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Carnegie Corporation of New York

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David A. Hamburg, M.D.
President

September 30, 1994

MEMORANDUM

TO: Melanne Verveer

FROM: David A. Hamburg DAH

Thank you very much for your call. I enjoyed our conversation as I always do. The notion of a meeting on child health in the United States is an attractive one. Perhaps we can recapture the spirit of our January 1993 discussion in Blair House. Since then, the First Lady and her colleagues have no doubt acquired much insight into child health through their prodigious efforts in behalf of health care reform.

The Carnegie approach during the past decade has taken a broad view of child health, putting it in the context of all factors that influence healthy development during childhood and adolescence. This inevitably relates health to education and to the social environment that powerfully shapes the long-term results of development. Within this framework, we have put our main emphasis on prevention of casualties and promotion of health because of the lifelong consequences that flow from experiences in the early years.

The United States government has very strong capabilities in this field, especially in the Department of Health and Human Services. Foundations can contribute through the scope and flexibility of their action. In the first instance, we do this by adding to dependable knowledge about the problem being addressed. In addition to stimulating and supporting new research, we try from time to time to pull together research from many different sources to make a coherent account--providing an intelligible, credible synthesis of major facets of healthy child development. We try very hard to connect this information with people who could make use of it for constructive social purposes. Although this often means the relevant professions, we deeply believe that it is crucial for the public at large to have

considerable understanding of ways in which healthy child development can be fostered. This is one of the important contributions the First Lady has already made; she could do even more in the next couple of years.

Foundations also tend to use existing and emerging knowledge for the creation of models or demonstrations that show how the knowledge could be used to solve a problem in the real world. In doing so, we build in feasible measures to evaluate the results, to sort out what is good for whom under what conditions. We try to spot interesting innovations across the country--of course there are a great many--and undertake careful assessment of the best practices available. All that gives foundations the sense of what is possible, the most important frontiers and ways in which we can achieve better results than we are now getting. Thus, foundations can have a stimulating effect upon the nation, but they are simply too small to bring about a truly national transformation of the sort that is needed in view of the serious problems and heavy casualties we are experiencing in childhood and adolescence today. This is where the First Lady's continuing commitment can make an immense contribution.

In light of these considerations, it makes sense to invite to the forthcoming meeting on child health some key people from the United States government and from foundations. I attach a list of reasonable people to invite from the foundation community. I would be glad to discuss these at your convenience. In constructing such a meeting, you will of course have to balance two competing considerations: inviting enough people to get around the contours of these complex problems, and yet not inviting so many that meaningful exchange is impaired.

Various approaches might well be useful over the next couple of years. I will not comment on a legislative strategy since we have no special competence in that field and it appears problematic at best under present circumstances. A strategy focusing on the Executive Branch would permit more options. In the spirit of reinventing government, better ways of using existing funds and human resources can be delineated. This effort is well under way, but it necessarily takes time and would surely benefit from a specific, well-informed focus on child and adolescent development.

Best of all from my perspective would be an educational strategy, using the bully pulpit function of high office. This approach is singularly important in child health because public understanding has a direct and strong bearing on the shaping of healthy lifestyles, as well as judicious use of the health care system and the fundamental uses of education for health.

Carnegie, like several other foundations, has been particularly interested in building a professional consensus on the base of the best available scientific work, linking independent experts with the policy community, and informing the public as widely as possible. From these efforts, we have sorted out key issues and constructive approaches. What follows is a substantive summary of the issues in child health that could profitably be addressed in the fall meeting and over the next couple of years.

Enclosures

SUGGESTED FOUNDATION INVITEES TO FALL MEETING
ON CHILD HEALTH

Barbara Blum
President
Foundation for Child Development
345 East 46th Street, Suite 700
New York, New York 10017
Tel: 212/697-3150

Karen Davis
President
The Commonwealth Foundation
One East 75th Street
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Tel: 212/535-0400

Beatrix A. Hamburg
President
The William T. Grant Foundation
515 Fifth Avenue
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Tel: 212/752-0071

David A. Hamburg
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Douglas W. Nelson
Executive Director
Annie E. Casey Foundation
701 St. Paul Street
Baltimore, Maryland 21202
Tel: 410/547-6600

Rebecca W. Rimel
President and Chief Executive Officer
The Pew Charitable Trusts
One Commerce Square
2005 Market Street, Suite 1700
Philadelphia, Pennsylvania 19103
Tel: 215/575-4700

Adele Simmons
President
The John D. and Catherine T. MacArthur
Foundation
140 South Dearborn Street
Chicago, Illinois 60603
Tel: 312/726-8000

Vivien Stewart
Chair, Program on Education and Healthy
Development of Children and Youth
Carnegie Corporation of New York
437 Madison Avenue
New York, New York 10022
Tel: 212/371-3200

Valora Washington
Vice President for Children and Youth
W. K. Kellogg Foundation
400 North Avenue
Battle Creek, Michigan 491-7-3398
Tel: 616/968-1611

If you go beyond a small meeting, you might want to invite the following people:

Bruce J. Anderson
President
The Danforth Foundation
231 South Bemiston Avenue, Suite 1080
St. Louis, Missouri 63105-1996
Tel: 314/862-6200

Robert B. Rogers
President
Ewing Marion Kauffman Foundation
4900 Oak
Kansas City, Missouri 64112-2776
Tel: 816/932-1000

If the meeting is to deal substantially with financing of child health care, then it would be worthwhile to invite the following people as well:

Drew E. Altman
President
The Henry J. Kaiser Family foundation
2400 Sand Hill Road
Menlo Park, California 94025
Tel: 415/854-9400

Richard E. Behrman
Managing Director
David and Lucille Packard Foundation
Center for the Future of Children
300 2nd Street, Suite 102
Los Altos, California 94022

Steven A. Schroeder
President
The Robert Wood Johnson Foundation
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Princeton, New Jersey 08543-2316
Tel: 609/243-5902

TOWARD HEALTHY CHILD DEVELOPMENT

A WAY OF VIEWING HEALTHY CHILD DEVELOPMENT

The human child is an ancient creature, shaped by many millennia of biological evolution in ways that pose critical requirements for adequate development. These essential requirements simply have to be met if the child is to grow and develop, to thrive and learn and pursue a vigorous, constructive, adaptable life. These requirements have always been difficult to meet; but if met, they provide profound advantages to our species--ways of learning and adapting and creating that are unparalleled in the annals of life on earth.

During their years of growth and development, children need dependable attachments, protection, guidance, stimulation, nurturance, and ways of coping with adversity. Infants, in particular, need caregivers who can promote attachment and thereby form the fundamental basis for decent human relationships throughout the child's life. Similarly, early adolescents need to connect with people who can facilitate their momentous transition to adulthood with sensitivity and understanding. Usually, despite the radical transformations of recent times, such people are within the child's immediate family; if not, they exist to some extent in the extended family. But if these caregivers cannot provide the necessary conditions for healthy development, then others must make an explicit effort to connect children with persons outside the family who have the right attributes and also the durability to do so.

The role of the family as the fundamental unit responsible for the health, education, and general well-being of children is crucial. Whatever has happened to it, it is still the central organizing principle of society. Yet there have been dramatic changes in the structure and function of American families in just a few decades. Some of these changes

represent new opportunities and tangible benefits. Others represent serious jeopardy to the well-being of children--on a large enough scale to pose a major problem for the entire society.

So we must find different ways to meet the essential requirements for healthy child and adolescent development--not only through the family, but also through a set of pivotal institutions that have a strong bearing on the outcomes.

To meet the requirements for healthy child and adolescent development, intervention should start early with family-equivalent functions. The pivotal institutions are schools, churches, community organizations, child care agencies, and the health care system--all augmented by educational functions of the media. A developmental sequence of interventions starts with prenatal care and goes on to preventive pediatric care, parent education, social supports for young families, high-quality child care, and preschool education. The next step is upgrading of the elementary and middle grade school experience as these schools develop partnerships with strong sectors of American society.

PREVENTING THE CASUALTIES OF EARLY LIFE

Many indices show that the United States is suffering heavy casualties during the years of growth and development--in educational failure, poor health, and very high-risk behavior. Generally, these casualty rates are considerably higher than those of other technically advanced democracies.

Within the scientific and professional communities, a remarkable consensus is emerging on the conditions that influence child and adolescent development--and how parents and others can cope with the changes in a competent way. Much has become known about

ways to prevent the damage being done to children. It is crucial now to have well-informed, wide-ranging, multi-faceted public discussions so that constructive decisions can be made by individual families and by policymakers.

What are the essential requirements for healthy child development and the principal opportunities for meeting these requirements? Can we illuminate a developmental sequence of experiences fostering healthy child development and ways of accomplishing this sequence under contemporary American conditions? In what ways can families be strengthened (if necessary) to meet the developmental requirements? What extra-familial influences can strongly help to meet them? For fulfilling the requirements of healthy child development, what motivation, information, skills, and professional services are highly beneficial? For each phase of development, is there a strong scientific-professional consensus on these questions? These questions need to be addressed in informed public discussion guided by responsible leaders. They need to begin at the beginning: our youngest children.

What could be more important than a decent start in life? All the rest depends on this foundation. The first few years provide the opportunity for a decent start. Such a beginning greatly increases the odds of good health, lifelong learning, the acquisition of constructive skills, and the development of valued human attributes including prosocial behavior. In short, the time from conception through the third year has a great bearing on physical, cognitive, emotional, and social development--for better or worse.

If there is not a decent start, opportunities are diminished for constructive development throughout childhood and adolescence. Some of this is reversible later at high cost. Some is not reversible at any cost. If a poor start leaves an enduring legacy of

impairment, then high costs follow. They may show up in various systems: health, education, justice. We call them by many names: disease, disability, ignorance, incompetence, hatred, violence. By whatever name, these outcomes involve severe economic and social penalties for the entire society. So this is a high stakes game we are playing with our children and hence with the future of our nation.

Progress in child health during this century has been great, yet very uneven. Progress has come from improved social and economic conditions as well as great advances in biomedical science, public health, and pediatric practice.

Preventive Interventions in the First Few Years of Life

As a consequence of efforts to improve the health of children, programs have grown up in a categorical and fragmented manner which often fails to provide comprehensive and integrated services for children. During the past decade, we have mainly been treading water. We need now to formulate a vision of what it would take to fulfill the promise of present knowledge for the health of all our children. To do so, we need to build a consensus on crucial elements:

1) Preparation for parenthood through accurate, meaningful education for children and adolescents in schools, in families, and communities.

2) Availability of family planning services for all sexually active men and women, including adolescents; this means not only contraception but true planning of families based on knowledge and judgement.

3) Prenatal care during all pregnancies, beginning in the first trimester of pregnancy. This should include educational and social support components.

4) Obstetrical and prenatal care environments which enhance opportunities for early attachment between parents and infant.

5) Optimal nutrition during pregnancy and beyond.

6) A stimulating, growth-promoting, health-protective environment in the early years.

7) Arrangements for day care for children of working parents as needed--care of high quality to foster development, not custodial in nature.

8) Completion of immunizations against all of the preventable diseases for all children.

9) Conjunction of child health and social services to minimize the occurrence of disorders such as failure to thrive, developmental attrition, and child abuse.

10) Early detection of developmental disabilities and the provision of appropriate services to provide effective care.

11) School health services, including early detection and treatment of learning disorders.

12) Strengthening of research, not only on the disorders of childhood and adolescence but on developmental biology as well as the development of long-term healthy lifestyles.

Preventive services have been found to be effective and indeed cost-effective. One of the reasons the United States compares so unfavorably with the other established democracies

on measures of health status (infant mortality being a powerful example) is our failure to emphasize primary and preventive care. One of the main contributors to the cost escalation in the health care sector has been the nation's fascination with expensive tertiary care while neglecting investment in prevention. Yet, the knowledge base on preventive interventions has grown.

Many of the causes of damage to children are interrelated and potentially preventable at reasonable cost. One vivid example is prenatal care--now weak or absent for at least a quarter of pregnant women in the United States. Yet prenatal care has a powerful capacity to prevent lifelong damage and is highly cost effective. At its best, prenatal care is a two-generation intervention that helps both children and parents.

High-quality, early prenatal care for all pregnant women is the essential building block for children's healthy development. It should include vigorous outreach efforts to bring poor young women into prenatal care early.

The essential components of prenatal care are medical care, education, and social support services. Education begins with prenatal care because early, effective care protects the vulnerable brain of the growing fetus, thus allowing the child later to develop its full learning capacities; and it makes use of the distinctive motivation of the pregnant mother as well as the young father to strengthen their knowledge and skill in caring for themselves and their prospective baby. Moreover, the educational component of prenatal care can be expanded to include a constructive examination of options for the life course--links to job training, formal schooling, or other education likely to improve prospects for the future of

the young family. In poor communities, young parents need a dependable person who can provide social support for health and education through the months of pregnancy and beyond.

If the United States implements this enlarged vision of prenatal care, every year many thousands of babies could be saved. But save them for what? Further opportunities are needed to foster healthy child and adolescent development. Evidence is accumulating that interventions in the first few years and then in early adolescence can shape a person's lifelong course in healthy, learning, constructive ways:

o Well-baby care with emphasis on disease prevention and health promotion;

o Parent education to strengthen competence and build close parent-child relationships;

o Social support networks in which parents give mutual aid to foster health and education for their children and themselves;

o Child care of high quality outside the home, especially in day care centers;

o Preschool education in the Head Start mode; enhanced education in elementary and middle grade schools; and

o Constructive activities beyond school hours in community- based organizations.

Such interventions have strong potential to prevent damage as reflected in indices of health and education.

Well-baby care oriented to preventing lifelong damage is vital not only for child health but for building parental competence. This care gives well-informed guidance and emotional support to help families attain healthy lifestyles. It provides vital services--for

example, early treatment of ear infections and correction of vision deficits so that hearing and visual impairments do not interfere with education.

Five crucial aspects of high-quality child health care need to be considered. It should be comprehensive, continuous, coordinated, accessible, accountable. These desiderata for poor communities constitute something more than a hypothetical ideal. A concrete example has been of national importance over several decades: community health centers, originally known as neighborhood health centers. They still flourish in various parts of the country despite inadequate funding. They offer a range of medical and support services in the community and have proved their accessibility to low-income populations. Some of these centers have been carefully evaluated, and the evidence of their value is clear.

The most effective preventive medicine for infants is immunization against the common infections of childhood. Clearly the best course to pursue is comprehensive immunization at appropriate times in the earliest years. The administration's bold initiative in this field needs to be widely understood and pursued with long-term commitment.

A substantial amount of research in child development makes clear that intervention programs can help parents become teachers of their own children--at least to make clear to their children the strong value they put on intellectual achievement and constructive human relations. Research has shown that quality day care plus parent education can yield strong results in cognitive and social development during infancy and early childhood in high-risk urban poverty populations. Often the adolescent mothers involved in these intervention efforts benefit as manifested by their going on to higher levels of education; and there is some evidence of beneficial effects on younger siblings. Like prenatal care, this can be a

two-generation intervention--benefiting young parents and their children, even for the entire life span.

The lessons of Head Start have wide applicability. This kind of early stimulation, encouragement, instruction and health care--all with substantial parental involvement--can also be incorporated into a variety of child care settings, and thereby help to reduce casualties. The linkage of health and education is fundamental in these interventions. The basic concepts can be usefully adapted to earlier ages. But Head Start is not best seen as a one-time event--akin to immunization. Rather, it is a valuable part of a development-promotion sequence throughout childhood and adolescence.

Home visiting by human services professionals can be a relatively efficient and effective way of addressing the many needs of poor families with young children. Home visitors can engage family members in solving problems of housing, food, health, child rearing, child development, and family relationships.

Research evaluations of home visiting programs show that they can have beneficial effects on health and well-being, especially for poor adolescent mothers and their families. Families that have had the benefit of home visiting have lower rates of small-for-gestational-age and low-birthweight babies, the babies are healthier at birth, have fewer accidents in the first year of life, are immunized more often, experience less child abuse and neglect, and show improved cognitive performance. These benefits can be long lasting, as demonstrated by the best- studied early intervention programs aimed at preventing damage to disadvantaged children.

Barriers to Health Care for Young Children

Research has clarified five barriers that stand between children and preventive primary health care: 1) Absence of insurance or other source of financing. 2) Capacity problems in the health care system. 3) Services that are not "user friendly". 4) Lack of motivation to seek health care. 5) Serious social disorganization in the community.

Research and field experience suggest that the first barrier--having no source of payment for care--is the most potent one. When children and their families have insurance, they are able to increase their participation in preventive services and health care generally. However, access to health insurance does not level the playing field, particularly for high-risk and/or low-income children and pregnant women. Access to insurance is not equivalent to access to health care, and reducing the financial barrier does not necessarily eliminate the other four.

A wealth of experience gives clues about what to do to improve the health care system, in addition to providing all citizens with a financing source for health care.

Increasing service capacity. There are several clear remedies for increasing the service capacity of distressed communities. They include increasing grant-supported services such as community health centers; supporting the training and deployment of health professionals and mid-level professionals (nurse-midwives, physicians assistants) committed to working in medically underserved areas; and delivering care in unconventional ways and in unconventional settings (e.g. services provided via home visiting, through school-based clinics, or in conjunction with Head Start centers).

Making services more "user friendly". Achieving this goal through broad scale changes in national policy is not easy because the tone and details of services usually are set by leaders at the local rather than at the national level. But standards of performance, training funds, and incentives that emanate from central sources, such as the federal government, can signal attention to these intangibles, and highlight success stories.

Increasing motivation. Raising the level of motivation and information that individuals need to act in their own best interests requires education, social support, and outreach to those who, despite a functioning health care system, still fail to use its most basic offerings, such as immunizations.

Repairing social disintegration. The last barrier, the disintegration of our poorest communities is, of course, one of the most pressing national problems. It has little to do with health or preventive services, and much to do with poverty, discrimination, economic development, revitalization of schools, and the strengthening of families and communities.

EARLY ADOLESCENCE: A CRITICAL AND NEGLECTED OPPORTUNITY

Early adolescence (ages 10-15) is a crucially formative and badly neglected period. It is a time of biological upheaval and social transition. There is much exploratory behavior, including very risky behavior that has lifelong significance. Many dangerous patterns emerge during these years: becoming alienated from school and dropping out; starting to smoke cigarettes, drink alcohol, and use other drugs; starting to drive automobiles and motorcycles in high-risk ways; not eating an adequate diet or exercising enough; risking

early pregnancy and sexually transmitted diseases; and in some ways worst of all, undertaking the use of weapons, even highly destructive ones.

Initially, adolescents explore these new possibilities tentatively. Experimentation is typical of adolescence. Before damaging patterns are firmly established, there is a vital opportunity to prevent lifelong casualties. This opportunity is frequently missed in most communities now--all too often with tragic results.

Preventive Interventions for Early Adolescents

The public policy response to adolescence has been problem specific, often overlooking the underlying needs of adolescents under contemporary conditions. To meet the essential requirements for healthy adolescent development, we must help adolescents to acquire constructive knowledge and skills, inquiring habits of mind, dependable human relationships, a reliable basis for earning respect, a sense of belonging in a valued group, and a way of being useful to others. These basic needs can be met by a conjunction of pivotal institutions: family; school; churches; community-based organizations; the health-care system; and the media.

Interventions in early adolescence include:

1) Reforming middle grade schools to create small communities for learning, where stable, close relationships with adults and peers allow for intellectual and personal growth.

2) Creating school environments which promote healthy lifestyles, with particular emphasis on a life sciences curriculum.

3) Training in life skills including decisionmaking, conflict resolution, and resistence to peer pressure.

4) Strengthening social support mechanisms for adolescents by reengaging families with their children's schools, and, where necessary, providing mentors to supplement the family.

5) Creating safe havens in community-based organizations after school, when many adolescents are left alone, and where healthy lifestyles could be learned.

6) Providing a perception of opportunity and of value to the community for adolescents by engaging them in community service, and work-study programs.

7) Making health care services and counseling available in "adolescent friendly" and accessible locations, including school-based or school-linked.

As children experience puberty and emerge into an era in which they feel they should quickly become adults, they in effect ask, "How shall I use my body?" Any responsible education system must answer that basic question with a substantial life sciences curriculum that gives them accurate information about their bodies, including the effects of various high-risk behavior patterns. But information is not enough.

Life skills training can become a vital part of education in schools and community organizations, so that adolescents can learn how to make informed, deliberate and constructive decisions--rather than ignorant, impulsive, and destructive ones. Such training can also enhance their interpersonal skills, their ways of relating decently to others, learning from their experiences, even unpleasant ones, such as how conflicts can be resolved without

violence. Skills can be developed for establishing dependable friendships and participating in supportive problem-solving groups. But even this is not enough.

People need people, especially to weather the inevitable difficulties of growing up, the stresses of education, and the turbulent search for ways to protect our own health and the health of those we care about. To the extent that contemporary families are unable to meet these needs, specially designed social support interventions can be exceedingly helpful.

Thus, the life sciences curriculum linked with life skills training and social support interventions can provide the vital information, skills and motivation necessary to meet the requirements for healthy adolescent development. Moreover, this conjunction of information, skills and motivation for development, indeed for survival, can be provided through the foresight and cooperation of several pivotal institutions that powerfully shape the transition from childhood to adulthood: family, schools, health care system, media, and community organizations that reach out to youth.

But there is still a serious unmet need for accessible health care. It may be at or near the school. In any event, it must be arranged in such a way that adolescents can clearly recognize that the care is available, within reach, and adapted to their distinctive needs.

Education can contribute to the development of healthy lifestyles. Through education in various channels, motivation may be strengthened and sustained, accurate information assimilated, and relevant skills developed. Such education involves not only the schools and health professionals but also the media. Family, churches, and community organizations can contribute as well. In poor communities, a key element in motivation is the perception of opportunity. Without such perception and concomitant hope, there is little incentive to avoid

the immediate pleasures associated with psychoactive drugs and other health-damaging behavior.

Recent school-based and community-wide preventive interventions have been carried out in careful research designs. These focus on cigarette smoking but have made some extension to alcohol and other drugs as well--"gateway" substances. The results are clear: It is feasible to diminish substantially the use of gateway substances in early adolescence. Moreover, this can be done in a way that enhances personal and social competence pertinent to other aspects of adolescent development. In school and out, it is possible to build competence, to earn respect, to construct a friendship group capable of resisting pressure to use drugs, and to delineate a vision of an attractive future and prospects for a decent life. An important part of this in poorer communities has to do with making early opportunities visible to young people before the drug pathway becomes firmly established. Work-study activities are helpful in this regard, along with training in essential, generic employability skills and practical employment counseling.

Nearly one million adolescents between the ages of twelve and nineteen are victims of violent crimes each year, and this has been true at least since 1985. Over all the concerns about adolescent violence hangs the threat of firearms. Yet, there is overwhelming evidence that we can intervene effectively in the lives of young people to reduce or prevent their involvement in violence. For example, research indicates that conflict resolution and mediation programs show positive effects in reducing violence. Assertiveness, taught as a social skill, helps young help learn how to resist unwanted pressures and intimidation, resolve conflicts nonviolently, and make sound decisions about the use of weapons.

Programs which promote healthy and enduring relationships with adults as well as peers, such as mentoring and community-based youth activities, have the potential to provide constructive alternatives to joining violent groups.

Barriers to Health Care for Adolescents

Many adolescents are in need of preventive primary health care and treatment for health problems, yet they are likely to face barriers to these services. There is a growing consensus about these barriers: 1) Lack of health insurance and limitations in coverage. 2) Inadequate information about the availability of services. 3) Health services that may not be appropriate to the adolescent developmental and experiential levels. 4) Scarcity of experienced and well-trained health providers who treat the health problems of adolescents, especially when the adolescents are poor and uninsured. 5) Lack of independent legal access to services. 6) Concerns about parental consent and notification and fear that confidentiality will be breached. 7) Gaps among service systems for adolescents with multiple health problems.

There are numerous examples of promising adolescent health promotion, primary prevention, and treatment interventions, but they have been implemented only sporadically. These promising interventions can provide considerable guidance for program implementation and the continuing design of more effective approaches for adolescents.

OVERCOMING DISADVANTAGE

The problems of children in poverty intensify--indeed dramatically highlight--the problems of modern societies altogether. The poignant dilemma is that great technical advances are associated with massive dislocations--and children are often caught in the crunch, especially in the inner city. Degraded conditions became a breeding ground for disease and violence. So it is clearly in the self-interest of the entire nation to consider the well-being of all our children.

For the child growing up in an area of concentrated poverty, two crucial prerequisites to healthy, constructive development appear to be seriously lacking: secure attachments to dependable and successful adults, and the perception that opportunities exist in the mainstream economy. To the extent that families and communities are eroded, disintegrated, or otherwise weakened under circumstances of persistent poverty and social depreciation, it is necessary to focus on other social support networks--by strengthening the family or by providing substitute experiences that meet these essential needs.

With younger children, social supports have to become a deliberate feature of effective interventions throughout development: in prenatal care, child care, preschool education, after-school and Saturday experiences during elementary years, and in the reform of the middle grade schools. At every level, in some developmentally appropriate way, it is possible to construct parent groups, parent education, outreach to families through indigenous paraprofessionals, and links with professionals as needed for more serious problems. In short, social support networks that sustain effort and hope are crucial for health and education in poor communities.

A variety of organizations and institutions can provide supplements or even surrogates for parents, older siblings, and an extended family. Across the country there are encouraging examples of such interventions. Some are based in churches (such as the initiative of the Congress of National Black Churches), some are based in community organizations (e.g. Boys and Girls Clubs), others involve youth service (Campus Compact, based in colleges and universities), and others are based in minority organizations. The central point here is that churches, schools, community organizations, and businesses can build constructive social support networks that attract disadvantaged youngsters in ways that foster their health, their education, and their capacity to be accepted rather than rejected by the mainstream society.

CONCLUDING COMMENT

In this unique society--probably the most technically advanced, affluent, and democratic the world has ever known--the crucially formative years of childhood and adolescence have become battlefields, literally as well as figuratively. Our schools as well as our hospitals and our streets are littered with avoidable casualties. The time has come to make a nationwide, research-based effort to reduce greatly the killing, maiming, and enormous waste of talent.

We can make many constructive responses to the casualties of early life. Some interventions are well documented. Others are promising, but the research is too limited for definitive answers. We can make substantial progress by deepening our understanding of human development, by fostering public understanding of our children's urgent needs and

opportunities, and by strengthening our scientific and professional commitment to tackle these problems over a wide spectrum of constructive approaches.

There is reason to believe that powerful sectors have begun to converge on the problems of children: business, government, clergy, media, science and several professionals including the military. If a broad public consensus emerges on the facts, multi-sectoral leadership continues to grow, and constructive policy options are fully considered, we could see a real transformation in the health and well-being of all our children. The First Lady could provide extraordinary leadership for this great effort. Some possibilities include highlighting promising approaches, mobilizing multiple sectors of society, and examining needed linkages between existing services. The First Lady could do a great deal to educate the public and policymakers. One option would be through a high-level mechanism such as a Council on Children and Families. No doubt she would utilize a variety of opportunities for this vital mission, always conveying to the American people an accurate and inspiring picture of what is needed and what is possible. In this way, she would make a contribution of enduring value.

David A. Hamburg, M.D.
President
Carnegie Corporation of New York

THE WHITE HOUSE

October 31, 1994

Allen Harris, R.N.,C.
Kaiser Foundation Medical Center
2590 Geary Boulevard
San Francisco, California 94115

Dear Mr. Harris:

Thank you for writing about the Terry Beirn Community Program for Clinical Research on AIDS (CPCRA). As you know, the CPCRA plans and conducts community-based clinical trials of experimental treatments for AIDS.

In your note, you raised concern about reductions in the CPCRA budget. The budget for the CPCRA for fiscal year 1995 is approximately $20 million, as it was in fiscal year 1994. The CPCRA recently awarded contracts to 12 existing and four new community-based research sites. Five existing sites will be phased out over the next few years based on the evaluations of an independent peer review.

Thank you again for writing. Please feel free to contact Jennifer Klein at (202) 456-2599 with any additional questions or concerns.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

Handled by phone

call.

J. Klein

V.P. Von Hoard

Results

Generating Political Will to End Hunger

July 16, 1994

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

Dear Ms. Clinton,

Over the last decade, the House and Senate Foreign Operations Subcommittees have played a leadership role in assuring increased funding for child survival, basic education and micronutrients such as vitamin A which have helped saved the lives of four million children each year. In 1994, Congress removed binding funding levels and child survival funding was cut for the first time in a decade.

"The Clinton administration," says *The Arizona Daily Star*, "has been inexcusably slow to grasp the importance of reserving money for child survival, and last year the Agency for International Development cut child survival funding by $40 million below 1993 levels and basic education by $30 million. There is no justification for this. It represents the first cut in child survival money since the fund was created 10 years ago."

The Senate foreign aid appropriation bill provides the following binding funding levels: $185 million for child survival; $135 million for basic education and $25 million for micronutrients. We urge House and Senate conferees to agree to the Senate's binding levels.

Sincerely,

Sam Harris

Sam Harris
Executive Director

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Editorial Comment on the FY 95 Foreign Aid Appropriations Bill

Congress should specify that the U.S. Agency for International Development provide funding for child survival, basic education and micronutrient programs at or above the 1993 level.

> "The Progress of Nations," *Albuquerque Journal,*
> June 27, 1994.

New Jersey's House members should urge the House conferees to accept the Senate's funding levels and the binding language requiring USAID to devote these resources to children and families.

> "Save the children," *The Times*: Trenton, NJ,
> June 23, 1994.

What the Senate bill does is to earmark a certain amount of foreign aid money for child survival so that it can't be shifted to some other use...Now the full Senate has to approve it, and then a joint House-Senate conference committee.

> "New foreign aid priorities," *The Arizona Daily Star*: Tucson, AZ,
> June 23, 1994.

The $285 million that the U.S. would set aside for such "child survival" programs under a foreign aid amendment sponsored by Sen. Mitch McConnell looks like an enlightened investment, one that can contribute to social and economic progress at reasonable cost...Sen. McConnell and his allies are pushing in the right direction. They deserve to carry the day on the floor and in negotiations with the House.

> "Foreign aid for children," *The Courier-Journal*: Louisville, KY,
> June 26, 1994.

In the United States, one way people can help is to support earmarking foreign aid funds to be used for child survival, basic education and nutritional supplements...The earmarking, which is not included in the House version of the bill, is necessary since the Clinton Administration last year cut funding for Third World children's programs...

> "'Progress of Nations' report shows goals are achievable", *The Ann Arbor News*: Ann Arbor, MI,
> June 27, 1994.

Comment

The Arizona Daily Star
Founded 1877

Stephen E. Auslander, Editor Michael E. Pulitzer, Publisher
James M. Kiser, Editorial Page Editor

EDITORIALS

New foreign aid priorities

When the Senate takes up a foreign aid bill, probably this week, it will consider a change in how the aid is spent. As unimportant as the action may seem, it could save the lives of millions of children in developing countries.

What the Senate bill does is to earmark a certain amount of foreign aid money for child survival so that it can't be shifted to some other use. Immunizing, feeding and teaching children in developing nations is not as politically rewarding as filling special requests of foreign leaders, but it is a sounder, more long-lasting use of foreign aid money.

The Clinton administration has been inexcusably slow to grasp the importance of reserving money for child survival, and last year the Agency for International Development cut child survival funding by $40 million below 1993 levels and basic education by $30 million. There is no justification for this. It represents the first cut in child survival money since the fund was created 10 years ago.

Arizona's Sen. Dennis DeConcini managed to earmark child survival money as the bill emerged from the Senate appropriations subcommittee on foreign operations. Now the full Senate has to approve it, and then a joint House-Senate conference committee.

The way the bill stands now, it would restore the cut money, spending $285 million for child survival, $135 million for basic education and $25 million for micronutrients such as Vitamin A. Deficiency of Vitamin A causes 250,000 children a year to go blind.

In a new report for UNICEF entitled "The Progress of Nations," author Peter Adamson points out that people tend to see the Third World as a theater for tragedy where nothing relieves the miseries and disasters. In fact, remarkable success stories happen all the time in the poor nations when they are given the simplest tools. Oral rehydration with a salt solution something like Gatorade prevents the diarrhea deaths of a million children a year. Yet millions without access to it continue to die.

Since the mid-1980s there have been 3 million fewer child deaths because of inexpensive vaccine series sent by countries like the United States, yet 2 million children a year continue to die from vaccine-preventable diseases.

World Bank studies show that for each additional year of educating girls – long neglected in developing countries – there is a 10 percent decrease in both birth rates and child death rates, as well as a 10 percent to 20 percent increase in wages. That is a small remedy of a traditional neglect that yields rich rewards in return.

Not a dollar more in foreign aid is asked for this year – simply a shift in priorities. It seems eminently wiser for the U.S. government to invest in the right projects than to let it siphon off money toward less urgent, less prolonged benefits.

You build a nation through its people, and the earlier you affect its tiniest citizens, the deeper the impact for stabilizing and democratizing its future.

THE ANN ARBOR NEWS MONDAY, JUNE 27, 1994

UNICEF

'Progress of Nations' report shows goals are achievable

Each year the United Nations Children's Fund puts out a report that evaluates and ranks nations according to how well they treat their citizens, particularly their children. It provides an instrument for holding governments accountable on a level that is more difficult to judge than the strength of the economy or military.

The 1994 "Progress of Nations" is a 54-page report that paints a picture of a world in which many countries, poor and rich alike, are beginning to achieve some of the international goals set at the 1990 World Summit for Children. That's truly good news, even though there is still much work to be done.

The report provides an instrument for holding governments accountable on a level that is more difficult to judge than the strength of the economy or military.

Progress continues to be made, for example, in immunizing children. The summit goals call for 90 percent immunization for infants by the year 2000. The report shows that in 1978, only 15 percent of developing world's children were being immunized for simple childhood diseases. That figure now has climbed to 80 percent.

Also, more Third World governments are beginning to use oral rehydration therapy to prevent deaths caused by diarrhea. The result is that about 1 million more lives are being saved today, compared to a decade ago when the simple, inexpensive therapy moved out of laboratories and into real lives. Still, 3 million children each year die because of the effects of diarrhea. Yet, when countries like Zambia, Cameroon, Bhutan, Cuba, Uruguay and Venezuela can successfully treat more than 80 percent of those suffering from diarrnea, there is reason for hope.

One goal that UNICEF seeks to accomplish through the annual report is to overcome malnutrition. About 55 percent of 13 million children under 5 die from malnutrition each year. Simple, inexpensive steps can be taken to decrease deaths from malnutrition, beginning with promoting breastfeeding over bottle feeding and educating parents on how to feed children a balanced diet.

Providing adults with know-how, the report says, is one of the best ways to achieve results in all areas – education, health care, nutrition, family planning, equality for women.

Governments also need to be active participants. For example, by doing something as simple as adding iodine to salt, governments can reduce iodine deficiency. The lack of iodine in diets causes mental deterioration, which is especially severe for children, dry skin and a subnormal metabolic rate.

Peter Adamson, the editor of "Progress of Nations" says that the conditions that support improvement in the meeting human needs are these: A functioning democracy tends to be good for children. Equally important is the commitment of the government's leaders, in democracies or not, to improving living conditions. Another key is the willingness of governments and people to use technologies and techniques in which we have the ability to achieve a lot for a small investment, such as providing Vitamin A supplements.

In the United States, one way people can help is to support earmarking foreign aid funds to be used for child survival, basic education and nutritional supplements. The Senate is debating the 1995 foreign aid funding bill this week and next, and in its version, has set aside $692 million out of a $10.9 billion for those purposes. The money is channeled through the U.S. Agency for International Development. The earmarking, which is not included in the House version of the bill, is necessary since the Clinton administration last year cut funding for Third World children programs by $40 million. The Senate bill would return funding to 1993 levels. It's a minimal step in support of programs that actually work.

The measures provided in UNICEF's "Progess of Nations" are tools that people can use to advocate for better living conditions at home and abroad. By pointing out where needs are being met, the report provides role models; by showing where needs are not met, the report shows where the world community can work to bring about change. It points the way, but progress still depends on the willingness of people to use the report and other tools to improve our world.

The Courier-Journal

SUNDAY, JUNE 26, 1994

Foreign aid for children

THE appalling events in some poor countries — war, famine, political turmoil — would seem to be grounds for unrelieved pessimism about the prospects for many millions of people.

In fact, according to the annual report of the United Nations Childrens Fund, these horrors obscure steady, sometimes dramatic progress that developing nations have made in improving nutrition, health and education. What's no less striking is that big improvements can be made for relatively modest sums.

The $285 million that the U. S. would set aside for such "child survival" programs under a foreign aid amendment sponsored by Sen. Mitch McConnell looks like an enlightened investment, one that can contribute to social and economic progress at reasonable cost. Contrary to Clinton administration wishes, the measure would restrict use of the money to these purposes.

The means exist, UNICEF argues, to control the scourges that kill or cripple children in poor countries, including blindness that results from lack of Vitamin A and diseases like polio and measles that can be slowed by immunization. A simple therapy combats dehydration caused by widespread diarrhea. The McConnell amendment would advance such efforts.

Addressing basic health, nutritional and educational deficiencies is very much in line with the booming interest in backing "microenterprises" — tiny ventures, almost always run by women, that have begun to stir economic activity in places where there is very little.

As *The Wall Street Journal* reports, even big multilateral agencies like the World Bank, under ferocious attack again for financing huge development projects that often leave people worse off, are buying into the idea that it's productive to build from the bottom up.

Sen. McConnell and his allies are pushing in the right direction. They deserve to carry the day on the floor and in negotiations with the House.

The Times

JUNE 23, 1994

Save the children

We Americans read and hear of massacres in Rwanda, of seemingly endless fighting in Bosnia, of food shortages in Haiti, of man-made suffering all across the planet, and our natural reaction is to throw up our hands in despair. How can we possibly mitigate these complex tragedies?

One thing to keep in mind is this: that far greater numbers of children die every year of chronic poverty than of war. They die not of massacres but of measles and dehydration. Nearly 13 million children perish annually of preventable malnutrition and disease. *And we know how to prevent this.*

Global investment in child survival is saving millions of children's lives each year. Yet the effort is falling far short of the ability. UNICEF's Progress of Nations report, released this week, noted that, thanks to increased global immunization rates, there are three million fewer child deaths annually. Yet two million continue to die from vaccine-preventable diseases. With oral rehydration therapy — a simple Gatorade-like solution now used by nearly 40 percent of the world's families — one million child deaths are prevented each year. But three million continue to die from dehydration. Basic education to all, especially girls, decreases birthrates and child death rates; yet 60 percent of girls in sub-Saharan Africa and 47 percent in South Asia don't reach fifth grade.

Sadly, cuts in U.S. foreign aid for life-saving child survival and basic education programs indicate that the Clinton administration fails to fully recognize those basic, doable strategies that can protect children around the world. This year, for the first time in a decade, the U.S. Agency for International Development (USAID) *cut* funding to child survival, vitamin A and basic education programs. That happened after Congress eliminated earmarks (binding funding levels) for 1994 foreign aid spending, giving USAID freedom to allocate funds as it chose.

Last month the House approved a foreign aid funding bill that held child survival and basic education funds at their 1993 levels and again failed to earmark them. However, on June 16, the Senate Appropriations Committee reported out a bill containing binding funding levels of $285 million for child survival ($10 million above the 1993 level), $135 million for basic education and $25 million for micronutrients. The bill calls for NO increase in the overall foreign aid budget. Sen. Frank Lautenberg, D-N.J., as a member of the committee's Foreign Operations Subcommittee, was a key player in getting this done.

Assuming Senate passage of the bill, the focus will then be on the House-Senate conference to reconcile the two versions. New Jersey's House members should urge the House conferees to accept the Senate's funding levels and the binding language requiring USAID to devote these resources to children and families. If America cares about the world's future, and averting human anguish, it will seize this golden opportunity.

Trenton, New Jersey

ALBUQUERQUE JOURNAL

Monday, June 27, 1994

The Progress of Nations

Take a look at the salt shaker on the kitchen table. Those ordinary-looking crystals have helped prevent terrible health problems in America for decades, ever since manufacturers started fortifying salt with iodine.

People who don't have sufficient iodine in their diets can suffer from goiter and reduced mental and physical performance. For newborns, insufficient iodine can lead to mental retardation.

But a health problem that is mostly a distant memory in America continues to exact a terrible toll in many developing nations, especially among children. It is one of many health problems that can be prevented easily and cheaply — *if* people have basic knowledge and funding to combat the problems.

The United Nations Children's Fund last week drew much-needed attention to the progress nations have made in improving the health and well-being of children. In a 50-page report, UNICEF also showed that millions of children continue to suffer unnecessarily.

Peter Adamson, the report's editor, said the public — after seeing the carnage in Rwanda and scenes of starvation and deprivation in other countries — may view developing countries as places of tragedy and hopelessness.

But, in fact, some of the poorest nations in the world are making huge progress in bettering the lives of children. And they are doing that with a tiny fraction of the funds that nations spend on bombs, guns and tanks.

Take the example of iodine. According to UNICEF and the World Health Organization, efforts to educate the public and increase iodization of salt are paying off. More than half a billion people in the 12 most seriously affected countries have started using iodized salt in the past five years — and an estimated 120 million children were spared from iodine deficiency. Adamson is convinced most salt supplies in the world will be iodized by 1995.

Other problems such as severe Vitamin A deficiency will take longer to overcome. More progress can be made only if nations continue their commitment to improving children's lives. That commitment includes money.

The United States, which provides funding for some of the health improvement projects, should make sure funds for these critical programs aren't reduced. Congress should specify that the U.S. Agency for International Development provide funding for child survival, basic education and micronutrient programs at or above the 1993 level. Funding for some of the programs was reduced for this year.

Our own nation falls short in its treatment of some children, although many problems here are different than those in developing nations, the report said. According to the World Health Organization, the United States is first among the industrialized nations in the rate of teen-agers who are murdered.

Despite the continuing problems here and around the world, Adamson and others who worked on the UNICEF report are right to emphasize what has been accomplished. In many cases, small steps taken by people at the grassroots level have led to big changes in the lives of individual children.

Local workers such as teachers and nurses, who have learned how important the contents of a salt shaker can be, are transforming young lives for the better. But they need the support of the United States and the rest of the world if they are to extend these small, health-saving — and life-saving — measures to every child.

Press-Telegram
604 Pine Avenue, Long Beach, Calif. 90844

WEDNESDAY, JUNE 22, 1994

Children who will survive

It's sometimes overwhelming to think about the millions of children around the world who needlessly die because of malnutrition, preventable diseases and lack of access to adequate health care. And for those who are maimed or orphaned by wars raging in places like Rwanda, Bosnia and Yemen, remedies often seem hopelessly elusive.

But, according to the editor of a United Nations Children's Fund (UNICEF) report, millions of children are alive today because an increasing number of governments are implementing child-centered programs designed to save lives, while improving the quality of life. Peter Adamson, an adviser to the executive director of UNICEF and editor of The Progress of Nations annual report, shared this good news Tuesday with a group of editorial writers across the country and Canada. In an one-hour telephone conference call, Adamson told how some poor countries have taken meaningful strides to increase immunization rates, decrease malnutrition and expand primary educational opportunities.

It is a mistake to picture developing countries as a theater in which only tragedies are played. This view belies the fact that more than 90 percent of the children in poor countries like Zimbabwe, Sri Lanka, Jamaica, Cuba and Botswana are now guaranteed primary school education. It would overlook the momentum that has been building around the world for all governments to provide iodized salt or other food with iodine to all its citizenry. In the last five years alone, supplementary iodine programs have saved millions of children from being born severely mentally retarded.

There are about 3.5 million children walking around and playing today who would have been disabled by polio had there not been government-sponsored vaccination programs. Another 2 million children a year escape a fatal encounter with measles, while an additional 1 million will survive the dreadful dehydration of diarrheal diseases.

Thousands of volunteers from the developing countries are spreading the word about family planning, oral rehydration therapies for children with diarrhea and the benefits of immunization. Some of them get involved in prenatal health, nutrition planning and literacy programs. These are not the famous individuals whose good works will be featured in books, magazines or on television. They are the foot soldiers who are trying to make a difference in their own communities. Sometimes that difference is startling: Sri Lanka has an 88 percent literacy rate, although the per capita income is only $540 per year. When compared to Saudi Arabia, which has a per capita income of $7,940, but a literacy rate of only 62 percent, it becomes obvious that money isn't the only barometer by which to measure a country's progress.

The nongovernmental organizations, the World Health Organization and UNICEF should also be credited for many of the advances that have been made in the past 20 years. These organizations lobby government leaders around the world to adopt and fund programs that protect and promote children. UNICEF alone has met with 100 of the world's presidents and prime ministers, attempting to show the long-term cost effectiveness of eradicating preventable diseases.

The organizations' current test is to convince the Clinton administration to maintain foreign assistance funding for child survival and basic education programs. For the first time in a decade, the U.S. Agency for International Development last year cut funding to such programs. In May, the House recommended that funding be restored to 1993 funding levels, but did not make the recommendation binding. It's now up to the Senate. If lawmakers are interested in continuing the admittedly slow, but steady progress of improving conditions for the world's children, they will reject attempts to cut the relatively modest amounts of foreign aid that helps them.

The Oregonian

MONDAY, JUNE 27, 1994

Good news about kids

Worldwide child-survival programs claim a growing number of living, breathing success stories

Take a break from bad-news headlines. It's time to hear some good news about the state of the world's children.

The attention the developing and industrialized worlds have paid to child survival in the last several years has yielded significant results:

- Two million children throughout the world *won't* die of measles in 1994, because immunizations are protecting them.
- One million children *won't* die from dehydration caused by diarrheal disease because their families have been taught inexpensive, life-saving oral-rehydration techniques.
- Hundreds of thousands of newborns and children *won't* suffer mental retardation this year because iodine has been added to their salt supply.

"In sheer scale and human impact, these successes are just as important as any of the famines and wars," said Peter Adamson, author of "Progress of Nations," Unicef's annual accounting of child welfare.

Adamson talked to The Oregonian recently to shine a spotlight on the success of child-survival programs.

"People think the Third World is a stage on which no light ever falls," he said. "That simply isn't true. There are stories happening on that stage that aren't tragedies. Millions of people are working, unrecognized, there and throughout the world every day to make things better."

There is, of course, plenty more the United States and other countries can do to promote child welfare here and abroad. Increasing the amount of U.S. foreign aid earmarked to child survival and fully funding nutrition programs for American mothers and infant children are two places to start.

But those statistics are for another day.

Today, think about all those running, playing, singing, living children who have been saved. And go ahead and smile.

The Oakland Tribune.

The patient's prognosis: better than you think

CARNAGE in Rwanda. Starvation in Ethiopia. Death and mayhem in Bosnia. The world is going to hell in a handbasket, right?

Well . . . yes. And no.

We hear all about the yes. But we hear precious little about the no, according to RESULTS, a citizens' lobby formed to create the political will to end poverty and to work with the United Nations Children's Fund (UNICEF).

Wonderful, incredible strides have been made toward making the world a safer and better place in the past decade, especially for children. But the gloom and doom we read about day after day have given the impression that if things are changing at all they're changing for the worse. And that, according to RESULTS, has instilled a resignation bordering on despair that is keeping the citizens of the industrialized world from getting involved in further change.

UNICEF last week released its second annual Progress of Nations report, a country by country comparison of progress made toward meeting the basic needs of families and children. It is a staggering collection of statistics that shows literally millions of children surviving and leading better lives because of progress in health and education made in the past decade.

> A lot of wonderful and encouraging things have been happening with the world's children. We need to keep up the drumbeat.

Millions of children saved

Some examples among many:

➤ In the early 1980s 4 million children were dying every year from dehydration due to diarrhea. Because of oral rehydration therapy, a simple Gatorade-like solution now utilized by 40 percent of the world's families, 1 million child deaths are prevented a year.

➤ The number of deaths from measles has dropped from 2.5 million to 1 million. Millions of kids who might have been crippled from polio are healthy, because of vaccines (an effort in which Rotary International played a major part).

➤ Literacy rates are going up around the globe. Zimbabwe, for example, tripled the number of students in primary school in 18 months, and now 94 percent of that nation's children reach grade 5.

➤ Because so many girls are now going to school, birth rates and child death rates are going down.

The Progress of Nations report does not sugarcoat the way things are. It illuminates changes that still need to be made everywhere, including the industrialized nations, whose children increasingly are being felled by suicide, murder, child abuse, neglect. It points out that too many children still die from diarrhea, polio, measles, that 60 percent of girls in sub-Saharan Africa and 47 percent in South Asia drop out of school before they reach the fifth grade.

But the report does accentuate the positive, in part because those who worked on it feel that the steady litany of bad news is turning people away

Theater of tragedy

In a conference call with this newspaper, Sam Harris of RESULTS and Peter Adamson of UNICEF spoke repeatedly of "political will," to end poverty and their fear that it is eroding. They took pains to avoid criticizing the news media for disseminating bad news, and acknowledged that relief organizations often emphasize the downside to get people to contribute.

But both said they've found a "disillusionment that sets in. People think it's not worth helping because the problems are unsolvable," as Adamson put it.

Harris found the United States a nation "in deep despair," and in Europe, Adamson said, "there is a colossal distortion of public perception. It's much worse than the reality." Citizens of the industrialized nations, Adamson said, think of the developing world as "a theater of tragedy."

Vaccines and other solutions that could save millions of lives are tantalizingly close, Adamson said; they need only money and the political will that will make the money available.

The only specific expenditure the pair mentioned was the decision this spring by the U.S. Agency for International Development to cut $40 million from its child survival budget this year and $30 million from its basic education budget. It is the first cut in these funds in 10 years and they want Congress to restore the money to at least last year's levels, in binding language that would force AID from cutting it again.

Those seem like reasonable and necessary requests. But the larger thrust of UNICEF's argument also is important. We get so weary from hearing about all the bad things that are happening that we forget about the very real progress that is being made.

UNICEF's message: We've come a long way, further than you could possibly imagine; we have a way to go. Don't give up. Those are words to live by.

The Oregonian

MONDAY, JUNE 27, 1994

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"In sheer scale and human impact, these successes are just as important as any of the famines and wars," said Peter Adamson, author of "Progress of Nations," Unicef's annual accounting of child welfare.

Adamson talked to The Oregonian recently to shine a spotlight on the success of child-survival programs.

"People think the Third World is a stage on which no light ever falls," he said. "That simply isn't true. There are stories happening on that stage that aren't tragedies. Millions of people are working, unrecognized, there and throughout the world every day to make things better."

There is, of course, plenty more the United States and other countries can do to promote child welfare here and abroad. Increasing the amount of U.S. foreign aid earmarked to child survival and fully funding nutrition programs for American mothers and infant children are two places to start.

But those statistics are for another day.

Today, think about all those running, playing, singing, living children who have been saved. And go ahead and smile.

JOHN NICHOLS

Breaking down walls of cynicism that allow children to die


Nichols

If there is one reality that frustrates Peter Adamson, it is that life-and-death issues affecting the children of the world will never get the same attention as the exploits of an O.J. Simpson.

For all our talk about valuing children, as a society we pay them very little mind.

Adamson, the editor of the *United Nations Children's Fund's* annual "Progress of Nations" reports, has just released a monumental study regarding the prospects of the world's youngsters. It is a sweeping document, packed with vital information about infant mortality, nutrition, education and all the issues that *we dutifully say are our chief* concerns.

But Adamson knows that the cause to which he has devoted his life will never get the same attention as an ex-football player with a gun, a desperate look in his eyes and a few miles of freeway ahead of him.

"It's the No. 1 problem in my work. I'm not saying 'Journalist X should not write about O.J. Simpson and should write about oral rehydration,'" Adamson told me the other day from his office is Brussels. "All I'm saying is that there are real human-impact stories that get lost in the media today, and I just wish that once a year they could get some attention."

As a journalist who is often *critical of the celebrity obsession* that has overwhelmed modern media, I still feel guilty talking with someone like Adamson. He reminds me of the stories that remain essentially untold. And of the suffering that results.

In the scheme of things, the Progress of Nations report that Adamson released in Brussels this week was an encouraging *document*.

"Our main theme with the report is that in a year that has seen a stream of almost constant bad news from the poorest nations of the world — Rwanda, Somalia, Haiti and so on — there has also been genuine progress," he explains. "We don't underestimate the horror of what has happened in a Rwanda or a Somalia, *but there are times to focus on* the achievements as well."

UNICEF's Progress of Nations reports, which offer a country-by-country comparison of progress made toward meeting the basic needs of children and families, seek to create a new standard. That standard is expressed in the statement: "The day will come when the progress of nations will be judged not by the splendor of capital cities and public buildings, but by the well-being of their peoples."


A woman holds her malnourished children in Kongor, southern Sudan, where civil war has destroyed the agricultural base. Only international aid will keep children such as these alive.

If we operate from that perspective, there is cause for celebration, Adamson says. From a dismal state of affairs 10 years ago, we have moved to a place of cautious optimism.

For instance:

- The number of children who *die each year because they have* not received basic immunizations has dropped by 3 million.
- As a result of instruction regarding oral rehydration therapy — which has reached 40 percent of the world's families — 1 million child deaths are prevented each year.
- *The number of new polio* cases reported annually has been *dramatically reduced — to such* an extent that, during the past decade, more than 3.5 million children have been spared a dread disease they would almost certainly have developed.

Don't go thinking that all the world's problems have been solved. Even if 1 million children *a year are being saved by oral* rehydration therapy, another 3 million still die. Indeed, roughly 13 million children will die this year as a result of preventable malnutrition and disease.

> 'What I fear is happening is that the whole image of the developing world is that of a theater of darkness — a stage that only plays tragedy. That creates a feeling of disillusionment, of powerlessness. What we are trying to say is that that is not the case, that you can have progress.'
>
> PETER ADAMSON

But Adamson makes a critical point: If it is possible to reduce the death rate in a time when almost no attention is paid to issues of Third World poverty, think what could be accomplished if people actually knew *how easy it is to save lives*.

"These accomplishments in *terms of sheer impact are as important as the famines and the* floods and the wars that we hear so much about," says Adamson. "But there is so much stress on the failures, on the disasters."

Just as the Western media are obsessed with the freeway adventures of its O.J. Simpsons, it is virtually incapable of seeing the Third World as anything but a disaster zone, explains the veteran UNICEF activist.

"What I fear is happening is that the whole image of the developing world is that of a theater of darkness — a stage that only plays tragedy," Adamson says. "That creates a feeling of disillusionment, of powerlessness. What we are trying to say is that that is not the case, that you can have progress."

The danger in this should be *obvious. If those of us who con*trol the vast majority of the *planet's resources think our pre*cious wealth will be squandered in an effort to save the dispossessed of the world, then too many of us feel justified in refusing to act.

That's what has happened in Washington since the Clinton administration came to power. Despite *all their lofty talk about* "feeling the pain" of others, the *Clintonites this year cut U.S.* spending on child survival programs by $40 million below 1993 levels, and cut basic education funding by $30 million. These reductions represent the first slashing of child survival spending by the United States since funding of such programs began a decade ago.

Translation: The poorest children of the world got a better break under George Bush's tenure than they're getting from Bill *Clinton*.

Is Bill Clinton a child hating *monster*? No. *More* likely than not, he and his feeble staff have simply bought into the notion that U.S. aid really doesn't make that much difference — that in a world of Rwandas and Somalias, progress is simply impossible.

In this regard, of course, they are tragically misguided.

The simple reality is that, while we cannot eliminate disease, we certainly can stop millions of unnecessary deaths as a *result of preventable illnesses*. And there is no question that we have the ability — at remarkably little cost — to *eliminate* malnutrition.

A few U.S. senators recognize that reality. Last week the Senate Appropriations Committee approved a bill restoring *full funding of basic education* programs at $135 million, and actually increasing child survival funding to $286 million.

In coming days the full Senate will address this issue, and it will then go to a House-Senate conference committee. Only with pressure from a determined citizenry will these legislators buck the Clinton administration.

It is true that most Americans will end this week knowing more about O.J. Simpson's mental state than we do about *the suffering of our world's* children. That is the failing of the media themselves and of a citizenry that does not demand more of television, radio and newspapers than to package celebrity gossip as "news."

But that does not excuse anyone. Those of us who are aware have a responsibility to break down the walls of cynicism and demand that our Congress make the United States a prime combatant in the war on malnutrition and disease.

"We know the answers. We know the combination of factors that are needed for real progress toward eliminating *malnutrition and disease*," Adamson says. "We know that lives are being transformed, and that more lives can be transformed. This is the story that needs to be told."

John Nichols is assistant editorial page editor for The Capital Times.

Anchorage Daily News

June 22, 1994

Helping kids

A little foreign aid would go a long way

Ever wonder what you personally could do to help end overpopulation and starvation in the world?

You can't box up and send your leftovers to needy people in the developing world, but you can take pen in hand to urge Congress to spend a bit more of our foreign aid budget on proven ways of saving lives and cutting population growth.

Last year, Congress gave the country's main foreign aid agency, USAID, more flexibility in spending its budget. As a result, U.S. spending on vaccines and other low-cost, life-saving treatments for children fell $40 million — the first time in the program's 10 years it has been cut. U.S. foreign aid for basic education — a key strategy to help reduce overpopulation — dropped by $30 million.

Foreign aid advocates don't want Congress to let the same mistake happen again. They want Congress to guarantee aid levels of $390 million on health aid to young children, $260 million for basic education and $42 million on programs distributing Vitamin A, which will fight the blindness that afflicts 250,000 children a year.

The U.S. House wants funding restored to last year's levels, but its action is only advisory, not binding. The U.S. Senate still has a chance to get it right, though. The appropriations committee, which includes Alaska Sen. Ted Stevens, has yet to set final aid figures.

The proposal at issue requires no increase in spending on foreign aid. It simply shifts around 2 percent of the foreign aid budget.

Restoring past spending levels to help save children in other countries is the least we can do. According to United Nations' figures, the United States spends 0.18 percent of its gross national product on humanitarian foreign aid. The average for industrialized countries is 0.34. Only the Scandinavian countries and the Netherlands exceed the 0.7 percent target agreed to during the 1960s.

True, money is tight in the federal budget. But it's not so tight that the United States can't do its part to help save the lives of children in countries less fortunate than ours.

The Oakland Tribune.

The patient's prognosis: better than you think

CARNAGE in Rwanda. Starvation in Ethiopia. Death and mayhem in Bosnia. The world is going to hell in a handbasket, right?

Well . . . yes. And no.

We hear all about the yes. But we hear precious little about the no, according to RESULTS, a citizens' lobby formed to create the political will to end poverty and to work with the United Nations Children's Fund (UNICEF).

Wonderful, incredible strides have been made toward making the world a safer and better place in the past decade, especially for children. But the gloom and doom we read about day after day have given the impression that if things are changing at all they're changing for the worse. And that, according to RESULTS, has instilled a resignation bordering on despair that is keeping the citizens of the industrialized world from getting involved in further change.

UNICEF last week released its second annual Progress of Nations report, a country by country comparison of progress made toward meeting the basic needs of families and children. It is a staggering collection of statistics that shows literally millions of children surviving and leading better lives because of progress in health and education made in the past decade.

> A lot of wonderful and encouraging things have been happening with the world's children. We need to keep up the drumbeat.

Millions of children saved

Some examples among many:

➤ In the early 1980s 4 million children were dying every year from dehydration due to diarrhea. Because of oral rehydration therapy, a simple Gatorade-like solution now utilized by 40 percent of the world's families, 1 million child deaths are prevented a year.

➤ The number of deaths from measles has dropped from 2.5 million to 1 million. Millions of kids who might have been crippled from polio are healthy, because of vaccines (an effort in which Rotary International played a major part).

➤ Literacy rates are going up around the globe. Zimbabwe, for example, tripled the number of students in primary school in 18 months, and now 94 percent of that nation's children reach grade 5.

➤ Because so many girls are now going to school, birth rates and child death rates are going down.

The Progress of Nations report does not sugarcoat the way things are. It illuminates changes that still need to be made everywhere, including the industrialized nations, whose children increasingly are being felled by suicide, murder, child abuse, neglect. It points out that too many children still die from diarrhea, polio, measles, that 60 percent of girls in sub-Saharan Africa and 47 percent in South Asia drop out of school before they reach the fifth grade.

But the report does accentuate the positive, in part because those who worked on it feel that the steady litany of bad news is turning people away.

Theater of tragedy

In a conference call with this newspaper, Sam Harris of RESULTS and Peter Adamson of UNICEF spoke repeatedly of "political will," to end poverty and their fear that it is eroding. They took pains to avoid criticizing the news media for disseminating bad news, and acknowledged that relief organizations often emphasize the downside to get people to contribute.

But both said they've found a "disillusionment that sets in. People think it's not worth helping because the problems are unsolvable," as Adamson put it.

Harris found the United States a nation "in deep despair," and in Europe, Adamson said, "there is a colossal distortion of public perception. It's much worse than the reality." Citizens of the industrialized nations, Adamson said, think of the developing world as "a theater of tragedy."

Vaccines and other solutions that could save millions of lives are tantalizingly close, Adamson said; they need only money and the political will that will make the money available.

The only specific expenditure the pair mentioned was the decision this spring by the U.S. Agency for International Development to cut $40 million from its child survival budget this year and $30 million from its basic education budget. It is the first cut in these funds in 10 years and they want Congress to restore the money to at least last year's levels, in binding language that would force AID from cutting it again.

Those seem like reasonable and necessary requests. But the larger thrust of UNICEF's argument also is important. We get so weary from hearing about all the bad things that are happening that we forget about the very real progress that is being made.

UNICEF's message: We've come a long way, further than you could possibly imagine; we have a way to go. Don't give up. Those are words to live by.

Results
236 Massachusetts Ave., N.E.
Suite 300
Washington, D.C. 20002

ADDRESS CORRECTION REQUESTED

WHITE HOUSE MAIL
RECEPTION & SECURITY
JUL 18 1994
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JUL 18 '94
D.C.

US POSTAGE
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recycled paper

Republic of China: *Provided further,* That not more than $50,000,000 of the funds appropriated under this heading may be made available to the UNFPA: *Provided further,* That not more than one-half of this amount may be provided to UNFPA before March 1, 1995, and that no later than February 15, 1995, the Secretary of State shall submit a report to the Committees on Appropriations indicating the amount UNFPA is budgeting for the People's Republic of China in 1995: *Provided further,* That any amount UNFPA plans to spend in the People's Republic of China in 1995 above $7,000,000, shall be deducted from the amount of funds provided to UNFPA after March 1, 1995 pursuant to the previous provisos: *Provided further,* That with respect to any funds appropriated under this heading that are made available to UNFPA, UNFPA shall be required to maintain such funds in a separate account and not commingle them with any other funds. Reports.

TITLE II—BILATERAL ECONOMIC ASSISTANCE

FUNDS APPROPRIATED TO THE PRESIDENT

For expenses necessary to enable the President to carry out the provisions of the Foreign Assistance Act of 1961, and for other purposes, to remain available until September 30, 1995, unless otherwise specified herein, as follows:

AGENCY FOR INTERNATIONAL DEVELOPMENT

DEVELOPMENT ASSISTANCE FUND

For necessary expenses to carry out the provisions of sections 103 through 106 of the Foreign Assistance Act of 1961, $853,000,000, to remain available until September 30, 1996: *Provided,* That of the funds appropriated under this title under the heading "Agency for International Development", (1) not less than $280,000,000 should be made available for activities which have as their objective the reduction of childhood mortality, including such activities as immunization programs, oral rehydration programs, and education programs which address improved nutrition, and water and sanitation programs, (2) not less than $135,000,000 should be made available for basic education programs, and (3) not less than $25,000,000 should be made available for micronutrient programs.

POPULATION, DEVELOPMENT ASSISTANCE

Abortion.

For necessary expenses to carry out the provisions of section 104(b), $450,000,000, to remain available until September 30, 1996: *Provided,* That none of the funds made available in this Act nor any unobligated balances from prior appropriations may be made available to any organization or program which, as determined by the President of the United States, supports or participates in the management of a program of coercive abortion or involuntary sterilization: *Provided further,* That none of the funds made available under this heading may be used to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions; and that in order to reduce reliance on abortion in developing nations, funds shall be available only to voluntary family planning projects which offer, either directly or through referral to, or information about access to, a broad

Sterilization.

-- Note from **Bob Hernreich**, enclosing draft of letter supporting President's health care reform which DNC requested of him. He sent it but has not heard back yet.

___✓___ See
_____ Direct to Pam - Can you find out status on this? for review/followup

PHOTOCOPY
HRC HANDWRITING

5/13 left message at home

Robin E. Hernreich
2684 Larkspur Court
Vail, Colorado 81657
303-476-1433

5/16 spoke to Hernreich; satisfied with process

Hillary -

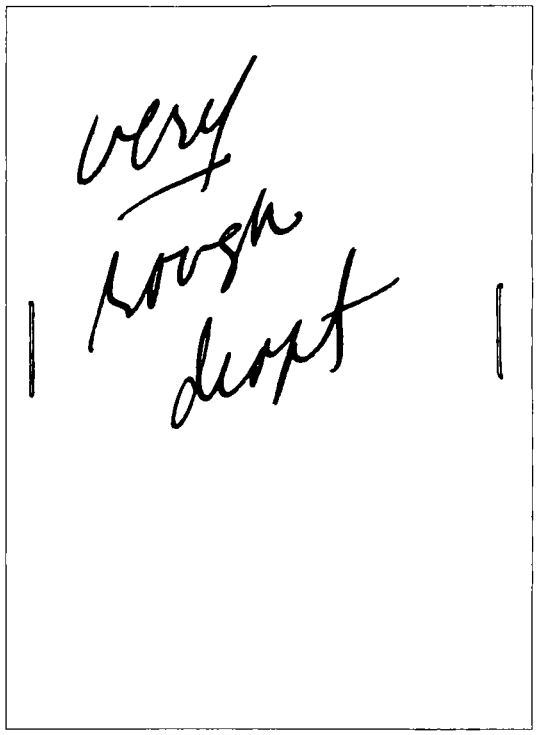
I was asked by the DNC to craft a letter supporting the President's health care reforms.

This is what I sent them to prep for policy, etc.

I have yet to hear back from them. But I wanted you to see a copy.

Best,
B

Bob Hernreich
Vail, Colorado
303-476-1433



Before the partisan brouhaha of Whitewater there had been considerable and lively discussion of America's foremost crisis -- health care. Evident in these discussions is a good deal of misperception, miscalculation -- and good, old misrepresentation on the part of the President's opponents. The truth will be slow to emerge, particularly because of the Whitewater smokescreen. This is unfortunate, because health care needs to be discussed broadly and boldly. It doesn't need to be buried beneath a false, however controversial, side issue.

The fundamental platform of the President's health care proposals is "universality" -- health care access for everyone. WHY UNIVERSALITY? Simply - It's about time! The perceived role of government has changed over the years. Now, citizens expect government, at the very least, to provide adequate access to nourishment, safety, and health services. This is the same as life, liberty, and the pursuit of happiness, merely phrased in 21st century nomenclature. And here lies the crux of the matter -- It will soon be the 21st century! Since we as a nation have the ability, shouldn't we strive to provide these basic necessities. Don't we as members of the human race have the obligation to seek and provide the basics of safety, nutrition, and health services for all our citizenry in the 21st century.

Besides philosophical there are practical reasons to support UNIVERSALITY. Universality would infuse efficiency into our present health care system and re-establish a free Labor market. These are very important.

EFFICIENCY: We spend 15% of GDP on health care. This is far more than our industrialized competitors. If we could reduce the health care/GDP ratio, our economy would become more efficient and, thereby, more competitive with other countries. This ratio would be substantially reduced, if only Medicaid were controlled. Medicaid is a runaway, uncapped entitlement. If not controlled, it will be disastrous. The President's plan contemplates controlling Medicaid.

A FREE LABOR MARKET: When Labor as a real market emerged at the end of the Mercantile era, many ill-considered, though well-intentioned, ideas, such as the Speenhamland Act in England, had the unintended consequence of destroying the free market for Labor by destroying the mobility of labor. This interconnection between labor mobility and the existence of a REAL Labor market has continued throughout history. UNIVERSALITY conveys portability of health services, which, in turn, allows the mobility of labor. Conversely, without universality the free market for labor is grossly impeded. Without this free Labor market REAL wages decline, and living standards diminish. This is unacceptable.

In closing, let's discuss two items that must be and are addressed in the President's health care package: bureaucracy and medical malpwactice reform. Presently, 22% of all health care expenditures are spent on administration, i.e. bureaucracy. It seems to me, we already have a bloated health bureaucracy. Granted, the proposed Regional Alliances are new. But, they are intended to replace, not suppplement, a large part of

the present bureaucracy. After all, who needs layer upon layer of compliance police, insurance claims processors, cost-containment cops, utilization reviewers, etc. in a rational universal system where everybody is covered -- where money can ACTUALLY be spent on ACTUAL care! Will this happen? It will if legislation is intelligently crafted and not castrated by lobbyists.

Medical malpractice reform would limit unnecessary litigation, thereby reducing outrageous malpractice premiums which drive medical costs skyward. Trial lawyers will bellow, insisting that tort reform means only the rich will have the "privilege" (sic) of affording adequate legal representation. The poor won't be able to afford it. This is egregiously false. But, pursuing this line of reasoning leads me to believe that, ironically, without reform it's possible nobody will be able to afford adequate legal representation, because everybody will be too poor -- except the trial lawyers, who will by then own all the resort homes in Vail and Aspen.

HC CORR

THE WHITE HOUSE

October 5, 1994

Ms. Lorance Hockert
Hockert Pressman & Flohr
880 Third Avenue
New York, N.Y. 10022

Dear Ms. Hockert:

I enjoyed meeting you during my visit to New York. Thank you for writing about the importance of public health and prevention. As you point out, today too many Americans are unable to get the preventive care they need. And too many physicians and hospitals are forced to absorb the costs of providing emergency care to uninsured or underinsured individuals -- who are unable to get preventive services and instead must wait until their illnesses are serious and costly before seeking help.

As you may know, Senator Mitchell announced last week that the Senate will not be able to pass health care legislation in this session of Congress. The President and I, however, are proud that we have come further than ever before in the effort to reform our health care system. We remain committed to returning next year to fight for health security for all Americans.

Sincerely yours,

Hillary Rodham Clinton

HOCKERT PRESSMAN & FLOHR
ATTORNEYS AT LAW
880 THIRD AVENUE
NEW YORK, NY 10022

LORANCE HOCKERT
ALAN PRESSMAN*
ARLENE FLOHR*

*ALSO ADMITTED IN NEW JERSEY

TELEPHONE
(212) 935-6250

TELEFAX
(212) 688-0066

July 20, 1994

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

Dear Ms. Rodham Clinton:

It was indeed a pleasure to meet with you last Tuesday at the reception at the Waldorf Astoria.

I am writing today just to follow up on our very brief conversation regarding the Health Care proposals that are pending before Congress. I may not have indicated to you that I am formerly the Secretary of The Board of Health and have been involved in public mental health issues on a broad based scale. Of particular concern to me with the Health Care proposals is that there does not appear to be sufficient emphasis on the provision of public health services which by definition are universal. Public health, as I am sure you have learned over time, proves the adage "that an ounce of prevention is worth a pound of cure". The focus of our Health Care industry, unfortunately, over the past 15 years, has been too focused on the provision of curative medicine, rather than funding for public health programs, such as heart care, promotion of well baby clinics, TB preventatives, mass immunization, and the like. These services are provided to all by the New York City Board of Health which just thirty years ago was considered a model for the entire world and has been decimated by funding cuts

As I also indicated, in the same vein with Public Health, is the provision of Mental Health Care Facilities on a clinic basis through community based organizations. These type of organizations provide Mental Health Care and family therapy to the indigent. These are the most in need of mental health services as the indigent, more than any other group, are the victims of the vagaries of modern society. The failure to provide Mental Health Care for this population is one important cause for serious and chronic mental and health programs (AIDS, TB and Drug Abuse, for example), which of course are a tremendous drain on our financial and medical resources.

Again, it was a pleasure to meet with you and to be able to express my views.

Very truly yours,

Lorance Hockert

LH/jdp

cc: Fernando Ferrer
Borough President, Bronx, NY

Congressman, Elliott Engel

PERSONAL
&
~~CONFIDENTIAL~~

THE WHITE HOUSE

May 12, 1994

Ms. Sue Holmes, President
League of Women Voters
of Kansas
919½ South Kansas Avenue
Topeka, Kansas 66612

Dear Ms. Holmes:

Thank you for your letter and for coming to the White House to learn more about the President's health care reform initiative. We deeply appreciate the League's support and look forward to working with you to bring equitable, affordable, quality health care to all Americans.

With kind regards, I am

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

LEAGUE OF WOMEN VOTERS OF KANSAS

League of Women Voters of Kansas
919½ South Kansas Avenue
Topeka, Kansas 66612

May 1, 1994

Hillary Rodham Clinton
White House
Washington, D.C.

Members of the League of Women Voters of Kansas (LWVK), meeting in Council at Great Bend on April 30-May 1, commend you for your initiative in inviting 50 Kansans, including three LWVK members, to Washington, D.C. on May 2 to a briefing on health care reform.

The League believes that this kind of citizen participation should be an integral part of developing public policy.

The League supports health care reform that provides affordable access to a basic level of quality care for all US residents, and controls health care costs.

Sue Holmes

Sue Holmes, President
League of Women Voters of Kansas

League of Women Voters of the United States
HEALTH CARE POSITION STATEMENT

Announced by the national board, April 1993

GOALS: The League of Women Voters of the United States believes that a basic level of quality health care at an affordable cost should be available to all U.S. residents. Other U.S. health care policy goals should include the equitable distribution of services, efficient and economical delivery of care, advancement of medical research and technology and a reasonable total national expenditure level for health care.

BASIC LEVEL OF QUALITY CARE

Every U.S. resident should have access to a basic level of quality care that includes the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care and mental health care. Dental, vision and hearing care also are important but lower in priority. The League believes that under any system of health care reform, consumers/patients should be permitted to purchase services or insurance coverage beyond the basic level.

FINANCING AND ADMINISTRATION

The League favors a national health insurance plan financed through general taxes in place of individual insurance premiums. As the United States moves toward a national health insurance plan, an employer-based system of health care reform that provides universal access is acceptable to the League. The League supports administration of the U.S. health care system either by a combination of the private and public sectors or by a combination of federal, state and/or regional government agencies.

The League is opposed to a strictly private market-based model of financing the health care system. The League also is opposed to the administration of the health care system solely by the private sector or the states.

TAXES

The League supports increased taxes to finance a basic level of health care for all U.S. residents, provided health care reforms contain effective cost control strategies.

COST CONTROL

The League believes that efficient and economical delivery of care can be enhanced by such cost control methods as:

- the reduction of administrative costs,
- regional planning for the allocation of personnel, facilities and equipment,
- the establishment of maximum levels of public reimbursement to providers,
- malpractice reform,
- the use of managed care,
- utilization review of treatment,
- mandatory second opinions before surgery or extensive treatment,
- consumer accountability through deductibles and copayments.

EQUITY ISSUES

The League believes that health care services could be more equitably distributed by:

- allocating medical resources to underserved areas,
- providing for training health care professionals in needed fields of care,
- standardizing basic levels of service for publicly funded health care programs,
- requiring insurance programs to use community rating instead of experience rating,
- establishing insurance pools for small businesses and organizations.

ALLOCATION OF RESOURCES TO INDIVIDUALS

The League believes that the ability of a patient to pay for services should not be a consideration in the allocation of health care resources. Limited resources should be allocated based on the following criteria considered together: the urgency of the medical condition, the life expectancy of the patient, the expected outcome of the treatment, the cost of the procedure, the duration of care, the quality of life of the patient after treatment, and the wishes of the patient and the family.

League of Women Voters • 1730 M Street, NW • Washington, DC 20036 • 202/429-1965 • FAX: 202/429-0854

HC CORR

THE WHITE HOUSE

WASHINGTON

August 11, 1994

Sister Helen Huewe, OSF
President
Mercy Health Center
250 Mercy Drive
Dubuque, Iowa 52001

Dear Sister Huewe:

Thank you for your letter about the proposed partnership between Mercy Health Center and The Finley Hospital. I am advised that this matter is currently the subject of litigation, and I am therefore unable to comment on it.

I do share your concern that spiraling health care costs have made it difficult for small health care institutions to deliver affordable health care. The Antitrust Division of the Department of Justice has been working to ensure that the antitrust laws do not have the perverse effect of raising, rather than lowering, the cost of health care. In September 1993, the Department of Justice and the Federal Trade Commission issued joint Statements of Antitrust Enforcement Policy in the Health Care Area to provide guidance to institutions on mergers, acquisitions and joint ventures. Just last month, the Department reached an innovative agreement with hospitals in Florida that allows cost savings to be realized while preserving competition and consumer choice.

I regret that I am unable to discuss the specifics of your case. I appreciate your efforts to provide affordable, high quality health care in Dubuque. This nation now has an historic opportunity to change our health care system to make it work for all of us. The President and I look forward to continuing to work with Congress to make health security a reality for all American families.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

Debbie: Get to appropriate person in policy dept —
Mike

MERCY HEALTH CENTER

250 Mercy Drive • Dubuque, Iowa 52001 • 319/589-8000

April 20, 1994

Hillary Rodham Clinton, Esq.
Conversations on Health
The Robert Wood Johnson Foundation
George Washington University
2121 I Street, N.W., Suite 502
Washington, DC 20052

Dear Ms. Clinton:

In March of 1993, I had the privilege of being on a panel with you in Ankeny, Iowa, regarding cost containment in health care. It is interesting that the one issue I pointed out to you as needing to be addressed was antitrust enforcement. That is why I am writing to you today.

Our community, Dubuque, Iowa, needs your help. Dubuque is located in rural Iowa on the Mississippi River. We have two hospitals in Dubuque, Mercy Health Center and The Finley Hospital, serving the tri-state area of Wisconsin, Illinois, and Iowa. Both are not for profit, charitable institutions.

To become more cost effective and to position our community for health care reform, the two hospitals have developed a partnership, Dubuque Regional Health System ("DRHS"). The purpose of DRHS is to reduce the cost of health care to the community by eliminating unnecessary duplication. The parties estimate that the partnership will result in savings of $24 million over four years. The parties are forming a partnership (as opposed to merging) so that they can preserve the identity and culture of Mercy and Finley while still achieving these savings.

We expect a broad range of savings from DRHS. Our initial studies indicate that cost savings will be realized in six specific areas of administrative operations, including billing; purchasing; biomedical engineering; planning and marketing; administration; and human resources. Cost savings will also be realized in eight patient care areas, including ER, surgery, cardiovascular, oncology, occupational medicine, orthopedics and neurosurgery, physical therapy and obstetrics. The study estimates that the transaction will also produce opportunities to realize savings (through future cost avoidance) with respect to ten major areas of substantial capital expenditures, ranging from CT scanners, to magnetic resonance imagers ("MRIs"), to invasive cardiac equipment, to ER expansion.

These savings reflect the fact that Mercy and Finley today operate with small censuses and therefore high excess capacity in many of their patient care units. Substantial costs can be eliminated by combining units and reducing this excess capacity. The same efforts will result in the elimination of a need for substantial expensive duplicative equipment at both hospitals. These two small hospitals, only six blocks

apart, certainly do not need two MRIs, two sets of complex invasive cardiology diagnostic equipment, two fully equipped 24-hour emergency rooms/trauma centers, two OB units, and two 24-hour surgery suites, all of which they have today despite very substantial excess capacity. Competition has driven them to duplicate all these services and increase costs.

This plan to enter into a partnership to save costs has been created at the direction of the business community, the purchasers of health care. At least 71 different business and community leaders, representing virtually all of the significant ultimate purchasers of health care from the hospitals, have strongly endorsed DRHS in specific written statements received by the hospitals. This group includes business and labor, community leaders and political leaders, ranging from the city and county of Dubuque to local state representatives to the Governor of Iowa and both Iowa United States Senators.

This reflects a long tradition of involvement by the Dubuque community in controlling health care costs. Many of the Dubuque business leaders have demonstrated their willingness as Mercy and Finley board members to keep prices down. For example, in 1993 Finley management requested a 4.5% rate increase, but the Finance Committee of its board approved only a 3.5% rate increase. The Finley Board also instituted a 1% price roll-back, effective for the period October, 1993 through July, 1994.

DRHS has been structured to maximize community input. A majority of the board members of DRHS are representatives of purchasers of health care. The first action of DRHS will be to form a community-based planning process which will obtain input from all segments of the community in deciding on the configuration and cost of future hospital care in Dubuque. DRHS also intends to regularly inform the public of its progress in achieving cost savings and controlling prices, so that employers, unions and other purchasers of health care will be in a position to judge our performance and take steps if we do not perform.

In fact, the administration of Mercy and Finley have visited a large number of community leaders, and indicated that we expect to achieve the efficiencies mentioned in this letter. We realize that by making these statements, we are setting a public standard by which we will be held accountable. We recognize this, and intend this, because we know that DRHS must succeed and must help the community.

Mercy and Finley also know that DRHS will need to keep prices down in order to survive in this increasingly competitive environment. Though Mercy and Finley are the only hospitals in Dubuque, they are unusually susceptible to competitive pressures from the broad tri-state region from which they draw patients. Mercy and Finley must deal with substantial actual and potential competition from more than fifteen hospitals in their region. In particular, because of their small size (Finley has an inpatient acute care census of only 55 and Mercy 108), the hospitals badly need incremental business to cover their fixed costs. They can therefore ill afford to lose any business to the competition. In fact, if the large number of hospitals providing actual or significant potential competition for Mercy and Finley each took less than <u>one patient per day</u> from DRHS, that would be sufficient to make a price increase unprofitable.

The importance of this competition is confirmed by statements from at least 35 Dubuque employers and labor leaders. These statements all indicate that if, contrary to their expectations, DRHS attempted to raise prices above competitive levels, that would provide incentives for their employees to seek hospitalization at one of the many other hospitals in the area.

Despite all these facts, we have become embroiled in a very serious antitrust investigation by the Department of Justice. We have already spent several hundred thousand dollars in responding to this investigation, and believe that we have shown how this transaction will benefit the community and create more effective competition. Nevertheless, the staff of the Department of Justice has apparently concluded that this transaction will create a "monopoly" that could result in higher prices. We are now attempting to convince the senior officials in the Antitrust Division that this conclusion is wrong. If we do not succeed, we will need to fight out this matter in court, at even greater expense. These costs will only add to the burden of health care costs faced by businesses and consumers.

When I originally met you, and raised the concern that antitrust could interfere with hospital cost savings, I was pleased to see that you agreed, and indicated that this was an issue that you were investigating. Later, the Justice Department and Federal Trade Commission issued their new guidelines, creating "safe harbors" for some transactions. Unfortunately, despite the small size of Mercy and Finley, they cannot benefit from these safe harbors. Under the safe harbors, a merger involving a hospital with an acute care census of 40 or less would ordinarily not be subject to antitrust review. Finley's acute care census is only 55, just over the safe harbor figures. But this has not prevented our transaction from being subject to this extensive review and the risk of a challenge, even though our two non-profit hospitals have never acted to abuse the system or overcharge purchasers.

I am writing to you because I hope that you can help us with this serious problem. I know that you are concerned with health care reform as part of a process of seeking new ways of solving our problems to reduce costs and increase health care coverage. Finley and Mercy have been attempting to do just that. We would appreciate your help in assuring that the federal government does not frustrate our efforts. If you would speak to Assistant Attorney General Bingamin about our transaction, that could tremendously help the delivery of health care in Dubuque.

Thank you very much for any assistance you can provide us regarding Dubuque Regional Health System. If you need further information, please contact either me at 319-589-8061 or our attorney, David Ettinger, at 313-256-7751.

Sincerely,

Sister Helen Huewe, OSF

Sister Helen Huewe, OSF
President

SHH/ims
cc: David Ettinger

THE WHITE HOUSE

January 10, 1994

Ms. Elizabeth D. Hutcheon
527 Foothill Road
Bridgewater, New Jersey 08807

Dear Betty:

Thanks for your letter and for all of your efforts to promote the President's health care reform plan. I'm glad that you and Douglas had such a good time at the White House.

Your work with the Catastrophic Illness in Children Relief Fund sounds enormously rewarding. I look forward to the day when families such as the ones you described will not have to seek outside assistance in order to receive the medical care they rightly deserve.

With best wishes for the New Year, I remain

Sincerely yours,

Hillary

Hillary Rodham Clinton

(3) F

Elizabeth D. Hutcheon
527 Foothill Road
Bridgewater, NJ 08807

Dec. 15, 1993

Hillary Rodham Clinton
The White House
1600 Pennsylvania Ave., NW
Washington, DC 20500-2000

Dear Hillary,

I was so pleased to be invited to the holiday party at the White House last week and wanted to let you know how much I enjoyed the evening. The White House was dazzling in its holiday splendor, and the display of crafts was a treat to see. But most of all, I appreciated the gracious gesture from you and the President in so patiently posing for photos with all your guests. I know that my son, Douglas, and I will prize our souvenir of a very special event.

In the new year, I will continue to volunteer with the DNC's National Health Care Campaign in New Jersey to promote the health care reform plan, and now hope to schedule a forum in February at the University of Medicine and Dentistry of New Jersey in Newark to build support for the plan. I have contacted Pam Barnett at your suggestion for help in arranging a speaker to represent the Administration and appreciate her assistance in putting me in touch with the appropriate staff members.

(1) Pam

(2)

Every day I am reminded of the absolute necessity of health care reform as I speak with people on behalf of one of my clients, the Catastrophic Illness in Children Relief Fund. I have previously written to you about this unique program which helps New Jersey families of sick children pay for medical expenses that are not covered by insurance or any state or federal programs. This week, I spoke with several families, including one whose 11-year-old daughter was hospitalized with a ruptured appendix during a time when her father, recently employed after a period of unemployment, did not yet have health insurance. They were struggling to pay $17,000 in medical bills and were being forced to choose between saving for the college education of their honors student daughter or making monthly payments to the hospital and physicians.

CC on my desk

Another family was insured when their six-month-old daughter had surgery for a benign brain mass, but $21,000 in additional medical expenses for treatment of the child's subsequent seizures were not covered since the insurance company deemed her illness a pre-existing condition.

In these and other cases, the Fund made grants to the families to cover their expenses. However, the financial crises felt by these families is symptomatic of the vast inequities in our current approach to health care and clearly points out the imperative for change.

As always, I congratulate you and the President for your tenacity and dedication in promoting solutions to some of the most crucial problems facing our country. I would be pleased to be called on to help in any way that you might find useful.

Best wishes for a happy, healthy holiday season.

Sincerely,

Betty Demy Hutcheon

THE WHITE HOUSE

May 12, 1994

Mr. Glenn H. Hutchins
2701 - 31st Street, N. W.
Washington, D. C. 20008

Dear Glenn:

Thank you for your letter and expression of continued support for our efforts to pass the Health Security Act. I deeply appreciate all of your hard work and the many hours you have devoted to this process and look forward to working with you again from a different vantage point.

With gratitude and warm regards, I remain

Sincerely yours,

Hillary

Hillary Rodham Clinton

Stay in touch. please

2701 - 31st NW
20008

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THE WHITE HOUSE
WASHINGTON

PHOTOCOPY
HRC HANDWRITING

April 29, 1994

Hillary Rodham Clinton
The White House
Old Executive Office Building
Room 100
Washington, DC 20500

Dear Mrs. Clinton:

Today I informed Mack McLarty of my decision to leave the White House. I hope that this decision, which is motivated by purely personal reasons, will not prevent me from continuing to play a role in promoting national health care reform.

As you are probably aware, I have spent the better part of the last two and a half years working in the campaign, transition and administration. During that time, I have neglected many personal matters to which I now intend to turn my attention.

I very much want to continue playing as active a role as possible in promoting health care reform. To that end, I am in discussions with the DNC about affiliating with their health care reform efforts. I am fully prepared to continue to pour a substantial amount of time and effort into the cause.

I want to thank you for providing me with the extraordinary opportunity to serve you and the President. I am committed to this administration's agenda and will continue to be an ardent advocate of its many initiatives. As I indicated to Mack and Phil Lader, I also stand ready to return to the service of our country when it is determined that I can be of assistance.

I am proud of all that we have accomplished in creating and promoting the Health Security Act. I am especially proud of you for the scope and intensity of your commitment to do what is right for the American people. I am certain your efforts will bear fruit this year and give us all cause for rejoicing in the fall.

Sincerely,

Glenn H. Hutchins

Glenn H. Hutchins

Enclosure: Letter to T.F. McLarty