Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. itinerary	Fundraiser for the Wisconsin State Party's 1994 Coordinated Campaign (2 pages)	2/17/94	Personal Misfile
002. schedule	Schedule for Hillary Rodham Clinton, Draft #6 [partial] (6 pages)	2/19/94	b(7)(E)
003. plans	Floorplans, Fond du Lac Center for the Elderly, Milwaukee, WI (2 pages)	nd	b(7)(E)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3983

FOLDER TITLE:
HRC [Background File] Saturday, February 19, 1994 Milwaukee, Wisconsin [1]

2014-0483-S
sb395

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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
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]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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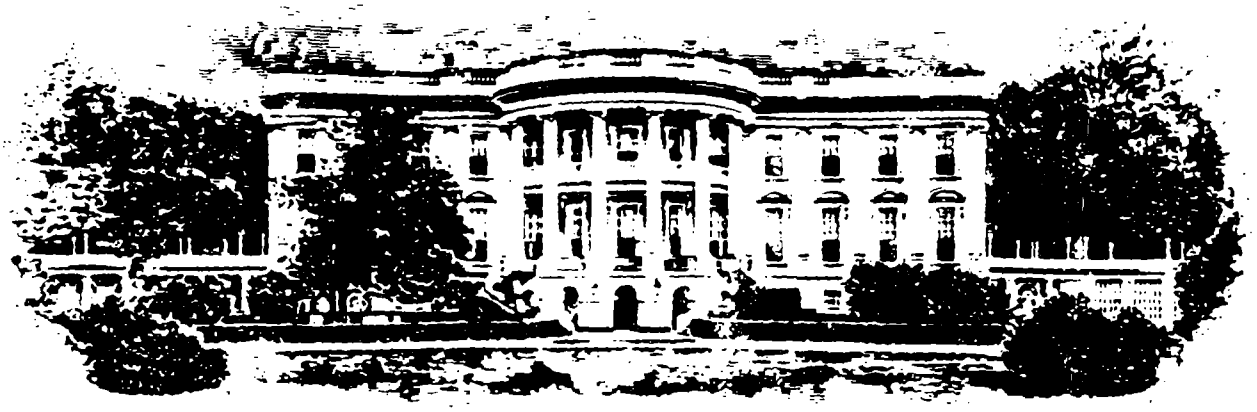
HRC
2/19/94 Saturday
Milwaukee, Wisc.

PHOTOCOPY
PRESERVATION

THE WHITE HOUSE



OFFICE OF COMMUNICATIONS

FAX: (202) 456-2362
PHONE: (202) 456-7151

TO: Roshann Parris Rm. 1628

FROM: Amanda Crumley

RECEIVER FAX: 414-276-6338

RECEIVER PHONE: 414-276-1234

NUMBER OF PAGES (INCLUDING COVER SHEET): 37

COMMENTS: Pls. call me w/ any problems:
(o) 202-456-7151 (h) 202-686-1705
or page me through WHCA. I will
send Brfg. Book to your Room.
~~Alissa Mustoline will fax~~ Thanks!

FIRST LADY HILLARY RODHAM CLINTON
REMARKS AT ALVERNO COLLEGE
MILWAUKEE, WISCONSIN
FEBRUARY 19, 1994

[Acknowledgments]

It's a great honor for me to be here today in Milwaukee. I grew up about five hours down the Interstate -- in Chicago -- so for me it's a special treat to be back in the Midwest.

Wisconsin feels very familiar to me these days -- not because I like bratwurst, or beer . . . or because this is the home of speed skaters Bonnie Blair and Dan Jansen, who won the Gold medal yesterday . . . or because I root for the Bucks, who happen to have two fine players from the University of Arkansas, Todd Day and Larry Mayberry.

I think it's because one of the stars of the President's Cabinet came to us from the University of Wisconsin. I know I'm speaking for the President when I say how fortunate the Administration and the nation are to have Donna Shalala as Secretary of Health and Human Services.

Also when I was in Lillehammer for the Olympic Games earlier this month, I had the pleasure of spending time with Tom Loftus, our ambassador to Norway who used to be Speaker of the Assembly here. So I was treated to some Wisconsin hospitality even when I was overseas.

Today, I'm particularly pleased to visit Alverno College, which is truly one of the most interesting small colleges in America. This college is proof of what can happen in education when administrators, professors and students have the courage and vision to approach learning in new ways.

I want to applaud you for the pioneering work you have done in assessing student performance and strengthening undergraduate education. At a time when our nation is looking for new ways of solving old problems, institutions such as this one are important and inspirational models for us.

Just over a year ago, the President took office and promised to work as hard as he could to fulfill a very ambitious agenda of change. And, thanks to the hard work and commitment of millions of Americans, we have come a very long way in the last 13 months.

We now have the Family and Medical Leave Act, which allows good workers to be good parents. We now have the federal Earned Income Tax Credit, similar to Wisconsin's program, which rewards work over welfare. The National Service program that helps more young people go to college and encourages social responsibility. The first real reductions of our deficit, which will help get our economy going again. And expanded trade through the passage of NAFTA, which will mean more jobs for American workers.

These achievements reflect a fundamental change that has taken place in our country. We have shown that the days of gridlock and drift are over. We have shown that special interests and big money do not control our destiny. We have joined together to take responsibility for this country's future and we have shown that when the American people set their minds and their hearts to doing something, it will get done.

And I know that our resolve will grow even stronger as we move forward in this new year -- a year that holds the hope and promise of achieving the most important legislation of a generation: health security for every American.

When I first began learning in detail about our health care system -- learning about it from ordinary citizens and health care professionals and business people and employees as well as from the 1 million letters we've received at the White House -- I discovered two simple truths.

To understand what is right and what is wrong with health care you here in Wisconsin don't have to look very far.

Eight hospitals in this state are among the top 100 performing in the nation, according to a recent study [by HCIA Inc and Mercer Management Consulting]. This study said that if all of the nation's hospitals followed the same management and treatment practices, we could save as much as $28 billion a year.

Yet at the same time, in Milwaukee alone, seven hospitals have moved, consolidated or closed in the center city over the last six years. The one remaining hospital, Sinai Samaritan Medical Center, is now terrifically overburdened because of the volume of uninsured patients that comes through its doors.

And the infant mortality rate in one northern section of the city is 25 deaths per 1000 live births -- largely because residents there do not have access to adequate health care, particularly preventive and primary care.

So while we have the best medical care in the world in one part of the system, we are still grappling with serious defects in another.

Part of the problem is that the special interests are in charge. Insurance companies decide who gets covered and who doesn't. And as recent studies have pointed out, those decisions sometimes are quite arbitrary, having little to do with a person's health needs but a lot to do with the insurance company's bottom line. [NPR reported on the Duke study this week].

The result is that 39.5 million Americans have no insurance. Every month, 2 million Americans lose their insurance for some period of time. In the Milwaukee metropolitan area, for example, there are 150,000 people without health insurance. Across the country, 100,000 middle-class families declare bankruptcy because of a serious illness or injury.

But even those who have insurance -- and most Americans have some kind of coverage -- are not really secure. About 75 percent of the policies today put limits on lifetime benefits. About 69 percent deny coverage to people with "pre-existing conditions" -- like cancer.

These are devastating statistics. Yet even so, the special interests are up to their usual tricks -- spending lots of money to confuse the issue, scare people, and blur the facts.

There are some who continue to insist that there is no health care crisis at all.

To them I say, try telling that to the 85-year-old woman I met yesterday in South Dakota [citizen panelist in Lennox] who must spend $200 a month for prescription drugs. Try telling that to the single mother in Milwaukee who wants to work but stays on welfare simply to get medical coverage for her kids.

Try telling that to the woman who was billed $2,500 for crutches. Try telling that to the nurse who is so overwhelmed by paperwork that she says she feels more like an accountant than a health care professional.

Try telling that to the student who can't afford private insurance and then comes down with a serious illness or is in an accident and can't afford to pay for medical care.

Tell them there's no crisis. Because I won't -- and neither will the President.

There is a crisis, and those of you in this audience who are entering the health care profession will be among the most affected by it if we don't have the courage to fix the system now.

To begin with, we must return control of our health care system to doctors, nurses, and patients, and not allow bureaucrats and insurance companies -- or Harry and Louise, those actors on television commercials -- to dictate who gets care and how it is given.

The President wants to give every American the guaranteed private insurance they deserve. He wants to give every American real health security. Unlike other proposals, the President's approach outlaws insurance company discrimination. It makes it illegal for the insurance companies to decide who gets coverage and how much they pay. It ends lifetime limits on coverage and makes sure that health care is always there -- whenever you need it.

The Clinton approach guarantees a comprehensive benefits package that includes coverage for preventive care and prescription drugs. It protects older Americans by preserving Medicare and by adding new coverage for long-term care.

The President's approach also offers greater consumer power for people and small businesses to compete in the marketplace and choose quality health insurance and lower cost.

To get an idea of what the President has in mind, you can look right here in Wisconsin at the health care system used by state employees, which is similar to the Administration's approach.

Those employees get a wide choice of health plans, including the option to visit any doctor they want. Each year, every employee gets a chance to change plans. Benefits are standard in nearly every plan, so its easy to see which plan is offering the best price. And the cost of premiums has risen less than 5 percent in each of the last two years.

Most important, state employees like the system. In a 1992 survey, 87 percent said they were satisfied or very satisfied with it.

Wisconsin's model shows that there are ways to hold premiums down, offer families choice, make sure everyone is covered, and retain high-quality care.

The President's approach will do that, and it will also make the health care profession more efficient, more effective, and more rewarding for doctors, nurses, and other health care professionals.

Those of you planning careers in the health care field are entering the profession because you want to help people. You are willing to spend long hours taking care of some of the neediest people in our society.

We need to take advantage of your dedication and commitment. We need to benefit from your talents and expertise in ways that are not possible under the current system.

One of the President's goals is to enhance the crucial role that nurses play in our health care system. And when he talks about nurses he's not just paying lip service. His mother became a nurse when he was a young boy, and he spent lots of time with her when she worked in the hospital.

He knows from his mother's experience that nurses are on the front lines of medical care. He knows that nurses are the ones spending hours with patients when they are sick and vulnerable. He knows that nurses are the ones who take blood, give shots, hook up respirators and intravenous bags, and administer medications -- some of the most basic and most important aspects of providing health care.

And he also knows there are massive changes going on in the nursing profession -- and that nurses are capable of many more functions not currently assigned to them.

The President's reform will strengthen the role of nurses for primary, preventive, mental health and long-term care.

First, it will get rid of the paperwork that now drowns too many doctor's offices and hospitals and takes valuable time away from patients. I can't tell you how many nurses I have spoken to who complain about the hours they spend filling out form after form after form. Under the President's approach, there will be only one form. One standardized form.

Second, funding for the training of nurse practitioners and physicians assistants will be increased to expand existing programs and the number graduates each year. That will be accomplished in part by the creation of a Graduate Nurse Education Fund.

Advanced practice nurses will work in partnership with physicians to expand the availability of high-quality care. New home and community-based long term care programs for older Americans and persons with disabilities and chronic illnesses will expand professional opportunities for nurses. And there will be new incentives for nurses to work in underserved and rural areas.

In short, the nursing profession will be given the respect it deserves. And the 2.2 million nurses across the country will be able to work to their full potential [figure from ANA].

Reform is our opportunity for progress. It's our chance to succeed where past generations have failed. It's our chance to improve the health of individual Americans and protect the integrity of our entire health care system.

With your help, with your continued commitment and dedication, we can all work to make our fellow citizens and our nation healthier, happier, and more secure.

Thank you.

Across the Director's Desk

A Message From CCE Executive Director Kirby Shoaf

Since the opening of its first adult day health center in November, 1988, the Community Care for the Elderly (CCE) program has embraced the principles of total quality management. CCE has a strong commitment to treating all participants with respect and dignity and to meeting their individual needs with the highest possible quality of care.

CCE has developed an extensive Total Quality Improvement Plan to provide systematic, objective, and ongoing monitoring and evaluation of participant care. This plan provides CCE with information to improve care and to identify, evaluate, and resolve any problem areas. The CCE Medical Advisory Committee which includes five community physicians, the CCE Medical Director, and representatives from program administration meets regularly to identify, review, and monitor standards of care. Other standing committees include: ethics, professional advisory, infection control, pharmacy, quality improvement, and risk management.

The State of Wisconsin annually reviews several CCE qualitative and quantitative issues in addition to randomly selecting medical charts for review by outside physicians.

CCE believed it was also necessary to seek external credentialing from an independent health care accreditation organization. Along with four other sites in the national PACE demonstration project, CCE was surveyed by the Community Health Accreditation Program (CHAP) of New York City. CHAP developed Standards of Excellence for the PACE model based on the Health Care Financing Administration Guidelines, the PACE Protocol, the PACE Operational Guidelines, and the CHAP Standards of Excellence for home care and community health organizations.

CCE received accreditation and a very positive review. Highlights of the CHAP survey report include:

- staff motivated & committed to the CCE philosophy & purpose;
- very stable and loyal staff;
- well-coordinated multidisciplinary team for each center;
- clear commitment to quality services throughout the agency;
- strong financial base; and
- clear innovation and leadership within the health care field.

The CHAP site visit team concluded that CCE is an exceptional, well-coordinated, cost-effective health care model providing high quality services that address all aspects of the participants' health care needs.

CCE can take pride in this outstanding assessment of its program by a highly respected national accrediting agency!

In Our Next Issue...

Read the exciting details about the next phase in the CCE program: our *third* adult day health care center site!

Yes, Community Care for the Elderly is expanding and will soon unveil a new site unlike *any* adult day care facility in Wisconsin.

That story and much more... in the next issue of *The Care Connection*.

American Nurses Association
600 Maryland Avenue SW, Suite 100 West, Washington, DC 20024-2571
202-554-4444 • Fax: 202-554-2262

Virginia Trotter Betts, JD, MSN, RN
President

Barbara K. Redman, PhD, RN, FAAN
Executive Director

Linda Shinn, MBA, RN, CAE
Executive Director (Interim)
American Nurses Association
Health Care Reform Project Press Conference
October 28, 1993

The American Nurses Association applauds the President and Mrs. Clinton on their delivery of an extraordinary health care reform bill to Congress yesterday. The Health Security Act is extraordinary in its scope, breadth, and historical significance. Most importantly, the ANA praises them for the bill's core principles that America's nurses also honor as their own. We support its universal health coverage for everyone, its comprehensive benefits package that includes primary and preventive health care services, its commitment to quality and cost containment, and its equity for all consumers as well as its equity for all qualified health care providers. America's nurses support freedom of choice of health care providers, including doctors, professional nurses, and all other qualified health care professionals. Consumers will have their choice of health care providers.

We encourage the bill's swift passage through Congress before this session ends and we urge all Americans to call their elected representatives to voice their support for the President's bill or for a health care reform bill that contains these core principles. We believe this bill will provide health care security for all Americans and it will help the U.S. economy to become competitive again.

The American Nurses Association will closely study this bill in its entirety. While there are some areas where fine tuning will be necessary, we are very happy with some key sections that we have seen so far. These include: reimbursement for Advanced Practice Nurses by private and public payers including Medicare; a federal preemption to override state barriers to nursing practice; more

monies for educating and retraining health care workers to prepare them for employment in new community settings; and finally, for the formation of a National Institute run by the Departments of Health and Human Services and Labor which will assess the utilization and adequacy of the health care workforce.

We will also be examining what efforts can be initiated by the federal and state governments to address quality care, professional security, and data collection which will be an issue during the transition period before the bill is enacted.

On one final note, the American Nurses Association urges every person to take an active part in this health care reform debate. Contact your elected Congressional and Senate representatives and urge the swift passage of a health care reform bill in 1994 that provides universal coverage and comprehensive benefits for everyone. Do not let detractors who have a lucrative stake in keeping things the way they are now, prevent you or your family from receiving the health care security that all of us deserve. Thank you.

# # #

g:\[illegible]

THE LONG TERM CARE CAMPAIGN

February 17, 1994
For Immediate Release

For more information contact:
Deb Briceland-Betts (202) 434-3744

The Clinton Plan Revolutionizes the Health Care System on Long Term Care

Seniors, families and people with disabilities will benefit

"The Long Term Care provisions in the Clinton health care plan are revolutionary," said Stephen McConnell, Chair of the Long Term Care Campaign, a coalition of 137 national organizations. "The President's major new home care program offers much needed support for families who want to take care of their own and allows those who can to remain independent as long as possible. In addition, it puts an end to discrimination in our current health care system based on disease or disability and corrects the bias toward institutional care," said McConnell, who also represents the Alzheimer's Association.

The existing health care system leaves millions of Americans and their families out in the cold when it fails to support those who have chronic illnesses, like Alzheimer's disease, Multiple Sclerosis or Cerebral Palsy because the care they need isn't provided in hospitals or doctors' offices. The little help that is available, largely through Medicaid, is limited to poor people or those who have become impoverished and, it is heavily biased toward nursing home care.

The President's plan would provide essential security and peace of mind for families needing long term care. No other plan before Congress, except the single payer plan, addresses long term care in any significant way. One plan, offered by Rep. Cooper, takes a giant step backward by eliminating federal funding for Medicaid, the only long term care protection that now exists. National polls show that the absence of long term care in health reform would substantially reduce support for any reform proposal. Long term care is inseparable from health care reform.

"Importantly, the President's proposal will provide America's families with choices they don't have under our current system," said AARP's John Rother, a Long Term Care Campaign board member. "It will enable people to receive care where they want it most, at home and in the community. People will no longer have to feel that placing a family member into a nursing home is the only choice they have."

-MORE-

P.O. BOX 27394 • WASHINGTON, D.C. 20038 • (202) 434-3744 • FAX (202) 434-6477

"The President's long term care plan begins to turn the current long term care non-system on its head," said McConnell. "His long term care program was carefully developed with input from the aging and disability communities. It calls for a consumer-directed system, where services will be tailored to meet the individual needs of persons with disabilities --not a 'cookie cutter' approach to home care nor forced institutionalization."

The President's long term care proposal is built on the notion of "personal responsibility." It would provide services families need to keep their loved ones at home and maintain their own roles as primary caregivers. And, it would give people with disabilities who can work the rehabilitation, assistive devices, and personal assistance they need to live independently and hold a job.

"The President's proposal would begin to support family members, most of whom are women, who now provide the bulk of care," said the Older Women's League's Joan Kuriansky, another Campaign board member. "Older spouses and caregivers of aging parents will receive much needed respite."

The Campaign, which began fighting for long term care seven years ago, is especially pleased that the President's proposal will help people of all ages. One-third of people who need long term care are children or younger adults -- children born with developmental disabilities or mental retardation, teenagers and young adults paralyzed by accidents, young and midlife adults stricken with chronic illness like multiple sclerosis or Alzheimer's disease.

"For a great number of people with physical and mental disabilities, health care reform is a shallow victory if it does not include long term care services," said Paul Marchand, Director of Governmental Affairs for The Arc (formerly the Association for Retarded Citizens of the United States.)

The Long Term Care Campaign is a coalition of 137 national organizations representing more than 60 million people nationwide. The member groups include those representing nurses, children, seniors, veterans, women, people with disabilities, unions, religious denominations, and racial and ethnic groups. The Campaign is dedicated to enacting legislation to protect American families from the devastating cost of long term care.

-30-

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SCHEDULE FOR HILLARY RODHAM CLINTON
DATE: SATURDAY, FEBRUARY 19, 1994
DRAFT #6

MILWAUKEE, WI; JANESVILLE, WI; WASHINGTON, DC

Travelling Staff:	**Kelly Craighead**	**SKYPAGE**	**PIN#207-4653**
	Lisa Caputo	**SKYPAGE**	**PIN#883-5733**
	Melanne Verveer		
	Ralph Alswang		

Congressional Delegation:

Sen. Russ Feingold [Milwaukee-Janesville]
Mrs. Mary Feingold [Milwaukee-Janesville]
Cong. Peter Barca [Janesville-WDC]
Mrs. Kathleen Barca [Janesville-WDC]???????

Milwaukee, WI

Lead Advance	**Roshann Parris**	**room 1628**
	Hyatt Regency Hotel	
	333 W. Kilbourn Ave	
	414/276-1234	**phone**
	414/276-6338	**hotel fax**
	716/776-0689	**in Room fax**
	Staff Office	**room 1626**
	414/588-9490	**cellular or**
	202/494-9942	
	1-800SKYPAGE	**PIN#883-5742**

Janesville, WI

Lead Advance	**Kara McGuire**	**room 179**
	Ramada Inn Janesville	
	3431 Milton Ave	
	608/756-2341	**phone**
	608/756-4183	**fax**
	202/494-9730	**cellular**
	1-800SKYPAGE	**PIN#883-5738**

Scheduling Desk:	**Julie Hopper**	
	202-456-7561	**office**
	202-456-2317	**fax**
	202-544-4223	**home**
	1-800-528-7528	**WHCA#4096**

PREV RON

Hyatt Regency Hotel
333 West Kilbourn Ave.
414/276-1234 phone
414/276-6338 fax
Milwaukee, WI

NOTE TO STAFF:
--Baggage call is 8:15 am.
--Leave your bags outside of your room before departure.
--Connie Cooper-Smith: Room 1632, is the RON if you have any questions.

NOTE: To Kelly RE: Paula Timm. She will be in the staff office from 7:00 to 8:30 am if we need her.

8:40 am — **ARRIVE** State Party Fundraiser Breakfast
Hyatt Regency Hotel

8:45 am - 9:15 am — **STATE PARTY FUNDRAISER - Cont. Breakfast**
Regency Ballroom A
2nd Floor, Convention Area
VIP Hold: Crystal Room
Phone: 414/276-1234 Ext. _____
Fax: 414/276-6338 Ext. _____
Attire: Business
CLOSED PRESS

Site Advance: Connie Cooper-Smith

PARTICIPANTS: Approx. 200 expected to attend
[See briefing book for further info]

CONGRESSIONAL DELEGATION IN ATTENDANCE:
Sen. Russ Feingold
Mrs. Mary Feingold
Sen. Herbert Kohl
Cong. David Obey
Cong. Thomas Barrett
Cong. Gerald Kleczka

Make sure Liz changes format

FORMAT:
- Sen. Russ Feingold intros HRC into the room
- Sen. Herbert Kohl intros HRC
- HRC delivers remarks [10 minutes]
- Exit stage & work ropeline on departure

Staff Contact: Linda Moore 456-6257
Event Contact: Hannah Rosenthal 608/255-5172

9:15 am - 10:15 am — **PVT MTG** w/Health Care Reform Advisory Board
Executive Ballroom D - 2nd Floor

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CLOSED PRESS

PARTICIPANTS: Approx. 45 constituents expected
[See briefing book for further info]

NOTE: Sen. Feingold & Mrs. Feingold have been invited to attend meeting.

FORMAT:
- Cong. Kleczka will welcome everyone & intros HRC
- HRC will deliver brief remarks
- HRC will take questions from the Council

NOTE: Cong. Kleczka will moderate questions

Kleczka Contact: Jennifer McKenzie 225-4572

10:20 am **DEPART** Hyatt Regency Hotel
EN ROUTE Community Care for the Elderly
[Drive Time:15 minutes]

MOTORCADE MANIFEST:
HRC'S VAN: HRC, Verveer, Sen. Feingold, Mrs. Mary Feingold, (b)(7)e 002
STAFF VAN: Craighead, Caputo, Alswang, Weiss

10:35 am **ARRIVE** Community Care for the Elderly Center
5228 W. Fond Du Lac Ave.

Greeters: Cong. Thomas Barrett
Kirby Shoaf; Exec. Director of CCE

10:35 am **PROCEED TO DISCUSSION**

10:40 am - 11:10 am **SENIORS EVENT - Community Care for the Elderly**
Quiet Lounge
HRC's Holding Room: Transportation Office
Phone: 414/536-2100 Ext. 233/265
Staff Hold: Social Work Office
Staff Phone: 414/536-2100 Ext. 234/235
VIP Hold: Day Center Supervisor's Office
Fax: 414/536-2111
OPEN PRESS

Site Advance: John Dyer
Press Advance: Andy Beattie

PARTICIPANTS: Approx. 8-10 seniors attending
[See briefing book for further info]

Dan Jansen with gold

FORMAT:
- HRC to participate in a discussion with seniors regarding health care.

Event Contact: Tom Andrews 414/536-2110 Ext 239

11:10 am - 11:50 am **PVT MTG** w/Cong. Thomas Barrett's constituents
Rose Garden Room, Senior Center
CLOSED PRESS

PARTICIPANTS: Approx. 30-40 expected to attend

Nadine Ed-Caregiver

FORMAT:
- Cong. Thomas Barrett will give welcoming remarks & intro HRC
- HRC gives brief remarks
- HRC will take questions from the constituents

NOTE: Cong. Barrett will moderate questions

(Possible 10 or 15

Barrett Contact: Janet 225-3571

11:50 am - 11:55 am **DROP BY** w/CCE Staff
Activities Room
CLOSED PRESS

Board members +

PARTICIPANTS: Approx. 40-50 expected to attend

FORMAT: HRC to give 3-minute remarks to staff attending. No meet & greet.

Gift from Roshann

Very Brief

—Gift

11:55 pm **DEPART** Community Care for the Elderly
EN ROUTE Alverno College
[Drive Time: 20 minutes]

MOTORCADE MANIFEST:
HRC'S VAN: HRC, Verveer, Cong. Barrett, Sen. Feingold & Mrs. Mary Feingold, (b)(7)e 002
STAFF VAN: Craighead, Caputo, Alswang, Weiss

Chuck Britz 005962 3328

12:15 pm **ARRIVE** Alverno College
3401 S. 39th Street

Greeters: Sister Joel Reed; President of Alverno College
Cong. Gerald Kleczka

Greet to POTUS

SCHEDULE FOR HILLARY RODHAM CLINTON
SATURDAY, FEBRUARY 19, 1994
PAGE 5

12:15 pm -
1:00 pm **HEALTH CARE SPEECH**
co-sponsored by Cong. Kleczka & Cong. Barrett
Wehr Hall, Nursing Education Bldg
Holding Room: Dean's Office
Holding Room Phone: 414/382-6273
Staff Hold: Nursing Div. Office
StaffPhone: 414/382-6287 / 6271
Fax: 414/382-6179
OPEN PRESS

Alverno Sr. Nurs. Student will present HRC w/ a gift for her & Chelsea. Gift

PARTICIPANTS: Approx. 325 expected to attend
[See briefing book for further info]

FORMAT:
- Pres. Reed announces Sen. Feingold ~~& Sen. Kohl~~ onto stage; followed by Cong. Kleczka & Cong. Barrett; followed by HRC
- Pres. Reed intros Sen. Feingold for brief remarks
- Pres. Reed intros Cong. Barrett for brief remarks
- Cong. Kleczka intros HRC
- HRC delivers remarks [15 minutes]
- Exit stage & work short ropeline

Seated on dais:
HRC
Cong. Gerald Kleczka
Cong. Thomas Barrett
Sen. Russ Feingold
Pres. Joel Reed

Kleczka Contact: Kathy Hein 414/297-1140

1:05 pm **DEPART** Alverno College
EN ROUTE The Airport
[Drive Time: 15 minutes]

MOTORCADE MANIFEST:
HRC'S VAN: HRC, Verveer, Sen. Feingold & Mrs. Mary Feingold, Cong. Barrett, (b)(7)e 002
STAFF VAN: Craighead, Caputo, Alswang, Weiss

1:20 pm **ARRIVE** General Mitchell Intl Airport
FBO: Air Force Reserve Ramp
4040th Tactical Airlift Wing

Phone: 414/747-5325
Fax: 414/747-4956
CLOSED PRESS/PUBLIC DEPARTURE

1:25 pm **WHEELS UP** Milwaukee, WI

FLIGHT TIME: 35 minutes
MANIFEST: HRC, Craighead, Caputo, Verveer, (b)(7)e Sen. Russ Feingold, Mrs. Mary Feingold
002
FOOD: Lunch

2:00 pm **WHEELS DOWN** Janesville, WI
Rock County Airport
FBO: Blackhawk Airways
4746 S. Columbia Drive
Phone: 608/756-1000
Fax: 608/756-5719
CLOSED PRESS/PUBLIC ARRIVAL

NOTE: Kara McGuire will meet HRC at the airport.

Greeters: Mrs. Kathleen Barca, wife of Cong. Peter Barca

2:05 pm **DEPART** The Airport
EN ROUTE Blackhawk Technical College
[Drive Time: 5 minutes]

MOTORCADE MANIFEST:
HRC'S VAN: HRC, Verveer, Sen. Feingold & Mrs. Mary Feingold, Mrs. Kathleen Barca, (b)(7)e
002
STAFF VAN: Craighead, Caputo, Alswang

2:10 pm **ARRIVE** Blackhawk Technical College
6004 Prairie Road

Greeters: Bob Borremans, VP of the Adm. and Student Services
Dyann Borremans, wife of the VP
Dorothy Green, Board President
Ellen Swan, Board Secretary

2:15 pm **PROCEED** to hold
Sewing Room

2:30 pm - 3:00 pm **HEALTH CARE SPEECH**
Atrium
HRC's Holding Room: Sewing Room

Phone: 608/
Staff Hold: Conference Room
Staff Phone: 608/
Staff Fax: 608/
Attire: Business
OPEN PRESS

Site Advance: Michael Lufrano

PARTICIPANTS: Approx. 1400 expected to attend
[See briefing book for further info]

* Barca presents her at a Parker Pen

FORMAT:
- Cong. Barca announces Sen. Feingold & HRC onto stage
- Cong. Barca intros Sen. Feingold for brief remarks
- Cong. Peter Barca intros HRC
- HRC delivers remarks [10-15 minutes]
- Exit stage right, work ropeline to the left

Seated on the dais:
HRC
Cong. Peter Barca
Sen. Russ Feingold

3:05 pm -
3:20 pm **OFFICIAL PHOTO/MEET & GREET W/VIPS**
Blackhawk Room, 1st Floor
CLOSED PRESS

- Karen Knox, Head of Instruction at Blackhawk
- Douglas Knox
- Elizabeth Knox

PARTICIPANTS: Approx. 45 expected to attend

FORMAT: WH Photo/meet & greet

Barca Contact: Kathy Soderbloon 608/752-9074
[h] 608/873-5119

3:20 pm **DEPART** Blackhawk Techincal College
EN ROUTE The Airport
[Drive Time: 5 minutes]

MOTORCADE MANIFEST:
HRC'S VAN: HRC, Verveer, Cong. Peter Barca, Mrs. Barca???, (b)(7)e
STAFF VAN: Craighead, Caputo, Alswang, McGuire, Kriesse

002

3:25 pm **ARRIVE** The Airport

Kathleen Barca

SCHEDULE FOR HILLARY RODHAM CLINTON
SATURDAY, FEBRUARY 19, 1994

3:30 pm [CDT] **WHEELS UP** Janesville, WI

FLIGHT TIME: 1 hour & 35 minutes (+1)
MANIFEST: HRC, Craighead, Caputo, Verveer, Alswang, McGuire, Cong. Peter Barca, Mrs. Barca???, Kreisse, (b)(7)e 002
FOOD: Snack

6:05 pm [EDT] **WHEELS DOWN** Washington, DC

6:10 pm **DEPART** Andrews Air Force Base
EN ROUTE The White House
[Drive Time: 25 minutes]

6:35 pm **ARRIVE** The White House South Portico

RON The White House

WEATHER FORECAST FOR MILWAUKEE, WI:
-- Cloudy, windy and a chance of rain. High around 50.

WEATHER FORECAST FOR WASHINGTON, DC:
-- Partly to mostly cloudy and continued mild. Minimum temps 35 to 40. Maximum temps 55 to 60.

F. W. Latino
President
of College
13 on Vacation

MILWAUKEE, WI - Congressman Tom Barrett recently visited Community Care for the Elderly. He best summed up the reactions of political dignitaries when he said,"I think it's more humane to have people stay in their homes. If an individual is able to stay in their own home, they're going to be happier and they're going to feel more secure. especially if you're able to control the most stressful thing in their life which is, many times, health care."

CCE gives seniors independence over their lives

MILWAUKEE, WI - "If it weren't for CCE, I'd be dead right now! It benefits me as the caretaker because my mom can really be stubborn and hard to deal with."

That may sound a bit melodramatic, but when you hear Cathy Hernandez of Milwaukee talk about her mother's placement in the Community Care for the Elderly (CCE) program, you are struck by her sincerity. Cathy's mother, Minnie Redmond, is 94 years old. Without CCE, Minnie would not have her independence or the peace of mind that comes with knowing that all of her long-term medical and social needs will be met.

To understand what Cathy means, one must take a closer look at the CCE program. Briefly, CCE is a unique program of ongoing medical care, social and therapeutic services that are designed to help the frail elderly of Milwaukee County keep a measure of their independence in their communities. Most participants live with family or friends while others take advantage of CCE while living in a group home. CCE coordinates all services, simplifies the delivery and payment for care while, at the same time, controlling health care costs.

CCE receives monthly per capita payments from Medicare and Medicaid for eligible enrollees. Most participants who qualify for both Medicare and Medicaid pay nothing more for the program!

A forerunner to the Community Options Program (COP), CCE is a replication of a national government demonstration project called PACE (Program of All-Inclusive Care for the Elderly). This program serves only the frail elderly, those who would otherwise be eligible for nursing home placement. The services are provided at CCE's two adult day health centers, 5228 W. Fond du Lac Ave. and 1230 W. Grant St. (lower level of the Johnston Community Health Center), and are quite comprehensive. They include breakfast, daily exercise, hot noon meal, medication administration, primary medical care, psychosocial counseling and support, and transportation.

CCE also provides a host of specialty services including assisted living, hearing aids, dental services, durable medical equipment, geropsychiatry, home delivered meals, respite services for caregivers, and much more.

Participants, like Minnie Redmond, can come to the adult day health care center up to five times a week. But they MUST come at least once a week. That way, CCE's most unique component, its multidisciplinary team, can evaluate each participant.

The multidisciplinary team is the heart and soul of the CCE program. It's what truly sets the program apart from all other day care programs. The team is made up of primary care physicians, registered nurses, activity coordinators, dietary personnel, personal care workers, rehabilitative therapists, social workers, and medical records specialists.

Together, the team assesses each participant every week, carefully mapping out an individual care strategy while thoroughly monitoring the participant's physical and psychological well-being. In this way, many trips to hospital emergency rooms can be avoided and, when hospitalization is necessary, the stay is often shortened.

Says Hernandez, "The people at the Grant Street adult day care center are really wonderful. It's like a little hospital. They really look out for her health. I can't praise it enough!"

BUTLER RODGERS & AMOS
Attorneys at Law
700 West Michigan, Suite 400
Milwaukee, Wisconsin 53233

THE WHITE HOUSE

WASHINGTON

February 16, 1994

BRUNCH WITH LEADERS OF SUPPORTIVE SENIORS GROUPS

DATE:	Thursday February 17, 1994
LOCATION:	Old Family Dining Room
TIME:	10:45 AM
From:	Alexis Herman
	Mike Lux
	Debbie Fine

I. PURPOSE

This brunch is an opportunity for you to underscore your commitment to seniors in the health care debate, as well as the critical need for more active involvement of these organizations on behalf of long-term care and prescription drug coverage. From a message perspective, it will also highlight the support for your plan in the seniors community.

II. BACKGROUND

This is one part of a series of events during a two-week period that focus on how the Health Security Act benefits older Americans. You are meeting with the heads of twelve key seniors organizations, all of which are supporting your overall approach to health care reform, especially the prescription drug and long-term care benefits. All of these groups are working on both national and local levels to achieve health reform. During seniors weeks, they are participating in White House and Cabinet events in targeted districts, as well as organizing their own.

The organizations range in the degree of support from enthusiastic endorsement to generally supportive. They range from single payer groups on the left to AARP, which is generally supportive but has not wanted to appear too close to us because of their own institutional politics.

The issues that are most important to these groups are:

- long-term home and community based care,
- prescription drug coverage,
- preserving Medicare, and
- protection for early retirees.

All of these groups generally agree on the long-term care program and the prescription drug issues, while their involvement and focus on the other two issues vary.

It is important that you let them know how important these issues are to you, but you should also send a blunt message, as you did in your remarks in New Jersey, that they will not be a part of the legislation that passes without stronger support from seniors. The community of aging organizations must do more to educate their membership and to be heard on the Hill to save these provisions.

All of these organizations have been working very hard to defeat the balanced budget amendment, and it is very much on their minds. It is likely to come up in conversation at the brunch.

You should also be aware that a press statement was released this morning announcing that the White House Conference on Aging will be held in May of 1995. This is a long-awaited announcement in the aging community, and it will make the groups attending very happy. (The release is attached.)

Following is some background information on the groups participating:

AFL-CIO Retirees: The AFL-CIO Retirees division represents approximately three million retired union workers. As you know, the AFL-CIO has endorsed the HSA and committed serious resources to health care reform, and to generating support for the HSA in particular.

American Association of Retired Persons (AARP): AARP is obviously the most important group here today, in terms of its size and its power on the Hill. It has a membership of 33 million over age 50. AARP has worked very closely with us from the beginning of the process, and is supportive overall. For a variety of institutional reasons, they have been reluctant to appear too closely aligned with the administration. Although they continue to identify our plan as the strongest, they have avoided using the word 'endorse', and continue to voice concern about the financing and Medicare cuts. Their chief lobbyist, John Rother, is Chair of the Health Care Reform Project, the coalition of supportive groups that Rockefeller got started.

Families U.S.A.: Although Families U.S.A. is more of a consumers organization than a seniors group, they have several programs targeted at older Americans. They are releasing today a comparison of how the various reform proposals affect seniors that is very favorable for our plan. As you know, we have a very strong working relationship with them.

Long Term Care Campaign (LTCC): LTCC is a coalition of 137 national organizations which include aging, disabilities, and other groups, whose combined membership totals more than 60 million. Most of the other groups present today are members. As the name suggests, the group's focus is enacting legislation that gives older Americans and people with disabilities and their families more choices for long-

term care and independent living. LTCC has a very active and effective grassroots network that is working closely with the National Health Care Campaign. They are also members of the Health Care Reform Project. Although they are also supportive of a single payer system, we have had a very good working relationship with them.

The National Caucus and Center for the Black Aged, Inc. (NCCBA): NCCBA has a membership of 25,000 black, older Americans, the majority of whom have incomes less than 200% of the poverty level. Health care reform is one of two areas of primary concern to them; within the health care debate they are most concerned that reform does not result in fewer benefits for current Medicare and Medicaid recipients. They also support a single-payer system.

National Council of Senior Citizens (NCSC): NCSC has a membership of five million, with a strong labor retiree component. Historically, health care has been their primary issue. Although they are generally supportive of the HSA and lobbying on its behalf, they are also supporters of the single payer system. The statement they have prepared for release today is stronger in support of the Health Security Act than their previous statements in that it does not mention the single payer bill at all. They are strong supporters from the campaign.

The National Council on the Aging (NCOA): NCOA represents 7,500 organizations, practitioners and professionals in the area of aging. They enthusiastically endorsed the Health Security Act in December at a press conference with Mrs. Clinton. We have had a positive, constructive relationship with them.

National Education Association-Retired (NEA-Retired): NEA-Retired has a membership of 132,000. They are very supportive and have a strong grassroots network.

National Hispanic Council on Aging (NHCOA): NHCOA has a membership of 550. They have been generally supportive throughout the process.

Older Women's League (OWL): OWL has a membership of 20,000 mid-life and older women. The issue at the top of their agenda is health care reform. OWL convened and chairs the Campaign for Women's Health, a coalition of 92 organizations that is very active in the health care debate.

Save Our Security (SOS): Save Our Security is a coalition of over 100 national organizations, representing a combined membership of over sixty million persons, primarily in the seniors and disabilities communities. Its leadership includes the leaders of almost all of the organizations represented here today. Arthur Flemming, SOS Chair, has been an outspoken and early supporter of you and your efforts to achieve comprehensive reform. Flemming was Secretary of HEW under Eisenhower, and is one of the most revered leaders in the senior community.

United Auto Workers Retired and Older Workers Department (UAW Retirees): UAW Retired Workers has a membership of 500,000 retired workers. They are working actively on a grassroots level to generate support for the HSA. The early retiree provision in the HSA is particularly important to them. They have the largest and most active retiree operation of all of the unions.

It is worthwhile to note that the only key seniors group that is not attending this brunch is National Committee to Preserve Social Security and Medicare (Jimmy Roosevelt's Group). They were invited to attend, but could not because of scheduling reasons. They support the long-term and prescription drug provisions in our bill, but are opposed to the reductions in Medicare.

III. PARTICIPANTS

The President
Shirley Chater
Sara Ehrman, Senior Political Advisor at the DNC
Alexis Herman
Michael Lux
Fernando Torres-Gil, Assistant Secretary for Aging, HHS

Horace Deets: Executive Director, American Association of Retired Persons; Virginia

Arthur Flemming: Chair, Save Our Security; Alexandria, Virginia. He is former Secretary of Health, Education and Welfare and former Commissioner of Aging.

Tim Foley: Director, United Auto Workers Retired and Older Workers Department; Detroit, Michigan.

Lou Glasse: President, Older Women's League; Poughkeepsie, New York.

Stephen (Steve) McConnell: Chair, Long Term Care Campaign; Washington, D.C. McConnell is also Senior Vice President for Public Policy for the Alzheimer's Association.

Morton Mondale: Director, National Education Association Retired Workers; Washington, D.C.

Ronald (Ron) Pollack: Executive Director, Families U.S.A.

Steve Protulis: National Coordinator, AFL-CIO COPE Retiree Program; Washington, D.C.

Samuel Simmons: President and CEO, National Caucus and Center on Black Aged; Washington, D.C. He has served as President and CEO of NCCBA for twelve years; previously he was Assistant Secretary of HUD.

Lawrence (Larry) Smedley: Executive Director, National Council of Senior Citizens; Silver Spring, Maryland. He is co-Chair of Leadership Council of Aging Organizations, Treasurer of the Save our Security Coalition, and a member of the Board of the Committee for National Health Insurance.

Marta Sotomayor, PhD.: President and CEO, National Hispanic Council on Aging; Washington, D.C.

Daniel Thursz: President, National Council on the Aging, Inc.; Bethesda, Maryland. Thursz is also Chair of the Leadership Council of Aging Organizations and Honorary Executive Vice President of B'nai B'rith International.

IV. PRESS PLAN

There will be a pool-spray at the beginning of the brunch, during which you will make brief remarks. Following the brunch, the participants will proceed to the North Lawn for a stake out with national and senior and health specialty press. Press packets that include statements of support from each of the participating groups will also be released, and sent electronically to a computer seniors internet.

V. SEQUENCE OF EVENTS

- You will join the brunch participants in the State Dining Room.
- You will lead them into the Old Family Dining Room, where you will all be seated.
- A pool spray will enter, and you will make a brief statement.
- The spray will leave, and brunch will be served.

VI. REMARKS

Speech cards to be provided for press statement. Talking points for brunch attached.

Talking Points for Brunch with Supportive Seniors Groups

- There are lots of rumors in the press and on the hill about deals and compromises. We all know there will have to be some changes to this package, but I want you to know I will fight hard to keep prescription drug coverage and long-term care benefits in this bill.

- For us to win, though -- on those provisions and on health reform overall -- we need a much stronger effort from senior citizens groups. Let me be blunt: Congress people are telling me that they are not hearing from your members. We will not pass long-term care, we will not pass the drug benefit, we will not pass universal coverage unless Congress hears from seniors. You have to deliver.

- We cannot afford to have you hold off or keep your distance. This is the fight of the century and I need your help to win it.

White House Conference on Aging

- Today the White House Conference on Aging formally announced that the conference will be held in May of 1995. The first public meeting in preparation for the conference is being held today in Florida. We look forward to having your organizations deeply involved in working with us on the conference.

THE WHITE HOUSE
OFFICE OF MEDIA AFFAIRS

FOR IMMEDIATE RELEASE 202-456-7150
FEBRUARY 17, 1994

PRESIDENT MEETS WITH LEADERS OF SENIORS GROUPS

Today, the President is meeting with the heads of twelve key seniors organizations, all of which are supporting the President's overall approach to health care reform.

This is one part of a series of events during a two-week period that focus on how the Health Security Act benefits older Americans.

Following is some background information on the groups participating:

AFL-CIO Retirees: AFL-CIO Retirees represents approximately three million retired union workers.

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Families U.S.A.: Families U.S.A. is a consumers organization that has several programs targeted at older Americans.

Long Term Care Campaign (LTCC): LTCC is a coalition of 137 national organizations which primarily include aging and disability groups, whose combined membership totals more than 60 million.

The National Caucus and Center for the Black Aged, Inc. (NCBA): NCCBA has a membership of 25,000 black, older Americans.

National Council of Senior Citizens (NCSC): NCSC has a membership of five million

The National Council on the Aging (NCOA): NCOA represents 7,500 organizations, practitioners and professionals in area of aging.

National Education Association-Retired (NEA-Retired): NEA-Retired has a membership of 132,000.

National Hispanic Council on Aging (NHCOA): NHCOA has a membership of 550.

Older Women's League (OWL): OWL has a membership of 20,000 mid-life and older women. OWL convened and chairs the Campaign for Women's Health, a coalition of 92 organizations that is very active in the health care debate.

Save Our Security (SOS): Save Our Security is a coalition of over 100 national organizations, representing a combined membership of over sixty million persons, primarily in the seniors and disabilities communities.

United Auto Workers Retired and Older Workers Department (UAW Retirees): UAW Retired Workers has a membership of 500,000 retired workers.

Presidential Brunch with Seniors Organizations
February 17, 1994
10:45 AM

Participants include:

Horace Deets:	Executive Director, American Association of Retired Persons; Virginia
Arthur Flemming:	Chair, Save Our Security; Alexandria, Virginia. He is former Secretary of Health, Education and Welfare and former Commissioner of Aging.
Tim Foley:	Director, United Auto Workers Retired and Older Workers Department; Detroit, Michigan.
Lou Glasse:	President, Older Women's League; Poughkeepsie, New York.
Steve McConnell:	Chair, Long Term Care Campaign; Washington, D.C. McConnel is also Senior Vice President for Public Policy for the Alzheimer's Association.
Morton Mondale:	Director, National Education Association Retired Workers; Washington, D.C.
Ronald (Ron) Pollack:	Executive Director, Families U.S.A.
Steve Protulis:	National Coordinator, AFL-CIO COPE Retiree Program; Washington, D.C.
Samuel Simmons:	President and CEO, National Caucus and Center on Black Aged; Washington, D.C. He has served as President and CEO of NCCBA for twelve years; previously he was Assistant Secretary of HUD.
Larry Smedley:	Executive Director, National Council of Senior Citizens; Silver Spring, Maryland. He is co-Chair of Leadership Council of Aging Organizations, Treasurer of the Save our Security Coalition, and a member of the Board of the Committee for National Health Insurance.
Marta Sotomayor.: PhD	President and CEO, National Hispanic Council on Aging; Washington, D.C.
Daniel Thursz:	President, National Council on the Aging, Inc.; Bethesda, Maryland. Thursz is also Chair of the Leadership Council of Aging Organizations and Honorary Executive Vice President of B'nai B'rith International.

NATIONAL COUNCIL ON AGING ENDORSES HEALTH SECURITY ACT, GROUNDWORK FOR LONG-TERM CARE CONTINUUM

WASHINGTON DC, FEB. 17 -- The National Council on the Aging (NCOA), representing more than 7500 practitioners, professionals, and organizations involved in all aspects of aging, endorsed President Clinton's Health Security Act following a December 3 vote by its national board of directors.

Calling the decision a "ringing endorsement," NCOA President Dr. Daniel Thurz said, "This decision by a national organization concerned with the needs of all Americans followed months of intense study and debate on every detail. The President's plan is an historic opportunity to move toward a health care system with universal access and with--at last--the first steps toward a community-based long-term care for American families."

The NCOA Board of Directors--54 distinguished leaders from diverse fields related to aging and representing all regions of the country--by ballot approved this statement:

"The National Council on the Aging, Inc., applauds the Health Security Act. It contains two principles which are at the heart of NCOA's public policy agenda for health care reform: universal access, and home and community-based long-term care. It makes important progress toward our vision of long-term care as an integrated system, and a continuum, of both non-medical and medical services that are need to enable individuals to function at a high level, to support independence and enable them to continue to live in the community."

"We recognize that coming to a national consensus on the implementation of major structural changes will take time, and that flexibility and responsiveness to the needs of diverse communities will be particularly important values throughout this process."

Under the President's health reform plan, older Americans would receive improvements in home care and a new prescription drug benefit under Medicare, as well as federally subsidized insurance for early retirees.

The National Council on the Aging--a private, nonprofit organization headquartered in Washington, D.C.--serves as a national resource for information, training, technical assistance, research, advocacy, and publications on every aspect of aging. NCOA's mission is to promote the dignity, self-determination, well-being, and contribution of older persons--both as individuals and within the context of their families and communities.

###

UAW RETIREES DIRECTOR ENDORSES CLINTON HEALTH CARE PLAN

"The message from today's meeting at the White House is clear. President Clinton's health care problems that we in the UAW have been working to fix for decades," said Tim Foley, director of the UAW Retired and Older Workers Department.

"No generation of Americans wants to pass on its unfinished business to the next," Foley said. "For the sake of our children and our grandchildren, we've got top seize this once in a generation opportunity to make universal health care coverage a reality."

"With all the claims and counter-claims about the various health care plans flying back and forth nowadays," Foley continued, "it's important for older Americans, especially early retirees, to understand what President clinton's plan means for them."

"The Clinton plan would give early retirees the security of knowing their health care benefits can never be taken away," he stated.

"Given the many employers in recent years who have unilaterally reduced or eliminated early retiree health care benefits, this provision of the President's plan is essential to the financial security and peace of mind of millions of retired workers. That's not all. Providing older workers with the confidence to retire knowing that their health care needs will be met can also play a key role in opening good jobs to younger workers. That's good for our whole economy," Foley added.

Foley also commended provisions of the Clinton plan which would:

- Expand Medicare coverage to include prescription drugs;
- Phase in a new home care benefit
- Make long-term care more affordable; and
- Give states the option of setting up single-payer systems.

"UAW members are justifiably proud of the health care benefits our Union has won at the bargaining table for active and retired workers over the years," Foley noted. "Clearly, however, the time has now come when we can and we should provide health care that can't be taken away to every American.

"While some members of Congress are trying to palm off 'band-aid' fixes, President Clinton has demonstrated the courage to come out fighting for comprehensive health care reform. This is a plan that UAW retirees can and will be proud to fight for," Foley concluded.

NATIONAL HISPANIC COUNCIL ON AGING

The National Hispanic Council on Aging is currently advocating for the enactment of national legislation that will provide a comprehensive reform to the present health care system.

The NHCoA supports the principles outlined in the Health Security Act currently sponsored by President Bill Clinton.

1. To provide universal health care coverage for all Americans- the NHCoA supports the establishments of a permanent health security plan for Americans.

2. A comprehensive Benefit Package- The NHCoA supports the inclusion of a comprehensive benefit package that includes long term care for all, particularly the elderly.

3. Cost Containment- The NHCoA supports the inclusion of a cost containment that is enforceable, which will reduce the system wide rate of increase in over all health cost as it affects the elderly population.

###

FAMILIES USA FOUNDATION

FOR IMMEDIATE RELEASE

Statement by Ron Pollack, Executive Director, Families USA

"We're very enthusiastic in our support for President Clinton's health reform, and especially excited about the long term care aspects of the reform. For the first time in the history of growing long term care crisis, a President of the United States has stepped forward to provide the leadership in helping families cope with the crushing burden of long term care. The President's proposal offers real help to coping with long term care crises."

"Almost every American family eventually faces a long term care crisis, and most Americans want their elderly parents to be cared for at home, rather than in a nursing home. But today, many American families who need long term care at home received no professional home care services, often because they can't afford help. And too many older Americans are forced unnecessarily into nursing homes."

"President Clinton extends a warm hand to families who need help coping with a long term care crisis. Other plans turn a cold shoulder to long term care."

"Seniors groups have long been fighting for better long term care protection, an end to skyrocketing prescription drug costs, controls on rising health prices, and greater security for Medicare beneficiaries. On all of these crucial issues, the president has come down on our side."

"We must work to get Congress to pass the President's proposal-- without watering it down--and pass it as soon as possible."

Statement of Lane Kirkland, President
American Federation of Labor and Congress
of Industrial Organizations
February 17, 1994

While the AFL-CIO strongly supports the Health Security Act on behalf of our 13.5 million active members, the concerns of more than three million retired union members have played a critical role in the federation's endorsement of the plan.

Like the vast majority of working union members, union retirees want to see a solution to the health care crisis. They know that this crisis is damaging our society, our economy and millions of working American families. They want to see an end to the soaring costs that threaten to deny their loved ones the health security that they had enjoyed during their working lives.

They also know that this crisis poses a direct threat to their own health security. Employers are constantly trying to lower their costs by reducing or eliminating retiree health benefits for those who have not yet reached the age of 65, when they are old enough to qualify for Medicare. Meanwhile, those who have reached that age have been shocked to find out how much Medicare doesn't cover -- not to mention the more than $400 annual premium they must pay, along with hefty deductibles and co-payments.

The Health Security Act would alleviate many of the problems older Americans now confront when they attempt to provide for their own health security. The Act would create a new health care program for retired individuals between the ages of 55 and 65, with the national health system covering 80 percent of their average health plan premiums. If the retiree's employer was providing health care coverage, that employer would continue to pick up the remaining 20 percent of the premium.

For those on Medicare, which currently does not provide prescription drug or long term care coverage, the Health Security Act contains provisions to sharply limit the amount older

Americans will have to pay for these critical necessities.

By expanding Medicare and helping employers cover their early retirees, the Health Security Act builds on the strengths of the current system while eliminating its glaring weaknesses. It will give older Americans the peace of mind that their own health care costs will never become a crushing burden to themselves or to their families. In the meantime, they will rest assured that all of their family members have health coverage that can never be taken away.

###

STATEMENT OF LOU GLASSE

President, Older Women's League

February 17, 1994

Good Morning. I am Lou Glasse, President of OWL -- the Older Women's League.

OWL commends the President and Hillary Rodham Clinton for their leadership in bringing health care reform to this point. The President's proposal offers substantial benefits to midlife and older women.

OWL not only welcomes the President's inclusion of long-term care services in home and community settings in his proposal but applauds his courage for placing emphasis on long-term care. The importance of long-term care for women, in particular, cannot be underestimated. It is a vital concern for women who both provide the majority of family caregiving and are most likely to require such care as they age.

Women outlive men by an average of seven years, and are the majority of the older population. Sixty percent of those age 65 and over are women. Sixty-eight percent of persons 80 years of age and older are women. Women are more likely to suffer from chronic illness, while being least able to pay for health care.

In addition, three out of every four caregivers to the elderly are women. The average caregiver is a 45 year-old married woman. Thirty-five percent of caregivers to the elderly are over age 65. Many women assume eldercare responsibilities at a time of crisis and may continue to provide the quality care they feel their loved one deserves for years -- with no outside support.

Our nation's health care system can, and must, permit older persons to receive the supportive services they want to enable them to remain in their homes and to age with dignity. At the same time, responsibility for this care for long periods cannot be placed solely on the shoulders of family members. In-home and community services are needed that promote quality care and that protect the caregiver's own health.

OWL serves on the board of the Long Term Care Campaign and is the convenor of the Campaign for Women's Health. The CWH is a national coalition of 92 women's, labor and health care organizations representing over eight million Americans. Through these coalition efforts, OWL has ensured that long-term care is recognized as a women's issue.

The inclusion of home and community-based services in the President's proposal is an important first step toward developing a full continuum of long-term care. We urge the President and Congress to expand coverage to include institutional care, beyond that currently provided to those who are impoverished.

To make this proposal work, we must ensure that state governments have adequate funds to offer a full array of long-term care services.

The coverage of prescription drugs in the President's plan is also an important provision. Older women have an annual median income of only $8,189 and must frequently forego purchasing prescription drugs that would alleviate their chronic conditions.

We pledge to work with the Administration and Congress to successfully ensure that long-term health care needs are met and that every person in America has access to comprehensive health care. Thank you.

February 15, 1994

The President
The White House
Washington, D.C. 20500

Dear Mr. President:
The National Education Association applauds your effort to reform America's system of health care. NEA's policy on health care reform is based upon principles adopted by its governing body, the NEA Representative Assembly, in July 1993 and holds that while NEA desires a single payer system it will support any comprehensive plan that provides universal coverage, contains costs and assures quality. Your plan includes those essential qualities, and it allows a state to choose the single payer approach.

On behalf of our retiree organization, NEA-Retired, I also wish to emphasize our strong support for your continued work to secure long term health care, prescription drug coverage and the elimination of the practice of balanced billing. While NEA and NEA-Retired will seek to strengthen the long term health care provisions, we are committed to comprehensive health care for our children and grandchildren.

NEA and NEA-Retired pledges to be productive partners with you for the successful achievement of our mutual goals in health care reform.

Sincerely yours,

Keith Geiger, President
National Education Association

Statement of the National Council of Senior Citizens

Regarding the Health Security Act

February 17, 1994

The National Council of Senior Citizens (NCSC), a national membership organization of five million men and women, has worked for a universal national health care system for three decades. NCSC welcomes the immense contribution to the national health reform debate marked by the introduction of President Clinton's Health Security Act.

Based on our experience helping to enact Medicare, NCSC supports a national health program that:

- provides universal coverage, with everyone in the same system;
- guarantees comprehensive benefits to all without regard to age, income, employment status or health condition;
- assures cost controls and consumer protection;
- is based on fair financing and cost sharing; and
- provides the framework for the adoption of a single-payer health system for the nation.

President Clinton's proposal advances these principles. It merits the support of senior citizens and this Council because it defines the health reform debate squarely in the context of universal coverage, cost restraints and comprehensive benefits. It extends key protections such as prescription drug coverage and long-term home and community-based care to all citizens—young and old. It protects early retirees, age 55-64, downsized out of jobs and facing [illegible]keting, risk-based private health insurance premiums.

The Clinton Health Security proposal provides a clear framework to the Congress to assure absolute parity for Medicare beneficiaries with Medicaid users and with workers and their families to participate fully in health alliance plans. NCSC is urging the Congress to assure that all Medicare beneficiaries, like Medicaid beneficiaries, be guaranteed the option to leave Medicare and join a health alliance plan with Medicare covering 80 percent of the average-weighted premium for alliance plan services. This key addition to the Health Security Act will assure health service parity for older and disabled citizens now in Medicare with all other Americans. We also trust that the Congress will carefully evaluate the access issues associated with proposed further limits on Medicare cost increases.

NCSC urges the Congress and the American people to move the health reform debate forward toward resolution this year. We urge that the Congress reject fraudulent proposals such as the Cooper-Breaux, Michel and Chafee bills, which would shuffle current inefficiencies, gut Medicare and Medicaid, and leave the nation at the mercy of the insurance industry and market-based inequities.

Instead, the NCSC and its members will continue to urge the Congress to examine fully single-payer options which can be incorporated into the Health Security Act toward greater efficiencies, fairness and wider coverage options for all citizens.

###

Statement of

HORACE B. DEETS
Executive Director

February 17, 1994

Along with President Clinton, AARP is fully committed to comprehensive health care reform, including long-term care and prescription-drug coverage. The President and the First Lady have demonstrated true leadership in addressing the health care crisis and bringing it to the forefront of the political agenda.

President Clinton has said he will remain flexible on the details of the final reform package, so long as it provides for his basic principles. AARP agrees that flexibility is important and, for that reason, we have not endorsed any specific plan. But we will continue to work with the President and the Congress to ensure that the final health care reform package includes all the essential ingredients, namely universal coverage, cost containment, and coverage for long-term care and prescription drugs. AARP members deserve -- and will accept -- nothing less from the Congress in 1994.

###

Contact: Dr. Arthur Flemming
(202) 624-9552

Statement from Arthur Flemming, Chair of Save Our Security Coalition, February 17, 1994:

Dr. Arthur Flemming stated that he sees the Health Security Act as "good for seniors." He also stated that he is unequivocally committed to the support of President Clinton's goal of universal coverage of health care benefits. As a former Commissioner of Aging, he welcomes the President's decision to make prescription drugs available to older persons and the disabled and regards this decision as a major improvement in Medicare.

"President Clinton's Health Security Act will guarantee that you can keep your doctor," Dr. Flemming said. "Older Americans will receive all the benefits they do today. In addition, Medicare will be expanded to cover prescription drug benefits, and there will be a new long term care program to cover home and community-based care. "

The Save Our Security Coalition is a coalition of over 100 national organizations, representing a combined membership of over sixty million persons, related to both the aging and disabled and dedicated to maintaining the integrity of social insurance, and all other programs that are a part of the Social Security Act. Arthur Flemming was Secretary of Health, Education and Welfare under Eisenhower.

###

Samuel J. Simmons
President and Chief Executive Officer
National Caucus and Center on Black Aged, Inc.
February 17, 1994

The National Caucus and Center on Black Aged (NCBA) is committed to a comprehensive restructuring of America's current system for providing health services to Americans of all ages. Minor modifications or tinkering around the edges of the present system will not ensure that low and moderate-income Blacks, especially elderly Blacks, will receive high quality and affordable health services that they are entitled to receive as American citizens.

NCBA strongly advocates the following minimum standards for a national health care system and program. NCBA will resist with all of its resources any program not meeting these fundamental principles.

1. The health plan must permanently cover all Americans regardless of preexisting health conditions, economic status, or where they live.

2. There must be a full range of benefits for all age group, including preventive care, out-of-hospital prescription drugs, specified clinical mental health services, and in-home services.

3. Employers should pay at least 80 percent of the premiums for all employed persons, and employees should pay balance of the premiums. Persons who receive federal benefits should have a proportionate share of their premiums deducted from their benefits. In hardship cases, the federal government should pay the premiums in full.

4. All existing federal civil rights and anti-discrimination statutes, executive orders, and regulations should be mandated under any health care reform legislation. Civil rights and anti-discrimination provisions should incorporate the "effect" rather than the "intent" standard of discrimination

5. There must be affirmative action requirements to ensure minority involvement and proportionate representation for the National Health Board and all state regional and local alliances. Set aside provision must be included in the plan to ensure participation for minority providers. The plan must also include provision for loan grants and technical assistance to minority and community-based providers. The health care reform plan must also include stipends and grants to increase the current supply of minority professionals.

6. The plan must provide in-home care services to needy individuals regardless of age.

7. If Medicare and Medicaid are folded into a new health care plan, there should be no diminution of provisions currently available under federal health care entitlements.

Currently, the only two proposals that substantially meet our seven-point plan are President Clinton's Health Security Act (H.R. 3600/S.1757) and the McDermott-Wellstone (H.R. 1200/S. 491) legislation. Both the President's plan and the McDermott-Wellstone proposal are highly acceptable. We strongly support the President's pharmaceutical and long-term care provisions. We believe that these measures are urgently needed and respond to high priority needs of elderly Blacks and other older Americans.

NCBA and its affiliate chapters will vigorously work for enactment of the President's proposal. NCBA commends the President and Mrs. Clinton for providing leadership to the nation in seeking to reform our health care system.

###

President
Eugene Glover
Silver Spring, MD

National Council of Senior Citizens

Executive Director
Lawrence T. Smedley
Washington, DC

1331 F Street, N.W. • Washington, DC 20004-1171 • (202) 347-8800 • FAX (202) 624-9595

Statement of the National Council of Senior Citizens

Regarding the Health Security Act

February 17, 1994

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President Clinton's proposal advances these principles. It merits the support of senior citizens and this Council because it defines the health reform debate squarely in the context of universal coverage, cost restraints and comprehensive benefits. It extends key protections such as prescription drug coverage and long-term home and community-based care to all citizens—young and old. It protects early retirees, age 55-64, downsized out of jobs and facing skyrocketing, risk-based private health insurance premiums.

First Vice President, Dr. Mary C. Mulvey, Providence, Rhode Island Second Vice President, George J. Kourpias, Washington, DC
Third Vice President, Dorothy Walker, Detroit, Michigan Fourth Vice President, Everett W. Lehmann, Washington, DC
retary-Tr urer, Jack Turner, Detroit, Michigan General Counsel, Robert J. Mozer, New York

The Clinton Health Security proposal provides a clear framework to the Congress to assure absolute parity for Medicare beneficiaries with Medicaid users and with workers and their families to participate fully in health alliance plans. NCSC is urging the Congress to assure that all Medicare beneficiaries, like Medicaid beneficiaries, be guaranteed the option to leave Medicare and join a health alliance plan with Medicare covering 80 percent of the average-weighted premium for alliance plan services. This key addition to the Health Security Act will assure health service parity for older and disabled citizens now in Medicare with all other Americans. We also trust that the Congress will carefully evaluate the access issues associated with proposed further limits on Medicare cost increases.

NCSC urges the Congress and the American people to move the health reform debate forward toward resolution this year. We urge that the Congress reject fraudulent proposals such as the Cooper-Breaux, Michel and Chafee bills, which would shuffle current inefficiencies, gut Medicare and Medicaid, and leave the nation at the mercy of the insurance industry and market-based inequities.

Instead, the NCSC and its members will continue to urge the Congress to examine fully single-payer options which can be incorporated into the Health Security Act toward greater efficiencies, fairness and wider coverage options for all citizens.

Keep ng pace wit 1 or g-ter1 1 care: A strategy for the 90's and beyond

By Tom Andrews
Marketing and Communications Coordinator
Community Care for the Elderly

You see things that are and say "Why?" But I dream things that never were and say, "Why not?"

The spirit and truth of George Bernard Shaw's words are as vital today as ever and, when you apply them to the current focus on health care reform, one could argue that they take on added significance. Few would contend that America's health care system is perfect as it. But how do you decide which changes are necessary... and which methods to implement change are most appropriate? This is where vision, such as that described above, comes into play.

For example, let us examine the long-term health care needs of the elderly. In 1990, it was estimated that 7 million Americans were in need of long-term care. By 2020, that number will balloon to 12 million. An older person in failing health faces a plethora of obstacles in our current system including fragmented care, lengthy hospital stays, family stress, early nursing home placement and impoverishment. The system leads to institutionalized care, discontinuous and duplicated services. The is little control over cost or utilization, resulting in skyrocketing costs.

Essentially, to take care of the growing population of frail elderly, we face two choices: build 100 nursing home beds each day until the year 2000 or support community based programs that integrate chronic and acute care services. Which is to say, there is only one real choice.

Fortunately, there is already a national demonstration project in place which proves the community-based approach truly works. It's called PACE (Program of All-inclusive Care for the Elderly). Originating in San Francisco about 20 years ago with a program called ON LOK Senior Services, the PACE project is growing. There are now about a dozen sites nationally, including the Community Care for the Elderly (CCE) program in Milwaukee. The PACE project enrolls only the frail elderly - those who meets the state's Medicaid health standards of eligibility for institutional care. The goal is simple: to help the elderly remain as healthy as possible *at home* in their communities.

The care is provided in adult day care centers (CCE currently has two centers in Milwaukee, at 5228 W. Fond du Lac Ave. and at 1230 W. Grant St. in the Johnston Community Health Center) as well as participants homes. PACE changes the standard approach by utilizing a multidisciplinary team, made up of physicians, nurses, physical occupational and recreational therapists, dieticians, social workers, home health aides and drivers. This team carefully designs a care plan for each individual participant.

PACE sites, like CCE, have been granted Medicare and Medicaid waivers - exemptions from the "traditional" rules. The federal and state governments play a fixed "per capita" amount for each participant and, in return, the PACE sites are responsible for every phase of the participants care, including acute hospital care and nursing home care, if necessary. Participants pay little out-of-pocket expenses for the services they receive. Because the PACE site is responsible for all care provided, it cannot shift costs back to the private sector. *Therein lies a major incentive to keep participants as healthy and ambulatory as possible without limiting public spending.* Safeguards are in place to assure that "savings" are not achieved through denial of necessary care and services.

The PACE project is generating much excitement nationwide because it offers high-quality, long-term care at a savings to the government of 5-15 percent per participant. It keeps people vibrant within their own homes and own communities. And just as it helps meet the needs of the frail elderly population, this concept shows promise for serving other populations, including those who suffer from AIDS.

As the nation struggles to find the proper balance in health care delivery, various aspects of the PACE model will, no doubt, be reviewed and dissected time and time again. Major change takes time. PACE represents a significant departure from our current system's independent and organizational approaches to care. State and federal governments must adopt new methods of reimbursing and regulating care. In turn, health care professionals and providers must mast new approaches to providing service. And, elderly people and their families must realize that nursing home care is not the only solution. The must be willing to learn about new alternatives.

As with anything new, there are risks to this approach. But the potential for gain for everyone is enormous. We must, as George Bernard Shaw put it so eloquently, be willing to "dream things that never were and say, 'Why not?'"

AIDS and social co

By Veral Adair, Jr., M.A
M.S.W., M.L.I.S.
Research Associate
Community Health Behavior Pro
Medical College of Wisconsin

When I was asked b
waukee Times Weekly
per to write an article
was somewhat baffled. W
I say about AIDS that
already been said.

The more I pondered
ter, I realized that what
us across our televi-
sion screens and maga-
zines, especially as it
relates to African
Americans and AIDS,
is not necessarily all
we need to know. Nor
is it always the truth.
Sometimes, we may
know the truth, and
not be willing to ac-
cept it. What I believe
to be the truth, is what
you are about to read.
It is not necessarily rep-
resentative of anyone e
ion about AIDS.

By now everyone kr
AIDS stands for Acquire
Deficiency Syndrome,
the Human Immune
culprit behind AIDS. W
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Words that heal

Poetry therapy helps soothe body and soul

By JERRY RESLER
Sentinel staff writer

Sue Silvermarie can weave poems from the most unlikely people in the most unlikely places.

She demonstrated her skill one afternoon last week at a south side health center, in a third-floor conference room as gray and barren as the moody December sky.

Silvermarie: A published poet

She and six elderly women sat around a stark wooden table, brightened only by a small flickering candle, a red glass globe and an angel Christmas tree ornament.

When Silvermarie asked the six women seated around the table about Christmas memories, she knew she was exploring fertile territory. The women, who belong to a small poetry group that Silvermarie has met with once a week since Columbus Day, have nearly 500 years of holiday memories among them.

Silvermarie, a social worker, is a certified poetry therapist, one of only 100 or so in the nation and, as far as she knows, the only one practicing in Wisconsin.

Poetry therapy is the newest of the therapeutic techniques to embrace the arts. Others have used dance, drama painting, drawing and music to help and to heal, according to Silvermarie, who is a published poet. Silvermarie works closely with what are known as the frail elderly, many of whom have physical disabilities or, in some cases, various degrees of dementia.

She has been employed since August at the Adult Health Care Center in the city's Johnston Community Health Center, 1230 W. Grant St. The Adult Health Care Center is operated by Community Care for the Elderly, a program aimed at trying to keep people out of nursing homes by encouraging independence.

Silvermarie starts off each poetry session by lighting the candle in the center of the table, which suggests, she said, that this is a special, ceremonial time, something apart from the rest of the day. Then she throws out an idea or theme.

"I want you all to close your eyes," Silvermarie said at last week's session, "and think about some of the earliest Christmases you can remember. What were they like? Tell me what you remember most about them. The people, the sounds, the smells."

Maybe because there was a stranger in the room, the women were more reticent than normal. But with Silvermarie's constant but gentle coaxing, soon all of them were reminiscing about Christmases past. Some of the women chose to reach far back through the years to distant holidays while others settled on more recent celebrations.

Martha Keeler, 4 years shy of 100, remembered "baking cookies, kind of cinnamon cookies in the kitchen in Chicago" when she was 12.

"I was about 8 years old," recalled Irene Nowak, 70. "We had a real Polish Christmas. We'd have nine different foods and we had the wafer. We each had a square of it. We'd break it off, each take a piece of each other's, then wish them, 'Good Luck.'"

Eileen Mueller, 76, talked about the noise her three sons and daughter used to generate at Christmas when they were children.

"Tell me about the noise," asked Silvermarie, constantly searching for detail. "How did it sound?"

"Like the way you want it to sound," Eileen replied quietly. "Loud and clear."

Poetry can be extremely useful as a therapeutic tool, Silvermarie said. It teaches people in a very non-threatening manner to express their deepest feelings. That, in turn, helps them understand themselves better and in the process, raises self-esteem.

It works particularly well for the elderly, Silvermarie said, because some of the most poignant poetry is born out of personal experience.

"I emphasize the fact that their age gives them an advantage," she said.

"Age gives them the expertise that makes them an expert. I wouldn't say it's always comfortable but therapeutic, yes, because life review helps you sort things out and resolve old conflicts."

Silvermarie acts as a sort of teacher and secretary to her clients, encouraging them to talk about their lives and feelings, and then record what they say into what she calls story poems. She later types them up and gives each of her clients copies, to become what she hopes will be a family legacy.

"I like to use metaphors like, 'Let's stir up our imaginations like a big batch of cookie batter,'" Silvermarie said.

"I call it exercising the muscles of the imagination. I have to do a lot of sensory stimulation to draw those stories out."

The good part about poetry, she said, is that "it's so close to ordinary speech that it's a common skill. Poetry, going back to its roots, started out as an oral art."

The key to being a good poetry therapist, Silvermarie said, is to listen carefully.

"I have a big ear," she said with a smile. "All the techniques in the world won't accomplish anything if they think I'm not interested. I'm fascinated by people's experiences and lives."

JEFFREY PHELPS / Sentinel photographer

Time to talk: Sue Silvermarie (left), a poetry therapist, talks with members of her support group recently. A candle (below) in the table's center is lit to symbolize a special, ceremonial time during poetry therapy.

The following poem was written collectively by members of the poetry group led by Sue Silvermarie. Each verse was written by a member of the group. Helen Halliday, 94 (sun); Eileen Mueller, 76 (sun); Martha Keeler, 96 (wind); Rena Schwartz, 77 (mountain); Isabel Hild, 83 (stream), and Elsie Storniolo, 89 (moon).

Imagining Together

I, the sun,
make things grow
I heat the Earth.
Sometimes the clouds hide me
but again,
I'm peeping out.
When it rains,
I disappear.

I, the sun,
make people sunburned!
I, the sun
make flowers bloom.

I, the wind,
am blowing away
to heaven.
It's halfway between
frightening and fun!
I, the wind,
am cooling down.

I, the mountain,
am LARGE.
I'm spooky!
People want to climb me —
I don't want them to —
I'm afraid of them falling.

I, the stream,
am rippling down the mountain
over the rocks.
I'm cool.
Fish are swimming
upstream!

I, the moon,
am just coming up
over Port Washington.
I am bright red!
I'm shining on the rocks
near Lake Michigan.
Before Elsie and her husband
stop fishing and go home,
I'm halfway over —
I, the moon,
go traveling.

Agency purchases Roseville East

By LARRY SANDLER
Sentinel staff writer

A non-profit agency has bought a Milwaukee nursing home and plans to convert it into a different kind of care center for the elderly, executives said.

Community Care Organization purchased Roseville East, 1825 N. Prospect Ave., for $1.6 million, Kirby Shoaf, the agency's executive director, said Monday.

The shift will eliminate the jobs of Roseville East's 63 employees, but those workers will be able to apply for the 70 to 80 new positions that will be created at the reorganized care center, Shoaf said.

Summit Care Corp., the nursing home's former owner, decided to sell it rather than invest in upgrading the 35-year-old facility, Summit President Armin Nankin said.

Community Care will spend almost $1 million on renovating Roseville East, which will be renamed Prospect Place, Shoaf said.

Roseville East has been a 122-bed skilled nursing facility. Prospect Place will consist of a 70-bed, community-based residential facility for the elderly, plus an adult day care center and medical clinic that will serve another 50 to 60 older adults, Shoaf said.

"We will really strive to make it more residential and less institutional," Shoaf said.

Community Care also operates adult day care centers at its headquarters, 5228 W. Fond du Lac Ave., and at 1230 W. Grant St. It serves 185 clients through those centers.

The organization has received Medicare and Medicaid waivers to experiment with new forms of managed care to preserve maximum independence for the frail elderly, Shoaf said.

Under state law, Roseville East has 120 days to relocate its current residents. That will delay the start of renovation work and Prospect Place probably will not open until July, Shoaf said.

Community Care has about 110 employees and a 1994 budget of $9 million. In addition to its elderly care centers, it operates several other programs for the elderly, including the Elder Abuse hot line funded by the County Department on Aging.

The New York Times

MONDAY, FEBRUARY 14, 1994

... No. 49,607 Copyright © 1994 The New York Times Printed in Chicago

National Midwest: Northern Great Lakes, most light snow. Southe warm. Elsewhere, sonable. Weather

: News to Print"

Keeping Elderly at Home and Care Affordable

By TAMAR LEWIN
Special to The New York Times

COLUMBIA, S.C. — After Rosa Alston had her second leg amputated, her surgeon began making arrangements for her to go to a nursing home.

But Mrs. Alston, a 73-year-old widow who lives alone, would have none of it. Instead, she signed up for Palmetto Senior Care, a comprehensive-care program for frail elderly people based on a San Francisco model that is winning support among health policy makers nationwide.

Palmetto social workers helped Mrs. Alston find and move to an apartment that she could navigate in her wheelchair with the prosthesis on her right leg. On Mondays and Fridays, Palmetto sends an aide to clean the apartment and to help her bathe. On Tuesdays and Thursdays, the Palmetto van takes Mrs. Alston to the program's day center, where she plays Bingo, makes crafts, eats lunch, leads a Bible discussion group and is monitored for her diabetes and other health problems.

When necessary, Palmetto doctors make house calls. And when Mrs. Alston's dog, Skippy, got fleas, Palmetto paid to remove them.

Costs Are Moderate

The program, which requires participants to sign over their Medicaid and Medicare policies, is free of charge for Ms. Alston, as long as she uses its doctors and nurses. And for Medicaid and Medicare, which pay its costs, the program is less expensive than care in a nursing home.

Palmetto and the eight similar programs across the country are an ambitious effort to weave medical care, home care, social services and case management into a single web of care. They are modeled on the 20-year-old On Lok center for frail elderly residents of San Francisco's Chinatown.

Unlike most other health plans for frail elderly Americans, these programs assign participants to a day

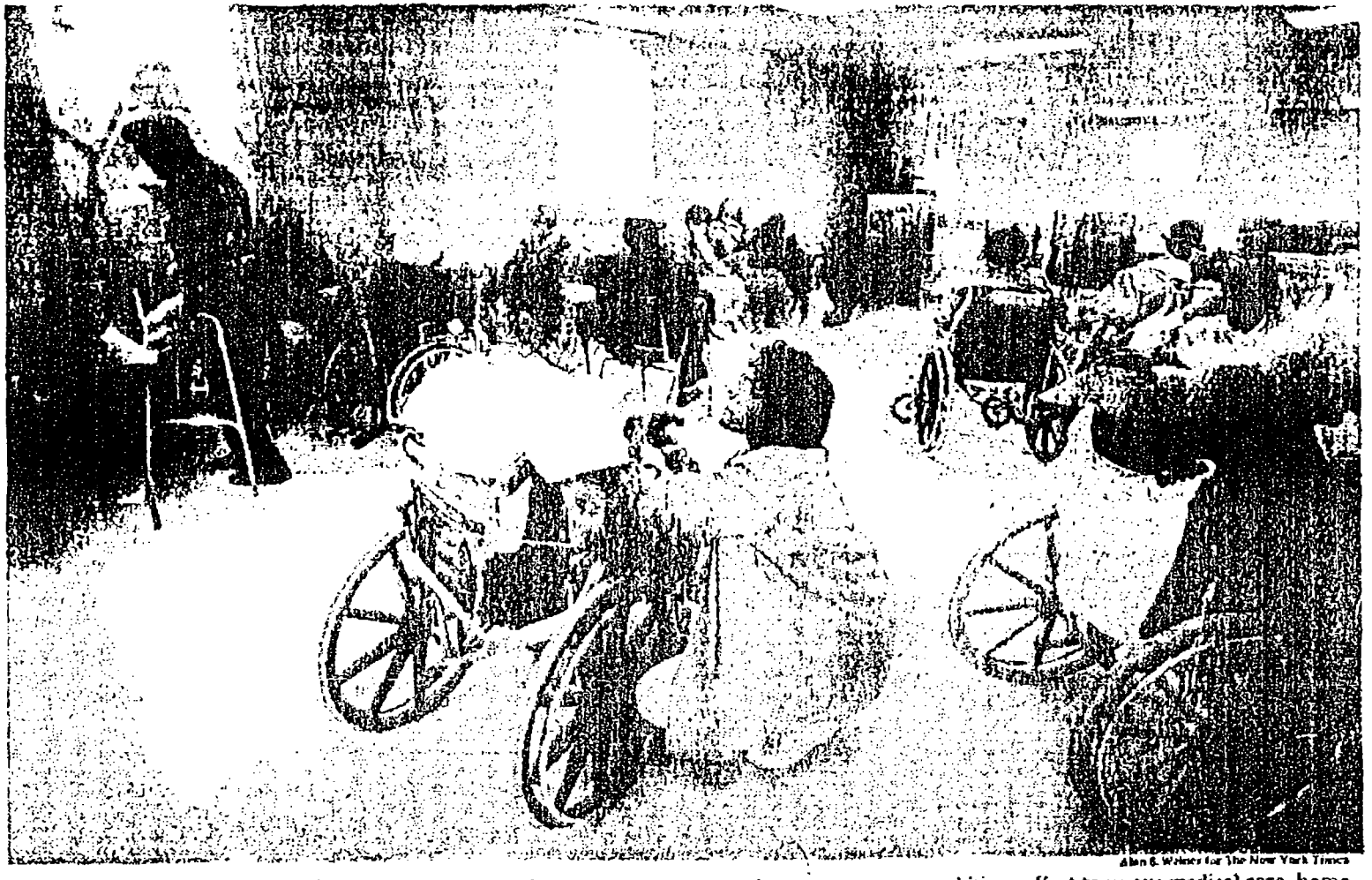
Continued on Page A12, Column 5

Alan S. Weiner for the New York Times

Rosa Alston being escorted home from Palmetto Senior Care, a comprehensive-care program for frail elderly people in Columbia, S.C.

EVERY TIME I SEE DESCHESSY MARTINI, I think of you. My heart recognizes like a fool. My mind knows. You are driving me mad. – ADUT

144 EAST 80th STREET HAS BEEN LIBERATED from the cable monopoly. Better building-wide service. Better prices. Call [illegible] – ADUT.



Allen B. Wilmer for The New York Times

Palmetto Senior Care in Columbia, S.C., and the eight similar programs across the country are an ambitious effort to weave medical care, home care, social services and case management into a single web of care for patients assigned to small day centers that allow for individual attention.

FEB-14-94 MON 10:01 COMMUNITY CARE ORG F.03

Keeping Elderly Home And Cost of Care Down

Continued From Page A1

center, where a team of doctors, nurses, social workers, therapists, nutritionists and pharmacists decide what services each person needs. The centers are small, allowing for individual attention. Palmetto's day centers — one in a strip shopping center, one in an office building and one, for people with dementia, in a converted home — serve a total of 200 people.

"This is what medicine is supposed to be like," said Dr. Paul Eleazer, the medical director of Palmetto, which is affiliated with Richland Memorial Hospital here. "It's taking care of people without worrying about funding sources, or malpractice, or inpatient-outpatient. All you have to think about is whether this is the best way to care for this patient."

The On Lok model, whose name comes from the Chinese words for "peaceful" and "happy," may be expanded to statewide use in both Massachusetts, where it has started in East Boston, and New York, where programs exist in the Bronx and Rochester.

"It's not for everybody," said Don Sherwood, who tracks On Lok for the Office of Research and Demonstration at the Health Care Financing Administration, the Federal agency that manages Medicaid and Medicare. "Only 3 percent of those over 65 are frail enough to be eligible, and many don't want to change doctors and go to a day health center. But for those who want comprehensive care, it's very good."

Widespread Praise

Stephen Somers of the Robert Wood Johnson Foundation, which helped finance the models in South Carolina and elsewhere, said the program helped frail elderly people close the gap between their day-to-day care and the treatment they received for acute problems.

"What makes a difference is helping people function in the community, instead of curing their heart or head or knee problem and letting them fall through the cracks and land in a nursing home," said Mr. Somers, the foundation's associate vice president. "On Lok is really the leader in the field."

Mr. Somers and others suggested that the model might also work for people with AIDS, severely handicapped children who need intensive medical care, or people with chronic mental illness.

Palmetto participants and their families describe the program as a godsend. Sandy McCutcheon said she could not run her day-care business if her 66-year-old husband, Kenneth, who has Alzheimer's disease, could not go to the Palmetto center. Nor, she said, could she bear the constant care-giving without the weekend off that Palmetto gives her every month.

Mrs. Alston, who lived in 35 states during a career that included picking oranges, cutting okra, working at an Army PX and ironing curtains, is another fan of Palmetto.

"Whatever I need, they give me," she said. "I don't even have to go the pharmacy anymore, because they hand out my medicine the last day of every month. I look forward to going to the center twice a week, but I wouldn't want to go any more than that. On my days at home, I read the Bible, and I'm not lonely. I like being on my own."

Three Crucial Factors

Three factors make the On Lok model special. While most other comprehensive programs, like health maintenance organizations, serve both healthy and ill participants, On Lok accepts only those ill enough to be eligible for nursing-home care. Most need help bathing, dressing or walking; many are incontinent or demented.

Second, programs on the On Lok model receive from Medicaid and Medicare a set monthly payment per patient — from $2,500 a month in Oregon to more than $5,000 in the Bronx — and have broad discretion in spending it. The amount is based on the average Medicaid-Medicare payment for nursing home-eligible patients in the area, minus 5 percent to 15 percent.

Third, each participant is assigned to an interdisciplinary team that meets regularly to assess their needs.

"No doctor, no nurse, no case manager could on their own do the kinds of things the multidisciplinary team can, because we have both the flexibility and the authority to do whatever needs

Tuesdays and Thursdays are for Bingo, lunch and the Bible.

doing," said Susan Aldrich, director of Comprehensive Care Management, the On Lok model program in the Bronx. "We can find housing, we can find a hospital bed, we can buy a microwave oven for someone who's no longer safe around a gas oven."

Central to the On Lok model is the day health center, a vastly expanded version of the social day programs for the elderly that proliferated in the 1970's. Most day centers offer activities that vary from basket-weaving to trips and discussions of current events. In recent years, many centers have added health services like blood-pressure checks or podiatrist care.

But the On Lok model goes further, with on-site geriatricians, rehabilitation therapists, nurse-practitioners and other health professionals.

At Mrs. Alston's center more than half of the participants must use wheelchairs. Some receive intravenous antibiotics or hydration in the treatment room at the back of the center; others work individually with a physical therapist. Everyone has a complete physical examination at least every three months.

> Using teams to focus on patients as individuals.

The program is attractive to participants because they are guaranteed free health care, including hospital or nursing-home care, until they die or choose to leave the program. And the support systems, like home care, the day-center programs and the continued attention of a team of health professionals, are far more extensive than would generally be available under Medicaid.

A Financial Incentive

Health-policy planners find programs like Palmetto financially appealing, too. Because the health of participants is constantly monitored, their use of hospitals is so sharply reduced that On Lok models cost less than regular care under Medicaid or Medicare despite all the extra services that the models provide.

Judy Baskins, the director of Palmetto, said her program's participants averaged only 3.4 days in the hospital each year, less than half the average hospitalization rate for all Americans over 65. Hospital stays for participants in San Francisco's On Lok center are still briefer, and participants' mortality rates are also low.

Because of careful monitoring, Ms. Baskins noted, Palmetto participants can often be hospitalized before a health problem becomes an expensive emergency crisis.

Every three months, the Palmetto team discusses each participant, with reports from the doctor, pharmacist, social worker, nutritionist, home-care supervisor, nurse, physical therapist and activities director.

When patients require hospitalization or nursing-home care, the doctors act as admitting physicians, and the team stays in close touch with the patient. In one case, the team became so angry about the shoddy care their client was receiving at a particular nursing home that they reported the institution to the state licensing agency.

One recent team meeting began with an update on a woman who was about to be discharged from a hospital and taken home to die, as she and her family had agreed.

"The family finally decided at 99 she can do what she wants," Ms. Baskins said, summarizing the case for the 23 health professionals sitting around the table. "They've given her permission. They don't want any more tube feedings. But they have agreed to oxygen and whatever we can do for her comfort level."

The team agrees to increase the number of hours of home care the woman will receive, and one member volunteers to visit her regularly.

In another case, the team reports that things are going better now that the 88-year-old participant has left her grandson's home and gone to her daughter's. The family does not want an aide to come in and give them a break, although the team consensus is that such respite care would relieve the family's stress. While the elderly woman is too demented to take part in group activities at the day center, the activities director says she will continue to sit and hold the woman's hand.

Deciding what services each patient should receive is a delicate process, often involving negotiations with participants or their family.

"We thought at the beginning that we'd hear a lot of requests for more home health care," Ms. Baskins said, "but we actually hear more requests for new dentures.

"A lot of families, even ones having a very difficult time, say they manage just fine without the extra help we could provide. Of course, there are also families that seem to be doing fine but want more and more help. In those cases, we work very hard to accept what they want, to recognize that we're not in their shoes and that we can't really know what they're going through."

The Balanced Budget Amendment would cost Wisconsin $2.6 to $3.4 billion a year

Option 1: Tax increase and across-the-board spending cut[1]

Increases in taxes -- $1.6 billion a year ($644 per taxpayer)

Cuts in Benefits, Services, and Defense -- $1.7 billion a year

- $616 cut per year for the average Social Security recipient
- $439 less for each person enrolled in Medicare
- $333 less for each Medicaid recipient
- $391 million in reduced funding for fighting crime, building highways and bridges, protecting the environment, providing education, and other federally funded programs
- $97 million additional cut in annual defense spending

Option 2: Across-the-board spending cut

Cuts in Benefits, Services, and Defense -- $3.1 billion a year

- $1,120 cut per year for the average Social Security recipient
- $799 less for each person enrolled in Medicare
- $605 less for each Medicaid recipient
- $710 million in reduced funding for fighting crime, building highways and bridges, protecting the environment, providing education, and other federally funded programs
- $176 million additional cut in annual defense spending

---

[1] Tax increase comprises 45% of national deficit reduction package (percentage varies by state), equal to the average revenue component of the last two deficit reduction packages. Spending cuts are proportional across programs.

Note: Budget numbers based on CBO projections for FY 2000. Allocations based on 1992 data. The potential contractionary impact of tax increases and/or spending cuts is not included.

THOMAS M. BARRETT
5TH DISTRICT, WISCONSIN

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135 WEST WELLS STREET
ROOM 618
MILWAUKEE, WI 53203
(414) 297-1331

Congress of the United States

House of Representatives

Washington, DC 20515-4905

The meeting with Congressman Barrett and the First Lady brings together doctors, nurses, other health professionals and advocates. Participants include several primary care physicians who practice in the inner city, the president of Sinai Samaritan hospital, the only disproportionate share hospital in Milwaukee, staff of community health centers, representatives of the Milwaukee Black Health Coalition, and advocates for the disabled and low-income individuals.

The group is concerned with a number of health care issues. Expect questions or comments about access to health care in the inner city and the decreasing numbers of practitioners in the inner city, the role of hospitals in the delivery of primary care, long-term care in community settings, and mental health and alcohol and drug treatment services. The First Lady may assume that each of the participants is familiar with the broad issues surrounding health care reform, the particulars of the Health Security Act and the other pending bills.

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FAX COVER SHEET

Congressman Tom Barrett

MILWAUKEE OFFICE
135 West Wells Street, Room 618
Milwaukee, WI 53203
Phone: (414) 297-1331
Fax: (414) 297-1359

TO: Amanda, White House and Roshann Parris, Advance

(202) 456-6527 716 7766 3428

DATE: 2/18/94 **PAGES:** 4
Including Cover Sheet

FROM:

- O Congressman Tom Barrett
- Ø Anne DeLeo
- O Priscilla Chambers
- O Kurt Ebenhoch
- O Natasha Gittens-Jackson
- O Judy Randall
- O Ed Walz
- O _____

COMMENTS: Attached is the information you requested: the list of attendees at the Tom Barrett meeting, including the names of staff, and a short summary of who they are and what may be discussed. Please advise me if you need more.

ALVERNO COLLEGE FACTS

- Alverno College is a women's college with an enrollment of 2,552 students. 1,503 are enrolled in traditional weekday classes, and 1,049 are enrolled in the college's weekend program geared primarily for adult working women.

- Alverno's School of Nursing currently enrolls 444 nursing students, of whom 30% are minority students. The college offers two programs of nursing study; a four-year baccalaureate degree in nursing and a two-year continuation program for RNs holding associate degrees and diplomas. Since it began as the Sacred Heart School of Nursing in 1930, Alverno's nursing school has supplied 2,500 nurses to the region and the country.

- Alverno is the only college in the U.S. that awards degrees based not just on the acquisition of knowledge, but also on the abilities needed to apply that knowledge: the ability to analyze problems, solve them, communicate persuasively, work effectively in groups and affect the work around you. Student performance assessment methods pioneered at Alverno helped spark a national movement to improve undergraduate teaching.

- The most popular areas of study are business and management, nursing, professional communication, education and psychology.

- 62% of Alverno students come from the Greater Milwaukee area. The rest come from northern Illinois, Wisconsin and other Midwestern states. 23% of the enrollment is made up of minority students: 15% African American, 5% Hispanic American, 2% Asian American and 1% Native American.

- Well over 50% of Alverno students are first generation college students.

- Alverno's 118 full-time and 97 part-time faculty members are recognized nationally for their teaching expertise. More than 400 educators from across the country and the world annually attend workshops to study Alverno's teaching methods.

- Alverno's unique emphasis on learning the abilities needed to put knowledge to use -- commonly called "ability-based education" has gained national praise. For example:

-Surveys of American college presidents by *U.S. News and World Report* consistently have rated Alverno among the nation's top small colleges.

-College deans surveyed by the Carnegie Foundation considered Alverno's general education curriculum among the most effective in the country, along with Harvard and the University of Chicago.

-*Time for Results*, the Governors' 1991 Report on Education co-chaired by then-Governor Bill Clinton, notes that, "We discovered that some colleges and universities in this country have undertaken efforts in the past few years to document the learning that is taking place on their campuses. Alverno College and Northeast Missouri State are two notable examples.

-Alverno is a 1994 winner of the Hesburgh Award for Faculty Development to Enhance Undergraduate Teaching given by TIAA-CREF.

FAX COVER SHEET

Congressman Tom Barrett

MILWAUKEE OFFICE
135 West Wells Street, Room 618
Milwaukee, WI 53203
Phone: (414) 297-1331
Fax: (414) 297-1359

TO: Amanda
White House

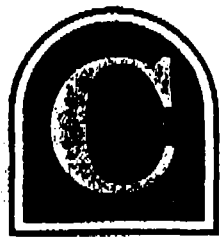
DATE: 2/17/94 PAGES: 8
Including Cover Sheet

FROM:
- O Congressman Tom Barrett
- O Anne DeLeo
- O Priscilla Chambers
- O Kurt Ebenhoch
- O Natasha Gittens-Jackson
- O Judy Randall
- O Ed Walz
- O _____

COMMENTS: _____

Community Care

FOR THE ELDERLY



ommunity Care for the Elderly (CCE) offers frail older adults a unique means of meeting their long term health care needs. Ongoing medical care, social and therapeutic services are provided to participants through CCE's Adult Day Health Center, as well as specialty providers and in-home care that is arranged through contracted services. Community Care for the Elderly enables participants, whose physical and/or mental status would make them eligible for nursing home placement, to remain at home for as long as possible while they receive comprehensive services.

One of the most important features of Community Care for the Elderly is its goal to support participants in maintaining their health and highest level of functioning possible. Community Care for the Elderly assists older adults to continue living in the community and still access a full array of health and social services typically found only in nursing homes.

As a replication of a program in San Francisco called On Lok, Community Care for the Elderly is part of a nationwide project serving long term health needs of older adults. This program insures receipt and coordination of services, simplifies the delivery and payment for care as well as controls health care costs.

Through a special federal waiver program to the state and organization, Community Care for the Elderly receives a fixed monthly payment from Medicaid and Medicare for each client. In return, Community Care for the Elderly provides and arranges for all needed care and is financially responsible for the services rendered.

Adult Day Health Center

Community Care for the Elderly is unique because of its continuum of care. Its Adult Day Health Centers serve as the coordinating sites for all services offered to participants.

Participants attend an Adult Day Health Center and obtain many of the services offered by the program directly from the Center's staff who specialize in geriatric care. In addition to receiving health and social services, participants also enhance their social life by joining in a wide variety of activities offered by the professional therapy staff.

Adult Day Care Center Services

Breakfast
Daily Exercise
Hot Noon Meal
Medication administration assistance
Nursing Intervention and Monitoring
Personal Care Assistance
Primary Medical Care
Psychosocial Counseling/Support
Recreational Activities
Rehabilitative Services
Social Services
Transportation

Adult Day Health Center Staff

Community Care for the Elderly's staff has professional and personal interest in working with the elderly. They bring years of experience attending to the needs of the older adult. The staff also regularly participates in educational experiences that enhance their ability to provide clients with compassionate and quality care. Working as a multidisciplinary team, the staff develops and reviews individualized care plans for each participant, offering a holistic approach in supporting their independence.

Staff Serving Adult Day Health Center

Activity Coordinators
Center Director
Dietary Personnel
Medical Records and Medical Assistants
Nurse Practitioners
Personal Care Workers
Primary Care Physicians
Registered Nurses
Rehabilitative Therapists
Social Workers

Specialty Services

Supporting the care plan and treatment provided by the Center's team is a complete array of specialty providers. Specialty services are arranged for and

coordinated by the team whenever a participant needs such care. The team also orders, coordinates and monitors all in-home services. All treatments and services, including transportation, are arranged and funded by Community Care for the Elderly.

Audiology & Hearing Aids

Assisted Living (if nessesary)

Dental Services

Durable Medical Equipment

Geropsychiatry

Home Delivered Meals

Home Health Care

Homemaking Services

Hospitalization

Other Specialists as prescribed by Primary Care Physicians

Pharmacy

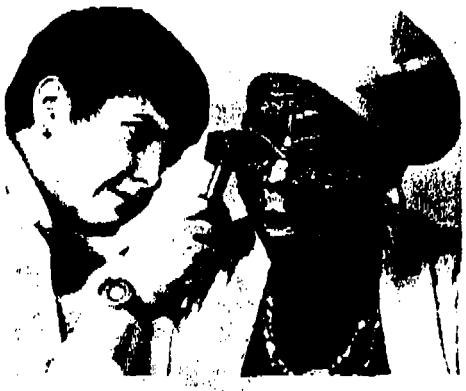
Physical and Speech Therapy

Podiatry

Respite Services for Caregivers

Transportation

Vision Care



Financing

Community Care for the Elderly receives monthly per capita payments from Medicare and Medicaid for all eligible enrollees. Most participants who qualify for both Medicare and Medicaid pay nothing more for the program. Those who qualify for just one of these programs, or fall into certain special categories, pay a share of the premium.

One of the goals of the program is to provide aggressive community based preventive care that maintains participants' health and avoids high cost institutional care, while also being able to achieve a savings for both the federal and state governments.

Eligibility

- At least 65 years old • Have long-term health care needs
- Live in Milwaukee County • Are Medicaid or Medicare eligible
- Have potential for remaining in the community with assistance
- Agree to receive all services from CCE or other providers approved by CCE

These guidelines have been developed to assist referral sources gain an understanding of the minimal requirements for admission to the CCE program. Additional criteria may be required. For more information please contact the Intake Department at 536-2100.

Community Care
FOR THE ELDERLY

For Information Call:
Community Care for the Elderly

536-2100

Hours: 8am to 4:30 pm Monday - Friday

1230 W. Grant Street
Milwaukee, WI 53215

5228 W. Fond du Lac Avenue
Milwaukee, WI 53216

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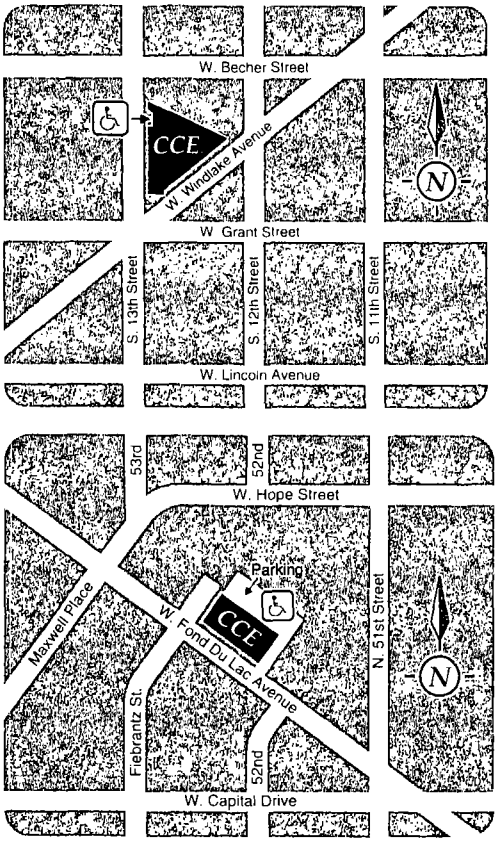

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Community Care
FOR THE ELDERLY

On Site Insights

By **Cindy Cowie**, Fond du Lac Day Center Supervisor

Many new and exciting things have happened at the CCE adult day health center on Fond du Lac Avenue since last spring!

For starters, we have eight new staff members. They include: **Carla Cotton** and **Geri Broxton** in the secretarial and support services department, personal care worker **Myres Lucas**, **Estella Crothers** who joins our nursing staff, and new security guard **Teanis Tillmon**. Also joining us are **Brenda Owens** and **Debra Scott** in our home care department. We are very happy have all of these fine people join our forces and we are sure they will all be real assets to our organization!

In addition, **Dorothy Sellers**, formerly our receptionist, is now an activities assistant. **Bridgett Windom**, a past personal care worker, is now one of our restorative aides. I would also like to welcome back **Cheryl Brinkman**. Cheryl went on maternity leave in June and delivered a beautiful baby girl, **Katrina Lynn**, on June 14th. Our participants are very excited to have Cheryl back with us!

Naturally we were very pleased to have **Congressman Tom Barrett** and **Mayor John Norquist** visit our facilities! (See page 3.)

On a sadder note, during the past few months we have lost some very special participants. We have very fond memories of **Marie Anton**, **Genevieve Brooks**, **Willie Ford**, **Mary Love**, **Phylonia Pinkney**, **Bama Mosley** and **Alberta Nelson**. We were very fortunate that they were part of our lives and they will be missed.

With winter fast approaching, we are hopeful that the addition of three more CCE vans will help make our transportation service more efficient. These vans are all wheelchair accessible and we are excited about their addition to our program.

We are looking forward to many more exciting changes at Community Care for the Elderly and we can only hope that our second year here at the Fond du Lac Avenue site is as eventful and rewarding as the first!

By **Linda Murphy**, Grant Day Center Supervisor

I am happy to report that life has been relatively quiet on the south side at the Grant Site. We have had a quarter of slow but steady growth which keeps things interesting and manageable. Right now, we're averaging 41participants per day and that manageable pace helps our efforts to tailor the care we provide.

We were honored to be visited by **Congressman Gerald Kleczka** this summer! As he reflects on his tour and detailed explanation of the CCE program, we hope he shares his new insights with his colleagues in Washington.

This busy quarter was marked by some staff changes, too. We'd like to welcome **Sue Silvermarie** to our social work department. Sue has a varied and interesting background which includes experience in geriatrics, specifically in a day care setting, nursing home setting, and with the Alzheimer's Association.

Our other social worker, **Jackie Tamsett**, will now be able to concentrate more of her efforts on the complex Title-19 system. Jackie encourages families and participants to channel their questions or concerns about Medicaid and SSI directly to her.

We also welcome the addition of a new personal care worker to the CCE staff. **Edna Ford** originally joined our newly-developed home health department. Now, Edna is part of the full-time staff at Grant and she will help out in the home care department as needed.

In other news, our therapy department began two new groups this summer. One is an "Arthritis/Relaxation" group devised to increase functioning and decrease pain associated with arthritis. The other group is a cooking group specifically for our Hispanic participants.

And finally, the social workers have reorganized the support group for caregivers. The meetings have been moved from Monday evenings to Wednesday mornings, from 10 till 11am. **For more information, just call (414) 226-8893.**

Participant Profile

Miss Minnie : Keeping Her Smile & Her Style

A complete recluse.

Frightened to leave her home... and venture outside... even to relax on her own porch! For Minnie Redmond, reality was bleak. Blind in one eye, she was also victimized by hearing difficulty. Her "golden years" were far from glittering. A happy life was but a tarnished memory... laced with fear and confusion.

But to see "Miss Minnie", as her friends call her, today, you'd ***never*** guess those uncertain times ever existed. At the age of 94, Minnie looks forward to getting together with her new friends at Community Care for the Elderly's adult day health center on Grant Street.

Miss Minnie on her daily visit to the Grant Street adult day health center. (Michael Greene photo)

Five days a week, she comes in, takes her favorite chair at the center, and relishes the companionship of other participants and her personal care worker, **Pat Michalowski**. "Got any candy?", Minnie asks Pat, revealing her ever-present sweet tooth.

Minnie Redmond, circa 1913.

"Miss Minnie is a very private person", says Pat. "She likes to be taken care of privately. It took me about a year and a half to get a real good relationship with her. She now feels she can trust me. We work together!"

Minnie Redmond was born June 6, 1899 in Canton, Mississippi. She grew up in Jackson, Mississippi where she married and raised seven children. She was a professional seamstress but, after family, her first love was music. Playing piano and the violin, Minnie taught music in her home to children and adults alike. Her husband, Rueben, was a Milwaukee jazz musician and band leader.

Minnie's dream was to pass on these special talents to her own children and, in her son, Willie Pickens, all the persistence and hard work paid off. Pickens, a graduate of Lincoln High School and UWM, was a professor of music at the Chicago Conservatory of Music until he retired two years ago. He remains an internationally-known pianist who recently toured Europe and Japan before doing a homecoming concert in Milwaukee. Once or twice a year, Pickens comes into the Grant Street center to serenade his mother and, with gentle strokes of the keyboard, bring her back to younger, happier times.

Yes, for Minnie, life is very different these days. Daughter **Cathy Hernandez** says "If it weren't for CCE, I'd be dead by now! CCE benefits me as the caretaker because my mom can really be stubborn and hard to deal with. The people are really wonderful. It's like a little hospital. I can't praise it enough!!"

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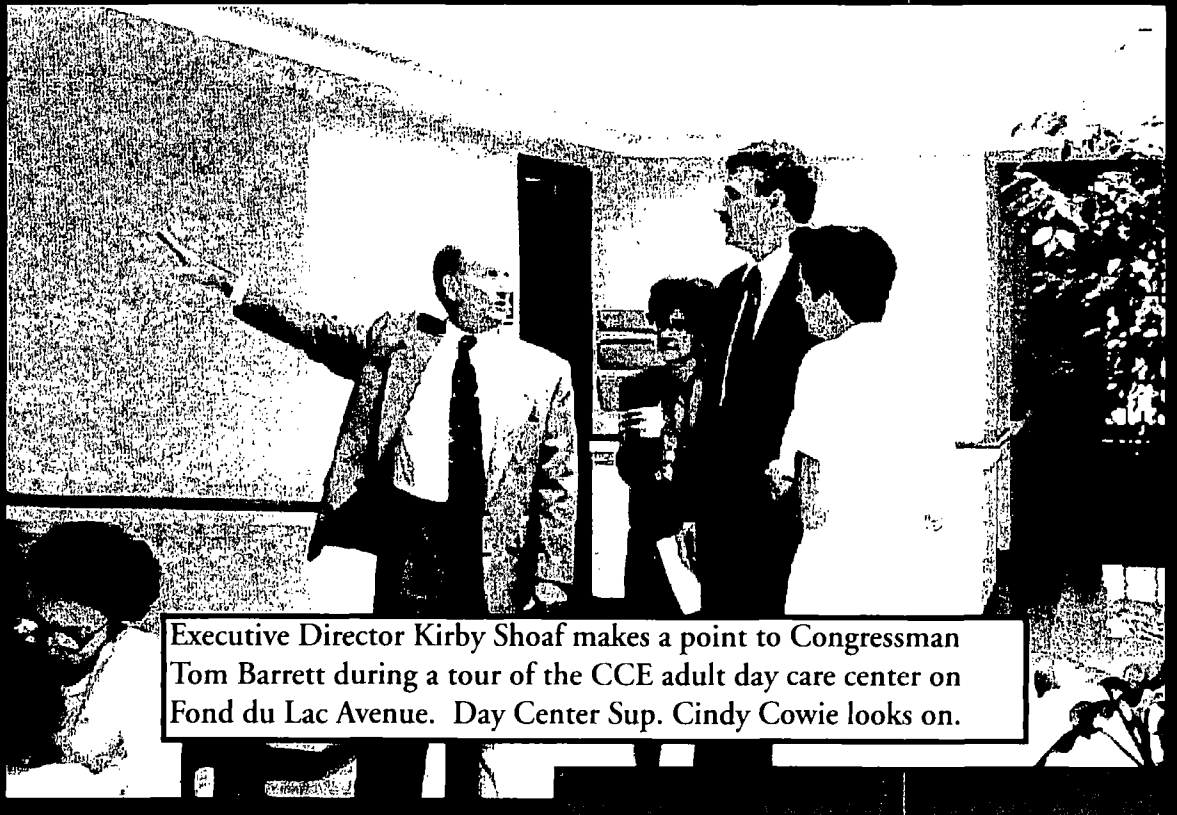
Community Care FOR THE ELDERLY

The CCE Connection

Fall 1993

Visit Day Centers

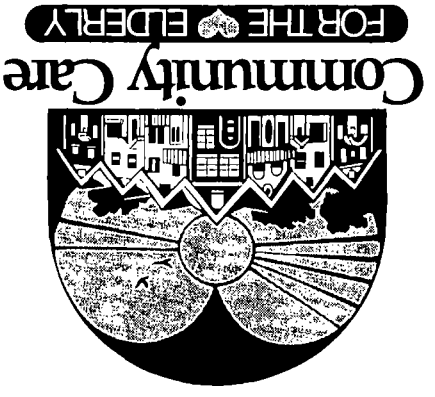
Mayor, Congressmen Focus On CCE



Executive Director Kirby Shoaf makes a point to Congressman Tom Barrett during a tour of the CCE adult day care center on Fond du Lac Avenue. Day Center Sup. Cindy Cowie looks on.

Barrett, Kleczka & Norquist See for Themselves

- Discuss Health Care Reform
- Promise to Share PACE Concepts with Colleagues



Attention: Tom Andrews
Marketing and Communications

Community Care for the Elderly
5228 W. Fond du Lac Ave.
Milwaukee, WI 53216

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Name _____

Address _____

City _____ State _____ Zip_____

Telephone Number (_____) _____

My gift of [ ] is enclosed.
(Tax deductible to the extent allowed by law.)

Please make checks payble to: **Community Care for Elderly**