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&
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ADMINISTRATIVE MARKING
INITIALS: AQS DATE: 12-5-13

THE WHITE HOUSE

June 16, 1995

Robert G. Newman, M.D.
Beth Israel Medical Center
First Avenue at 16th Street
New York, New York 10003

Dear Dr. Newman:

Thank you for sending me Beth Israel's "Patient's Guide to Breast Cancer." You have done a wonderful service for your patients by giving them access to clear, complete and straightforward information about breast cancer. I am sure that the guide will help women deal with any fear and anxiety they may be feeling and will better prepare them to participate in decisions about their medical treatment.

I am pleased that Beth Israel's Breast Service Luncheon went well and wish you continued success in your efforts to give women the information and treatment they need.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

BETH ISRAEL MEDICAL CENTER

FIRST AVENUE AT 16TH STREET
NEW YORK, NEW YORK 10003
PHONE (212) 420 - 2873
FAX (212) 420 - 2881

ROBERT G. NEWMAN, M.D.
PRESIDENT

BETH ISRAEL
HEALTH CARE
SYSTEM

BETH ISRAEL
MEDICAL CENTER
MILTON AND
CARROLL PETRIE
DIVISION

BETH ISRAEL
MEDICAL CENTER
NORTH DIVISION

PHILLIPS
BETH ISRAEL
SCHOOL OF
NURSING

SCHNURMACHER
NURSING HOME
OF BETH ISRAEL
MEDICAL CENTER

NEW YORK
HEALTHCARE

JAPANESE MEDICAL
PRACTICE
-MANHATTAN
-WESTCHESTER

D·O·C·S
PHYSICIANS
AFFILIATED WITH
BETH ISRAEL
MEDICAL CENTER

A CHARTER
MEMBER OF UJA -
FEDERATION
OF JEWISH
PHILANTHROPIES
OF NEW YORK

May 24, 1995

Hillary Rodham Clinton
The White House
Washington, DC 20500

Dear Mrs. Clinton:

We were delighted to receive your warm letter of congratulations in honor of Beth Israel's annual Breast Service Luncheon, which was held this year at the Pierre Hotel on Tuesday, May 9th. Although you were not able to join us, your words of encouragement were very much appreciated by the more than 600 guests in attendance.

I also wanted to take this opportunity and share with you a copy of our recently completed "Patient's Guide to Breast Cancer," which we briefly discussed during your visit to Beth Israel in January. This booklet provides comprehensive information on all issues relating to breast cancer, from early diagnosis and treatment, to accessing support groups. Needless to say, we are very proud of this publication, and the role it plays in improving the total quality of care provided to our breast cancer patients.

Again, Mrs. Clinton, my thanks to you for your continued interest in Beth Israel and, most importantly, for your leadership role in the fight against breast cancer.

Sincerely,

Robert G. Newman, M.D.

# BETH ISRAEL MEDICAL CENTER

THE ROBERT L. GINSBERG DEPARTMENT OF
PUBLIC AFFAIRS AND MARKETING

*FIRST AVENUE AT 16TH STREET*
*NEW YORK, NEW YORK 10003*
*PHONE (212) 420 - 2069*
*FAX (212) 420 - 2992*




DATE: May 22, 1995

TO: Wendy Towber

FROM: Jim Mandler
Director of Public Affairs

As per our recent telephone conversation, please find enclosed a letter from Beth Israel's President, Dr. Robert Newman, to Mrs. Clinton, thanking her for her letter of congratulations for our Breast Service Luncheon, and introducing her to our new "Patient's Guide to Breast Cancer."

Thank you, Wendy, for forwarding this information to Mrs. Clinton. If you would like additional copies of the guide, need my assistance in any way in the future, or have any follow-up questions, please feel free to call me at (212) 420-2069.

Do we need to send?

double check

Response not sent.

THE WHITE HOUSE

June 16, 1995

John R. Stafford
Chairman, President and
Chief Executive Officer
American Home Products Corporation
Five Giralda Farms
Madison, New Jersey 07940

PHOTOCOPY
HRC HANDWRITING

Dear Mr. Stafford:

Thank you for your letter, and thank you again for coming in to meet with me about the Vaccines for Children (VFC) program.

As I said when we met, the Administration certainly does not want to compromise the ability of your company to invest in research and development. With that in mind, we are watching the program carefully as it is implemented.

As we also discussed, while there have been ongoing disagreements about the degree to which cost prevents children from getting immunized, I know we all agree that there are other significant barriers that must be addressed. As you know, the President's Childhood Immunization Initiative includes education, outreach and tracking, and we continue to consider other ways to improve immunization rates. I was very interested in the types of programs that you mentioned in your letter to ensure that all children have a medical home.

Our Administration is committed to getting children the immunizations they need to stay healthy. It is a simple goal, and I know that you share it. I look forward to continuing to work with you to make that goal a reality.

Sincerely yours,

Hillary

Hillary Rodham Clinton

Thanks

AMERICAN HOME PRODUCTS CORPORATION
FIVE GIRALDA FARMS
MADISON, N.J. 07940
(201) 660-5008

JOHN R. STAFFORD
CHAIRMAN, PRESIDENT AND
CHIEF EXECUTIVE OFFICER

May 16, 1995

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

PHOTOCOPY
HRC HANDWRITING

Dear Mrs. Clinton:

Thank you very much for meeting with us on May 5th to discuss our concerns regarding erosion of the private market for childhood vaccines as a result of the Vaccines for Children (VFC) program. We hope that the meeting represents the beginning of a constructive dialogue.

First, we would like to respond to the question we were not able to answer adequately at the meeting: what is the Medicare reimbursement methodology for influenza vaccine, and why is that methodology less problematic for industry than the VFC's? In Medicare, in contrast to the VFC program, our company sells no vaccine directly to the government. Instead, we sell to physicians at trade price with no difference in price between vaccine that ultimately is received by Medicare beneficiaries and that received by others. The physicians who purchase our vaccines are reimbursed for them by Medicare, private insurance or self-payment by the patient, as the case may be. When Medicare reimburses physicians for influenza vaccine, payment is made pursuant to Part B--i.e., charge-based--methodology except that, unlike most Part B items or services, the influenza vaccine is reimbursed 100% without deductibles or coinsurance. Thus, Medicare pays market price for influenza vaccine in sharp contrast to the deep discounts and frozen prices characterizing the VFC program. We understand that Medicare's reimbursement policy for influenza vaccine was established based on the demonstrable cost-effectiveness of the vaccine.

Second, you asked for suggestions that might promote the idea of a medical home for children better than the purchase-oriented VFC program. Here we have no original ideas, but we can share some that have come from experts in the field:

- Some experts, including the Institute of Medicine, suggest a system of bonus payments to physicians who have fully immunized their patients, an approach that has been successful in England (Senator Bumpers has express interest in such bonus payments as a means of avoiding missed opportunities for immunization);

- Dr. Irwin Redlener urged at the recent Finance Committee hearing that any physician receiving free vaccine be required to take every Medicaid and uninsured child who presents at his or her office;

- In Maryland, the Aid to Families with Dependent Children (AFDC) program has developed a series of penalties and rewards related to the immunization status of children, with resulting impressive increases in immunization rates; and

- A program previously considered by the Centers for Disease Control and Prevention (CDC) would provide "one-stop shopping" for federal benefits and require coordination of AFDC, WIC and food stamps benefits with immunization status.

- The States of Georgia and Mississippi and the City of San Antonio have significantly improved immunization rates through techniques such as auditing providers to determine which practices require correction and following the immunization status of individual children through computerized tracking systems.

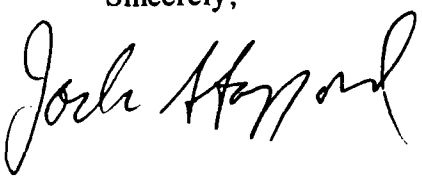
We share your goal of protecting all of America's children from disease through timely immunization, but we believe that this goal can be better achieved by restoring a balance in federal funding between vaccine purchase and delivery infrastructure. Such balance would have the additional benefit of supporting a vibrant research-intensive American vaccine industry. By virtue of American research investment, Hemophilus influenzae type b (Hib) meningitis, with an annual price tag of $2.5 billion, has been practically eradicated. If industry continues to invest in research and development, we will do the same for otitis media, infant diarrhea and pneumonia. Research will also make possible the combining of numerous antigens into a single injection, thus reducing cost and trauma as well as enhancing immunization compliance.

However, our research and development effort cannot be sustained if the federal government remains the dominant purchaser. In considering possible revisions to the VFC program, we are urging that equivalency be reinstated between the public and private sectors, with government purchases limited to no more than 50% of the total market. Only in this fashion will vaccines be able to attract capital and inspire investor confidence to enable research and development to continue.

We appreciate your time and your willingness to hear our views on this issue of critical importance for the health of America's children, both present and future.

Again, my personal thanks for the meeting.

Sincerely,



JRS:MH