Older Americans

1995 marks significant milestones for federal programs providing services to the elderly, including the 60th anniversary of Social Security, as well as the 30th anniversaries of both Medicare and Older Americans Act programs. The triumph of these federal approaches reinforces the notion of a proactive government working for the greater good. The mission of the Older Americans Act, in particular, promotes health and independence for seniors, which parallels the goals of the Administration.

Ironically, many seniors are not always aware that these essential programs are a part of the federal government. As one example, the nutrition programs of the Older Americans Act ("Meals on Wheels" and congregate nutrition sites) are so embedded in the fabric of many local and State communities, that the beneficiaries of these services are often surprised to learn of the federal underpinning for these programs.

10. The President's vision for the 21st Century--Hope for the Future/Call to Arms

This Conference can be viewed as the first citizen's referendum on Aging issues---indeed, in some measure a citizen's referendum on the Contract With America---with the potential to direct the future of aging services for the balance of the 20th century, and the opportunity to provide the vision for such services for the 21st century. The resolutions that will emerge will be a result of deliberations from pre-Conference events, and final determinations by the delegates themselves. Older Americans feel a personal responsibility to leave a legacy of hope for their children and grandchildren, and that sense of obligation will be reflected in the outcomes of the Conference.

Seniors in this country are anxious to share the benefit of their years of experience with younger generations. There is much we can learn from the accomplishments of our nation's elderly, and their achievements should be honored and celebrated. This is the generation that turned back the threat of fascism and communism, and whose patriotic fervor bolstered the nation during complex and demanding times.

The 21st century will usher in new perspectives on aging, fresh opportunities for older Americans to share their expertise and wisdom, and innovative approaches to the role of government. The White House Conference on Aging can be a conduit to advance these goals.

CONCLUSION

It is our hope that the elements outlined in this memo will be helpful as the President's remarks to the Conference delegates are shaped. We stand ready to provide any additional assistance as is warranted, and are prepared to work with the President's speechwriters if that would be helpful.

4/11/95

(1) GROUPS - outreach

- LABOR –
- AARP – Get people on board
  – Brief def. who are here

PLAN FROM MARILYN ON MONDAY

(2) ROLLOUT

- F.L.
- May is OA Month
- May 2nd – major event – Shalala – kicking off the month.
- Signing of Proclamation declaring OA Month.
  – maybe radio address.
- Grass plans: SSA and HHS/HCFA need to be seriously focussed.
- What are the groups ~~activity~~ doing leading up?

PLAN FROM JULIA on Monday – rough draft

(3) SATELLITE SITES

11 satellite sites

– Sites are locked in

–

SITE BY SITE REPORT FROM MIKE

(4) MEDIA

- Credentialed 150 media
- 170 media requests.
- Media packets went out.

- POTUS

-

JULIA/PEGGY/ELAINE ~~to~~ look up re: media/press ahead of time

- Written report from Elaine – draft Monday.
- Peggy – begin a prioritized list.

(5) OPENING PLENARY [10-10:5]

[Peggy A. Lewis Media Affairs
456-5673 OEOB 167]

- LEADERSHIP COUNCIL will have an office of Asian orgs
- NCSC will have an operation set up as well.

- GENE'S PRIORITY: give a human face to the Medicare/Medicaid cuts.

- Also GERRY SHEA: must keep an eye on SOCIAL SECURITY.
  - reiterate the importance of Social Sec'y partic in light of deterioration of private pension system
  - HAVE TO ADDRESS THE GENERATIONAL ISSUE.

→ MEANS TESTING
→ PRIVATIZATION

- BRIEFINGS
  - AFL: Mon + Tues briefings. for their delegates.

- COMMITTED TO A PLAN re: BRIEFINGS for next week.
  - MARLENE to share with AFL.

E X E C U T I V E  O F F I C E  O F  T H E  P R E S I D E N T

10-Apr-1995 01:55pm

TO: (See Below)

FROM: Jeremy D. Benami
Domestic Policy Council

SUBJECT: Aging Meeting

Final confirmation!

Meeting is at 1:00 Tuesday room 211

I have assembled the following agenda items. Please e mail me with additions. My only suggestion is that we steer away from the big picture questions we can't answer at our pay grade and focus on what we can address - such as the items listed below!

1. Program for Opening Plenary
   - who besides POTUS is/should be invited to speak

2. Media Strategy
   - what media opportunities have been planned
   - what requests have been made
   - what opportunities exist to plug delegates for regional media
   - general brainstorming focussing in particular on speciality/aging press

3. Satellite sites
   - status report on planning, funding, etc.
   - how should we reach out to mayors, govs
   - what level admin representation should we aim for?

4. Pre-Conference rollout
   - First Lady event
   - Report on other events planned?
   - Should we look to a Cabinet pre-rollout?

5. Discussion re groups
   - what sort of outreach to and coordination with the groups pre-conference should we be doing?

I've set the meeting for an hour and a half because I think these are all topics that require some detailed discussion. I hope most of you can come for the whole time and will understand if I try to

hold us to this agenda.

Based on this meeting, we may want a follow-up with Gearan, Sperling, (Alexis?), and other higher-ups later this week or early next to report on where we are and to revisit some of the bigger picture items.

See you tomorrow.

Distribution:

TO: LeeAnn Inadomi
TO: Julia Moffett
TO: Anna Winderbaum
TO: Marilyn Yager
TO: Mike Lux
TO: Barbara C. Chow
TO: Lorraine McHugh
TO: Christopher C. Jennings
TO: Stacey L. Rubin
TO: Jennifer L. Klein
TO: rb@ban-gate.aoa.dhhs.gov@INET

(470)

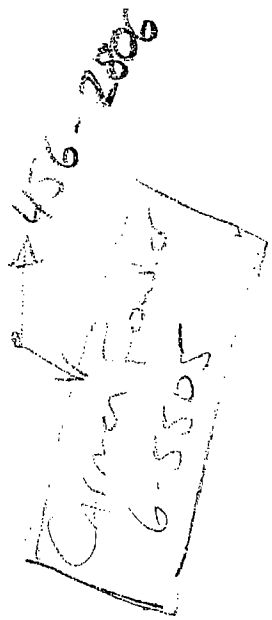
THE WHITE HOUSE
WASHINGTON

WHCOA

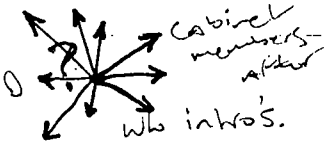
- Agenda for Wednesday
- Media Strategy
- Surrogate sites
- Message / News.
- LEADERSHIP INVITED to go over plan

→ can we get list of delegates by who nominated them.

- Program for Wed.



MONDAY

LEADERSHIP INVITED 


JULIA
LORI
} (1) MEDIA < Mike — Marilyn

- 1 per shot - friendly to us.

AARP bulletin.

(2) REGIONALS: → hosted by HHS regional office.

(3) GROUPS
- talk to DeBF.

## Video Conference
## White House Conference on Aging, May 3, 1995

The broadcast is from the Washington Hilton over a video circuit provided by Bell Atlantic. This circuit is routed to the Washington International Teleport. The President's speech and the opening ceremony will be broadcasted to the remote nationwide sites from 9 am until 11 am (EST). Each site must have a Ku-band down-link capability to receive the signal. The satellite coordinates are G-2 Transponder 9V for Vertical.

Listed below are the selected nationwide teleconferencing sites.

| Location | Seating Capacity |
|---|---|
| Rhode Island Convention Center, Providence, RI | 500 |
| The Meadowlands Hilton, East Rutherford, NJ | 250 |
| Hunter College, New York City, NY | 800 |
| David L. Lawrence Convention Center, Pittsburgh, PA | 650 |
| Twin Towers Radisson Hotel, Orlando, FL | 600 |
| INFOMART, Dallas, TX | 500 |
| University of Arkansas, Little Rock, AK | 600 |
| John Knox Village, Kansas City, MO | 2,000 |
| Tentative University of California, Los Angeles, CA | 450 |
| California Exposition, Sacramento, CA | 1,000 |
| San Diego Convention Center, San Diego, CA | 400 |
| TOTAL | 7,750 |

Thurs. WHCoA/Mark Carver meeting
- get copies of agenda's

White House Conference on Aging Meeting Agenda
April 6, 1995

## I. THE BASICS

Date: May 2-5, 1995
Theme: America Now and Into the 21st Century: Generations Aging Together with Independence, Opportunity and Dignity
Agenda: 1) Assuring Comprehensive Health Care incl. Long Term Care
2) Promoting Economic Security
3) Maximizing Housing and Support Service options
4) Maximizing Options for a Quality of Life
POTUS: Addressing Plenary Session on May 3; other requests pending (Seniors Focus Group, "Senior Speak Out")
Chair: Senator David Pryor
Participants: 2250 delegates from 50 states (chosen by Govs. and Members)
Satellites: Providence, RI; East Rutherford, NJ; Pittsburg, PA; Orlando, FL; Dallas, TX; Little Rock, AR; Los Angeles, CA; San Diego

## II. MESSAGE

-Standard "Fighting for Seniors; Protecting"?
-How best to tap into "Future" message?
-Set the groundwork on 4/12--Social Security event

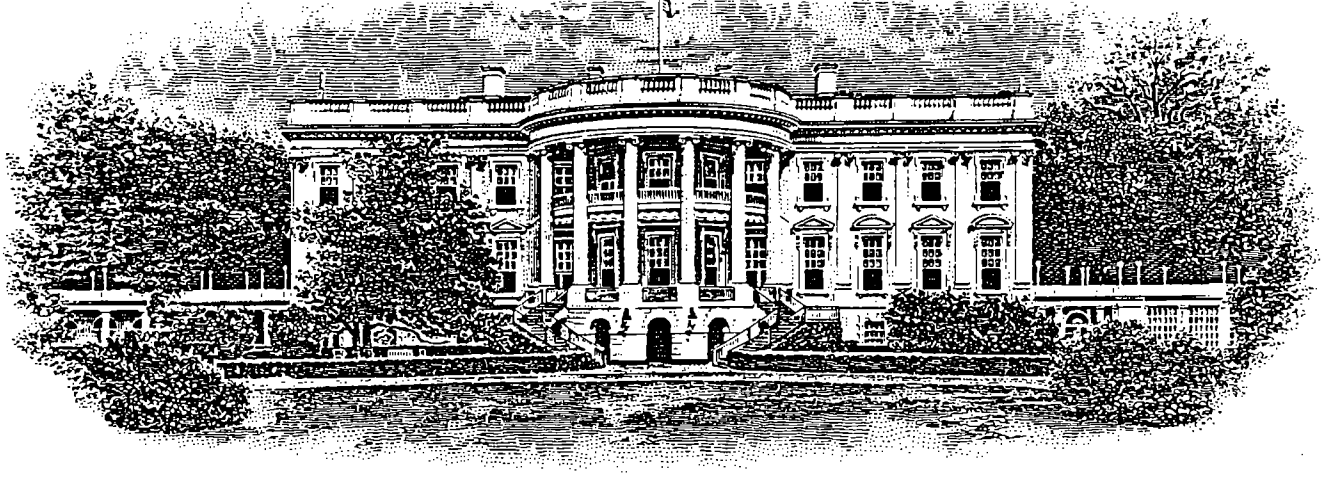
(Important to keep in mind that at the past conferences in 1961, 1971 and 1981, delegates developed and voted on policy recommendations which precipitated landmark legislative initiatives such as Medicare, Medicaid, the Older Americans Act and reforms to Social Security.)

## III. POLITICAL CONTEXT

-Late April/early May Senate Finance Hearing on Medicare Trust Fund
Shalala, Rubin, Vladeck invited to testify
-Tie-in to 30th anniversary of House passage of Medicare; the House is throwing a big birthday event

## IV. ROLL-OUT

-POTUS Press/Events
-Other Principles
-Cabinet Press/Events
-Intergovernmental Press/Events (All states are hosting WHCOA activities)
-Public Liaison/Aging Groups; Baby Boomers; Generation X
-Congressional Participation/Outreach
-Media Affairs



# 1995 WHITE HOUSE CONFERENCE ON AGING
## FACT SHEET

The fourth White House Conference on Aging (WHCoA) -- and the last of this century -- will be held May 2-5, 1995, in Washington, D.C. President Clinton called for the Conference on February 17, 1994. The WHCoA Policy Committee, a 25-member body appointed by the President and the Congress, set the dates and place at its first meeting on July 27, 1994. Senator David Pryor (D-AR) chairs the Policy Committee.

On January 25, 1995, the Policy Committee approved a theme and final Conference agenda. The theme is "America Now and Into the 21st Century: Generations Aging Together with Independence, Opportunity and Dignity." Four broad issues comprise the agenda: (1) Assuring Comprehensive Health Care Including Long Term Care, (2) Promoting Economic Security, (3) Maximizing Housing and Support Service Options, and (4) Maximizing Options for a Quality Life. In deciding on the theme and final agenda, the Policy Committee considered public comments on theme possibilities and a draft agenda published in the Federal Register October 12, 1994. In addition, reports and recommendations from hundreds of officially recognized WHCoA events throughout the country were considered in developing the final agenda, which was published in the Federal Register February 2, 1995.

Two cross-cutting concerns pervade the agenda and will influence discussions at the Conference. These are: (1) interdependence among generations and among members of extended families, and the responsibility of individuals to plan for changes that will occur throughout their lifespan; and (2) unique contributions and needs of special populations, especially veterans, caregivers (including grandparents), rural elderly, women, minorities and individuals with disabilities.

Purposes of the WHCoA are to shape resolutions that will influence national aging policy over the next decade and design a strategy for putting policy into action -- for implementing the resolutions the Conference produces.

-over-

The 1995 Conference, authorized by the 1992 Amendments to the Older Americans Act, will have 2,258 delegates. In addition, it will have up to 250 observers, individuals who may attend the Conference but not vote. Delegates are selected by governors, members of Congress, constituent organizations (including national aging organizations and veterans groups), the White House, the HHS Secretary and the WHCoA.

Since President Clinton officially called it on February 17, 1994, the WHCoA has developed a full national program of pre-Conference events and activities. More than 700 events have been held or scheduled, including local, state, regional and mini-conferences. In addition, the WHCoA, in partnership with other organizations, has conducted more than 15 focus groups in a variety of cities throughout the country to gain direct input from individuals, primarily seniors, on their attitudes about aging and their views on what the WHCoA should focus on and strive to accomplish.

President Clinton appointed Robert B. Blancato as executive director of the 1995 WHCoA. Members of the WHCoA Policy Committee are:

David Pryor, U.S. Senate (D-AR), Chair
William S. Cohen, U.S. Senate (R-ME)
Daniel P. Moynihan, U.S. Senate (D-NY)
Barbara A. Mikulski, U.S. Senate (D-MD)
Constance A. Morella, U.S. House of Representatives (R-MD)
Andrew Jacobs, Jr., U.S. House of Representatives (D-IN)
William J. Hughes, U.S. House of Representatives (D-NJ) (retired)
Matthew G. Martinez, U.S. House of Representatives (D-CA)
Donna E. Shalala, Secretary of Health and Human Services
Henry G. Cisneros, Secretary of Housing and Urban Development
Jesse Brown, Secretary of Veterans Affairs
Norman Abramowitz, Mayor of Tamarac, FL
Bea G. Bacon, Central States Coalition on Aging, Olathe, KS
Horace B. Deets, Executive Director, American Association of Retired Persons
James T. DeLaCruz, Coordinator, Quinault Senior Citizens Program, Tahola, WA
Rose Dobrof, Executive Director, Brookdale Center on Aging of Hunter College, New York, NY
Madeleine R. Freeman, Orono, ME
Maralee Lindley, Director, Illinois Department on Aging, Springfield, IL
Thomas H.D. Mahoney, Cambridge, MA
Mary Rose Oakar, President, Healthright, Inc., Cleveland, OH
Herb A. Sanderson, Director, Division of Aging and Adult Services, Arkansas Department of Human Services, Little Rock, AR
Samuel J. Simmons, President and Chief Executive Officer, National Caucus and Center on Black Aged, Inc.
Lawrence T. Smedley, Executive Director, National Council of Senior Citizens
Marta Sotomayor, President, National Hispanic Council on the Aging
Daniel Thursz, President, National Council on the Aging

FEBRUARY 1995