HRC
HC CORR 95-Q,R

HEALTH - R

PERSONAL
&
~~CONFIDENTIAL~~

DETERMINED TO BE AN
ADMINISTRATIVE MARKING
INITIALS: 403 DATE: 12-9-13

PHOTOCOPY
PRESERVATION

THE WHITE HOUSE

WASHINGTON

March 24, 1995

Dr. Errol L. Reese
Consultant
Oral Health
World Health Organization
C-1211
Geneva 27-Switzerland

Dear Dr. Reese:

Thank you for writing to share your thoughts on health care reform. As you know, I share your belief that our health care system should emphasize the prevention of disease and the promotion of health. Too many Americans are unable to get the preventive health care they need, and instead are forced to wait until their illnesses are serious and costly before seeking care.

Since taking office, the President has invested close to $900 million in preventing disease and supplying primary care services. To increase the number of primary care physicians, the President has revitalized the National Health Service Corps (NHSC). As you may know, through NHSC, medical students receive scholarships in return for agreeing to train in primary care and then work in an underserved area for two to four years. In addition, the Clinton Administration has provided ongoing support for community-based health care programs that provide primary health services to medically underserved populations.

I am also interested in your suggestions about information technology, particularly about using it to generate "institutions without walls." The Administration is creating a National Information Infrastructure (NII) that will give consumers and health care providers access to specialists and health information regardless of their location. Further, we anticipate that the NII will significantly reduce the current administrative "hassles" of our paper-based system. I have forwarded your letter to John Silva, the chairman of the NII Task Force.

Thank you again for your valuable advice. The President and I hope that we may count on your ongoing support for meaningful health care reform in our country.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

VIP - not attached

WORLD HEALTH ORGANIZATION ORGANISATION MONDIALE DE LA SANTE

Téléphone Central/Exchange: 791.21.11
Direct: 791 4207

In reply please refer to : ORH/ELR/BJMcC
Prière de rappeler la référence:

Mrs Hillary Rodham Clinton
The White House
Washington, D.C. 20500
Etats-Unis d'Amérique

29 November 1994

Dear Mrs Clinton,

Health is still the goal!

We learn so much with each passing year, new knowledge and experiences can be moulded into a great new achievement. Twenty months ago, I sent you the attached letter and I stand firmly on the principles of health as proposed in that letter. However, during the past twelve months I have been on a sabbatical leave of absence from the University of Maryland at Baltimore and I have been working at the World Health Organization, Geneva, Switzerland.

It has been interesting to hear news of the debate in the United States on a national approach to combat disease, while also learning more about the context of health worldwide.

The debate this past year on the delivery of care to manage disease has revealed and confirmed many issues that contribute to the absolute *status quo* of the current and very traditional approach to disease control/treatment orientation of the US health care system.

One expected the health insurance industry to act on their own behalf and in their own interest, and this could be said for many of the professional organizations as well. However, I had hoped that my colleagues within the health sciences academic community would have acted more on the side of health. It is my opinion that the medical colleges and the academic health sciences institutions also distinguished themselves by staying the same old line - disease and treatment oriented. I also speculate that this will continue as long as these schools and entire institutions remain financially dependent on the delivery of care to treat disease rather than focus on the ultimate solution - prevention of disease and promotion of health.

../..

I am sure you recognise that there has been a call for change in the focus of the medical school curriculum in the 1990s. And we hear of "new directions", but scratch the surface of these changes and you will see the same basic philosophy and the same orientation to treat disease and not to prevent it in the first place. In fact, there continues to be a rise in specialized treatment of disease and virtually no increase in programmes of prevention and promotion. As one who has served many roles within an academic health science center - student, faculty member and administrator - I can say that rarely is the voice of a faculty member, or even the voice of an entire department, heard when their words include **disease prevention and health promotion!**

How can we get off the track of the disease and treatment cycle and on to the track of promotion of health and prevention of disease? I would like to suggest an action which may initiate a process and a structure to move towards a health-oriented future. The future can be found within our children and their children. The action will require you - already a recognized leader for change - to direct your efforts towards the following concepts:

First — The imperative to reach out to the world's population to work toward the attainment by all people of the highest possible levels of health with primary emphasis on health promotion and the prevention of disease requires an essential and important first step - a reorientation of the system of education of all health care personnel.

Second — It is also proposed to use the power of information and the power of information technology to improve health.

I believe that it will be essential to start with a "clean slate" if we are to bring about a profound change in how we conceptualize a healthy existence in the future. Therefore, a new structure is proposed to facilitate these actions through a process directed by a new paradigm for a virtual reality institution/organization supported by governmental and private financial support (not suported by disease oriented/treatment interest).

It is my hope that this letter may open a new avenue for you to continue to pursue - your goal. I would be pleased to continue the discussion, if you so desire.

Best wishes for a healthy New Year.

Yours sincerely,

Errol L. Reese
Consultant
Oral Health

UNIVERSITY OF MARYLAND
AT BALTIMORE

OFFICE OF THE PRESIDENT

March 24, 1993

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

Dear Mrs. Clinton:

Health is the goal.

As President of a major academic health center, I, like you and President Clinton, believe the achievement of health for Americans should be a primary goal of the Clinton administration during the next eight years. Universal access to health care and the containment of health care costs are essential steps in health care reform. Clearly, unless major changes are made in our health care system, adding more individuals to the health care roles will not lower or even contain existing costs. Health care reform and cost containment measures, can, at best, only contain disease and may result in our accepting a standard of health care less than optimal.

However, since I know you are interested in innovative approaches, I will briefly present to you a concept with a fundamentally different focus and logic which, if properly implemented, could ensure great strides toward the goal of health. This system's central goal is health with a focus on not just treating disease, but on building a system where the absence of the need for care is the objective.

This health-based concept and logic of performance provides the technology as well as the human-centered aspect necessary to address appropriately all aspects of health and a health care provision system. This simplified yet comprehensive system to address health, health maintenance, and health restoration of the individual has been initiated with specifications and standards which are integrated and supported by an educational system, health informatics, and a physical environment for delivering this new health care system. For example, the Status Intervention Index provides a method for not only classifying the status of health but simultaneously provides the direction for corresponding intervention. It also establishes with a common language (digital) in a progression of intrinsic value from health to disease, a logical sequence of care and an assessment of intervention risks and complexities, as well as associated costs. The Status Intervention Index is but one component of a total concept organized around a simplified organizational and management structure that helps to ensure that resources are focused on achieving the goal of health.

520 West Lombard Street
Baltimore, Maryland 21201-1627
410 328 7004 / 410 328 5483 FAX

New Phone Number
410 706 7004 / 410 706 5483 FAX

The human performance responsibilities and requirements for prevention and self-care for the individual as well as for the health care provider have been carefully examined and an appropriate educational system devised. The physical setting for this concept and systematic delivery system has been engineered to follow the concepts of ergonomics. This approach towards health and health care is ready for demonstration by one of the largest components of the current primary health care provider system. The next steps will require first and foremost a commitment to the goal of health--not simply the maintenance of a status of disease--followed by action to demonstrate the system as highlighted above.

I am committed to the development and implementation of this concept and would welcome the opportunity to share this system with you in greater detail. Based on my 30 years of experience in striving for health through health promotion and disease prevention efforts, I am confident this system can make unique and significant advances towards finding solutions to the current dilemmas facing this country and the world with regard to enabling health for all.

Please do not hesitate to contact me for additional information.

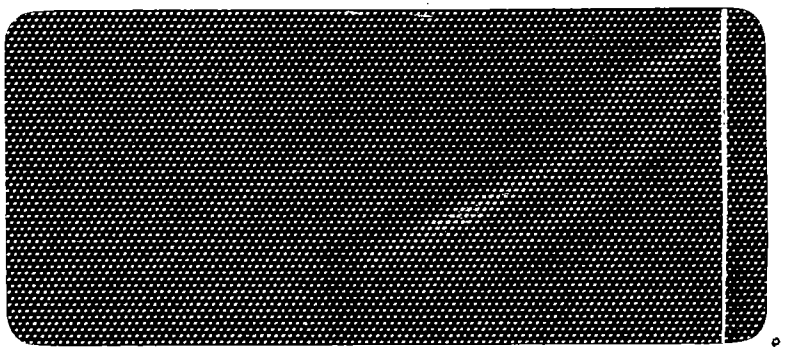
Sincerely,

Errol L. Reese, D.D.S.
President

ELR:nls

PAR AVION
BY AIR MAIL LUFTPOST

PORT PAYÉ
1211 GENÈVE 27



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE
DE LA SANTÉ
CH-1211 GENÈVE 27, Suisse

F Mrs. Clinton

THE WHITE HOUSE

WASHINGTON

February 10, 1995

MEMORANDUM

From: CAROL RASCO

Re: Health Care Qs & As/President's Statements

Attached are health care Qs & As and statements made by the President that are frequently utilized by Administration representatives who respond to questions regarding health care. I hope that you will find these useful.

If you have any questions, please contact Chris Jennings (456-5560) or Jennifer Klein (456-2599). Thank you.

HEALTH CARE Qs & As

Q. Why isn't health care in the budget? Doesn't this illustrate that the President is no longer committed to health reform?

Incorporating a specific health reform initiative within the budget would not enable the Congress to work jointly with the President to respond to the health care problems that confront this nation.

Q. Did the President draw a line in the sand on Medicare?

The President will not allow Medicare to be cut to pay for tax cuts. The President has consistently said that he opposes new Medicare cuts outside the context of health care reform.

Q. The President opposes Medicare cuts to finance tax cuts. Is the President willing to support Medicare cuts for deficit reduction -- if it is in the context of "reform?"

The President has always said that an important component and outgrowth of meaningful health reform is long-term deficit reduction. Again, however, he opposes using Medicare as a cash cow for tax cuts or deficit reduction outside the context of reform.

Q. What is the harm of cutting the Medicare program outside the context of health care reform?

Cutting without reforming makes our health care system weaker and creates more problems. Cuts of the magnitude now being discussed by some in Congress ($300 - $400 billion by 2002) would simply mean that public programs would cost-shift onto the private sector -- particularly to small businesses that have been burdened by the highest insurance premiums for years. They could also make health care providers less willing to see Medicare beneficiaries.

(over)

Q. What is your response to Newt Gingrich's and Bob Dole's comments about Medicare and their suggestion that the program needs to be restructured? What is the Administration's position on managed care?

We have always welcomed ideas that strengthen the Medicare program and provide more choices to beneficiaries. We therefore look forward to reviewing any specific ideas that any Member has. We sincerely hope, however, that a term such as "restructuring" is not simply a code word for deep and destructive Medicare cuts.

Q. The President says that he believes that we can make a start on expanding coverage. How will he pay for it?

The Administration is committed to working with Congress to ensure that any proposal will be paid for without increasing the deficit.

PRESIDENT'S STATEMENTS ON HEALTH CARE

Excerpt from December 27, 1994, Letter to the Congressional Leadership

"While we could not achieve broad-based agreement on a health reform initiative last year, there can be little disagreement that **we still face the enormous problems of increasing health care costs and decreasing coverage.** We need to confront these problems on a bipartisan basis and address the insecurities that too many Americans have about their health care.

In the upcoming session of Congress, we can and should work together to take the first steps toward achieving these goals. **We can pass legislation that includes measures to address the unfairness in the insurance market, make coverage more affordable for working families and children, assure quality and efficiency in the Medicare and Medicaid programs, and reduce the long-term Federal deficit."**

Excerpts from the State of the Union

"My budget pays for the Middle Class Bill of Rights without any cuts in Medicare. And **I will oppose any attempts to pay for tax cuts with Medicare cuts**. That's not the right thing to do.

Let's do it step by step. Let's do whatever we have to do to get something done. Let's at least **pass meaningful insurance reform** so that no American risks losing coverage for facing skyrocketing prices. That nobody loses their coverage because they face high prices or unavailable insurance, when they change jobs and lose a job, or a family member gets sick.

We ought to **make sure that self-employed people in small businesses can buy insurance at more affordable rates** through voluntary purchasing pools. We ought to **help families provide long-term care for a sick parent or a disabled child.** We can **work to help workers who lose their jobs at least keep their health insurance coverage** for a year while they look for work. And we can find a way -- it may take some time, but we can find a way -- to **make sure that our children have health care."**