Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. form	Routing and summary form for Thomas Badger letter [partial] (1 page)	5/12/94	b(6)
001b. letter	From: Thomas Badger, M.D., To: Hillary Rodham Clinton [partial] (1 page)	5/12/94	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Pam Cicetti
OA/Box Number: 13598

FOLDER TITLE:
HRC Health Care Correspondence 94 - B

2014-0159-S
sb284

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

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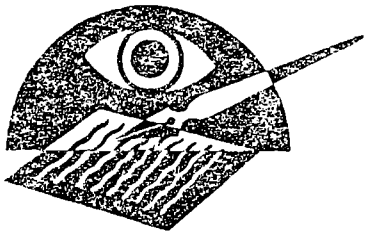
DETERMINED TO BE AN
ADMINISTRATIVE MARKING
INITIALS: AQG DATE: 12-4-13

The Washington Post

TUESDAY, SEPTEMBER 27, 1994

HEALTH



BY ABIGAIL TRAFFORD

Barbara Bush's Memoir: A Telling Omission

My uncle Peter is in love with Barbara Bush. Always has been. In a world of chaotic social change, "Bar" in his eyes is the Rock of Gibraltar. She reminds him of the school chums of his sisters, of the girls he used to play tennis with. Barbara Bush is the public figure he feels he *knows*. Plucky, lucky, Beloved Bar.

Her newly published book, "Barbara Bush—A Memoir," fleshes out the details: lovable kids, disastrous dinner parties, *interesting* people, wonderful George, lots of travel. My uncle would admire all this.

But to me the memoir should have been titled: "Oh Lucky Me!" It reminds me of a scratchy 78-rpm record we used to get out as kids to remind our parents' generation of the old-old days: "Oh, boy, I'm lucky. I'll say I'm lucky. This is my lucky day. Doo-do-doo-do!"

But my flippancy stops at a brief passage in this 575-page "luckylog" that describes her bout with suicidal depression. Suddenly, the plucky-lucky facade cracks. "Sometimes the pain was so great, I felt the urge to drive into a tree or an oncoming car," she writes. "When that happened, I would pull over to the side of the road until I felt okay."

This is not your everyday homemaker blues or feeling a little down in the dumps. What Bar describes sounds more like an episode of the nation's most common mental illness. Depression affects about 13 million Americans, according to national health statistics. It strikes women more often than men. It is a leading cause of suicide, and in about 65 percent of suicides, experts say, the person is suffering from depression.

As Bush describes it, her depression occurred in 1976 when she was 51. Her husband had taken over the CIA and the couple was living in Washington. The episode lasted about six months, which is fairly typical. "I was very depressed, lonely and unhappy," Bush writes. "I felt ashamed. I had a husband whom I adored, the world's greatest children, more friends that I could see—and I was severely depressed. I hid it from everyone, including my closest friends. Everyone but George Bush blocking career advancement or are hurt by the subtle forces of ageism as they try to find a job.

Yet, overall, older women have a lower rate of depression than younger women.

Barbara Bush does not dwell on her depression. It's a stiff-upper-lip attitude that my Uncle Peter would find familiar and laudable. But I am left with two lingering impressions. First is her fabled luck, which she accepts with grateful aplomb, as though it were her destiny. Her depression went away without treatment; her marriage survived. As she writes: "I was so lucky."

But even more, what strikes me is the gap between personal experience and public policy. Barbara Bush's take-home message is that her depressive episode made her "much more sympathetic to people with emotional problems," and she advises readers to seek help "when things go out of control."

That may work well for people like the Bushes. But many people with "emotional problems" may have difficulty getting help "when things go out of control" because, well, they are just not as lucky as Bar. Perhaps their depression doesn't go away after six months, but worsens. Perhaps they have no health insurance that would cover treatment. (The Bushes had coverage paid largely by the government through George's job.) Perhaps they don't have a supportive family or friends. Perhaps, they are "left" by their spouse and have no family, no home at all.

As an individual, Barbara Bush cares. She, too, has suffered, as her memoir makes clear, and one of the most moving chapters involves the loss of a daughter to leukemia. She is someone who sympathizes with those who suffer. But she never sees in the suffering of others a reason for the country to fashion public policy that would alleviate that suffering. It doesn't seem to occur to her that the government may have a role in helping people who aren't as lucky as the Bushes.

What a contrast to other First and Second Ladies, especially on the issue of mental health: Rosalyn Carter and Betty Ford have long championed better

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As Bush describes it, her depression occurred in 1976 when she was 51. Her husband had taken over the CIA and the couple was living in Washington. The episode lasted about six months, which is fairly typical. "I was very depressed, lonely and unhappy," Bush writes. "I felt ashamed. I had a husband whom I adored, the world's greatest children, more friends that I could see—and I was severely depressed. I hid it from everyone, including my closest friends. Everyone but George Bush . . . Night after night, George held me weeping in his arms while I tried to explain my feelings. I almost wonder why he didn't leave me."

Like about three-quarters of people who become depressed, she was never diagnosed and did not get treatment. Her husband suggested she "get help," but that advice sent her "into deeper gloom."

Bush attributes her depression to menopause, but this common myth that menopause causes depression is not backed up by the latest research.

Depression has many causes, including psychological and social stresses. Many women in their fifties, for example, confront changes at home as children leave the nest and marriages go through periods of adjustment. They also encounter stress on the job as they bump up against the glass ceiling blocking career advancement or are hurt by the subtle forces of ageism as they try to find a job.

Yet, overall, older women have a lower rate of depression than younger women.

Barbara Bush does not dwell on her depression. It's a stiff-upper-lip attitude that my Uncle Peter would find familiar and laudable. But I am left with two lingering impressions. First is her fabled luck, which she accepts with grateful aplomb, as though it were her destiny. Her depression went away without treatment; her marriage survived. As she writes: "I was so lucky."

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As an individual, Barbara Bush cares. She, too, has suffered, as her memoir makes clear, and one of the most moving chapters involves the loss of a daughter to leukemia. She is someone who sympathizes with those who suffer. But she never sees in the suffering of others a reason for the country to fashion public policy that would alleviate that suffering. It doesn't seem to occur to her that the government may have a role in helping people who aren't as lucky as the Bushes.

What a contrast to other First and Second Ladies, especially on the issue of mental health: Rosalyn Carter and Betty Ford have long championed better treatment of those who suffer mental problems and addictions, better insurance coverage to enable people to get care, better understanding of mental conditions and substance abuse to chip away at the stigma of being labeled "crazy."

First Lady Hillary Rodham Clinton and Second Lady Tipper Gore have rolled up their sleeves to get legislation that would help people who, like Barbara Bush, are stricken with a problem such as depression. To Barbara Bush, people who are sick and suffering deserve sympathy. To Hillary Clinton and Tipper Gore, they deserve government action.

That is why this chatty memoir is an important political document. It documents how great is luck for those who have it. But like the Bush administration itself, it fails to bridge the gap for those who don't. ■

THE WHITE HOUSE

WASHINGTON

August 12, 1994

Dr. Thomas M. Badger
Arkansas Children's Hospital
Research Institute
800 Marshall Street
Little Rock, AR 72202

Dear Tom:

It was so nice to hear from you. I was pleased to know you enjoyed the event at the White House in May. Thank you so much for sending the information so promptly on the programs you and I discussed. I hope things continue to progress well for the Arkansas Children's Hospital Research Institute.

With best wishes, I remain

Sincerely yours,

Hillary Rodham Clinton

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5/12/94 letter from **Tom Badger** of ACH Research Institute, thanking you for seeing him. He appreciates your continued interest and appreciated opportunity to attend Mothers Day Health Care for Women event on WH lawn. He had interesting conversation with Morris and Rita Pynoos.

He encloses summary of issues you discussed: USDA Human Nutrition Center, Clinical Toxicology Center and Alcohol and Drug Abuse Center. As you suggested, he will copy Carol Rasco.

[redacted] (b)(6)

0019

✓ See
✓ Direct to Jennifer Klein for response
___ File; NRN

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ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE

800 Marshall Street • Little Rock, AR 72202 • 501/320-3571 • TDD 501/320-1184

May 12, 1994

Hillary Rodham Clinton
Office of the First Lady
The White House
1600 Pennsylvania Avenue
Washington DC 20500-2000

Dear Hillary:

Thank you for taking the time to see me last Friday. I enjoyed the time you made in your busy schedule and appreciate your continued interest and support for the ACH Research Institute. I also appreciated the opportunity to attend the Mothers Day Health Care for Women event on the White House lawn. I sat next to Morris and Rita Pynoos and had a very interesting conversation. Very nice people.

The White House atmosphere is indeed exciting and everybody is so full of energy. My wife Cheryl and son Mark were envious.

Attached is a summary of the issues you and I discussed: the **USDA Human Nutrition Center**; the **Clinical Toxicology Center**; and the **Alcohol and Drug Abuse Center**. Planning is much more advanced for the Nutrition Center than the other two, with the current strategy calling for between $10-$13 million a year at the ACH Research Institute within the next four years, **so this is a real big deal to us**. If the opportunity arises, we could use some additional help in these three areas. As you suggested, I will copy Carol Rasco.

(b)(6)

001b

Thank you again.

Sincerely,

Tom

Thomas M. Badger, Ph.D.
Director
TEL 501-686-5206
FAX 501-686-6702

ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE

800 Marshall Street • Little Rock, AR 72202 • 501/320-3571 • TDD 501/320-1184

1. **HUMAN NUTRITION CENTER**

President Kennedy established a program for eight human nutrition centers under the Agriculture Research Service of the USDA. Currently, there are five funded centers and we are attempting to get the sixth one at ACH with the help of Dale Bumpers, Ray Thornton and David Pryor. The current plan now working its way through the process is to start with $2 million for Year 1, $5 million for Year 2, $8 million for Year 3, and $10-$13 million thereafter. The Year 4 figure is the current level of funding for the Baylor Center. Thus, this is a real big step and would be a needed shot in the arm for us. The USDA has site-visited ACH Research Institute for the science, and found us to be unique and better qualified for such a center than any other institution. They also feel that the areas of emphasis, "Developmental Nutrition" (brain development, development of obesity, development of the immune system, long term effects of dietary factors, bone development, etc), are needed areas of study. The only concern of the USDA relates to whether there will be additional funds put into the USDA budget to support a new center.

This Nutrition Center is absolutely the highest priority for the ACH Research Institute. We are uniquely qualified for such a center and the base funding that would accompany it will help establish us as a credible national child research institution. Any additional help along the way will be greatly appreciated.

2. **CLINICAL TOXICOLOGY CENTER**

Through Congressman Ray Thornton, $500,000 was appropriated for one year to set up a clinical program to determine the effects of acute and chronic pesticide exposures of children and their families. This is "Pass-Through" in the EPA budget that is to start July 1, 1994. Ray Thornton is working to continue this support for a full 5 years with the idea of eventually developing more solid base support for a "Clinical Toxicology Center" at ACH. This is, of course, now dependent upon yearly appropriations. The EPA has opposed this research and we are still waiting for a reply to the grant we submitted.

We could really use help in getting a **more solid base funding for the future**. With all the resistance we have had with convincing the EPA of the value of such a center, I was hoping that Vice President Al Gore's staff might be of help to establish communications with higher levels of EPA officials (perhaps even Ms. Browner). I was thinking that since Vice President Gore was instrumental in the appointment of Ms. Browner and is apparently especially interested in environmental issues of this type, we might get Mr. Gore's help in this matter. There really is no research center to address the possible long term effects of toxicants on developing children. Any help here would be appreciated.

3. **ALCOHOL AND DRUG ABUSE CENTER**

As you probably remember, we have had NIAAA and NIDA funding to study the effects of alcohol and drugs of abuse at ACH Research Institute and UAMS. The ACH Research Institute is in the perfect position to establish a center just for children and their families.

This center will focus on such issues as long term effects of in utero alcohol and drug exposure, adolescent alcohol and alcohol use, etc. This is closely related to the clinical toxicology center, because we really need to understand the long term effects of toxicants (we consider alcohol, cocaine, etc. as toxicants) on the developing fetus or child. We are now finding that adult health is affected by events that occurred in early life. For example, we suspect that in utero exposures to alcohol and other toxicants lead to the increased use of the health care system later in life (ie increased infection rates, etc). This may also be true of learning abilities. By understanding these factors and being able to diagnose these conditions, we hope to develop early intervention programs to prevent or reduce problems later in life. These ideas fit nicely into the priorities of NIH and the Research Society on Alcoholism (see the following pages).

There is a real need for a center dealing with alcohol and drugs on children, especially since other programs aimed at preventing the use of these drugs are not meeting with much success. This is an area in which ACH Research Institute could make some significant progress. I really do not know exactly what you can do for us here, except perhaps support funds going into this area of research, or perhaps helping to get such funds ear marked for a center at ACH.

In Summary, these are three areas in which we have the most to offer and the most to gain. They are quality programs in need of base funding. Any help you can give in these area would be wonderful. Thank you again for your support.

Research Society on Alcoholism

Youth and Adolescent Initiative

Background

While alcohol misuse presents a major risk for health and well-being throughout the life span, children and adolescents may be especially vulnerable to adverse effects both from direct exposure to alcohol and from the consequences of others' alcohol abuse. Alcohol is the most widely used substance (including legal drugs, illegal drugs, and tobacco) among all age groups of youth. Attitudes and expectancies regarding alcohol use are established at a very early age, and most persons first experiment with alcohol during childhood or adolescence. Misuse of alcohol by youth can have immediate devasting effects, including traffic accidents and acute alcohol poisoning and can be associated with other risky behaviors such as engaging in unprotected sex. Alcohol abuse in youth can interfere with school performance and contribute to a long-term pattern of poor social adjustment and failure, such problems can lead to a lifetime pattern of alcohol abuse and dependence. Genetic, psychological and environment factors may interact in determining risk for these adverse outcomes.

Research Opportunities

Researchers are faced with the challenge of identifying the mechanisms that underlie alcohols multiple effect on children and adolescents and developing effective age-appropriate prevention and treatment intervention. Research on youth is considered to encompass childhood through early young adulthood, of approximately the ages of 6-21. A broad range of research has been initiated by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) that includes biomedical neuroscience, behavioral, epidemiology, prevention, and treatment studies. **An additional $3 million in funding for NIAAA for fiscal year 1995 is necessary to continue research dealing specifically with alcohol problems in youth.** Some potential areas for further exploration include:

- Neurobiology of alcohol in youth and adolescence -Studies to determine biological markers that identify young children who are at increased risk for developing alcoholism. To study the specific actions of alcohol on the developing brain as well as metabolism in the non-adult organism. Alcohol may be metabolized differentially in youngsters. Alcohol may have unique effects on the developing brain, and result in specific deleterious consequences.

- Risk-taking behavior and decision-making - Studies on the development of attitudes and expectancies regarding alcohol use and their relationship to behavior; on the role of alcohol in decisions regarding risk-taking (e.g., sexual activity, driving after drinking); and the development of interventions to impact adolescent decision-making regarding alcohol use and other risk behaviors.

- Alcohol - related violence and youth - The effects of alcohol abuse in domestic violence on the witnessing offspring. The role of neuronal disinhibition in youths on alcohol-induced violence and the development of prevention and treatments.

- o Development of appropriate interventions - Studies to determine whether behavioral strategies developed with alcoholic adults work with adolescents who abuse alcohol. Research topics include development of methodologies to detect and assess early onset alcoholism in adolescence; identification of risk factors and the responsivity of these factors to different intervention strategies; and the development and evaluation of treatment interventions for alcohol-dependent youth.

- o Strategies to prevent or reduce access to alcohol by youth and change norms regarding its use - Studies to examine possible changes in law enforcement, regulations and policies (such as price changes, sales restrictions, and sanctions against drunk driving) as they affect youth access to alcohol and the acceptability of alcohol use with this population.

Research and Society on Alcoholism

Women and Alcohol Initiative

Background

Until quite recently alcoholism research was conducted primarily with male subjects, leaving critical gaps in our knowledge of women's drinking patterns and problems. Women respond to alcohol differently from men physiologically, psychologically and socially, creating a need for expanded studies into the epidemiology, etiology, psychosocial and medical consequences, treatment and prevention of female alcohol problems.

Recent studies involving women are revealing that prevalence, age at onset, clinical features, and course and outcome of alcohol problems can differ dramatically between women and men. Death rates for female alcoholics are 50 to 100 percent higher than for male alcoholics and a greater percentage of women drinkers develop alcohol-related medical problems such as liver cirrhosis and hemorrhagic stroke. Alcoholism research is now at the point where elucidation of gender differences and their implications for prevention, intervention, and treatment is needed.

Research Opportunities

Through the National Institute on Alcohol Abuse and Alcoholism (NIAAA) an integrated program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse and related problems is carried out. **An additional $3 million in funding for FY 1995 will enable NIAAA to further its research in alcohol related problems of women providing a basis for the development of prevention and treatment interventions.** Areas for further investigation include:

- Studies to elucidate important biological and psychological mechanisms which differentiate alcohol metabolism in men and women.
- Identification of genetic or biological markers that will be helpful in determining increased vulnerability of alcohol dependence in women.
- Studies to ascertain whether gender-specific alcohol interventions improve treatment efficacy for women, determine barriers to identifying, diagnosing and treating women.
- Studies on correlated diseases such as breast cancer, osteoporosis,and heart disease and their association with alcoholism.
- Development of prevention strategies targeted to particular groups of women identified at high risk for alcohol problems.
- Development of pharmacotherapies that provide more effective alcoholism treatment for women.

United States Department of State

Foreign Service Institute

National Foreign Affairs Training Center
4000 Arlington Boulevard
Arlington, Virginia 22204-1500

January 7, 1994

Pam Barnett
Office of the First Lady
Second Floor, West Wing
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Pam:

As I discussed with you on the phone, EPA selected me to spend this year in the State Department's Senior Seminar. (I have enclosed a brochure that describes the Seminar and this year's class.) One requirement of the Seminar is that I develop an independent work assignment for the month of February. I am pursuing several opportunities to do useful things on environmental issues, and have been offered the chance to go overseas. However, it occurs to me that my prior experience in the health field might be useful to the Administration's health reform effort. I am willing to do anything that is helpful, from policy analysis to making the coffee.

Earlier in my career, I worked on health care financing issues as a partner in Lewin & Associates, predecessor to Lewin-VHI, one of the most respected firms in the field. I am sure that Larry Lewin will vouch for my capabilities. I have not worked in on health issues for over ten years, so I am no expert. I am simply a career Federal executive who was once fairly conversant with health care financing and who is willing to work very hard during the month of February doing whatever will contribute to health care reform. I am not seeking permanent employment; I will return to EPA upon completion of the Senior Seminar at the end of May, 1994.

A brief vita is enclosed to help you consider my request. I greatly appreciate your help in this matter.

Sincerely

Ed Hanley

Edward J. Hanley

THE SENIOR SEMINAR Tel. (703) 302-7178
Room E-4114 FAX: (703) 302-7181

EDWARD J. HANLEY

1965-68 - U.S. Post Office Department: Management Intern, Special Assist. to Lawrence F. O'Brien, Postmaster General

1968-76 - Various consulting positions, culminating in Vice President/Partner, Lewin & Assoc., a small public policy firm specializing in health care, child care, and energy

1976-79 - Managing Partner of HANCO, a limited partnership created to purchase and operate a commercial property and retail hardware business

1979-present - Senior executive at Environmental Protection Agency in a variety of posts, most recently Deputy Assistant Administrator for Management; currently on assignment to The Senior Seminar, U.S. State Department

References:

Lawrence S. Lewin, President
Lewin-VHI, Incorporated
703/218-5500

Jon Cannon
Assistant Administrator, Admin. & Resources Management
Environmental Protection Agency
202/260-4600

Ambassador Fred Rondon
Dean, The Senior Seminar
703/302-7174

PHONE:

OFFICE: 703/302-7178

HOME: 703/573-3020

January 25, 1994

TO: Scott Johnson

FROM: Pam Barnett, Exec. Assistant to the First Lady for Domestic Policy
Pam

SUBJECT: Ed Hanley

I am attaching a copy of Ed's recent letter to me and his resume. He is currently Deputy Assistant Administrator for Management at EPA on assignment to the Senior Seminar, which is the most advanced professional development program available to high-level government officials. The month of February is devoted to an independent work assignment.

As I mentioned, he was one of Larry Lewin's early partners and has listed Lewin as a reference. He was a consultant on health care financing at that time. Although it is not reflected in his spare resume, I know that he has achieved some professional acclaim for his work on computers and their intra-communication. I know he has lectured abroad on this subject.

Ed is about 50, requires no baby-sitting, would be self-starting and is completely trustworthy. **He is not looking for a job**. He is a career civil servant, but he is a dyed-in-the-wool Democrat. His wife, Kate Hanley, is an elected official, a Fairfax County Supervisor.

We would be very lucky to have his assistance in February. If it is not viable, please let me know as soon as you can so he can look elsewhere.

Thanks!
Scott

THE WHITE HOUSE

WASHINGTON

June 20, 1994

PERSONAL
&
~~CONFIDENTIAL~~

Ms. Margaret Batchelor-White
3501-14th Street, N.W.
Washington, D.C. 20010

Dear Ms. Batchelor-White:

Thank you for your information concerning the Black Women's Agenda, Inc. Reforming the nation's health care system is one of the most important challenges facing our country.

The enclosed copies of the "B.W.A. Report" have provided me with a useful perspective on health care reform. Your comments, and those of others are an important source of information.

Thank you for taking the time to make your voice count.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

BCW(?)

Black Women's Agenda, Inc.

3501-14th Street, N.W.
Washington, D.C. 20010
(202) 387-4166
Fax (202) 387-6659

Diane
Send note from HRC
Thanks for the update
MAY 16 1994

May 12, 1994

Ms. Alexis Herman
Director of Public Liaison
/ Assistant to the President
Old Executive Office Building Room 122
Washington, DC 20500

Dear Ms. Herman:

It is the mission of the Black Women's Agenda, Inc. to protect and advance the needs and rights of Black women and their families, exclusively through research, dissemination of information, advocacy, education and training. Therefore, we would be remiss in our mission if we sat on the sidelines of the health care debate.

Enclosed are two copies of the B.W.A. Report, our organization's quarterly newsletter. This newsletter reaches more than one million households across the country. As you will see, the thrust of this issue is health care reform. It would be greatly appreciated if you could pass on a copy to First Lady Hillary Rodham Clinton. We want her to see what we are doing to disseminate information and we want her to know that we support her efforts for health care reform.

Sincerely,

Margaret Batchelor-White

Margaret Batchelor-White
President

959 EIGHTH AVENUE, NEW YORK Good Housekeeping NEW YORK 10019 (212) 649-2000 ▪ FAX 212-265-3307

F

June 1, 1994

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

Dear Mrs. Clinton:

Thank you so much for taking time out of your schedule to meet with me and other women's magazine editors last week. It was truly a pleasure meeting you and hearing your views on how health care reform will improve women's health in this country.

I know, from the many letters I receive every week, how concerned our readers are about health care. Our interview with you, which ran in the "Better Way" section last October, was very well received, and I am anxious to publish more news on health care reform in future issues.

I look forward to our next meeting.

Best wishes,

Donna Behen

Donna Behen
Medical Editor

THE WHITE HOUSE

WASHINGTON

April 8, 1994

Thomas L. Blair
11610 Highland Farm Road
Potomac, Maryland 20854

Dear Tom:

Thank you for writing to express your support for health care reform. Your letter highlights the inefficiencies and inequities that plague the health care system. The President's proposal for health care reform will make high quality, affordable health care available to all Americans.

As you note in your letter, the Health Maintenance Organization Act of 1973 gave federal guidance to the development and expansion of health maintenance organizations. The Act addressed some of the problems in the health care system that we face today -- escalating costs, limited access, and decreasing quality and choice. Like the HMO Act, the President's proposal for health care reform removes financial barriers to health care and ensures access to preventive services. However, the President's plan goes further to guarantee universal coverage to all Americans. After twenty years, the time has come once again for federal reform to redirect and stimulate the delivery of health care in this country.

Thank you again for your advice and support.

Sincerely yours,

Hillary Rodham Clinton

THOMAS L. BLAIR
11610 HIGHLAND FARM ROAD
POTOMAC, MD 20854

did I ever get a Mrst. pls draft

September 15, 1993

PHOTOCOPY
HRC HANDWRITING

Hillary Rodham Clinton
White House
1600 Pennsylvania Avenue
Washington, D.C.

PAM OCT 4 1993

Dear Mrs. Clinton:

Alice and I appreciate you hosting us at the White House last Saturday for dinner, a movie and stimulating conversation. More important, as I stated at dinner, I appreciate you grasping command of the Vietnam of Domestic Issues . . . health care reform.

During the past twenty years I succeeded in building national managed care companies (HMOs and PPOs) and selling them to major insurance companies. I quickly add, insurance companies that tend to consume more of their energies in sponsoring PGA Tours than making difficult health care decisions.

I have a somewhat cynical view of health care. The Tooth Fairy and this Country's health care system have similar qualities. They are both reassuring to believe in, but there is neither a Fairy nor a system.

While I have no personal agendas in health care . . . I have sold all my companies, I do have an interest in seeing constraints put on an inefficient industry that burdens those with jobs and abandons those without jobs. I also have a historical perspective that could be used to support your proposals. For example, the "Clinton Plan" is already being criticized as applying a layer of Federal bureaucracy to the health care industry. A stellar counter point to this criticism is the success of the Federal HMO Act of 1972. Most participants in today's health care debate would acknowledge that HMOs have been a positive influence in controlling health care expenditures. However, I'm not certain that many would recognize that it was the Federal HMO Act that spawned, financed, and now regulates most HMOs. For example, it was Federal grants and technical assistance that developed U.S. Healthcare, which is second only to Kaiser in HMO membership.

Again, thanks for an enjoyable evening. And, given that I live next door, if you or your staff are seeking someone to assist in developing support for your programs, please let me know how I might assist.

Sincerely,

Tom

Thomas L. Blair

F

LADIES' HOME Journal
100 Park Avenue · New York, NY 10017 · 212 351 · 3579

Myrna Blyth
Publishing Director
Editor-in-Chief

May 27, 1994

Hillary Rodham Clinton
Office of The First Lady
The White House
Room 100, OEOB
Washington, D.C. 20500

Dear Mrs. Clinton:

Thank you so much for inviting me to tea last week. As always, it was interesting and inspiring to be with you.

We write about women's health in every issue of Ladies' Home Journal, and I will certainly give added coverage in our fall issues. I also know the Journal's seventeen million readers would like to read another interview with you in the magazine. Our research shows that the piece you wrote for our November 1993 issue was very well read and well received by our readers.

I once suggested to Lisa Caputo that it would be interesting to do a piece with you that had a question-and-answer format with a group of selected Ladies' Home Journal readers asking the questions.

We would bring the readers to the White House and record and photograph your discussion. It would give you an additional opportunity to speak directly with "real" women and address their specific concerns. And these women would be an appropriate surrograte for our millions of readers, who, I know, would find the discussion very interesting.

I hope you like this idea. I'll call Lisa in a couple of weeks to see if it can be arranged.

All my best wishes,

Myrna Blyth

MB/ah

THE WHITE HOUSE

November 2, 1994

Ray Bourhis, Esq.
Ray Bourhis & Associates
1050 Battery Street
San Francisco, CA 94111

Dear Ray:

I am sorry that it has taken so long for your letters to reach my desk. I very much appreciate your taking the time -- several times -- to respond to my questions about insurance reform. Ironically, though, as we continue our work on health care reform, your comments are timely again.

I have shared your letter with Jennifer Klein on my staff and have asked her to work with the Justice Department on this issue. As part of their Civil Justice Reform Project, they are considering studying unfair insurance trade practices. I have also asked Jennifer to contact you as this project continues.

With best wishes, I am

Sincerely yours,

Hillary Rodham Clinton

PERSONAL
&
~~CONFIDENTIAL~~

TO: Hillary Rodham Clinton
FROM: Jennifer Klein J.K.
DATE: 10/28/94
RE: Ray Bourhis

You had asked me to look into the series of letters from Ray Bourhis to various people in the Administration. He has been writing since last year, but has not yet received an appropriate response. I would recommend sending the attached response. The issues he raises -- federal regulation of insurance and the creation of a Presidential Commission to study unfair insurance practices -- are, according to the Justice and Labor Departments, quite controversial, so I did not think you should take a position in writing. I will follow up with Mr. Bourhis.

THE WHITE HOUSE

WASHINGTON

September 9, 1994

Mr. John Burry, Jr.
Blue Cross & Blue Shield of Ohio
2060 East 9th Street
Cleveland, OH 44115-1355

Dear Mr. Burry:

Thank you for writing to share your concerns about Medical Savings Accounts. As you may know, the health care reform bill introduced by Congressman Gephardt includes Medical Savings Accounts as one of many avenues for small businesses and individuals to purchase health insurance. The Gephardt bill couples this option, however, with an emphasis on prevention. By giving all Americans access to preventive care, people will be able to seek medical attention before their illnesses are serious and costly -- which will both improve health and save valuable health care dollars.

The President is continuing to fight to guarantee private health insurance to all American families. Without universal coverage, the poor will continue to receive health care through government programs and the wealthy will continue to be able to afford to purchase coverage, while the middle class will remain at risk. And without universal coverage, cost shifting and the need of individuals without insurance to rely on costly emergency care will persist, causing health care costs to continue to skyrocket.

Thank you again for your thoughtful comments. The President and I look forward to continuing to work with Congress to make health security a reality for all Americans.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

BlueCross BlueShield of Ohio

John Burry, Jr.
Chairman &
Chief Executive Officer

2060 East Ninth Street
Cleveland, Ohio 44115-1355

May 13, 1994

Hillary Rodham Clinton
The First Lady
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Mrs. Clinton:

As Congress continues to consider various health care reform proposals, the idea of Medical Savings Accounts appears to be gaining in popularity among some members. I initially reacted positively to this idea, but after careful scrutiny and analysis I have concluded that, while well intended, if enacted into legislation Medical Savings Accounts will have devastating consequences to our health care system.

The enclosed booklet explains how I reached my conclusions. I hope you find it informative. Should you have any questions about my views on this issue, please feel free to contact me.

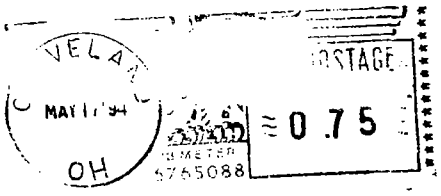
Very truly yours,

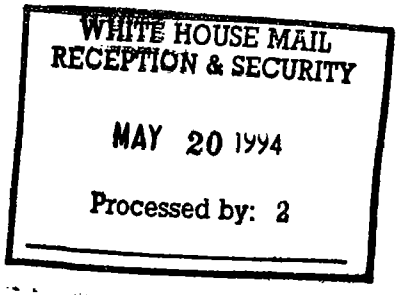
John Burry, Jr.

Enclosure

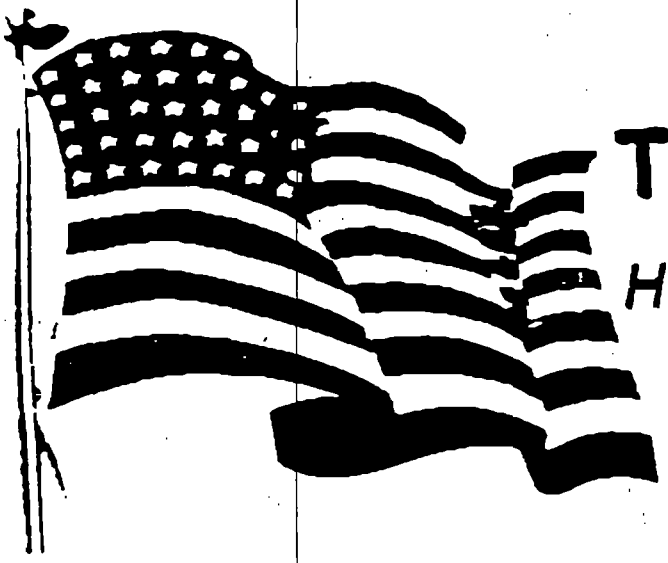
BlueCross BlueShield
of Ohio

2060 East 9th Street
Cleveland, OH 44115-1355





Hillary Rodham Clinton
The First Lady
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500



The White House

Health Care Delivery Room

Phone: 202/456-2566

FAX: 202/456-6485

TO: Jesselyn Brown/Jennifer

FAX: Medical Savings Accounts

PHONE:

FROM: Christine Heenan

DATE: 6 28 94

PAGES: 5
(Including
This Page)

"THE COMPREHENSIVE FAMILY HEALTH ACCESS AND SAVINGS ACT" (GRAMM-MCCAIN): SUMMARY

The Gramm/McCain bill attempts to make health care insurance more portable and affordable by eliminating state requirements for minimum insurance benefits to create a market for "bare bones" health plans which would cover only major medical expenses. Tax incentives and government assistance would encourage the purchase of such plans. The bill would also create tax free "Medisave" accounts, much like Individual Retirement Accounts, which individuals would use to pay small medical bills. Individuals would pay for routine care and deductibles out of "Medisave" accounts, only using insurance for serious or catastrophic care. All "Medisave" funds not used for routine treatment would be retained by the individual for future medical expenses, creating an incentive to keep unnecessary health care use down.

In addition, employers who currently provide health insurance would be required to offer the employee an option of a "Medisave" account, an HMO, or continue their current coverage. The self-employed and uninsured would be allowed to exclude from their income the percentage of medical insurance coverage costs equal to the national average contributed by employers. This would also create an incentive to choose lower cost "bare bones" or HMO plans.

Under the Gramm/McCain bill, health care insurance companies would be prohibited from excluding individuals with pre-existing conditions from coverage but could charge a higher rate. There would be no limit on how much higher the premiums could be, but federal subsidies would be available if the cost exceeded a percentage of family income. Insurance discounts would be offered to individuals who engage in activities determined to constitute a "healthy" lifestyle. Federal assistance would be reduced for individuals who engage in "unhealthy" activities.

"THE COMPREHENSIVE FAMILY HEALTH ACCESS AND SAVINGS ACT" (GRAMM-MCCAIN): SOME CONCERNS

There are some components of even this proposal with which we can find common ground. Like Senators Gramm and McCain, we believe that relying on consumers to make informed choices should be the centerpiece of our health care system. Like Senators Gramm and McCain, we believe that consumers should share in the financial responsibility for purchasing their insurance coverage and paying for their care in order to make these decisions sensitive to cost.

But we cannot support the Gramm-McCain bill because it does not provide security for all Americans -- in fact it puts Americans at even greater risk than are today. The sponsors of this plan believe comprehensive benefits are the problem, not the solution, encouraging "bare bones" insurance policies. This plan leaves insurance companies in the driver's seat -- free to drop people or raise their rates for any reason. And it actually encourages them to jack up your rates if you have been sick or have a pre-exisiting condition.

The Comprehensive Family Health Access and Savings Act is guilty of false advertising. It is not comprehensive. It does not improve access. And it does not provide any savings.

Encourages "Bare-Bones" Policies

We believe that all Americans should be guaranteed a comprehensive package of benefits that can never be taken a away. Not only does this bill not provide comprehensive benefits, it encourages everyone to purchase bare bones policies which cover only catastrophic health care costs. Every time you see your doctor means draining your savings. In fact, the only comprehensive thing about this bill is the word in its title.

Does not Achieve Universal Coverage

The Gramm/McCain bill makes no promise of universal coverage. It does not require that anyone -- businesses or individuals -- take responsiblity for health care coverage. As a result millions of Americans will be left without insurance, millions more will be underinsured with only bare bones protection, and those who have good coverage will continue to pick up the tab for those who don't.

Legalizes Discrimination Against Those with Pre-existing Conditions

The Gramm/McCain bill says that people with pre-existing health conditions will be expected to pay at least 50 percent more than other people in their area and it could be even higher.

Discourages Cost-Effective Preventive Care

We believe our health care system should encourage prevention to keep people healthy rather than treating them when they get sick. By making people pay for routine care, including preventive services, out of their own pockets, this plan encourages them to avoid seeking care altogether in hopes of saving this expenses. This will only lead to people waiting until they are really sick before seeing their doctor when treatment will be much more expensive.

Establishes a New Health Police?

Not only does the Gramm/McCain bill maintain insurance company and government interference in the examining room, it wants to invite them into your home. It says that insurance companies can charge a higher rate and any government assistance will be reduced, if you engage in an unhealthy lifestyle. To enforce this, perhaps we can expect insurance company spot checks of our dinners to make sure we are eating our vegetables, surprise government weigh-ins at work to make sure we haven't put on a few pounds, or supermarket cashiers required to call for approval to ring up our groceries.

Tells Consumers to Go it Alone

We believe that by having individuals and small businesses join together they will be able to bargain for good coverage at affordable rates -- just like big companies do today. Under this plan its everyone for themselves bargaining with doctors and hospitals for discounts. This plan expects that everyone will have the medical knowledge of C. Everett Koop, the financial sense of J.P. Morgan and the negotiating skill of Henry Kissinger.

Sacrifices Quality

This plan has no quality standards, eliminates basic protections for insurance plans and provides no information to consumers on the quality of plans or the effectiveness of treatments. It puts the burden on consumers to make choices about their treatment but gives them no tools to do so. This plan is not the least bit concerned about people's health or the quality of care received as long as it costs less.

"The Bureaucracy and Paperwork Preservation Act"

We believe that health care reform should simplify the system for doctors and patients by reducing paperwork and administrative redtape that are choking our health care system. They believe that confusing insurance policy fine print and mountains of forms are nothing we need to worry about. According to them, its fine for us to spend our money, billions of dollars, on waste, fraud, and other things which do nothing to make us healthier.

Clinton Presidential Records
Digital Records Marker

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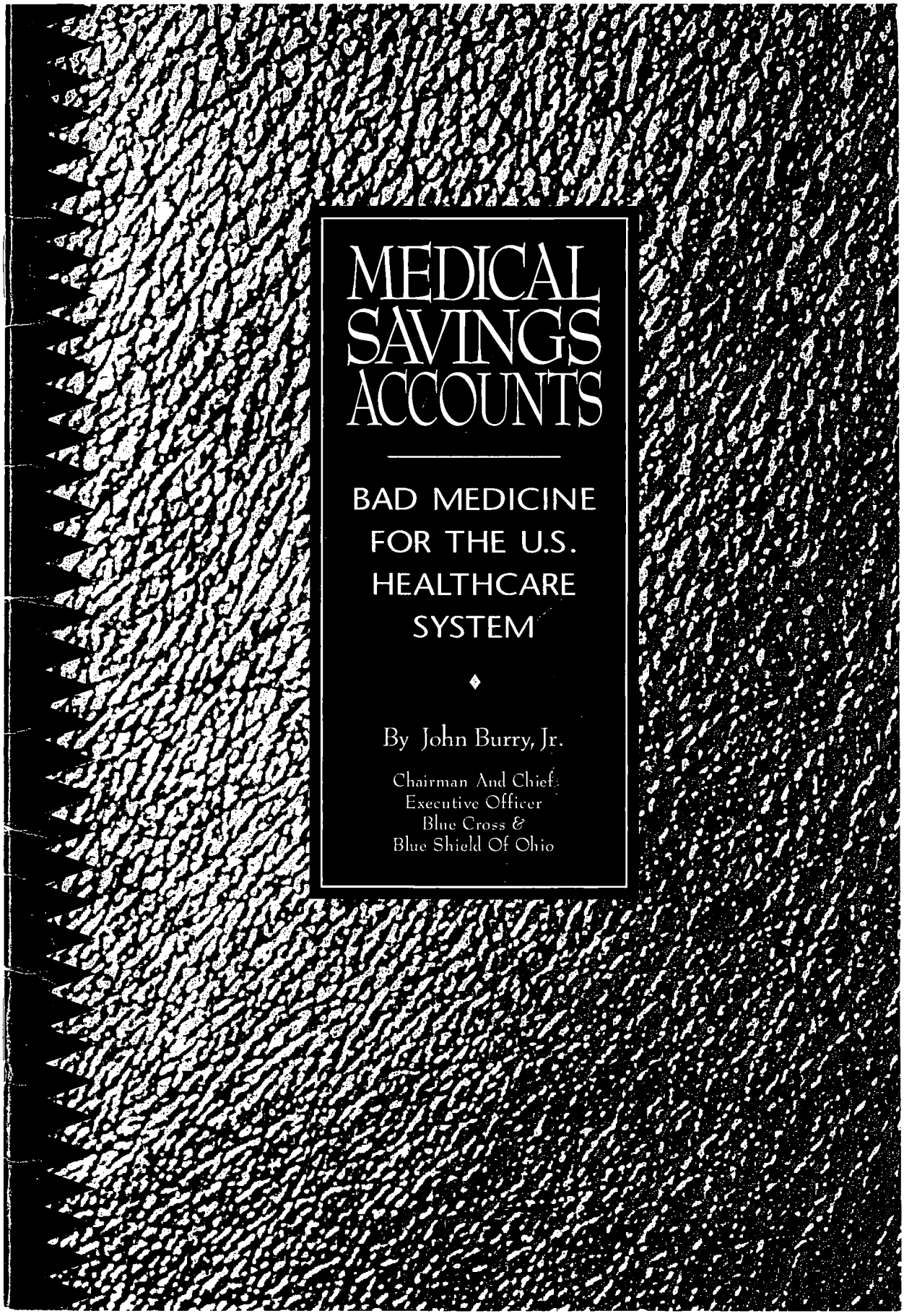
Medical Savings Accounts
Bad Medicine for the U.S.
Healthcare System
[Booklet] [19 pages]


MEDICAL SAVINGS ACCOUNTS
BAD MEDICINE FOR THE U.S. HEALTHCARE SYSTEM
By John Burry, Jr.
Chairman And Chief Executive Officer
Blue Cross & Blue Shield Of Ohio

bcc: ALEXIS HERMAN
MARILYN
YAGER

THE WHITE HOUSE

WASHINGTON

February 24, 1994

Mr. August A. Busch III
Chairman of the Board and President
Anheuser-Busch Companies, Inc.
One Busch Place
St. Louis, MO 63118

Dear Mr. Busch:

Thank you for meeting with us again to discuss health care reform and for your continuing support. I appreciated receiving your letter dated January 20 reiterating that Anheuser-Busch agrees that universal coverage and a defined benefit package are essential parts of national health care reform.

You noted in your letter that ERISA preemption is critical to multi-state employers. The Administration agrees that multi-state employers must not be forced to contend with multiple and often inconsistent state requirements. As a result, under the proposed Health Security Act, ERISA preemption will continue to apply to corporate alliance plans. The only exception is in states that form a single payer system, where employers eligible to form corporate alliances may be required to join the single payer system.

You also raised the possibility of allowing large employers to move in and out of regional alliances. We are concerned about risk selection within regional alliances, but are interested in hearing alternatives to ensure that regional alliances maintain steady risk pools.

Again, thank you for your thoughtful comments and ongoing support. I look forward to continuing to work with you in the coming months.

Sincerely yours,

Hillary

Hillary Rodham Clinton

Thanks for your advice and support —

cc: Ira Magaziner

ANHEUSER-BUSCH COMPANIES

August A. Busch III
Chairman of the Board
and President

January 20, 1994

PAM JAN 24 1994

Ms. Hillary Rodham Clinton
The White House
Washington, D.C. 20500

Dear Ms. Clinton:

Thank you for the opportunity to participate in Wednesday's meeting. As expected, it was a very informative session.

I hope some of the comments that were made during the meeting regarding a cohesive effort to pass the health care bill will be helpful in your deliberations.

We at Anheuser-Busch support your key principles of universal care, a defined benefit package, and coverage for retirees. We will communicate our support to our wholesaler family throughout the country and will assist in any way possible as you work with Congress on health care reform.

As I suggested at the meeting, it would be beneficial to your efforts to keep the Washington offices of many of the larger U.S. corporations fully informed as developments occur. In addition, I think it would be very effective if you personally contacted some of the key people in the Business Roundtable. I conveyed these thoughts to Alexis Herman before I left Washington.

I would like to make two additional points, if I may. First, the ERISA exemption is critical to multi-state employers. Having to work under 50 different state plans vs. one U.S. government plan would substantially increase cost and complicate administration. Second, as I mentioned to Ira Magaziner the last time we were in Washington and as you briefly discussed in your opening comments, the once-in, never-out provision of the Regional Alliances is highly restrictive. As we all well know, the world changes at an ever-increasing rate, and nothing is forever.

Again, many thanks for the opportunity to participate. We stand ready to help.

Sincerely,

August A. Busch III

cc: Alexis Herman

Anheuser-Busch Companies, Inc.
Executive Offices
One Busch Place
St. Louis, MO U.S.A. 63118-1852
Telex 447 117 ANBUSCH STL