Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. schedule	Schedule for Hillary Rodham Clinton, Final [partial] (1 page)	5/18/94	b(6)
002. schedule	Schedule for Hillary Rodham Clinton, Draft #2 [partial] (2 pages)	5/17/94	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3986

FOLDER TITLE:
[HRC Daily File] May 18, 1994

2014-0483-S
sb422

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

5/18/94

PHOTOCOPY
PRESERVATION

U.S. Department of Justice

United States Attorney
Southern District of California

Alan D. Bersin
United States Attorney

United States Courthouse
940 Front Street, Room 5152
San Diego, California 92101-8800

(619) 557-5690
Fax (619) 557-5782

April 29, 1994

Ms. Anne Bartley
Assistant to the First Lady
Office of the First Lady
White House - (OEOB) Room 100
Washington, D.C. 205009

Re: Request For Videotape Acceptance Of
Distinguished Service Award
By The First Lady

Dear Anne:

Enclosed for your information is the letter I sent today to Lisa Caputo as you suggested. I have also enclosed all attachments including the proposed acceptance remarks and our prior correspondence. I am sending the Award in a large box to you in a separate package.

I sincerely appreciate your efforts in having the videotaped acceptance made.

Please call me at (619) 557-5690 if you need any further information.

Very truly yours,

ALAN D. BERSIN
United States Attorney

Enclosures

cc: Ms. Lisa Caputo
Press Secretary
to the First Lady

Ms. Maria T. Arroyo-Tabin
President, San Diego
Volunteer Lawyer Program

SAN DIEGO VOLUNTEER LAWYER PROGRAM

1305 Seventh Avenue. Suite 100. San Diego. CA 92101

(619) 238-8100 FAX: (619) 238-8145

MARIA T. ARROYO-TABIN. Esq.
President

CARL R. POIROT. Esq.
Executive Director

First Lady Hillary Rodham Clinton
The White House
Washington, D.C.

Re: 1994 DISTINGUISHED PRO BONO SERVICE AWARD

Dear Mrs. Clinton,

On behalf of more than 2,500 San Diego Volunteer Lawyer Program volunteers and the 10,000 poor people served annually by our program, we are proud to present you with our 1994 Distinguished Pro Bono Service Award, in recognition of your dedication and leadership over two decades in bringing equal justice to the poor and disadvantaged.

Your commitment to pro bono work was demonstrated beginning as a law student at Yale, through your work as a legal intern with the New Haven University Legal Services Program. The commitment continued with your work for the Children's Defense Fund first during law school summer months and then as a Staff Attorney. As a faculty member at the University of Arkansas School of Law, you established the Ozark Legal Services Program and served on the Arkansas State Advisory Committee for the Legal Services Corporation. In 1977, you were appointed to the Board of Directors of the Legal Services Corporation by President Carter and served as its Chair from 1978 to 1981. Under your leadership, legal resources for the poor in this nation almost tripled. You also served as Chair of the Board of the Children's Defense Fund from 1986 to 1991, as well as the Chair of the American Bar Associations's Commission on Women in the Profession from 1987 to 1991.

Throughout your career, you have provided dedicated and effective leadership in expanding equal access to the justice system for the poor. The legal profession and the community at large are indebted to you for your many significant accomplishments.

For these reasons, the San Diego Volunteer Lawyer Program could find no person more deserving of our "1994 Distinguished Pro Bono Service Award", which will be recognized at our annual "Justice For All" dinner on June 10, 1994.

Sincerely yours,

Maria T. Arroyo-Tabin

MARIA T. ARROYO-TABIN
President

Carl Poirot

CARL R. POIROT
Executive Director

SAN DIEGO VOLUNTEER LAWYER PROGRAM

1305 Seventh Avenue, #100
San Diego, CA 92101
(619) 238-8100

The San Diego Volunteer Lawyer Program (SDVLP) is a private, non-profit, charitable corporation established in 1983 to provide pro bono legal services to the County's indigent residents. It has since evolved into San Diego's primary resource for pro bono legal services. Utilizing a panel of more than 2,500 volunteers from the legal and other professions, SDVLP assists 10,000 indigent and needy individuals and families each year. Its priority areas for service are designed to address the most pressing legal concerns of vulnerable client groups, including victims of domestic violence, abused and dependent children, the physically and mentally challenged, persons living with HIV and AIDS, and the growing number of destitute and homeless men, women and children.

DOMESTIC VIOLENCE PREVENTION PROJECT

Services to victims of domestic abuse are accomplished through the Domestic Violence Prevention Project. This Project is a clinic program sponsored and operated by SDVLP in coordination with local bar associations, the San Diego Superior Court, the Office of the County Clerk, and the YWCA Battered Women's Services. It provides on site legal assistance and referrals for psychosocial and other support services to over 6,000 clients annually from locations throughout the County, including the YWCA, Union of Pan Asian Communities and the downtown, Vista and El Cajon branches of the San Diego Superior Court.

CHILDREN AND YOUTH LAW PROJECT

SDVLP services for abused and neglected children are offered through its Children and Youth Law Project. Working in collaboration with the County Department of Social Services, and St. Vincent de Paul Toussaint Teen Center, the SDVLP staff and volunteers provide representation to children and minors in guardianship actions, immigration law matters, and in initial and appellant filings for SSI benefits.

JOINT AIDS LEGAL SERVICES PROJECT

The Joint AIDS Legal Services Project is the County's sole pro bono legal resource for persons living with HIV and AIDS. Activities include a weekly legal clinic, follow-up signature session and home and hospital visits. Operated and coordinated by the Project's sponsoring agencies which include SDVLP, the Legal Aid Society of San Diego and the AIDS Foundation San Diego, the project serves over 1,000 clients each year from sites located in the South Bay, North County and metropolitan San Diego areas.

FEDERAL CIVIL RIGHTS PROJECT

The Federal Civil Rights Project provides legal representation to a limited number of indigent plaintiffs seeking civil remedies for alleged discrimination and violations of their civil rights. It is sponsored by SDVLP in collaboration with the Federal District Court, which provides financial support and generates referrals for this model program.

LEGAL ASSISTANCE TO VICTIMS OF HATE VIOLENCE

SDVLP's recently established program to assist indigent persons harmed by hate-based criminal acts is another successful collaboration involving the State Bar of California, the City of San Diego's Human Relations Commission, and local and minority Bar Associations. Through this partnership, meritorious cases are identified, assessed, and referred to a trained panel of volunteer attorneys who provide the necessary legal counsel on a pro bono basis.

DEBTOR RELIEF PROGRAM
Destitute individuals and families in danger of losing their homes and possessions are afforded legal assistance through SDVLP's Debtor Relief/Bankruptcy Program. Service delivery is accomplished through a monthly legal clinic in which eligible applicants receive information, advice, and referrals to pro bono attorneys who provide representation in the Chapter 7 Bankruptcy filings.

POLITICAL REFUGEE PROJECT
A collaboration of SDVLP and the Legal Aid Society of San Diego, the Political Refugee Project is designed to assist undocumented immigrants eligible for legal status in the United States under the asylum provisions of the immigration statutes. Over 100 clients from countries including Honduras, Guatemala, El Salvador, Somalia and the former Soviet Socialists Republics have been granted political asylum in the United States as a result of the pro bono efforts of this panel's attorneys.

LEGAL CLINIC PROGRAM
The Legal Clinic Program provides on-site legal assistance at community-based agencies and programs throughout San Diego County. Although the majority of the clients' concerns are focused in family law, all legal areas are addressed and referrals to SDVLP or other legal resources are provided as necessary. SDVLP has established clinics at the downtown San Diego YWCA, the Options for Recovery and Crash Options Programs, Children's Hospital's Family Violence Project, and the Vista Veterans Center.

WOMEN'S RESOURCE FAIR
Jointly sponsored by SDVLP, the San Diego County Bar Association, the Lawyers Club of San Diego, and the Legal Aid Society of San Diego, the Women's Resource Fair is a day-long community event held annually to assist homeless and battered women and their children. During 1993, over 300 volunteers from public and private agencies and heath care facilities participated in the event which served over 600 women and children. Assistance was provided in a variety areas including medical and mental health care, dental, legal (civil and criminal), employment training and information, shelter and housing, and public benefits. In addition, fair organizers arranged for free transportation to and from the event; a lunch and late afternoon meal, complete with entertainment during the noon break; childcare for infants and toddlers; children's activities for older children and youth; make overs; haircuts; and the distribution of donated clothing and personal hygiene items.

CHARITABLE AGENCIES AND ORGANIZATIONS
Legal assistance is provided to nonprofit agencies and organizations serving the poor in matters relating to incorporation, tax-exempt status, personnel policies and related corporate matters.

U.S. Department of Justice

United States Attorney
Southern District of California

United States Courthouse
940 Front Street, Room 5152
San Diego, California 92101-8800

(619) 557-5690
Fax (619) 557-5782

March 1, 1994

Ms. Anne Bartley
Assistant to the First Lady
Office of the First Lady
White House - (OEOB) Room 100
Washington, D.C. 20500

Dear Anne:

This shall follow-up on my request that the First Lady arrange, by means of a pre-recorded video taped message of several minutes, to accept the 1994 Distinguished Pro Bono Service Award from the San Diego Volunteer Lawyer Program (SDVLP). The Award would be given (in absentia) at the SDVLP's annual Justice For All Dinner, scheduled on June 10, 1994

As we have discussed, I commend the SDVLP highly to the First Lady. It is San Diego County's primary pro bono legal services organization and is celebrating its tenth anniversary this year. SDVLP has established an extraordinarily successful record of service to the poor, receiving acknowledgement of that fact from the American Bar Association, the State Bar of California, and the National Association of Pro Bono Coordinators among other organizations and agencies. With some 2,500 volunteers, composed of lawyers serving the public in federal, state and local law offices as well as attorneys from the private sector, SDVLP served more than 10,000 indigent clients in each of the last two years. It has designed and implemented model programs to serve victims of domestic violence, dependent and disabled children and youth, persons living with AIDS and HIV infection, the homeless, mentally ill and disabled veterans, persons whose civil rights have been violated, refugees seeking asylum, families in economic distress due to loss of employment, nonprofit charitable organizations serving the poor and numerous other needy families and individuals needing legal assistance.

The First Lady's long standing dedication to the delivery of legal services to indigent persons makes her a primary role model for attorneys in our community who are called upon to donate their time and talent as a matter of community obligation. Her availability (by videotape) to help mark the tenth anniversary of the SDVLP would result in an honor to the organization that is well deserved.

I am enclosing, for your information and reference, descriptive material pertaining both to the San Diego Volunteer Lawyer Program as well as to past annual dinners. Included among the materials are the proposed texts of the award presentation and of suggested "acceptance remarks" to be videotaped by the First Lady for delivery at the June 10th dinner.

Please call me at (619) 557-5690 in the event additional information concerning this matter is needed. Thank you for your help.

Yours sincerely

ALAN D. BERSIN
United States Attorney

ADB:rkh
Enclosures

cc: Maria T. Arroyo-Tabin - President
Carl R. Poirot - Executive Director

SAN DIEGO VOLUNTEER LAWYER PROGRAM

1305 Seventh Avenue, Suite 100, San Diego, CA 92101

(619) 238-8100 FAX: (619) 238-8145

HILLARY RODHAM CLINTON
1994 DISTINGUISHED PRO BONO SERVICE AWARD PRESENTATION

The San Diego Volunteer Lawyer Program is proud to present to First Lady Hillary Rodham Clinton its 1994 Distinguished Pro Bono Service Award.

This Award is bestowed in recognition of The First Lady's dedication and leadership over two decades in bringing equal justice to the poor and disadvantaged.

The First Lady began her involvement with pro bono legal services as a law student at Yale University, working as a legal intern with the New Haven University Legal Services Program and, during the summer months, with the Children's Defense Fund in Washington, D.C. Upon graduation from Law School, she became a Staff Attorney for the Children's Defense Fund.

In 1974, She joined the faculty at the University of Arkansas School of Law in Fayettville where she helped establish the Ozark Legal Services Program and served in the Arkansas State Advisory Committee for the Legal Services Corporation.

In 1977, She was appointed to the Board of Directors of the Legal Services Corporation by President Carter, serving as its Chair from 1978 until 1981. Under her leadership, legal resources to the poor throughout the nation almost tripled.

The First Lady served as Chair of the Board of the Children's Defense Fund from 1986 until 1991 and Chair of the American Bar Association's Commission on Women in the Profession from 1987 until 1991.

Throughout her distinguished legal career, The First Lady has provided dedicated and effective leadership in expanding equal access to the justice system for the poor. She has worked to create the national system of legal services and to ensure the quality of such services.

The legal profession and the indigent community are indebted to her for her many significant accomplishments.

With this award, the San Diego Volunteer Lawyer Program honors and commends The First Lady for her leadership and commitment to the principles of Equal Justice For All.

SAN DIEGO VOLUNTEER LAWYER PROGRAM

1305 Seventh Avenue, Suite 100, San Diego, CA 92101

(619) 238-8100 FAX: (619) 238-8145

1994 DISTINGUISHED PRO BONO SERVICE AWARDS

FIRST LADY'S ACCEPTANCE REMARKS

The need for indigent legal services has never been greater, as the nation's economic, social and legal systems become more complex.

I am pleased with the President's recent appointments to the Legal Services Corporation Board, because they are individuals who are truly committed to the premise that greater access to justice requires a strong and stable legal services delivery system. I am confident that the new Board will bring vitality and creativity to a long-neglected program.

I am struck, however, by the reality that the legal needs of the poor will never be fully met by governmental programs. The private bar must play a crucial role in meeting this need through local, organized pro bono programs like the San Diego Volunteer Lawyer Program. Such programs have the capacity to generate millions of dollars worth of legal services through the volunteer participation of law firms, lawyers, law students and other legal workers. The growth of pro bono programs across the nation is the most significant development in legal services in a decade.

I commend the American Bar Association's adoption of revised Rule 6.1 of the Model Rules of Professional Conduct, setting a standard of at least 50 hours of pro bono publico legal services each year for all lawyers. I call on local bar associations to promote that standard among your memberships and to support your local programs.

It is only through the generous donation of your time and your expertise to supplement the legal services programs that the goal of equal access to justice can be reached.

I am honored by this award and I thank you. My best wishes to all of you celebrating the San Diego Volunteer Lawyer Program's Justice For All Awards Dinner. I am with you in spirit and congratulate all of you for your excellent pro bono program.

ROOM 156

WELCOME Magazine
April 21-23, 1994

AMERICAN BAR ASSOCIATION
1994 PRO BONO CONFERENCE

First Lady to be recognized with pro bono award

First Lady Hillary Rodham Clinton is to receive the 1994 Distinguished Pro Bono Service Award from the San Diego Volunteer Lawyer Program.

This award is bestowed in recognition of the First Lady's dedication and leadership in bringing equal justice to the poor and disadvantaged over the past two decades.

The First Lady began her involvement with pro bono legal services as a law student at Yale University, working as a legal intern with the New Haven University Legal Services Program and, during the summer months, with the Children's Defense Fund in Washington, D.C. Upon graduation from Law School, she became a Staff Attorney for the Children's Defense Fund.

In 1974, she joined the faculty at the University of Arkansas School of Law in Fayettville where she helped establish the Ozark Legal Services Program and served in the Arkansas State Advisory Committee for the Legal Services Corporation.

In 1977, she was appointed to the Board of Directors of the Legal Services Corporation by President Carter, serving as its Chair from 1978 until 1981. Under her leadership, legal resources to the poor throughout the nation almost tripled.

The First Lady served as Chair of the Board of the Children's Defense Fund from 1986 until 1991 and Chair of the American Bar Association's Commission on Women in the Profession from 1987 until 1991.

Throughout her distinguished legal career, the First Lady has provided dedicated and effective leadership in expanding to the disadvantaged equal access to the justice system. She has worked to create the national system of legal services and to ensure the quality of such services. The legal profession and the indigent community are indebted to her for her many significant accomplishments.

The San Diego Volunteer Lawyer Program honors and commends the First Lady for her leadership and commitment to the principles of Equal Justice For All.

WH Conference on Aging

Cost
619
238
8100

(703) 525-9829

FACSIMILE COVER SHEET

OFFICE OF UNITED STATES
SENATOR DONALD W. RIEGLE, JR.
(202) 224-4822

DATE: 5/13/94

TO: Liz Boyer

FROM: Debbie Chang

RE: Senior Power Day

NUMBER OF PAGES (Including cover sheet): 7

COMMENTS/INSTRUCTIONS:

Recommended Key Points
Senior Power Day, May 18th, with Chairman Riegle

Acknowledgements

- Thank Organizers of Senior Power Day. This is the 20th Anniversary of Senior Power Day.

- Commend members for their strong support of reform and Clinton's 6 principles **in their Senior Power Day Platform.** (Members would be extremely pleased to know First Lady had read their platform since one purpose of the Platform is for "officials" to read.)

- Thank Riegle for inviting First Lady.

- Riegle chairs Subcommittee on Health for Families and the Uninsured on the Finance Committee and is a key player. Has supported reform for over a decade and deserves credit for early recognition of the problems in our health care system.

Policy Focus for Speech

Senior Power Day Platform (attached) supports the six principles in the Clinton plan but ultimately they think that single payer is the way to structure.

Key concerns include universal coverage, comprehensive benefits including prescription drugs and long-term care, system-wide cost controls, red tape and waste, and fraud and abuse.

Questions that Senator Riegle may ask Hillary Clinton

Many people are concerned that health care reform would create new, unmanageable federal government bureaucracy. How would you respond to this?

Many seniors are concerned about cuts in Medicare and the impact of these cuts on Medicare beneficiaries, particularly if private health care costs continue to grow unrestrained?

Everyone agrees that Long-term Care is important. How would you respond to people who say that Long-term care is a benefit that we can not afford to provide when the country is facing a budget deficit?

WH Council on Aging
202-2951

SENIOR POWER DAY--BACKGROUND

SENIOR POWER DAY, INC.

- **Senior Power Day** is meeting for the 20th consecutive year. The organization is incorporated under the name Senior Power Day. They have an annual budget of approximately $35,000 all directed toward this gathering.

- Senior Power Day started in Lansing with a group of seniors. The Board includes at least one representative from each Area Agency on Aging (14) several senior groups such as AARP, union retiree groups, representatives from each state legislative caucus and the full-time Executive Director (Jane Schoneman).

- Senior Power Day **gathers in mid-May every year. The audience is approximately 80 to 90% senior citizens.** There are usually a large contingent of unions members present. **The crowds have averaged around 7-8000 people although this year's crowd will likely be closer to 4000 as a result of format/location changes.**

- **CHANGES IN 1994 SENIOR POWER DAY** include a different and smaller hall (Lansing Center instead of the Civic Center). After the address of the First Lady, several events will take place at the same time including the Aging Committee hearing.

POLICY THEME OF SENIOR POWER DAY

- The theme for 1994 is "**Senior Power Celebrating 20 Years of Effective Advocacy**".

- **The Senior Power Day Platform** is central to Senior Power Day. The board meets every month to debate a platform. **The main goal of SPD is to have elected officials address the issues raised by their platform.**

- Over the last several years, the **SPD platform has emphasized the need for a national/universal health care plan**. The platform **endorses the six principles of the Clinton plan.**

- Over the last several years, the **SPD platform has also placed an emphasis on the intergenerational approach to issues**. They want to emphasize that senior are not "out for themselves" or "greedy geezers" or any other anti-elderly sentiments.

- **FORMAT**:

An on-going "consumer fair" from 8:00-1:00 in a separate wing of the center. These are tables rented by companies, office-holders, interest groups that provide free brochures, give aways, etc.

8:30 and 9:30 am a "public hearing" by the Commission on Aging. This is an open-mike format where seniors have a few minutes to talk about anything.

8:45-9:45 entertainment in the main hall--the hall the First Lady will be addressing.

9:45 the main hall ceremonies begin. After intro and comments by the Chair, the Mayor and the anthem, at 10:05 the Senator introduces the First Lady.

10:30-12:30 the Senate Aging Committee Hearing (Events continue in the main hall including a key note speaker and possibly John engler--the Governor)

10:15-11:00 Workshops start (the time could be slightly changed due to First Lady's address). The workshops are: 1) reducing phone bills by Ameritech, 2) reducing utilities by Michigan Consolidated Gas, 3) AARP and Mayor Hollister on senior advocacy, 4) FBI on scams targeted toward seniors.

11:15-12:00 Workshops repeat.

11:15-12:15 The Gubernatorial Candidate Forum

12:15-1:00 Lunch

1:00-2:00 Workshops start, The workshops are: 1)Peer Prevention Players with a skit on mental health and aging, 2)MI Pharmaceutical Association on the use of drugs and medication.

1:00-1:15 March to the steps of the State Capitol.

1:15-1:30 Address by Republican Chair of House Senior Committee, Democratic Senate Minority Leader

2:00 Departure if you arrived by bus.

Senior Power Day Platform

RESOLUTION
NATIONAL HEALTH CARE REFORM

WHEREAS, Over the next two years, one out of four Americans will be without health coverage at some point, and there are currently over 34 million without coverage in the U.S., of which 9 million are children; there are 1 million without coverage in Michigan, of which 300,000 are children; and

WHEREAS, Today's system discriminates against families and small businesses. Insurance companies pick and choose whom they cover. Those with pre-existing conditions can't get any insurance at all; and

WHEREAS, Only 20% of Americans over 55 can afford long term care insurance; and only 16% of those age 65-79 can afford long term care insurance; and

WHEREAS, The cost of lifesaving prescription drugs has been rising faster than any other component of the medical price index, and over half of those 65+, and one-quarter of those under 65, must pay for prescription drugs on their own; and

WHEREAS, Insurance companies charge small businesses as much as 35% more than large corporations. Only 3 of every 10 employers with fewer than 500 employees offer any choice of health plan. Millions of Americans have no choice today; and

WHEREAS, 25 cents out of every dollar of a hospital bill goes to bureaucracy and paperwork — not patient care; and

WHEREAS, Fraud and abuse are exploding, costing at least $80 billion a year. That's a dime of every dollar spent on health care; and

WHEREAS, Our nation's health costs have nearly quadrupled since 1980. Without reform, by the year 2000, one of every 5 dollars spent in America will go to health care; therefore be it

RESOLVED, That the federal government must guarantee that all individuals have access to affordable, high-quality health and long term care; and be it further

RESOLVED, That a plan be developed which includes:

- System-wide cost containment that eliminates cost-shifting and slows the explosive growth in health spending; and

- Comprehensive benefits that include preventive and mental health care, prescription drugs, home and community-based long term care, nursing home care; and

Program Platform

• Health delivery reforms that increase access to care in underserved areas and reward efficient, high-quality care; and be it further

RESOLVED, That Senior Power Day supports the six principles of President Clinton's HEALTH SECURITY proposal:

Security,
Simplicity,
Savings,
Choice,
Quality, and
Responsibility; and, be it finally

RESOLVED, That a single payer approach for the state and nation be enacted in 1994 with broad-based, fair and affordable financing, so that government, businesses, and individuals all pay their share and everyone is protected against the high cost of care.

RESOLUTION
NURSING HOMES

WHEREAS, There have been notable improvements in the quality of life and care in nursing homes in recent years through the efforts of committed nursing home owners and staff, state regulatory agencies and better federal minimum standards; and

WHEREAS, 50,000 people are living in Michigan's 480 nursing homes, county medical care facilities and hospital long term care units and should be treated with dignity and respect by all; and

WHEREAS, 43% of the people who became 65 in 1990 will need nursing home care; and

WHEREAS, Many people have difficulty in finding quality nursing home care in their community because they do not have the money to pay for care for as much as three years; and

WHEREAS, Some nursing homes refuse to fully participate in the Medicaid program and attempt to evict residents once their money is gone; and

WHEREAS, Michigan nursing homes earn about $1.2 billion a year including some $800 million from the Medicaid program; and

WHEREAS, The quality of nursing home care is dependent on the number of staff members providing care; and

WHEREAS, The staffing requirements in Michigan nursing homes have not changed since 1978; and

WHEREAS, Some homes do not meet minimum standards of quality; and

WHEREAS, The measure of a great society is how it cares for its weakest citizens and how it regulates service providers to insure the highest quality of care and services; therefore be it

RESOLVED, That Senior Power Day supports state policy changes to require every nursing home which participates in Medicaid to open all of its beds to Medicaid certification; and be it further

RESOLVED, That Senior Power Day supports state legislation to require that nursing homes admit people from a single list of applicants on a first-come, first-serve basis without regard to the applicant's wealth; and be it further

RESOLVED, That Senior Power Day supports state policy changes and implementation of a system of sanctions to ensure that nursing homes comply with government standards. These sanctions should include fines which increase with severity and repetition, bans on admissions, monitors to evaluate performance, temporary managers or receivers to operate a home, and transfer of the home to owners capable of operating it according to governmental standards. Closing or terminating governmental funding of a home should only be used as a last resort; and be it finally

RESOLVED, That Senior Power Day supports the enactment of proposed state legislation to increase the number of nursing care staff in nursing homes.

RESOLUTION
IN-HOME HEALTH CARE SERVICES

WHEREAS, The aged and disabled largely prefer the comforts of home to any health care or residential facility; and

WHEREAS, This state has developed and implemented two programs, care management and a Medicaid home care waiver program, which assist aged and disabled people to live independently and safely in their own homes and apartments; and

WHEREAS, The care management and Medicaid waiver programs insure that aged and disabled people have personal health care needs met as well as home delivered meals and a clean, comfortable living environment with home-cleaning and home-maintenance assistance; and

WHEREAS, These two programs also address the needs of family caregivers with respite services and other supports so as to continue family caregiving; and

WHEREAS, These two programs of in-home health care services are

a necessary part of a full, efficient and humane health and human services delivery system which guarantees options to the aged and disabled and their families; and

WHEREAS, Care management is available in only 57 out of 83 counties, and the waiver program serves the aged and disabled residents of only 13 counties; therefore be it

RESOLVED, That the care management and Medicaid waiver programs must be expanded statewide to secure the complete range of health care options.

RESOLUTION
HOME-DELIVERED MEALS

WHEREAS, Nutritionally balanced meals are vital to good health; and

WHEREAS, There are 201 Michigan municipalities (counties, cities, townships, villages) or parts of municipalities that do not have home delivered meals; and

WHEREAS, It is estimated that 1/3 of the current home delivered meal clients need an additional meal daily; and

WHEREAS, Although the 1994 increases in funding for home delivered meals are a step in the right direction, state and federal funds have not kept pace with increasing demand and increasing costs; therefore be it

RESOLVED, That home delivered meal funding be increased by $5.5 million to meet the needs of these municipalities and clients. We call on both the state and federal governments to appropriate the funding for these meal services.

RESOLUTION
TRANSPORTATION

WHEREAS, Accessible and affordable transportation is necessary for promotion of an independent lifestyle for all, so that individuals can meet their health, financial and social needs; and

WHEREAS, Agencies and all levels of government who provide some transportation services and in particular special transportation services need to coordinate those services in order to most effectively utilize taxpayer dollars; and

WHEREAS, Transportation has become cost prohibitive for the older citizen of low income status who must depend on public or volunteer services; therefore, be it

American Diabetes Association

Position Statement on National Health Care Reform
February 1, 1994

Consistent with our mission -- to prevent and cure diabetes and to improve the lives of all people affected by diabetes -- the American Diabetes Association views the current health care reform discussion as an important and perhaps unique opportunity to advance the impact of our guiding principle: to do what is best for people with diabetes. In this spirit, the Association developed its *Principles on Health Care Reform*, which we believe must be incorporated in any proposal under consideration.

The *Principles* seek to:

I. Ensure universal access to quality diabetes treatment.

II. Prohibit pre-existing condition exclusions.

III. Provide coverage for prescription drugs and insulin, as well as for diabetes-related supplies, equipment and education.

IV. Achieve a mandate for community rating, a process that bases premiums on the number of people -- not the type of health claims -- in a group (e.g., a large city or metropolitan area).

These *Principles* defined the scope of our evaluation of the various health care reform proposals now under discussion and served as objective criteria for comparison. The leadership of the Association reviewed analyses of the various health care reform proposals pending in Congress and, acting in the best interests of people with diabetes, endorsed the Clinton Health Security

The Association will urge lawmakers to define quality diabetes care as treatment that incorporates the Association's clinical practice guidelines. We will also present to legislators and policymakers information supporting the importance of self-management training for people with diabetes in helping them prevent the costly, long-term complications of the disease, including kidney disease, heart disease, stroke, blindness and nerve damage leading to amputations. In addition, we view a continuing commitment to basic and clinical research as an important element of quality care, since research forms the basis of such care.

As an Association, we are committed to informing and mobilizing our constituencies to ensure that people with diabetes receive the best care possible. We also will take a leadership role in building coalitions with other groups that deal with chronic diseases to ensure that all people with long-term illnesses receive the best care possible.

In conclusion, the American Diabetes Association supports the Clinton Health Security Act as best incorporating its *Principles of Health Care Reform*. We will continue to advocate strongly on behalf of people with diabetes to ensure that our *Principles* are included in any health care reform legislation enacted by Congress.

Act as the current plan best incorporating our *Principles of Health Care Reform*. This endorsement necessarily relates only to those elements of the Act that are relevant to our *Principles*, inasmuch as we do not have expertise in issues pertaining to financing.

The Association cited the Clinton Administration's sensitivity to the health care needs of people with diabetes as important to its decision to support the Clinton Health Security Act; it applauded the Act as the proposal that most specifically addresses the imperatives outlined in its *Principles of Health Care Reform*. The Clinton Health Security Act provides universal access to care; prohibits pre-existing condition exclusions; mandates for community rating; and provides coverage for insulin, blood glucose meters and test strips, and nutrition counseling.

The Association has acknowledged that there are elements of the Clinton Administration proposal that should be improved. Specifically, two crucial items consistent with our *Principles* remain, as yet, inadequately defined: 1) ensuring the quality of diabetes care; and 2) specific coverage for diabetes self-management training. As a national organization, we are committed to advocating for these improvements and will work with the Clinton Administration and key Members of Congress to advocate our position.

THE 1994 COMMITTEE

Chairman: Mrs. Bob (Mary) Clement, Tennessee

Co-Chairman: Mrs. E. Clay (Emilie) Shaw, Florida

Mrs. Bill Archer, Texas
Mrs. Joe Bartlett, Ohio
Mrs. Herbert Bateman, Virginia
Mrs. James Battle, Alabama
Mrs. Laurie Battle, Alabama
Mrs. Tom Bevill, Alabama
Mrs. James Bilbray, Nevada
Mrs. Bill Brewster, Oklahoma
Mrs. William Broomfield, Michigan
Mrs. John W. Bryant, Texas
Mrs. Jim Bunning, Kentucky
Mrs. Elford A. Cederberg, Michigan
Mrs. Jim Chapman, Texas
Mrs. Thomas Coleman, Missouri
Mrs. Jerry Costello, Illinois
Mrs. Calvin Dooley, California
Mrs. John Foley, Maryland
Mrs. Tony Hall, Ohio
Ms. Carrie Hamburg, California
Mrs. Jimmy Hayes, Louisiana
Mrs. Steve Horn, California
Mrs. Marvin Leath, Texas
Mrs. Norman Lent, New York
Mrs. Tom Lewis, Florida
Mrs. Glenard Lipscomb, California
Mrs. Robert Livingston, Louisiana
Mrs. Robert McClory, Illinois
Mrs. Louise McKenzie, Pennsylvania
Mrs. Alex McMillan, North Carolina
Mrs. John Myers, Indiana
Mrs. Ralph Regula, Ohio
Mrs. Jay Rhodes, Arizona
Mrs. Pat Roberts, Kansas
Mrs. J. Roy Rowland, Georgia
Mrs. Martin O. Sabo, Minnesota
Mrs. Neal Smith, Iowa
Mrs. Peter Smith, Vermont
Mrs. Mick Staton, West Virginia
Mrs. Al Swift, Washington
Mrs. John Tanner, Tennessee
Mrs. Richard Thompson, New York
Mrs. Ray Thornton, Arkansas
Mrs. Tim Valentine, North Carolina
Mrs. Harold Volkmer, Missouri

PATRONS

Amiel and Elaine Cueto
Archer Daniels Midland
AROMATIQUE, Inc.
Ashland Oil
BellSouth
Bristol-Myers Squibb Co.
Chicago Mercantile Exchange
Dow U.S.A.
Grocery Manufacturers of America, Inc.
Hecht's and Co.
Jeanette C. Rudy
Limited, Inc.
McDonald's Corporation
NYNEX
RJR Nabisco
The Tobacco Institute

HOSTS

George Mason University Scholars

Martin Haley, Virginia
Jeffrey Shen, New Jersey
Peter Morton, Virginia
Kenneth Stockard, Virginia
Michael Whitlock, Virginia

CONTRIBUTORS

Accessory Network
American Airlines
American Greetings
AT&T
Avon
Judy Collins
Decorating Den Systems, Inc. – tablecloths
Delta Airlines
Enesco Corporation
Federal Express
Chef Rupert Froehlich
Hecht's and Co.
Homestead Gardens, Inc.
Ivana Trump
Lydia de La Vina de Foley
Maybelline
National Soft Drink Association
Ms. Denise Offray
Paul Pincus, Landscape Architect
Procter and Gamble Cosmetic and Fragrance Products Co.
Mrs. Kathleen Randall, Omni Shoreham
Reception Music, Mrs. Tom Bevill, and Mrs. John Grotberg
Revlon, Inc.
St. John
Carol Stoessinger
Summitville Tiles
Swank Audio Visuals, Inc.
The Ann Hand Collection
The Flower Council of Holland, Gordon L. Smith and Co.
The Omni Shoreham Hotel
The Wine Institute
Time Warner Inc.
U.S. Botanical Gardens
Vera Bradley Designs
Russell Walden, Accompanist
Waverly

Many people have contributed to the success of The First Lady's Luncheon. We have tried to thank each one individually and acknowledge them here publicly. To those whom we may have inadvertently overlooked, our sincere apologies and thanks.

The centerpiece is lovely
As each lady sees
Let us all enjoy its beauty
But then, kindly leave it please!

Cover Art Design by Mrs. Mary Bunning.
Collage Art by Mrs. Sallie Smith.

Post-it™ brand Fax Transmittal Memo 7672

To Liz Boyer
Company Office of the First Lady
Location The White House
Fax # 202-456-2239 Telephone #
Comments

No. of Pages 1 Date 5/17/94 Time 12:20 p.m.
From Gail Song
Company Wellesley College
Location Dept. Charge
Fax # 617-283-3635 Telephone # 617-283-2225
Original Disposition: ☐ Destroy ☐ Return ☐ Call for pickup

This is a preliminary program as requested by Alan Schechter. Please call if you have any further questions.

952
8911

The Washington Wellesley Club Annual Meeting and 50th Anniversary of the Washington Internship Program

Program of Events

ANNUAL MEETING OF THE WASHINGTON WELLESLEY CLUB

WINE RECEPTION

ANNUAL REPORT *and* ELECTION OF BOARD OFFICERS

Jean Seibert Stucky '73
President, Washington Wellesley Club

50TH ANNIVERSARY OF THE WASHINGTON INTERNSHIP PROGRAM

FRIDAY, JUNE 10, 1994

FACULTY AND FORMER INTERNS
of the WASHINGTON INTERNSHIP PROGRAM
and INTRODUCTION OF FORMER DIRECTORS

Edward A. Stettner
Professor of Political Science at Wellesley College and Director of the Washington Internship Program

Sherley Heidenberg Koteen '40
Art Consultant/President, Sherley Koteen Associates

Mary Lyndon Shanley '66,
Professor of Political Science at Vassar College

Janice Krigbaum Piercy '69
U.S. Executive Director Designate, World Bank

A video message from
Hillary Rodham Clinton '69
First Lady, The White House

Tina Choi
Class of 1994

Diana Chapman Walsh '66
Twelfth President of Wellesley College

with introduction by Virginia Gulld Watkin '46
Trustee

American Diabetes Association.

National Center 1660 Duke Street Alexandria, Virginia 22314 (703) 549-1500 Telex: 901132 Fax: (703) 836-7439

March 1, 1994

TO: Paul Spagnoletti
Office of Public Liaison
The White House

FROM: Jerry Franz
Vice President of Communications

RE: American Diabetes Association's Position Statement on National Health Care Reform

Thank you for your interest in reviewing the American Diabetes Association's Position Statement on National Health Care Reform.

The leadership of our organization is committed to doing what is best for people with diabetes and is desirous of helping achieve real reform in health care to improve the lives of people with diabetes.

We are interested in discussing any ways that we might work with your office to advance our mutual interests. Ideally, we would like to meet with you before close-of-business this Friday, March 5, in advance of our Board of Directors meeting on March 6.

Once you have had a chance to review this information, please give me a call at 703-549-1500, ext. 291.

March 24, 1994
Publication: SR-35-Health

dpc

From the Desk of
MELANNE VERVEER

This is from Sen. Reegle. He wants HRC to come to a HUGE (5,000+) Seniors rally in Lansing on 5/...

SM

Fill May

18th May

Senior Power Day

Michigan

probably not check w/ Melanne

yes we shld try to do

Health Care Through Shared Responsibility

Building on an American Working Tradition

DPC Staff Contact: Sean Kelly; Rindy O'Brien (202-224-3232)
DPC Media Contacts: Debra Silimeo (202-224-3232); Mary Ann Hill (202-224-2939)

dpc

Democratic Policy Committee
United States Senate
Washington, D.C. 20510

George J. Mitchell, Chairman
Thomas A. Daschle, Co-Chairman

Introduction

President Clinton's health care reform plan proposes guaranteed private health insurance for all Americans. This plan proposes to build upon our current system under which employers and families contribute toward the purchase of health insurance. A system of shared responsibility makes sense. It is the best way to provide universal coverage without placing an undue burden on either American families or American business.

✔ IT BUILDS ON A SYSTEM THAT WORKS, AND ENJOYS PUBLIC SUPPORT

Currently, more than 80 percent of Americans with private insurance get health care coverage through a workplace. We should build on a system that works for many American families, rather than shift the entire burden for health coverage onto families. The American public overwhelmingly supports a system of shared responsibility.

✔ IT WILL REDUCE COST SHIFTING

Those employers who now provide health care benefits also pay a staggering amount for the health care of employees who work for employers who do not provide insurance coverage for their workers. They pay billions in increased insurance premiums to cover the uncompensated care of the employees of others. And, they pay even more to provide insurance for working spouses of their employees. Requiring all employers to share the responsibility will put an end to this type of cost-shifting.

March 24, 1994
Publication: SR-35-Health

dnc

From the Desk of
MELANNE VERVEER

This is from Sen. Reegle. He wants me to come to a HUGE ($5,000 +) Senate reception in Lansing on 5/1

Health Care Through Shared Responsibility

Building on an American Working Tradition

Senior Power Day — Michigan

probably not check w/ Melanne yes we should try to do

DPC Staff Contact: Sean Kelly; Rindy O'Brien (202-224-3232)
DPC Media Contacts: Debra Silimeo (202-224-3232); Mary Ann Hill (202-224-2939)

dpc

Democratic Policy Committee
United States Senate
Washington, D.C. 20510

George J. Mitchell, Chairman
Thomas A. Daschle, Co–Chairman

Introduction

President Clinton's health care reform plan proposes guaranteed private health insurance for all Americans. This plan proposes to build upon our current system under which employers and families contribute toward the purchase of health insurance. A system of shared responsibility makes sense. It is the best way to provide universal coverage without placing an undue burden on either American families or American business.

✔ IT BUILDS ON A SYSTEM THAT WORKS, AND ENJOYS PUBLIC SUPPORT

Currently, more than 80 percent of Americans with private insurance get health care coverage through a workplace. We should build on a system that works for many American families, rather than shift the entire burden for health coverage onto families. The American public overwhelmingly supports a system of shared responsibility.

✔ IT WILL REDUCE COST SHIFTING

Those employers who now provide health care benefits also pay a staggering amount for the health care of employees who work for employers who do not provide insurance coverage for their workers. They pay billions in increased insurance premiums to cover the uncompensated care of the employees of others. And, they pay even more to provide insurance for working spouses of their employees. Requiring all employers to share the responsibility will put an end to this type of cost-shifting.

Discard previous editions

APPOINTEE				POSITION					STATUS						DIVERSITY					TERMS			TRACKING						
TBD	Hold-over	Last Name	First Name	Location	Title	Designation	Dept/Agency	Notes/Comments	Type	Level/Grade	F-T/P-T	Status	Term	Exp Date	Domicile	Race	Sex	Disabled	Party	Pol Sig	Hold-over	Reminder	Start Memo	Public Record Search	Counsel Pre-Approve	Annc'd	Senate Nom	Senate Conf	Appt Date
		Metzler	Cynthia A	3	Asst Secretary	Administration & Management	Labor, Department of	New Position	PAS		FT	N	POP		DC	W	F		D		N	N	2/4/94		3/4/94	3/11/94	4/14/94		
		Lewis	Anne	3	Asst Secretary	(Public Affairs)	Labor, Department of		PAS		FT	A	POP		MD	W	F				N	N	4/29/93	4/28/93		5/17/93	7/29/93	10/8/93	
		Manley	Martin J	3	Asst Secretary	(American Workplace)	Labor, Department of	elevated from SES slot; fmrly Labor-Mgmt Standards	PAS		FT	A	POP		CA	W	M				N	N				7/14/93	9/7/93		11/
		McAteer	J Davitt	3	Asst Secretary	Mine Safety & Health	Labor, Department of		PAS		FT	A	POP		WV	W	M				N	N	7/13/93			8/31/93	10/13/93	2/8/94	
		Pelast	Geri D	3	Asst Secretary	(Cong & Intergovt Relations)	Labor, Department of		PAS		FT	A	POP		CA	W	F				N	N	1/21/93	1/21/93	2/22/93	2/23/93	4/2/93	5/24/93	5/25/93
		Ross	Douglas	3	Asst Secretary	(Employment & Training)	Labor, Department of		PAS		FT	A	POP		MI	W	M		D		N	N	3/22/93	3/22/93		4/19/93	6/7/93	6/6/93	
		Taylor, Jr	Preston M	3	Asst Secretary	Veterans Empl & Training	Labor, Department of		PAS		FT	A	POP		NJ	AA	M				N	N	7/22/93			8/31/93	10/25/93	11/22/93	11
		Abraham	Katharine	4	Commissioner	Bureau of Labor Statistics	Labor, Department of		PAS		FT	A	4		IA	W	F				N	N	5/28/93			6/25/93	8/8/93	10/8/93	
		Echaveste	Maria	4	Administrator	Wage & Hour Division	Labor, Department of		PAS		FT	A	POP		NY	H	F		D		N	N	3/22/93	3/25/93		4/5/93	4/28/93	6/25/93	6
		Nussbaum	Karen B	4	Director	Women's Bureau	Labor, Department of		PAS		FT	A	POP		OH	W	F				N	N	3/22/92	3/22/93		4/20/93	5/7/93	6/25/93	6
		Williamson, Jr	Thomas S	4	Solicitor		Labor, Department of		PAS		FT	A	POP		CA	AA	M		D		N	N	1/21/93	1/21/93	2/22/93	2/23/93	4/27/93	5/24/93	5/25/93
		Masten	Charles C	6	Inspector General		Labor, Department of		PAS		FT	A	POP		VA	AA	M				N	N	7/13/93			8/10/93	10/1/93	11/22/93	11/
4		Jordan	Barbara	1	Chair		Legal Immig Reform, Comm on	also 4 appt by Congress	PA		PT	A			TX	AA	F		D		N	N	12/15/93			12/14/93			12/
4		Askew	Hulett H	1	Mbr, Bd of Dirs		Legal Services Corporation	Corp Pres mbr ex officio	PAS		PT	A	3	7/13/95	GA	W	M		D	B	Y	Y	5/11/93			8/6/93	8/6/93	10/21/93	10/22/93
		Battle	La Veeda M	1	Mbr, Bd of Dirs		Legal Services Corporation		PAS		PT	A	3	7/13/95	AL	AA	F		D	B	Y	Y	5/11/93			8/6/93	8/6/93	10/21/93	10/22/93
		Broderick	John T	1	Mbr, Bd of Dirs		Legal Services Corporation		PAS		PT	A	3	7/13/96	NH	W	M		D	B	Y	Y	5/11/93			8/6/93	8/6/93	10/21/93	10/22/93
		Brooks	John G	1	Mbr, Bd of Dirs		Legal Services Corporation		PAS		PT	A	3	7/13/95	MA	W	M		R	B	Y	Y	5/11/93			8/6/93	8/6/93	10/21/93	10/22/93
		Eakley	Douglas	1	Mbr, Bd of Dirs		Legal Services Corporation		PAS		PT	A	3	7/13/96	NJ	W	M		D	B	Y	Y	5/11/93			8/6/93	8/6/93	10/21/93	10/
		Fairbanks-Williams	Edna	1	Mbr, Bd of Dirs		Legal Services Corporation		PAS		PT	A	3		VT	W	F			B	Y	Y	7/22/93			8/6/93	9/7/93	10/21/93	10/22/93
		McCalpin	F William	1	Mbr, Bd of Dirs		Legal Services Corporation		PAS		PT	A	3	7/13/96	MO	W	M		R	B	Y	Y	5/11/93			8/6/93	8/6/93	10/21/93	10/22/93
		Mercado	Maria L	1	Mbr, Bd of Dirs		Legal Services Corporation		PAS		PT	A	3	7/13/96	TX	H	F		D	B	Y	Y	5/11/93			8/6/93	8/6/93	10/21/93	10/22/93
		Rogers	Nancy H	1	Mbr, Bd of Dirs		Legal Services Corporation		PAS		PT	A	3	7/13/95	OH	W	F		R	B	Y	Y	5/11/93			8/6/93	8/6/93	10/21/93	10/
		Smegal	Thomas	1	Mbr, Bd of Dirs		Legal Services Corporation		PAS		PT	A	3	7/13/96	CA	W	M		R	B	Y	Y	5/11/93			8/6/93	8/6/93	10/21/93	10/22/93
		Watlington	Ernestine P	1	Mbr, Bd of Dirs		Legal Services Corporation		PAS		PT	A	3		PA	AA	F			B	Y	Y	7/2/93			8/6/93	9/7/93	10/21/93	10/22/93
2		Simon	Jeanne H	1	Chair		Libraries & Info Sci, Natl Comm		PAS		PT	A	5		IL	W	F		D		Y	Y	7/20/93		9/30/93	11/16/93	11/16/93	11/22/93	11/
	I	Adamovich	Shirley	2	Member	(library/info specialist)	Libraries & Info Sci, Natl Comm		PAS		PT	A	5	7/19/96	NH	W	F		R		Y	Y							
	H	Casey, Jr	Daniel	2	Member	(elderly needs specialist)	Libraries & Info Sci, Natl Comm		PAS		PT	A	5	7/19/94	NY	W	M		R		Y	Y							
	H	DiPrete	Carol	2	Member	(library/info specialist)	Libraries & Info Sci, Natl Comm		PAS		PT	A	5	7/19/96	RI	W	F		I		Y	Y							11/
		Gould	Martha B	2	Member	(library/info specialist)	Libraries & Info Sci, Natl Comm		PAS		PT	A	5	7/19/97	NV	W	F		D		Y	Y	7/20/93		11/3/93	11/23/93	11/22/93	4/15/94	4
	H	Kalinson	Norman	2	Member	(public)	Libraries & Info Sci, Natl Comm		PAS		PT	A	5	7/19/95	IA	W	M		R		Y	Y							11/19/91

DETERMINED TO BE AN ADMINISTRATIVE MARKING
INITIALS: AOB DATE: 4/14/14

PRIVATE AND ~~CONFIDENTIAL~~

2014-0483-S

Wed

SM

To: First Lady Scheduling
From: Walter Zelman
RE: Meeting with Clinic Directors

Heads of some of the nation's most prominent specialty clinics will be coming to D.C. on May 18 for a meeting with me and others from the policy unit.

Their meeting with us will be scheduled from ~~about 10 or~~ 11 A.M. until ~~about 2:30 or~~ 3. As discussed yesterday with your office we will expect the First Lady to drop in around 2.

Present will be directors or assistants to directors of some or all of the following clinics: Mayo, Cleveland, Geisinger, Scrippts, Kaiser and others.

Their association meets in early June. It is my hope that the May 18 meeting may pave the way to a positive public statement in June

More detail to follow.

Melanne –
Is this important to him?

American Diabetes Association.

National Center 1660 Duke Street Alexandria, Virginia 22314 (703) 549-1500 Telex: 901132 Fax: (703) 836-7439

April 14, 1994

What is date of event. I think this is something she should do

Hillary Rodham Clinton
Old Executive Office Bldg.
Room 287
Washington, DC 20200

Dear Mrs. Clinton:

We are in receipt of your March 22 letter and are disappointed that you will not be able to come to our annual meeting to receive the American Diabetes Association's 1994 C. Everett Koop Medal for Health Promotion and Awareness.

As you know, this award is given annually to honor individual excellence in wellness promotion and disease prevention. As chair of the President's Task Force on Health Care Reform, you have made an outstanding contribution to the health and well-being of all Americans by making health care reform a priority for the Clinton Administration, the Congress and the country.

While you are not able to actually be present to receive this award, we would very much like to have you address our members via a pre-taped video. We would anticipate working with your staff to create a short two to three minute video for this purpose.

As you can imagine, the outcome of the health care reform debate is crucial to the almost 14 million Americans with diabetes. The American Diabetes Association developed its *Principles on Health Care Reform* to clarify and focus our advocacy efforts nationwide. A copy of these *Principles* is enclosed. After evaluating each of the health care reform proposals, the association has now developed a position statement supporting the Clinton health care plan, **your** health care plan, as the one that best incorporates our *Principles*.

The American Diabetes Association is the nation's leading voluntary health association serving people with diabetes. Our membership includes people with diabetes, as well as the health care professionals who serve them.

The effects of diabetes on our nation's people and our economy are staggering. Diabetes is the fourth leading cause of death by disease in this country and kills 150,000 Americans every year. The complications of diabetes -- blindness, kidney disease, amputations, heart disease, and birth defects -- cost our nation in excess of *$91 billion a year*. The results of a 10-year clinical trial conducted by the National Institutes of Health indicated that many of these complications are largely preventable with appropriate health care.

For these reasons, the Association has worked for many years to ensure access to health care for people with diabetes and our membership is committed to making it happen this year.

We applaud you for your personal expertise, deep dedication and outstanding leadership on health care reform. We hope you agree that addressing our membership through a video is worthwhile as we move forward in our efforts together to accomplish meaningful health care reform.

If you have any questions, you may wish to contact John H. Graham, IV, Chief Executive Officer of the American Diabetes Association. Mr. Graham can be reached at (703) 549-1500, extension 298.

We look forward to your favorable response.

Sincerely,

Michael A. Greene
Chair of the Board

James R. Gavin III, MD, PhD
President

Patricia D. Stenger, RN, CDE
Senior Vice President

VIDEO ?

American Diabetes Association

Position Statement on National Health Care Reform
April 11, 1994

Consistent with our mission -- to prevent and cure diabetes and to improve the lives of all people affected by diabetes -- the American Diabetes Association views the current health care reform discussion as an important and perhaps unique opportunity to advance our guiding principle: what is best for people with diabetes. In this spirit, the Association developed its *Principles on Health Care Reform*, which we believe must be incorporated in <u>any</u> proposal under consideration.

The *Principles* seek to:

I. Ensure universal access to quality diabetes treatment.

II. Prohibit pre-existing condition exclusions.

III. Provide coverage for prescription drugs and insulin, as well as for diabetes-related supplies, equipment and education.

IV. Achieve a mandate for community rating, a process that bases premiums on the number of people -- not the type of health claims -- in a group (eg., a large city or metropolitan area).

These *Principles* defined the scope of our evaluation of the various health care reform proposals now under discussion and served as objective criteria for comparison. The leadership of the Association reviewed analyses of the various health care reform proposals pending in Congress and, acting in the best interests of people with diabetes, has recognized the Clinton Health

Security Act as the current plan best incorporating our *Principles on Health Care Reform*. The Association strongly supports those elements of the Act that are relevant to our *Principles*.

The Clinton Health Security Act provides universal coverage; prohibits pre-existing condition exclusions; mandates community rating; and provides coverage for insulin, blood glucose meters and test strips, and nutrition counseling. The Association cited the Clinton Administration's sensitivity to the health care needs of people with diabetes and applauded the Act as the proposal that currently most specifically addresses the imperatives outlined in its *Principles on Health Care Reform*.

However, the Association also acknowledges that there are elements of the Clinton Administration proposal that must be improved. Specifically, four crucial items consistent with our *Principles* must be adequately addressed in any final health care reform package approved by Congress: 1) means to ensure the quality of diabetes care, including appropriate access to specialists; 2) specific coverage for diabetes self-management training; 3) specific coverage for disposable syringes; and 4) expanded funding for basic and clinical research. As a national organization, we are committed to advocating for these improvements and will work with the Clinton Administration and key Members of Congress to advocate our position.

The Association will urge lawmakers to define quality diabetes care as treatment that incorporates the Association's clinical practice guidelines. Based on these guidelines, the Association will seek legislative language that ensures appropriate access to specialists. We also will present to legislators and policymakers information supporting the importance of self-management training for people with diabetes to help them prevent the costly, long-term complications of the disease, including kidney disease, heart disease, stroke, blindness and nerve damage leading to amputations. We will seek specific coverage for disposable syringes to enable people with diabetes to appropriately treat their disease and prevent or delay its complications. In addition, we view a continuing commitment to basic and clinical research as an important element of quality care, since research forms the basis of such care.

As an Association, we are committed to informing and mobilizing our constituencies to ensure that people with diabetes receive the best care possible. We also will take a leadership role in building coalitions with other groups that deal with chronic diseases to ensure that all people with long-term illnesses receive the best care possible.

In conclusion, the American Diabetes Association recognizes that the Clinton Health Security Act is the health care reform proposal that currently best incorporates the Association's *Principles on Health Care Reform*. The Association will work closely with the Administration to improve the Act's appropriateness for people with diabetes and other chronic diseases.

Equally important, the Association will continue to carefully evaluate all other health care reform legislation and work with Congress to ensure that the final package includes those provisions that best meet the needs of people with diabetes. As the primary advocate for people with diabetes, the Association intends to ensure that our *Principles* are included in any health care reform legislation enacted by Congress.

# # #

American Diabetes Association.

National Center 1660 Duke Street Alexandria, Virginia 22314 (703) 549-1500 Telex: 901132 Fax: (703) 836-7439

video 5/98

May 11, 1994

updated Info for 6/10/94 event

Ms. Patti Solis
Special Assistant to the President
Director of Scheduling for the First Lady
The White House
Washington, D.C. 20500

Dear Patti:

Thank you for your call yesterday and for your help with the First Lady's video. Mrs. Clinton's taped massage will mean a great deal to the nearly 1,000 doctors, nurses, diabetes educators and other medical professionals, and laypersons -- all actively involved in our mission to prevent and cure diabetes and improve the lives of all people affected by diabetes -- who will attend our 54th Annual Meeting next month in New Orleans. Please thank the First Lady on behalf of the Association for taking the time to tape this important message.

As we discussed, we will be honoring Mrs. Clinton with the C. Everett Koop Medal for Health Promotion and Awareness during our Volunteer Recognition Luncheon, 12:15 p.m. to 2:00 p.m., Friday, June 10. Please see the attached timeline for the exact presentation time. Roz Lasker, MD, Special Assistant to the Assistant Secretary for Health, will accept the award on Mrs. Clinton's behalf and introduce the video.

The Koop Medal honors excellence in wellness promotion and disease prevention. All past recipients, which include the first recipient, Former Surgeon General of the United states C. Everett Koop, MD; Ted Turner; Delaware Governor Michael N. Castle; and Connecticut Governor Lowell P. Weicker, have made significant contributions to increasing the public's awareness regarding health-related issues that pose a potential hazard to the general health and well being of the American public. The award was inaugurated in 1990 during the 50th Anniversary of the American Diabetes Association.

In light of Mrs. Clinton's efforts to reform the American health care system and provide insurance coverage for all Americans, we can think of no one more deserving of this award.

I have attached some suggested talking points for you to use in preparing the script. Please feel free to call me at 703.549.1500, x292, if you have any questions. Thanks again for all of your help.

Sincerely,

Christopher S. McNamara
Director of Communications

Encls.

SESSION 4: VOLUNTEER RECOGNITION LUNCHEON
FRIDAY, JUNE 10, 1994
12:15pm - 2:00pm
BALLROOMS A - D

12:00pm	**Doors Open**
12:00pm - 12:15pm	**Walk-In Music**
12:15pm - 12:17pm	**Opening Comments/Intro Upjohn Rep.** *Michael A. Greene*, Presiding Chair of the Board
12:18pm - 12:19pm	**Upjohn Rep. Comments**
12:19pm - 12:29pm	**Partners for a Cure Awards (Gavin)** **Summit Circle Awards (Gavin)**
12:29pm - 12:30pm	**Transition to Lunch (Greene)**
12:30pm - 1:00pm	**Lunch**
1:00pm - 1:01pm	**VOG Intro Mark Fruiterman**
1:02pm - 1:04pm	**Intro Awards Presentation (Fruiterman)**
1:04pm - 1:29pm	**Affiliate Voluntary Research Contributions (Greene)** **Outgoing Regional Team Members (Greene)** **Outgoing Committee, Council and Task Force Chairs (Stenger** **Outgoing Members, Board of Directors**
1:30pm - 1:32pm	**Fruiterman Intros Greene, Greene Intros C. Everett Koop Award/Lasker Intro**
1:33pm - 1:38pm	**C. Everett Koop Award Acceptance/Hillary Clinton Video (Lasker)Intro Health Care Reform Keynote Speaker**
1:39pm - 1:54pm	**Health Care Reform Keynote**
1:55pm - 1:56pm	**Intro Fund-Raising Update (Fruiterman)**
1:56pm - 1:58pm	**Fund-Raising Update**
1:59pm - 2:00pm	**Closing Comments (Fruiterman)**

American Diabetes Association

Position Statement on National Health Care Reform
April 11, 1994

Consistent with our mission -- to prevent and cure diabetes and to improve the lives of all people affected by diabetes -- the American Diabetes Association views the current health care reform discussion as an important and perhaps unique opportunity to advance our guiding principle: what is best for people with diabetes. In this spirit, the Association developed its *Principles on Health Care Reform*, which we believe must be incorporated in <u>any</u> proposal under consideration.

The *Principles* seek to:

I. Ensure universal access to quality diabetes treatment.

II. Prohibit pre-existing condition exclusions.

III. Provide coverage for prescription drugs and insulin, as well as for diabetes-related supplies, equipment and education.

IV. Achieve a mandate for community rating, a process that bases premiums on the number of people -- not the type of health claims -- in a group (eg., a large city or metropolitan area).

These *Principles* defined the scope of our evaluation of the various health care reform proposals now under discussion and served as objective criteria for comparison. The leadership of the Association reviewed analyses of the various health care reform proposals pending in Congress and, acting in the best interests of people with diabetes, has recognized the Clinton Health

Security Act as the current plan best incorporating our *Principles on Health Care Reform*. The Association strongly supports those elements of the Act that are relevant to our *Principles*.

The Clinton Health Security Act provides universal coverage; prohibits pre-existing condition exclusions; mandates community rating; and provides coverage for insulin, blood glucose meters and test strips, and nutrition counseling. The Association cited the Clinton Administration's sensitivity to the health care needs of people with diabetes and applauded the Act as the proposal that currently most specifically addresses the imperatives outlined in its *Principles on Health Care Reform*.

However, the Association also acknowledges that there are elements of the Clinton Administration proposal that must be improved. Specifically, four crucial items consistent with our *Principles* must be adequately addressed in any final health care reform package approved by Congress: 1) means to ensure the quality of diabetes care, including appropriate access to specialists; 2) specific coverage for diabetes self-management training; 3) specific coverage for disposable syringes; and 4) expanded funding for basic and clinical research. As a national organization, we are committed to advocating for these improvements and will work with the Clinton Administration and key Members of Congress to advocate our position.

The Association will urge lawmakers to define quality diabetes care as treatment that incorporates the Association's clinical practice guidelines. Based on these guidelines, the Association will seek legislative language that ensures appropriate access to specialists. We also will present to legislators and policymakers information supporting the importance of self-management training for people with diabetes to help them prevent the costly, long-term complications of the disease, including kidney disease, heart disease, stroke, blindness and nerve damage leading to amputations. We will seek specific coverage for disposable syringes to enable people with diabetes to appropriately treat their disease and prevent or delay its complications. In addition, we view a continuing commitment to basic and clinical research as an important element of quality care, since research forms the basis of such care.

As an Association, we are committed to informing and mobilizing our constituencies to ensure that people with diabetes receive the best care possible. We also will take a leadership role in building coalitions with other groups that deal with chronic diseases to ensure that all people with long-term illnesses receive the best care possible.

In conclusion, the American Diabetes Association recognizes that the Clinton Health Security Act is the health care reform proposal that currently best incorporates the Association's *Principles on Health Care Reform.* The Association will work closely with the Administration to improve the Act's appropriateness for people with diabetes and other chronic diseases.

Equally important, the Association will continue to carefully evaluate all other health care reform legislation and work with Congress to ensure that the final package includes those provisions that best meet the needs of people with diabetes. As the primary advocate for people with diabetes, the Association intends to ensure that our *Principles* are included in any health care reform legislation enacted by Congress.

# # #

SM

American Diabetes Association.

National Center 1660 Duke Street Alexandria, Virginia 22314 (703) 549-1500 Telex: 901132 Fax: (703) 836-7439

18th

April 8, 1994

Melanne

Video?

Ms. Patti Solis
Special Assistant to the President
Director of Scheduling for the First Lady
Old Executive Office Building
Room 287
The White House
Washington, DC 20200

Dear Ms. Solis:

Thank you for your call today. Attached is the letter to Mrs. Clinton from our senior volunteer officers that we discussed.

As I mentioned, the American Diabetes Association would like to honor Mrs. Clinton with our C. Everett Koop Medal for Health Promotion and Awareness at our Annual Meeting in early June. We present this award to recognize individual excellence in wellness promotion and disease prevention. All past recipients, which include, of course, C. Everett Koop, MD, Ted Turner, Delaware Governor Michael N. Castle and Connecticut Governor Lowell P. Weicker, have made significant contributions to increasing public awareness about lifestyles and activities that pose potential hazards to the general good health and well being.

In light of Mrs. Clinton's efforts to reform the American health care system and provide insurance coverage for all Americans, we can think of no one more deserving of this award.

We do understand that she will not be able to attend our June Annual Meeting in New Orleans. However, we would greatly appreciate a brief videotaped message from the First Lady accepting the award and offering this group of more than 1,000 Association volunteers and staff a few words of encouragement. We would be happy to assist with any scripting. Thank you for your help.

Sincerely,

Christopher S. McNamara
Director of Communications

American Diabetes Association.

National Center 1660 Duke Street Alexandria, Virginia 22314 (703) 549-1500 Telex: 901132 Fax: (703) 836-7439

March 28, 1994

Hillary Rodham Clinton
Old Executive Office Bldg.
Room 287
Washington, DC 20200

Dear Mrs. Clinton:

We are in receipt of your March 22 letter and are disappointed that you will not be able to come to our annual meeting to receive the American Diabetes Association's 1994 C. Everett Koop Medal for Health Promotion and Awareness.

As you know, this award is given annually to honor individual excellence in wellness promotion and disease prevention. As chair of the President's Task Force on Health Care Reform, you have made an outstanding contribution to the health and well-being of all Americans by making health care reform a priority for the Clinton Administration, the Congress and the country.

While you are not able to actually be present to receive this award, we would very much like to have you address our members via a pre-taped video. We would anticipate working with your staff to create a short two to three minute video for this purpose.

As you can imagine, the outcome of the health care reform debate is crucial to the almost 14 million Americans with diabetes. The American Diabetes Association developed its *Principles on Health Care Reform* to clarify and focus our advocacy efforts nationwide. A copy of these *Principles* is enclosed. After evaluating each of the health care reform proposals, the association has now developed a position statement supporting the Clinton health care plan, your health care plan, as the one that best incorporates our *Principles*.

The American Diabetes Association is the nation's leading voluntary health association serving people with diabetes. Our membership includes people with diabetes, as well as the health care professionals who serve them.

The effects of diabetes on our nation's people and our economy are staggering. Diabetes is the fourth leading cause of death by disease in this country and kills 150,000 Americans every year. The complications of diabetes -- blindness, kidney disease, amputations, heart disease, and birth defects - cost our nation in excess of *$91 billion a year*. The results of a 10-year clinical trial conducted by the National Institutes of Health indicated that many of these complications are largely preventable with appropriate health care.

American Diabetes Association.

For these reasons, the Association has worked for many years to ensure access to health care for people with diabetes and our membership is committed to making it happen this year.

We applaud you for your personal expertise, deep dedication and outstanding leadership on health care reform. We hope you agree that addressing our membership through a video is worthwhile as we move forward in our efforts together to accomplish meaningful health care reform.

If you have any questions, you may wish to contact John H. Graham, IV, Chief Executive Officer of the American Diabetes Association. Mr. Graham can be reached at (703) 549-1500, extension 298.

We look forward to your favorable response.

Sincerely,

Michael A. Greene
Chair of the Board

James R. Gavin III, MD, PhD
President

Patricia D. Stenger, RN, DE
Senior Vice President

SCHEDULE FOR HILLARY RODHAM CLINTON
DATE: WEDNESDAY, MAY 18, 1994
FINAL

Scheduling Desk:	**Sharon Kennedy/Julie Hopper**
	202-456-2922 or 7561 office
	202-456-2317 fax
	202-797-2145 home
	1-800-528-7528 WHCA #4233

PREV RON The White House

9:00 am -
9:25 am **DROP BY** w/Sid Blumenthal
Diplomatic Reception Room
CLOSED PRESS

Contact: Nina Plankin
202-296-5840

9:30 am-
9:35 am **DROP BY** w/Alex Forger, Pres. of the Legal Services
Diplomatic Reception Room
CLOSED PRESS

Contact: Alex Forger
202-336-8800

Staff Contact: Melanne Verveer
456-2538

NOTE: White House Photographer will be present.

9:50 am **PROCEED to OEOB**

10:00 am-
10:25 am **SATELLITE FEED TO SENIOR DAY [w/Sen. Riegle]**
Room 459 OEOB
OPEN PRESS on site at event

NOTE: The satellite will be two way audio and one way video.

FORMAT:

10:05 am *Intro. by Sen. Riegle (1 minute)
10:06 am *HRC speaks (7-10 minutes)
10:16 am *Q & A between HRC & Sen. Riegle (5-7 minutes)
10:23 am *Closing comments by Sen. Riegle.
10:25 am *End & next event.

PARTICIPANTS: Approx. 4,000 expected to be in attendance.
(See briefing book for further info.)

Staff Contact: Debbie Chang
202-224-3612 (W)
703-525-8929 (H)

NOTE: The screen will fade to black at 10:30 am.

11:00 am **DEPART** The White House South Portico
EN ROUTE Omni Shoreham Hotel
[Drive time: 10 minutes]
Traveling Staff:
-Julie Hopper or Capricia Marshall
-Melanne Verveer
-Doris Matsui
-White House Photographer

11:10 am **ARRIVE** The Omni Shoreham Hotel

NOTE: Brian McPartlin will meet HRC curbside.

Greeters: Mary Clement, Co-Chairwoman, Congressional Club-First Ladies Lunch
Emilie Shaw, Co-Chairwoman, Congressional Club-First Ladies Lunch
Trish Lott, President, Congressional Club

11:15 am **VIP RECEPTION**
Ambassador Room
CLOSED PRESS

PARTICIPANTS: Approx. 180 attending.
[See briefing book for more info.]

FORMAT: There will be a receiving line.
NOTE: A photographer from the Congressional Club will be present.

NOTE: Head Table participants will hold in Ambassador's Room for procession. HRC & Mrs. Gore will be presented last.

12:00 pm- **CONGRESSIONAL CLUB-FIRST LADIES LUNCH**
Omni Shoreham Hotel
Regency Room
Holding Room - the President's Room
Phone: 202-234-0700
Attire: Business
CLOSED PRESS

PARTICIPANTS: Approx. 1200 to attend.
[See briefing book for more info.]

FORMAT:

12:00 pm *Co-Chairwomen Mary Clement & Emilie Shaw intro. runway participants, HRC will be presented last, proceed down runway to headtable w/military escort. (HRC will be seated next to Heather Foley.)
12:20 pm *Trish Lott makes brief welcoming remarks, all stand for the singing of the National Anthem & brief invocation.(Invocation by Mrs. John Breaux)
12:30 pm *Lunch
1:15 pm *Trish Lott makes remarks & announces the charity that will receive a gift from the Cong. Club.
1:23 pm *Trish Lott intros HRC.
1:25 pm *HRC makes brief remarks
*Trish Lott will present gift to HRC.
1:35 pm *Barbara Valetine presents the Entertainment.
2:00 pm *Depart from headtable (exit down runway, do not work ropeline.)

Contact: Mary Clement
202-225-4311

2:00 pm **DEPART** The Hotel
EN ROUTE The White House
NOTE: Mrs. Gore will ride back to the White House w/HRC.

2:10 pm **ARRIVE** The White House South Portico

2:20 pm **BRIEFING FOR EVENT** (w/the President, the Vice President, Mrs. Gore and Secretary Shalala)
Red Room

2:30 pm- **HEAD START REAUTHORIZATION BILL SIGNING**
3:30 pm **[w/The President]**
East Room
OPEN PRESS

PARTICIPANTS: Approx. 380 to attend.
[See briefing book for more info.]

FORMAT:
--HRC makes welcoming remarks and intros Mrs. Gore.

--Mrs. Gore makes brief remarks and intros Jeanne Kendall.

--Jeanne Kendall makes brief remarks and intros Sec. Shalala.

--Sec. Shalala makes brief remarks and intros the Vice President.

--The Vice President makes brief remarks and intros Dr. Ansel Johnson.

--Dr. Johnson makes brief remarks and intros the President.

--The President delivers remarks, proceeds to the signing table and asks Head Start Student Brian Rivera to hand him the signing pen.

--The President signs the bill.

--HRC makes remarks on the birthday cake and the reception in the Grand Foyer and State Dining Rooms.

--The President, HRC, the Vice President and Mrs. Gore work ropeline and proceed to the parlor rooms.

Event Coordinator: Lee Satterfield
456-2920

Staff Contact: Jennifer O'Connor
456-2572

3:45 pm-
4:00 pm

DROP-BY w/Clinic Directors
Room 100 OEOB, Conference Room
CLOSED PRESS

PARTICIPANTS: Approx. 15 expected to attend (See briefing book for further info).

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. schedule	Schedule for Hillary Rodham Clinton, Final [partial] (1 page)	5/18/94	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3986

FOLDER TITLE:
[HRC Daily File] May 18, 1994

2014-0483-S
sb422

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

FORMAT:
-Walter Zelman will brief HRC in Maggie William's office.

-Walter intros HRC.

-HRC makes brief remarks.

Contact: Walter Zelman
456-5587

4:30 pm-
4:50 pm

VIDEOS
Room TBD Hee Library
CLOSED PRESS

* American Diabetes (2-3 min.)

* Wellesley Intern Program 50th Anniversary (3-5 min.)

* Service Award Acceptance (2-3 min.)

* Maestro Mstislav Rostropovich (1 min.)

4:55 pm-
5:10 pm

VIDEO (w/The President)
Room TBD Hee Library
CLOSED PRESS

*PSA - Partnership for a Drug-Free America

RON The White House

(b)(6)

001

WEATHER FORECAST FOR WASHINGTON, DC:
--Mostly cloudy with a chance of afternoon thunderstorms. Wind northwest to northeast at 12 to 20 knots. Low 50 to 55. High 67 to 72.

THE WHITE HOUSE

WASHINGTON

Liz
for forum
pls stamp
book

confidential

Ch-Clement +
Co-chair-Emily Shaw

when

Kathy Randall
234-0700
Faith Battle

Kat
Battle
703
701-
0001

* Norwegian + NSC

① Carlos - Brundtland + 647-1277

② Cong. Lunch 703-938-3359 Kay Baffa

→ Julia - Monday Pons Martin

- Amer. Diabetes
- Wellesley Intern Program 50th
- Service Award

703-549-1500 x298 ADA Chris Mac

690-0360

622-0053

PHOTOCOPY PRESERVATION

① wine - sauvignon blanc. stealing vineyard

② breakfast - shredded wheat fruit squares

FRUIT

- Fri. dinner

-

VEL

[GALLERY

TH AFRICAN & AMERICAN COMMUNITY
provided on the ground)

N, ESPY, JACKSON MINGLE
SEATS IN AUDITORIUM

E AUDITORIUM

R & VICE PRESIDENT
ESS & POLITICAL LEADERS, NGO'S

TON

I GROUND LEVEL REAR ROW
'ROGRAM PROCEED TO MOTORCADE

To: Liz

Date: Time: 11:30

WHILE YOU WERE OUT

M: Mary Clement

of: (703) 765-0580

Phone

Area Code / Number / Extension

TELEPHONED		PLEASE CALL	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		URGENT	
RETURNED YOUR CALL			

Message

Operator

AMPAD EFFICIENCY® 23-023 CARBONLESS

ADA: Chris McNamee

703 549 1500

x092

Wellesley

617-235-7386 (w)

Alan Schaefer

Dept of Justice

Alan Bersin

Department of Political Science

Wellesley College

106 Central Street
Wellesley, Massachusetts 02181-8256
(617) 283-2194 FAX (617) 283-3644

Video
5/18

May 9, 1994

Patty Solis
Scheduling Office
Office of the First Lady
Old Executive Office Building
Washington, D.C. 20500

Dear Patty,

I am sending this fax to give you some idea of the topics that might be covered on the video that we hope Hillary will be able to make for the 50th anniversary of the Wellesley Washington Internship Program on June 10th. Mrs. Clinton has already written a brief memoir for the brochure that will be distributed to all of the former interns. Ideally, the video should be about five minutes long,

- Regrets that she cannot be here that night and greetings to members of the Washington Alumnae Club on the occasion of their annual meeting

- Welcome Diana Chapman Walsh to Washington

- Greetings to former interns assembled from around the country to celebrate the 50th anniversary of the program

- Hillary's personal reflections on her own internship in the summer of 1968 at the House Republican Conference

- Importance of continuing the program and exposing students to the public service sector

Patty, thanks for your help in this matter.

Sincerely,

Alan Schechter
Professor

Wed

SM

To: First Lady Scheduling
From: Walter Zelman
RE: Meeting with Clinic Directors

Heads of some of the nation's most prominent specialty clinics will be coming to D.C. on May 18 for a meeting with me and others from the policy unit.

Their meeting with us will be scheduled from ~~about 10 or~~ 11 A.M. until ~~about 2:30 or~~ 3. As discussed yesterday with your office we will expect the First Lady to drop in around 2.

Present will be directors or assistants to directors of some or all of the following clinics: Mayo, Cleveland, Geisinger, Scrippts, Kaiser and others.

Their association meets in early June. It is my hope that the May 18 meeting may pave the way to a positive public statement in June

More detail to follow.

PR Newswire

May 2, 1994, Monday

SECTION: Washington Dateline

DISTRIBUTION: TO NATIONAL, HEALTH/MEDICAL AND FOOD EDITORS

LENGTH: 511 words

HEADLINE: NEW PUBLICATION DECIPHERS NEW U.S. FOOD LABELS FOR PEOPLE WITH DIABETES; NEW 'READING FOOD LABELS' AVAILABLE FROM AMERICAN DIABETES ASSOCIATION

DATELINE: ALEXANDRIA, Va., May 2

BODY:

The American Diabetes Association announced today the availability of a newpublication for people with diabetes (and their families) that will help them use the federal government's new food labels -- which must appear on most packaged food products soon -- to choose healthy foods, plan nutritious meals and manage their diabetes successfully. Association officials encouraged people with diabetes and the health professionals who treat them to make the most of the informative new labeling requirements by ordering a copy of "Reading Food Labels: A Handbook for People with Diabetes."

American Diabetes Association President James R. Gavin III, M.D., Ph.D., praised the new labels, saying, "Nutrition is one of the cornerstones of diabetes management. These new labels essentially make nutrition easier for people with diabetes by presenting nutritional information in a clear, truthful fashion. You no longer have to be a detective to determine whether or not a particular food product is a healthy choice." Gavin said the association's new publication would help people with diabetes use the new labels as an integral tool in selecting foods that are good for them.

The association was one of many health organizations consulted by the Food and Drug Administration (FDA) during the development of the new label. The association has encouraged proper nutrition among people with diabetes for nearly half a century. In recent years, it has published a number of articles for consumers and health care professionals about the new labels which explained how the labeling requirements could assist people with diabetes in managing their disease. The association developed its 16-page, full-color "Reading Food Labels" handbook in conjunction with the American Heart Association and the American Association of

Diabetes Educators. The publication was thoroughly tested among registered dietitians and people with diabetes.

Consumers and health care professionals can order a copy of "Reading Food Labels" by contacting their local American Diabetes Association affiliate listed in the white pages of the telephone book.

Diabetes is a disease that affects the body's ability to produce or respond properly to insulin, a hormone that allows blood glucose (blood sugar) to enter the cells of the body and be used for energy. It can cause serious health complications, including blindness, kidney disease, heart disease, stroke and nerve damage leading to amputation. Diabetes is the fourth-leading cause of death by disease in the United States. Currently there is no cure for diabetes.

The American Diabetes Association is the nation's leading nonprofit health organization supporting diabetes research, advocacy and information for patients, health professionals and the public. Founded in 1940, the association has an affiliate office in every state and conducts programs in more than 800 communities nationwide. CONTACT: Kathy Lowe of the American Diabetes Association, 703-549-1500, ext. 327

LANGUAGE: ENGLISH

LOAD-DATE-MDC: May 3, 1994

U.S. Newswire

March 18, 1994

SECTION: ASSIGNMENT DESK, DAYBOOK EDITOR

LENGTH: 400 words

HEADLINE: American Diabetes Association to Sound the Alert March 22; Nearly Seven Million Americans Have Diabetes and Do Not Know It

CONTACT: Elizabeth Miller of the American Diabetes Association, 703-549-1500, ext. 338

BODY:

News Advisory:

What: The American Diabetes Alert -- a one-day call to action sponsored by the American Diabetes Association to encourage people to determine their risk for diabetes, a serious disease for which there is no cure.

When: Tuesday, March 22

Why: Diabetes is a silent disease -- people can go for years without any symptoms. Half of the nearly 14 million people with diabetes don't even know it.

Without proper treatment, diabetes can lead to blindness, kidney failure, amputations, heart attacks and stroke. This year, more than 160,000 people will die from diabetes and its complications.

Where: A brief written diabetes risk test will be available free at special events nationwide.Possible Minority issues (African Americans are nearly twice as
Story likely to have diabetes; one in four Hispanics over ageAngles: 45 has diabetes).

Women's issues, including gestational diabetes.

The devastating complications of diabetes.

For the phone number of the American Diabetes Association in your area, contact Elizabeth Miller at 703-549-1500 ext. 338. Interviews are also available with diabetes experts and patients.

The American Diabetes Association is the nation's leading nonprofit health

organization supporting diabetes research, information and advocacy. Information is targeted to patients, health professionals and the public. Founded in 1940, the association has an affiliate office in every state and conducts programs in more than 800 communities nationwide.

LANGUAGE: ENGLISH

LOAD-DATE-MDC: March 18, 1994

Federal Document Clearing House Congressional Testimony

March 4, 1994, Friday

SECTION: CAPITOL HILL HEARING TESTIMONY

LENGTH: 4067 words

HEADLINE: TESTIMONY MARCH 4, 1994 JAMES E. GAVIN, III, M.D./PH.D. PRESIDENT AMERICAN DIABETES ASSOCIATION SENATE APPROPRIATIONS/LABOR, HHS, EDUCATION AND RELATED AGENCIES FY'95 LABOR, HHS, EDUCATION AND RELATED AGENCIES APPROPRIATIONS

BODY:

STATEMENT of the AMERICAN DIABETES ASSOCIATION by JAMES R. GAVIN III, MD, PhD President on the FISCAL YEAR 1995 APPROPRIATION for the NATIONAL INSTITUTES OF HEALTH and CENTERS FOR DISEASE CONTROL AND PREVENTION March 4, 1994 9:30 a.m.

The American Diabetes Association is the nation's leading voluntary healthagency serving the more than 14 million Americans with diabetes. The association is comprised of more than 275,000 lay and professional members and has affiliate associations and more than 800 chapters in all 50 states. The association has a particular interest in the diabetes-related research supported by the National Institutes of Health and the prevention and control activities supported by the Centers for Disease Control and Prevention. We appreciate the opportunity to present testimony before the subcommittee on the Fiscal Year 1995 funding of these vital health care programs.

Diabetes is a metabolic disorder that affects the body's ability to produceor effectively use insulin, a hormone that helps convert blood sugar into energy. There are two forms of diabetes, type I (insulin-dependent) and type 11 (non-insulin dependent). Type I diabetes is characterized by the body's inability to produce insulin, usually strikes before the age of 20 and requires daily injections of insulin. Type 11 diabetes is characterized by the body's inability to effectively use the insulin it produces. Individuals diagnosed with type 11 diabetes can initially regulate their blood sugar levels through diet, exercise and oral medication. Daily injections of insulin may eventually be required.

Individuals with both type I and type 11 diabetes are at great risk fordeveloping the disease's life-threatening complications: blindness, end-stage kidney disease, damage of the nervous system, cardiovascular disease and leg, toe and foot amputations. These complications result in the deaths of more than 160,000 Americans each year, thereby making diabetes the seventh leading cause of death in

America. It is estimated that diabetes will cost our nation over $92 billion in direct and indirect medical costs in 1994.

The support of federally-funded diabetes research, aimed at finding a curefor the disease, is one of the American Diabetes Association's primary interests. The association is also very supportive of federally-funded prevention and control programs that greatly improve the lives of people with diabetes.

RESEARCH

For years, political leaders have recognized the importance of improving thelives of their constituents through advances in biomedical research. It is also clear that a majority of Americans support federal funding of biomedical research. A recently conducted Harris Poll found that 91 % of Americans support increased federal funding of medical research. More than 75 % of the people surveyed indicated that they would be willing to pay higher taxes, insurance premiums or prescription drug fees if the money was to be spent on medical research.

Much of this support stems from advances in modem medicine that have greatlyimproved the lives of Americans. Diabetes-related research has yielded tremendous advances and has greatly improved the lives of Americans afflicted with the disease. Prior to the discovery of insulin in the 1920's, type I diabetes was fatal. Prior to the development of kidney dialysis machines and lasers for eye surgery, the complications of type 11 diabetes were far more pervasive and severe. But insulin is not a cure for diabetes. And the complications of diabetes still claim over 150,000 lives each year. It is readily apparent that biomedical research must continue to search for a cure for diabetes and for more effective ways to limit the disease's complications,

Research supported by the federal government is coming ever closer toattaining these goals. The following initiatives exemplify the diabetes-related biomedical research currently supported by the federal government. Major support for these initiatives has been provided by the National Institutes of Health, particularly the National Institute of Diabetes and Digestive and Kidney Diseases.

The Diabetes Control and Complications Trial -- This ten-year study focusedon the relationship between the effect of blood glucose control on reducing diabetes-related complications. Researchers found that intensive treatment (an effort to stabilize blood glucose levels at normal levels) reduced the risk of developing the disease's life- threatening complications. The risk to patients following an intensive treatment of developing blindness decreased by 76 percent, nerve damage decreased by 60 percent and kidney disease decreased by 54 percent. The study is the first to prove that intensive therapy effectively delays the onset and slows the progression of these life- threatening complications. Originally published in the New England Journal of Medicine, September 30, 1993.

Diabetes Prevention in Laboratory Animals -- Scientists in two independentstudies discovered a cause of type I diabetes in mice and a way to prevent the disease in the animals. Investigators found that injections of glutamic acid decarboxylase (GAD), a naturally occurring pancreatic enzyme, prevented onset of type I diabetes in mice. Mice genetically prone to diabetes were injected with GAD when three weeks old, prior to the attack on their pancreas. All of the treated mice escaped the onset of type I diabetes, suggesting that such treatments might one day be useful for humans prone towards acquiring the disease. Originally published in Nature, November 4, 1993.

Diabetes and End-stage Kidney Disease -- This study demonstrated that aparticular ACE inhibitor, Captopril, can slow or halt the progression of diabetic kidney disease (nephropathy) by 50 % in some people with insulin-dependent diabetes who had signs of kidney disease. The study found that people treated with Captopril, originally developed as an antihypertensive medication, could cut in half their risk of dying or needing dialysis or a kidney transplant to stay alive. As diabetes is the single leading cause of new cases of end-stage renal disease, the research offers hope for a longer and better quality of life for those suffering from diabetes-related kidney complications. Originally published in the Journal of the American Medical Association, November 11, 1993.

Diabetes and Eve Examinations -- This survey found that only 49% of alladults with diagnosed diabetes in the United States had a dilated eye examination in the past year, as recommended. Of patients who had a dilated eye exam within the last year, 57% had type I diabetes, 55% had insulin-treated type 11 diabetes and 44% had type II diabetes not treated with insulin. The survey also found that the probability of having a dilated eye examination among individuals with type 11 increased with older age, higher socioeconomic status and having attended a diabetes education class. The survey concluded that widespread interventions, including patient and professional education, are needed to ensure that people with diabetes receive a dilated eve examination annually to detect retinopathy in order to prevent vision loss. Originally published in the Journal of the American Medical Association, October 13, 1993.

The ramifications of these groundbreaking studies are staggering. Medicalprofessionals now have conclusive evidence that intensive treatment diminishes diabetes-related complications. People with diabetes have access to a new drug which curtails the progression of kidney disease. And researchers searching for a cure for diabetes can prevent the disease in laboratory animals.

In addition to these groundbreaking initiatives, hundreds of investigatorsin all 50 states are making progress in the fight against diabetes. Diabetes-related research is currently being supported by more than 10 institutes of the NIH. This research has focused on many aspects of the disease. Researchers supported by the National Cancer Institute (NCI) have examined the regulation of cell growth and metabolism and how it affects the development of diabetes. The National Heart Lung and Blood

Institute (NHLBI) has focused on diabetes' role as a risk factor for cardiovascular disease and its effects on the cardiovascular system. And the National Institute of Neurological Disorders and Stroke (NINDS) has supported a long-term study to probe the frequency, severity and symptoms of diabetes- related nerve damage over time. It is critical that these efforts also continue to be supported by the federal government.

The American Diabetes Association recognizes, however, that the federalgovernment cannot bear sole responsibility for our nation's biomedical research. As part of its mission to prevent and cure diabetes and improve the lives of all people affected by diabetes, the association makes a significant contribution to diabetes research efforts. In 1993, the association provided almost $9 million in funding for diabetes research projects nationwide. We plan to increase this amount in 1994. This funding provides critical support to young diabetes investigators and allows for the development of innovative research projects. Major research projects planned by the association include the GENNID Project, which will investigate the genetic causes of type 11 or non-insulin dependent diabetes, and a joint type I prevention project with the NIDDK.

Unfortunately, despite the commitment of all parties involved, hundreds ofmeritorious research proposals are being rejected due to funding limitations at the NIH, particularly at the NIDDK. In Fiscal Year 1993, the NIDDK received a 3 percent increase over the previous year's appropriation. Given a biomedical research inflation rate of 5.2 percent that year, the Institute actually lost money in real terms. The NIDDK did not fare much better in Fiscal Year 1994. President Clinton's budget included a reduction in funding. But Congress, recognizing the importance of the NIDDK's mission, added a much appreciated increase of 4.7 percent. However, more aggressive support for the NIH, and the NIDDK in particular, is required if a cure is to be found for diabetes and if the negative impact of the disease's complications are to be minimized.

PREVENTION AND CONTROL

The Centers for Disease Control's (CDC) Division of Diabetes Translation(DDT) is the lead federal agency concerned with preventing and controlling the complications of diabetes. The CDC's diabetes program was initiated in 1977 and in 1988 was directed by Congress to be responsible for coordinating the efforts of federal health agencies and other entities to translate diabetes research into widespread clinical and public health practice.

The national measures formulated by the CDC to reduce the burden of diabetesin the United States have included 1) defining in creative, effective programs and policies that reduce the nature, extent, causes and distribution of the burden of diabetes; 2) develop ing creative, effective programs and policies that reduce the burden of diabetes; 3) ensuring implementation of these programs and policies, particularly through CDC's partnership with state health departments; and 4)

coordinating these efforts with other governmental,

voluntary, professional and academic institutions. In each of these areas, emphasis has been placed on communities and populations at particular risk for diabetes and its life-threatening complications.

These preventive health measures have been carried out primarily through thestate-based Diabetes Control Programs. Technical and financial assistance have been provided to the various states health departments to conduct a wide range of preventive services. These programs have provided eye and foot examinations, education on the importance of diet and exercise and prenatal care to prevent diabetes- related infant deaths. These programs have been very successful in lessening the impact of diabetes in the communities in which they operate.

The changing face of health care in America is necessitating changes in theway the CDC provides these diabetes-related prevention services. Emphasis on quality assurance, public information and education, social marketing, assuring appropriate utilization of available care, assessment of health outcomes, community based interventions and development of effective public policy will characterize public health activities in the coming years. The Division of Diabetes Translation plans to incorporate these aggressive new strategies in their prevention and control efforts.

The state-based Diabetes Control Programs will reflect this changing natureof public health in America. These programs will begin to move away from the highly localized care and the direct delivery of services which currently characterize the program. Instead, they will provide leadership and coordination of the diabetes-related preventive services of a state's health department. By assuming this greater role in coordinating diabetes-related prevention activities, the CDC can expand its services to reduce the impact of diabetes in America without compromising quality of care.

Recognizing the prevalence of diabetes and the effectiveness of the Divisionof Diabetes Translation, Congress provided for a generous increase in funding for the program's Fiscal Year 1994 operation. This increase in funding will allow the Division of Diabetes Translation to expand their prevention and control efforts into 35-40 states, up from the twenty-six it funded in Fiscal Year 1993.

It is the goal of the American Diabetes Association to see the Division ofDiabetes Translation operate on a national level. It is critical that this program operate in all states and territories at a funding level that will allow each state health department to adequately tackle the problem of diabetes in its communities. Current grants to the states for these critical prevention and control programs average approximately $200,000 each. It has been estimated that in order for most states to adequately address the problem of diabetes, funds approximating $500,000 will be required. For larger states, funds approximating $1,000,000 will be required.

RECOMMENDATIONS

The American Diabetes Association recommends a Fiscal Year 1995appropriation of $798 million for the NIDDK. This will allow researchers to fully explore a substantial portion of promising new and ongoing diabetes research opportunities while taking budgetary constraints into consideration. The American Diabetes Association also recommends a Fiscal Year 1995 appropriation of $11.95 billion for the NIH. This will allow researchers supported by other NIH Institutes to continue their valuable cross-cutting and primary research into diabetes.

The American Diabetes Association also recommends an FY 1995 appropriationof $69.5 million for the CDC's Division of Diabetes Translation, an increase of $51.6 million. This will allow the Division of Diabetes Translation to fully fund diabetes prevention and control programs in all states and territories. In addition to the American Diabetes Association, this level of funding has been endorsed by the Juvenile Diabetes Foundation and the American Public Health Association's CDC Coalition.

The American Diabetes Association appreciates the opportunity to presenttestimony to the subcommittee. We owe much of this country's progress in diabetes research and treatment to this subcommittee which has recognized the benefits, in human and economic terms, of a strong federal investment in diabetes research and prevention programs.

LANGUAGE: ENGLISH

LOAD-DATE-MDC: March 4, 1994, Friday

PR Newswire

November 15, 1993, Monday

SECTION: Domestic News

DISTRIBUTION: TO NATIONAL AND HEALTH/MEDICAL EDITORS

LENGTH: 465 words

HEADLINE: AMERICAN DIABETES ASSOCIATION URGES HEALTH SUBCOMMITTEE TO DEFINE FULL RANGE OF DIABETES CARE AS BASIC BENEFITS IN HEALTH CARE REFORM

DATELINE: ALEXANDRIA, Va., Nov. 15

BODY:

Citing the promising prevention results of a flurry of recent federallyfunded diabetes research, the American Diabetes Association today called on the Health Subcommittee of the House Ways and Means Committee to include the full range of supplies and care required to treat diabetes every day in the basic benefits package of any health care reform bill enacted by Congress.

"We are pleased that recent clinical trials and research studies have clearly shown that diabetes complications can be prevented or delayed by proper treatment," testified American Diabetes Association President James R. Gavin III, M.D., Ph.D. "Thus, we feel that it is the association's obligation to ensure that the basic benefits package is defined to include access to appropriate diabetes treatment and management."

In his testimony, Gavin requested the subcommittee consider the association's four principles of health care reform when creating the legislation:

-- Principle I: Ensure universal access to quality diabetes

treatment.

-- Principle II: Prohibit pre-existing condition exclusions.

-- Principle III: Provide coverage for prescription drugs and

insulin, diabetes-related supplies, equipment and education.

-- Principle IV: Mandate community rating.

In addition, Gavin asked the subcommittee to specifically address the following in reform coverage:

-- All supplies necessary for the proper function and maintenance of equipment included in the definition of durable medical equipment (e.g., blood glucose meters) be included in the basic benefits package. These would include test strips and lancets.

-- Insulin, syringes, infusion pumps and tubing be included in the basic benefits package and the new Medicare benefits section.

-- Education or self-management training be a required component of all health plans.

-- Services provided by dietitians and nurses be included in the basic benefits package.

Diabetes is a disease that affects the body's ability to produce or respond properly to insulin, a hormone that allows blood glucose (blood sugar) to enter the cells of the body and be used for energy. Diabetes will kill more people than AIDS this year. For every women who dies from breast cancer this year two will die from diabetes. Currently there is no cure for diabetes.

The American Diabetes Association is the nation's leading non-profit health organization supporting diabetes research, advocacy and information for health professionals, patients and the public. Founded in 1940, the association has an affiliate office in every state and conducts programs in more than 800 communities nationwide. CONTACT: Jerry Franz (ext. 291) or Chris McNamara (ext. 292) of the American Diabetes Association, 703-549-1500

LOAD-DATE-MDC: November 16, 1993 DC004

PR Newswire

November 12, 1993, Friday

SECTION: Domestic News

DISTRIBUTION: TO NATIONAL AND HEALTH/MEDICAL EDITORS

LENGTH: 454 words

HEADLINE: AMERICAN DIABETES ASSOCIATION URGES AMERICANS TO TAKE CHARGE OF THEIR HEALTH ON WORLD DIABETES DAY

DATELINE: ALEXANDRIA, Va., Nov. 12

BODY:

The American Diabetes Association (ADA) issued a challenge today to allAmericans to take charge of their health on World Diabetes Day, Nov. 14. Americans should take this opportunity to find out if they are at risk for diabetes or, if they already have the disease, to learn more about it.

The number of people with diabetes around the world is rising at startling levels; it has more than tripled since 1987. The International Diabetes Federation now estimates that 6 percent of the world's population is affected by diabetes -- between 100 and 200 million people and the costs can take up as much as 10 percent of national health budgets. In the United States alone, more than 13 million people have the disease, which has a yearly economic cost of nearly $92 billion.

"Most people don't realize how serious diabetes is," said Kathleen L. Wishner, Ph.D., M.D., president-elect of the American Diabetes Association. "Treating patients with diabetes, I know the importance of taking charge of your health. Not doing so can bring dire consequences. It's imperative that people at a high risk for diabetes get tested. And if you or someone in your family has diabetes, knowing the most current standards for treatment is essential. World Diabetes Day is a perfect time to make a commitment to learn more about this disease."

Individuals are at a high risk if they have a family history of the disease, are overweight or if they have experienced symptoms, including excessive thirst, extreme fatigue, blurry vision, unexplained weight loss and frequent urination. African Americans, Native Americans and Hispanics are especially at risk.

Diabetes is a disease that affects the body's ability to produce or respond properly to insulin, a hormone that allows blood sugar to enter cells and be used for energy.

According to the American Diabetes Association, more than half of those affected by diabetes do not know they have this serious disease. Many will first learn that they have diabetes when treated for one its complications -- heart disease, kidney disease, loss of vision, nerve damage and amputation. In the United States, more than 650,000 people will be diagnosed with diabetes this year; 160,000 will die.

The American Diabetes Association is the nation's leading nonprofit health organization supporting diabetes research, advocacy and information for health professionals, patients and the public. Founded in 1940, the association has an affiliate office in every state and conducts programs in more than 800 communities nationwide. CONTACT: Kathy Lowe, ext. 327, or Chris McNamara, ext. 292, both of the American Diabetes Association, 703-549-1500

LOAD-DATE-MDC: November 13, 1993 DC038

The San Diego Union-Tribune

January 3, 1994, Monday

SECTION: LOCAL; Ed. 1,2,3,4; Pg. B-1

LENGTH: 2626 words

HEADLINE: High legal fees do little justice to many in U.S.

BYLINE: LORIE HEARN
Staff Writer

BODY:

Legions of middle-class Americans walk into courthouses each year, lugging with them life's worst problems. Some have been fired. Others have been injured. Many risk eviction from their homes or have crumbling marriages.

But for too many, this walk is without a lawyer.

While there are no recent figures documenting the legal crisis of the middle class, stories abound from speaker's podiums in Washington to the halls of San Diego County's courthouses about workaday folks who need a lawyer or legal advice but just can't afford fees ranging from $100 to $250 an hour.

The need is so pervasive that some legal observers only half-jokingly suggest that as soon as the Clinton administration has finished expanding access to health care, it will come after legal services.

The American Bar Association (ABA) is soon to release results of an extensive survey on the subject that may shore up, with statistics, anecdotal speculation that the civil justice system is beyond the grasp of most citizens.

If the situation hasn't been bad enough for years, the sagging economy is making matters worse.

Those involved in the system point out that when times are tough, people have more legal problems -- more workers' compensation claims and wrongful termination lawsuits and bankruptcies, more evictions and divorces.

And the business of law itself is depressed.

Firms with high overhead are not hiring new associates, who usually are encouraged to help the poor for free or for reduced fees. Lawyers in practice alone

are struggling to make ends meet and can't afford to take many cases that don't generate big fees.

Directors of some lawyer referral services report that many experienced, highly qualified attorneys, who in the past have had plenty of business from word-of-mouth, have asked to be put on their lists.

Through it all, lawyers, judges and politicians are putting the public's legal needs at the top of their agendas with proposals for making legal help more affordable and the system easier for do-it-yourselfers.

"In this economy," said H. Ronald Domnitz, presiding judge of San Diego Municipal Court, "there will be good attorneys available for lower fees."

Margaret Morrow, a Los Angeles lawyer who is president of the State Bar of California, has made improving access to legal advice a major goal for the year.

"It's an issue we believe is very important," Morrow said. "It is something the organized bar has been talking about for many years, but we haven't really developed the best solutions yet."

More do it themselves County, the needs are plain:

() Court officials are seeing an increasing number of people representing themselves in lawsuits.

() Some two-thirds of the people who call the San Diego Volunteer Lawyer Program, which offers certain free legal services to the poor, are turned away, often because they make more than the limit of $17,438 a year for a family of four.

() The San Diego County Bar Association's Lawyer Referral and Information Service referred 192 people to lawyers on a single record-breaking day in October.

() The number of lawsuits over auto accidents filed in San Diego Superior Court dropped about 15 percent from 1992 to 1993, leading to speculation that the "smaller" lawsuits -- for damages in the $25,000 to $50,000 range -- simply are not being filed because lawyers won't take them.

() At least one party had no lawyer in about 65 percent of the family court battles waged in 1992 over property, child custody and money, the supervising judge said. On two recent days in family court, at least one party in half the cases heard in one courtroom had no lawyer.

One such litigant was Jonathon McEwen, a Vistan recently out of the Navy, who rustled up a well-worn suit for the first court appearance in the dissolution of his four-year marriage.

Representing himself against his wife's lawyer, McEwen said little at the hearing, and when he did, he was barely audible.

McEwen said afterward that he had felt "very lost." He had asked a couple of retired military lawyers about taking his case, but McEwen said he couldn't afford the $1,000 or $1,500 they wanted in advance.

The whole court experience, he said, "made me wish I would have had a lawyer."

Judge Wesley Mason, who presides in family court, sees cases like McEwen's every day. He said simply, "The need is incredible."

Mason said when he sees people fighting in court over their financial and emotional futures and those of their children without a lawyer's help, he often urges them to find some way to get an attorney.

"I tell them this is the most critical time in your life," Mason said. "If you have relatives that can lend you some money to get through this, now is the time to do it. It is the best loan you'll ever get."

But at the same time, Mason has empathy for legal practitioners. Many lawyers help the poor for free, cut their fees, allow clients to make payments and volunteer to fill in as judges in swamped courts, he said.

User-friendly courts of problems in mind, lawyers, judges, legislators, academics and legal-services activists are looking for ways to make changes in both the courts and in the business of law.

There is a move across the country to make the courts more user-friendly, so that hiring a lawyer would be necessary only in complicated cases.

San Diego attorney Charles Bird thinks the legal system should do more to help citizens handle their own straightforward legal matters.

"I would expect the average citizen is perfectly competent to fill out a form that says, 'I want a divorce,' " Bird said.

Indeed, legal minds are paying attention to the growing numbers of people who handle cases themselves, either because they can't afford a lawyer or chose not to deal with one.

The ABA recently reported that in 90 percent of divorce cases in MaricopaCounty, Ariz., three years ago, at least one side did not have an attorney. This number was up from 24 percent a decade earlier.

In a statistic that seems to verify a wave toward voluntary self-help, the report said 72 percent of those people said they would do it again if they had to.

Since that survey, Maricopa County (which includes Phoenix) has set an example for the nation with its "QuickCourt," a do-it-yourself computer kiosk -- it looks like an ATM machine -- installed in three courthouses.

A person punches some buttons and there appears the image of an actor, recorded on laser disk. The man answers questions, explains forms and even calculates child support, all in either English or Spanish.

When an inquiry is finished, completed forms pop out, ready to file -- all without a lawyer. And it's free.

Mary Budinger, spokeswoman for the Maricopa County Superior Court, calls the $119,000, 5-month-old project a success, saying about 200 people a month use it at the Mesa, Ariz., courthouse alone.

At that rate, court officials figure the device can handle one-quarter of the divorces filed each year in which the parties choose not to use attorneys.

Morrow said California bar officials are looking at QuickCourt with an eye toward duplicating it on an experimental basis.

QuickCourt is not under serious consideration in San Diego, though officials say the county hopes to expand its mediation services by copying another progressive Maricopa County family court project in which a team of professionals help people mediate their money disputes outside of court.

Alternatives to court

Across the street from the downtown county courthouse, librarians at the San Diego Law Library are on the self-help front lines.

They say increasing numbers of people who say they can't afford or don't want lawyers are asking for information about court forms and appeals. The demand is so great that the library produces research guides.

Meanwhile, self-help law book publishers, like Nolo Press, report burgeoning sales, especially in books on divorce, estate planning, tenants' rights and business law -- and on small-claims cases, in which people traditionally represent themselves.

Another ABA study due for release soon takes a broader look at the places across the nation where people represent themselves in court the most to see how they dealt with their cases without lawyers.

The study is to touch on California's laws, which do not even require court appearances in uncontested divorces; Florida's model divorce filing forms and the Arizona bar's how-to video for divorces.

When talk turns to justice for all, fingers always point to what lawyers themselves can do to counter criticism that they have priced themselves -- and access to the courts -- out of the average American's budget.

Prepaid legal plans, which are available mostly through employers or labor unions, have gained popularity. And the hotly contested idea of allowing paralegals or legal technicians to perform certain legal tasks otherwise handled by lawyers promises to be renewed again next year in the California Legislature.

As for lawyers themselves, Morrow and other state and local bar leaders encourage pro bono work, the term for free or discounted legal service.

In San Diego County alone, some 2,000 attorneys out of the county's more than 9,000 take part in the Volunteer Lawyers program, which provides free service in a variety of areas, particularly legal aid to battered women.

Some judges say these depressed economic times offer lawyers an opportunity to make a living while helping working-class litigants.

"The time is ripe to get into practice specializing in small (personal injury) cases," said Arthur Jones, the presiding judge of the county's Superior Court.

Adrienne Orfield, the new County Bar Association president, said the bar needs to do a better job telling the public what's already available.

Already, various local bar associations sponsor legal clinics and law school-type community programs to tell people about their rights and guide them in finding a lawyer, or to offer them tips on how to handle their cases themselves.

As an extension of its Lawyer Referral and Information Service, the county bar runs a Modest Means program in the family law courts in which people who are above the poverty level are paired with attorneys who charge $65 an hour. This well-used program may be expanded.

Although some lawyers grouse that theirs is the only profession constantly needled to work for free, state bar president Morrow thinks that as long as access to the courts -- a constitutional right -- is a problem, lawyers have an obligation to respond with services people can afford.

"We are expected to be gatekeepers of the system," she said, "We are part of the societal-dispute-resolution system that is bigger than the business of law."

THE SAN DIEGO COUNTY LAW LIBRARY a wealth of legal information, though its librarians cannot provide legal advice. These are its branch locations:

() San Diego County Law Library, 1105 Front Street, San Diego

() East County branch, 250 E. Main St., El Cajon

() North County branch, 325 S. Melrose Dr., Vista

() South Bay branch, 500 Third Ave., Chula Vista

ATTORNEY REFERRAL SERVICES IN SAN DIEGO COUNTY

These referral services have been certified by the State Bar of California:

() Attorney Referral Service of San Diego County, Orange County and Inland Empire, 295-1654

() Attorney Referral Service of the San Diego Trial Lawyers Association, 696-6200

() East San Diego Lawyer Referral Service, 588-1936

() Experienced Attorneys Referral Service, 800-397-3743

() Lawyer Referral and Information Service of the San Diego County Bar Association, 231-8585

() Lawyer Referral Service of the Bar Association of Northern San Diego County, 758-4755

() Pacifica Attorney Referrals, 698-7777 Personal Injury Attorneys Referral Service, 599-3615, 753-0695

() South Bay Lawyer Referral Service, 422-5377

() South Bay Lawyer Referral Service, 422-5377

GRAPHIC: 3 PHOTOS 2 CHARTS; 1. Case study: An innovative kiosk in Mesa, Ariz., helps people find their way through the legal system in Maricopa County; the QuickCourt terminal can substitute for a lawyer in some cases. (B-4) 2. MargaretMorrow: State bar leader seeks solutions. (B-4) 3. Keeps own counsel: Like a growing number of Americans, Jonathon McEwen felt forced to go to court without a lawyer. (B-4) 4. THE SAN DIEGO COUNTY LAW LIBRARY (B-4) 5. ATTORNEY REFERRAL SERVICES IN SAN DIEGO COUNTY (B-4)

LANGUAGE: ENGLISH

LOAD-DATE-MDC: January 6, 1994

Business Dateline;
San Diego Daily Transcript

May 25, 1993

SECTION: Sec A; pg 1

LENGTH: 1242 words

HEADLINE: Volunteer lawyer program hungry; Clients aplenty

BYLINE: Pamela Wilson

DATELINE: San Diego; CA; US; Pacific

BODY:

Private firms and public agencies are not the only branches of the legal world hurt by the slow economy; charitable groups providing legal help to the poor also have been hit.

Carl Poirot has seen the toll declining resources has taken on his organization, the San Diego Volunteer Lawyer Program, which had to cutback telephone intake sessions from 35 hours a week to one this year.

"It's like trying to get a tee time at Torrey Pines," Poirot said of the dialing frenzy prospective clients must make to get to see a volunteer lawyer.

SHORTER HOURS

The group, which just celebrated its 10th year of service, was forced to adopt the decreased intake hours to cope with a smaller bankroll, despite an ever-increasing population of needy clients.

Last year SDVLP helped almost 10,000 people, closing 8,100 cases. But that was down more than 1,000 from 11,300 people the group helped in 1991.

"You are really counting paper clips," Poirot said of the budget squeeze. "The impact is, we have been able to serve fewer people."

The biggest hit to SDVLP's $ 614,000 budget was caused by a $ 91,000 cut in funds from the State Bar, from $ 255,000 in 1992 to $ 163,000 this year. The 33 percent reduction was on top of a 15 percent cut between 1990 and 1991.

ACCOUNTS SHRUNK

In years past, the State Bar had more than $ 20 million to donate annually to legal service groups. The funds were "found money" in a way, because the sums were gathered from interest earned on client funds kept in lawyer trust accounts until they are paid out. Thousands of tiny trust accounts in banks statewide, funds that may be held only a few days, generated millions for legal service groups.

But the recession shrunk the sums held in client trust accounts and drastically reduced the interest paid on them, from 6 to 8 percent years ago to as little as .5 percent to 2 percent now.

Just between 1992 and 1993, interest collected on client trust accounts for distribution to legal service providers declined from $ 22 million to $ 15 million.

That drop means San Diego Volunteer Lawyer Program isn't the only agency feeling the pinch. The Legal Aid Society of San Diego Inc. is expecting a 10 percent cut in its State Bar grant, and legal service providers statewide are suffering.

Reducing intake to limit the number of cases SDVLP accepts wasn't the only step Poirot was forced to take to cope with shrinking revenues. He also allowed attrition to cut his staff from 16 to 12-1/2. Attorneys, paralegals and intake workers who quit have not been replaced.

The agency also had to pare down services to core areas. The group's three domestic violence restraining-order clinics are still operating at their previous levels, and a program providing legal services to people with HIV or AIDS is still intact.

But services to people with divorce, family support and child custody problems have been reduced.

"We have really had to cut back," Poirot said. "We turn away eight out of 10 requests."

The agency reduced the number of disabled people it could help who are seeking Social Security Insurance benefits.

"Many of these applicants are mentally impaired," Poirot said. "The forms are very complicated. They may not have the background, and many can't do it."

So even though SDVLP has a 70 percent success rate at winning SSI benefits for people who were turned down initially, the group drastically cut back the number of SSI appeals handled.

Services to refugees seeking political asylum also have been curtailed, as well as help for people facing bankruptcy and foreclosure because of layoffs.

"If one or both family members lose their job, because of the recession," Poirot said, "within a matter of months, they are in deep, deep trouble."

VOLUNTEERS EXIST

Ironically, Poirot believes there are more volunteer lawyers willing to do the pro bono work than his staff can distribute cases to.

"It's like an hourglass; the little tiny space where the sand goes through is my staff."

One of the reasons the sand goes through so slowly: It takes an average of 30 telephone calls to volunteer lawyers to find an attorney ready, willing and able to take a case.

That's because few attorneys can even be reached on the first phone call. Once a live one is on the phone, he or she may be reluctant to take a case if it concerns an area with which the lawyer isn't familiar.

Staff volunteers help with some of those calls, Poirot said, but they get "real tired" of making 30 calls to place just one case.

The group's telephone lines, which used to be open seven hours a day, are now only open twice a week. Once staffers accumulate the week's caseload total of 30 clients, the answering machine goes on.

That drastic cut in telephone hours was required for efficiency, Poirot said. Before, his staff spent scarce time processing clients who turned out not be ineligible. In addition, the volume of eligible clients outpaced his staffs ability to distribute cases to volunteer lawyers.

Now staffers open the phones for only about a half-hour, twice a week. Staffers ask a brief series of questions to determine whether the caller is eligible for services. If so, they are scheduled for a comprehensive intake appointment at SDLVP's offices.

Despite the cuts, the picture isn't totally gloomy. On the statewide level, a State Bar committee is meeting with bank representatives to convince them to increase interest rates paid on client trust accounts.

Locally, Poirot knew in advance that SDVLP's grant from the State Bar would be cut and began an aggressive campaign to make up the shortfall.

Lawyers Club promised to contribute $ 15,000 and ended up raising $ 31,000. The San Diego County Bar Foundation gave an emergency grant of $ 10,000, as did the County Bar Association, which promised an additional $ 30,000 for fiscal 1993.

"That's made up a large portion of the deficit," Poirot said. "But costs are still going up."

Most recently, a fund-raising dinner this month raised $ 41,800. Poirot also has launched some new service areas, which he believes will benefit the group and the community by attracting new volunteer lawyers.

NEW AREAS

Those include plans to develop panels of attorneys who will help hate-crime victims sue for civil damages, and another panel to help parents collect unpaid child support payments.

A program launched in February and supported by an outside grant will assist children and youth. Key efforts include helping children to leave foster care by arranging legal guardianships with relatives or emancipations, assisting the guardians of disabled children to apply for under-used SSI benefits, and helping immigrant foster children to apply for legal residency under a little-known immigration law.

Poirot said SDVLP also has begun sending volunteer lawyers to the Children's Hospital and Health Center each week, to assist abused and neglected children and their guardians with legal problems.

Despite the group's fiscal problems Poirot said, "We constantly need help from pro bono lawyers, paralegals and law students.

"Even though we are having all these difficulties financially," he added, "I have this philosophy that we can still increase the opportunities for lawyers to get involved by increasing the menu of services we provide.

"If you offer a new set of services, people will come forward who haven't in the past. We already have 100 to 150 new volunteers signed up for the children's programs."

LANGUAGE: ENGLISH

LOAD-DATE-MDC: January 25, 1994

Los Angeles Times

September 5, 1992, Saturday, San Diego County Edition

SECTION: Metro; Part B; Page 1; Column 2; Metro Desk

LENGTH: 1346 words

HEADLINE: DROP IN VOLUNTEERS CURTAILS LEGAL AID FOR NEEDY; JUSTICE: MODEL PROGRAM HAS BEEN FORCED TO STOP TAKING CERTAIN NEW CASES BECAUSE FEWER LAWYERS ARE VOLUNTEERING FREE SERVICES.

BYLINE: By ALAN ABRAHAMSON, TIMES STAFF WRITER

BODY:

Donna, a 20-year-old Carlsbad woman, has a 7-month-old daughter and a broken marriage. She fears her husband. She desperately wants a divorce.

Donna has no job and gets by on welfare. With no extra money to hire a lawyer to file the divorce papers, she paid a visit earlier this summer to the San Diego Volunteer Lawyer Program, the agency that matches people in need of legal aid with lawyers willing to help for free. Two months have passed, going on three -- and still, Donna doesn't have an attorney.

"Things are getting desperate," Donna said, asking that her last name not be used. "My husband, when he comes over once a week to see (the baby), he comes over when he's been drinking and he makes comments about (the girl) sexually. It makes me really uncomfortable. I need a divorce, and I need it immediately."

For the first time in years, the Volunteer Lawyer Program finds itself unable to help. Hit hard by the recession and abandoned by attorneys, the program has stopped taking certain new cases -- a move that essentially denies legal help to poor people facing marital or child support problems, needing disability benefits or coping with AIDS or the HIV virus.

The number of people needing legal attention has so greatly outstripped the supply of lawyers willing to donate their time that the program shut its doors in mid-July, officials said. It still is not yet clear when business will return to normal, officials said.

"I feel so desperate to get these cases out," said Carl R. Poirot, executive director of the program. "But we can't do it."

The move marks the first time the Volunteer Lawyer Program has had to close its doors for an extended period, an unexpected setback for an agency that has become well known for its remarkable success.

Poirot arrived in San Diego six years ago. Since then, the Volunteer Lawyer Program has earned a reputation as a model program, an always-ready provider of free legal services for the needy. "It is not only known statewide but nationally," said John Seitman, a San Diego lawyer and current president of the State Bar of California. "It's a wonderful program."

All lawyers are supposed to volunteer their time, efforts lumped under the label pro bono, shorthand from the Latin phrase meaning "for the public good." The private bar has a long and distinguished tradition of working for free -- though it's an ongoing sore spot with bar leaders that most lawyers don't do pro bono work because they are motivated mainly by money.

For years, however, Poirot has been able to wheedle lawyers to help out, stressing the notion that doing good is its own reward. He also reminds newer attorneys that the program offers practical experience not available to most young lawyers, who rarely see the inside of a courtroom.

The program takes in about 10,000 cases a year, most of which require only a one-time visit with a lawyer, Poirot said.

About 8,000 lawyers practice in San Diego County, according to the State Bar of California. About 1,300 lawyers volunteer their time, 1,000 regularly, Poirot said.

About 500 paralegals, secretaries and law students also pitch in, he said.

This summer, however, the number of attorneys actually volunteering diminished sharply, Poirot said. It had become routine to average 30 to 35 phone calls just to place a case with a willing attorney, Poirot said.

"In some instances," Poirot said in a memorandum that circulated last month among San Diego lawyers, "attorneys are even asking us to take back cases they have already agreed to handle."

When the program's backlog of pending cases grew to about 150, Poirot said, officials decided in mid-July to close the intake doors.

Still open is the program's domestic violence prevention project, which accounts for some 70% of the workload. The service runs clinics at the Family Court in downtown San Diego and at county courthouses in El Cajon and Vista.

But, in July, the program stopped taking three categories of new cases.

Particularly "painful," Poirot said, was the decision to turn away people infected with the HIV virus, with legal needs ranging from will-writing to insurance coverage disputes.

The HIV-related caseload this year had been running markedly higher than last year, Poirot said.

For instance, in April, 1992, the program served 101 clients, up 18 from April, 1991. In July, 1992, even though the doors were closed mid-month to new cases, the HIV-related caseload hit 112. That was a 34% hike over July, 1991, when the count was 83.

Beginning in July, the program also opted to begin turning away social security appeals for the disabled. It actually had to send 26 social security cases back to the county Department of Social Services, saying no lawyers could be found.

The program also stopped taking family law cases, meaning child support, paternity suits and divorces.

"These are compelling situations for people in dire need of legal assistance," Poirot said in the memo. "If we do not help them, they have no other legal resources to turn to."

He added in an interview: "Some of the (lawyer) volunteers on our register, we need to get out there and pump them up."

Why the program has suddenly run into trouble remains unclear.

"We don't know whether this is a function of vacation, the fact that it's summertime or whether it's something else going on, something that might be related to the recession," Poirot said.

Bar leaders said the culprit is the recession.

"It's a tough business climate," said Anthony J. Battaglia, president of the San Diego County Bar Assn. "There are lawyers out of work. For those working, their offices have been impacted by the financial strain. Sometimes attention has to be devoted to making the overhead, meaning time for volunteer functions is less."

It's abundantly clear that the recession is the reason why the Volunteer Lawyer Program's funding is down sharply.

The program relies, in large part, on federal and state funds to pay for staff and overhead, but federal funding this year is likely to be flat and the state is giving it less money.

In fiscal 1992, the federal government allocated the Volunteer Lawyer Program $209,845, its share of a huge pot doled out to legal aid groups around the nation. In fiscal 1993, though rent is up and the cost of malpractice insurance is up, the federal government is once again projecting a grant of $209,845, according to program documents.

State funds come via the State Bar of California, which allocates money to pro bono programs around the state from the interest-bearing client trust account each California lawyer is required to maintain.

Because of complicated revenue sharing formulas and because banks have lowered interest rates dramatically, the State Bar's fiscal 1993 grant to the San Diego program is down 15% from 1992, from $261,716 to $224,128.

Other funding sources remain uncertain, and the San Diego program's projected fiscal 1993 revenue total, $495,728, is down 12% from the 1992 total, $561,646, according to program figures.

To compensate, Poirot said he has made the rounds in recent weeks, seeking corporate and charitable help. The San Diego County Bar Foundation, the local bar association's charitable arm, is due this month to consider a $20,000 or $30,000 grant, officials said.

Until more money comes through, Poirot said, the program will be unable to fill two staff positions. One is a paralegal slot. The other, an "intake and referral specialist," works at the heart of the program, assigning clients needing help to volunteer attorneys.

The 12 people still on staff -- 11 plus Poirot -- are eager for relief. "God, do we ever need help," staffer Carol Rogers said.

So, said 20-year-old Donna, does she. And she's not sure what to do.

"I'm just stuck all the way around," Donna said. "But I think I'm in a lot of company. I think there are a lot of people in my situation and, probably, situations a lot worse than mine. Financially, we can not afford to pay a lawyer. I know I can't. But believe it -- we need the help."

LANGUAGE: ENGLISH

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. schedule	Schedule for Hillary Rodham Clinton, Draft #2 [partial] (2 pages)	5/17/94	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3986

FOLDER TITLE:
[HRC Daily File] May 18, 1994

2014-0483-S
sb422

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

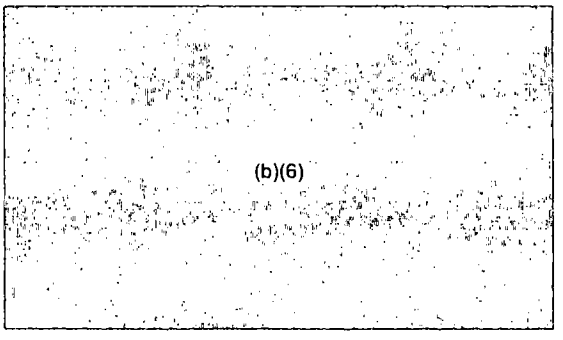
b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

SCHEDULE FOR HILLARY RODHAM CLINTON
DATE: TUESDAY, MAY 17, 1994
DRAFT: #2

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

PREV RON The White House

9:30 am-
10:30 am



002

NOTE: Maggie Williams and Julie Hopper will meet with HRC at this time.

10:30 am- **PRIVATE MEETING W/**Prime Minister Gro Harlem
11:00 am Brundtland
Yellow Oval Room
CLOSED PRESS

Format: Meeting and coffee.

Participants:
- HRC
- Prime Minister Brundtland
- Ambassador Kjeld Vieb; Norweigan Ambassador to the United States
- Inger Elise Birkeland; Political Advisor
- Melanne Verveer

NSC Contact: Brenda Hilliard
395-7357
Staff Contact: Sarah Ryan

NOTE: The President meets with Prime Minister Brundtland at 10:00 am in Oval Office.

11:00 am- **VISIT** w/Haynes Johnson
11:30 am Diplomatic Reception Room
CLOSED PRESS

Format:
- Informal meeting

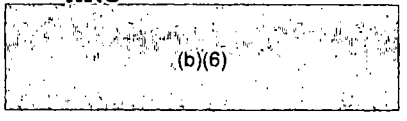
Participants:
- HRC
- Haynes Johnson
- Lisa Caputo ?????

Staff Contact: Lisa Caputo 456-2960

11:30 am-
11:50 am

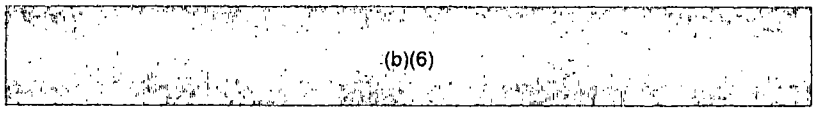
MEETING
HRC's Office
CLOSED PRESS

Participants:
- HRC



002

Format:
- Informal meeting



002

12:00 pm-
1:00 pm

PRIVATE MEETING
HRC's Office
CLOSED PRESS

Format:
- Informal meeting

Participants:
- HRC
- Melanne Verveer
- Ira Magaziner
- Harold Ickes

Staff Contact: Melanne Verveer

1:00 pm-
1:30 pm

LUNCH

1:30 pm-
5:00 pm

OFFICE/PHONE TIME