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EDUCATION AND LABOR

September 28, 1993

CHAIRMAN WILLIAM D. FORD (D-MI):

Chairman Ford believes the opportunity to reform health care will only come once. One of his first votes in Congress was for passage of Medicare. He has tried since then to add prescription drugs to its benefits.
He feels that universal access is fundamental and that cost containment should be the primary focus of the plan. Like the rest of the Michigan delegation, he is particularly concerned about the cost of retirees' health care. As the former Chairman of the Post Office and Civil Service Committee, Ford remains very active of federal employee issues. He is a strong chairman and consensus builder and will command loyalty from his Democrats and some Republicans.

In the last Congress, Ford introduced legislation crating a single unified system providing universal access to health insurance through employer mandates, coverage for children, and an element covering adults not in the workforce.

Recent Developments: In a David Broder column September 22, , Ford said, regarding prescription drug benefits: "I can't tell you how many times I've promised my constituents that next year we will do it. Now, maybe, we can."

CHAIRMAN BILL CLAY (D-MO)

Congressman Clay is in a key position both as a member of Education and Labor and as Chairman of the Post Office and Civil Service Committee. He will be fiercely protective of both his committee jurisdiction and federal employees and has already stated his desire to hold hearings as early as next month.

On health care reform, he may be influenced by the Congressional Black Caucus, Congressman Stokes, and Chairman Ford. Clay is a co-sponsor of the McDermott bill. He is a strong supporter of protecting workers' pensions and was a leading advocate for ERISA.

Recent Developments: Clay told the Washington Post on September 23 that his Post Office Committee will hold hearings on the health plan this fall, possibly in October, and that the key question would be: "Will federal employees and retirees be worse off in the new system?"

CHAIRMAN GEORGE MILLER (D-CA)

Congressman Miller, a McDermott co-sponsor, is the former Chairman of the House Select Committee on Children, Youth and Families. He is an outspoken liberal who has pushed for national health care since his election in 1974. He is the chairman of the Natural Resources Committee which has jurisdiction over the Indian Health Service.

Miller is a good friend of Congressman Stark, but doesn't always follow him and is not likely to buck the leadership on an issue of this importance. He could be helpful on the Committee, but may be more difficult on the floor if the liberals are not happy. On National Service, Miller actively organized the committee for the Administration to oppose the most damaging amendments including a Republican amendment to means test the program.

In June, he was concerned about how the unemployed would fare in the reform package.

Recent Developments: In USA Today on September 24, Miller was listed as a single-payer advocate who didn't want his vote to be taken for granted: "It's important that our coalition stay together...We think we have a major contender here."

CONGRESSMAN AUSTIN MURPHY (D-PA)

Most of Congressman Murphy's legislative work has been spent on his Subcommittee on Standards, Occupational Health and Safety.

While his health views are not widely known, he can be expected to be protective of unions and working-class issues. He is Roman Catholic and anti-choice.

CONGRESSMAN DALE KILDEE (D-MI)

Congressman Kildee would like to be helpful on the Committee. He represents a strong union district and is one of the more liberal Members of Congress. He has a strong interest in children's issues. In the reform proposal, Kildee has asked that those who manufacture biological and plasma products be separated from those producing pharmaceutical. While he opposes abortion, Kildee's concerns will be satisfied as long as there is a separate vote on its inclusion in the benefit package. Kildee is close to Congressman Bonior and subject to his influence.

CONGRESSMAN PAT WILLIAMS (D-MT)

As Chairman of the Education and Labor Subcommittee which deals with ERISA, Congressman Williams is particularly concerned that this committee be considered a full partner with the other committees of jurisdiction.

While he wants reform to be comprehensive, Williams believes the Federal government should deal with primary/preventive care and catastrophic and leave other issues to private insurance. He is also concerned about Native Americans and wants regulation of insurance to protect consumers (e.g. claims dispute resolution and prompt claims payment standards). He does not support federal funding of abortions. While Williams wants reform and would like to help, his vote cannot be taken for granted.

Recent Developments: In response to the President's speech Rep. Williams thought "the task force presented the President with some very workable options. For the most part, he's chosen about the best of them. I'm particularly pleased that he is so accepting of the advice that a number of us from widely populated states gave him . . .." Williams believes that enormous savings are possible if we change our expectations and health-care providers commit to do only the necessary and essential services. "We all have to stop equating quality with whiz-bang equipment in every clinic and a waterfall in every new hospital lobby."

CONGRESSMAN MATTHEW (MARTY) MARTINEZ (D-CA)

Congressman Martinez represents the heavily Latino and urban poor areas of East Los Angeles. A relatively quiet member, he chairs the Human Resources Subcommittee of Education and Labor. Martinez is a McDermott co-sponsor.

CONGRESSMAN MAJOR R. OWENS (D-NY)

Congressman Owens' district has many of Brooklyn's urban poor and heavy minority areas. While a McDermott co-sponsor, he has been quiet on health issues. He is expected to follow the Congressional Black Caucus and the work of the Committee. At your meeting with the Committee, Congressman Owens asked questions related to why the single payer approach was not taken.

CONGRESSMAN THOMAS C. SAWYER (OH)

Congressman Sawyer is a moderate member who has been quiet on health issues but is expected to want to help the President. A former Mayor of Akron he will be sensitive to urban concerns.

Recent Developments: At a July Focus Group meeting, Sawyer asked about the Veterans' Administration and whether the budgets would take into account regional differences.

CONGRESSMAN DONALD M. PAYNE (D-NJ)

Congressman Payne is a member of the Congressional Black Caucus and may wait for them to take a position on health care reform. Payne is a liberal and McDermott co-sponsor. He is a former Prudential employee and therefore may be sensitive to their views.

Recent Developments: At a July Focus Group meeting, Payne asked about coverage of part-time workers, private care in underserved areas, and more private care physicians.

CONGRESSWOMAN JOLENE UNSOELD (D-WA)

Congresswoman Unsoeld is a member of the Caucus for Women's Issues and believes that abortion services should be contained in the final health care package. It is not clear how she will vote if it is not. It is also true that Unsoeld is a protege of Speaker Foley and will want to be helpful to the leadership and the Administration on this issue. She has not sponsored or co-sponsored any key health care reform legislation in this Congress.

Recent Developments: At a July Focus Group meeting, Unsoeld questioned whether dental, mental health, and alternative therapies would be covered. She wondered how caps would be enforced and whether individuals would be able to move between plans. She also stated that she hoped, regarding tort reform, that victims would be fully compensated.

CONGRESSWOMAN PATSY T. MINK (D-HI)

Congresswoman Mink is a member of the Rural Health Care Coalition and the Caucus for Women's Issues. Mink was a co-signer of the May 13 letter supporting inclusion of abortion services - that issue will be key to her vote. In addition, she is a McDermott co-sponsor.

She can be expected to protect Hawaii's flexibility in the health care package, as well as to support their anticipated request for an ERISA waiver by the federal government to maintain their current statewide health plan.

CONGRESSMAN ROBERT E. ANDREWS (D-NJ)

Congressman Andrews is adamantly opposed to new taxes. His district includes both Prudential and pharmaceutical companies and he is likely to be sensitive to their concerns. Andrews will be influenced by Chairman Ford, organized labor and Governor Florio - particularly the results of the Governor's re-election effort. Andrews was particularly helpful to the Administration on the direct lending/income contingent loan legislation.

At a May meeting with Chris Jennings, Andrews advocated orienting the message toward those with health insurance. He thinks the cost issue is driving the debate. His main point is that the message be simple. He believes it will be difficult to sell but he wants to be helpful.

CONGRESSMAN JACK REED (RI)

Congressman Reed is in his second term and came to Congress after serving in the Rhode Island state legislature. He has a strong interest in children's issues. He is on the Judiciary Committee as well as Education and Labor. His health care positions are not known and he has not sponsored or co-sponsored any health care reform legislation in this Congress.

CONGRESSMAN TIM ROEMER (D-IN)

Congressman Roemer is a member of both the Mainstream Forum and the Conservative Democratic Forum. Senator Bennett Johnston is his father-in-law.

Roemer has not endorsed any particular health care plan but has told his constituents he does not trust the government to solve the problem. He is said to have felt that the Conservative Democratic Forum plan was too liberal. He is concerned about costs, Medicare, and seniors. He has a number of Eli Lilly employees and retirees in his district.

CONGRESSMAN ELIOT L. ENGEL (D-NY)

Congressman Engel is a single payer advocate and co-sponsored of the McDermott bill. He represents the Bronx and will therefore care about inner-city and urban concerns. His other particular health interests are mental health and home and community-based long-term care

Recent Developments: At a July Focus Group, Engel stated his support for the reform package. He has a personal interest in long-term care and maintained that women presently covered for abortion won't accept losing that coverage. He asked about coverage for those who live in one state and work in another. He was also interested in folding in Medicaid.

CONGRESSMAN XAVIER BECERRA (D-CA)

A freshman Congressman, Becerra serves on both the Education and Labor and Judiciary Committees and is a freshman whip. His wife is a physician. Among other issues, Becerra believes that there should be a national health insurance system. To support this, and his other programs, he advocates dramatic defense cutbacks. He says that there is no need for a tax increase.

Becerra raised the following points at the March meeting with the First Lady: increase Hispanic representation at HHS; coverage of undocumented population; and needs of minority sole practitioners who might not be able to compete with HMO's.

Becerra is likely to be concerned about the treatment of undocumented persons under health reform. In a related concern, Becerra asked how the health card would be used at the July House Focus Group meeting. He also was interested in how the participation of allied professions, such as podiatry, could be assured.

CONGRESSMAN ROBERT C. SCOTT (D-VA)

Freshman Congressman Scott is a McDermott co-sponsor. Scott's southern Virginia district includes a large number of urban and rural poor and has three black hospitals about which he is very concerned. In addition, he co-signed the letter to the President urging that the Administration use caution on tobacco taxes.

Recent Developments: At you meeting with the Committee, Congressman Scott was concerned that the alliance boundaries would result in low-income people the same range of options as middle class people. In response to the President's speech, Rep. Scott told the AP: "I'm delighted with this bold plan and its focus on universal coverage. It will guarantee every American the security of health care coverage that cannot be taken away.: He parted from the plan on the tobacco tax, however, saying: "The tobacco industry is already a major contributor to the federal, state or local coffers, contributing more than $11 billion in taxes a year. Increasing the tax on tobacco again would only damage one of our major international export industries and would result in the loss of thousands of jobs in Virginia."

CONGRESSMAN GENE GREEN (D-TX)

Congressman Green is a freshman and a member of the Mainstream Forum. A lawyer, he represents largely working class neighborhoods of Houston. He serves on both Education and Labor and Merchant Marine and Fisheries.
He has changed his opinion on abortion and is now pro-choice. He is not a sponsor or co-sponsor of any health care reform legislation.

CONGRESSWOMAN LYNN WOOLSEY (D-CA)

Congresswoman Woolsey is a freshman from the northern Bay area. Woolsey's health care perspective will undoubtedly be shaped by her personal experiences as a divorced mother who was once on welfare, and as the owner of a temporary employment agency. She supports a national health care system and is particularly concerned about continued coverage of sick and poor people. She is a McDermott co-sponsor but, depending on abortion, should be supportive.

At the July House Focus Group meeting, Woolsey, a single-payer advocate, asked: what happens to Medicare and Medicaid; would business save money in the end; and whether reproductive rights would be covered.

Recent Developments: September 28 in USA Today: In an op ed piece entitled "Health reform can get people off welfare" Woolsey writes about her own experience as a divorced mother of three small children without health care benefits. She says: "I am determined to prevent the debate on health care and welfare from degenerating into another forum devoid of humaneness and compassion. To ensure that Congress 'gets it right,' it is crucial we recognize that reform of health care and welfare are inexorably linked." She concludes: "I can never forget that time in my life 25 years ago, when I would lie awake at night, sleepless with the worry that one of my children would get sick."

RESIDENT COMMISSIONER CARLOS ROMERO-BARCELO (D-PR)

The former Governor of Puerto Rico, Resident Commissioner Romero-Barcelo raised these issues at the First Lady's March meeting: need for Medicaid reform; rum excise tax cap lift insufficient to pay for all needed health care; and proposed a new income tax to rebate toward increasing Medicaid eligibility. He is also concerned about the effect on small business and how Puerto Rico, as a non-state, would be treated.

CONGRESSMAN RON KLINK (D-PA)

Freshman Congressman Klink voted for the President's budget plan on May 27 after intense contact and negotiations with the White House. He is a former television anchorman who beat an incumbent Democrat in a heavily Democratic district. The incumbent had lost key union support. In addition to the Education and Labor Committee, Klink serves on the Small Business, Banking and Steering and Policy Committees.

Klink campaigned in support of reforming the nation's health care system. He was on the board of a health care institution in his district.

CONGRESSWOMAN KARAN ENGLISH (D-AZ)

Congresswoman English is a freshman who has extensive experience in local and state politics. She is a party loyalist who will have a tough re-election but nonetheless has backed the President on budget votes. Her name has been mentioned for DeConcini's Senate seat.
Her district is 60% rural and presumably she will be sensitive to those needs in health care reform. With eight different Native American tribes in her district, she is very active in Indian issues and is concerned with how health care reform will affect the Indian Health Service.

During consideration of National Service, her position was that the program should not pay for health insurance costs for projects which exclude abortion services (if abortion services would generally be covered).

CONGRESSMAN TED STRICKLAND (D-OH)

Freshman Congressman Strickland won his first term by 51% and is considered a liberal. Strickland serves on both Small Business and Education and Labor.
He believes in a community based and employment-based approach with small business paying into a public insurance pool. He favors inclusion of mental health benefits in the Administration's plan. He also favors stronger emphasis on preventive care, immunizations and prenatal care. He has pledged not to accept the health care coverage offered to members until all Americans have coverage. He attended a briefing for Congressional members on mental health issues by Mrs. Gore, where he spoke eloquently about the need for reform.

Recent Developments: Following the President's speech, Strickland said: "President Clinton laid out a health-care reform plan which I believe will bring health to our health-care system... It is certainly not a perfect plan and I don't think it will be passed in the same condition it is introduced. But I do think it is a strong beginning point."

DELEGATE RON DE LUGO (D-VI)

At the meeting with the First Lady in March, de Lugo asked about raising the cap on Medicaid for the territories and lifting the cap on the rum excise tax rebate program for Puerto Rico and the Virgin Islands.

As a member of the Hispanic Caucus he is concerned with coverage of undocumented workers and the resulting discrimination against Hispanic Americans. He has not sponsored or co-sponsored any key health care reform bills.

DELEGATE ENI F. H. FALEOMAVAEGA (D-AM. SAMOA)

Delegate Faleomavaega (pronounced EN-ee FOL-ee-oh-mav-ah-ENG-uh) will also push for equal treatment with the Mainland with regard to health care reform. Specifically if the basic benefit package is provided to all citizens, then it should be provided to the people of Samoa who are U.S. citizens.

CONGRESSMAN SCOTTY BAESLER (D-KY)

Freshman Baesler has been very vocal in his disagreement over the tobacco tax when alcoholic beverages are exempt. He is now predicting that eventually the plan may require taxing hard liquor as well. Not surprisingly, he finds the concept of taxing hard liquor but not beer "illogical." He is a member of the Rural Health Care Coalition and a member of the Agriculture, Education and Labor, and Veterans' Affairs Committees. Baesler is sensitive to the fact that his state is rather small, largely rural, and has over 13% of the population uninsured. He did not endorse President Clinton but was helped in his election by Senator Ford.

Baesler attended the August 4 focus group dinner for the House Democratic Caucus. He stressed educating the staff on the details of the plan.

Recent Developments: After the President's address, Baesler, who has a tobacco farm himself, told the Lexington Herald-Leader: "Our district is probably going to be hit hardest of any district in the United States." He was dubious about the financing and had problems with the employer mandate.

REPUBLICANS

CONGRESSMAN BILL GOODLING (R-PA)

Goodling is a relatively quiet Member, and while not expected to be with the Administration, he is worth courting. He wrote to the First Lady in March reiterating his concern about long-term care and citing several case studies illustrating the cost-efficiency of home care.

He is a co-sponsor of the Republican Leadership health care reform bill.

CONGRESSMAN TOM PETRI (R-WI)

Congressman Petri is a moderate to conservative who is in the Michel tradition of wanting to work with the Majority to produce results. While Petri has not been a player in health care, he has stated his hope that there could be a bipartisan effort to pass meaningful health reform. For that reason, he is considered a Republican target.

He, too, is a co-sponsor of the Michel bill.

CONGRESSWOMAN MARGE ROUKEMA (R-NJ)

Congresswoman Roukema appears to be trying to satisfy a number of constituencies as she positions herself for a possible run for the Senate in 1994. Her generally moderate positions have made her one of our top Republican targets. At your meeting with the Committee, she asked whether the plan would lead to rationing.

Recent Developments: Following Wednesday's White House meeting, Roukema told the press: "The President was most specific about the fact that nothing was written in stone." After the address, Roukema spoke with the New Jersey Star: "I think the costs are far greater than what has been acknowledged." She expressed concern about the administration's plans to reduce employers' tax write-offs for the benefits they provide to workers. She told local papers that while she supports groups pressing for health-care reform, she hopes they won't satisfy themselves with talk alone.

In an AP wire story September 27 Roukema took credit for the President consulting with Dr. Koop. The AP story said: "I personally got Dr. Koop there," Roukema crowed during an interview in her office last week...I have been urging he be an integral part of health reform for more than a year now...Two weeks ago Magaziner told me they'd taken my advice and brought Dr. Koop in."

CONGRESSMAN STEVE GUNDERSON (R-WI)

Congressman Gunderson serves on the House Republican Task Force on Health. He is a member of the Wednesday Group as well. He represents an overwhelmingly rural area

On health care issues, Gunderson is worried that managed competition could fail rural areas because of the lack of sufficient medical resources. He is also concerned about emergency services with waivers and outpatient clinics. He is on Congressman Bonior's target list.

Recent Developments: At your meeting with the Committee, Gunderson suggested reducing the size of a corporate alliance from 5,000 to 100 to permit rural self insurance options. He also suggested that all plans, not just corporate alliances be covered by ERISA preemption because "state legislature can do goofy things." In response to the President's speech, Rep. Gunderson told the AP that the plan involves too much regulation and bureaucracy and the mandate for small businesses to pay for employee health insurance would cost jobs. "But having said all that, there's no doubt in my mind that this is the beginning of a bipartisan process toward enactment of a comprehensive solution." Gunderson also noted that the plan contains provision of a rural health reform bill he introduced in January, such as 100 percent deductibility of the cost of health insurance premiums for the self-employed.

CONGRESSMAN DICK ARMEY (R-TX)

Congressman Armey is a highly partisan Republican who shares the Gingrich take no prisoners, "opposition-by-press conference". Armey called the President's plan "the worst solution being offered" following Wednesday's speech."

In a white paper published under the auspices of the House Republican Conference, Armey criticized the Administration's reform efforts. Specifically, he argued that : managed competition would forbid competition and boost health care cost and limit a patient's ability to access specialists community-rating subsidized unhealthy lifestyles; and new taxes would be necessary, possibly in the range of $60-150 billion annually.

Recent Developments: On September 3, Rep. Armey stated publicly that if health care reform is not enacted by mid 1994, it won't get done because of the upcoming elections. Regarding employer mandates, Armey told the Wall Street Journal on September 5: "How have you served employees and the small mom and pop entrepreneur when you've driven them out of business?" On Meet the Press on September 5 he said: "I will oppose any plan that has federal funding for abortion."

Following a September 22 meeting at the White House, Armey said the President's plan was "unacceptable" because of its large government role and attacked the press efforts of the day before as "the biggest marketing operation since New Coke." September 28 New York Times: "We're likely to lose 3.1 million jobs because of this plan. The plan is really a Dr. Kevorkian prescription for the jobs of American working men and women."

CONGRESSMAN HARRIS W. FAWELL (R-IL)

Congressman Fawell is a very conservative member of the Education and Labor Committee. He opposed the Catastrophic Act, both when it was first passed and when it was repealed. It would be surprising if he supported the Administration's health care initiative. He is a co-sponsor of the Michel bill.

CONGRESSMAN CASS BALLENGER (R-NC)

Congressman Ballenger has one of the most conservative voting records in the House. He is a former owner of a plastic company and it is not known whether or not he provided health insurance to his employees. He is not expected to back the health care reform package. On National Service, Ballenger was very anti-union and amy take a similar approach with regard to favorable treatment for big union plans.

CONGRESSWOMAN SUSAN MOLINARI (R-NY)

Congresswoman Molinari is a moderate to liberal Republican and is pro-choice. She is a member of the Congressional Caucus for Women's Issues. Her constituency is moderate, middle-class, and mainstream and it is well worth it to seek her support. Molinari recently became engaged to Rep. Bill Paxon of New York. She is a White House and Bonior target. Molinari and her fiancee did not attend the President's speech, opting instead for dinner together in a restaurant near the Capitol.

Molinari has not sponsored or co-sponsored any key health care reform legislation in this Congress.

CONGRESSMAN BILL BARRETT (R-NE)

Congressman Barrett is a conservative with a heavily rural district. If the Administration can satisfy the rural concerns of members like Stenholm and Slattery, there is a chance of getting Barrett's vote.

Recent Developments: In response to the President's speech, Rep. Barrett told the AP he questions the managed-competition format because although the concept isn't bad, the administrations's plan abandons pure market-oriented reforms for employer mandates. "It incorporates too much government control and lacks, at this time, any realistic method to pay for it." Concerning the national health board, Barrett said, "[i]t's a terribly incredible powerful board accountable only to the president. It's of great concern to me."

CONGRESSMAN JOHN A. BOEHNER (R-OH)

Congressman Boehner (pronounced Bayner) represents a solidly Republican area of Central Ohio. He is a former plastics company president and member of the state legislature. A member of the Education and Labor and Agriculture Committees, he has not been vocal on health issues.

Recent Developments: Following the President's speech, he commented: "When people being to peel away the shiny wrapper of this package, they aren't going to like what they see...with more taxes, fewer benefits, a huge new government bureaucracy and no realistic plan to pay for all of it."

CONGRESSMAN RANDY "DUKE" CUNNINGHAM (R-CA)

Congressman Cunningham is a former fighter pilot who serves on both the Education and Labor and Armed Services Committees. He faces a tough re-election. While he might be expected to be interested in the border issues raised by some members, he has not been so inclined to date. Cunningham is expected to be conservative and perhaps become active if there are major changes to CHAMPUS and/or the VA.

Cunningham has not sponsored or c-sponsored any key health care reform bills in this Congress.

CONGRESSMAN PETER HOEKSTRA (R-MI)

Freshman Congressman Hoekstra (pronounced Hoke-stra) is a traditional conservative who promised to spend only six terms in the House. Hoekstra is part of the Tuesday and Wednesday Groups. Hoekstra supported the Administration on National Service.

He is a co-sponsor of the Michel bill.

Recent Developments: September 28 Washington Times reports that Hoekstra was ready for a deluge of phone calls after President Clinton's health care address but received only 60. Said Hoekstra: "I think it left them unmoved because there was nothing to react to in terms of 'yes, I support it' or 'no, I don't support it' because I don't think they knew enough about it."

CONGRESSMAN HOWARD P. "BUCK" MCKEON (R-CA)

Freshman Congressman McKeon serves on the Republican Task Force on Health. He is a Mormon who is anti-choice but has said he would support federal funding for abortion in cases of rape or incest, or to save the mother's life. McKeon describes himself as a pro-business conservative and can be expected to follow the Republican leadership.

CONGRESSMAN DAN MILLER (R-FL)

Congressman Miller is a freshman member with a business but no political background. He is on the Education and Labor and Budget Committees and the Republican Task Force on Health. He is also part of the Wednesday Group.

Miller was, and may still be, on the Board of the Manatee Memorial Hospital. Miller supports a cap for medical malpractice lawsuits, arguing that it is one of the only ways to get health care costs under control.

Recent Developments: At the last meeting, he expressed concern about too much bureaucracy. On September 9, Miller told Knight-Ridder regarding proposed savings from Medicare and Medicaid: "It can't be done."

BJP

FIRST LADY HILLARY RODHAM CLINTON
STATEMENT BEFORE THE SENATE LABOR AND HUMAN RESOURCES COMMITTEE
SEPTEMBER 29, 1993

INTRODUCTION

Mr. Chairman, Members of the Committee, it is truly a privilege to appear before you today, particularly in such a historic setting. Mr. Chairman, your brother John F. Kennedy came to the Senate Caucus Room on January 2nd, 1960 to announce his campaign for the presidency. Eight years later [March 16, 1968], your brother, Sen. Robert F. Kennedy, announced his own presidential candidacy here.

With your unwavering commitment to health care reform -- a commitment that goes back 25 years -- you too, Mr. Chairman, have added your own piece of history to this room. Indeed, your name has been attached to nearly every piece of health legislation that has passed through Congress. So I'm especially grateful to join you and the Committee here today to talk about the most urgent domestic challenge facing our nation.

Over the years, this committee has shown a welcome and courageous spirit of bipartisanship when addressing difficult social problems. For the good of the nation, you have been willing to put aside partisan gamesmanship and ideological wrangling. That tradition of courage and open-mindedness will be beneficial to all of us as we work toward lasting, substantive health care reform in the months ahead.

Since becoming involved in this effort, I have had a rare opportunity to travel around the country and listen to thousands and thousands of ordinary Americans talk about health care. I have listened to people who live in cities and suburbs and on farms. I have listened to people who are unemployed, self-employed, in blue-collar jobs, in white-collar jobs, and in high-paying corporate positions.

I have read letter after letter from concerned citizens -- and we have received about 700,000 pieces of mail at the White House.

Hearing stories from those who get care and those who give care has convinced me of one thing: Nothing is more important to our nation than ensuring that every American has comprehensive health care benefits that can never be taken away.

When the President laid out his goals for health care reform, he was committed to building on what is right in our current system -- and fixing what is wrong. That principle still guides us today. The President's plan preserves and strengthens the high quality of medical care that is a trademark of our nation -- our unrivaled doctors, nurses, hospitals, and sophisticated technology. His plan also honors every family's desire to choose a doctor and other health care providers.

At the same time, the President is equally intent on fixing what is clearly broken.

Each month, 2 million people lose their health insurance for some period of time. Every day, thousands discover that, despite years of working hard and providing for their families, they are no longer covered. Every hour, hundreds who need care wind up in an emergency room because they have no health insurance.

These are not isolated, individual tragedies. Every person who loses health benefits, every person who is denied heath insurance, is part of a growing national tragedy. A national tragedy that is eating away at our social fabric, reducing our nation's productivity, draining our federal and state budgets, denying hard-working Americans wage increases and threatening our economic and political standing in the world.

Today, almost 40 percent of insurers refuse coverage to people with so-called "pre-existing conditions." Up to 30 percent of employees report that they are afraid to switch jobs for fear they will lose their health insurance.

The harmful effects of rising health care costs on our workforce cannot be overstated.

Imagine what it's like to be told you are the most qualified applicant for a job but you can't be hired because your child has an illness that will drive up the company's health care premiums.

Imagine how frustrating it is to know you can't change jobs or move to a different city because you might lose your health coverage.

Imagine the disillusionment that comes when going on welfare is a better option than staying on the job because it's the only way to get health care for your family.

You on this committee know better than most that our health care system is shortchanging too many American workers.

Today, the average worker pays $7,423 for health care each year. If we don't change our system now, that amount will rise to

$12,386 by the year 2000. And as the average worker's bill for health care goes up, his or her real wages will decrease -- by about $655 a year by the end of the decade. [from CEA]

Today, we are asking American workers to give up the wage increases they deserve -- in return for less health coverage, less health security.

EXAMPLES OF INSURANCE INSECURITY

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In our current system, nightmares like these have become ordinary, everyday experiences for too many Americans. That's why we must finally ensure that every American citizen has comprehensive health benefits -- benefits that can never be taken away for any reason. Not when you lose a job. Not when you change jobs. Not when you move. Not when someone in your family gets sick.

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Thanks to conversations and meetings I've had with health care professionals, economists and other experts, I have learned a great deal about the technicalities of our health care system in the last eight months. But like most Americans, what I know most about health care I have learned from personal experience.

As a wife and mother, I know we need to change our mindset so that we reward doctors and health care providers for keeping people healthy instead of treating them once they're sick.

We need to do this because it makes sense.

It makes sense to provide a comprehensive benefits package that covers children's vaccinations and well-baby visits -- treatments that keep children healthy -- rather than wait to treat costly illnesses that should have been prevented in the first place.

It makes sense to cover cholesterol screenings for adults -- rather than pay for expensive cardiac surgery after a person develops a heart problem that could have been diagnosed and treated years earlier.

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WE NEED TO PAY MORE ATTENTION TO WOMEN'S HEALTH

As a woman -- and women make up 51 percent of our population -- I also know we need to find cures and treatments for diseases that primarily afflict women, such as breast cancer, ovarian cancer, osteoporosis, and multiple sclerosis.

For too long, women -- the primary caregivers in our society -- have been relegated to the fringes of medical research and medical care. The leading cause of death among women is coronary disease. But until recently, women were routinely excluded from major coronary clinical trials.

Not only is that unfair to women, it is costly for the nation as a whole.

Osteoporosis alone accounts for as much as $10 billion a year in treatments, hospital care and nursing home stays. Breast cancer has been on the rise steadily for three decades, and we still have found no cure. This year, 46,000 women will die of the disease, and 186,000 will contract it. And that will add up to more than $6 billion a year in medical bills and lost productivity.

And those figures don't begin to count the social and psychological costs when these illnesses interfere with our family lives and our overall happiness and well-being.

CONCLUSION

By ensuring comprehensive benefits to all Americans -- benefits that won't suddenly vanish when a person is laid off, or switches jobs, or comes down with an unexpected illness . . . by emphasizing primary and preventive care that saves money and keeps people healthy . . . and by devoting more attention to the special health problems of women . . . we can control costs and build a healthier, happier nation.

Mr. Chairman, already the President and those of us working on health care reform have benefited enormously from the ideas, suggestions, and expertise of this committee in thinking about health care reform.

I truly hope that in the months ahead we will finally achieve real, lasting health care reform that is long overdue. We look forward to continuing our dialogue and our partnership with you until we reach that goal.

Thank you.

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FIRST LADY HILLARY RODHAM CLINTON
APPEARANCE BEFORE THE HOUSE EDUCATION AND LABOR COMMITTEE
SEPTEMBER 29, 1993

INTRODUCTION

Mr. Chairman, members of the Committee. It's an honor to be here today. In the past few months, this committee has been willing to address some of the nation's most serious social problems. I know the President particularly appreciates your work on the Family and Medical Leave Act and the National Service bill.

In the months ahead, your commitment to confronting the greatest domestic challenge of our day will be critical to our nation's future. After years of stalling and false starts, we now have an historic opportunity to accomplish what our government has never succeeded at before: providing health care for every American citizen -- health care that can never be taken away.

The lack of health security in this country is a story of needless human tragedy. Anxiety and fear about the costs of health care affect millions of Americans -- those with no health insurance, those with inadequate insurance, and those who worry that their benefits will suddenly vanish with the loss of a job, a move to a new city, or a serious illness.

Each month, 2 million people lose their insurance for some period of time. Almost 40 percent of insurers refuse to cover people with so-called pre-existing conditions. Real wages for workers continue to decline as a result of soaring health care costs for businesses.

Over the last eight months, I have had the privilege of traveling around the country listening to Americans talk about our health care system. I've listened to those who get care -- young and old, rich and poor, employed and unemployed. I've listened to those who give care -- doctors, nurses, hospital employes and other health care providers.

What I have heard over and over again -- from Americans from all walks of life, from those who receive care and those who give it -- is that we must do something <u>now</u> about the insurance insecurity that is gripping this country and injecting unnecessary fear into the lives of responsible, productive citizens.

INDIVIDUAL EXAMPLES OF INSURANCE INSECURITY

* Just a few days ago, there was an op-ed piece in The New York Times that spoke volumes about the human and economic costs of our failure to provide comprehensive health benefits to everyone.

The piece was written by a pediatrician [Perri Klass] in Boston who works at a neighborhood health clinic. Recently, a mother had brought in her son with an infected toe. The doctor prescribed antibiotics. But the mother balked. It turned out she had just lost her job -- and with it her health insurance -- and couldn't afford the $23 medication. With shame, she told the doctor she was going on welfare so she would qualify for Medicaid. But she had not yet received her Medicaid card.

The pediatrician wrote in The New York Times:

"It is wrong that I see one child after another without insurance, most of them children of the working poor, the self-employed, the part-time employees hired by large companies anxious to avoid paying benefits. . . . [It is] wrong to have parents weighing the price of the emergency room visit and the chest x-ray their doctor has advised to determine whether their daughter has pneumonia, asking if they can just try the medicine instead and see if she gets better. Wrong that it should always be the honest, conscientious parents who worry most, the ones who want to pay their bills and shoulder their burdens."

In our current system, health care horrors like these are far too common. As the doctor in Boston said, the boy with the infected toe is just one of the "small and constant everyday reminders of the insecurity in which so many people live, raise their children, [and] face the future."

OPTIONS FOR UNIVERSAL COVERAGE AND HEALTH SECURITY FOR ALL

When the President asked me and others to study our health care system, he was committed to a simple principle: that we preserve what is right with our system and fix what is wrong.

To achieve that goal, we explored a number of different options for providing universal coverage -- some of which are used in foreign countries, some in our own states.

* Single payer:

Strengths: Universal coverage, less administrative bureaucracy, and lower cost -- which are incorporated into the President's plan.

Weaknesses: would raise taxes, which we weren't willing to do.

* Individual mandates:

Strengths: Requires individual responsibility, which we applaud.

Weaknesses: Hard to ensure that everyone gets covered. Hard to prevent businesses from dropping coverage. Hard to control costs.

AFTER LENGTHY REVIEW, WE CONCLUDED THAT THE BEST SYSTEM FOR THIS COUNTRY IS AN EMPLOYER-EMPLOYEE PARTNERSHIP -- A UNIQUELY AMERICAN SOLUTION TO AN AMERICAN PROBLEM

An employer-employee partnership is the least disruptive option because we have used this system for 50 years.

Currently, about 58 percent of all Americans are covered through their workplace. [Of the remaining 42 percent: roughly 14 percent are uninsured, 13 percent are on Medicare, 9.5 percent are on Medicaid, and 5 percent are self-insured.]

* It is truly a partnership and will engender greater responsibility on the part of all Americans: Everyone shares the burden of coverage. No one gets a free ride.

* It will help businesses that already provide coverage because they won't be saddled with higher premiums to cover businesses that don't cover their workers.

* It is politically, and substantively, viable.

* We know it can work: Hawaii's experience.

CONCLUSION

The time has come to take a step forward on health care. Until every American has health security, no American is fully secure, and neither is our nation.

No solution will be perfect. But we must agree on reforms that are fair, compassionate, and workable. The President believes that the employer-employee partnership is our best hope

of providing health security for all Americans. He believes it is the best path to economic security for our nation. With your help, we can and will achieve lasting, meaningful reform -- once and for all.

Thank you.

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FIRST LADY HILLARY RODHAM CLINTON
STATEMENT BEFORE THE SENATE LABOR AND HUMAN RESOURCES COMMITTEE
SEPTEMBER 29, 1993

INTRODUCTION

Mr. Chairman, Members of the Committee, it is truly a privilege to appear before you today, particularly in such a historic setting.

Mr. Chairman, your brother John F. Kennedy came to the Senate Caucus Room on January 2nd, 1960 to announce his campaign for the presidency. Eight years later [March 16, 1968], your brother, Sen. Robert F. Kennedy, announced his own presidential candidacy here.

With your unwavering commitment to health care reform -- a commitment that goes back 25 years -- you too, Mr. Chairman, have added your own piece of history to this room. Indeed, your name has been attached to nearly every piece of health legislation that has passed through Congress. So I'm especially grateful to join you and the Committee here today to talk about the most urgent domestic challenge facing our nation.

Over the years, this committee has shown a welcome and courageous spirit of bipartisanship when addressing difficult social problems. For the good of the nation, you have been willing to put aside partisan gamesmanship and ideological wrangling. That tradition of courage and open-mindedness will be beneficial to all of us as we work toward lasting, substantive health care reform in the months ahead.

Since becoming involved in this effort, I have had a rare opportunity to travel around the country and listen to thousands and thousands of ordinary Americans talk about health care. I have listened to people who live in cities and suburbs and on farms. I have listened to people who are unemployed, self-employed, in blue-collar jobs, in white-collar jobs, and in high-paying corporate positions.

I have read letter after letter from concerned citizens -- and we have received about 700,000 pieces of mail at the White House.

Hearing stories from those who get care and those who give care has convinced me of one thing: Nothing is more important to our nation than ensuring that every American has comprehensive health care benefits that can never be taken away.

When the President laid out his goals for health care reform, he was committed to building on what is right in our current system -- and fixing what is wrong. That principle still guides us today. The President's plan preserves and strengthens the high quality of medical care that is a trademark of our nation -- our unrivaled doctors, nurses, hospitals, and sophisticated technology. His plan also honors every family's desire to choose a doctor and other health care providers.

At the same time, the President is equally intent on fixing what is clearly broken.

Each month, 2 million people lose their health insurance for some period of time. Every day, thousands discover that, despite years of working hard and providing for their families, they are no longer covered. Every hour, hundreds who need care wind up in an emergency room because they have no health insurance.

These are not isolated, individual tragedies. Every person who loses health benefits, every person who is denied heath insurance, is part of a growing national tragedy. A national tragedy that is eating away at our social fabric, reducing our nation's productivity, draining our federal and state budgets, denying hard-working Americans wage increases and threatening our economic and political standing in the world.

Today, almost 40 percent of insurers refuse coverage to people with so-called "pre-existing conditions." Up to 30 percent of employees report that they are afraid to switch jobs for fear they will lose their health insurance.

The harmful effects of rising health care costs on our workforce cannot be overstated.

Imagine what it's like to be told you are the most qualified applicant for a job but you can't be hired because your child has an illness that will drive up the company's health care premiums.

Imagine the frustration of knowing you can't change jobs or move to a different city because you might lose your health coverage.

Imagine the disillusionment that comes when going on welfare is a better option than staying on the job because it's the only way to get health care for your family.

You on this committee know better than most that our health care system is shortchanging too many American workers.

Today, the average worker pays $7,423 for health care each year. If we don't change our system now, that amount will rise to $12,386 by the year 2000. And as the average worker's bill for health care goes up, his or her real wages will decrease -- by about $655 a year by the end of the decade. [from CEA]

Today, we are asking American workers to give up the wage increases they deserve -- in return for less health coverage, less health security.

EXAMPLES OF INSURANCE INSECURITY

When I was with you in Massachusetts last spring, Mr. Chairman, we met a man who owns a small, family bowling alley. He had one long-time employee whose son became seriously ill. As a result of the boy's illness, the cost of the business' health insurance premiums went up.

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He could cut off insurance for his loyal, veteran employee. He could ask the employee to look for another job -- which might not provide coverage anyway given his son's condition. Or he could continue to pay the rising cost of health premiums -- knowing that it might ruin his family' business.

In our current system, nightmares like these have become ordinary, everyday experiences for too many Americans. That's why we must finally ensure that every American citizen has comprehensive health benefits -- benefits that can never be taken away for any reason. Not when you lose a job. Not when you change jobs. Not when you move. Not when someone in your family gets sick.

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As a wife and mother, I know we need to change our mindset so that we reward doctors and health care providers for keeping people healthy instead of treating them once they're sick.

We need to do this because it makes sense.

It makes sense to provide a comprehensive benefits package that covers children's vaccinations and well-baby visits -- treatments that keep children healthy -- rather than wait to treat costly illnesses that should have been prevented in the first place.

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Thank you.

SCHEDULE FOR HILLARY RODHAM CLINTON
DATE: THURSDAY, SEPTEMBER 30, 1993
FINAL

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

9:00 am - 9:30 am **BRIEFING** For Testimony
Residence

PARTICIPANTS:
HRC
Melanne Verveer
Steve Ricchetti
Chris Jennings
Greg Lawlar
Jack Lew
Ira Magaziner

Staff Contact: Melanne Verveer 456-2538

9:45 am **DEPART** The White House South Portico
EN ROUTE Capitol Hill
Travelling w/HRC:
Lisa Caputo
Melanne Verveer
WH Photographer
Chris Jennings
Steve Ricchetti

NOTE: Kelly Craighead will meet HRC at the Dirksen Bldg.

9:55 am **ARRIVE** Dirksen Bldg

10:00 am - 12:00 pm **SENATE FINANCE COMMITTEE** - Testimony
Room 215, Dirksen Bldg
OPEN PRESS

PARTICIPANTS: 20 Members expected to attend
[See briefing book for complete list]

FORMAT:
-Chm. Moynihan & Sen. Packwood give opening remarks
-HRC gives remarks (5-7 minutes)
-Members will then be recognized in order of seniority. Questions will alternate between Republicans & Democrats. Each Member will have a total of 5 minutes for their question(s) and your answers.

Staff Contact: Steve Ricchetti 456-6493
Contact: Ed Lopez 224-4515

12:05 pm **DEPART** Capitol Hill
EN ROUTE The White House South Portico

12:10 pm **ARRIVE** The White House

12:30 pm - 1:00 pm **LUNCH**

1:00 pm - 1:45 pm **PRIVATE MEETING**

1:45 pm - 2:45 pm **LARRY KING TAPING**
Vermeil Room

Staff Contact: Lisa Caputo 456-2960

3:00 pm - 3:30 pm **INTERNATIONAL WOMEN'S RECEPTION**
East Room
Attire: Business
CLOSED PRESS

PARTICIPANTS: Approx. 350-400 expected to attend
[See briefing book for complete list]

FORMAT:
-HRC, Mrs. Gore, Sec. Shalala will be announced into the East Room
-Sec. Shalala will intro Mrs. Gore
-Mrs. Gore will give brief remarks
-Mrs. Gore will intro HRC
-HRC gives brief remarks
-Following remarks the guests proceed to State Dining Room for tea.

Staff Contact: Ann Stock 456-7136

NOTE: It is important to be on time for the Powell Ceremony!

3:35 pm **DEPART** The White House **West Exec. Drive** w/POTUS
EN ROUTE Fort Myer, VA
[Drive Time: 15 minutes]

3:50 pm **ARRIVE** Fort Myer, VA

4:00 pm - 5:00 pm **RETIREMENT CEREMONY** for General Powell
Fort Myer, VA

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. schedule	Schedule for Hillary Rodham Clinton, Final [partial] (1 page)	9/22/93	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3989

FOLDER TITLE:
HRC background File [Congressional Testimony, Health Care] [loose] [3]

2014-0483-S
sb445

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]

[See briefing book for detailed sequence of events]
OPEN PRESS

PARTICIPANTS: Approx. 1200 expected to attend
[See briefing book]

FORMAT:
-HRC will be escorted to be her seat

-The President, Gen. Powell, and Sec. Aspin are announced and proceed to reviewing stand
-The President and Gen. Powell review troops
-Sec. Aspin escorts The President onto Parade Field
-The President pins Gen. Powell with Presidential Medal of Freedom.
-Sec. Aspin escorts the President and Gen. Powell to reviewing stand
-Sec. Aspin makes 5-7 minute remarks and introduces the President
-The President makes 5-7 minute remarks
-Gen. Powell is introduced off-stage and makes 7-10 minute remarks
-Gen. Sullivan, Chief-of-Staff of the Army proceeds to podium and reads Retirement Order
-Ceremony concludes; The President departs

Staff Contact: Tony Lake

NOTE: The Vice President, Mrs. Gore, Former President and Mrs. Bush, and Former Vice President and Mrs. Quayle will attend.

5:15 pm - 5:45 pm — **RECEPTION**
Ceremonial Hall
Fort Myer, VA

-The President, HRC, Gen. Powell, Mrs. Powell, & Sec. Aspin greet receiving line for 20 minutes
-A short film showcasing Gen. Powell's career is shown
-The President and HRC depart

5:50 pm — **DEPART** Fort Myer, VA
EN ROUTE The White House
[Drive Time: 15 minutes]

6:05 pm — **ARRIVE** The White House

RON — The White House

HAPPY BIRTHDAY!!!! (b)(6)

001

FAX 337-0589

Any materials

ED + LABOR

Pat Riesler

Submit ? by 4:30

softball ??

- INDian reservations taken care of
- underserved areas
- more emphasis on union negotiations
- expand on employer mandate - if enrollee has dispute w/ insurer/alliance, how is it resolved

Reps 5. Bus. impact

- 5000 emp corp/creator
- [illegible] / compensation

FACT SHEET

Contact: Alvin Silverman
(202) 628-1688

BUILDING AND CONSTRUCTION TRADES DEPARTMENT, AFL-CIO

SHORT NAME:	Building Trades Department
FOUNDED:	February 10, 1908
DESCRIPTION:	The Building Trades Department is one of the eight Trades and Industrial Departments of the AFL-CIO. Its affiliates are the 15 national and international building and construction trades unions - Asbestos Workers, Boilermakers, Bricklayers, Carpenters, Electrical Workers, Elevator Constructors, Operating Engineers, Iron Workers, Laborers, Painters, Operative Plasterers and Cement Masons, Plumbers and Pipe Fitters, Roofers, Sheet Metal Workers and Teamsters.
ORGANIZATION:	There are 325 local Building and Construction Trades Councils, 34 state councils, 30 Canadian local councils and 8 Canadian Provincial Councils.
MEMBERSHIP:	Approximately four million.
OFFICERS:	Robert A. Georgine, President Joseph F. Maloney, Secretary-Treasurer John T. Joyce, (Bricklayers), 1st Vice President Marvin J. Boede, (Plumbers and Pipefitters), 2nd Vice President Charles W. Jones, (Boilermakers), 3rd Vice President Earl J. Kruse, (Roofers), 4th Vice President J.J. Barry, (Electrical Workers), 5th Vice President Sigurd Lucassen, (Carpenters), 6th Vice President William G. Bernard, (Asbestos Workers), 7th Vice President Jake West, (Iron Workers), 8th Vice President Frank Hanley, (Operating Engineers), 9th Vice President John N. Russell, (Elevator Constructors), 10th Vice President Ron Carey, (Teamsters), 11th Vice President A.L. Monroe, (Painters), 12th Vice President Dominic A. Martell, (Operative Plasterers and Cement Masons), 13th Vice President Arthur A. Coia, (Laborers), 14th Vice President Arthur Moore, (Sheet Metal Workers), 15th Vice President
GENERAL OFFICES:	AFL-CIO Building, 815 16th Street, N.W., Suite 603, Washington, DC. 20006

- remarks
- Congress
- Q's & A's

messengers to Chris J. — Melanne / Ira / Carmel

- copy of remarks / to Lissa / Mark - Decca
- 2.25
- thousands

HRC "most imp. social policy in decades"

10:27 - stmt done

N. Johnson - HRC PA study / coronary bypass / Get name

— Seq. of Events —

Caucus at noon

Gary Claxton → speaking to staff

Ref. MADE for ?? I.D.

- Sequence call ED + LABOR

— Summary page w/ questions —

Steve - Talking Points / FINANCE

① ② Tlkpt dum Mike / Debbie / complete hist - Amanda Lee

showing extreme range of support from group & cmt. to those 2 cmte

4-

Red Mass

2. - mentions Red Mass

FAX

973 9[illegible] → late

- Finance Financing list hard
- Wages
- Structure of Alliance - Fee for service

- Jason's computer 1 pg. Mandy
- Gene 4 pp.
-

waive cover Newsweek?

Sen. Finance ▷ Steve

INFORMation
- Kansas
- Alliances too big
- Letters
- Committee - Questions

BOB - Funerals

Binder
- E+L
- Letters
- Flag Routem

Cover note

Member Questions