

Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	From: Hillary Rodham Clinton, To: Dr. Juan Gutierrez [partial] (1 page)	4/17/95	b(6)
001b. letter	From: Juan Gutierrez, M.D. To: Mrs. Clinton [partial] (1 page)	3/2/95	b(6)
001c. memo	From: Suzanne Respass, To: Peggy Felthouse, Re: Request for Information [partial] (2 pages)	2/24/95	b(6)

COLLECTION:

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

FOLDER TITLE:

HRC Health Care Correspondence 95 - G

2014-0159-S

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RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

HRC
HC CORR 95-G

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&
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INITIALS: LAG DATE: 12-5-13

PHOTOCOPY
PRESERVATION

THE WHITE HOUSE
WASHINGTON

October 29, 1995

Evan Greenfield
56 Briar Hill Road
Norwich, CT 06360

Dear Evan:

Because I was unable to meet with you during my trip to Connecticut, I want to take this opportunity to commend you on the Sexual Education Awareness Program. The President and I believe that HIV, AIDS, sexually transmitted diseases, and pregnancy among teenagers are some of the most important issues facing this country. The Sexual Education Awareness Program is a comprehensive and thoughtful response to these problems.

I very much agree that education is essential to preventing risky behavior among teenagers. The Sexual Education Awareness Program is particularly valuable because it educates children before they reach adolescence and become more likely to engage in unsafe behavior. Your program also recognizes the importance of involving teenagers themselves in teaching sexual awareness education. A message is always more powerful when it is connected to real stories and real lives.

Thank you again for writing. It is inspiring to learn about young people who are doing such innovative and important work for our communities. I wish you the best of luck.

Sincerely yours,


Hillary Rodham Clinton

Fax Transmission

Date: 9/28/95

To: Mrs. Hillary Rodham Clinton

Fax Number: (202)456-2941

From: Evan G. Greenfield
SEA Program
56 Briar Hill Road
Norwich, CT 06360

Our Fax: (203)892-4666

Our Telephone: (203)887-2245



Message: Mrs. Clinton, please review the enclosed information (22 pages) regarding the program I have founded SEA- SEXUAL EDUCATION AWARENESS. I understand that you will be in Southeastern Connecticut on October 9 and I would like to meet with you then. If you have any questions or need to contact me please do so at the address provided above. Thank you very much.

Please call if you experience any transmission problems.

SEA- SEXUAL EDUCATION AWARENESS

"LETS SPREAD THE SEA ACROSS THE NATION"

Evan G. Greenfield
56 Briar Hill Road
Norwich, CT 06360
Phone (203)887-2245
Fax (203)892-4666

Dear Mrs. Clinton,

I have been encouraged by the work that you have done thus far in order to improve the welfare of all Americans and for assuring a better future for all of us, specifically in regards toward sexual education. As a fifteen-year-old youth, I too am engaged in the process of increasing the amount of information available to the young children of America regarding sexually transmitted diseases, the influx of female pregnancies and ways in which to prevent sexual misconduct/sexual abuse. I have been advised to contact you by many people who I have worked with and they believe that you could be of valuable assistance to my program, SEA-Sexual Education

start on
program

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The HIV/AIDS virus continues to flourish without a foreseen cure in the near future, and is currently baffling the medical community at large. As a result of this present situation, it is necessary that we continue educating the general public about this virus before another person becomes apart of the growing number of those infected with HIV/AIDS.

As a member of the adolescent student population, it is a terrible tragedy to witness the United States face an uphill battle in the process of eradicating the spreading of Sexually Transmitted Diseases. Various studies have concluded that adolescents in the thirteen to nineteen age ranges are becoming the predominant group at risk of contracting the AIDS virus and other STDs. To deter younger adults

has a program

educate on HIV

spread STD

see

spread STD

from engaging in sexual activity, it is necessary to educate students in the elementary level, more specifically those in fourth to sixth grade, about sexually related topics. This form of education must begin before those students are sexually active and before those students partake in a form of sexual misconduct. Therefore, when the students enter the junior high/secondary school level, the hazards of sexual activity will be reinforced opposed to just beginning.

A program of this type, Sexual Education Awareness, (SEA) has been developed to address these issues. The preliminary proposal and outline enclosed, details the various aspects of this program. SEA was founded by myself, when I realized sexual education classes were being taught after the adolescents were engaging in sexual activity and or sexual misconduct. Thus, the adolescents did not become aware of the adverse conditions that could result from sexual promiscuity.

To date, I have met with the National AIDS Policy Coordinator, Kristine M. Gebbie, who has contributed much knowledge and insight regarding the processes warranted in order to institute the SEA program. I have also met with the Director of HIV/AIDS Prevention, Carlos Velez, JD, whose continuing support has enabled the SEA program to grow and prosper to new heights. I also had the honor to meet with President Clinton at a private reception and I had the opportunity to discuss with him the general points of the SEA program. President Clinton was very receptive to my ideas and he felt that there was a tremendous need for a program of this type. I also met with the Norwich Public Schools Curriculum Director who believed that I could set up a pilot program within six months to a year. I also met with the senior advisors to the Surgeon General, Kathy Hastings, and Thomas Kring as well as the Director of the Department of Health and Human Services, Dr. Marianna Kastrinakis. I am currently filing a report entitled "Youth Mobilizing Community" which I hope to present to Congress before the end of the year. The report focuses on giving an overview of the processes needed in order to implement an adolescent orientated program in a

educate
before
sex
active
reinforce

educational
program

pilot
program

report
Congress

community.

I would like to set up a meeting with you on October 9 when you are in Southeastern Connecticut to further discuss the underlying ideas of the SEA program as well as consult with you regarding sexual education in elementary schools. I would like help in determining the best way I could gain national support for the program and implement it in many elementary schools throughout the United States. Please review the enclosed preliminary proposal; a response to the above address would be greatly appreciated. I hope to be hearing from you shortly.

Best regards,

Evan G. Greenfield
SEA President, Age 15

**SEA- SEXUAL EDUCATION AWARENESS PROPOSAL
PREPARED BY EVAN G. GREENFIELD, SEA PRESIDENT**

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SEA- SEXUAL EDUCATION AWARENESS

"LETS SPREAD THE SEA ACROSS THE NATION"

Proposal- To institute the SEA (Sexual Education Awareness) program in elementary schools nationally, teaching students in fourth to sixth grade about transmission of Sexually Transmitted Diseases, abstinence, date rape, sexual harassment, pregnancy and other sexually related topics. The SEA program will be adamant in taking steps to alert young Americans about the hazards of Sexually Transmitted Diseases and advising adolescents in taking appropriate measures in protecting themselves.

Current Problems- The American society has witnessed a great outbreak of sexually related problems dealing with the issues of AIDS to sexual harassment. These problems in the last decade have become prevalent in the young despite the measures taken to combat them. Studies have concluded that in 1988, AIDS was the sixth leading cause of death among adolescents between the ages of 15-24. An even more startling fact that arose from these studies, is that twenty percent of all AIDS victims have been among ages twenty to twenty-nine. With an average incubation period of about ten years until the beginning of AIDS symptoms, many of these persons were infected in their teenage years.

There has been a dramatic increase in the number of teenage females who have babies out of wedlock, contributing a great deal to the problems we face in this decade and the ones to come. At the height of the baby boom period, teen birth rates were at an all time high, then they began to recede steadily for the next two decades. However, after 1986, the teen birth rate began rising dramatically. Currently the teen birth rate among females between the ages of 15-19 is approximately 63 persons per every 1000, the ratio has been predicted to rise steadily. It has been concluded that these programs have failed the American people. The SEA program has researched

the cycle of circularity theory which states that the rate of teenage pregnancies will not subside without some form of education because the process will continuously occur with teenage mothers. This theory gives reference toward teenage mothers who give birth to children often times without the guidance of a father. Many times the young female has the sole responsibility of supporting the child by herself and she has to drop out of high school to get a job and provide financial support. The baby often times will not be able to grow up in an environment conducive to proper development. Therefore, the child will be deprived of many of the same rights that another child will have with maturer parents and will resort to such activities as gangs, engaging in sexual activities and thus beginning the cycle anew. This theory seems to be most supported in inner city communities and will only be effectively resolved by education. It has come time in which education mandated by the government provide support for the child in areas in which parents are incapable in doing themselves. Therefore, the SEA program must be instituted so the teenagers will learn of the hazards of sex before they lose their virginity and educated of the consequences of sexually abusing others.

Solutions- To propose a bill to Congress to make it mandatory for states across the nation to review and send education representatives to an informational forum. This forum will focus on having a form of education in the states' elementary school curriculum dealing with the related problems of sexual activities and sexual misconduct. Due to the fact education is regulated by a state by state basis, the implementation of the SEA program in elementary schools would be encouraged by the Federal government but would not be mandated. The prospect of implementing the SEA program would be debated by the state legislature and input regarding the program would be given by the education representatives who attended the forum. Once all viewpoints and ideas were stressed, the state congressmen would vote to

3/2/85
B. 2/2/85

either institute or oppose the SEA program.

One of the SEA program's greatest attribute is that it will have a less clinical sexual outlook. It will focus on young adults speaking to youngsters who have been afflicted with the adverse reactions of sexual activity and or sexual misconduct. The SEA program will evoke an atmosphere in which the adolescents realize "this is real and this can happen to me." The elementary students would be taught one hour twice a week by a registered nurse from a medical facility and a high school student who has been affected as a result of sexual relations. The selected high school student and nurse would have to attend a training course to be certified to teach the classes. The curriculum for this program would be designed by a state by state basis, however, certain guidelines would be mandatory to be taught. Written consent from the parent or guardian would be necessary for the student to participate in the program. The parents would also have to attend a Parents Information Meeting, in order for the parents to be educated on the curriculum of the SEA program, and any concerns would be addressed at this meeting.

having speakers

An age-appropriate approach to health education that provides information for a wide range of issues, will improve the health standing of young Americans, while at the same time laying the foundation for risk reducing conduct. Adolescents face many challenges, and it is critical that they are made aware of the consequences of behavior that they may not know or think of as dangerous. More than 18 million Americans attend elementary schools (in grades 4-6) and instituting the SEA program in these 60,000 elementary schools will result in 18 million adolescents learning of the risks of sexual activities. It has become the obligation of schools to instill lifelong values in adolescents that could eventually reverse the course of teenagers from engaging in sexual behavior. This type of sexual promiscuity could possibly result in sexually transmitted diseases, pregnancy, and other related social difficulties. Working with the American people, the SEA program can make positive strides in making the United

States a safer and healthier place for its children.

Budget- The cost of this program will come from donations from private companies and organizations. The initial cost of implementing this program in elementary schools seems to be very minimal, however, without some type of funding implementation will be extremely difficult. Currently, the SEA program is contacting a Connecticut-based company that has donated much money to charities in the past and we hope that the SEA program will be treated as generously.

**“WE’VE GOT TO STOP THE EPIDEMIC OF TEEN
PREGNANCIES AND BIRTHS WHERE THERE IS NO MARRIAGE.”**
(PRESIDENT CLINTON, STATE OF THE UNION ADDRESS, JANUARY 18, 1995)

SEA- SEXUAL EDUCATION AWARENESS

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I. COMMUNITY NEEDS ASSESSMENT

- A) Parental- Survey parents and discuss with them their concerns, if any, with  the program and the specific role they currently play in their child's life regarding sexual education.
- B) Students- Determine the student's knowledge of protecting themselves from Sexually Transmitted Diseases by having an age appropriate discussion regarding subjects pertaining to sexual activity and or sexual misconduct.
- C) Educational- Evaluate the teacher's responsibility in this type of education. Also determine what guidelines the nurse and high school student would have to meet in order to teach the course.
- D) Medical Community- Survey the medical community to determine what type of information should be taught and if they would be able to assist the SEA program by providing various models, handbooks, etc.
- E) Business Community- Asses the business community's role in this program and if they will assist in funding.
- F) Pro-Active Groups- Determine which pro-active groups would like to get involved in the SEA program and help to gather support.
- G) PTO- Evaluate the services of the PTO to the SEA program and determine if they could possibly provide a source of funding.

II. IDENTIFY LOCAL RESOURCES

III. SPONSORSHIP AND FUNDING SERVICES

- A) Contact private organizations throughout the United States to receive funding for the various materials and implementation of the program.
- B) Apply for state and federal grants for funding.
- C) A large percentage of the persons involved in the SEA program would work on a volunteer basis, therefore making the cost of implementation very minimal.

IV. DEVELOP EFFECTIVE CURRICULUM

- A) Factual Information verse Myth- Present to the students factual information and clarify their conceptions of information that is false.
- B) Emotional Issues- Review with the students the physical and the emotional aspect of partaking in sexual activity and sexual misconduct.
- C) Peer Pressure- Administer activities in which the students have a higher regard for themselves and for others.
- D) Understanding Intimacy- Discuss with the students the positive aspects that are related to sexual activity when one is mature enough to engage in sexual relations.
- E) Gender Roles- Provide activities in which the students learn that everyone is equal with one another regardless of gender, color, religion, etc. Also discuss with the students the topic of sexual harassment specifically how it is demeaning and is not allowed in society.
- F) Building Relationships- Discuss with the students the differences between family relationships and those with a boyfriend or girlfriend. Teach the students of the proper ways of conducting themselves in both forms of relationships.
- G) Handouts- Develop effective handouts and videos that are age appropriate

and that coincide with the teachings of the nurse and the high school student.

V. ESTABLISH TRAINING AND COUNSELING CENTERS

A) Support Groups- The SEA program will provide support groups for those students who have been afflicted by sexual activity and or sexual misconduct. The support groups will be presided over by the nurse and high school student with the hopes of a bond forming between the SEA educators and the students.

B) Referral Services- For those problems that are too great to be handled by the SEA educators, they will be referred to various agencies that will properly deal with them.

C) One on One Counseling Sessions- For those students that do not wish to take part in the support group, but would like to discuss their problem, the one on one counseling sessions would be appropriate.

VII. EVALUATE AND FEEDBACK

VARIOUS RECOMMENDATIONS FROM PEOPLE WHO I HAVE WORKED WITH ARE AVAILABLE UPON REQUEST.

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OVERVIEW OF PARTS OF CURRICULUM FOR SEA PILOT PROGRAM (SIXTH GRADE EDUCATION)-

ANY AREA OF THE CURRICULUM LISTED BELOW CAN BE EXAMINED THOROUGHLY BY REVIEWING THE CLASSROOM DISCUSSION MATERIAL I HAVE WRITTEN FROM RESEARCHING THE TOPIC. IT IS AVAILABLE UPON REQUEST.

~ MUTUAL RESPECT-

- GETTING ALONG
- HOW NOT TO OFFEND
- SEXUAL STEREOTYPES
- BOTH PHYSICAL AND VERBAL AGGRESSION
- SELF CONTROL AND SELF ESTEEM
- PEER PRESSURE

~STDs AND HIV- SAFE SEX AND ABSTINENCE

- ABSTINENCE WILL BE ENCOURAGED BUT WAYS TO PROTECT ONESELF FROM STDs WILL BE TAUGHT IN ORDER TO DEAL WITH THIS GROWING PROBLEM.
- WEARING A CONDOM
- UTILIZING VARIOUS FORMS OF BIRTH CONTROL
- NOT BECOMING INVOLVED IN SITUATIONS THAT ARE PERILOUS SUCH AS INTRAVENOUS DRUG USE

~SENSITIVITY TO PEOPLE AFFECTED BY HIV AND DISPELLING THE MYTHS THAT EXIST REGARDING THE VIRUS

~CHILD ABUSE-

- HOW TO DEFEND YOURSELF
- WHAT TO DEFEND AGAINST

~VARIOUS FAMILY STRUCTURES-

- DIVORCE
- STEP FAMILIES
- ADOPTION
- SINGLE PARENT

~HAVING CHILDREN TOO SOON-

- HOW NOT TO GET PREGNANT
- IMPLICATIONS OF HAVING A CHILD TOO SOON
- INVOLVEMENT OF FATHER IN PREGNANCY
- GETTING A SOURCE OF INCOME TO PROVIDE FOR THE BABY
- PROVIDING A HOME FOR THE BABY
- CONSULTING A PHYSICIAN AND DETERMINING FAMILY MEDICAL HISTORY
- DETERMINING WHAT TO DO REGARDING EDUCATION

~WHO TO CONSULT IF ONE HAS PROBLEMS

- PARENTS/GUARDIANS
- SCHOOL COUNSELOR/TEACHER
- RELIGIOUS TEACHER
- SPEAK TO A RESPONSIBLE FRIEND OR FAMILY MEMBER
- SERIOUS PROBLEMS SHOULD BE REPORTED TO THE POLICE

~DATING VIOLENCE

- DEFINING THE TERM OF ABUSE AND PROVIDING EXAMPLES OF SITUATIONS IN WHICH IT HAS OCCURRED
- WARNING SIGNS THAT ONE SHOULD LOOK FOR THAT MAY GIVE HINTS TO THE FACT OF ABUSE
- ADDRESSING THE PROBLEMS ASSOCIATED WITH BOTH PHYSICAL, SEXUAL AND PSYCHOLOGICAL ABUSE
- DESTROYING THE MYTHS ATTRIBUTED WITH DATING VIOLENCE

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SAMPLE OF CLASSROOM DISCUSSION AND OVERVIEW OF MATERIALS GIVEN TO THE STUDENT (THE FOLLOWING INFORMATION WILL BE DISCUSSED WITH THE SIXTH GRADE STUDENTS).

I. OVERVIEW OF TEENAGE PREGNANCY

A) AN UNPLANNED PREGNANCY, ESPECIALLY WITH TEENAGERS MAY CREATE NUMEROUS PROBLEMS.

B) MANY QUESTIONS ARISE THAT PERTAIN TO- WHO WILL TAKE CARE OF THE BABY, WHAT TO DO IN REGARDS TO FINANCIAL WELL BEING, WHO WILL HELP ASSIST WITH THE BABY, WHAT WILL THE PREGNANT TEEN DO ABOUT FUTURE EDUCATION AND WHAT ROLE THE FATHER WILL PLAY IN THE LIFE OF THE BABY.

C) TEEN PREGNANCY IS A GROWING PROBLEM IN THE UNITED STATES AND THE FEMALES GET PREGNANT FOR VARIOUS REASONS. IN MANY CASES IT IS AS A RESULT OF ENGAGING IN SEXUAL INTERCOURSE WITHOUT PRACTICING A FORM OF BIRTH CONTROL. SOME FEMALES BELIEVE THAT A BABY WILL ENHANCE THE RELATIONSHIP AND SOME GET PREGNANT BECAUSE THEY WANT SOMEONE IN THEIR LIFE TO TAKE CARE OF AND TO LOVE.

D) TEENAGERS SHOULD LEARN WAYS IN WHICH THEY CAN PROTECT

THEMSELVES FROM PREGNANCY AND MAKE PROPER DECISIONS REGARDING ENGAGING IN SEXUAL ACTIVITY. HOWEVER, ABSTINENCE- NOT PARTAKING IN SEXUAL RELATIONS- WILL BE ADAMANTLY ENCOURAGED (PLEASE SEE APPENDIX A, THE PREGNANCY FACT LIST).

II. BIOLOGICAL DISCUSSION OF HUMAN REPRODUCTION

A) THE INFORMATION PROVIDED WILL BE AGE-APPROPRIATE AND WILL FOCUS ON THE GENERAL PROCESS INVOLVED IN HUMAN REPRODUCTION.

B) SPECIFIC AREAS THAT WILL BE HIGHLIGHTED WILL INCLUDE TEACHING OF HOW EACH ONE OF US STARTED OUT AS A SINGLE CELL, NO BIGGER THAN THE HEAD OF A PIN. THE CELL WAS COMPOSED OF AN EGG CELL FROM THE MOTHER AND A SPERM CELL FROM THE FATHER.

C) THE DEVELOPING CELL IS KEPT IN THE MOTHER'S BODY WHERE IT IS ABLE TO RECEIVE PROTECTION AND GET ALL OF THE NUTRIENTS IT NEEDS. THE PROCESSES INVOLVED IN THE REPRODUCTION OF A CHILD IS RELATED TO THE HUMAN REPRODUCTIVE SYSTEM THAT IS MADE UP OF ALL THE ORGANS NEEDED TO CREATE A CHILD.

D) THE PROCESS OF CONCEPTION WILL INCLUDE THE ACTS NECESSARY TO CREATE A BABY AND THE DEVELOPMENT OF THE CELL FROM THE FERTILIZED EGG TO THE EMBRYO STAGE AND THE FETUS AND AFTER NINE MONTHS, THE FORMATION OF THE BABY.

III. EMOTIONAL MATURITY

A) EVEN THOUGH ONE'S BODY HAS BEGUN TO MATURE PHYSICALLY IN THE SENSE OF PUBERTY (THIS WILL BE DISCUSSED THOROUGHLY IN ANOTHER CLASS DISCUSSION), IT DOES NOT MEAN PSYCHOLOGICALLY

THAT ONE HAS MATURED GREATLY. ONLY PEOPLE WHO ARE FULLY MATURED ARE READY FOR MARRIAGE AND SEXUAL INTERCOURSE. THAT TIME PERIOD DOES NOT OCCUR WHEN ONE IS YOUNG. THE MATURE PERSON IS ONE WHO IS INDEPENDENT OF ANOTHER TO DO FOR HIM/HER, SPECIFICALLY A PARENT OR GUARDIAN, AND IS ABLE TO SURVIVE IN A PROPER WAY WITHOUT THEIR HELP. THEREFORE, A MATURE PERSON DOES NOT COUNT ON OTHERS FOR SUCH THINGS AS MONEY BUT IS ABLE TO PRODUCE FOR THEMSELVES.

B) PUBERTY WILL LEAD TO ATTRACTION BETWEEN THE OPPOSITE SEXES AND FRIENDSHIPS WILL BE FORMED WITH MEMBERS OF THE OPPOSITE SEX. MOST TEENAGERS BEGIN TO DATE MEMBERS OF THE OPPOSITE SEX AND A SPECIAL RELATIONSHIP MIGHT EMERGE. HOWEVER, SEXUAL RELATIONS SHOULD NOT BEGIN UNTIL BOTH PERSONS IN THE RELATIONSHIP ARE MATURE ENOUGH TO PARTAKE IN THESE PRACTICES.

IV. QUESTIONS THAT ARISE WITH PREGNANCIES

A) PREGNANT FEMALES MUST REVIEW THEIR MEDICAL AND FAMILY HISTORY TO BE ABLE TO DETECT ANY PROBLEM THAT MAY ARISE IN THE PREGNANCY. ONCE THEY CONTACT A DOCTOR, MORE INFORMATION REGARDING THIS WILL BE PROVIDED.

B) THEY MUST ALSO DETERMINE WHERE THEY ARE GOING TO LIVE WITH THE BABY AND IF THE HOME THEY PROVIDE CAN PROPERLY FUNCTION.

C) A PREGNANT TEEN MUST ALSO THINK ABOUT HER FINANCIAL SITUATION AND HOW SHE WILL GET MONEY TO SUPPORT THE CHILD. ONE MIGHT HAVE TO GET A JOB, HOWEVER, COSTS ARE USUALLY MORE EXPENSIVE THAN WHAT THE WAGES ONE RECEIVES FROM A JOB CAN

COVER. ONE ALSO MUST DECIDE THE FATHER'S FINANCIAL RESPONSIBILITY AND THIS SHOULD BE DISCUSSED WITH EACH OTHER. D) THE SUPPORT FROM THE FAMILY MUST ALSO BE CONSIDERED, THE HELP MAY BE IN THE PLACE OF MONEY, SHELTER, DAY CARE, ETC. A PREGNANT TEEN MUST ALSO THINK ABOUT THE FUTURE. DOES ONE WANT TO FINISH HIGH SCHOOL, GO TO COLLEGE, HAVE A PROFESSIONAL CAREER AND MANAGE THIS WITH A BABY?

V. ADOPTION AND BIRTH CONTROL

A) ADOPTION IS THE PROCESS BY WHICH THE MOTHER TURNS THE BABY OVER TO AN ADAPTION AGENCY AND GIVES UP ALL RIGHTS TO THE CHILD. THE ADOPTION AGENCY FINDS A HOME FOR THE BABY AND MOST CASES THE BABY IS PUT IN A HOME WITH A MARRIED COUPLE THAT CANNOT HAVE CHILDREN OF THEIR OWN. THE MOST DIFFICULT PART OF AN ADOPTION IS THAT THE DECISION IS FINAL AND THAT ONE GIVES UP ALL RIGHTS TO THE BABY.

B) BIRTH CONTROL DEVICES HAVE A HIGH PERCENTAGE RATE OF PREVENTING PREGNANCIES. THE ONLY 100 PERCENT RELIABLE METHOD OF BIRTH CONTROL IS ABSTINENCE. CONDOMS ARE THE MOST COMMON BIRTH CONTROL METHOD AND THEY ARE ALSO A PROTECTION AGAINST AIDS.

APPENDIX A

THE PREGNANCY FACT LIST

~ MORE THAN 1 MILLION TEENAGE GIRLS BECOME PREGNANT EVERY YEAR IN THE UNITED STATES .

~ FOUR OUT OF EVERY FIVE PREGNANT TEENS ARE UNMARRIED.

~ EVERY YEAR MORE THAN 30,000 GIRLS UNDER 15 YEARS OF AGE BECOME PREGNANT.

~ OF ALL THE GIRLS WHO GAVE BIRTH AT THE AGE OF 15, ABOUT 82 PERCENT WERE DAUGHTERS OF TEENAGE MOTHERS.

~ ONLY 50 PERCENT OF THE GIRLS WHO HAVE BABIES BEFORE THEY ARE 18 ARE ABLE TO COMPLETE HIGH SCHOOL.

~ IT IS ESTIMATED THAT IF THE TREND TOWARD TEEN PREGNANCY CONTINUES, 40 PERCENT OF TODAY'S 14-YEAR-OLDS WILL BE PREGNANT AT LEAST ONCE BEFORE THEY ARE TWENTY.

~ ABOUT 85 PERCENT OF AMERICANS CONSIDER TEEN PREGNANCY A SERIOUS NATIONAL PROBLEM.

ALL INFORMATION WAS GATHERED FROM THE TEEN PREGNANCY BOOK, COPYRIGHT DATED IN 1992, PUBLISHED BY THE ROSEN PUBLISHING GROUP, INC. AND WRITTEN BY TRACY HUGHES, M.S.W.

Withdrawal/Redaction Marker

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
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THE WHITE HOUSE
WASHINGTON

April 17, 1995

Juan F. Gutierrez, M.D.
Pediatric Anesthesia Associates, P.C.
1600 Seventh Avenue South
Birmingham, Alabama 35233

Dear Dr. Gutierrez:

Thank you for writing to keep me up to date on (b)(6) 0019
The difficulties that you and your colleagues at the Children's
Hospital of Alabama and the (b)(6) family have faced illustrate
why we need to continue the fight for meaningful health care
reform.

As you know, last year the Clinton Administration fought
hard for health care reform. While we could not reach agreement
on legislation, there can be little disagreement that the
problems remain. Today nearly 40 million Americans have no
health insurance, and millions more are just one pink slip or
illness away from losing coverage.

The President remains firmly committed to continuing the
fight to guarantee that every American has health insurance and
to contain health care costs for families, businesses, and
Federal, State, and local governments. This year, we will work
with Congress to take the first step toward achieving these goals
-- including reforming the insurance market so that children like
Logan Barker cannot be denied insurance because they have so-
called pre-existing conditions.

Thank you again for writing. I commend you for your
tremendous efforts on behalf of the (b)(6) and other needy
families.

0019

Sincerely yours,

Hillary Rodham Clinton
Hillary Rodham Clinton

\$65,000 — hospital bill reduced
↓
\$24,000

Sue Smith

Thank you for assisting the
family. Efforts to help this family
and all these other families!

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. letter	From: Juan Gutierrez, M.D. To: Mrs. Clinton [partial] (1 page)	3/2/95	b(6)

COLLECTION:

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

FOLDER TITLE:

HRC Health Care Correspondence 95 - G

2014-0159-S

sb298

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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Alice

PEDIATRIC ANESTHESIA ASSOCIATES, P.C.

1600 SEVENTH AVENUE SOUTH
BIRMINGHAM, ALABAMA 35233

PHONE 205 939-9235

FAX 205 939-9936

KATHRYN C. BROCK, M.D.
PATY B. BRYANT, M.D.
MARK A. GREVE, M.D.
JUAN F. GUTIERREZ, M.D.

March 2, 1995

PATRICIA R. LABORDE, M.D.
LARRY L. MACKALL, M.D.
GLORIA L. SELLMAN, M.D.
RICHARD B. SIEGEL, M.D.
ALFONSO YONFA, M.D.

Mrs. Hillary Clinton
The White House
1600 Pennsylvania Avenue NW
Washington, D.C. 20500

Dear Mrs. Clinton:

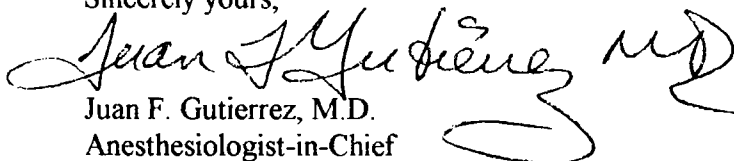
It is with pleasure that I answer your concerns raised last week regarding the (b)(6) case. Here at The Children's Hospital all anesthesia patients are treated equally, and no one is turned away because of their inability to pay. You should have a letter that we sent to Ms. Peggy Felthouse from Ms. Suzanne Respass (a copy of which is enclosed). We are extremely aware of the crisis of coverage for infants and children, and as the only pediatric hospital in the state I am sure that our institution mirrors the problems of the nation.

To help illustrate our situation, I have enclosed a statistical list of our Medicaid patients for '91, '92, '93 and '94. Our percent of Medicaid patients increased from 29% to 41% during that period, payments stayed the same at 22% of Medicaid billing and write-offs were 78% of Medicaid billing. Effective January 1995, Medicaid of Alabama cut our payment amount to half of previous payment and does not allow for difficulty encountered in treating patients similar to (b)(6)

The media has portrayed the financial crisis experienced by families without the benefit of health care insurance, yet who will help the providers when the costs of giving care exceeds the ability to stay in business. The indigent problem is extremely serious, and it ultimately must affect the availability of care, for physicians cannot continue to provide free services to every indigent patient.

Thank you for your concern regarding (b)(6) and as long as possible we will continue to work with this family and others in providing care regardless of their ability to pay.

Sincerely yours,


Juan F. Gutierrez, M.D.
Anesthesiologist-in-Chief

cc: Ms. Peggy Felthouse

PEDIATRIC ANESTHESIA ASSOCIATES, P.C.

MEDICAID 1991-1994

<u>Year</u>	<u>Patients</u>	<u>Charges</u>	<u>Payments</u>	<u>Write-Off</u>
1991	2,260	\$1,077,313	234,040	\$716,037
1992	2,915	1,437,274	331,446	1,052,235
1993	3,585	1,792,888	388,402	1,332,821
1994	3,732	2,040,345	444,241	1,752,550

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001c. memo	From: Suzanne Respass, To: Peggy Felthouse, Re: Request for Information [partial] (2 pages)	2/24/95	b(6)

COLLECTION:

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

FOLDER TITLE:

HRC Health Care Correspondence 95 - G

2014-0159-S

sb298

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February 24, 1995

MEMORANDUM FOR PEGGY FELTHOUSE 410966 5015

HEALTH CARE FINANCING ADMINISTRATION

FROM: SUZANNE RESPESS
DIRECTOR, GOVERNMENT RELATIONS

SUBJECT: Request for Information on Children's Hospital of Alabama patient,
(b)(6) 0012

The following summary hopefully will bring you and Mrs. Clinton up-to-date on the current status of our patient, (b)(6). We appreciate your concern and assistance in helping this family resolve their health care crisis for their child with special health care needs.

BACKGROUND

0012 (b)(6) was employed by the Walmart Corporation at the time of (b)(6) birth and received health insurance through the Walmart Group of Bentonville, Arkansas. (b)(6) resigned from her position with Walmart to stay home and take care of (b)(6) and his health care needs. Unfortunately, no one advised (b)(6) of the need to retain her COBRA options with Walmart to counter the pre-existing condition clause with her husband's coverage through Southern Benefits Services of Birmingham, Alabama. When she resigned her position and enrolled in her husband's employer insurance, (b)(6) health care needs were and are not currently covered due to a pre-existing condition clause in the Southern Benefit Services coverage. Hospital, physician and ancillary services continue to be rendered while financial and patient care staff continue to seek coverage for (b)(6). Applications have been made and denied by both SSI and the Alabama Medicaid Agency due to family income exceeding thresholds. All of the providers continue to place his health care needs first while financial solutions are being sought. (b)(6) will continue to require medical attention and all of the providers are committed to delivering care and working with the family to seek financial solutions

Memorandum for Peggy Felthouse
February 24, 1995
Page Two

The following charges to date since loss of insurance coverage for (b)(6) care are itemized for your reference and review.

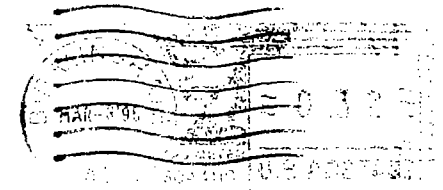
	Total Charges	Payments	Write-Off	Balance
The Children's Hospital of Alabama	\$37,257.53	\$ 330.00 (parents made)	\$35,000.00	\$ 1,927.53
Dr. Keith Georgeson	\$ 4,988.00	\$4,186.00		\$ 939.56
Dr. Juan Guterrez	\$ 5,470.00	\$1,240.00 (Insurance) \$ 135.00 (Personal)		\$ 4,095.00
Dr. John Killian	\$15,999.00	\$ 213.00		\$15,786.00
UAB Orthotics	\$ 1,321.24	\$ 0.00		\$ 1,321.24

We will continue to keep you informed of any progress made in resolving this family's crisis. I will notify Linda Lee of Dr. Georgeson's office, Dr. Guterrez and Dr. Killian of our agreement to notify you of progress. Any assistance or suggestions you can give us to include this child under SSI or Medicaid will be appreciated as well. Thank you for your assistance and patience with this matter. Please feel free to call me (205/939-9652) or Michael Burgess (205/939-9901) with any questions or followup.

cc: Jim Dearth, M.D.
Sergio Stagno, M.D.
Keith Georgeson, M.D.
Juan Guterrez, M.D.
John Killian, M.D.
Mike Burgess

PEDIATRIC ANESTHESIA ASSOCIATES, P.C.

1600 SEVENTH AVENUE SOUTH
BIRMINGHAM, ALABAMA 35233



Mrs. Hillary Clinton
The White House
1600 Pennsylvania Avenue NW
Washington, D.C. 20500

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DETERMINED TO BE AN
ADMINISTRATIVE MARKING
INITIALS: AGB DATE: 12-5-13

