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HRC [Background File] Saturday, February 19, 1994 Milwaukee, Wisconsin [2]

2014-0483-S

sb396

RESTRICTION CODES

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- P1 National Security Classified Information [(a)(1) of the PRA]
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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

Congressman Gerald D. Kleczka
Health Care Reform Advisory Council

In January of 1993, the President announced his intent to make reform of our nation's health care delivery system a priority of his administration. In response to that announcement and as member of the House Committee on Ways and Means, Subcommittee on Health, Congressman Jerry Kleczka began to formulate plans to establish a working council to provide him with the best information possible on which to base his judgement on this issue.

In response to his request, 27 people met on Friday, April 23rd of 1993 for the first meeting of the Health Care Reform Advisory Council. Members of this committee represent a wide variety of backgrounds and disciplines including: doctors, nurses, home care providers, hospital administrators, mental health providers, mental health advocates, pharmacists, senior citizens, small business owners, attorneys, health insurance providers, health care education, minority health care concerns, long term care, and community based clinics.

A number of working meetings have been held since then to discuss the various proposals before the Congress.

WISCONSIN

Background Notes:

- Republican Governor Thompson's health care reform legislation is being considered this week. Democrats are not pushing legislation with either an employer mandate or universal coverage because they know the Governor would veto it. He opposes mandates and refuses to raise taxes. Thompson's probable Democratic opponent, State Senator Chvala (pronounced Kwala) is a single payer proponent. Women's groups are blasting exclusion of coverage of abortion in the governor's plans.
- Wisconsin Hospital Association reports that the rate of hospital spending is leveling off. They credit staffing changes - they are hiring fewer full-time workers and using quality management systems that re-allocate staff and use resources more efficiently.
- Eight Wisconsin hospitals, **including Mercy Hospital in Janesville**, are listed in a new study as being among the 100 top-performing of the 5,600 acute-care hospitals in the country. The study by HCIA Inc. and Mercer Management Consulting concluded that if all of the nation's hospitals were to follow the management and treatment practices at these top 100, \$14 - \$28 billion a year could be saved.
- The Census Bureau reports that eight percent of Wisconsin residents are uninsured. In December the Wisconsin Policy Research Institute reported that most residents have health insurance, are satisfied with it, and do not consider health care reform a major state issue. This may reflect, in part, that the Wisconsin economy is in good shape.
- Wisconsin is still be celebrating its victory in the Rose Bowl.

SENATOR RUSSELL FEINGOLD (D-WI) - Freshman Senator Feingold is described by the press as a "passionate" single payer supporter. He has not cosponsored any reform legislation. In the Wisconsin legislature he chaired the Senate Aging Committee for 10 years. He believes the state's long-term care plan, which he helped craft, should be a model for the nation. He is also a strong proponent of community based long-term care for both the elderly and disabled. His other essential components for reform are: universal coverage; limiting the cost of insurance premiums; and including a mechanism to keep down health care spending.

In 1993, Sen. Feingold fulfilled a campaign promise by holding town hall meetings in each Wisconsin's 72 counties. Not surprisingly, health care was one of the more frequent topics mentioned.

Recent Developments: In a profile on Sen. Feingold and his first year in the Senate,

the Wisconsin State Journal portrays him as smelling a rat when it comes to health care reform. Feingold believes that the reason people aren't hearing much about single payer is that corporate America and its Congressional cronies are doing everything in their power to make America believe single-payer is not an option. Feingold explains: "What they do is define out the alternative that can really have an impact." He sees the Cooper plan as a special interest gambit and describes it as follows: "They've dressed up something that isn't health care reform and they're calling it reform, when in fact it makes the insurance companies happy." Feingold wants the American people to fight for single payer so that the Clinton camp won't fall under the influence of Cooper. "Unless we can derive some kind of coalition between those who support a single payer plan and those who support the Clinton plan, then the process will be dragged over to not just a hybrid of a managed competition system but to a truly insurance-dominated...system."

In a February 2 press release, Feingold said that if private insurance is to play a role in financing long-term care, it should be shaped more off of the Medicare supplemental insurance model. "The best approach might be for private long-term care insurance to cover the consumer's portion of the costs under the Clinton reforms. Ideally, the policies would pay the consumer's portion of any and all services in the consumer's plan of care. If we allow insurance policies that limit the services they will cover, we risk encouraging plans of care that include only those covered services. In the end, this will lead not only to more expensive care, but it will undermine our efforts to put in place a consumer-oriented and consumer-driven flexible long-term care system that responds to the individuals' needs and preferences."

SENATOR HERBERT KOHL (D-WI) - Senator Rockefeller believes Senator Kohl, who must run in 1994, will likely support the President in the end. He does not support single payer and has not taken a position on managed competition. He is comfortable with employer mandates if coupled with adequate subsidies. Insurance companies are the second largest employer in Wisconsin, which may be a concern for him. He is a member of the Mitchell working group and members of his staff are participating on the HCTF working groups. Kohl serves on the Judiciary and Small Business Committees. Sen. Kohl believes that people will not be willing to pay more unless they see "What's in it for me?"

If he wins the September primary, Matt Gunderson, brother of Rep. Steve Gunderson, will be Kohl's November opponent.

Recent Developments: On February 6, Kohl told the Wisconsin State Journal that he was not ready to sign onto any plan. He believes the competition between plans in the open marketplace should be the main contributor to controlling health care costs. However, he said he won't exclude eventually supporting a plan that includes government-imposed price controls - whether that is on insurance premium costs or on the cost of health care itself.

The National Journal reports that Kohl is crafting his own bill to transform current welfare programs into a single block grant program.

CONGRESSMAN PETER BARCA (D-WI): Congressman Barca now holds former Secretary Aspin's seat but Wisconsin Democrats fear he will have a hard time holding on to it in November. While Barca has been supportive publicly of the health care effort, he has not cosponsored any of the reform bills. He campaigned against new taxes and for controlling health care costs while expanding access. His background as a teacher of emotionally disturbed children and as a job training specialist for people with disabilities undoubtedly gave him special insights as to the need for reform. A Catholic, he said he would support the Freedom of Choice Act. Barca also served in the state legislature. He voted against NAFTA but for the Budget Reconciliation bill. Janesville includes a large and healthy GM truck plant where the UAW is well entrenched.

The Republicans have two candidates running in the September primary and both are saying that health care reform is on voters' minds.

Recent Developments: The February 6 Wisconsin State Journal reports that Barca believes any effort must include insurance reform whereby all Americans could buy policies; coverage of pre-existing conditions; and provisions calling for all to pay something toward coverage. Rep. Barca told this story to the columnist for the Madison Capital Times: A constituent worked at the same factory for 20 years, only to lose his job and thus family health insurance when there were company cutbacks. He found a new job six months later but because his wife had contracted a serious illness, the new employer's health plan wouldn't insure him. Barca told the columnist: "He played by the rules all these years, and now he's practically desperate."

CONGRESSMAN THOMAS BARRETT (D-WI): Freshman Congressman Barrett comes to the House from the State Senate. He represents Milwaukee and the most Democratic district in Wisconsin. He serves on the Banking, Government Operations, and Natural Resources Committees.

Congressman Barrett campaigned for national health insurance to cover the uninsured with a broad revenue base, federally regulated health care standards and

federally set spending levels. He co-signed the letter on the Access Initiative. In the legislature he was known as a conscientious lawmaker who worked "doggedly" on health care reform.

Recent Developments: On December 24, Barrett told the Milwaukee Sentinel that his Christmas wish was for "access to health care for everyone, an end to violence on our streets and in our schools, the continued health of our economy, and a healthy second child for my wife, Kris, and me." The baby is due at the end of March. He told the Wisconsin State Journal on February 6 that he signed onto Clinton's plan because "it moves our country toward universal coverage by building on the strengths of our current system. As Congress and the nation debate the many changes I know will be made to the President's plan, I will fight to ensure that the emphasis on quality, universal access, physician choice and primary care remains intact."

CONGRESSMAN GERALD KLECZKA (D-WI): Congressman Kleczka is purposefully playing health care close to the vest. A canny politician and former state legislator, he wants to maximize his position on the committee and has thus not cosponsored any of the major health care reform legislation. Kleczka can be prickly, but will undoubtedly be charmed by the First Lady. Politically, his district is safe. Kleczka has said that while he supports a single payer approach, there is not enough support in Congress for it to pass. A smoker, Kleczka has received political donations from the tobacco lobby. Kleczka is close to labor and normally votes with Chairman Rostenkowski.

In the Health Security Act, Kleczka is concerned about bureaucracy, financing, and taxation of employee benefits. He is Catholic and anti-choice.

Recent Developments: In a February meeting with Secretary Shalala, Kleczka said he supports the employer mandate and premium caps but believes the National Board is too bureaucratic. He feels regional alliances should be voluntary and at the option of the states. While he does not like the early retiree provision, he would support it if phased-in. He questions the \$124 billion in Medicare savings and would like to see a more gradual phase-in of long-term care. Kleczka supports the prescription drug benefit.

CONGRESSMAN DAVE OBEY (D-WI): Congressman Obey is as complex a person as one is likely to find in the Congress. A skilled and pragmatic legislator, Obey is often moved to outrage when he feels people or issues are being treated unjustly. He is a true liberal who believes strongly in the institution of Congress. His district includes dairy and potato farms, paper mills and port facilities. The failing health of Appropriations Chairman Natcher has induced Obey to begin sounding out colleagues on that post. Rep. Neal Smith of Iowa is next in seniority but is 74 and Obey would be considered a stronger leader.

Obey is an original cosponsor of the Health Security Act. He has admitted he doesn't agree with everything in it, but said it offers three essential elements: coverage for everyone; cost controls; and requiring nearly everyone - including employers - to contribute to coverage. Obey has said that he will vote for whatever funds are necessary for universal coverage. He believes in a short phase-in period and wants to see long-term care covered. In fact, he has said he would actively oppose the package if long-term care is not adequately addressed. He is also concerned about rural coverage.

Recent Developments: After the State of the Union, Obey said Clinton "has guts and is taking on the right issues...The Congress simply has to deliver for working people who have the right to be counting on us to do the right thing." He added that he thinks Congress can accomplish most of the President's agenda - including health care and welfare reform and a tough crime bill - before the 1994 elections.

Obey told the Wisconsin State Journal on February 6: "The President's plan is the central plan.. That is going to be what the debate centers on." He added that people would not concentrate on specific plans, but on what concepts must be wrapped into a plan.

FAX COVER SHEET

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TO: PATTI 202-456-2317
DIRECTOR OF SCHEDULING

DATE: 2-16-94 PAGES: 8
Including Cover Sheet

FROM: ☒ Congressman Tom Barrett

- ☐ Anne DeLeo
☐ Priscilla Chambers
☐ Kurt Ebenhoch
☐ Natasha Gittens-Jackson
☐ Judy Randall
☐ Ed Walz
☐

COMMENTS: ATTACHED IS INFORMATION ABOUT COMMUNITY
CARE FOR THE ELDERLY. THE CONTACT THERE IS TOM ANDREWS
AND HE CAN BE REACHED AT 414-536-2110 EXT 239. THANK YOU.



Congressman Tom Barrett



Community Care

FOR THE ELDERLY



Community 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 necessary)

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



A **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.

A **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.





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Fundraiser

Health Care Advisory Board

Advisory Board

Seniors Event

Cong. Barrett Mtg.

Board Members

Alverno College Speech

Blackhawk Speech

VIP Meet & Greet

Speech

Political Briefing

Fundraiser

Health Care Advisory Board

Advisory Board

Seniors Event

Cong. Barrett Mtg.

Board Members

Alverno College Speech

Blackhawk Speech

VIP Meet & Greet

Speech

Political Briefing

HRC
Milwaukee
Saturday, Feb. 19

Events:

- 1) State Party Fundraiser
~~(*Does HRC need remarks or t-pts?)~~ *Lissa - stump*
- 2) Senior's Event with Congressman Kleczka
*Does HRC need remarks or t-pts?
- 3) HC Event with Congressman Barca in Jonestown (Town Hall style)
*Does HRC need remarks or t-pts?

****Need****

-Call Maureen re: Congressional profiles.

-Ask Julie if any more Congressional delegation will be attending.

Amanda Crumley

MEMORANDUM

TO: Melanne Verveer
Patti Solis

FROM: Brady 

DATE: February 16, 1994

SUBJECT: Wisconsin briefing

With Mrs. Clinton scheduled to visit four cities in Wisconsin on Friday and Saturday (Feb. 18-19), I thought you might like to have a political and substantive issue briefing from here. It's a bit more personal and, perhaps, more pointed than the usual briefing material.

Overview. The state's economy has been stronger than the country as a whole for several years, and it remains that way. The unemployment rate, for example, is only 4.2 percent (December), the sixth lowest in the nation, and it has been less than the national average for 71 consecutive months.

Health care is a paramount issue with the latest published polling data reflecting substantial support for universal coverage and majority support (61 percent) for the Administration's health plan. There are competing state "health insurance/health care reform" plans now pending before the legislature. Wisconsin has one of the highest percentages of HMO enrollment in the country and, in a survey released by HCIA, Inc./Mercer Management this week, seven Wisconsin health care facilities placed in the top 100 "acute care" facilities nationwide. Tab A. Not surprisingly, more than half (53 percent) of the state residents responding to a recent survey said they were "very satisfied" with their own access to health care. (Wisconsin has a relatively low percentage of uninsured: about 500,000 people in a total population of almost 5 million.)

The state's Congressional delegation is 5-4 Republican, and that is unlikely to change in 1994. The only seat in doubt is the First Congressional District (Racine, Kenosha, Janesville, Beloit), now held by Democratic Cong. Peter Barca who won it last May in a recount (625 votes out of more than 100,000 cast) in a special election to succeed Les Aspin. Sen. Herb Kohl is up for re-election and, at least at the moment, does not appear in difficulty. With Congressman William Natcher seriously ill, Dave Obey has a good chance to become in the next few weeks the next chairman of the House Appropriations Committee.

The state assembly (52-47 Democratic) and the state senate (17-16 Republican) are split. Gov. Tommy Thompson will run for his third four-year term this fall, and he has been a harsh and unrelenting critic of the President. There is no doubt that Gov. Thompson would like to be the Republican vice-presidential nominee in 1996, and that probably accounts for the strident tone of some of his criticism.

The state's economy is diversified with a mix of small, medium and Fortune 500 companies (e.g., Fort Howard Paper, Harley Davidson, and Manpower, Inc.--now the largest private employer in the country). There are major insurance companies in the Wausau/Stevens Point area (Wausau Insurance and Sentry), in Milwaukee (Northwestern Mutual Life), in Green Bay (Employers Health) and in Madison (American Family). While Illinois, Michigan, Ohio and Indiana all lost manufacturing jobs over the last 15 years, Wisconsin had a substantial gain.

Polling Data. Both the First Lady and the President have done very well in recent state polls. According to a University of Wisconsin Extension poll released just last Friday, Mrs. Clinton's approval rating was 63 percent. (Among women, it was 69 percent with one in four calling her performance "excellent.") More than one-third of the 770 residents surveyed voluntarily cited Mrs. Clinton's work on health care as the principal reason for their support, and even 45 percent of all Republicans polled approved of her role as a principal policy adviser to the President.

On February 8, 1994, The Milwaukee Journal published a state-wide poll that gave the President a 62 percent excellent-good performance rating with only 23 percent "not so good" and 14 percent poor. Tab B. This represented a remarkable improvement over the 51 percent negative (not so good and poor) rating in the previous poll, which was taken last June. (That same June poll had Mrs. Clinton's favorable-unfavorable rating at 47-35.) In the new 800-voter survey, conducted from Jan. 21-26, the President received an approval-disapproval rating of 49-40 for foreign policy and 51-40 for the economy.

The same poll asked respondents to rank the "most important" problem facing the country. The volunteered results: crime (40 percent), health care (11), the economy (8), and the budget deficit (8). (Wisconsin is 41st in the country in violent crime.) On health care, the survey reported that 75 percent favored--and 22 percent opposed--guaranteed health insurance for all Wisconsin residents. The vast majority (80 percent) said they considered health care reform important with 59 percent saying it was "very important." Almost two-thirds (61 percent) of the survey sample favored the Administration's plan, but only 15 percent said their support for the plan was "strong." Tab C.

There is no party registration in Wisconsin, and voters are notoriously independent. Both Gov. Thompson and Sen. Kohl have very high favorable ratings and generally bipartisan support. Tab D. While most Democrats think Gov. Thompson should be replaced, for example, he still has a 67-28 job approval rating among Democrats. For their part, 55 percent of Republicans polled give Sen. Kohl positive marks.

Health care legislation. The state has a reputation for quality health care with major medical centers in Madison (two private hospitals and the university's hospital), northern Wisconsin (the Marshfield clinics), Green Bay and Milwaukee. The state pioneered the development of HMOs, and there is a growing trend toward purchasing alliances. Tab E. Just this week, a diverse group of health care providers in the Madison area, including HMOs and the university medical center and a private hospital, endorsed universal health care coverage. Tab F.

There are two competing health care proposals pending in the state legislature--one advanced by the Governor together with the Republicans in the state senate and the other by the Democrats in the assembly. Tab G. (The legislature is in session now through March 25.) While the Republicans call their plan "health care reform," the Governor has acknowledged that "the majority of it is insurance reform." Their proposal would re-create a state board to develop a new, basic "core" plan of insurance for businesses with two to 100 employees and require insurance companies, beginning in 1996, to sell the plan to any business or individual that wanted to buy it without regard to an individual's medical history and, not incidentally, without any limits on what the insurance company could charge. The premiums for this health insurance could vary with the individual, of course, but based only on age, gender, geographical region and tobacco use. The Governor's proposal originally had included purchasing pools, but he has dropped that from his legislation. Abortion would not be part of the "core" plan, and that has led several pro-choice Republican legislators to withhold their support.

By contrast, the Democratic proposal would permit the public to buy the same comprehensive insurance plan that now covers the state's 60,000 public employees as well as local government workers. The plan does not include guaranteed coverage for all, but it anticipates national health care reform that does provide universal coverage and the merger of the state plan with the Administration's plan.

Congressional delegation. The Democratic delegation generally has supported the President. While not a single Democratic Congressman from Wisconsin voted for NAFTA, every member backed the President on the budget vote. Sen. Kohl

(Judiciary and Appropriations) and Sen. Russ Feingold (Foreign Relations and Agriculture) also have been very supportive.

This is Congressional Quarterly's rating of the delegation's support for the Administration's legislative proposals--

U.S. Senate (89 votes as of December 18, 1993):

Russ Feingold	85 percent
Herb Kohl	81

U.S. House (102 votes):

Gerald Kleczka	80	Steve Gunderson	51
Dave Obey	78	Scott Klug	50
Tom Barrett	77	Tom Petri	33
Peter Barca	67	Toby Roth	29
		James Sensenbrenner	20

Dave Obey (spouse: Joan) is the dean of the delegation and, while he represents a district (northwestern Wisconsin) that is at best marginally Democratic, he wins (13 terms) with majorities consistently over 60 percent. He had more than \$372,000 in his campaign treasury as of December 31, 1993. Cong. Obey has, consistently and visibly, supported the Administration-- particularly on the Russian aid package. (Obey chairs the foreign aid subcommittee of the House Appropriations Committee). The Congressman has his own blue grass band, which has performed at the same theater in which Mrs. Clinton will speak. He has sent a substantive background memorandum to Mrs. Clinton. Tab H.

Gerald Kleczka (4th C.D./south side of Milwaukee/Ways and Means) (spouse: Bonnie) and Tom Barrett (5th C.D./north side of Milwaukee) (spouse: Kristine) will have no serious Republican opposition in the fall. While Les Aspin easily won repeated re-election as the Congressman for the 1st District, it is not a "Democratic" district, and Peter Barca (spouse: Kathy) will face a difficult challenge. He spent almost \$800,000 last year to win a primary and a very close special election on May 4, 1993, and he has only just begun to raise funds for the 1994 race.

Democratic challengers probably will not be able to win any of the five seats now held by Republicans: Steve Gunderson (3rd C.D./western Wisconsin), Toby Roth (6th C.D./Green Bay), F. James Sensenbrenner (9th C.D./Milwaukee suburbs), Thomas Petri (6th C.D./central and eastern Wisconsin) and Scott Klug (2nd C.D./Madison and nine rural counties). Cong. Klug has allied himself with Cong. Cooper, becoming very visible on the health care issue.

Sen. Kohl is running for his second term. Tab D. The most recent poll by The Milwaukee Journal gave him strong favorable

ratings and, with unlimited personal resources, he will not be outspent. Four Republicans will run in the September primary, including the incumbent State Treasurer, Cathy Zeuske, who announced her candidacy this week.

Sen. Feingold is just beginning the second year of his first term. He beat Sen. Robert Kasten in 1992 with Feingold winning a contested primary election in an upset over better-funded opponents and winning the general election 53-47. A Rhodes scholar, he has supported the Administration more consistently than any other member of the delegation. Both Sen. Feingold and Sen. Kohl plan to attend the Marshfield-Wausau events and, in Sen. Feingold's case, the Saturday events as well. Although he now lives in a Madison suburb, his family is from Janesville. He and his wife, Mary, have four children.

Cong. Delegation/Health Care. According to the February 13, 1994 edition of The Milwaukee Journal, only Congs. Obey and Barrett unreservedly support the Administration's health care proposal. Sen. Feingold and Cong. Kleczka prefer the single-payer approach but, of the available alternatives, they favor the Administration's bill. The newspaper has provided a chart (Tab I) summarizing the position of each member of the delegation.

State visits. This will be Mrs. Clinton's first post-election visit to the state. The President gave a budget speech in Milwaukee on June 1, 1993, followed by a visit to a drugstore in Cong. Kleczka's district on the south side of the city. There had been a Presidential foreign policy address scheduled in Milwaukee for January 6, 1994 but, because of the death of the President's mother, Vice-President Gore delivered the address and made a visit that had been planned for the President to a Milwaukee high school (in Cong. Barrett's district) where he met the University of Wisconsin football team (Rose Bowl: Wisconsin 20 - U.C.L.A. 16) along with Secretary Shalala and Sec. Aspin.

At the cabinet level, Sec. Shalala and Les Aspin have made several trips to the state, and Sec. Cisneros will make his second trip to Milwaukee on March 16, 1994 for an urban planning seminar with seven big city mayors that focuses on the role of urban universities in revitalizing their communities. Jane Alexander will be in the state immediately before Mrs. Clinton's arrival, Thursday and Friday, and she will address the state assembly in Madison and spend part of the day Thursday with Cong. Steve Gunderson (Republican-3rd C.D.) in LaCrosse. Cong. Gunderson has scheduled a town hall meeting on health care for Thursday morning (Feb. 17) in Eau Claire at which Bob Van Hook apparently will speak about rural health care. The Congressman announced last week that he would run for re-election but that it would be his last term. Tab J.

Administration appointments. The most visible appointments, of course, were Sec. Shalala and Sec. Aspin. Her popularity remains very high in the state--largely because, during the five years she was the chancellor of the University of Wisconsin at Madison, she had the foresight to hire the athletic director and football coach who brought Wisconsin its first trip to the Rose Bowl in 31 years. Former Sec. Aspin remains well regarded as well. The criticism of the Administration for his dismissal was directed primarily at the manner in which it was handled not at the decision itself.

The U.S. Attorney and U.S. Marshall positions (one each in Madison and in Milwaukee) were filled last fall without any real controversy. Early in the Administration, the Secretary of the Interior appointed Ada Deer, a Native American who taught at the university, as his Assistant Secretary for Indian Affairs. The appointment of Helen Dixon of Milwaukee as the regional (Chicago) director of the SBA remains on hold, for undetermined reasons, in the White House counsel's office.

The appointment of Tom Loftus, the former speaker of the state assembly, as ambassador to Norway was well-received generally and, particularly, by Democrats. Wisconsin has (after Minnesota) the highest percentage of Norwegian-Americans in its population, and Tom was the first public official in the state to endorse the President and begin actively working for his nomination. (They have known each other since 1987 when Tom helped arrange an invitation for Gov. Clinton to speak at the state party convention.) A former Democratic governor, Tony Earl, has been nominated to the St. Lawrence Seaway Commission.

Other than the Helen Dixon appointment, there are no pending appointments and no early or active supporters who have not received an appointment they had sought. There are no judicial vacancies.

Miscellaneous Matters. On the subject of athletics, Wisconsin sent 16 athletes to the Olympics (about 10 percent of the entire team), and Mrs. Clinton met most of them when she was in Lillehammer. Bonnie Blair (Milwaukee/speed skating), Dan Jansen (Milwaukee/speed skating) and Barry Richter (Madison/hockey) are among the best-known. Tab K. Richter's father, Pat, is the athletic director Donna Shalala hired to rehabilitate the university's athletic program.

The FDA late last year approved the use of synthetic BGH (also known as rBST for "recombinant bovine somatotropin") to increase milk production in cows. A very controversial issue, it has divided the academic, farm and political communities. Tab L. The FDA concluded, after years of research, that the chemical posed no health risk. When Russ Feingold was a state senator, however, he made BGH his "issue" and argued that it would hurt

small dairy farmers by increasing the national milk supply hence depressing milk prices. As a U.S. Senator, Feingold has continued his opposition to BGH, and he was able to include in the budget bill a provision for a 90-day moratorium (now expired) between the announcement of the FDA decision and its effective date.

The legislature, in the middle of its 1994 session, is focusing on health care (see above), crime and property tax reform. It almost certainly will adopt a "three strikes" sentencing provision (life without parole) for repeat violent criminals and increase the penalties and the visibility for juvenile offenders. Because the property tax is one of the highest in the country, the Democrats in the Assembly this week passed a proposal, similar to the Michigan legislation adopted last year, to eliminate the property tax as a school funding source. The Governor has called the plan "idiotic." The legislature and the Governor late last year adopted a similar "sunset" proposal for welfare, committing the state to its elimination by 1999. Tab M. Public and private school choice remain volatile state issues. There is a private school choice pilot program underway in Milwaukee (less than a thousand students) that has achieved mixed results. Tab N.

The federal budget bill just submitted by the President will have little direct impact on the state. It does propose to reduce the low-income energy heating assistance program (from \$1.5 billion to \$730 million), cutting in half the \$50 million the state now receives from that program. The budget proposal also would eliminate a \$5 million Clean Lakes Program that helps the state, but Wisconsin would get \$10 million more in federal funds for wastewater treatment programs. Tab O.

State party matters. The state party has been in bad shape. It is literally destitute and, over the last few years, the party's role in campaign organizing has been largely assumed by the legislative (assembly and senate) campaign committees. Last June, the party elected a new chair (Marlys Matusak of Stevens Point), and she in turn has now chosen a new executive director, Hannah Rosenthal, who is trying to reinvigorate and refinance the party. Hannah was one of the first people we recruited for the Clinton for President campaign early in 1992, and she is very loyal to the President. She also plays a national role with NOW, NARAL and AIPAC.

Presidential campaign results. The President carried the state in the general election (11 electoral votes) with 41 percent to President Bush's 37 percent with Ross Perot at 22 percent. Note that Perot's percentage was higher than his 19 percent national total. The President carried 50 of the state's 72 counties, losing only a band of 22 rural counties running north and south in the eastern third of the state. He

won Milwaukee County with 51 percent of the vote and Dane County (Madison) with 55 percent.

In the Wisconsin presidential primary (April 6), the President narrowly beat former Gov. Brown and former Sen. Tsongas (38-35-27). Mrs. Clinton made several primary appearances, including a speech at the University of Wisconsin law school, but no general election appearances.

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A

Divider Title: _____

List hails University Hospital

From staff, news service reports

University Hospital and Clinics is among eight Wisconsin hospitals listed in a study as being among the 100 top-performing acute care facilities in the country.

The study was done by HCIA Inc., a bond-rating concern that collects health care information, and Mercer Management Consulting. The two sought to identify hospitals that offer high-quality, cost-effective health care while making investments in hospital plant, equipment and operations.

Gordon Durzon, superintendent of University Hospitals and Clinics, said the report was interesting because it looked at both cost and patient outcomes.

"I don't think it's been done before," he said. "We will probably be seeing more of this in the future."

The hospital is rated in the top 10 academic hospitals in the country, he said, while it receives significantly less public support than most other academic hospitals. Less than one percent of the budget comes from the State of Wisconsin.

The other Wisconsin hospitals in the study were: St. Luke's Medical Center, Milwaukee; Community Memorial Hospital of Menomonee Falls; Mercy Hospital, Janesville; Bellin Memorial Hospital, Green Bay; Theda Clark Regional Medical Center, Neenah; Memorial Medical Center, Ashland; and Howard Young Medical Center, Woodruff.

Saad J. Allawai, a Mercer vice president, said the 100 hospitals offer benchmarks for all other hospitals.

The study said if all of the nation's hospitals were to follow the management and treatment practices at these top 100 hospitals, at least \$14 billion a year, and possibly as much as \$28 billion, could be saved in the U.S. hospital system.

The researchers also said hospital death rates would drop by 12 percent and the length of stay would drop by a full day per admission if the 100 hospitals' practices were followed elsewhere.

The researchers examined each hospital in eight areas, among them charges per admission, debt load, investment in plant and equipment, and morbidity ratio.

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B

Divider Title: _____

40% in poll put crime at top of hierarchy of worries

By CRAIG GILBERT
Journal political reporter

Wisconsinites are far more concerned about crime than any other national issue, according to a statewide Milwaukee Journal poll.

Asked to name the most important problem facing the nation, 40% of those polled mentioned crime.

Nothing else was close.

Far fewer mentioned health insurance (11%), the economy (8%), and the combined issue of federal spending and the deficit (8%).

Given crime's recent profile in the news, its dominance of the political agenda and its well-documented hold on current opinion, the results may not be shocking.

But the numbers still are noteworthy. While crime makes periodic leaps on the opinion charts, it rarely overwhelms pocketbook concerns such as jobs and taxes.

The Journal polled 800 voting-age adults in the state Jan. 21 to 26. The poll

has a margin of error of 3.5 percentage points.

Other findings in the poll:

PRESIDENT'S POPULARITY: President Clinton has bounced back in popularity. Of those polled, 10% said his performance was excellent, 52% said good, 23% said not so good and 14% said poor.

By contrast, he had a 51% negative rating in a statewide Journal poll last June. In the latest poll, most of the interviews were done before his State of the Union address Jan. 25.

COMPARED WITH BUSH: Unlike George Bush, Clinton is viewed as doing equally well in his handling of the economy and of foreign affairs.

Clinton won modest passing marks for both. In foreign affairs, 49% approved and 40% disapproved of his performance. On the economy, 51% approve, 40% disapproved. By contrast, Bush earned better marks on foreign affairs, but in the end got dismal grades for the economy.

Please see Poll page B

Poll/Nothing comes close to crime in list of issues that concern public

From page 1

TRUST: Democrats are trusted more on key domestic issues, even welfare and crime.

Asked whom they trusted more on five different issues, those surveyed picked Democrats in four categories. To reform health care, 48% trusted the Democrats more, 27% the Republicans. To improve the economy, Democrats led 40% to 34%. To reform the welfare system, Democrats led 40% to 35%. To fight crime, Democrats led 37% to 30%. To protect the nation's security, Republicans led 43% to 28%.

HEALTH CARE: Findings on health insurance are mixed.

It finished far behind crime as the country's biggest problem, but ahead of most other issues. While universal health coverage generally was supported as a government policy, it ranked behind other priorities, including fighting poverty, reforming welfare, improving and reforming schools and imposing longer prison sentences.

TAXES: This is not a hot-button issue.

Half a year after last summer's bitter budget debate, only 4% of those polled mentioned taxes as the most important problem facing the nation. Of those polled, 72% favored a middle-class tax cut and 55% favored a capital gains tax cut. But 72% favored higher taxes on the wealthy to help cut the deficit.

GLOBAL ROLE: The public is sounding more isolationist.

Asked whether the country should increase, decrease or continue its present level of involvement in world affairs, 50% said decrease and 13% said increase. Two years ago, 31% said decrease and 16% said increase.

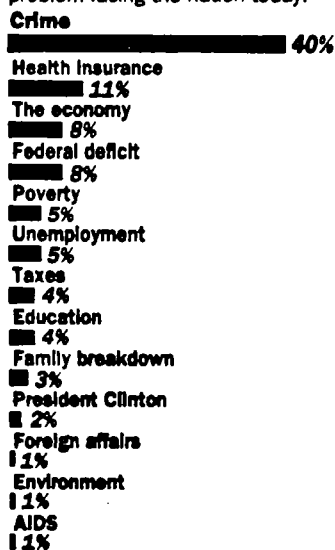
CRIME CONSCIOUSNESS RISES

To put the public's crime-consciousness in context, crime got

JOURNAL POLL

Crime leads national issues

Wisconsin residents feel crime is by far the most important problem facing the nation today.



Source: Journal poll of 800 Wisconsin residents. Margin of error: 3.5 percentage points.

far more mention in the new poll than it did in a similar Journal poll two years ago. At that time, only 11% mentioned it as the nation's most important problem, while 50% mentioned the economy.

The salience of crime showed up in other ways. Those polled were offered a list of 10 actions Congress and Clinton might take, and asked which they favored and which they opposed. Following are the percentages that favored each issue:

- Welfare reform, 87%.
- Longer prison sentences, 85%.
- School reform, 81%.
- More money to hire police, 75%.
- Trade policies, 75%.
- Tax cut for the middle

class, 72%.

■ National health insurance for every American, 72%.

■ Gun control, 63%.

■ More money to build prisons, 57%.

■ Capital gains tax cut, 55%.

More money to build prisons scored much lower than longer sentences and more police officers, even though most experts say longer sentences would create a need for added prison space. In fact, the poll points toward a wrinkle in public opinion regarding crime.

Even though crime rates as the public's No. 1 issue, fighting crime wasn't the most popular spending priority in the poll — fighting poverty and homelessness ranked first, supported by 82% of poll respondents.

While those polled favored more spending on fighting poverty and several other policies, they also voiced support for spending cuts in general.

Asked about actions they would support to cut the federal budget deficit, 66% favored across-the-board domestic spending cuts. But nearly nine out of 10 opposed cuts in Social Security and Medicare.

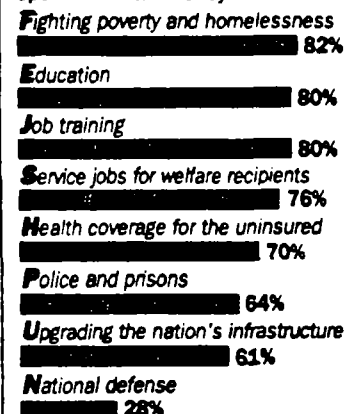
ABOUT THE JOURNAL POLL

For The Journal poll, 800

JOURNAL POLL

Poverty is priority for tax dollars

The following percentages of respondents said they would spend more tax money on:



Source: Journal poll of 800 Wisconsin residents. Margin of error: 3.5 percentage points.

Wisconsin adults were interviewed by telephone Jan. 21 to 26 using a computerized random sample of telephone numbers.

In theory, the results for the entire survey should vary by no more than 3.5 percentage points from the results that would have been obtained by interviewing every Wisconsin adult who could have been interviewed by telephone on the dates of the survey.

However, the practical difficulties of conducting any survey of public opinion may have introduced additional sources of error.

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C

Divider Title: _____

Residents in Journal survey back universal health coverage

*But lawmakers say
questions on several
issues were too vague*

By STEVE SCHULTZE
Journal Madison bureau

Wisconsin residents strongly support guaranteed health insurance, more gun control legislation and last-ditch public sector jobs for welfare recipients, according to a Milwaukee Journal poll.

The poll also indicated a smaller margin of support for raising the state income tax in order to reduce property taxes.

However, the poll questions were criticized by Republican and Democratic legislative leaders as too general to offer much guidance on some hot-button issues before the Legislature.

"The questions are far too vague and ambiguous," Assembly Minority Leader David Prosser (R-Appleton) said. "These

questions seem almost to be testing the prejudices of someone."

Assembly Majority Leader David Travis (D-Madison) said the poll questions might measure the gut impulse the public had on the issues, but follow-up questions with more specifics might have provided quite different results.

The Journal polled 800 adults statewide Jan. 21-26. The results have a margin of error of plus or minus 3.5 percentage points.

Those polled were asked whether they favored or opposed the following potential actions the state Legislature might take:

- 75% favored and 22% opposed guaranteed health insurance for all Wisconsin residents.

- 66% favored and 32% opposed increased gun control.

- 82% favored and 16% opposed public jobs to welfare recipients who can't find other work.

- 55% favored and 37% opposed raising income taxes in order to cut property taxes for

schools.

Travis said the health insurance finding lent support to Democratic lawmakers pushing for a universal health insurance bill. Prosser said the question might have merely measured a general sentiment of goodwill. The result could be much different if those polled were given information about potential costs of a universal health insurance program, Prosser said.

Travis said the gun control result might show the public was ready for new limits, such as the proposal by Attorney General Jim Doyle to ban short-barreled handguns or the suggestion by Assembly Speaker Walter J. Kunkin (D-Milwaukee) to ban assault rifles.

Prosser said the poll result might only reflect general concern about gun violence and not a specific solution.

SURPRISED AT JOBS RESULT

Both Prosser and Travis said they were a bit surprised by the overwhelming support for public-sector jobs for welfare recipients. Gov. Tommy G. Thompson vetoed such a job guarantee out of a bill to abolish welfare by 1999 that passed last year.

The support for raising income taxes to reduce property taxes was mildly surprising to both lawmakers. But Travis noted that Democrats tried that approach twice and failed — in a bill vetoed by Thompson in 1992 and in a referendum question voted down last April. Lawmakers aren't likely to push that approach again this year, he said.

Other poll issue questions and results included: 78% for freezing local property tax rates and 86% in favor of requiring all welfare recipients to work.

Those questions merely tapped basic public sentiment without getting into any meaningful policy questions on how to accomplish those goals, the lawmakers said.

WRITE NOW

City kids send messages of concern to White House

By KAREN J. COHEN
States News Service

Washington, D.C. — Judging from letters to President Clinton, the issues of health care and violence are not just on the minds of many Milwaukee adults.

The issues are also on the minds of their children.

In a number of classrooms around the city, children — in groups or on their own — have sent messages to the White House.

They contain opinions that are both poignant and honest.

At the Holmes School, 2463 N. Buffum St., fifth-grade teacher Mike Gumina's class wrote Clin-

ton about health care reform. After reading some of their opinions, Clinton might wish the fifth grade at Holmes would replace certain members of Congress.

Here, in their own words, is some of what they wrote:

Cameron Austin, 11: "My uncle had a medical problem and had to have surgery. Because he waited so long he can't hear out of his right ear. My father hurt his arm on his job and had to wear a cast for a month. It's very expensive to be sick.

"Sometimes you can't be sick because there's no money to pay the doctor. They say at school

See **Letters** / 7A

Letters

From 1A

you are thinking about helping poor - people stay healthy. That's good because a lot of people don't help each other."

Verna L. Coleman, 10: "I would like to tell you something about my family and myself. I have three brothers and two sisters.

My family is healthy and I like it that way. I think you shouldn't make them pay for their health service. Because some people don't have money for paying for their food and all that other stuff.

"I don't care if the taxes go up, people need to know that they can stay healthy and if they get sick they can get help."

Bryan Payne, 12: "I think we



Mariessa: "Violence scares me"

should have health care for everyone because a lot of people get sick and a lot of people can't pay for it because it costs too much.

"Some people who have medical problems may stay sick or even die because it costs too much money to go to the hospital. There is something wrong with that. Don't you think so?"

Addie Thompson, 11: "As I have written, my family and I are very healthy. Even though, I have some opinions on universal health care because it's not fair to the people who have a job. Why should they have to pay for other people who don't have health insurance? The people who work hard should be able to keep their money. TAX, TAX, TAX, TAX, TAX, TAX, TAX."

Kamesha Virginia, 11: "Everything is expensive, it's hard to make money last. My grandmother gets like four to six subscriptions (sic), she has to pay for all of them. My Aunt Pearl takes 10 subscriptions. That's a lot of money to pay . . . We should have free health insurance because it costs too much for people to be paying for. Good luck, you look

like a nice man."

Catherine Bohanon, 11: "We should have health coverage. All of us need to take care of each other. What if someone's mother gets sick and she has no health insurance? What if she dies because she don't have no health insurance? Then some kids won't have a mom."

Evita Tani Carr, 10: "I have a very big family. One thing I hate is when someone in my family dies. . . . Lots of people work in places where they don't get much money, how are they supposed to help out their family?"

"Another thing I need to know is what is wrong with having FREE health insurance? President Clinton, you are the president because you said you were going to make a change."

Joe Rivera, 11: "I would like to tell you something about my family. Well last month my little sister had two asthma attacks. My mother had to get up to take her to the hospital. My mother was saying to the doctor she can't be taking my little sister to the hospital because in our neighborhood there is too many violent

people and my mother's car takes about 20 minutes to warm up.

"Anyway, of course she has to go. But at least with your new health plan she won't have to worry about the hospital sending her away. . . . Also, I think if you want more people to work for their insurance you should make more jobs."

It is no surprise that violence is on the minds of many children. Two fifth-graders at Milwaukee's French Immersion School, 3575 S. 88th St., were moved to write Clinton after the murder of Wauwatosa West High School Associate Principal Dale Breitlow.

Mariessa Anne Dobrick, 10: "I have heard and noticed a lot of violence in my city and throughout the country. I am concerned about it because too many kids seem to do violence to each other and they don't even care if they get in trouble. One time, I saw someone pick someone else up and throw them on the ground.

"All this violence scares me. I think there should be a national contest for children to produce the best poster or essay against violence. I feel I am a citizen of

the nation and I should have a part in solving these problems. Other kids feel the same way I do. My dad wanted me to thank you for signing the Brady bill."

Tracey Davis, 10: "Violence is getting us nowhere. By the time our children's children are all grown up there won't hardly be any people around. In God's way we are all sisters and brothers so why are we hurting each other?"

"Just the other day I was watching the news and all I heard was this many people got killed and this many people got shot. I can only imagine how their families must feel. I wish you could just take all the violence in the world and throw it away in the trash. . . . If I had three wishes, they would all be to

stop the violence."

Nine-year-old **Antoinette Williams** is a fourth-grader at La Follette Elementary School, 3239 N. 9th St., in one of Milwaukee's toughest neighborhoods. She is a veteran White House correspondent, having written Clinton once last year about gun control. She was so excited when she got a reply from the White House, she has now written him again.

"When I see you on TV, I go get my note you sent me and went to the TV and said what a great president I have. When we have a school vote I pick Bill Clinton because you are an honest president. . . . I also wanted to mention about gun violence and cross-fires . . . I think we can make a difference by bringing out more (anti-violence) commercials."

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1.31.94

Kohl gets favorable rating in poll

66% say he's doing well, but he's not beyond GOP threat in re-election

By CRAIG GILBERT

©1994 The Milwaukee Journal

As he gears up for his first re-election bid, US Senate Democrat Herb Kohl continues to enjoy the approval of most Wisconsinites, according to a Milwaukee Journal poll.

Kohl received a positive approval rating from 66% of those polled and a negative rating from 22%. Those figures are very similar to the numbers he has received in four previous Journal polls dating to 1990.

At the same time, a Republican upset over Kohl this fall isn't necessarily out of reach, the poll suggests.

The Journal polled 800 voting-age adults statewide Jan. 21-26. The poll has a margin of error of 3.5 percentage points.

Asked whether Kohl should be re-elected to another six-year term or replaced, 50% said he should be re-elected, 33% said he should be replaced and the rest were undecided or had no opinion.



KOHL

Some pollsters believe that a "re-elect" number of less than 50% is a sign that an incumbent may be vulnerable to defeat. Kohl's numbers suggest he is neither a lock nor a sitting duck.

NUMBERS CLOSE TO KASTEN'S

More telling may be a comparison with former Republican Sen. Bobasten, who was defeated for re-election two years ago.

The Journal asked the same questions about Kasten at roughly the same point in his re-election campaign in January 1992.

Kasten's performance ratings were almost as good as Kohl's are today.

Asked in the new poll to rate Kohl's performance, 8% said excellent, 58% said good, 17% said not so good and 5% said poor.

Back in 1992, Kasten's ratings were 4% excellent, 59% good, 20% not so good and 6% poor.

But there is a bigger disparity on the question of re-election.

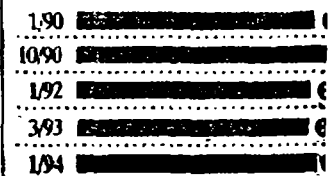
Two years ago, only 43% of those polled said Kasten should be re-elected, while 33% said he should be replaced. That 43% was a tip-off about Kasten's political weakness. Ten months later, the two-term Republican lost the election to Democrat Russ

Please see Kohl page B4

JOURNAL POLL

Kohl keeps pleasing voters

Approval ratings have remained high in surveys taken during Sen. Herb Kohl's term in office.



Should Herb Kohl be re-elected?

YES 50% NO 33%

17% refused/don't know.

Source: Journal poll of 800 Wisconsin residents. Margin of error: 3.5 percentage points.

ON B3

Doyle unknown to many voters

Kohl/Survey shows senator is still popular

From page B1

Feingold by a vote of 53%-47%.

Kohl's re-elect number is seven points better than Kasten's was 10 months before the election. Also, his numbers on the re-election question are very close to those of Republican Gov. Tommy G. Thompson, who is regarded as a heavy favorite this fall.

Kohl also inspires less negative feeling than Kasten did.

In the January 1992 poll, 56% said they had a favorable impression of Kasten, while 24% said they had an unfavorable impres-

sion.

In the new poll, 58% have a favorable impression of Kohl, while 18% have an unfavorable impression.

In short, Kasten was politically vulnerable and lost. Kohl's numbers are better than Kasten's were, though they are not dramatically better.

Feingold, the state's other Democratic senator, received a similar performance rating (63% positive, 20% negative) to Kohl's. Of those polled, 10% said Feingold's performance was excellent, 53% said good, 15% said not so good and 5% said poor.

Kohl has not officially announced his decision to seek re-election.

He has four potential GOP challengers who will compete in a September primary for the right to face him in the general election. Two have formally announced their candidacies: Bob Welch, 35, a land surveyor and state representative from Redgranite in Waushara County; and Tom Fitzpatrick, 50, a La Crosse attorney.

A third candidate, state Treasurer Cathy Zeuske, 35, says she will kick off her campaign in the next few weeks.

DEATH NOTICES

JOURNAL POLL

Governor stays popular

Gov. Tommy G. Thompson has maintained positive job ratings in statewide polls, but some residents wouldn't object to a change.

6/88	66%
1/89	74%
1/90	72%
3/90	73%
9/90	82%
10/90	78%
1/92	62%
3/93	55%
6/93	73%
1/94	75%

State leadership under Thompson:

Continue as is.....	48%
Good, but ready for change	33%
Inadequate.....	17%

Source: Journal poll of 800 Wisconsin residents. Survey had a 3.5% margin of error.

Most in state like Thompson, but many are open to a change

By CRAIG GILBERT
©1994 The Milwaukee Journal

Gov. Tommy G. Thompson is as popular as ever, according to a statewide Milwaukee Journal poll.

He is more favorably regarded by the people of Wisconsin than any other elected official in the state.

His constituents overwhelmingly believe their state is headed in the right direction.

And three-quarters of the state's voting-age adults approve of the job he's doing.

If there's anything that might concern Thompson in the latest

Journal poll, it's simply that even some Wisconsinites who are happy with the two-term Republican are still open to the thought of change.

The Journal polled 800 voting-age adults Jan. 21-26. The poll has a margin of error of 3.5 percentage points.

Thompson, the state's longest-serving governor, received a positive job rating from 75% of those polled and a negative rating from 21%.

Asked whether Thompson should be re-elected to another four-year term or replaced, 53%

Please see Thompson page 4

Party agendas have similar ring

By CRAIG GILBERT
Journal political reporter

For crooks, more punishment. For welfare moms, more work. For property owners, less taxes.

Sounds like the Republican agenda for Wisconsin.

As a matter of fact, it sounds like the Democrats' agenda, too.

Gov. Tommy G. Thompson's State of the State speech Thursday — and the Democratic response by Assembly Speaker Wally Kunicki — showed just

how blurry the differences have grown between the two major parties on many issues.

On crime, Thompson proposed tougher sentences, more prison beds, more police officers and a new lock-up for violent youths. So did Kunicki. Thompson scarcely mentioned preventing crime or attacking the conditions that feed it. Likewise Kunicki.

On welfare, both speakers

Please see Parties page 4

Thompson/Governor flying high

From page 1

said re-elected and 36% said replaced.

TIME FOR A CHANGE?

Those polled also were asked which of the following statements about the "leadership of the state of Wisconsin under Tommy Thompson" best described their feelings: "good and should be continued in that tradition;" "good, but it's time for a change;" or "inadequate and it's time for a change." The results:

■ 48% chose "good and should be continued."

■ 33% chose "good, but it's time for a change."

■ 17% chose "inadequate and it's time for a change."

In other words, while 81% agreed the state's leadership is "good," 50% thought it was "time for a change."

On the other hand, when Thompson was paired with his likely Democratic opponent — state Sen. Chuck Chvala of Madison — the results were lopsided.

If the November election were held today, 57% said they would vote for Thompson, 20% for Chvala (pronounced "Ka-WA-la"). Chvala's performance in the

poll is not surprising, since he is unfamiliar to most voters.

Thompson is widely considered a heavy favorite for re-election, given his high approval ratings, the ability to spend massively on his campaign and the state's healthy economy.

The Journal polled voting-age adults for its survey and did not limit the sample to likely voters, which can sometimes produce different results.

GOOD NEWS FOR THOMPSON

The rest of the news in the poll was rosy for the governor:

■ 72% said the state was headed in "the right direction." Only 20% said the wrong direction. Wisconsinites were upbeat, but less so, about the country as a whole: 55% said the US was headed in the right direction; 35% said it was headed in the wrong direction.

■ Asked to rate Thompson's performance as governor, 17% said excellent and 58% said good, for an overall positive rating of 75%. Sixteen percent said not so good and 5% said poor, for a negative rating of 21%. Those numbers are among Thompson's best in the past six years of Journal polls.

■ Asked for their impression of Thompson, 69% said it was favorable and 22% said it was unfavorable. The 69% figure is higher than that of any other political figure in the poll.

The poll underscored Chvala's lack of name recognition statewide. Of those polled, 7% had a favorable impression of him, 5% had an unfavorable one, and 88% felt they didn't know enough about him to have formed an opinion.

ABOUT THE POLL

For The Journal poll, 800 Wisconsin adults were interviewed by telephone Jan. 21-26 using a computerized random sample of telephone numbers.

In theory, the results should vary by no more than 3.5 percentage points from the results that would have been obtained by interviewing every Wisconsin adult who could have been interviewed by telephone on the dates of the survey.

However, the practical difficulties of conducting any survey of public opinion may have introduced additional sources of error.

Craig Gilbert is political reporter for The Milwaukee Journal.

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Divider Title: _____

Marshfield Family Health Center

The Family Health Center (FHC) program was created by the Marshfield Medical Research Foundation in the early 1970's to address health care needs in rural central Wisconsin. Initially organized as a prepaid health program, primary care is delivered through contracts with local providers in a multi-county service area.

The project is based at the Marshfield Clinic, located in the city of Marshfield. Thirteen satellite health care centers provide primary medical care and specialty care through capitated and fee-for-service contracts. In addition, selected area physicians, hospitals, pharmacies and dentists are affiliated with the project, and provide comprehensive care throughout the Family Health Center's expansive nine county service area.

Clinical Leadership

Through Marshfield Family Health Center's partnership with the Marshfield Clinic and its satellites, Health Center patients have access to over 300 Marshfield Clinic physicians, including sub-specialists, as well as other contracting physicians, dentists, and pharmacists in the service area.

EXECUTIVE DIRECTOR

Greg Nycz

PROJECT BASE

Marshfield Clinic
1000 North Oak Avenue
Marshfield, WI 54449-5777
(715) 387-9137

MEDICAL DIRECTOR

William Maurer, MD

MEDICAL DIRECTOR OF QUALITY IMPROVEMENT

George Pagels, MD

Marshfield Family Health Center

FHC SERVICE SITES

Abbottsford Center
903 East Spruce Street
Abbottsford, WI 54405

Bruce Center
405 Bruce Lake Road
Bruce, WI 54819

Colby Center
110 South 2nd Street
Colby, WI 54412

Greenwood Center
134 South Main Street
Greenwood, WI 54437

Ladysmith Center
906 College Avenue West
Ladysmith, WI 54848

Loyal Center
235 Main Street
Loyal, WI 54446

Mosinee Center
607 Thirteenth Street
Mosinee, WI 54455

Park Falls Center
205 Linden
Park Falls, WI 54552

Phillips Center
605 Peterson Drive
Phillips, WI 54555

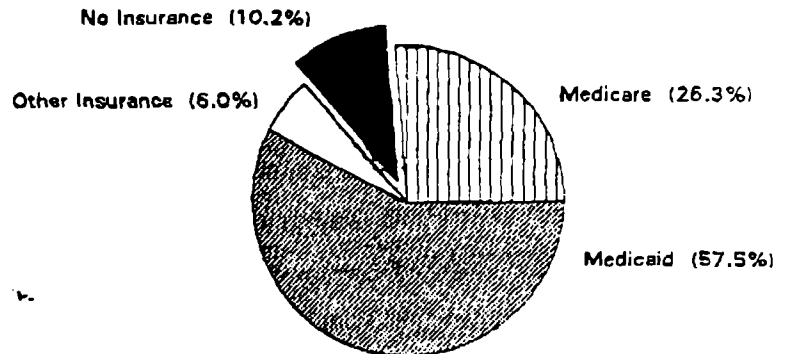
Pittsville Center
5335 2nd Avenue
Pittsville, WI 54466

Stanley Center
425 North Franklin Street
Stanley, WI 54768

Stratford Center
225 Second Avenue
Stratford, WI 54484

Thorp Center
204 West Prospect Street
Thorp, WI 54771

1992 Patient Insurance Status



Target Population

The Marshfield Family Health Center Program is targeted to serve area residents with incomes below 200% of the federal poverty level. The Center serves a predominately rural region covering 7,246 square miles. Many area residents are engaged in farming and related agricultural work, which usually does not offer health insurance. The area's population includes a high percentage of elderly persons, young families, and farm families. A high proportion of users are children and adolescents.

The Marshfield Family Health Center operates several health promotion and disease prevention programs that are specific to the area's health problems. Rural women in the service area have a high incidence of breast cancer, as well as breast cancer deaths. To address this problem, Marshfield Family Health Center operates a mobile mammography unit, and provides extensive outreach and education on breast cancer prevention and detection. Marshfield Family Health Center also runs an innovative adolescent health education program, aimed at reducing the area's teen pregnancy rate.

Marshfield Family Health Center

Health Problems

Frequent health problems among pediatric patients include acute and chronic respiratory problems, otitis media, and injuries. Growth and developmental delays are problems among low income pediatric patients.

Adolescents evidence a high incidence of smoking and use of smokeless tobacco (almost double the national average), frequent alcohol use, poor nutritional habits, and high risk behavior resulting in injuries from all causes. Pregnant teenagers and their children constitute a sub-population of perinatal users with particularly significant needs. Teen mothers are more likely to deliver pre-term and to deliver low birth weight infants, and their children are more likely to die in infancy than the infants of adult mothers in the area.

The health problems of adults in the area include alcohol abuse, respiratory problems, and occupational injuries associated with farm work. Older adults in the area often suffer hypertension, diabetes, cardiovascular disease and cancer.



INCOME STATUS OF 1992 PATIENTS

SLIDING FEE	
Below the Poverty Level	42%
100-200% of Pov. Level	58%
Over 200% of Pov. Level	0%
	100%

MEDICAID	
Below the Poverty Level	91.8%
100-200% of Pov. Level	8.2%
Over 200% of Pov. Level	0%
	100%

1992 MEDICAL PATIENTS BY AGE

AGE 0-4	
Male	8.2%
Female	8.0%
All Medical Patients	16.2%

AGE 5-19	
Male	12.0%
Female	11.9%
All Medical Patients	23.9%

AGE 20-64	
Male	13.5%
Female	27.0%
All Medical Patients	40.5%

AGE 65 & OLDER	
Male	6.2%
Female	13.2%
All Medical Patients	19.4%

Six companies sign joint deal with HMO

By ANN DEL PONTE
Sentinel correspondent

Appleton — Six Fox Valley employers, including some of the largest in the area, have pooled their buying power and signed a deal with United Health of Wisconsin to provide health insurance for their 15,000 employees.

The five-year agreement, announced Thursday, will make Appleton-based United Health, with 50,000 members, the largest health maintenance organization in northeastern Wisconsin, said Jay Fulkerson, chief executive officer of United Health.

It is the first time in the Fox Valley that unrelated companies have formed a purchasing alliance for health insurance.

James Milslagle, vice president for human resources at Banta Corp., Menasha, said the agreement involves "millions of dollars in potential savings" for the buying group, of which Banta is a member.

Banta, which has 900 employees in the Fox Valley, could not have gotten the same deal with United Health on its own, Milslagle believes.

"Absolutely, we could not have," he said. "I'm a firm believer that group size begets results."

The other five companies in the buying group, called Business Health Care Alliance, are the Aid Association for Lutherans and the Fox River Paper Co., both of Appleton; Plexus Corp., Neenah; and Curwood Inc. and Integrated Material Handling, both of Oshkosh.

Gene Seashore, vice president

for human resources at Curwood, said the alliance must decide if it will allow more companies to join it.

"We have to decide what the alliance can handle," he said.

Milslagle said "seven or eight companies are waiting in the wings" to see the effectiveness of the alliance.

Curwood, with 4,000 employees in the Fox Valley, will switch to the alliance's coverage on March 1, Seashore said.

"We will be passing on a lot of savings to those employees," he said.

Curwood was a self-insured company with no restrictions on choice of providers.

The biggest attraction of the alliance is the accountability factor, Seashore said.

"Before, all we could do was yell and scream at a hospital if we thought the costs were too high," he said. "Now we can say, 'You want to build a new building, go ahead, but you can't pass it on to me any more.'"

United Health's partners include Appleton Medical Center and Theda Clark Regional Medical Center, Neenah, and more than 350 physicians.

Representatives of the buying group said it was difficult to decide which HMO to select. United Health's biggest competitor, Network Health Plan, Menasha, also was considered for the contract.

"Both of these organizations were capable of being our partner," said Marty Myse, AAL vice president.

news



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Milwaukee, WI 53203

For more information, contact:

FOR IMMEDIATE RELEASE
August 24, 1993

Tom Luljak
Corporate
Communications
Director
(414) 226-5756

Racine Area Employer Coalition Signs Contract with Blue Cross

Milwaukee, WI . . . Blue Cross and Blue Shield United of Wisconsin (BC&BSUW) has been chosen to provide health care coverage for a Racine and Kenosha area employer coalition. The coalition, named The Benefit Alliance, is a group of Racine and Kenosha area small and mid-size employers who have joined together to purchase their health care benefits as one large group.

The Benefit Alliance is one of the first coalitions of its kind and is very similar to the health insurance purchasing coalitions (HIPC) which have been proposed in Governor Tommy Thompson's plan and are expected to be proposed in President Clinton's health care reform package.

Some of the advantages The Benefit Alliance was able to obtain by banding together include: lower premiums through reduced administration costs; waiving medical underwriting; and reducing the volatility in annual rate increases by spreading risk over a larger population. The Benefit Alliance members and BC&BSUW have each given multi-year commitments.

"Our success thus far has been gained by working together to

- more -

**Benefit Alliance Contract -- Add One
August 24, 1993**

become efficient health care customers. The Benefit Alliance allows employers the opportunity to achieve significant savings in the cost of health care through creating the force needed to obtain quality care at the most affordable prices," said Clayton Meier, President of The Benefit Alliance.

The Benefit Alliance currently consists of more than 40 employers representing approximately 2600 employees in Racine and Kenosha counties. In addition, The Benefit Alliance is expected to see rapid growth throughout this year.

Blue Cross and Blue Shield United of Wisconsin was chosen from a pool of six carriers to underwrite and administer the health insurance plan. Don Hamm, Vice President of the Southeastern Region of BC&BSUW commented, "This approach represents the wave of the future in health care. This partnership will serve as a model for the rest of our state. By joining forces, BC&BSUW and The Benefit Alliance are meeting the health insurance needs of tomorrow, today."

According to Meier, there were several reasons BC&BSUW was selected: "They presented a comprehensive proposal that met all the needs of our fully-insured and self-insured employers. They also were able to provide health care utilization data, competitive pricing, local customer service, and service guarantees. Lastly, but most importantly, BC&BSUW has committed itself to the managed care principles of The Benefit Alliance, which are optimum service and care at fair and affordable prices."

"We fully support The Benefit Alliance in its efforts to take a

**Benefit Alliance Contract -- Add Two
August 24, 1993**

proactive approach to minimizing health care costs. This contract represents a significant step forward for BC&BSUW in helping to solve the health care problems and serving the needs of all employers," said Hamm.

For more information regarding The Benefit Alliance, please contact Mr. Michael L. Silgen, Managing Director, at 414-886-7330.

BC&BSUW is the state's largest health insurer. The company operates regional service centers in Milwaukee, Eau Claire, Evansville, Fond du Lac and Stevens Point. Its corporate headquarters is located in Milwaukee.

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Divider Title: _____

Madison Regional Health Coalition

You may direct written correspondence regarding this statement to Louise G. Trubek at Center for Public Representation, 121 South Pinckney Street, Madison, WI. 53703.

POLICY STATEMENT

In the ongoing debate over healthcare reform, much discussion has focused on the role of the provider in caring for the uninsured. While we feel that every provider should play a role in dealing with this issue, no provider can solve this problem alone, nor should it be a single provider responsibility.

In any healthcare reform proposal, we feel that universal coverage with reasonable access to care is an essential principle. The uninsured must be brought into the system in a cost effective manner. Any managed care proposal that fails to address this essential question places an unreasonable burden on providers who do choose to care for the uninsured, a burden that will lead to cost shifting. Funding for the uninsured should first come from the patient, based on need and ability to pay, with the balance equitably distributed between public and private sector sources.

Providers should continue to commit to caring for the uninsured through outreach programs, educational programs and volunteerism. These programs should focus on improving access and eliminating language and other non-financial barriers.

We would encourage any healthcare reform proposal that is approved to include and encourage provider-based advocacy and new forms of healthcare delivery and outreach and education. We feel that problem resolution mechanisms and programs located at the point of service are the best method of efficiently serving patients and tracking issues that require attention.

Criteria for Sound Public Policy Related to the Uninsured

Appropriate public policy responses to the problems of the uninsured:

1. Must not continue or exacerbate cost shifting between healthcare payors.
2. Must recognize that the uninsured population is not homogeneous and is therefore unlikely to respond as a group to a single reform approach.
3. Must target the specific causes of uninsured status for specific populations.
4. Must ensure that the cost of addressing the problems does not exceed the cost of the problems themselves.

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To B. Williamson	From CPR	
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Dept.	Phone #	
Fax # 257-0609	Fax #	

Policy Statement
Page 2

5. Must encourage cost effective use of financial resources through managed care and preventive care with an emphasis on appropriate use of community based providers.
6. Must place a high priority on caring for uninsured persons under existing programs to which they are entitled.
7. To the extent that public funds are needed, they should come from as broad a base as possible.

Coalition Member Organizations and Contact Persons

Center for Public Representation	Louise G. Trubek	251-4008
Dean Medical Center	Paul Pitas	252-8008
Group Health Cooperative, HMO	Brian Potter	251-4156
Madison Community Health Center	Warren Kmiec	255-0704
Physicians Plus Medical Group	Bill Salvin	282-8510
Planned Parenthood	Lisa Marie McDonald	414/271-8045
St. Marys Hospital Medical Center	Bob Meyers	258-6730
UW Medical Center/U-Care HMO	Dr. Marc Hansen	833-6444

Providers back universal care

The Capital Times

A diverse group of Wisconsin health care providers has endorsed universal health care coverage.

In a statement released at a press conference Monday sponsored by the Center for Public Representation, eight organizations agreed that universal coverage should be an essential principle of any health care reform package.

The statement does not address the question of who pays for universal coverage.

Besides the center, the organizations are: Dean Medical Center, Group Health Cooperative HMO, Madison Community Health Center, Physicians Plus Medical Group, Planned Parenthood, St. Marys Hospital Medical Group, University of Wisconsin Medical Center and U-Care HMO.

"It is a call for universal coverage, not an endorsement for a single-payer system," said Brian Potter, assistant to the executive director at Group Health. Potter was a member of the group that drafted the statement.

How universal coverage would be funded is a big question, Potter said, adding everyone is for world peace, too, but "how you go about that is a different thing."

Bill Salvin, spokesman for Physicians Plus, said the statement was significant in that it represented an agreement between groups that did not traditionally work together.

Louise Trubeck, senior attorney for the Center for Public Representation, said the group began work on the statement in September.

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Democrats' health idea makes state a purchasing pool

Bill would make same coverage state workers get available to all

By DAVE DALEY
Journal Madison bureau

Madison, Wis. — Turning the state into one giant health insurance purchasing pool, where private employers and individuals can buy the same coverage provided state workers, is a health reform idea that appears to be gaining momentum in the Democratic-controlled Assembly.

Assembly Speaker Walter Kunicki (D-Milwaukee) predicted Monday that the Assembly would pass a health insurance reform bill that allows the public to buy the same comprehensive insurance plan the state's 60,000-plus employees enjoy, using volume buying to hold down costs.

"We're going to use the 10 years' expertise the state has with running this program," Kunicki said.

The plan, proposed by Sens. Lynn Adelman (D-Waterford) and Rodney Moen (D-Whitehall), was strongly endorsed Monday by David Riemer, chief of staff to Milwaukee Mayor John O. Norquist.

Testifying before the Assembly's health reform committee, Riemer said one purchasing pool run by the state's Employee Trust Fund started buying health insurance coverage for state workers in 1983, and in 1985, local governments in Wisconsin started buying insurance through the same system.

COMPETITIVE PRICING

The pool-buying forces competitive prices from health care providers and local governments now using the plan range from the city of Madison, with 1,600 employees, to the Town of Medford, with 1, Riemer testified.

The plan, dubbed the "marketplace plan," is also expected to help reduce the half a million state residents currently without health insurance by attracting some small employers and indi-

viduals who now cannot afford insurance, Riemer said.

Kunicki said Assembly Democrats also planned to include in their health reform bill provisions that would expand health coverage to 100,000 low-income mothers with infants under the Healthy Start program.

The Assembly Democratic plan will not include guaranteed coverage for all state residents — so-called universal coverage — but will have provisions to help merge the state plan with President Clinton's national health care bill, which would include universal coverage, Kunicki said.

RESPONSE TO THOMPSON

Kunicki had said in his response to Gov. Tommy G. Thompson's State of the State address two weeks ago that the Assembly would pass a plan that "addressed" universal coverage.

But Kunicki Monday said that if Wisconsin on its own passed a plan including universal coverage before a national plan was available, employers in Wisconsin could be at a competitive

disadvantage with out-of-state businesses.

"We need a uniform financing mechanism, whether it's an employer mandate or a cigarette tax increase or whatever," Kunicki said.

REPUBLICAN PLAN ON TABLE

Senate Republicans last week announced their latest health reform package, which scrapped the governor's proposed regional purchasing pools in favor of re-

forms of the insurance industry that require insurers to sell coverage to everyone, including high-risk buyers with pre-existing health conditions.

That Republican plan does allow higher premium charges based on age, gender and geographic location, however — exceptions that Kunicki said Assembly Democrats would try to strip from the plan.

Meanwhile, two Assembly Republicans Monday proposed a

bill allowing private employers to establish tax-free medical savings accounts in which the employee can build up funds that can be used to pay for health care needs.

Reps. Frank Urban (R-Brookfield) and Sheila Harsdorf (R-River Falls) said the medical savings plan fit in with any of the other health reforms plans now being debated and was only "one piece" in the complex issue of health insurance reform.

ate/Senators agree with governor on plan

Health insurance Senators agree with governor on reform plan

By DAVE DALEY
Journal Madison bureau

Madison, Wis. — Gov. Tommy G. Thompson has reached a compromise with Senate Republicans on a plan that requires major reforms in the health insurance industry aimed at affordable coverage for all, including the sick, two key Republican lawmakers say.

Thompson was expected Friday to announce the compromise bill, which has the backing of the 17 Republicans who control the Senate, say two GOP members, Joseph Leean of Wau-paca and Peggy Rosenzweig of Wauwatosa.

The move comes as Democrats in the Assembly are showing signs of backing off on their so-called universal coverage bill. The Republican compromise is likely to increase pressure on them to agree to the new plan.

The two Republicans say the

From page 1

compromise includes:

- Dropping the governor's original proposal to set up state-sponsored, regional health purchasing pools around the state. The idea was received with enthusiasm initially as a way to bid down health service costs, but was opposed by Republicans as too much government bureaucracy.

- Requiring so-called "market reforms" in the health insurance industry so that individuals cannot be denied coverage because of pre-existing medical conditions or lose their insurance when they get sick or move to another job.

- Expanding the Small Employer Insurance Board, which now regulates health plans sold to companies employing from two to 25 employees, to oversee the type of health plans that now will be developed for employers with up to 100 workers.

Leean said Thursday that the new bill also called for recommendations by January 1996 on how individuals without health insurance can find affordable, comprehensive insurance. He is co-chairman of the Legislature's Joint Finance Committee and has been working with Rosenzweig and the governor's staff to craft the compromise.

"It's a great start toward health insurance reform," Leean said. "You can't be denied because of past medical history. You can't be canceled because you get sick."

Leean said the measure includes provisions that allow different insurance rates based on age, gender and geographic location and what he called "wellness factors," such as not smoking.

There are some limits on individuals with pre-existing medical conditions, he said. Individuals with heart conditions, for example, could buy insurance but would not be covered for the first six months of the policies for any condition they've had for the previous 12 months, Leean

said.

"Otherwise, people don't buy insurance until the house is burning down," Leean said.

The plan also calls for 30-day enrollment "windows" every two years where individuals can buy health insurance regardless of pre-existing conditions, Leean said.

"This is a good start toward controlling costs," Leean said.

Rosenzweig said the compromise the governor was now promoting is "abortion neutral," but whether anti-abortion groups who have lobbied hard against the governor's original bill agree is still unclear.

The measure allows the expanded Small Employer Insurance Board to design a core benefits package that includes provisions for abortion services only when the life of the mother is threatened, Leean said.

Leean said he expected hearings on the compromise measure before the Senate's health reform committee headed by Rosenzweig next week and Senate approval of the bill the following week.

Assembly Democrats earlier this week began a push for a plan that guarantees health insurance for all state residents — the so-called universal coverage bill. But even the bill's chief sponsor, Rep. Judith Robson (D-Beloit), says that provision may not even clear the Assembly.

Assembly Speaker Walter Kunicki (D-Milwaukee) held a two-hour closed-door caucus with Assembly Democrats on Tuesday where, participants say, he warned Democrats the bill's requirement that private employers pay most of the costs of their employee's health insurance would be politically dangerous.

Kunicki was not immediately available for comment. But Leean said he was delighted that the governor's compromise with Senate Republicans now means Kunicki and Assembly Democrats could no longer accuse Republicans of stalling major health care reform.

Please see State page 5

Democrats propose mandatory coverage

Assembly plan: Cover all Wisconsin resident

By Tim Kelley

State government reporter

Emboldened by what they see as Republicans' political paralysis on health care reform, Assembly Democrats today plan to launch a reinvigorated push for basic medical coverage for all Wisconsin residents.

Republicans, under pressure from heavyweight insurance interests and the anti-abortion rights movement, have been struggling to press forward with some version of the voluntary health care insurance pooling plan proposed last year by GOP Gov.

Tommy Thompson. But nothing has yet reached the Republican-controlled Senate.

"I think we're in the driver's seat," said Rep. Judith Robson, D-Beloit, the primary sponsor of the Democrats' freshly modified Wisconsin Health Security Act.

Democrats hope to advance a plan that would phase in health insurance for everyone by 1998. As many as 550,000 state residents currently do not have insurance, Robson said.

The Democrats' plan would be an "employer-mandated" program, which means businesses would have to pay to provide specific medical benefits to employees working 17.5 hours a week or more.

Employer mandates are political anathema to Republicans, said Sen. Joseph Lee, R-Waupaca, but he said Republicans might be willing to move toward mandatory coverage for everyone if Demo-

crats would be willing to make individuals, not businesses, buy affordable insurance plans.

The Democrats' plan also would offer subsidies to smaller businesses (with fewer than 75 employees) that complain they can't afford health insurance. The plan also would pump millions of dollars into two existing health programs for poor people to help them get medical care during the plan's phase-in period.

Democrats predicted the public would back their plan over the governor's proposals.

"People want moderation in the cost of health care and they want health security," said Assistant Assembly Majority Leader Barbara Notestein, D-Milwaukee. "While the governor's bill has shrunk and twisted and turned with every objection from every special interest group, our approach is designed to meet the needs of the people."

A 50-cent per-pack cigarette tax increase, estimated by Robson to raise about \$350 million over two years, would pay for the increased subsidies and other costs, Robson said.

A detailed cost breakdown on Robson's plan wasn't available Monday because the plan has not been formally introduced as legislation. A fiscal bureau analysis will be forthcoming, Robson said.

However highly touted by its backers, Robson's plan probably won't be the last word on health care from Assembly Democrats, much less the Legislature.

Even if Democrats rally around Robson's plan, they would have to persuade the Republican Senate and governor to go along and with their ideas before the proposals would become law.

Democrats also must get their own troops lined up. Assembly Speaker Walter Kunicki, D-Milwaukee, who heads a special Assembly committee to review the competing health plans, has said he may forge a compromise package that includes elements of two or more plans.

Thompson wants to set up voluntary "pools" that would give members leverage to negotiate health-care contracts with providers. Thompson would not require coverage of everyone, nor would he force employers to buy health coverage for employees.

At this point, Republicans generally back Thompson-proposed changes that would prevent insurers from rejecting individual insurance applications in most cases and changing the insurance rate-setting system to spread costs of care over a wider group. Many Democrats also favor these changes.

Nevertheless, Thompson's plan has been held up in the Senate for months by senators who worry that the plan creates a new layer of bureaucracy.

Thompson has said the plan might be narrowed from a statewide plan to an experimental regional plan. Dane County might be the staging ground for an experiment.

If any plan prevails, it must pass the Legislature before Congress enacts a health-care proposal. Otherwise, the federal plan would override any state proposals. And even if one of the state plans becomes law, the state would need a federal waiver to continue the plan if it differs from any federal program that wins Congressional approval.



Robson

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February 15, 1994

To: The First Lady
From: Dave Obey

Re: Better Way Club Appearance in Wausau, Wisconsin

I'm looking forward to seeing you on Friday. My understanding is that you may be visiting the Marshfield Clinic in Marshfield, Wisconsin, late Friday afternoon before you go on to the Better Way Club fundraiser in Wausau.

Marshfield Appearance

Marshfield is a solidly conservative community. Economically, it is pretty much a split level community -- many blue collar workers and a good many health professionals.

The driving spirit at that Marshfield Clinic for years was a strong Democrat, Dr. Ben Lawton, who when he died was a member of the National Academy of Medicine. He was a strong liberal force at the Clinic and during his tenure as President of the clinic, all doctors, regardless of specialty, were on the same salary. That tradition has now been broken, but there are still a good many progressive doctors in the operation.

The clinic is the major medical institution in Wisconsin outside of Milwaukee and Madison. It serves, in a primary or secondary capacity, persons from the northwest half of the state and then some.

The Marshfield Clinic system is Wisconsin's most complete health care network with more than 400 physicians in 22 locations throughout central, northern, and western Wisconsin. The system includes multi-state laboratory services, the largest private research foundation, collaborative relationships with local hospitals, residency and continuing medical education programs and a pre-paid health plan.

In my talks with the docs in Marshfield I have found, as you will in all places, a large number who are skeptical about government intervention. I have also found a significant number who are for the single-payer plan primarily because they are afraid of what they see as the complicated nature of the Administration's proposal. It is a first-rate facility.

Wausau, Wisconsin

Wausau is my hometown. It is the media center for northcentral Wisconsin with two television stations. You will be appearing at the Grand Theatre, which has a long history in the town -- one in which the city takes considerable pride. In the old days it was an opera house. When I was growing up, it was the nicest movie theatre in town. It fell on hard times, but it was beautifully restored a few years ago and now serves as the arts and entertainment center of the town. It would be good if you indicate some knowledge of the history of the theatre.

Better Way Club

The Better Way Club is a device which I set up about 20 years ago to try to encourage modest individual contributions. Past guests include: President Carter, Tip O'Neill, former Labor Secretary Ray Marshall, former Education Secretary Shirley Hufstедler, former HEW Secretary Joe Califano, Vice President Mondale, former U.N. Ambassador Andy Young, U.N. Ambassador Madeleine Albright, HHS Secretary Donna Shalala, a number of Members of Congress - both House and Senate, and Harry Belafonte.

On that occasion, Belafonte simply talked about the problems of children around the world (he serves as an ambassador for UNICEF). For the second half of the program, he and I provided the musical entertainment -- if you can believe it.

Three years ago, my bluegrass band performed a concert at the Grand Theatre which we turned into our second album -- local people get a kick out of that. That band is composed of myself; Scott Lilly, Staff Director of the Democratic Study Group in the House; John Holum, your new Arms Control Director; my two sons, Doug and Craig; and a number of other friends.

The usual format is that I introduce the guest with about a five minute introduction, with a few comments on what has been happening in Washington. And then the guest for the evening speaks, usually for 10 or 15 minutes. We then together answer questions for the remainder of the evening. We are normally seated to add a touch of informality, but that can be changed if you prefer. I just watched your forum Q & A in North Carolina on health care. The Better Way is very much like that except that I sometimes add a brief comment or two. I will certainly keep that to a minimum unless some local spin comes up that I can help on. As I understand it, we may on this occasion also have Senator Feingold with us, who is welcome to take part as well -- if that's o.k. with you.

In my introduction I will simply take note of the fact that two years ago the country was in an economic as well as an emotional recession and now it is emerging from both and that the major reason for that is because in the White House we have a President who instead of ducking issues is taking them head on. I will simply make reference to some of the improved economic facts and make a brief reference to what he has done on the budget, what he is trying to do on the deficit, what he is trying to do to free up room for needed investments, and what he is trying to do on the health care front.

I will introduce you at that point, and you can feel free to make any remarks you want.

I suspect that the Democrats in my district probably largely favor a single-payer system. Many business folks in the district will be quite skeptical of that. The district is also the home of two large insurance companies -- Sentry Insurance in Stevens Point, 30 miles to the south of Wausau, which has engaged very little on this issue, and Wausau Insurance, a nationally known locally grown company which was taken over several years ago by Nationwide. They are very concerned about the plan because their main line of business is workers' compensation, a program which in Wisconsin works very well. In large part I believe that is because of the skill with which they have played their leadership role on the program in the state. They are very concerned about the Administration's recommendations on that score and would be very upset if the Administration moves further towards fully integrating workers' compensation into the health care delivery system. I would urge not raising that issue in your remarks and just keeping the focus where you usually keep it. If it comes up during the question and answer period, I would hope that you would be as general and flexible as possible on the subject.

I have held 36 listening sessions around the district on health care in the past two years, including 14 sessions three months ago on the Administration's plan. The 3 themes which I have found to be most important to hit are prevention, universal coverage, and expanded home-based long-term care. I do believe that people understand that unless everyone is included in the system that we will not be able to provide true health security at a fair cost. I think there is a "no free rider" attitude out there which helps to drive the point home.

Much of the home-based health care proposal in the Administration's plan is patterned after Wisconsin's pioneering activities in that area. The Wisconsin approach, known as the Community Options Program, is recognized as key in keeping people out of nursing homes as long as possible. It is a very popular program in Wisconsin and there are long waiting lists to participate. Your plan will attack those waiting lists.

We can follow your preference. If you want to have the forum open to any and all questions we can do that. If you want to just focus on health care we could do that, too -- whatever you are most comfortable with.

The schedule calls for you to mix informally with persons who have purchased the higher priced tickets for the reception before the main event (that will take place on stage behind drawn curtains). That will be followed by the main event. We hope to close by simply inviting people to come up on stage to shake hands in a receiving line fashion while we take pictures.

HYPOTHETICAL QUESTIONS FOR THE FIRST LADY'S VISIT

Microphones will be set up in the aisles (2 on main floor, 2 in balcony). Questions will be taken from these microphones. We will rotate the questions from mike-to-mike. We will have people at each mike to make sure everything runs smoothly.

As far as questions go, these are some likely questions or areas that people may ask about:

1. The health care plan's impact on rural hard-to-serve areas.
2. The impact of health care plan on Medicare.
3. Concerns about health care plan regarding choice of doctors.
4. The impact of national health care plans on current medical institutions in northern Wisconsin, (i.e. The Marshfield and Wausau medical complexes, and the Superior/Ashland areas for medical service)
5. What would be the relationship of the insurance companies in the health care plan.
6. From the farm standpoint there are likely to be questions regarding their premium payments which are very, very high.
7. Will the Administration's plan on workers' comp put the largest employer in the community out of business?

Other areas of questions that can be expected:

1. How does she balance her time as First Lady?
2. What has surprised her the most about Washington, D.C.?
3. Agriculture: Concerns about BGH and the decline of family farming.
4. Can welfare reform and health care reform be dealt with at the same time?
5. Education and training concerns: Can there be real job retraining for real jobs?
6. Do you find that being a woman has been a help or hindrance to you on coming to Washington?

marshfield.clinic

February 15, 1994

CLINIC

Established in 1916, the Marshfield Clinic is one of the oldest rural group practices in Wisconsin and is located in a town of 19,000. The Marshfield Clinic created a pre-paid health plan, the Health Security Plan in 1971.

The Family Health Plan is federally funded through the community health center discretionary program. Patients who are eligible for care through the community health center use the same door to the clinic as the private pay patients.

There are over 400 physicians on staff and 51 residents. Last year, there were 967,000 patient encounters at the clinic, 8,400 outpatient surgeries and 4,700 inpatient surgeries. There are 2,600 clinic employees. (The clinic is connected to and shares services with a 524-bed acute care hospital. The hospital employs 2,400 persons.)

The Marshfield Clinic was the recent of the 1990 "Practices Makes Perfect Contest" which was awarded by the Medical Group Management Association and the Zitter Group. The clinic was one of four multi-specialty clinics nationwide recognized for its comprehensive and innovative geriatric services.

SENIORS

The Marshfield Clinic houses the Geriatric Evaluation Center. The Center provides a multidimensional assessment resulting in a care plan tailored to the needs of the patient. Specialists in Geriatric Medicine provides a comprehensive physical exam and a certified gerontologic nurse arranges the services for patients to live in the least restrictive environment. The nurse assesses the individual's mental, physical, financial and ability to perform activities of daily living.

Two other specialty clinics are present at the center, a Parkinson's Disease Clinic and a Memory Disorders Clinic.

Education of the needs of the elderly is an important function of the Center. A geriatrics speakers bureau is available for community groups, professional organizations and nursing home staff. The Marshfield Clinic holds an annual conference for physicians who care for the elderly and a "Faces of Aging" conference targeted to the nonphysician caregiver.

PATIENTS

Reimbursement distribution reflects the patient distribution -- FY 93

Medicare fee-for-service (FFS)	22.6%
Medicare HMO	11.6%
Medicare/Medicaid	4.0%
Medicaid only	7.3%
Family Health Center (CHC)	2.0%
Non-Medicare HMO	12.4%
Non-Medicare FFS	40.2%

PERSONNEL

Dr. Richard Leer, President of the Clinic, Family Practice

Dr. Michael Kryda, (pronounced cryda) Vice-President of the Clinic,
Pulmonary Medicine

Dr. Fritz Wenzel, past executive director of the Clinic, participated in
Des Moines, Iowa, "Conversations on Health" RWJ sponsored town meeting
on health care reform and again on March 26th in Washington, DC.

Robert De Vita, Executive Director of the Marshfield Clinic

Greg Nycz (pronounced Niche), Director of the federally funded community
health center--"Family Health Plan"

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I

Divider Title: _____

Wisconsin lawmakers try to pick a winner

By Karen J. Cohen

Washington bureau

WASHINGTON — All five Wisconsin Republicans in Congress have signed onto alternative health care bills while the Democrats are split between supporting President Clinton's plan and keeping their options open.

Republican Reps. Scott Klug, Thomas E. Petri and Steve Gunderson are original co-sponsors of the bipartisan plan sponsored by Rep. Jim Cooper, D-Tenn., and Fred Grandy, R-Iowa. Called the managed competition bill, the measure would foster group purchasing arrangements for small businesses, assist low-income families with premium costs and fully subsidize insurance for those below the poverty level. The plan however, would not force insurance companies to offer specific benefits, as does the Clinton plan.

"People want the parties to work together," said Klug, who helped craft the bill. "Here's a case where we are united in trying to guarantee that a viable health care package will be passed in Congress."

Gunderson said he liked the effort because it doesn't call for a national health board or decree that employers subsidize insurance premiums, both provisions of Clinton's plan, and also because of its strong rural health care components.

Petri said the proposal would establish ground rules for fair and effective competition among private health plans while avoiding heavy government mandates.

The two other Wisconsin Republicans, Reps. Toby Roth and F. James Sensenbrenner Jr., support a plan introduced by House Minority Leader Robert H. Michel of Illinois that centers around insurance and malpractice reform and simplification of paperwork.

In a recent newsletter, Sensenbrenner said that 85 percent of Americans are satisfied with the health care they now receive.

Democratic Sens. Herbert H. Kohl and Russell D. Feingold both say they are not ready to sign onto any plan.

Feingold, who prefers a single-payer system, said that to have his backing, a plan must offer universal coverage, limit the cost of insurance premiums and contain a mechanism to keep down health care spending, as well as a long-term care component.

Kohl said he thinks the competition between plans in the open marketplace should be the main contributor to controlling health care costs.

Yet Kohl said he won't exclude eventually supporting a plan that includes government-imposed price controls — whether that is on insurance premium costs or on the cost

Please turn to Page 6B, Col. 1

Lawmakers split on health care

Continued from Page 1B

of health care itself.

Rep. Gerald Kleczka, D-Wis., who supports a single-payer approach, has said there is not enough support in Congress to pass such reform.

So far, he has not signed onto any particular bill.

Freshman Rep. Peter Barca, D-Wis., also has not jumped aboard any current plan. Any effort, he said, must include insurance reform whereby all Americans could buy policies; coverage of pre-existing conditions, and provisions calling

for all to pay something toward coverage.

Democratic Reps. David Obey and Tom Barrett support Clinton's plan, but they expect Congress to significantly revise it.

Obey is one of the original sponsors of Clinton's plan in the House. Although he doesn't agree with everything in it, he said it offers three essential elements: coverage for everyone, cost controls and requiring nearly everyone — including employers — to contribute to coverage.

"The president's plan is the central plan. That is going to be what

the debate centers on," Obey said, adding that people should not concentrate on specific plans, but on what concepts must be wrapped into a plan.

Barrett said he signed onto Clinton's plan because "it moves our country toward universal coverage by building on the strengths of our current system," he said.

"As Congress and the nation debate the many changes I know will be made to the president's plan, I will fight to ensure that the emphasis on quality, universal access, physician choice and primary care remains intact," he said.

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J

Divider Title: _____

Gunderson could find effectiveness reduced

He announces he will run only one more time

By KENNETH R. LAMKE
Sentinel staff writer

Republican Rep. Steve Gunderson's announcement Monday that this will be his last campaign for Congress shouldn't hurt his re-election chances this fall, Republicans said.

But it may hinder Gunderson's effectiveness during his last two years in office, if he is re-elected, Rep. F. James Sensenbrenner Jr. (R-Wis.) said.

A lame duck loses leverage when fellow legislators know he won't be back, Sensenbrenner said. But Gunderson and other Republicans disagreed.

Gunderson, 42, announced that he will seek his eighth two-year term in November but that it would be his last.

"Service in Congress should not be a lifetime appointment," he said at news conferences in La Crosse and Eau Claire.

In Congress, Gunderson has specialized in the agriculture issues that dominate economic life in the 3rd Congressional District. He serves on the House Agriculture Committee and the Education and Labor Committee.

Gunderson has held elective office since age 23, when he entered the State Assembly. He was elected to Congress at age 29 in 1980, defeating then-incumbent Rep. Alvin Baldus (D-Wis.).

In a telephone interview, Gunderson said he would be interested in the private sector.

That could involve anything from setting up his own business in international trade in Central and South America to opening a restaurant in western Wisconsin, he said.

Gunderson expressed confidence that he'd be re-elected in November, but added, "It's a real risk. Voters could say, 'If he's going to leave, let's get rid of him now.'"

Sensenbrenner and two other Wisconsin Republican congressmen, Thomas E. Petri and Scott Klug, said they expect Gunderson to win again. Sensenbrenner noted that Gunderson's announcement was unprecedented. No Wisconsin congressman has ever announced before running again that it would be his last term, according to Sensenbrenner.

And no Wisconsin congressman in memory has left politics voluntarily at such a youthful age.

"I made it clear a long time ago that I didn't want to be in Congress forever," Gunderson said.

"The constituents gain from my announcement because they know up-front that I'm not running again and I gain because I



Gunderson: "It's a real risk"

can serve my last term without being preoccupied with the perception that I'm running for re-election."

Matt Gunderson, Steve's brother, said lame-duck status in the House means little because any member can lose re-election two years hence. Matt Gunderson, a sports marketing specialist from Osseo, is running for the GOP nomination for the U.S. Senate.

Two Democrats are seeking their party's nomination to oppose Gunderson: Peter Bear, a former state legislator who left office in 1980 with a drug problem and is now rebuilding his life as a lobbyist for a Minneapolis firm, and Rep. Harvey Stower (D-Amery), a Methodist minister.

All of those interviewed Monday said they were not surprised that Gunderson was cutting short his congressional career given the frustrations he has expressed in recent years.

At different times, Gunderson has criticized the leadership of the State GOP for being too Milwaukee-based and the leadership of the national Republican Party for being too conservative.

In January 1993, Gunderson resigned his post as a House deputy whip after clashes with the conservative House GOP leadership, especially Rep. Newt Gingrich (R-Ga.), who is now unopposed in his bid to succeed Rep. Robert H. Michel (R-Ill.) as the House Republican minority leader.

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K

Divider Title: _____

14 state athletes in the '94 Games

Speedskating

■ **Dave Besteman, 30, Madison, Wis., third Olympics. Events — 500 and 1,000.**

Besteman was a member of the short track team in 1988, when that was an exhibition sport. He made the US long track team in 1992 as a sprinter, finishing 20th in the 1,000. He started skating at age 8.



BESTEMAN

■ **Dan Jansen, 28, Greenfield, Wis., fourth Olympics. Events — 500, 1,000 and 1,500.**

Jansen set a world record of 35.92 seconds in the 500 meters on Dec. 4 at Hamar, Norway, — the site for speedskating at the Winter Olympics — and later lowered it to 35.76. His long list of achievements includes the overall 500 championship in the 1993 World Cup competition. Jansen will attempt to come back from two disappointing Olympics. He fell in both the 500 and 1,000 in 1988 at Calgary, and finished fourth in the 500 in 1992 at Albertville, France. He started skating at age 4.



JANSEN

■ **Brian Wanek, 26, Mequon, Wis., third Olympics. Events — 1,000, 1,500 and 5,000 (if he qualifies in the top 32).**

Wanek finished 19th in the 1,500, 12th in the 5,000 and 22nd in the 10,000 in the 1992 Winter Olympics. He was an alternate in the 1,500 in the 1988 Olympics. He started skating at age 8.



WANEK

■ **Bonnie Blair, 29, Milwaukee, fourth Olympics. Events — 500, 1,000 and 1,500.**

Blair, the 1992 Sullivan Award winner, is the only US woman to win gold medals in consecutive Olympics. She won a gold medal in the 500 and a bronze in the 1,000 in 1988 and won gold medals in both the 500 and 1,000 in 1992. She started skating at age 2.



BLAIR

■ **Chris Witt, 18, West Allis, Wis., first Olympics. Event — 1,000.**

The first-time Olympian finished first in the 1992 and 1993 junior nationals. She also competes in cycling, finishing sixth in the sprints in the 1993 Junior World Cycling Championships in Australia. She started skating at age 10.



WITT

■ **Angela Zuckerman, 28, Whitefish Bay, Wis., second Olympics. Events — 1,500, 3,000.**

Zuckerman finished 22nd in the 3,000 and 26th in the 1,500 in the 1992 Winter Olympics. In the 1993 World Cup Series, she was 31st overall in the 3,000. She started skating at age 10.



ZUCKERMAN

■ **Christine Scheels, 16, New Berlin, Wis., first Olympics. Events — 3,000 and 5,000.**

Scheels was the youngest qualifier in the 1992 Olympic Outdoor Team Trials and finished in 10th. She raced on the winning relay team in the 1993 Olympic Festival.



SHEELS

Short-track speedskating

■ **Andy Gabel, 29, Pewaukee, third Olympics. Events — 500, 1,000, relay.**

Gabel, a seven-time world team member, was disqualified in the 1,000 meters in the 1992 Winter Olympics. He finished fourth as a member of the relay team and 11th in the 3,000 in '88, when short track speedskating was a demonstration sport.

■ **Tony Goskowicz, 16, New Berlin, first Olympics. Event — Relay.**

Goskowicz has been a member of both the national long track and short track teams since 1992. In 1993, he finished first in the 333, 500, 1,000 and 1,500 in the junior division of the national long track championships and finished second overall in the junior division of the national short track championships.



GABEL



GOSKOWICZ

Cross-country skiing

■ **Luke Bodensteiner, 23, West Bend, second Olympics.**

Bodensteiner finished 27th in the 30-kilometer classic and 43rd in the 50-kilometer freestyle in the 1992 Olympics. Bodensteiner won his second National Collegiate Athletic Association title for the University of Utah last year.



BODENSTEINER

Nordic skiing

■ **Kurt Stein, 23, Middleton, second Olympics.**

Even though he wasn't a member of the national team this year, Stein qualified for his second Olympics. He has been a member of the US team seven times, however, and is a former junior national champion.



STEIN

Hockey

■ **Barry Richter, 23, Madison, Wis., first Olympics. Position — defenseman.**

Richter played collegiately for the University of Wisconsin, where he helped the Badgers win the National Collegiate Athletic Association championship in 1990.

His father, Pat, is athletic director at Wisconsin. Richter was drafted by the Hartford Whalers of the National Hockey League in 1988, but his rights were traded to the New York Rangers late last year and he is expected to join their organization immediately after the Olympics.

■ **Jon Hillebrandt, 22, Cottage Grove, Wis., first Olympics. Position — goalie.**

Hillebrandt, who was born in Cottage Grove, is a junior at the University of Illinois-Chicago and will back up Mike Dunham and Garth Snow at goaltender. He was selected by the New York Rangers with the 202nd pick during the 1990 National Hockey League entry draft.

■ **Jergus Baca, 29, Liptovsky Mikulas, Slovakia, first Olympics. Position — defenseman.**

Baca has lived in Milwaukee since joining the Milwaukee Admirals in 1992. He previously played in Czechoslovakia and spent time in the Hartford Whalers organization.

Has been named to the International Hockey League All-Star team in both of his seasons in Milwaukee.



RICHTER



BACA

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L

Divider Title: _____

F.D.A. Warns the Dairy Industry Not to Label Milk Hormone-Free

By KEITH SCHNEIDER

The Food and Drug Administration warned dairy producers and distributors yesterday not to mislead consumers with labels on milk and other dairy products that improperly refer to a new genetically engineered growth hormone.

The agency said that milk produced with the man-made hormone was virtually the same as milk that is not and that any effort by manufacturers to label their dairy products as free of the hormone could be false and misleading, and illegal under Federal law.

Officials are concerned that supermarkets, dairies and other food companies that have pledged not to use milk from cows treated with the hormone might gain an unfair competitive advantage because of a stigma they fear could be attached to milk from treated cows. They have said that all milk contains trace amounts of the natural growth hormone.

What Companies Can Say

The move by the food agency spells out the language companies can use on labels and in advertisements to distinguish products from cows that have not been treated with the genetically engineered hormone from products from cows that have been treated.

When the drug was approved in November, the agency concluded that milk produced with the drug did not require any special labeling. But the agency also said that companies using

milk from cows not treated with the drug could voluntarily inform their customers as long as labels were truthful.

"The F.D.A. believes such misleading implications could best be avoided by the use of accompanying information that puts the statement in a proper context," the agency said.

The agency's directive, requested by some states and the dairy industry, also suggested that labels include footnotes stating that "no significant difference has been shown between milk derived from" cows that were given

Continued on Page A10, Column 1

F.D.A. Warns Dairy Industry On Milk Labels

Continued From Page A1

the drug and those that were not.

The memorandum on the milk products also urged states to monitor any milk producer or distributor that asserts in a label that its milk is certified as coming from cows that are not treated with the artificial hormone.

Any company making such a claim of certification, the agency said, should be able to track each cow in the herd over time. The company must be to isolate milk from cows treated with the drug from milk from cows that are not treated. As a last measure, the agency said, the company must have a verifiable paper trail of each step from the farm to the final packaged product.

Strict Requirements

"The physical handling and record keeping provisions of such a program would be necessary," the agency said.

The genetically engineered drug bovine somatotropin, or B.S.T., went on sale in the American market on Friday. The drug is intended to increase milk production in dairy cows by stimulating the metabolic systems in cows that produce milk. The drug is the first important product of biotechnology to be used to produce food, and its introduction was met by protests in New York, Washington, Atlanta, Seattle and other cities.

Several companies that distribute dairy products said the guidelines would be helpful in deciding whether they would label their milk. Farmland Dairies, a manufacturer and distributor in Wallington, N.J., required its 700 dairy farms more than a year ago to pledge not to use the hormone.

Worried Customers

"Since Friday, we've received over 150 calls from consumers," said Marc Goldman, the president of the company, which sells more than one million gallons of milk a week in the New York City region. "They are saying they are unhappy about the fact it's been approved and want to know what our position is on the matter and how they'll be able to tell. A number have asked if we are going to label it."

"I have no reason to think the milk is unsafe. But the people who buy it are concerned. I don't want to do anything that will make them nervous about buying our milk. I haven't decided whether to label but this will help."

But Dr. Michael Hansen, a biologist at Consumers Union in Yonkers, which publishes Consumer Reports magazine, took issue with the agency yesterday. "I would not agree with the statement that there is no significant difference between the two types of milk," he said. "We think there is a significant difference."

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M

Divider Title: _____

Welfare Reform, Done Harshly

Wisconsin's welfare reform — putting a two-year limit on benefits — would seem to have come straight out of President Clinton's playbook. During the campaign, he promised to "end welfare as we know it" by making benefits temporary. No wonder then that the Administration granted its approval for Wisconsin's plan last week.

But a closer look shows that the two policies veer in starkly different directions. Mr. Clinton wants to guarantee a job for parents who reach the end of the two-year period; Wisconsin doesn't. Mr. Clinton pledges generous education and training programs before the benefits run out; Wisconsin doesn't. And Mr. Clinton's advisers recognize that for welfare reform to work, it must protect children from penalties meted out to delinquent parents; Wisconsin doesn't.

Wisconsin, under Gov. Tommy Thompson, a Republican, will pick two counties for the experimental reform. Welfare recipients will initially be directed into training and education, but only for at most one year. During the second year, enrollees will work off their benefits in private or public jobs. After 24 months of welfare, the guaranteed jobs disappear and cash assistance is cut off for three years. The state would continue to provide food stamps, health care and, in a small number of cases, housing vouchers.

To critics, the Wisconsin plan isn't just tough; it's vicious. What happens to parents who, for no fault of their own, can't find work. Where will they get cash to buy their children soap, clothes, bus fare — let alone an occasional book or movie ticket. Wisconsin only promises to extend benefits beyond 24 months if the local job market is dreadful; but that would still leave many unemployed in the lurch. Nor would Wisconsin help children of delinquent parents who refuse to show up for work. If they don't work, the family loses all but health benefits and food stamps.

Though Mr. Clinton's plan won't be out until next year, his statements suggest that he will at least provide the poor an opportunity to earn cash assistance through community service. And, unlike Wisconsin, he's struggling to figure out how to insulate kids from the failure of their parents.

The underlying presumption of the Wisconsin plan is that able-bodied parents who know for certain that their benefits will end, and that no job will be automatically offered to them, will figure out how to find steady work. As proof that aggressive management can work, Wisconsin points to its enviable record driving down welfare rolls the past eight years.

The Wisconsin plan might make progress in moving some welfare recipients off the rolls and into productive work. But there are virtually certain to be some ugly outcomes. And even if the experiment works to some degree, it is unlikely to be a model for reform elsewhere in the country. The experiment is isolated to relatively few families in only two counties, yet to be picked but probably prosperous, in an economically healthy state.

That would allow Wisconsin to sidestep the problems faced by urban centers where an increasing number of poor parents cannot find or hold steady jobs. The country has engaged in rounds of experiments with jobs programs, combining different levels of carrots and sticks. At best, these reforms move a few unemployed into jobs. None are hugely successful.

Wisconsin's harsh plan doesn't match the President's inviting rhetoric. But that doesn't mean he should have rejected the application. The President has pledged to provide states the leeway to experiment with social programs. And Wisconsin's track record on welfare reform is sufficiently encouraging to warrant giving it a long leash. The danger, however, is that should the plan backfire it will tarnish Mr. Clinton's more generous approach that would strive to replace welfare with a humane, effective alternative.

Changing Welfare as Wisconsin Knows It

The governor and legislature are dueling to be 'workfarer' than thou

By Edward Walsh
Washington Post Staff Writer

Gov. Tommy G. Thompson soon will sign legislation that he has proclaimed will cement Wisconsin's position as "the No. 1 state in welfare reform."

Dubbed "Work Not Welfare," the plan calls for two Wisconsin counties, beginning in 1995, to require welfare recipients to work for their benefits for two years, at which point cash benefits would end. The measure is the latest in a series of initiatives that have gained the Republican governor a national reputation for welfare reform innovation.

STATES

But within the pages of the Work Not Welfare legislation there are other provisions that have attracted relatively little attention but are potentially far more radical.

These provisions mandate the elimination of existing welfare programs, such as Aid to Families with Dependent Children (AFDC), throughout Wisconsin by the end of 1998 and require state officials to propose a plan for an entirely new welfare system by Jan. 1, 1995. They were inserted into the original Thompson-sponsored legislation by Wisconsin Democrats.

In effect, the Democrats upped the ante on Thompson and his claim that he has put Wisconsin "on the cutting edge of the nation's reform of the welfare system."

Both Thompson's original legislation and the Democratic additions reflect the nearly unanimous view that the existing welfare system is a mess and that welfare benefits should be tied more closely to work. And they push off into the future the hard decisions necessary to change the system in fundamental ways.

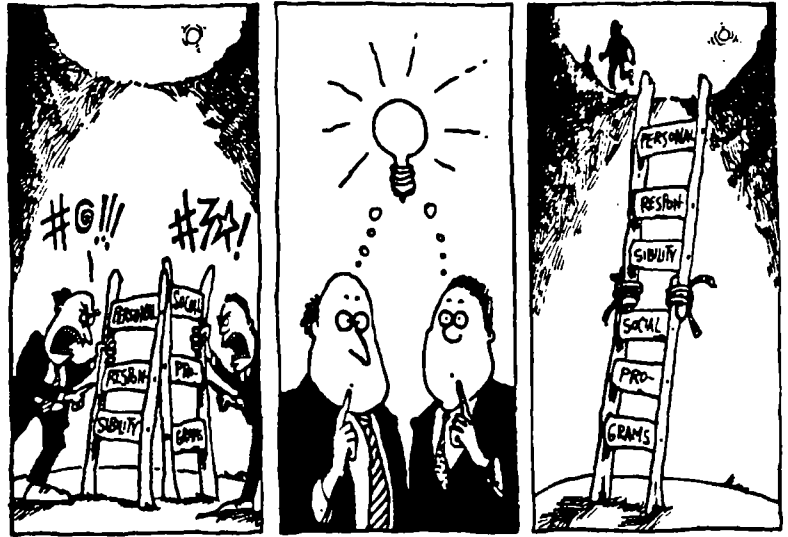
There is no question, in the words of Wisconsin Health and Social Services Secretary Gerald Whitburn, that plans that promise to link welfare to work are "incredibly popular." Public opinion polls here show more than 80 percent approval for the Work Not Welfare idea, he says, and other states are heading in the same direction.

Under a recent overhaul of the welfare system in neighboring Iowa, welfare recipients will be required to sign "self-sufficiency" agreements with the state outlining how they plan to get off welfare, and they could face a reduction or loss of benefits for violating the agreement. Unlike the Wisconsin plan, however, the Iowa measure sets no deadlines for ending welfare benefits.

At the national level, President Clinton's promise to "end welfare as we know it" was a key element in his 1992 campaign. Clinton, too, has promised a two-year limit on welfare benefits followed by a work program for those who cannot get jobs in the private sector, but translating that pledge into legislation has proved to be a daunting task.

At the heart of plans to impose time limits on benefits is the conviction that for too many recipients welfare has become a way of life, a dead end with no exit. "This represents a genuine shift," Whitburn says. "We are saying, 'No, this is not an entitlement. You will be getting 24 checks, not 260, not 2,600.' Recipients tell us they want to work, give us a chance. We're going to do that."

It was against this backdrop that Thompson pushed through the Work Not Welfare plan and the Clinton administration issued waivers from federal regulations to implement it. Under the plan, after up to 12 months of job training, welfare recipients in the two counties would be required to work for their benefits, if necessary in unpaid community service jobs or special "independence jobs" created for the program. At the end of the second year, benefits



BY WILKINSON FOR THE PHILADELPHIA DAILY NEWS

would end, although "transitional benefits" such as child care would continue for another year.

The two counties where the experiment is to be tried will not be selected until next spring, but it is almost certain that Milwaukee County, which accounts for almost half the state's welfare caseload, will not be included.

Instead Wisconsin officials are looking for smaller counties with more manageable welfare caseloads, healthy economies and enthusiastic local business support. "We want to put this in place where we think it will work," Whitburn says.

But doing that means that "this is not going to be an experiment that is going to provide useful information for national policy," says Mark Greenberg, senior staff attorney with the Center for Law and Social Policy in Washington. "The challenge isn't to implement welfare reform in perfect circumstances; it's to implement it in the real world."

A MORE FUNDAMENTAL QUESTION IS what happens to welfare recipients who have not found a private sector job when their welfare benefits end. Under the original Thompson proposal, sometimes called "two years and out," there were no alternatives.

"That has never been the president's approach," says White House aide Bruce Reed, a co-chairman of the administration's welfare reform task force. "He's always advocated two years and work, preferably in the private sector" but in community service jobs if necessary.

According to Whitburn, Wisconsin's waiver agreement with the federal government provides for an extension of work programs and benefits if a slump in the local economy dries up the supply of private sector jobs. According to Health and Human Services Assistant Secretary Mary Jo Bane, the program will be extended beyond two years "when no appropriate [private sector] jobs are available in the local labor market."

In any case, decisions on whether and under what circumstances to grant an extension will not have to be made until 1997, the earliest any Wisconsin welfare official would face the task of terminating cash benefits to an unemployed welfare recipient.

To Milwaukee Democratic Mayor John O. Norquist, that is too long to wait and Thompson's much-publicized revisions of the welfare system, including Work Not Welfare, have been too timid to succeed. "I'm not thrilled with two years and out," he says. "I think the 'out' ought to happen right away."

Norquist has proposed that any national leg-

islation to overhaul the existing welfare system exempt Milwaukee, allowing the city to use federal and state funds that now go to welfare to create thousands of community service jobs that would form the core of a new "work system" that would be radically different from the existing AFDC system.

Norquist and his chief of staff, David R. Riemer, are enthusiastic supporters of the Democratic initiative to abolish the current welfare system in Wisconsin by the end of 1998.

"The old debate over how to reform the welfare system rested on the premise that the welfare system is a good way to help poor people," says Riemer, a former assistant to Democratic Sen. Edward M. Kennedy of Massachusetts and the author of a book about welfare policy. "Here in Wisconsin, the debate has shifted to how do we replace the system."

Thompson enjoys extensive line-item veto power and could excise the Democrats' welfare abolition provisions from the Work Not Welfare bill. But according to state Rep. Antonio R. Riley, a first-term Democrat from an inner-city Milwaukee district who was a chief architect of the initiative, the governor has privately assured the sponsors that those provisions will stay in the bill.

"We have gotten this governor over a reel," Riley says. "I've never seen Tommy Thompson squirm so much over welfare." In a recent conversation, Riley says, Thompson asked whether the Democrats were simply trying to outdo him in pushing welfare reform proposals. "I said, 'Some did it to up you, but we're serious,'" Riley recalls.

Norquist, Riemer, Riley and others clearly are serious, but not everyone shares their enthusiasm. The Democratic call to abolish the welfare system "is indicative of the impotence of the state's Democrats" who have grown increasingly frustrated as Thompson has ridden the welfare reform issue to national prominence, says Michael L. Wiseman of the Robert M. La Follette Institute of Public Affairs at the University of Wisconsin here.

As for Thompson's two-county Work Not Welfare experiment, Wiseman says, "I can't imagine this becoming a national model."

A self-described "incrementalist," Wiseman says any system to aid the poor must take into account certain "fundamentals," among them that some people need help in a hurry, that children need protection, and that a welfare population extending from inner-city ghettos to isolated rural hillsides is one of "incredible diversity."

"We always come back to something that like welfare," he says.

Landmark bill to end AFDC by 1999

Thompson will sign bill at Capitol today

By Jeff Mayers

State government reporter

Republican Gov. Tommy Thompson will take advantage of a Democratic idea and sign landmark legislation to end the state's major welfare program by 1999.

The federal-state Aid to Families with Dependent Children program "has been easy to get on, too easy to stay on," Thompson says in remarks prepared for delivery at this morning's scheduled bill signing at

the Capitol.

"For so many, it's been a trap," he says. "We are going to change it."

Thompson is poised to declare: "AFDC will sunset Jan. 1, 1999."

Thompson advisers over the weekend confirmed speculation, already widely reported, that the governor, up for re-election next year and a possible national candidate in 1996, would embrace major parts of a sweeping welfare reform bill that went much further than he initially proposed. By doing so, Wisconsin will gain even more national attention as a laboratory for welfare reform.

Thompson says signing this major por-

tion of the bill (SB 418) will give Wisconsin an opportunity that no other state has had since the 1930s — to truly overhaul the welfare system. If AFDC were eliminated today, it would affect more than 200,000 people in the state.

Federal approval would be needed for Wisconsin to start using about \$245 million in current federal welfare dollars for a replacement program. The federal government pays 60 percent of AFDC welfare costs.

Thompson advisers wouldn't disclose all of the governor's final veto decisions, but they said he also would:

■ Eliminate a requirement that Mil-

waukee County be included in Thompson's initial "Work, Not Welfare" experiment; that served as the vehicle for the broader reform measure.

■ Soften the Jan. 1, 1995, requirement for an alternative welfare plan so that the AFDC replacement can be forward anytime in 1995.

■ Cut out Democratic-backed parameters for the replacement program. Republicans contended one of them would mean guaranteed government-subsidized jobs for those welfare recipients who can't find

Please turn to Page 2A, Col. 1

Welfare

Continued from Page 1A

work.

These changes will be made to ensure "maximum flexibility" for the administration in developing a substitute for AFDC, said state Health and Social Services Secretary Gerald Whitburn. But Democrats had contended that Milwaukee County's participation would show the flaws in the experiment. "The governor will invite Milwaukee County to apply if that's the decision in Milwaukee County," Whitburn said.

The advisers refused to be boxed in as to how a replacement program would work. But administration officials hinted it would be along the lines of "Work, not Welfare," which would institute a 24-month welfare limit in two test counties yet to be determined.

"We will not have another indefinite entitlement," Thompson declares, adding the new system would aim to move from dependency to opportunity, responsibility and work incentives.

He says "work should be a condition of receiving any assistance." Self sufficiency and parental responsibility are other goals.

Assembly Democrats one-upped Thompson on his initial "Work, not Welfare" plan in October and proposed elimination of the entire state welfare system by 1999 — including all of the Thompson-backed experiments.

Thompson's carefully prepared statement was silent on the question of whether the governor would get rid of other parts of the welfare system such as state-county "general relief," which has been eliminated in other states. Thompson apparently will move to keep the welfare experiments he has pushed in

seven years as governor.

"Every effort will be made to retain all of our welfare initiatives," said Thompson Chief of Staff William McCoshen.

"The pendulum has swung," he added. "Wisconsin and the nation are ready for major welfare reform, and Wisconsin's prepared to lead that effort. Democrats have finally come around to something that Tommy Thompson's been pushing for seven years."

Milwaukee Mayor John Norquist, Assembly Speaker Walter Kunicki and Rep. Barbara Notes-stein, all Democrats, have urged Thompson to accept the Democratic proposal in its entirety. But Thompson, after complaints from Republican lawmakers wary of the Democrats motives, decided to make at least some changes while preserving the politically irresistible invitation to junk the major program in the current system.

"By taking these steps, we will be ending welfare as we know it in Wisconsin," Whitburn said. "This will change the dynamics of how the Congress deals with this issue after the first of the year."

Well, we're reforming welfare boosts Thompson's political image

By STEVE SCHULTZE
Journal Madison bureau

Madison, Wis. — Gov. Tommy G. Thompson stands at the starting line of his 1994 re-election campaign with yet another powerful political asset — the bill to junk the current welfare system by 1999.

At first blush, the legislation appears to be another in a long string of get-tough proposals aimed politically at giving dead-beat welfare recipients a swift kick in the pants.

While it may provide a "nudge" off the dole for some recipients, as Thompson's welfare chief Gerald Whitburn loves to say, it also ushers the way for a bold reform experiment, many elements of which have been championed by Democrats.

The new plan may well cost as much or more than the current welfare system. It also may mean formalizing an array of services already begun in some form and reconfiguring or re-inventing financial assistance under some new term.

Though Thompson isn't saying exactly what kind of new system he wants — he'll wait until after the '94 elections for a recommendation from a blue ribbon task force — the broad outlines of some likely components already have emerged. It's job training, schooling, day care assistance, health care and perhaps some kind of transitional government payment to augment a low-paying job.

It's also a two-year limit on traditional welfare payments while the training and schooling are going on or during the early months of an infant's life. After that, Thompson even has held the door open to some kind of public-sector job program, though he hopes to avoid that.

A very similar program was pushed by Thompson's 1990 opponent, Democrat Tom Loftus, who used rhetoric similar to what Thompson, a Republican, now is saying. Thompson bashed Loftus at the time, saying the plan was unworkable and expensive.

SIMILAR TO OTHER PROGRAMS

Other strikingly similar renditions of the same basic set of reform ideas have been advanced by Milwaukee Mayor John O. Norquist (Project New Hope) and Democrats in the state Assembly (Wisconsin Works). Thompson also was cool to those versions.

But after President Clinton campaigned on the same ideas and got elected, Thompson began to buy in, dubbing his plan "Work Not Welfare" and rolling it into his state budget bill this

year.

And he again deprived state Democrats of a terrific campaign issue by signing their provision into law to abolish Aid to Families with Dependent Children by 1999, a program that costs some \$450 million a year in Wisconsin. When it passed, some saw the Democratic-sponsored bill as merely a symbolic effort to one-up Thompson on the issue.

But now he can rightly lay claim to shoving Wisconsin down the road to ending welfare "as we know it" without having to actually deliver for some time or tote up the costs of the alternative. Democrats, meanwhile, will be reduced to pleading on the campaign trail next year that they pushed him into doing it, a theme they already were trotting out in the wake of Monday's bill signing.

"It puts him in a wonderful position," said Margaret Lewis, a political consultant and former Republican Assembly member. "Once the governor signs it, it's his" no matter what its heritage, she said.

HAD EARNED STRIPES

Thompson was uniquely positioned to take the leap. He had earned his stripes as a welfare critic: lowering benefits in 1987; in 1988, instituting *Learnfare*, which imposed benefit penalties on families whose kids skip school; proposing to pay many newcomers to Wisconsin lower benefits than longtime residents; and doing away with automatic increases for unmarried women on welfare who have more children in 1992.

Whether he can deliver on making Wisconsin the first state to find an effective alternative to AFDC may be a moot point. The hard work of crafting a new work-based system, selling it to the public and getting it passed by the Legislature could fall on Thompson's successor, or at least be deferred until well into Thompson's third term.

"He may be long gone. So it's perfect" politically for Thompson, said one Democratic campaign consultant. "It's like leaving a booby trap in the governor's office."

Less cynical observers, however, see a rare opportunity when political differences may be dissolving on a key issue.

Moderate Democrats and moderate Republicans are coalescing around the idea of reforming welfare along the lines Thompson appears to be buying into, said John Bibby, a University of Wisconsin-Milwaukee political science professor.

"There is a consensus within both parties toward something like this," Bibby said.

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Verdict still out on choice schools

FOR THE third year running, an evaluation of Milwaukee's school choice initiative has found no appreciable difference between the performance of students who attend private schools under the program and that of pupils attending public schools. The results are no condemnation of the choice program, but they should splash cold water on the overheated rhetoric of the initiative's most avid advocates.

Choice supporters discounted previous studies because they were done as private schools were gearing up from the influx of new students. Yet, the latest evaluation by John Witte, a political science professor at the University of Wisconsin-Madison, continues to show that, on average, choice students perform no better on standardized tests than do public school students.

Specifically, choice students generally had lower reading scores but higher math scores than public school students. The evaluation also found a high degree of satisfaction and participation among parents in choice schools and growth in the number of students participating.

The choice program allows up to 1,000 disadvantaged Milwaukee children to attend private schools at taxpayer expense. Advocates have argued that student achievement would improve once these

children were moved from low-performing public schools.

What the results show is what anyone close to education understands: Private schools are not and cannot be expected to be miracle workers. Kids bring the same problems to private schools that they do to public schools. Some private schools and some public schools perform better than others

because they have particularly capable teachers and administrators, but neither variety has a monopoly on talent or dedication.

Perhaps the most hopeful sign is the degree of parent participation found in choice schools. Study after study shows that nothing contributes more to a child's success in school than the support and involvement of his or her parents.

What are the lessons from these results? Clearly, school choice is no panacea for Milwaukee's education woes. Indeed, if more public schools were given greater autonomy to plan their programs and engage the community, they might achieve some of the same high parent satisfaction ratings that choice schools received.

Rather than getting distracted by the choice debate, legislators need to start pushing for and financing real reform to ensure that all schools better educate children.

**Clearly, school choice is no
panacea for Milwaukee's
education woes.**

Education

Choice having little effect on test scores, study shows

*But parents are pleased
and involved with program*

By DAVE DALEY
Journal Madison bureau

Madison, Wis. — The latest evaluation of the Milwaukee school choice program shows test scores did not improve significantly for students attending the dozen schools now in the program.

But the evaluation, by a University of Wisconsin-Madison political science professor, found high satisfaction and involvement by parents in the choice schools and a continuing growth in the number of students participating.

The evaluation, by Prof. John Witte, also concluded that the choice program was accomplishing its goal of making alternative school choices available to low-income families in Milwaukee.

John T. Benson, the state superintendent of public instruction, who does not support the 3-year-old choice program, cautioned Wednesday that the evaluation contained both negative and positive findings.

"I believe this report provides continuing evidence that a private school choice program is not a panacea, nor does it deal directly or substantially with the challenges faced by the Milwaukee Public Schools," Benson said.

Benson also said that he intended

to establish an urban education task force in January to examine a "practical approach" to the challenges facing urban communities in Wisconsin.

State Rep. Shirley Krug (D-Milwaukee), one of the few Democrats to support the choice program when it won legislative approval, said one positive finding of the Witte evaluation was that choice schools are becoming financially stable with the

Please see Schools page 2.

Schools

From page 1

state subsidies.

The schools in the program received an estimated \$2,987 per pupil in 1993-1994, with 742 students enrolled in 12 choice schools as of this fall.

"These schools were going through some growing pains — they were used to operating on a shoestring budget," Krug said. "But now, with a more stable funding source, they have stabilized financially, and they are

setting the stage for continued improvements."

Krug acknowledged, however, that the overall test scores were "pretty flat" when compared with the test scores of similar students in MPS.

TEST SCORES COMPARED

One of the guiding principles behind the choice program is that poor parents' ability to place their children in the school of their choice would help make the children better students.

The evaluation of test scores by Witte did not reach any firm

conclusion but found:

■ For 1993, reading scores declined more for choice students than for MPS students.

■ In math, scores for choice students improved while scores for MPS students did not. In fact, the evaluation found that choice students "recorded significant increases in the third year."

■ The choice schools lost about 31% of their students in the third, down from a 35% attrition rate the second year and a 53% attrition rate the first year.

About half the choice students leaving are returning to MPS

schools, while the other half are going to other private schools, the report found.

The reasons for leaving include "complaints about the choice program, especially the limitation on religious instruction and problems with transportation," the report says.

The complaints also include the lack of specialized programs in private schools, the staff, and general educational quality, the report says. The report notes, however, that the number of students simply leaving because the family moved out of the area probably is underestimated.

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Proposals would touch Wisconsin programs

By PATRICK JASPERSE
Journal Washington bureau

Washington, D.C. — President Clinton has proposed cutting in half a federal program that helps 130,000 low-income Wisconsin households heat their homes.

The president's proposed budget also would slash federal aid in the battle against zebra mussels, the snail-like creatures that have invaded the Great Lakes, destroying some native fish and clogging intake pipes at water treatment plants.

Overall, though, Clinton's budget is a step in the right direction, says Rep. Dave Obey, the senior member of Wisconsin's congressional delegation and a member of the House Appropriations Committee.

The Wausau Democrat said Monday that the president's budget attempted to do away with some outdated programs and shift the money into more pressing areas.

"I don't think he will get all of the cuts he's asking for and I don't think he will get all of the investments he's asking for, but I think he will get a good deal of both," Obey said.

Earlier Monday, the president released his proposed budget for fiscal 1995, which begins Oct. 1. Congress will have a chance to amend the president's budget



OBEY

through its appropriations process, but there will be no chance to avoid hard choices because discretionary spending will be \$2 billion lower in fiscal 1995 than in 1994, without accounting for inflation.

Discretionary spending makes up one-third of the \$1.5 trillion federal budget. The remainder — entitlement programs and interest on the debt — essentially runs on automatic pilot.

It is almost impossible to determine immediately how the proposed budget — which comes in several volumes numbering thousands of pages — will affect Wisconsin, which historically ranks at the bottom of the barrel in federal spending per capita anyhow.

But here is what the president has proposed in several areas of interest to Wisconsin:

■ The low-income energy heating assistance program would be cut in half, from \$1.5 billion to \$730 million nationally. That means that Wisconsin would lose \$25 million of the \$50 million it gets per year to help poor people heat their homes in the winter.

■ A \$2.8 million sea grant program to abate zebra mussels and a \$900,000 research program on the mussels would be eliminated. A chunk of the money is spent on efforts in Lake Michigan.

■ A \$5 million Clean Lakes Program that is used to monitor, protect and restore inland lakes would be eliminated. Wisconsin gets some of that money.

■ Wisconsin would get \$10 million more in federal funds for wastewater treatment programs.

LIZ -

FYI

this article was on the
wires today
you might want to include it
in the packet you send to HRC - Anna
Intergovernmental

gone.

"We are like a transit station," Mangulis says. "We are struggling about how to make the ends meet."

Coenraad Kloppe, 46, is a South African doctor recruited in 1991 from Saskatchewan after battles over residency and certification. Unlike his predecessors, he has remained, but, as Mangulis reduces his hours, Kloppe is overworked.

"We do anything which comes along," he says. "Out here, you're it. You don't have any off time. You can't go anywhere, you can't do anything."

To these and other rural Americans, health-care reform holds both promise and peril.

Among the promises are incentives aimed at boosting the number of medical school graduates who enter primary care, placing them in rural areas and expanding the roles of non-physician providers.

Among the perils are additional cuts in Medicare, which could further reduce already restrictive rural reimbursement rates, and a system of mandatory consumer purchasing groups that could prove difficult to implement in sparsely populated states.

Those new alliances plus mandates that employers must provide insurance, and price caps on insurance premiums are supposed to create President Clinton's vision of "managed competition."

But in Wall, where there's just one physician assistant and few insurance plans, there's no competition to manage.

Says Daschle, a defender of the Clinton plan: "There is a realization that you can't run South Dakota's health care program like New York or Florida would run theirs."

Insurance Officials Say Health Reform Bill Will Cost the Healthy

MADISON, Wis. (AP) Feb 18 --Insurance officials say a Republican health care bill would boost premiums because of a requirement that would make all policy-holders in the same geographic area pay approximately the same premiums.

Wausau Insurance is saying that some employers with a work force made up largely of males under the age of 40 could see a 25 percent increase in insurance costs under the legislation on which the state Senate is expected to hold a final vote next week.

Larry Rambo, president of Milwaukee-based PrimeCare Health Plan, the largest health maintenance organization in the state, said his company would need to raise rates for about 60 percent for its customers.

Wausau Insurance experts also say that, with provisions in the bill requiring insurance companies to issue a policy to anyone asking for coverage, the company will be forced to raise rates between 5 percent and 10 percent in

low-cost areas like Green Bay, Appleton and rural Wisconsin to pay for covering Milwaukee, the highest cost area in the state.

The company's memo was read Wednesday on the floor of the Senate by Sen. Russell Decker, D-Schofield, during nearly four hours of debate on the health reform bill hammered out by GOP Gov. Tommy G. Thompson and Senate Republican leaders.

Sen. Peggy Rosenzweig, R-Wauwatosa, chief sponsor of the bill, argued that the overall reforms in the bill guarantee health insurance for many and that premiums won't be increased when individuals become sick.

The bill also requires insurance companies to insure people with pre-existing conditions during 30-day enrollment periods every other year.

"These changes are revolutionary and would make Wisconsin the first state in the entire nation to enact insurance reforms on such a grand scale," Rosenzweig said.

Wisconsin News Briefs

HEALTH CARE PLAN A BOON FOR CAR COMPANIES...

Feb 18 --A WISCONSIN CONGRESSMAN SAYS PRESIDENT CLINTON'S HEALTH CARE PLAN WOULD BE A BOON TO AMERICA'S BIG THREE AUTOMAKERS.. IF IT'S ADOPTED INTACT. REPRESENTATIVE SCOTT KLUG SAYS A PROVISION IN THE HEALTH PLAN WOULD BENEFIT EARLY RETIREES AT G-M.. FORD.. AND CHRYSLER.. BUT IT WOULD BE A HORRIBLE DEAL FOR TAXPAYERS. THE PROVISION WOULD SUBSIDIZE EMPLOYERS BY PAYING 80 PERCENT OF THE COST OF HEALTH BENEFITS FOR PEOPLE WHO RETIRE EARLY. KLUG.. A REPUBLICAN.. ESTIMATES THE BENEFIT WOULD COST FOUR-BILLION DOLLARS BY THE YEAR 2000. KLUG SITS ON A SUBCOMMITTEE THAT WILL DEBATE THE PROPOSAL.

(PREPARED BY WHEELER NEWS SERVICE, INC., MADISON, WISCONSIN)

Report Finds Clinton Health Plan May Be Costly for City

By RONALD POWERS Associated Press Writer

WASHINGTON (AP) The cost of treating AIDS patients, battling tuberculosis and caring for illegal immigrants could saddle New Yorkers with some of the nation's highest bills under President Clinton's health-care plan, lawmakers say.

In a new report, Democratic members of the city's congressional delegation said they support reform. But

DRAFT REMARKS FOR FIRST LADY, WISCONSIN SPEECH

What will reform mean to working families? Above all, it will guarantee them true health security; security that can never be taken away --not when they get sick, not when they lose a job, not when they change jobs, not when someone in their family changes jobs.

When you think about it, even those who have just about the best health insurance available --still don't have real health security. Lose your job, or get sick, and almost any one of us can be without insurance. So health security that can never, never be taken away, is the most important guarantee of all.

The President's plan will also offer the American family more choice, and guarantee all the same high quality that most get today.

And because it will encourage more competition, because it will reduce bureaucracy and administrative waste, because it will put more emphasis on preventive care, and because it will reduce the enormous expenses of buying and selling insurance-- it will save the American family money.

The analysis we've done shows that, if we reform our system as the President has suggested, in the year 2000 a family with an income of between 30 and 50 thousand dollars will pay 33% less than they would if we don't reform our system. (about \$66 a month rather than \$97 a month).

If you want to look at it another way, in the year

2000, 73% of families that now have employer-based health insurance will pay about the same or less than they do today, for a comprehensive benefits package that is at least as broad as most Americans have today.

Now, I know some of you are thinking that I am being a bit optimistic.

But you don't have to go very far to get an idea of what our new health care system could look like. You have something very much like it right here in Wisconsin. The health care system for state of Wisconsin employees.

Those employees get a wide choice of health care plans, including a traditional insurance plan that allows them to visit any doctor. When the employee chooses one of the lower cost plans the state pays all, or almost all of the premium. If the employee chooses a higher cost plan they pay a little more.

Each year the employees get a chance to change insurance plans, if they wish to do so. Benefits are now standard in just about all the plans, so its easy for employees to see which plan is offering them the better price.

And, according to surveys of state employees they're very satisfied with the system. In a 1992 survey, 87% reported they were satisfied or very satisfied with the system of choice of plans, and the opportunity to change plans.

And how fast are the premiums going up? Less than 5% in each of the last two years.

So you don't have to look too far to see a system that's holding premiums down, offering families lots of choice,

satisfying the employees, and --this is a very important part-- giving everyone insurance in private, not government-run, health care plans.

I don't think that's such a bad system. And that's what the President's Health Security Act is all about.

Julie

To: Julie 202/456-2317
From: Rosham

Here's our 8 participants, along w/ bios:

~~Jeanette McManus~~ - wheelchair

~~Bill McManus~~

~~Roselle Rogers~~ - African Amer / wheelchair

~~Napoleon Swain~~ - African "

~~Sophie Litner~~ - will be on other side of HRC

~~Irene Nowak~~

~~Barbara Vernon~~

~~Josephine Tupp~~ - will be on lowest w/ HRC

Thank!

Rosham

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- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE WHITE HOUSE

WASHINGTON

FEBRUARY 18, 1994

MEMORANDUM FOR LIZ BOWYER

FROM: KAREN HANCOX, LEGISLATIVE AFFAIRS

SUBJECT: WISCONSIN, MEMBERS OF CONGRESS

Following is a brief outline on the Democratic Members of the Wisconsin delegation.

WI-01 Peter Barca

Barca was elected to Congress May 4, 1993 in the special election to fill Les Aspin's open seat. During his campaign, which fell during the budget battle, he said he opposed many of the taxes proposed by President Clinton, but supported health care and welfare reform. He serves on the Public Works and Transportation Committee and Space, Science and Technology.

Barca has not really been in Congress long enough to make a mark, but he did support the Reconciliation Conference Report (despite his campaign statements), National Service, Motor Voter and Brady. He opposed NAFTA and supported Penny-Kasich.

WI-04 Gerald Kleczka

Kleczka has been in public office since the age of 24 when he was first elected to the state assembly in 1968. In 1974 he moved to the state Senate and in 1984 to Congress. He sits on Ways and Means (Health Subcommittee).

In 1992 he championed and passed a bill that allowed housing authorities to maintain elderly-only and disabled only units to prevent the high crime prevalent in some projects. This provision helped pass the entire housing bill of 1992.

Kleczka's other interest is Eastern Europe -- particularly the development of Poland.

In the House, Kleczka maintains a rather low profile -- beyond the housing bill there isn't a piece of legislation he is particularly known for.

President Clinton received 41% of the vote in WI-04, Bush 38% and Perot 21%. Kleczka has not been seriously challenged for his seat since he first won it. In 1992 he received 66% of the vote.

Kleczka has a 90 percent voting record with the Administration -- he opposed NAFTA.

THOMAS M. BARRETT
5th District, Wisconsin

COMMITTEE ON
BANKING, FINANCE AND
URBAN AFFAIRS
COMMITTEE ON
GOVERNMENT OPERATIONS
COMMITTEE ON
NATURAL RESOURCES



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Congress of the United States
House of Representatives
Washington, DC 20515-4905

SUGGESTED TALKING POINTS ON CONGRESSMAN TOM BARRETT
FOR FIRST LADY HILLARY RODHAM CLINTON

Since 1984 Congressman Tom Barrett has been fighting for health care reform for the people of Wisconsin, first as a member of the Assembly, then as a member of the State Senate, and now as a Congressman. In the past 10 years he has built up a solid record of improving and reforming the health care system for working families. Congressman Barrett is known in Wisconsin for successfully implementing the Power of Attorney for Health Care - a document which allows individuals to designate a surrogate to speak for them about health care decisions.

Congressman Barrett is a co-sponsor of the President's Health Security Act.

Congressman Barrett has spent his weekends and District Work Periods meeting with consumers, doctors, nurses, and others concerned about our health care system in addition to visiting hospitals and health care facilities in his district and he understands how important this issue is to his constituents.

Last Fall, Congressman Barrett introduced "The Frontline Medical Education Act," to enable community health centers to attract young residents and receive payment for their services.

Reform/2advice
11/15/93

WI-05 Thomas Barrett

Barrett is a New Member of Congress (the class of 1992 prefers the term "New Member," rather than freshman). This seat was previously held by Jim Moody who left to run for Senate -- Moody lost in the primary to Russ Feingold.

Like Kleczka, Barrett began his political career in the assembly at age 30, moved to the Senate four years later and then to Congress four years after that.

In the state legislature, Barrett wrote a law to bring 911 emergency service to Milwaukee and sponsored a state version of the Brady Bill.

On health care, Barrett supports national health insurance to cover the uninsured, federally regulated health care standards and set spending limits. In addition, he supports defense cutbacks, a national police corp and federal encouragement of investments in the inner cities and other depressed neighborhoods.

Barrett won with 69% of the vote (In this district, President Clinton received 56% of the vote to Bush's 30% and Perot's 13%.) Barrett is not expected to have a tough re-election in 1994.

Barrett has an 80% voting record with the Administration. He opposed NAFTA and supported Penny-Kasich.

WI-07 Dave Obey

There must be something in the water in Wisconsin -- Obey is yet another Member who began his career in the state legislature at the age of 24 in 1962. First elected to Congress in a 1969 special election -- to replace DoD Secretary Melvin Laird -- Obey has always won re-election by very comfortable margins.

Although known (and some times disliked) for his temper and tirades, Obey is also respected by his colleagues for his accomplishments and legislative abilities. In 1978 he probably cost himself the chairmanship of the Budget Committee for the ethics changes he pushed through Congress which required Members to disclose personal finances and limited outside earned income. Obey has championed campaign finance reforms since 1979 -- he supports a limit on PAC contributions, reduced individual donations and public financing of elections.

WI-07 Obey (continued)

Obey is a tried and true liberal. He believes in government and the government should provide economic security, create jobs, build infrastructure through public investment, control health care costs and guarantee health care coverage with physician choice.

As chair of the House Foreign Operations Subcommittee of Appropriations he would like to cut foreign aid to Israel and Egypt and put more money into humanitarian efforts. He has also supported defense and foreign aid cutbacks and an increase in spending on the domestic front.

William Natcher, chair of the House Appropriations Committee is very ill and rumored to be thinking of leaving Congress. If he does so, Obey has already made it clear he will run for chair of the Committee. As of now his only competition will be Neal Smith, who is next in line for the chairmanship. Sid Yates is also ahead of Obey in seniority for the chairmanship, but he has not expressed any interest in running.

President Clinton received 42% of the vote, Bush 33% and Perot 24% in this district. On votes of significance, Obey opposed NAFTA and Motor Voter.

February 18, 1994

TO: Liz
Office of the First Lady

FROM: Michael Obinger
Office of Congressman Kleczka

RE: possible comments about Congressman Kleczka by
the First Lady

- * Kleczka is pronounced KLECH-ka (short e and a)
- * Member of Ways and Means Health Subcommittee
- * Has met on many occasions with Mrs. Clinton to discuss health care reform.
- * He has made a commitment to helping solve the health care crisis.
- * The diversity of membership on his Health Care Reform Advisory Council is an example of his determination to hear all voices during the reform process.
- * He is committed to seeing that average working people have access to quality, affordable health care that cannot be taken away from them.

U. S. SENATOR HERB KOHL**SUMMARY OF KEY ACCOMPLISHMENTS - 1993****CRIME LEGISLATION**

Fighting to Protect Kids: Senator Kohl revived the Senate Subcommittee on Juvenile Justice and is now its Chairman. He has fought for more funding for juvenile justice programs; pushed for the enactment of "deadbeat dads" legislation to increase child support payments; and authored the Gun Free Schools Zones act.

Youth Handgun Safety Act: Senator Kohl sponsored the "Youth Handgun Safety Act," which bans the sale or transfer of a handgun to minors, and bans the possession of a handgun for youths under 18, except in limited cases. This measure was incorporated in the Senate Crime Bill. (Note to White House: President Clinton has mentioned this measure on a number of occasions.) Penalties would vary for juveniles convicted of possessing a handgun, with the maximum penalty one year in prison. Adults convicted of transferring or selling a handgun to a minor could receive up to 10 years in prison under the legislation.

The Brady Bill: Senator Kohl worked to pass the Brady Bill, establishing a national five-day waiting period for the purchase of a handgun. Senator Kohl helped draft the legislation in 1991, which also mandates the creation of an instant background check system. (Note to White House: Senator Kohl attended the bill signing ceremony and was recognized by President Clinton for his efforts.)

WELFARE REFORM

Project New Hope - Senator Kohl sponsored legislation to allow a Milwaukee area welfare reform program to move forward. Under the bill, Project New Hope would combine various welfare payments with subsidies from the private sector to create a pool of funding for entrants into the program. Instead of receiving full cash payments, participants would receive child care services, health insurance, and job training assistance. Federal legislation is required to allow Project New Hope to restructure the federal payments to recipients, but will not cost any additional money. The measure was part of a larger bill passed by the Senate Finance Committee this fall and is expected to be considered by the full Senate in 1994.

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2/18/94

Liz-

Per your request: Talking points on Sen. Feingold. I'm sure this is more than you need. Call if you have any questions.

"My husband and I know something about what it's like to be underdogs and Wisconsin knows something about underdogs too. When you elected Russ Feingold in 1992 you showed the country that sometimes nice guys can finish first."

"Russ had an impressive first year in the Senate. He was a key supporter of the deficit reduction package and he has fought hard to keep all of us focused on the need to get our financial house in order."

"Through his work on the Senate Foreign Relations Committee, Russ has become a forceful advocate for justice and human rights."

"On the Agriculture Committee he has fought to protect the family farm tradition that is so essential to the character of states like Wisconsin."

"And perhaps most importantly, he has kept his pledge to stay in touch with you. Last year he held listening sessions, or town meetings in every one of Wisconsin's 72 counties and I'm told he's going to do the same thing again this year, and next year, and the year after that."

"You should be proud of Russ Feingold. He's a freshman who has truly made a mark in the U.S. Senate while staying committed to the ideals that got him there in the first place."

Bob Decheine