

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. fax	Phone No. (Partial) (1 page)	06/12/1994	P6/b(6)
002a. fax	Phone No. (Partial) (1 page)	2/24/1994	P6/b(6)
002b. letter	Personal; Address (Partial) (1 page)	n.d.	P6/b(6)
002c. letter	Personal; Address; Phone Number (Partial) (1 page)	n.d.	P6/b(6)
002d. letter	Personal; Address (Partial) (1 page)	n.d.	P6/b(6)
002e. memo	Personal (Partial) (1 page)	05/07/1994	P6/b(6)
002f. paper	Personal; Phone Number (Partial) (1 page)	n.d.	P6/b(6)
002g. paper	Personal; Phone Number (Partial) (1 page)	n.d.	P6/b(6)
002h. paper	Personal; Phone Number; Address (Partial) (1 page)	11/05/1993	P6/b(6)
002i. letter	Personal; Phone Number; Address (Partial) (1 page)	n.d.	P6/b(6)
002j. letter	Personal (Partial) (1 page)	n.d.	P6/b(6)
002k. letter	Phone No.; Personal; Address (Partial) (2 pages)	n.d.	P6/b(6)
002l. letter	Personal; Address (Partial) (1 page)	n.d.	P6/b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Speechwriting
OA/Box Number: 8168

FOLDER TITLE:

HRC [Hillary Rodham Clinton] League of Women Voters 6/14/94

2012-1004-S

ms502

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]
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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]
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**FIRST LADY HILLARY RODHAM CLINTON
REMARKS TO THE LEAGUE OF WOMEN VOTERS BIENNIAL CONVENTION
WASHINGTON, DC
JUNE 15, 1994**

DRAFT

Helaine

[Acknowledgments: Becky Cain, president]

Congratulations to all of you as you kick off the 75th anniversary of the League of Women Voters. Throughout its magnificent history, the League has never ceased working to strengthen the American ideal of civic involvement. Our nation owes you great thanks for the dispassionate, reasoned voice you continually lend to our political process.

I, for one, am particularly grateful for your contributions to the discussion of health care reform across our country. Through dozens of forums and town meetings, through an education campaign on television, through an exhaustive study of health care financing and delivery, you have given the American people the straight facts about a very complicated, very emotional issue. And you remind all of us that some issues are so important that they must transcend partisanship and ideology.

In 1911, Carrie Chapman Catt [founder of the League of Women Voters] offered some wisdom about the potential for social change in America: "When a just cause reaches its flood-tide," she said, ". . . whatever stands in the way must fall before its overwhelming power."

She was talking about women's suffrage. But she could have been talking about any number of movements that originate in the hearts and minds of a few, only to become a rallying cry for millions of others.

Much of what is good about our nation has come about because the American people had the courage and vision to unite together to challenge historical odds and press for change.

Nine years after Carrie Chapman Catt uttered her prophetic words, the 19th Amendment was ratified. The League of Women Voters was founded. And something once unthinkable, women going to the ballot box, was a fact of life.

Today, another just cause is reaching its flood-tide. The cause is real health security for every American family. After 60 years of gridlock . . . after 60 years of talking, debating, discussing, arguing, and procrastinating, our legislators realize that it's a cause whose time has come. A cause whose time is now.

Last week, for the first time in history, Congress took several huge steps toward enacting legislation that will provide guaranteed private insurance for every American. Senator Kennedy's Labor and Human Resources Committee approved a bill providing guaranteed private insurance for every family. And the Senate Finance Committee is moving forward under the leadership of Chairman Moynihan, who also is committed to achieving universal coverage.

In the next weeks and months, the House and Senate will debate and vote on a bill that will finally relieve all Americans of the fear that they will be denied health coverage at a critical moment in life.

This issue is not about providing coverage for those who have no insurance, although they number close to 40 million and their ranks are growing. This issue is not about people on welfare, because they're already covered by Medicaid. It's not about the wealthy, who can afford coverage no matter what system we have.

with ins It's about millions of Americans -- most of them hard-working middle class folks -- who get up every morning, go to work, earn a living, and take care of their families. Millions of Americans who live every day with the anxiety of not knowing whether they will have health care when they most need it. *2 stories with ins*

The President has said he will veto any legislation that does not provide guaranteed private insurance for every citizen. Eighteen months ago he came to Washington committed to helping the working people of this country. He did not run for the Presidency to penalize those who play by the rules. And he did not assume the Presidency to cheat those who work hard and ask little of the rest of us.

There are some in Congress who urge band-aid solutions to our health care crisis. A little fix here, a little fix there. They say they favor real reform, but what they propose is not even a weak imitation, not close to the real thing. Because if there isn't a bedrock guarantee that every American has coverage, then what's the point?

Health care reform isn't the real thing unless everyone has coverage. The League of Women Voters knows that. You're a non-partisan, not-for-profit organization. You have no financial or political stakes in this debate. And your independent conclusion after three years of study was that "in order to achieve fundamental health care reform we must provide universal access to quality health care for all U.S. residents."

Becky Cain told Congress herself last September: "Access to health care -- universal coverage -- will determine the humanity

of our system."

America has not waited 60 years to freeze out tens of millions of people who are the backbone of our society. And it doesn't require intellectual wizardry to figure out who is left behind if we don't achieve universal coverage.

Young people starting out in their careers who might have to switch jobs several times -- with no assurance that a new job will include health benefits.

Mothers who return to the workplace after childbirth only to discover they can't get coverage for their children.

*not
compelling*

And kids like Collins [cq] Wright. Collins is a sixth grader at Marvell Middle School in eastern Arkansas who recently wrote me a letter. He has severe allergies and asthma that have affected his performance in school. Both of his parents work. But his family can't afford health insurance because his "pre-existing condition" makes the price of their premiums far too expensive.

"The United States of America is the strongest nation in the world," Collins said in his letter. "Therefore, its people should be able to take care of each other. . . . You have brought us hope; now bring us help."

That's one letter, one story, one of more than a million we have received at the White House. Behind each letter is a heartbreaking tale, and a heartfelt plea from someone who needs much more than weak-kneed, half-baked attempts at reform.

Isn't it interesting that some Members of Congress want to deny coverage to millions of hard-working, tax-paying citizens -- and children -- when their own coverage is paid for with those hard-working people's tax dollars?

*Some
forming
health
care
system*

In the weeks ahead, the decibel level in this debate will get higher and higher. The special interests who thrive on the status quo will offer gloomy, dire predictions about reform. Some will say we can start the process now, and wait to finish it later.

Well, this is no time for incrementalism. *play games with our people* This is no time to lose our spine. This is no time to play games with the American people by pretending that the bill you want to pass will cover everyone when in reality it will not. *pretending to solve
prob by long waiting*

Incrementalism will not stop the financial hemorrhaging caused by uncompensated care. It will not stop cost-shifting. It will not stop premiums from going through the roof. It will not stop our deficit from growing. And, most important, it will not

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Less than a week ago, the President and I returned from a trip to Europe to commemorate D-Day and the beginning of the end of World War II.

Every day, at every stop -- in Rome, in Nettuno, in Cambridge, in Portsmouth, in Colleville, in Paris -- we honored memories of ordinary men and women who came together to accomplish extraordinary things. Often against extraordinary odds.

The heroes and heroines of World War II believed in the capacity of this nation to achieve its promise. They retained that faith through a Depression, through threats of political tyranny on other continents, through a Cold War.

I'm reminded of those brave men and women because once again we're at one of those singular, if more subtle, moments in history when courageous action can lead us to a time of greater hope, greater prosperity, and greater security.

The soldiers who landed at Pointe-du-Hoc didn't stop when they reached those high, treacherous cliffs in Normandy. They scaled them.

Achieving health care reform is our cliff to scale, our way to pay back the debt we owe to those who risked and sacrificed their lives 50 years ago to make our lives better.

It's the only way to make sure that the next generation enjoys the security and prosperity America has known for the past half century.

Let's not turn our backs on history. Let's not turn our backs on Americans who have made far greater sacrifices than we have ever known so that we could live in peace. Let's face the challenge now so that our families, our friends, our neighbors -- and our nation -- will have healthier and happier futures.

Thank you.

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[001]

June 12, 1994 Sunday

Melanne,

Here's a draft of the League speech. We have time to tinker on Monday if you want me to change anything. Meanwhile, Hillary wanted a copy tonight (Sunday), so it's being included in her briefing book. War room types have looked at it.

I'll be in a meeting early Monday and then will probably work from home for the middle part of the day. The number is

P6/b(6)

Thanks!

Lissa

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**The President of the United States
Radio Address to the Nation
June 11, 1994**

Good morning.

For me, and for many of you, last week was a time of remembrance and rededication. As we marked the 50th anniversary of D-Day, a grateful nation honored the generation of heroes who fought and won World War II and built fifty years of freedom.

I had the privilege of representing our country at ceremonies honoring all those who liberated Europe. It was an experience I will never forget, and I came home with a renewed sense of commitment to the work we must do in our own time.

The generation of heroes whom we honored last week never lost faith in the promise we call America. They worked their way out of the Great Depression, defeated fascism on three continents, and built a half century of prosperity for their children and grandchildren. With the history they made, they proved what a great democracy can accomplish when we work together for a great purpose.

Yet today, too many have lost that faith. After years of deadlock and division, too many doubt that our democratic process can change our lives for the better.

Yes, democracy can be imperfect; its workings can be untidy; and its pace can be frustratingly slow. But -- unlike any other system of government -- it allows the people's wisdom to prevail. And, ultimately, something good and decent gets done.

This morning, I want to tell you about something important that is being accomplished. For weeks, we've been told that health care reform is dead. But the truth is our nation is closer than ever before to achieving a goal that President Truman set after World War II: real health security for every family.

Last week, for the first time in history, Congress took several giant steps toward a bill that answers the call of history and provides guaranteed private insurance for every American. Senator Kennedy's Labor and Human Resources Committee approved a bill providing guaranteed private insurance for every family. And the Senate Finance Committee is moving forward under the leadership of Chairman Moynihan, who is also committed to achieving universal coverage.

Meanwhile, other Congressional committees are continuing their important work. And soon the House and Senate will debate

and decide on a bill that will make our families' anxieties about health care a thing of the past.

This isn't just about the uninsured, although their numbers are growing. This is also about tens of millions of Americans -- most of them hardworking middle class people -- who live with the uncertainty of never knowing whether their health care will be there when they need it. The only way they will be secure is when every American knows that -- whether they lose their job, change jobs, move their home, get sick, get injured, or just grow old -- their health care will be there no matter what.

Others urge half measures and quick fixes. They say they're reforming the health care system, but they fail to provide every American with the ironclad guarantee that they will have private health insurance that can never be taken away.

Health care reform just isn't the real thing unless middle class working people are guaranteed coverage. And, after at least 50 years of delay, the American people deserve the real thing.

I'll tell you why I'm fighting so hard for real health care reform. Every day, Hillary and I hear about hardworking Americans whose lives are being torn apart by uncertainties about their health care.

People like Jim Bryant, who told the **Boston Globe** he works 70 hours a week but has no health insurance for his family. He wonders if it's fair that he misses his son's soccer games to go to his Saturday job while people who must depend on welfare have health benefits. In a moment of frustration, he even suggested to his wife that they might be better off if they broke up, so that she and their sons could get benefits that working families like theirs can't afford.

This isn't right. No one who works should have to go on welfare to get health insurance. And everyone on welfare should have the opportunity to go to work without losing their health coverage.

It's families like the Bryants who will get no help at all from half measures, quick fixes, and bandaid style reforms. For the sake of these hardworking families, let's leave no one out. Let's cover everyone. Let's get the job done this year.

In the weeks ahead, you will hear from special interests who prefer the deadlock of our political system to the reform of our health care system. But, if you keep faith with democracy and make your voices heard, the national interest will prevail over the narrow interests. I feel profoundly confident that we can succeed.

Helen Keller once said that "The world is moved along, not only by the mighty shoves of its heroes, but also by the aggregate of the tiny pushes of each honest worker." Americans from every part of the country and every walk of life have called for fundamental health care reform this year. And the steps that Congress took last week prove that the voice of the people is being heard.

I urge you to tell your elected representatives that we need to do this, do it right, and do it this year.

Thank you for listening.

DRAFT

June 12, 1994

SPEECH TO THE LEAGUE OF WOMEN VOTERS

DATE:	Tuesday, June 14
TIME:	9:00 am
LOCATION:	Sheraton Washington Hotel
FROM:	Liz Bowyer

I. PURPOSE

To attend the League of Women Voters' 41st National Biennial Convention, and give remarks thanking the League for its contributions to the health care reform debate, and stressing the indispensability of universal coverage as health care legislation emerges from Congress.

II. BACKGROUND**The League of Women Voters (LWV)**

The League of Women Voters was founded in 1920, just months before the ratification of the 19th Amendment. Suffragist Carrie Chapman Catt founded the volunteer, nonpartisan league to help educate the newly enfranchised group of 20 million women voters about voting issues and the political process. In the nearly 75 years since its founding, the League has worked steadily to promote participation in the political process and influence government policy.

Throughout its history, the League has actively supported a number of issues, including collective bargaining, child labor laws, minimum wage legislation, federal aid for maternal and child care programs, Social Security, civil rights, school desegregation, the equal rights amendment, pro-choice legislation, campaign finance reform (?), and most recently, the Motor-Voter Act.

Any citizen of voting age, male or female, can become a League member (the League opened its membership to men in 1974). The League has approximately 200,000 members and supporters around the country.

LWV and Health Care Reform

Health care reform is currently the League's major advocacy issue. For ?? years, the League has been calling for universal coverage and stringent cost containment in the health care system, along with preventive, prenatal and reproductive care. In April 1993, the League issued a position statement on health care reform that is very close to the HSA (attached). The League feels that the Clinton plan meets all of its priorities and has issued a statement of support, although not a formal endorsement,

for the HSA. The League also favors a single-payer system, however, and has issued a statement of support for that as well. In the absence of a single-payer system, the League supports an employer mandate.

The League is actively engaged in the health care reform debate. While the League does generally support the HSA, it has been reluctant to formally endorse or otherwise publicly promote the plan due to the organization's strictly non-partisan image. Instead, the League has focused its efforts on educating the public about the key issues in the reform debate.

In January, the League of Women Voters Education Fund (LWVEF) and the Kaiser Family Foundation (KFF) launched a national campaign called "Straight Facts on Health Care Reform." The initiative consists of two components that are being carried out concurrently: a national media campaign with paid messages airing on TV news and public affairs shows and placed in national newspapers and newsweeklies; and a series of 60 town meetings with elected officials broadcast on TV or radio in communities across the country. The initiative, which does not back any particular plan, is designed to give people the facts so they can make informed decisions about health care reform.

The League was a founding member of the Health Care Reform Project, and has been helpful to the White House on several occasions -- in identifying women with compelling health care stories for Women's Constituency Day, and helping to prepare the books that Members of Congress took home over the Congressional recess (more info).

LWV National Biennial Convention

The League is holding its 41st national biennial convention in Washington this week, June 10 - 15. The convention will also kick off a two-year celebration of the League's 75th anniversary, which is officially on February 14, 1995. The League has planned a series of anniversary events around the country over the next two years. (Note: According to the League, you participated in one of their 50th anniversary events in 1970.)

You are the first speaker at the beginning plenary session on Tuesday. The audience will be comprised of approximately 1,200 League members from around the country (including a substantial contingent from Arkansas). On Wednesday, the last day of the convention, convention delegates will hold a rally on Capitol Hill with Senators Daschle and Wellstone and Representatives Dingell and Kennelly, and then spend the day lobbying Members of Congress on health care reform (?). Other speakers throughout the five-day conference include Attorney General Reno (Saturday) and Raul Yzaguirre, executive director of the National Council of La Raza (Monday).

III. PARTICIPANTS

HRC

Becky Cain, President, League of Women Voters

IV. SEQUENCE OF EVENTS

* Will be provided on Monday

V. PRESS

Open press.

VI. REMARKS

Provided by Lissa Muscatine.

LEAGUE OF WOMEN VOTERS

Our bill meets all of their goals (so does single-payer)

Kick 888 - 75th yr. >

- HRC was at 50th Anniversary - 1969?

- 60 public forums a h.c. around the country

- members of H.C. reform project - one of founding members

- have helped us i.d. women w/ stories -

Ads; stop in districts
phone bank
direct mail

Sharing common goals

- h. security

- cost containment

LWV - \$4.1 m grant from Kaiser Fds to do media

Women's Suffrage

3 Themes of Conference

① h.care

② kids at risk

③ crisis in cities

w/o peer caps, w/ mandates have to get to 91%

LEAGUE OF WOMEN VOTERS

NOTES

Founded in 1909 as part of women's suffrage
1993 LUV completed 3 yr study / h.c. fin. + delivery
conclusion: univ. coverage.

" will determine the humanity of our system.
must also: spending caps

Ad campaign w/ Kaiser Fdo "Straight Facts or Deceit"

60 town mtgs

DWIGHT, LYNKA

Reiterate veto

If we didn't do it, who will we be leaving behind

The Pres. will not leave behind working ppl

2 wks go debate → capt. vs. indiv.

Now → univ. coverage

Amer. has not waited 60 yrs to leave out the
ppl who work the hardest & ask the least

The Pres. came to Wash says ^{wd} not penalize those
who work hard & play

To penalize them again he cannot do

> welfare reform - Pres kicking off today)

- Young ppl start out who might & jobs
- Women back in workplace whose is. doesn't have ^{children}
- Story > kids in E. Room

little boy

Do you know what it's like to sneeze

- you brought us hope; now bring us hope

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002a. fax	Phone No. (Partial) (1 page)	2/24/1994	P6/b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Speechwriting
OA/Box Number: 8168

FOLDER TITLE:

HRC [Hillary Rodham Clinton] League of Women Voters 6/14/94

2012-1004-S

ms502

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]

FAX TRANSMITTAL

Date: 2/24/94

Attention: JOHN
SUTTON

To: Debbie Fune

456-2362

[002a]

From: Betsy Lawson

429-1965 x 233



LEAGUE OF WOMEN VOTERS OF THE UNITED STATES

1730 M Street, NW

Washington, DC 20036

202/429-1965 fax: 202/429-0854

COVER PLUS 3 PAGES TRANSMITTED

Other Messages:

P6/b(6)

P6/b(6)

~~DW~~
(h)
(c) 6-2776



THE LEAGUE
OF WOMEN VOTERS®
OF THE UNITED STATES

September 29, 1993

To: Members of the House and Senate

From: Becky Cain, President

Re: Health Care Reform

President
Becky Cain
St. Albans, West Virginia

Vice-Presidents
Diane B. Sheridan
Taylor Lake Village, Texas

Peggy Lucas
Minneapolis, Minnesota

Secretary-Treasurer
Robin Seaborn
St. Petersburg, Florida

Directors
Pat Brady
Springfield, Virginia

Marilyn F. Brill
Danville, Pennsylvania

Jane S. Garbacz
Wilton, Connecticut

Bobbie E. Hill
Camden, Arkansas

Debbie Macon
West Bloomfield, Michigan

Beverly K. McKinnell
St. Paul, Minnesota

Linda Moscarella
Taos, New Mexico

Nancy Pearson
Tacoma, Washington

Carole Wagner Vallianos
Manhattan Beach,
California

Kathleen Weisenberg
Atherton, California

Executive Director
Gracia M. Hillman

The League of Women Voters of the United States urges you to support passage of comprehensive health reform legislation in the 103rd Congress. We believe that President Clinton's plan is a critical step forward for health care reform and we urge its speedy consideration.

Our health care system is failing. It is failing our nation's families and it is failing our nation's economy. There are currently 37 million Americans who do not have health insurance coverage while more than 20 million Americans live without adequate health coverage. Between 1980 and 1991, the total amount spent on health care per family more than doubled. Without strong action, it will more than double again by the year 2000.

Earlier this year, the League of Women Voters completed a three-year study of health care delivery and financing. Our members concluded that in order to achieve fundamental health care reform, we must provide universal access to quality health care for all U.S. residents and stringent cost containment for health care outlays.

The League of Women Voters believes that it is access to health care -- universal coverage -- that will determine the humanity of our system. Health care reform must establish a basic level of quality health care for all U.S. residents regardless of their ability to pay. This basic package should include primary care (including prenatal and reproductive health), acute care, long term care and mental health care.

In order to control costs, legislation to reform the health care system must include specific cost-cutting measures such as setting caps for health care spending, utilizing managed care, curtailing the duplication of services, facilities and equipment and reducing administrative costs.

We believe that the President's plan addresses these critical issues by providing for both universal access and cost containment. The League believes that a mandate on employers to provide health coverage, as proposed in the plan, is acceptable. The President's plan is not the only plan that meets the League's criteria. We also support single-payer plans such as HR 1200 and S 491, the American Health Security Act sponsored by Representative Jim McDermott (D WA) and Senator Paul Wellstone (D MN).

The League of Women Voters applauds the bipartisan cooperation that has marked the beginning of the debate on health care reform. We must all work together to solve the health care crisis. If national health care reform is to succeed, citizens must have a voice.

THE LEAGUE
OF WOMEN VOTERS
NATIONAL OFFICE



NEWS RELEASE

CONTACT: Maggie Simpson
(202) 429-1965,
ext. 290

EMBARGOED UNTIL:
9:30 PM EST
September 22, 1993

PRESIDENT'S PLAN IS EFFECTIVE BLUEPRINT FOR HEALTH CARE REFORM

Statement by Becky Cain, President
The League of Women Voters of the United States

The President's health care reform package marks a critical step forward. It will fix fundamental flaws in our nation's health care system.

This is real reform. The plan provides for universal access and for stringent cost control measures -- the two most important criteria set forth by League members after more than three years of studying the health care crisis.

Under the plan, Americans will be covered no matter where they live, where they work or how much they earn. The plan's basic benefits package will be a boon to people's health, especially for women. For the first time, all Americans will be guaranteed coverage for preventive, primary and acute care; and reproductive health services, including abortion, are in the plan. Mental health services and long-term care are also included, but are limited to keep costs down.

Among the plan's most critical features are its built-in cost control mechanisms. Millions of Americans are losing the battle to keep up with rising health care costs and millions more cannot even afford the most basic health care coverage. Health care costs have doubled since 1980 and will double again by the year 2000 unless strong action is taken. By standardizing forms, introducing new competitive structures and limiting spending, the plan has effective ways of cutting waste and reducing costs.

The President's health care plan is not perfect, but it is fair. It will need some fine-tuning in the legislative process. For example, citizen participation must be included in all aspects of the plan's implementation to ensure that government-sponsored programs are responsive to citizens' needs. In addition, there will be heavy pressure to weaken the plan's proposed tax on cigarettes. The Administration must not buckle under. Sin taxes make sense.

Health care reform will need bipartisan support. The League is encouraged that many of the goals for reform are now shared by key members of both political parties on Capitol Hill. Congress must not lose sight of the costs of inaction on this critical issue. There will be no perfect solution to this crisis. We need a viable plan that gives all Americans a more humane health care system. The President's plan is an effective blueprint for reform.

THE LEAGUE
OF WOMEN VOTERS
NATIONAL OFFICE



NEWS RELEASE

CONTACT:

Maggie Simpson
(202) 429-1965
ext. 290

FOR IMMEDIATE RELEASE:
October 14, 1993

LEAGUE TESTIFIES BEFORE CONGRESS ON PRESIDENT'S HEALTH CARE PLAN

WASHINGTON, D.C. -- Becky Cain, president of the League of Women Voters of the United States, testified before a joint hearing of two Energy and Commerce subcommittees today, October 14, at 10 A.M., 2123 Rayburn, on President Clinton's health care reform plan. Ms. Cain, testifying on the consumer's panel, urged Congress to adopt President Clinton's health care plan as "an effective blueprint for reform."

"The President's plan is not perfect but it is fair...not everyone will get everything they want. But, for once, everyone has the possibility of getting what they need," says Becky Cain, president of the League of Women Voters. "This, in itself, will be a giant step forward."

"As citizens, we say to you, our elected Representatives, as clearly and as forcefully as we can: Fix these problems, pass comprehensive health care reform."

The hearing also included panels representing providers and insurers. Testifying with Ms. Cain on the consumer panel was Judith Brown, Chair of the Board of Directors of the American Association of Retired Persons, Gail Shearer of the Consumer's Union and Ron Pollack, Executive Director of Families USA.

In 1990, the League of Women Voters began a three-year intensive study of the delivery and financing of health care in the United States. After thousands of hours of grassroots debate, League members across the country reached consensus on the need for comprehensive health care reform that contains universal access and stringent cost control measures in the health care industry.

Becky Cain will be available for comment before and after the hearing today.

--30--



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bers are women and men; any citizen aged 18 or older can join. Members may join through any level of the League, and with membership comes the opportunity to work on local, state, regional and national public policy issues. Local Leagues set their local programs, priorities and dues; state Leagues set the statewide agenda.

National League activities are coordinated and staffed by two distinct but complementary organizations. The League of Women Voters of the United States (LWVUS) is the political advocacy and membership organization. The League of Women Voters Education Fund (LWVEF), established in 1957, is the citizen education and research organization.

The League's hallmark is its unique grassroots approach to study and action. Every national League position is based on nationwide study and consensus among members. During the consensus process, members draw on balanced, pro/con materials, develop their own resources, turn to technical experts and public officials for information, and reach out to the community through public meetings, surveys and media coverage. The same thorough process is used for studying national health care policy in the United States, for examining local recycling policies or for evaluating statewide school finance formulas.

Once a position is reached, the League marshals all of its tools to influence the shape of public policy. Work is focused on priority issues every year, in order to channel the League's citizen power for the greatest effect. Grassroots lobbying efforts are the key to the League's legislative success. Strategies include testimony, letters and phone calls to key legislators, working in coalition with other groups, community outreach and media campaigns.

On Capitol Hill, the League's grassroots message is constantly reinforced through person-to-person contact by a lobby corps of Washington-area volunteers, national board members and staff.

THE LEAGUE OF WOMEN VOTERS MISSION

The League of Women Voters is a nonpartisan political organization, encourages the informed and active participation of citizens in government, and influences public policy through education and advocacy.

VISION, BELIEFS AND INTENTIONS

The goal of the League of Women Voters is to empower citizens to shape better communities worldwide.

The League of Women Voters of the United States is a nonpartisan political membership organization which:

- acts after study and member agreement to achieve solutions in the public interest on key community issues at all government levels;
- builds citizen participation in the democratic process;
- engages communities in promoting positive solutions to public policy issues through education and advocacy.

(Continued on next page)



To empower
citizens to shape
better communities
worldwide.

FAX TRANSMITTAL

Date: 6/10/94To: Liz Boyer 456-2239From: Betsy Lawton**LEAGUE OF WOMEN VOTERS
OF THE UNITED STATES**

1730 M Street, NW

Washington, DC 20036

202/429-1965 fax: 202/429-0854

COVER PLUS

4

PAGES TRANSMITTED

Other Messages:



Goal:

To promote social and economic justice, secure equal rights for all, and combat discrimination and poverty.

bers' current legislative goal is reform of the U.S. health care system to provide access to a basic level of quality care for all residents and to control health care costs. The League favors a national health insurance plan and supports increased taxes to finance a basic level of care for all U.S. residents, provided health care reforms contain effective cost control strategies. As the United States moves toward a national health insurance plan, an employer based system of reform that provides universal access is acceptable to the League.

In 1993, the League worked to help pass the Family and Medical Leave Act, which provides up to 12 weeks of unpaid leave to employees for the birth or adoption of a child or for the care of a seriously ill family member. LWVEF publications include *Expanding School-Age Child Care: A Community Action Guide*, which describes Leagues' pilot projects to stimulate the supply of school-age child care in their communities.

WHOSE SYSTEM IS IT ANYWAY?

Our focus on the issues and on encouraging true government of the people has earned the League its reputation as a respected and effective participant in the American political process. And in an era of proliferating and powerful special interests, the League's advocacy of the public interest is increasingly recognized as an essential voice of democracy.

Join the League and help us Take Back the System

Rights, Congress and the Presidency, DC Self-Government and Full Voting Representation, The Election Process, Fiscal Policy, Gun Control, Voting Rights and Public Policy on Reproductive Choice.

In 1993, the League achieved a primary legislative goal: congressional passage of national voter registration reform legislation to remove unnecessary obstacles on the path to the voting booth. Attention then turned to successful implementation of the new law in the states and to national campaign finance reform legislation to make candidates more responsive to the voters than to the special interests.

Publications include *Understanding Economic Policy: A Citizen's Handbook* and *Public Policy on Reproductive Choice: A Community Action Guide*.

INTERNATIONAL RELATIONS: The League's goal is to promote peace in an interdependent world by cooperating with other nations, strengthening international organizations, fostering long term development, negotiating arms control measures and encouraging the successful resolution of conflicts through nonmilitary means.

League members have studied and taken positions on: Arms Control, Military Policy and Defense Spending, Trade, The United Nations, and U.S. Relations with Developing Countries.

In recent years, the League has lobbied for U.S. support of the United Nations, including full payment of our country's financial assessment. The League responded to the dramatic events in Eastern Europe at the turn of the decade with an initiative to invite citizen activists from eastern European nations to experience first-hand the grassroots traditions and influence of the League at the

community level. "Building Political Participation in Poland" in 1992 was the first of the League's emerging democracy programs.

NATURAL RESOURCES: The League's goal is to promote an environment beneficial to life through the protection and wise management of natural resources in the public interest by recognizing the interrelationships of air quality, energy, land use, waste management and water resources.

League members have studied and taken positions on: Resource Management, Environmental Protection and Pollution Control, and Public Participation in Environmental Decision Making.

In recent years, the League was a leader in the long citizen effort to win passage of a strong Clean Air Act in Congress. Subsequent League efforts are focused on the need to reauthorize other key environmental legislation, such as the Resource Conservation and Recovery Act and the Safe Drinking Water Act. The LWVEF has a well deserved reputation for providing citizen education opportunities and resources in the environmental area. Recent examples include *The Plastic Waste Primer*, *The Garbage Primer* and the third edition of *The Nuclear Waste Primer*, all handbooks for citizen action.

SOCIAL POLICY: The League's goal is to promote social and economic justice, secure equal rights for all, and combat discrimination and poverty.

League members have studied and taken positions on Child Care, Equality of Opportunity, Health Care, Meeting Basic Human Needs, and Urban Policy.

Based on a nationwide study of the delivery and financing of health care, League mem-

Goal:

To promote peace in an interdependent world.

Goal:

To promote an environment beneficial to life.



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THE LEAGUE OF WOMEN VOTERS MISSION

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The League of Women Voters of the United States is a nonpartisan political membership organization which:

- acts after study and member agreement to achieve solutions in the public interest on key community issues at all government levels
- builds citizen participation in the democratic process
- engages communities in promoting positive solutions to public policy issues through education and advocacy.

(Continued on next page)



To empower
citizens to shape
better communities
worldwide.

The League of Women Voters Education Fund is a nonpartisan public policy educational organization, which:

- builds citizen participation in the democratic process.
- studies key community issues at all government levels in an unbiased manner.
- enables people to seek positive solutions to public policy issues through education and conflict management.

We believe in:

- respect for individuals.
- the value of diversity.
- the empowerment of the grassroots, both within the League and in communities.
- the power of collective decision making for the common good.

We will:

- act with trust, integrity and professionalism.
- operate in an open and effective manner to meet the needs of those we serve, both members and the public.
- take the initiative in seeking diversity in membership and programs.
- acknowledge our heritage as we seek our path to the future.

LWV LEADS CITIZEN CAMPAIGN TO TAKE BACK THE SYSTEM

In the 1990s, the League is rededicating its efforts nationwide to promote voting and citizen participation in government.

The League of Women Voters in 1991 launched a nationwide citizen campaign to Take Back the System—a plan of action to make voter registration more accessible, provide voters with information on candidates and issues and restore the voters' confidence and involvement in our American electoral system.

The League believes that democracy depends on the informed and active participation of its citizens. When citizens are prevented from participating meaningfully in their government, American democracy is endangered. The League of Women Voters believes that the time has come for voters to Take Back the System.



Goal:

To promote an open governmental system that is representative, accountable and responsive.

THE LEAGUE'S NATIONAL AGENDA

The League of Women Voters of the United States works to influence public policy in four broad issue areas, encompassing a range of interrelated principles and goals.

GOVERNMENT: The League's goal is to promote an open governmental system that is representative, accountable and responsive; that has a fair and adequate fiscal basis; that protects individual liberties established by the Constitution; that assures opportunities for citizen participation in government decision making; that provides sound agriculture policies, and that preserves public health and safety through gun control measures.

League members have studied and reached positions on: Agriculture Policy, Citizen



League of Women Voters
Education Fund

Straight Facts on Health Reform



The Henry J. Kaiser
Family Foundation

EMBARGOED FOR RELEASE
9:30 am EST, January 31, 1994

For more information, contact
Matt James, Kaiser, 202-347-5270
Carla Bundy or Susan Solomon, LWVEF,
202-429-1965 ext. 315 or 290

Post-It brand fax transmittal memo 7671 # of pages 4	
To	Mike Lux
Co.	Co. Carla Bundy
Dept.	Phone # 429-1905
Fax #	Fax #
Eloy Leonard will call you.	

KAISER FAMILY FOUNDATION AND LEAGUE OF WOMEN VOTERS EDUCATION FUND ANNOUNCE NATIONAL PUBLIC EDUCATION INITIATIVE ON HEALTH REFORM

Campaign Will Feature TV and Print Messages and 60 Nonpartisan
Town Meetings With Elected Officials

Harvard University/Johns Hopkins to Provide Research for Campaign

Washington, DC -- The Henry J. Kaiser Family Foundation (KFF) and the League of Women Voters Education Fund (LWVEF) today announced a national campaign to inform the American people about key issues in health reform and to give citizens an opportunity to participate in the debate.

The initiative, called "Straight Facts on Health Reform," consists of two components that will be carried out concurrently: a national media campaign with paid messages airing on TV news and public affairs shows and placed in national newspapers and newweeklies; and a series of 60 town meetings with elected officials broadcast on TV or radio in communities across the country. The budget for the initial phase of the campaign announced today is \$4.1 million.

An 800 number will be used to provide the public with three in-depth special reports: "Uninsured in America," "Critical Choices in Health Reform," and "Health Reform Legislation: A Comparison of Major Proposals."

Both the LWVEF and the KFF believe that citizens should participate more fully in the health reform debate.

"This is the biggest health policy decision we will make in this generation, and it is too important to leave to the interest groups and spin doctors," said Drew E. Altman, president of the Kaiser Family Foundation. "Don't look for Harry and Louise, don't expect glitz or messages designed to pull at the heartstrings. We will provide basic information that people need, backed up by the best available facts and research."

"On this most personal of issues, it is vitally important that the American public hears where their elected leaders stand," said Becky Cain, chair of the League of Women Voters Education Fund. "More importantly, elected officials must hear where their constituents stand. All too often the debate over major legislation is left to the special interests, and the voice of the American people is lost. We don't want to see that happen with health reform."

-more-

Research assistance provided by
The Harvard University School of Public Health and The Johns Hopkins University School of Hygiene and Public Health

-File
-Get to Eller, FYI

PROJECT SUMMARY

STRAIGHT FACTS ON HEALTH REFORM

A joint project of the League of Women Voters Education Fund (LWVEF) and the Kaiser Family Foundation (KFF).

Research and technical assistance provided by the Harvard University School of Public Health and the Johns Hopkins University School of Hygiene and Public Health.

ANNOUNCEMENT DATE: January 31, 1994 (embargoed until that time)

OBJECTIVES: To provide a neutral source of public information and education on the issues and alternative proposals in health reform. To give citizens an opportunity to participate in the debate.

The campaign will not back any particular health reform plan, approach, or point of view.

WHAT THE INITIATIVE WILL CONSIST OF:

- 1) A national television and print public information campaign on key issues in health reform. Paid messages to air on network television and run in newspapers and news weeklies beginning January 31, 1994.
- 2) A series of approximately 60 town meetings on health reform with elected officials.

The budget for this initial phase of the campaign is \$4.1 million. Other components of the initiative—such as a series of nationally televised debates on health reform—may be added.

THE PROJECTS:

The Media Campaign

- A national television and print campaign with messages airing on news and public affairs shows and placed in major newspapers and news weeklies.
- First messages called "The National Health Reform Quiz" to focus on the problem of the uninsured and will explain how big the problem is, who is uninsured, and what the consequences of being without insurance are.
- The objective of this project is to help assure that the debate over universal coverage is based on the best available facts and research, rather than misunderstandings and misinformation.
- An 800 number will be used to provide three special reports, "Uninsured in America," "Critical Choices in Health Reform," and "Health Reform Legislation: A Comparison of Major Proposals."
- The Harvard School of Public Health and KFF will conduct ongoing surveys of public knowledge and understanding to assess the need for further efforts.

The Town Meetings

- Approximately 60 town meetings with elected officials organized around media markets across the country. (See attached map)
- The objective is to provide a forum for citizen participation in the health reform debate, to fully present and debate alternative proposals, and to make sure that constituents know their elected officials' views on health reform.
- Each meeting will be cosponsored by the LWVEF, KFF, and an area television or radio station which will provide broadcast coverage.
- The meetings will consist of two parts: general education on issues and proposals and the questioning of members of the House and Senate by area reporters and citizens. A video featuring Walter Cronkite excerpted from the PBS documentary "What's Ailing Medicine" will be used during the educational segment. The documentary was supported by the Foundation.
- All meetings will be bipartisan and will be attended by elected officials with divergent

Straight Facts on Health Reform/2

THE MEDIA CAMPAIGN: "The National Health Reform Quiz" -- The first messages in the national television and print campaign will focus on Americans without health insurance and will address the size and characteristics of the uninsured population and the consequences of being without health insurance. They will provide basic information to help people decide where they stand on the debate over health reform. The Kaiser/Harvard/Princeton Survey of Public Knowledge of Health Reform (10/19/93) showed that there are misconceptions about who is without health insurance. Survey respondents thought most uninsured Americans were poor, unemployed and elderly. In reality, more than two thirds live above the poverty line, almost none are elderly, and more than eight out of ten are workers and their families.

"We've found that the public is not well-informed about the critical facts driving health reform," said Robert J. Blendon of the Harvard School of Public Health and a senior program consultant to the foundation. "In the absence of accurate information, Americans are susceptible to being influenced by advertising that distorts the issues underlying this debate."

The Kaiser/Harvard/Princeton surveys of public knowledge and understanding will continue throughout the campaign. The next survey is scheduled for late February.

TOWN MEETINGS: "Citizens Voice for Citizens Choice" -- The other half of the initiative consists of 60 town meetings with elected officials, that will be organized to facilitate broadcast coverage. The Kaiser/Harvard/Princeton Survey of Public Knowledge found that the public is not generally familiar with either their Senators' or Representative's positions on health reform, or the key elements of the major reform proposals.

Each forum will encourage citizen participation in the health reform debate by presenting and debating alternative proposals, and helping constituents to understand their elected representatives' positions on health reform. Each meeting will be sponsored by the League of Women Voters Education Fund, the Kaiser Family Foundation, the local League of Women Voters and an area television or radio station, which will provide broadcast coverage.

The meetings will consist of two parts: general education on issues and proposals, and the questioning of members of the House and Senate by citizens and reporters. All meetings will be nonpartisan and elected officials with divergent views on health reform will be invited to attend.

The project has been endorsed by the Radio and Television News Directors Foundation (RTNDF) and is budgeted at approximately \$600,000. Journalists who wish to attend or cover one or more of the town meetings may contact the LWVEF or KFF.

THE PARTNERS: The Kaiser Family Foundation -- The Kaiser Family Foundation is an independent health care philanthropy and is not associated with Kaiser Permanente or Kaiser Industries.

This project is part of the Kaiser Health Reform Project, an effort to provide the best available research and analysis on key issues in the health reform debate to policymakers, the media and the public. Throughout the health reform debate, the Kaiser Health Reform Project will issue targeted studies, hold media and policymaker briefings, facilitate public forums with elected officials, and track the public's understanding of issues related to health reform.

League of Women Voters Education Fund -- The League of Women Voters Education Fund's mission is to increase public understanding of major public policy issues and to encourage citizen participation in government. In pursuit of these goals, the LWVEF conducts research and provides a variety of educational services, including publications and public programs.

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Straight Facts on Health Reform/3

The LWVFF works with many partners -- foremost among them, the more than 1,100 state and local Leagues of Women Voters throughout the U.S. Within their own communities, Leagues have established a reputation for providing accessible, balanced and easily understood programs and materials people can use to learn about current public policy issues.

Harvard School of Public Health -- The Harvard University School of Public Health program on Public Opinion and Health Care, under the direction of Robert J. Blendon, has provided research assistance on public opinion on health reform and the uninsured, and advice on design of media messages. Robert Blendon, chairman of the Department of Health Policy and Management, is a senior program consultant to the Foundation.

Johns Hopkins University School of Hygiene and Public Health -- The Johns Hopkins School of Hygiene and Public Health has provided research assistance for the campaign, analyses of the uninsured population, analyses of the major health reform proposals and advice on the design of media messages.

LEAGUE OF WOMEN VOTERS

The United States is a world leader in developing new medical technologies, uncovering the mysteries of disease through basic clinical research, training nurses and doctors, and constructing hospitals, clinics, laboratories, and medical schools. People from all over the world come to the United States for specialized training and treatment.

But the health care system, as a whole, is in deep crisis. We are spending too much, and getting too little for our money. Health care spending now consumes more than 14% of our GDP, projected to grow to more than 18% by the end of the decade..**without insuring one more person..**

Roughly 39 million Americans have no health insurance at all, and another 23 million have only bare bones coverage. Every month, 2 million Americans lose their insurance coverage for some period of time, many to never gain it back. More and more Americans have to give up their regular doctor because their employer cuts back on the health plans they offer in order to cope with rising costs. Millions in rural areas have no access-- insured or not-- to a doctor or hospital. And the quality of American medicine is being threatened by the lack of measurable standards and real accountability in the health care system.

Today's health care system can be particularly inadequate for women. Women are more likely than men to be unemployed, have low income, or work part time, and are therefore more likely to lack health coverage. Even those women with insurance find that their coverage jeopardized by divorce or widowhood, since their insurance is tied to their marital status. And despite the fact that women are the primary victims of life-threatening diseases such as breast and ovarian cancers, women are still at the bottom of our national medical research agenda. Any serious reform proposal must address the health needs of women head on, and provide affordable coverage to all women.

The President has placed women's health concerns at the core of the plan. Under the Health Security Act, all women will be guaranteed coverage regardless of health status, marital status, employment status, or ability to pay. Women will be guaranteed a comprehensive package of benefits that will include unprecedented coverage, without cost-sharing, of a wide range of preventive services, including mammograms, Pap smears, diagnostic services, and prenatal care.

In addition, new research initiatives will concentrate on child health (including birth defects, prenatal care, and adolescent health), and illnesses that primarily strike women -- including breast cancer, ovarian cancer, and osteoporosis. And the new home health and community based long-term care program will provide greater choice and flexibility for older women and will help reduce the undue burden born by many women caregivers.

The time for health care reform has come, and the passage of the Health Security Act will usher in much needed attention to women's health and wellness. I look forward to working closely with the League in the weeks and months ahead to advance our shared commitment to this goal.

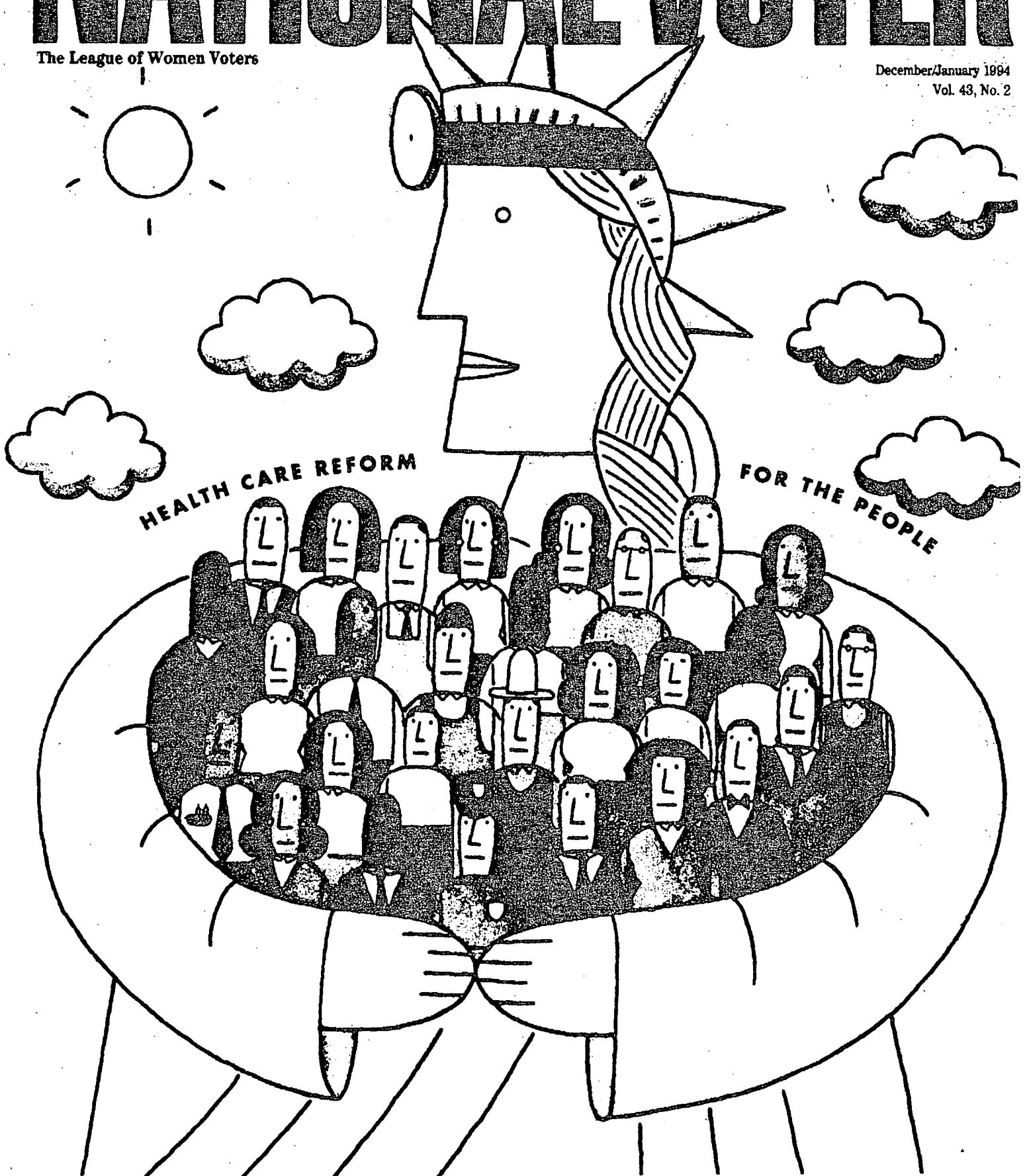
Voting Rights Threatened Women's Issues Redefined

THE NATIONAL VOTER

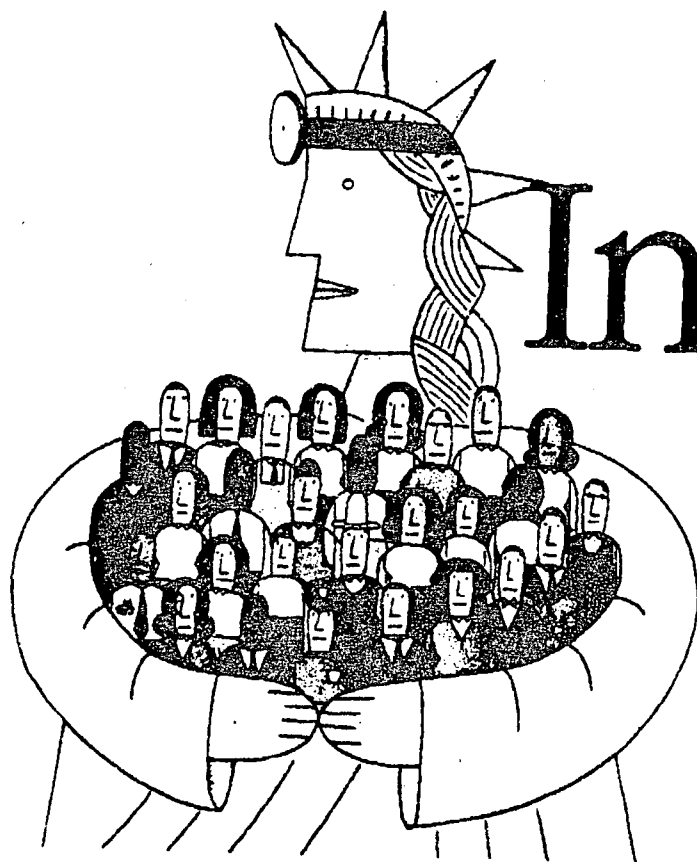
The League of Women Voters

December/January 1994

Vol. 43, No. 2



by Jennifer A. Baratz



Ad Number One: An elderly woman looks somberly at the camera. The caption below her face asks, "Why should I have to choose between buying groceries and buying medicine?" The ad, sponsored by the Pharmaceutical Manufacturers Association (PMA), goes on to say that "No American should have to make that choice. That's why we support health care reform, with coverage for all prescription medicines."

Ad Number Two: "Meet the family nobody will insure," appears boldly atop a photo of a family of three. "Health care reform has become our country's most important public health issue, and the 300,000 member physicians of the American Medical Association (AMA) are determined to bring about change."

As health care reform has moved to the top of the U.S. political agenda, ads such as these have been appearing more and more frequently in newspapers and magazines throughout the country. Part of an aggressive campaign on the part of different health-industry interests to shape their public image and influence public opinion about options for reform, the ads make plain that reform of the United States' health care system is a high-stakes proposition.

In Whose Interest?

Industry and Other Interests

Are Drowning Out the Public's

Voice in Health-Care Reform

With more than \$800 billion spent every year on health care in this country, there's a lot riding on reform for doctors, hospitals, drug companies, insurers, medical equipment manufacturers and other interests. Lost amid all the jockeying for dollars and business, however, is the overriding fact that health care reform is a win-or-lose proposition for the American people as well. At stake for citizens is whether we can craft a system that effectively and efficiently meets people's real health care needs.

"Our health care system is failing both our nation's families and its economy," says League of Women Voters President Becky Cain. "Citizens need to speak up and be heard above the special interests or we might be faced with reform in name only—with a health system that only reinforces the inequities and inefficiencies that sparked this whole movement in the first place."

"A New Phenomenon"

Talk of reform is a new phenomenon in the health care industry. "For years, the industry worked to maintain the status quo of the health care system," according to Josh Goldstein of the Center for Responsive Politics, "and industry interests were successful in squashing any public discussion of reform."

That all changed in 1991, when Harris Wofford of Pennsylvania was elected to the U.S. Senate on a platform of national health reform. Wofford's election sent a powerful message to Washington—that the United States' health care system is not working and the American people want it fixed. Since then,



the health industry has changed its approach. "Now that health reform has become a public issue, there's been a shift (among industry interests) from squashing reform to shaping the debate in the way they want it to go," says Goldstein.

The Public Campaign: Ads and Ideas

The mass media can be a powerful tool for influencing public perceptions about policy issues, and the health industry knows it. According to Robert Blendon of the Harvard University School of Public Health, polls indicate that public confidence in health-industry leaders—doctors, insurers, pharmaceutical companies—is at a 25-year low. And so, health interests are spending millions of dollars to recast their public image and to focus the debate on issues that affect them.

Blendon points out, for example, that the industry's high-profile advertising effort has two principal aims. "One of its objectives is image advertising," he says. "The industry has been trying to build up public respect for people in the health care industry so that when they criticize specific things within reform proposals, the public will believe them to be credible. The other goal of the ads is to alert the public that the problems they have now could be even worse under health care reform."

The AMA ads, for example, emphasize the special nature of the doctor/patient relationship—that doctors are looking out for the well-being of their patients—and the importance of maintaining that relationship free of interference. While seemingly altruistic, the message advances the medical profession's interest in fighting off controls over doctors' practice styles or fees.

"The ads are focused on what the industry does to help people," according to Blendon. "They're saying, 'We really care. Trust us more than the politicians. You don't want to trust politicians to make decisions about your health care.'"

The health industry responds that it is merely trying to inform the public about the issues. "As President Clinton has said, this issue will be decided at America's kitchen tables," remarks Richard Coorsh, spokesperson for the Health Insurance Industry of America. "For Americans to make these decisions, they need informa-

While the League and others stress that universal coverage and cost containment are equally important goals of reform, industry places less emphasis on the more difficult issue of holding down health care spending.

tion from all points of view," Coorsh goes on to say. "We are all entitled to get information to consumers so they can judge the impact of health care reform on them."

Moreover, as Steve Berchem, assistant vice-president for the Pharmaceutical Manufacturers Association (PMA), points out, industry advertising and other public-relations efforts serve an advocacy purpose as well. "The Hill is influenced by constituents' interests and by what constituents have to say," observes Berchem. "The PMA wants to make sure that its voice is heard in the health reform debate and that the pharmaceutical industry is treated fairly."

To lend substance and added credibility to their advocacy, many industry interests have developed their own reform plans to address the problems of the health care system. In general, the industry proposals stress the importance of guaranteeing health care coverage for every American. But while the League of Women Voters and others stress that universal coverage and cost containment are equally important goals of reform, industry places less emphasis on the more difficult issue of holding down health care spending.

The reason for the industry's focus on expanding health care coverage? Universal health care coverage offers a significant financial benefit to the industry—it would mean reimbursement to doctors and hospitals for care that is now being provided without compensation. Containing the overall costs of the health care system, on the other hand, is likely to mean more government control of the use and purchase of medical technology, of fees paid to physicians, and of many other things that are the industry's bread and butter.

The Private Campaign: Money and People

With health care reform looming on the horizon during the 1991-92 election cycle, health care political action committees (PACs) increased their giving to federal candidates by 36 percent, and insurance PACs upped their ante by 6 percent. That's in addition to the more than \$4 million in "soft-money" contributions from the health sector to the political parties, according to a report issued by the Center for Responsive Politics.

Predictably, the top recipients of health care PAC money were members of the House and Senate committees that have jurisdiction over health care legislation. Moreover, the amount that health PACs spend is bound to increase as health reform proposals move through Congress.

According to Goldstein, this money buys a seat at the table when the decisions about reform are being made. "Everyone agrees there will be some sort of reform," he says, "but the important decisions to be made are not the grand themes for reform but the vital minutiae. Who wins and loses the billions of dollars that are at stake will be determined by sentences in a law that will run more than 1,000 pages long."

Filling candidates' campaign coffers with PAC money is one way to buy influence, but the amount that can be spent is limited by laws governing campaign contributions. There are no limits, however, on what can be spent on "hired guns"—the lobbyists, pollsters and public-relations firms that trumpet their clients' concerns in the public eye and on Capitol Hill.

For example, the Federation of American Health Systems (FAHS), a trade group of for-profit hospitals, has hired Patton, Boggs & Blow, one of Washington's largest lobbying firms. In addition, like so many other health interests, the FAHS has joined an industry coalition with a lobbying effort of its own. "If you lose a big fight, you do not want to wake up the morning after and say you did not do everything you possibly could have," Michael Bromberg, executive vice-president of the federation, recently told *The National Journal*.

But industry lobbying is not limited to working with paid lobbyists and public-

A black and white illustration of a person with a crown, holding a large bowl filled with many small, stylized human figures. The person's face is in profile, looking to the left. The bowl is held with both hands. The background is plain white. The word 'In' is partially visible to the right of the person's head.



Can't somebody please do something about drug prices going up?

We have. We've proposed a program under which companies can agree to voluntarily limit average price increases to no more than inflation. What's more, we'll provide for government monitoring of our performance. For more information on this, and other measures we support to make healthcare accessible to all Americans, call the Pharmaceutical Manufacturers Association at 1-800-835-2602.

[illegible]



one at all—and may therefore fail to deliver the very thing the American people say they want and need.

The Importance of Citizen Participation

The one voice that needs to be heard clearly on Capitol Hill is that of the consumer. And while legislators have faced a barrage of lobby visits, phone banks and letter-writing campaigns organized by the special-interest groups, little is being heard so far in congressional offices from the people themselves.

"The silence from the grassroots is deafening," says the League's Becky Cain, "and that leaves the health industry and other interests with the only voices in town. Legislators need the support of their constituents to deliver health reform that's for the people."

In October 1993, the League of Women Voters Education Fund (LWVEF)

How to Get Involved: The Health Care Debate Needs You

To overhaul the U.S. health care system, Congress will have to enact new laws and amend existing ones. These actions—certain to result in winners and losers among the powerful special interests who have a stake in the current health care system—will touch the lives of all U.S. residents. While ordinary people cannot match the special-interest groups in hiring lobbyists and directing PAC contributions into politicians' campaign coffers, citizens need to add their voices to the health care reform debate.

One of the most effective methods of citizen input is for individuals to express their concerns in letters or phone calls to their elected senators and representatives. There is growing evidence that, when constituents speak, Congress listens. And, according to a survey completed in May 1993, a majority of congressional staffers said personal letters from individual constituents carried more weight than mass mailings, telegrams and phone calls.

Rayburn House Office Building, Washington, DC 20515, (202) 225-2927. The subcommittee chair is Rep. Henry A. Waxman (D CA) and the ranking Republican member is Rep. Thomas J. Bliley (R VA). Contact: Subcommittee on Health and Environment, 2415 Rayburn House Office Building, Washington, DC 20515, (202) 225-4952.

■ **The Senate Labor and Human Resources Committee** has broad jurisdiction over health matters. The chair is Sen. Edward M. Kennedy (D MA); the ranking Republican is Sen. Nancy L. Kassebaum (R KS). Contact: Senate Labor and Human Resources Committee, 428 Dirksen Senate Office Building, Washington, DC 20510, (202) 224-5375.

■ **The Senate Finance Committee** has authority over legislation involving taxes and the federal tax system. Moreover, the Finance Committee is responsible for legislation involving Medicaid, Medicare and other health insurance funds such as workers compensation. Contact: Sen. Daniel P. Moynihan (D

FAX TRANSMITTALDate: 12/16/93To: DEBBIE FEINFrom: Ellen Weir**LEAGUE OF WOMEN VOTERS
OF THE UNITED STATES**

1730 M Street, NW

Washington, DC 20036

202/429-1965 fax: 202/429-0854

COVER PLUS 9 PAGES TRANSMITTED**Other Messages:**

RE: ARTICLE for The National
Voter. Here is what I sent to Mike
LUX and also the piece that Jason
Solomon sent us. Thanks for your help
on this.



THE LEAGUE
OF WOMEN VOTERS

THE NATIONAL VOTER
MAGAZINE

November 8, 1993

Mike Lux
Office of Public Liaison
The White House
Washington, DC 20500

Dear Mr. Lux:

I am delighted to follow up our telephone conversation today about a guest article from First Lady Hillary Rodham Clinton for the March/April 1994 issue of *The National Voter*.

As I mentioned, the upcoming *Voter* issue will discuss health care reform--one of the League's priority issues--in a feature article. As we envision it, the piece will examine the White House health care reform proposal and several of the alternative plans, along with background on what the League supports and why. After conducting a three-year study of the financing and delivery of health care in the United States, the League concluded that universal access for U.S. residents to a basic level of quality health care at an affordable cost and stringent containment of health care expenditures are the two critical elements of comprehensive health care reform. The League is supporting the President's plan.

We would be looking to the White House to provide a one-page sidebar covering the principles underlying the President's health reform proposal; the goals of reform and the costs of doing nothing; the importance of citizen participation--in the reform process and in a new health care system; and any related topics. The copy deadline for the March/April issue is December 13, 1993.

I am enclosing our guidelines for writers and two recent issues of *The Voter*. You may be interested in the League's comprehensive health care position statement (pages 22-23 of the June/July 1993 issue). Also, our cover story for the December/January 1994 *Voter*--off press today (!)--examines the campaign by industry interests to influence the health reform debate and the need for citizen participation in the dialogue. In the second part of the cover segment, guest authors representing communities with specific health care needs comment on universal access.

Again, thanks for considering our request. I will check in with you next week to follow up. In the meantime, if you have any questions or need additional information, please feel free to contact me or Bill Woodwell, *Voter* consulting editor, at 202/429-1965.

Sincerely,

Ellen Weir
Associate Editor

1730 M Street, N.W.
Washington, D.C. 20036
202/429-1965
FAX: 202/429-0854



THE LEAGUE
OF WOMEN VOTERS

THE NATIONAL VOTER
MAGAZINE

GUIDELINES FOR *THE NATIONAL VOTER*

March/April 1994

This issue of the League of Women Voter's national magazine will continue *The Voter's* extensive coverage of health care reform--one of the League's legislative priorities. We plan to examine the White House health care reform proposal and several of the alternative plans, along with background on what the League supports and why. The League is supporting the President's plan.

Article Length: The suggested length for a one-page article is 500-600 words.

Deadline: The deadline for copy is December 13, 1993.

Graphics and Other Needs: The League requests that you provide an author photo and any supporting illustrations or graphics that you would like to accompany the article.

Articles on Disk: If possible, please furnish the article on computer disk (IBM format, WordPerfect preferable).

About the Magazine: *The National Voter* is published quarterly and is read by more than 120,000 members and supporters of the League of Women Voters across the United States and around the world. Copies are also distributed to every member of Congress. The League would be delighted to provide additional copies of *The Voter* to contributing writers for special distribution.

Contact: Bill Woodwell or Ellen Weir (202/429-1965) for additional information.

THE HEALTH SECURITY ACT OF 1993: A SUMMARY

The Clinton plan offers a system of guaranteed private insurance. It proposes to build on the current system of private insurance with two critical changes: first, the guarantee of comprehensive health benefits that can never be taken away; and second, greater consumer power for people and small businesses to choose quality health insurance at lower cost.

Our national goal is health security for every American -- comprehensive health benefits that can never be taken away. No limit on benefits over your lifetime. No refusal of insurance if you have a pre-existing condition. No losing your insurance if you get sick or lose your job. And no rate increases if you get sick.

Our principles are clear and distinguish our approach: Security -- comprehensive benefits that can never be taken away. Simplicity -- creating a single claim form to reduce paperwork and bureaucracy. Savings -- controlling health care costs. Quality -- making the world's best care better. Choice -- preserving your right to choose your doctor and expanding choice of private insurance plans. Responsibility -- every American assumes responsibility to bring an out-of-control system under control and put funding on a fair and responsible basis.

Real reform and real savings are possible only if health care benefits are guaranteed to every American. Without universal coverage, there's no guarantee we will be able to control costs and provide comprehensive benefits. For example, today, everyone of us pays a part of the \$25 billion bill for health care for the uninsured; and a single claim form doesn't save money unless everyone is using it.

Comprehensive benefits include preventive care, prescription drugs, doctor visits, hospital services, home health care, hospice care, emergency care and ambulance services, mental health care, vision care, and dental care for children and eventually, for adults.

For seniors, the protection of Medicare remains with improvements -- new prescription drug coverage and a new long-term care program. Our health security plan will achieve real savings in Medicare and re-invest those savings to improve benefits.

For small business, our plan provides insurance discounts to help them afford comprehensive benefits for their employees. Most small businesses already provide health insurance to their employees but they're forced to pay as much as 50% more than larger companies. Our plan helps assure them the best benefits, controlling costs and expanding coverage.

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If we fail to act:

- Every American -- 100% -- can expect to pay higher insurance premiums nearly every year, with no guarantee of security, no guaranteed benefits, and no guarantee that insurance will be there when they need it.
- One of every four Americans will lose their insurance at some point in the next two years.
- Almost \$1 out of every \$5 Americans spend will go to health care.
- By the end of the decade, just to keep their benefits, American workers will sacrifice almost \$600 in wages every year.
- Millions of Americans will find that rising costs will force their firms to cut back on benefits and limit choices of doctors and health plans.

Our plan for health security is the most comprehensive and responsible, building on what works in our current system and fixing what doesn't. We maintain an essentially private system, streamlined and less bureaucratic than what we face today. And, we're demonstrating how that system will work -- from details on the benefit package and premiums to a firm explanation of the most responsible financing possible.



THE LEAGUE
OF WOMEN VOTERS®
OF THE UNITED STATES

September 29, 1993

To: Members of the House and Senate

From: Becky Cain, President

Re: Health Care Reform

President
Becky Cain
St. Albans, West Virginia

Vice-Presidents
Dizne B. Sheridan
Taylor Lake Village, Texas

Peggy Lucas
Minneapolis, Minnesota

Secretary-Treasurer
Robin Seaborn
St. Petersburg, Florida

Directors
Pat Brady
Springfield, Virginia

Marilyn F. Brill
Danville, Pennsylvania

Jane S. Garbacz
Wilton, Connecticut

Bobbie E. Hill
Camden, Arkansas

Debbie Macon
West Bloomfield, Michigan

Beverly K. McKinnell
St. Paul, Minnesota

Linda Moscarella
Taos, New Mexico

Nancy Pearson
Tacoma, Washington

Carole Wagner Vallianos
Manhattan Beach,
California

Kathleen Weisenberg
Atherton, California

Executive Director
Gracia M. Hillman

The League of Women Voters of the United States urges you to support passage of comprehensive health reform legislation in the 103rd Congress. We believe that President Clinton's plan is a critical step forward for health care reform and we urge its speedy consideration.

Our health care system is failing. It is failing our nation's families and it is failing our nation's economy. There are currently 37 million Americans who do not have health insurance coverage while more than 20 million Americans live without adequate health coverage. Between 1980 and 1991, the total amount spent on health care per family more than doubled. Without strong action, it will more than double again by the year 2000.

Earlier this year, the League of Women Voters completed a three-year study of health care delivery and financing. Our members concluded that in order to achieve fundamental health care reform, we must provide universal access to quality health care for all U.S. residents and stringent cost containment for health care outlays.

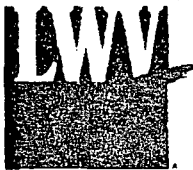
The League of Women Voters believes that it is access to health care -- universal coverage -- that will determine the humanity of our system. Health care reform must establish a basic level of quality health care for all U.S. residents regardless of their ability to pay. This basic package should include primary care (including prenatal and reproductive health), acute care, long term care and mental health care.

In order to control costs, legislation to reform the health care system must include specific cost-cutting measures such as setting caps for health care spending, utilizing managed care, curtailing the duplication of services, facilities and equipment and reducing administrative costs.

We believe that the President's plan addresses these critical issues by providing for both universal access and cost containment. The League believes that a mandate on employers to provide health coverage, as proposed in the plan, is acceptable. The President's plan is not the only plan that meets the League's criteria. We also support single-payer plans such as HR 1200 and S 491, the American Health Security Act sponsored by Representative Jim McDermott (D WA) and Senator Paul Wellstone (D MN).

The League of Women Voters applauds the bipartisan cooperation that has marked the beginning of the debate on health care reform. We must all work together to solve the health care crisis. If national health care reform is to succeed, citizens must have a voice.

THE LEAGUE
OF WOMEN VOTERS
NATIONAL OFFICE



NEWS RELEASE

CONTACT: Maggie Simpson
(202) 429-1965,
ext. 290

EMBARGOED UNTIL:
9:30 PM EST
September 22, 1993

PRESIDENT'S PLAN IS EFFECTIVE BLUEPRINT FOR HEALTH CARE REFORM

Statement by Becky Cain, President
The League of Women Voters of the United States

The President's health care reform package marks a critical step forward. It will fix fundamental flaws in our nation's health care system.

This is real reform. The plan provides for universal access and for stringent cost control measures -- the two most important criteria set forth by League members after more than three years of studying the health care crisis.

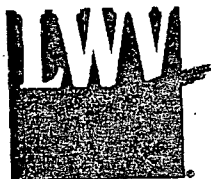
Under the plan, Americans will be covered no matter where they live, where they work or how much they earn. The plan's basic benefits package will be a boon to people's health, especially for women. For the first time, all Americans will be guaranteed coverage for preventive, primary and acute care; and reproductive health services, including abortion, are in the plan. Mental health services and long-term care are also included, but are limited to keep costs down.

Among the plan's most critical features are its built-in cost control mechanisms. Millions of Americans are losing the battle to keep up with rising health care costs and millions more cannot even afford the most basic health care coverage. Health care costs have doubled since 1980 and will double again by the year 2000 unless strong action is taken. By standardizing forms, introducing new competitive structures and limiting spending, the plan has effective ways of cutting waste and reducing costs.

The President's health care plan is not perfect, but it is fair. It will need some fine-tuning in the legislative process. For example, citizen participation must be included in all aspects of the plan's implementation to ensure that government-sponsored programs are responsive to citizens' needs. In addition, there will be heavy pressure to weaken the plan's proposed tax on cigarettes. The Administration must not buckle under. Sin taxes make sense.

Health care reform will need bipartisan support. The League is encouraged that many of the goals for reform are now shared by key members of both political parties on Capitol Hill. Congress must not lose sight of the costs of inaction on this critical issue. There will be no perfect solution to this crisis. We need a viable plan that gives all Americans a more humane health care system. The President's plan is an effective blueprint for reform.

THE LEAGUE
OF WOMEN VOTERS
NATIONAL OFFICE



NEWS RELEASE

CONTACT:
Maggie Simpson
(202) 429-1965
ext. 290

FOR IMMEDIATE RELEASE:
October 14, 1993

LEAGUE TESTIFIES BEFORE CONGRESS ON PRESIDENT'S HEALTH CARE PLAN

WASHINGTON, D.C. -- Becky Cain, president of the League of Women Voters of the United States, testified before a joint hearing of two Energy and Commerce subcommittees today, October 14, at 10 A.M., 2123 Rayburn, on President Clinton's health care reform plan. Ms. Cain, testifying on the consumer's panel, urged Congress to adopt President Clinton's health care plan as "an effective blueprint for reform."

"The President's plan is not perfect but it is fair...not everyone will get everything they want. But, for once, everyone has the possibility of getting what they need," says Becky Cain, president of the League of Women Voters. "This, in itself, will be a giant step forward."

"As citizens, we say to you, our elected Representatives, as clearly and as forcefully as we can: Fix these problems, pass comprehensive health care reform."

The hearing also included panels representing providers and insurers. Testifying with Ms. Cain on the consumer panel was Judith Brown, Chair of the Board of Directors of the American Association of Retired Persons, Gail Shearer of the Consumer's Union and Ron Pollack, Executive Director of Families USA.

In 1990, the League of Women Voters began a three-year intensive study of the delivery and financing of health care in the United States. After thousands of hours of grassroots debate, League members across the country reached consensus on the need for comprehensive health care reform that contains universal access and stringent cost control measures in the health care industry.

Becky Cain will be available for comment before and after the hearing today.

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HEADLINE: WOMEN VOTERS LEAGUE BACKS HEALTH REFORM**BODY:**

After studying the issues, last January, the League of Women Voters of Arizona and other Leagues all over the United States, took a consensus of the membership as to what form they wished health care to take.

The League of Women Voters national consensus was that a basic level of quality health care at an affordable cost should be available to all U.S. residents and that the plan should include equitable distribution of services, efficient and economical delivery of care, advancement of medical research and technology and a reasonable total national expenditure level for health care.

League members felt that the new system should permit individuals to add to their basic services through purchase of insurance policies. The membership nationally was willing to pay a reasonable amount of additional taxes for universal health care.

Much of the health-care plan which was outlined by the White House is in synch with the League of Women Voters' position. Preventive care and health promotion and education are part of the package, as we'd hoped. So are prenatal and reproductive health care, which League members named as priorities.

It's our hope that the people of Arizona and our congressional representatives will enter into a bipartisan effort to provide all Americans with a more humane health-care system. Let's use the president's plan as an effective blueprint for reform.

- Joyce M. Forney

President

League of Women Voters, Arizona
Scottsdale

LANGUAGE: ENGLISH

LOAD-DATE-MDC: October 26, 1993

SECTION: Vol. 210 ; No. 10 ; Pg. 8; ISSN: 0028-6583

LENGTH: 1A 20500

*****04700*****

BODY:

You've probably seen the T.V. ads on health care reform sponsored by the League of Women Voters Education Fund and the Henry J. Kaiser Family Foundation—they're the ones that righteously proclaim, "We're not backing any particular plan. We want decisions to be based on facts." There's even a toll-free number ("get the facts 1-800-facts-94"). Unfortunately the first "fact" publicized by the \$ 4.1 million campaign is spurious. "A lot of people think that most uninsured Americans are poor and unemployed," intones the narrator. "In fact, 84 percent of Americans who lack health insurance are in families that work hard and pay taxes.... That's eight out of ten of us, and that's a fact." Wrong, on several counts. First, as George Will has pointed out, the "84 percent" is not "eight out of ten of us," but eight out of ten of the minority of "us" who are uninsured. Second, the statistics on which the ad is based don't show that 84 percent of uninsured families work "hard." In fact, the "84 percent" figure includes part-time and part-year workers along with full-time, full-year workers. And the statistics say nothing at all about paying taxes. They apparently just made that part up. Dr. Robert Blendon, the Harvard researcher cited by the League of Women Voters as an adviser, concedes that the ads contain a "mistake." A more accurate spot would say that about half (52.4 percent) of the uninsured live in families with a full-time, full-year worker. That number is bad enough. Why exaggerate?

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LENGTH: 793 words

HEADLINE: Women Voters: Still a Major League?

BYLINE: By Douglas L. Belden

BODY:

The League of Women Voters -- beset by declining membership and financial support, its debates spurned by presidential and congressional candidates last year -- is plotting a comeback. Spurred by the rock-bottom turnout on Election Day, the league plans to lead a public discussion -- inside the Capital Beltway and out in grass-roots country -- on how to make political campaigns more open to voters.

The league has "always been a multi-issue organization," said executive director Grant P. Thompson, supporting "long-term fundamental issues, the kinds of things that come back every 10 years or so." (The 69-year-old league, which until 1974 did not allow men to be full members, has a membership that is 7 per cent male. Thompson is the league's first male executive director.)

A long-term issue for the Washington-based league has been how to lure more people to the polls. Accordingly, in the 100th Congress, the group was a strong supporter of the Universal Voter Registration Act. The league also pressed for reduced political action committee clout, lobbying for a bill co-sponsored by Democratic Sens. David L. Boren of Oklahoma and Robert C. Byrd of West Virginia that would set spending limits and provide for public financing of congressional elections.

League president Nancy M. Neuman said her group would pursue an "inside and outside" strategy. In league parlance, "inside" means a conference, most likely to be held in Washington early this year, to which presidential (and perhaps some congressional) campaign managers, pollsters and academics will be invited to discuss possible reforms. The league will subsequently present either specific recommendations or an outline of options to Congress, President Bush and the news media.

Then, later this year or in early 1990, comes the "outside" phase. Many of the league's 1,150 local chapters are to sponsor "town meetings" in churches, schools and

community centers. To pay for these gatherings, chapters will seek contributions from local foundations and corporations, said league press secretary William H. Woodwell.

These efforts to stir the pot of campaign reform -- and give the league a higher public and political profile -- come at a somewhat awkward time for the group. Since 1969, its membership has declined from a high of 157,000 to the current 107,000. Membership was greatly depleted in the mid-to-late '70s, as more and more women began entering the work force, devoting less time to volunteer activities and civic clubs. Last year, league membership increased for the first time since 1982, but that jump was primarily a result of national direct-mail appeals, not recruiting drives by local chapters.

The league's over-all finances have also been declining in the past two years. The national legislative arm of the league recorded a deficit of \$ 55,000 in 1986. By 1987, the tide of red ink had reached \$ 223,000, though the educational arm -- a smaller unit of the league that sponsors debates -- broke even in 1986-87. According to Neuman, the deficit reflects not only a drop in revenue and contributions from corporations and foundations during the past few years but also increased expenditures in the national office on computers and accounting systems.

And at both the national and state levels, the league has been having trouble signing up candidates to participate in its debates. Negotiations with the presidential contenders broke down over league objections to the format proposed by the campaign managers. In pulling out, the league broke a tradition of sponsoring at least two presidential debates in each election year since 1976. At the same time, there was more of an effort by congressional candidates to "sponsor debates on their own or with more submissive sponsors," Woodwell said. Of 67 league congressional debates scheduled at the state level last year, 22 had to be canceled; five of the cancellations involved disputes over format, he said.

For all its financial and membership woes, the league still has a network of local organizations "in a class by itself," said Marsha Adler, a People for the American Way legislative representative. Sonia R. Jarvis, executive director of the National Coalition on Black Voter Participation, called the league "one of the strongest players in the [voter registration] game" at the local level.

And the league still has considerable lobbying clout. It is "not a lead group, but a firm supporter" of campaign reform legislation, according to Kathleen D. Sheekey, Common Cause's legislative director. The league's efforts, said Greg D. Kubiak, Boren's chief legislative assistant, have brought "a strong aspect of legitimacy" to campaign reform legislation.

GRAPHIC: Picture, The League of Women Voters wants to increase voter turnout on Election Day. Richard A. Bloom

Hillary urges universal health care

SAN ANTONIO, June 11 (UPI) First lady Hillary Rodham Clinton has told nurses at a convention in Texas that the nation must live up to its responsibility to provide health care for everyone. Mrs. Clinton was speaking to 6,000 delegates of the American Nurses Association, a strong backer of the administration's health care reform plan.

**** filed by:UPI-(us) on 06/11/94 at 15:37EDT ****

**** printed by:WHPR(LMCH) on 06/11/94 at 16:02EDT ****

To: Lissa

Fr: Douglas

Two pages total

AM-TX--ANA Hillary Clinton, 480

Nurses Give Enthusiastic Support To Clinton Plan

EDS: note Arkansas references in grafs 8-9

AP Photo

jskspa

By KELLEY SHANNON= Associated Press Writer=

SAN ANTONIO (AP) First lady Hillary Rodham Clinton in a fiery speech to a friendly audience of nurses Saturday assailed attempts to water down the president's health reform plan.

Mrs. Clinton, recounting stories of Americans who have suffered under the current system, urged the American Nurses Association to fight for President Clinton's promise of universal coverage.

"As Congress acts on health care legislation, you need to say as clearly as you can: 'This is not a time for incrementalism. This is not a time to try to pass something and pretend that it covers everybody when in reality it will not,'" she said.

Mrs. Clinton asked the nurses to write and call members of Congress and to phone radio talk shows to "inject a dose of reality."

"Tell everyone who will listen that just as with Social Security and Medicare, the time is now and America does not need half-baked, halfhearted reform," she said.

"We need to ask some hard questions. Why is it the members of Congress who will be voting on health care are guaranteed health care coverage by the tax dollars that you pay?" Mrs. Clinton said.

The 210,000-member ANA endorses the Clinton plan, which emphasizes preventive care and gives nurses more responsibilities.

Wearing "Give 'Em Health Hillary" buttons distributed by Arkansas nurses, convention-goers repeatedly gave Mrs. Clinton standing ovations. The Clinton theme song "Don't Stop Thinking About Tomorrow" by Fleetwood Mac played as the first lady entered.

Mrs. Clinton praised the nursing profession, recalling the work of her late mother-in-law, Virginia Kelley, who was a nurse.

"This hall is filled with people, filled with nurses, who care more about need than greed," she said. "You have been critical to the debate on health care reform."

Mrs. Clinton rebuked health care reform critics who claim current health care problems, including nurse layoffs, are resulting from the industry's anticipation of reform.

"Uncompensated care, cost shifting, too much paperwork that falls too heavily on the backs of nurses ... existed before my husband became president," she said.

Mrs. Clinton, referring to her recent trip to Europe for D-Day commemorations with her husband, called health care reform a matter of "political morality" and said the nation owes it to the World War II generation to address the problem.

"The best honor we can give is to continue their work, to build a stronger, stabler, more hopeful nation where we value our people," she said.

After her stop in San Antonio, Mrs. Clinton went to Houston to attend a pair of fund-raisers for incumbent Texas Land Commissioner Garry Mauro.

**** filed by:APW-(TX) on 06/11/94 at 15:24EDT ****

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002b. letter	Personal; Address (Partial) (1 page)	n.d.	P6/b(6)

COLLECTION:

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Speechwriting
OA/Box Number: 8168

FOLDER TITLE:

HRC [Hillary Rodham Clinton] League of Women Voters 6/14/94

2012-1004-S

ms502

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

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

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[0026]

P6/b(6)

Dear Mr. President:

I am writing because you keep saying you want to stay in touch with the people.

I would like to tell you my horror story, which is becoming too common place for us millions of middle class workers.

I don't have medical insurance. I was taken ill last year and was hospitalized for four days and sent home with very expensive medications.

To make a long story short, I was forced into personal bankruptcy due to high medical bills on top of bills I already had.

Before I went bankrupt, I worked an average of sixty hours a week trying to make ends meet. The more hours I worked, the more my condition exacerbated.

Needless to say, I had a recurrence. I still cannot afford medical insurance. Of course, Medicaid is out of the question because I work for a living.

I feel that as an American citizen, I should have the right to medical care. After all, even criminals have the right to medical care.

Thank you for your time.

Sincerely,

P6/b(6)

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002c. letter	Personal; Address; Phone Number (Partial) (1 page)	n.d.	P6/b(6)

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Speechwriting
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RESTRICTION CODES

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

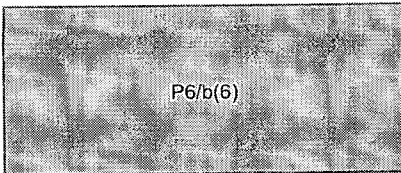
P1 National Security Classified Information [(a)(1) of the PRA]
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11/11/91
700-5
V517

[002c]

Dear Mrs. Clinton,

I am a 37 year old woman from [REDACTED] P6/b(6) I have no health insurance. I moved to [REDACTED] P6/b(6) in 1984 and my employer did not offer group health benefits. From November 1989 to October 1991. I was unemployed and suffered cervical compression of discs in my neck which required a lot of medical attention. With no insurance, my medical bills skyrocketed. I am currently working, but again with another employer who does not provide health insurance.

Mrs. Clinton, I am between a rock and a hard place. I cannot afford a private health care plan due to the extremely high premiums I would be required to pay. My medical problems enlist many riders which limits what the insurance would pay anyway. Presently my medical care consist only of emergency care paid directly out of my pocket. I have no financial means for health maintenance care to reduce my emergency medical needs. I am forced into limited options and sometimes sub-standard health care because my pocketbook dictates what I can do instead of what my medical situation calls for.

Please find a solution to this problem. It is so hard to be a college graduate, working full time and still not have the means to financially protect my health and well being. I currently have medical bills exceeding \$7,000 and trying to pay on these bills plus general living expenses doesn't leave anything for the outrageous premiums I would have to pay to be properly covered by the present medical insurance system. With a constant mountain of debt due to medical bills, I cannot even foresee a credit rating in the black nor an end to the financially induced stress that I live with every day.

I encourage you to overhaul the present health care system to give people like me access to proper medical care. I as a human being living in the United States should be able to take care of my basic medical needs with out having to make decisions as to what I can or cannot afford. We as a nation pride ourselves as a technically advanced society in the medical field, yet there is a segment of our society who cannot even afford the basics of health care. Due to the level of income and that I am working full time, I am ineligible for federal or state medical assistance, but I am also not able to afford paying for medical insurance privately.

I fall between the proverbial cracks in the present health care system and it is not acceptable to stay quiet anymore. Thank you for your time and energy to attempt to solve this monumental problem.

Sincerely,

[REDACTED] P6/b(6)

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002d. letter	Personal; Address (Partial) (1 page)	n.d.	P6/b(6)

COLLECTION:

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Speechwriting
OA/Box Number: 8168

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HRC [Hillary Rodham Clinton] League of Women Voters 6/14/94

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P6/b(6)

[002d]

Dear First Lady:

We have a small business in which my husband and myself are the only employees. We also have an eight month old son.

In our experience obtaining health insurance, firms will only underwrite your company if you have three or more employees. Thus, we are forced to self insure, take a huge deductible, and pay for monthly medical expenses out of pocket.

For example, coverage with a \$750 per person deductible went from \$457 per month to \$775 per month on April 1st. What small family can afford this *in addition* to paying out of pocket for monthly well baby care and vaccinations?

We are certainly willing to pay a fair amount for insurance; but we were forced to cancel our premium because we just can't afford up to \$950 per month for medical expenses. Unfortunately, we then become the burden of everyone else should some major health problem occur.

My only other option is to seek full time employment with a firm which offers health benefits and put my son in day care. If this option, corporate life becomes my priority and my son becomes second. So much for "family values".

Thank you for taking the time to review my concerns.

Sincerely,

P6/b(6)

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002e. memo	Personal (Partial) (1 page)	05/07/1994	P6/b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Speechwriting
OA/Box Number: 8168

FOLDER TITLE:

HRC [Hillary Rodham Clinton] League of Women Voters 6/14/94

2012-1004-S

ms502

RESTRICTION CODES

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May 7, 1994

[002e]

MEMORANDUM FOR THE PRESIDENT

FROM: Susannah Wellford/Julia Moffett
SUBJECT: Letter Writers

P6/b(6)

Because P6/b(6) and her husband own and operate a small business, they have found it very difficult to find affordable insurance. With only two employees P6/b(6) and her husband), they were paying \$775 per person a month for insurance plus a high deductible. The couple also have a young child, and pay for his vaccinations and well baby care exams entirely out-of-pocket. Recent increases in their premiums forced them to drop their insurance coverage all together. Now they have no health insurance, and they live in fear that a serious illness or accident may occur in their family. P6/b(6) says her only option is to seek full time employment with a firm that offers health care, and put her 8 month old son in daycare. She feels this is unacceptable: "with this option, corporate life becomes my priority, and my son becomes second. So much for family values".

P6/b(6)

P6/b(6) does not have health insurance. A year ago she was hospitalized with a serious illness and was sent home with expensive medications. Because she had no insurance, she was forced to work more than sixty hours a week to try to pay the hospital bills and afford her prescription drugs. The stress caused her to have a relapse, which only deepened her financial troubles. She does not want to go on Medicaid because she feels strongly that people should work to support themselves. Currently she still does not have insurance, but she is not working due to a workplace accident. She is receiving workmen's compensation, but this only covers treatment for her leg and hip.

P6/b(6)

P6/b(6) had health insurance until she lost her job when the business she was working for went under. Although she found another job, her new employer did not offer health insurance. Two months later, her doctor discovered a lump in her breast and told her to see a surgeon to have it investigated. She never went because without health insurance she knew she could never pay the hospital bills. Buying health insurance on her own is now not even a possibility because of her pre-existing condition. She is living in fear that she has breast cancer: "I may lose a breast or worse because I cannot go to the surgeon and I cannot afford an operation." She has a history of breast cancer in her family.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002f. paper	Personal; Phone Number (Partial) (1 page)	n.d.	P6/b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Speechwriting
OA/Box Number: 8168

FOLDER TITLE:

HRC [Hillary Rodham Clinton] League of Women Voters 6/14/94

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[002f]

V

CBS

P6/b(6)

P6/b(6) is the mother of four daughters aged 6,4,3, and 2. Her husband works but is not provided with insurance through his employer. Money is very tight. P6/b(6) worked a night job (to avoid the cost of day care) for many years in order to help make ends meet, and speaks about the agony of not putting her children to bed at night. Despite the extra work, she and her husband are still unable to find affordable health insurance.

She writes: "I am writing to you because I want you to know how it is for many families like ours. It is a horrible feeling to know that you can't take your kids to the dentist because you can't afford it. I was scared. I still am. What is someone like me to do if something life threatening happens to one of my girls?"

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002g. paper	Personal; Phone Number (Partial) (1 page)	n.d.	P6/b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Speechwriting
OA/Box Number: 8168

FOLDER TITLE:

HRC [Hillary Rodham Clinton] League of Women Voters 6/14/94

2012-1004-S

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[002g]

P6/b(6)

P6/b(6) is the mother of four daughters aged 6,4,3, and 2. Her husband works but is not provided with insurance through his employer. Money is very tight. P6/b(6) worked a night job (to avoid the cost of day care) for many years in order to help make ends meet, and speaks about the agony of not putting her children to bed at night. Despite the extra work, she and her husband are still unable to find affordable health insurance.

She writes: "I am writing to you because I want you to know how it is for many families like ours. It is a horrible feeling to know that you can't take your kids to the dentist because you can't afford it. I was scared. I still am. What is someone like me to do if something life threatening happens to one of my girls?"

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002h. paper	Personal; Phone Number; Address (Partial) (1 page)	11/05/1993	P6/b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Speechwriting
OA/Box Number: 8168

FOLDER TITLE:

HRC [Hillary Rodham Clinton] League of Women Voters 6/14/94

2012-1004-S

ms502

RESTRICTION CODES

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

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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)]

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[002h]

11/05/93

PERSONAL STORIES DATABASE

Page 1

STATUS: TEL:

P6/b(6)

IDENTIFICATION OF WRITER:

P6/b(6)

BRIEF SYNOPSIS OF LETTER:

Young couple with three children can not afford health insurance.
Scary of becoming sick because can not afford doctor visit.

IDENTIFICATION OF PRIMARY LETTER CONTENT:

MEDICAL COSTS/Doctor Fees.

Dear Mrs. Clinton:

I am a mother of 4 daughters ages 6, 4, 3 and 2. My husband works but we have no health insurance. Needless to say, money is very tight. I worked for many years at night to bring in another source of income to our family. With the cost of day care, it didn't make sense, money wise, for me to work during the day. I have missed many, too many, beatimes with my daughters. I am writing to you because I want you to know how it is for many families like ours. It is a horrible feeling to know that you can't take your kids to the dentist because you just can't afford it. I was scared I still am. What is someone like me to do if something life threatening happens to one of my girls. I can't begin to tell you the effects of the economy have really struck home. Grocery stores are so expensive I change just going. Believe me, I cut

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002i. letter	Personal; Phone Number; Address (Partial) (1 page)	n.d.	P6/b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Speechwriting
OA/Box Number: 8168

FOLDER TITLE:

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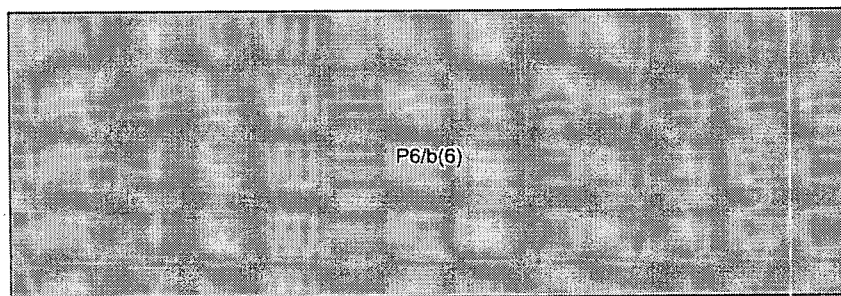
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[002:]

Coupons and corns as much as I can.
Anything you can do for me and the
many families like mine is so appreciated

Keep up the good work.

Most Sincerely,



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P6/b(6)

[002j]

I am 59 years old. My husband is 61. We own a small retail garden shop in a small town in [P6/b(6)]. We have had Blue Cross/Blue Shield since 1989. Our monthly premium in 1989 was \$243.00. In 1990 it rose to \$433. In 1991 it was \$558. And last year it had more than tripled to \$900 per month.

The only hospital stay during this entire time was a two day stay for minor surgery. There was some outpatient testing as I have a history of bladder tumors. My husband also had a cataract removed from his eye.

As our annual income is modest, it is needless to say when the premiums went up to \$900 per month, we were financially forced to make changes in our coverage. I have since found new coverage for myself which has a \$2500 deductible. This has forced me to stop outpatient testing on an annual basis for bladder tumors. I was unable to find another insurance company which would cover my husband because of preexisting conditions, so he has had to stay with BC/BS with a larger deductible. Our combined coverage is still costing over \$500 a month. We are both on prescription drugs which cost \$95 per month.

At this time in my life I have decided that whatever happens to me that is health related is up to God as I can no longer afford the medical profession. My concern now is for my children and grandchildren and sincerely hope that our government can do something about this runaway nightmare of a problem.

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6

Roll Garden

MRS. HILLARY CLINTON
TASK FORCE ON HEALTH
WHITEHOUSE
WASHINGTON, D.C.

DEAR MRS. CLINTON,

I AM 59 YEARS OLD. MY HUSBAND IS 61. WE OWN A SMALL RETAIL GARDEN SHOP IN A SMALL TOWN [REDACTED] P6/b(6) WE HAD BLUE CROSS, BLUE SHIELD [REDACTED] P6/b(6) HEALTH INSURANCE COVERAGE BEGINNING IN 1989. OUR COVERAGE WAS \$200. DEDUCTIBLE PER YEAR PLUS 20% UP TO ANOTHER \$200. PER YEAR FOR EACH OF US. THE MONTHLY PREMIUMS WERE AS FOLLOWS:

1989	\$243.46
1990	\$433.04
1991	\$558.16
1992	\$900.72

THE ONLY HOSPITAL ENTRY WAS A TWO DAY STAY FOR HEMMOROID SURGERY FOR MYSELF IN 1990. THERE WERE SOME OUTPATIENT TESTING AS I HAVE A HISTORY OF BLADDER TUMORS AND COLON POLLOPS. MY HUSBAND HAD A CATERAC REMOVED FROM HIS EYE.

AS OUR ANNUAL INCOME IS BETWEEN \$12 AND \$15 THOUSAND A YEAR, NEEDLESS TO SAY WHEN THE PREMIUMS WENT UP TO \$900.72 PER MONTH, WE WERE FINNANCIALLY FORCED TO DROP THE COVERAGE. WE HAVE SINCE BEEN ABLE TO FIND COVERAGE OF \$2500. DEDUCTIBLE FOR EACH OF US PER YEAR AT A LESSER PREMIUM. THIS HAS FORCED ME TO STOP OUTPATIENT TESTING ON AN ANNUAL BASIS FOR BLADDER TUMORS AND COLON POLLOPS. WE ARE BOTH ON PRESCRIPTION DRUGS WHICH COST US \$95.00 PER MONTH. AT THIS TIME IN MY LIFE I HAVE DECIDED THAT WHATEVER HAPPENS TO ME THAT IS HEALTH RELATED IS UP TO GOD AS I CANNOT AFFORD THE MEDICAL PROFESSION. MY CONCERN NOW IS FOR MY CHILDREN AND GRANDCHILDREN AND SINCERELY HOPE THAT OUR GOVERNMENT CAN DO SOMETHING ABOUT THIS RUN AWAY NIGHTMARE OF A PROBLEM.

CHILDREN ON WELFARE ARE GETTING FAR BETTER HEALTH CARE THAN THE CHILDREN OF WORKING PARENTS MAKING ENOUGH TO GET BY AND CANNOT AFFORD GOOD HEALTH CARE BECAUSE OF THE HIGH COSTS. THESE SAME PARENTS CANNOT AFFORD ANY HEALTH INSURANCE EXCEPT FOR LARGE DEDUCTIBLES, AND THEREFOR CANNOT AFFORD TO GO TO THE DOCTOR UNLESS A SERIOUS PROBLEM ARISES.

IT WOULD SEEM TO ME THAT THE HOSPITALS [REDACTED] P6/b(6) ARE COMPETING WITH EACH OTHER FOR BUSINESS. THERE ARE MANY HOSPITALS AT ABOUT 20 TO 30 MILE INTERVALS. THESE HOSPITALS DO A LOT OF ADVERTISING ON TV, RADIO, NEWSPAPERS, ETC. WHICH HAVE TO BE CONSIDERED AS OVERHEAD WHICH WOULD HAVE A DIRECT EFFECT ON COST OF CARE. THERE ARE SEVERAL MEDICAL SPECIALISTS DOING JUST AS MUCH ADVERTISING AS THE HOSPITALS. I THINK THIS IS AN UNPRODUCTIVE EXPENSE THAT SHOULD BE ELIMINATED.

ALL OF THESE CARE GIVERS SEEM TO THINK THEY HAVE TO HAVE THE LATEST STATE OF THE ART EQUIPMEENT IN ORDER TO KEEP THE PATIENT LOCALLY. WITH OUR MODE OF TRANSPORTATION AS IT IS TODAY, PEOPLE COULD EASILY TRAVEL [REDACTED] P6/b(6) FOR SPECIALIZED CARE WHERE THE HOSPITALS ARE ALREADY OUTFITTED WITH THE EQUIPMENT NEEDED. MANY OF OUR AREA HOSPITALS ARN'T EVEN USING ALL OF THEIR FLOORS BECAUSE OF LOW PATIENT COUNT. THIS IS NEEDLESS WASTE.

I DON'T THINK THE FEDERAL GOVERNMENT OWES US OUR MEDICAL AND DRUG COSTS AS THEY EXIST TODAY. THESE COSTS ARE SO OUT OF CONTROL THAT EVEN THE FEDERAL GOVERNMENT CANNOT AFFORD TO PAY THEM. I THINK OUR GOVERNMENT OWES US CONTROLS ON THESE COSTS AND AID TO OUR INDIGENTS IN THE FORM OF FREE HEALTH CLINICS. THESE CLINICS COULD BE SET UP IN OUR EXISTING HEALTH DEPARTMENTS AND STAFFED BY VOLUNTEER DOCTORS AND NURSES WHO HAVE BEEN AIDED FINNANCIALY BY THE GOVERNMENT IN THEIR QUEST FOR EDUCATION. OR THEY COULD BE STAFFED BY LOCAL PROFESSIONALS ON A ROTATING BASIS OUT OF THE GOODNESS OF THEIR HEARTS. IT WOULD SEEM TO ME THAT THIS WOULD BE LESS EXPENSIVE THAN PAYING MEDICAL BILLS AND EMERGENCY ROOM BILLS (WHERE MANY WELFARE PATIENTS GO INSTEAD OF A DOCTOR'S OFFICE) AT THE RATE SUBMITTED BY THE CARE GIVER. ANOTHER POSSIBILITY MIGHT BE IN USING OUR GOVERNMENT EMPLOYEE DOCTORS, DENTISTS, ETC. OF THE VARIOUS ARMED FORCES DURING NON WAR TIME AS THEY ARE ALREADY ON THE GOVERNMENT PAYROLL. WHO'S TO SAY WE COULDN'T USE OUR V. A. HOSPITALS TO THE SAME ADVANTAGE, OR EVEN LEASE VACANT HOSPITAL FLOORS AND STAFF WITH GOVERNMENT PERSONNEL.

LOCAL HOSPITALS TELL US THAT ONE OF THE REASONS THEIR SERVICES ARE SO EXPENSIVE IS THAT THE PEOPLE WITH INSURANCE, AND EVEN THOSE WITHOUT INSURANCE BUT ARE ABLE TO PAY, HAVE TO PAY MORE IN ORDER TO ENABLE THE HOSPITALS TO CARE FOR THOSE WHO ARE UNABLE TO PAY OR PAY LESS THROUGH WELFARE AND MEDICARE.

IF YOUR TASK FORCE ON HEALTH ACCOMPLISHES NOTHING ELSE, IT SHOULD AT LEAST ALLOW SMALL BUSINESSES AND FAMILIES MAKING LESS THAN X AMOUNT OF MONEY PER YEAR BE ALLOWED AS A DEDUCTION THE FULL COSTS OF THEIR MEDICAL, DRUG, AND HEALTH INSURANCE PREMIUMS FROM THEIR INCOME TAX AND SELF EMPLOYED SOCIAL SECURITY TAX.

[REDACTED]
P6/b(6)

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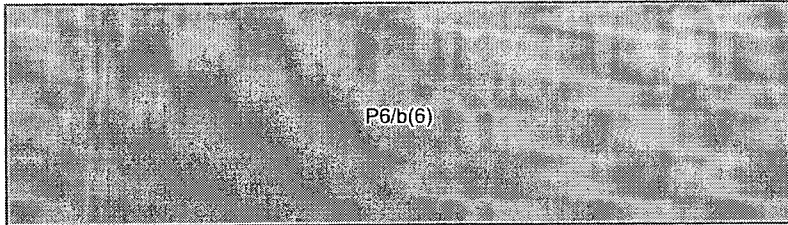
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P6/b(6)

✓ CDF
kids

[002 L]

P6/b(6) is a sixth grader with allergies and asthma whose school performance has been affected by his health problems. P6/b(6) mother is unemployed and his step-father is self-employed, so they cannot afford health insurance for the family, especially with their son's pre-existing conditions. There are three children in the family, and P6/b(6) is worried about what will happen to her family if someone gets sick.

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[002m]

Sneezing without A Tissue

Have you ever sneezed without having a tissue?

Well, having asthma without insurance feels the same.

As a sixth grader at [REDACTED] P6/b(6) I,

[REDACTED] P6/b(6) have had great difficulties with allergies

and asthma. Since our school is located in [REDACTED] P6/b(6)

[REDACTED] P6/b(6) and is not air-conditioned, my health problems have affected my school performance. But the major obstacle is the lack of health care due to my family's inability to afford health insurance.

Health insurance appears to be a luxury item in this area; so are air-conditioners. As far as I know my friends' families have the same disadvantages as my family.

Although my mother and step-father work, there are other priorities which must come before the purchasing of insurance:

food,

rent,

clothing,

utilities,

and my college bound brother

who is graduating on May 13

from [REDACTED] P6/b(6)

The United States of America is the strongest nation in the world; therefore, its people should be able to take care

10102 8.03/03

of each other. Mr. President and First Lady, please push forward with your endeavor. You have brought us hope; now, bring us help.

Sincerely,

P6/b(6)

Sixth Grader

P6/b(6)

Copyright 1990 The Times Mirror Company
Los Angeles Times

March 16, 1990, Friday, Home Edition

SECTION: View; Part E; Page 8; Column 1; View Desk

LENGTH: 1956 words

HEADLINE: THE LEAGUE TURNS 70: WHERE TO NOW?;
POLITICS: THE LEAGUE OF WOMEN VOTERS FACES DWINDLING FUNDS
AND DECLINING MEMBERSHIP. BUT THE PUBLIC STILL HOLDS THE
STAUNCHLY NONPARTISAN GROUP IN HIGH ESTEEM.

BYLINE: By KATHLEEN HENDRIX, TIMES STAFF WRITER

BODY:

In February, 1920, with ratification of the 19th Amendment just months away, suffragist Carrie Chapman Catt founded the League of Women Voters of the United States. Faced with a newly enfranchised group of 20 million women who had been told it was unladylike to vote, the national nonpartisan league dedicated itself to eradicating that notion and educating women about the issues and their new responsibilities.

Seventy years later, with membership and funds declining, the league is still working hard to get out the vote, influence government policy and promote participation in the political process.

But in an age of glitz, celebrity, short attention spans and sound-bite campaigning, the league is seldom in the limelight. Its loyal members seem to see themselves, by choice, as a backstage organization out to preserve the democratic process. They know the league has a visibility problem, that it has a reputation for doing drudge work, that it is described in rather unglamorous terms: solid, stalwart, dedicated, naive, boring.

Can such an organization expect to be around for its 80th birthday in the year 2000?

This year, members of the Los Angeles League, which was also founded in 1920, will be celebrating and soul-searching. There is an anniversary brunch this weekend, a fund-raiser in the fall and, shortly, a letter that league president Lois Saffian will be sending to past presidents, asking, "Where do we go from here?"

"We're facing a challenge right now as a volunteer organization," Saffian said recently at the league's offices in the Mid-Wilshire area. "How are we going to

continue the program we're known for with diminishing resources? . . . We have an important purpose that is never going to go away. What can we do to live up to that purpose?"

Said Paula Merkin, a member of the Los Angeles unit since 1946 and president from 1953 to 1955: "There's nobody else who does these things. To me, the fact it's not glamorous does not mean it's not exciting. It is exciting. I've now spent close to 50 years being excited by the issues. . . . Who else sits at city council meetings and watchdogs things for citizens? Nobody else would study the state Constitution, the city and county charters. These are the nuts and bolts of government."

But hard work alone will not ensure its future.

"I am both confident and worried," Saffian said. "The need is always there. By definition, democracy means government open to change by people, but people have got to know how to do it. People who want to keep (democracy) going gravitate toward the league."

The national and local organizations have always been strapped for money, Saffian said, and nothing has changed.

"We're not terribly sophisticated in raising money," she said. "We're so focused on accomplishments and issues, we've had a hard time to get members to support us. They'll say, 'We're not here to raise money.'"

The diminishing resources that most concern Saffian are people -- the men and women who do the work (the league has admitted men since 1974). Los Angeles membership is 940, down from about 1,200 when Saffian took over the presidency three years ago. (At its peak, membership was about 1,600.)

Paradoxically, some observers say that the league has never been so powerful. One political consultant, Steven M. Glazer, said that invariably public opinion polls give the league one of the highest credibility ratings of any organization.

"As a result, they're being catered to by Republicans and Democrats," Glazer said of the league, which, for example, this year is backing ballot measures supporting a largely Republican-backed reapportionment initiative, bipartisan state and local ethics reform measures and a transportation ballot measure led by Gov. George Deukmejian.

"That is enormous clout to have. I don't even think they recognize the extent of it, but it's recognized by other insiders. They have this white hat image. They seem like these little mice at times, but they're the mice that roar."

Traditionally, league members have been educated, middle-class homemakers who joined in an era when they were expected not to work for money.

Ann Lane, a fire commissioner for the city for the past 13 years, joined the league in 1953.

"We had children, and we had to get out of the house to talk of something other than diapers," she said. "It was intellectually stimulating, and there were not a lot of other opportunities."

Members did and still do put in vast amounts of time studying issues, analyzing materials, monitoring governmental meetings, writing reports, helping to draft legislation, lobbying and speaking to groups on various issues.

The organization is frequently described as a leadership training ground for future public life, and the Los Angeles league is proud of members like former City Council President Pat Russell and Councilwoman Joy Picus. The league is "the single most important influence in my life that made me go into public life," Picus said recently.

"It was a career," Lane said. "I put in about 25 hours a week."

But few women are willing or able to do that kind of work any more. They are working full-time or are unwilling to perform such skilled labor for no pay -- or they prefer single-issue causes because the results are more tangible and the process quicker.

The league has always prided itself on being a multi-issue organization. In the early years league members nationwide supported collective bargaining, child labor laws, minimum wage legislation, and federal aid for maternal and child care programs. They fought the spoils system and promoted the merit system in government employment, backed Social Security, and discouraged isolationism.

Since the 1950s the league has been at the forefront of many environmental issues. League members worked for civil rights, especially through voter registration, and, in Los Angeles, supported school desegregation and busing.

In addition, the league supports the equal rights amendment and takes a pro-choice position in the abortion debate.

But voting and governmental processes have been a primary focus, and last year the national league decided to scale down, declaring it could no longer be all things to all people. Its priorities are public campaign financing and voter registration and turnout. The league has worked for passage of the national voter registration act, commonly called the "motor voter" act, which includes provisions enabling people to register when they get their driver's licenses. It passed the House in February.

The Los Angeles League appears to be headed in a similar direction.

"Locally, we're very proud of our effort to get high school students registered," Saffian said of their on-campus efforts.

Said lawyer Geoff Cowan, chairman of the city's ethics code commission: "I think they're needed now more than ever. They do the most thorough job in analyzing things. The support of the league on the city ethics (and campaign finance) ballot measure is so important. People tend to say, 'If the league supports it, it must be OK.'"

That is a frequently heard description of the league and one that may become controversial in California in the coming months. The state league has endorsed -- and helped write -- Proposition 119, a reapportionment measure that would redraw state legislative districts, sponsored by San Mateo County Supervisor Tom Huening, who is a Republican.

"Sometimes the state takes a position (that) local can't support," Saffian said in reference to the measure. "We're taking a no-action position."

"We're not a rubber-stamp organization . . . but it's important that we have the discipline not to undermine (the state league)."

Selma Calnan, a member of the East San Gabriel Valley League, was one of five statewide members who co-wrote the reapportionment study the league undertook in 1987. But she opposes the state league's position and said of the restriction on opposition from a local unit, such as Los Angeles, "It's ridiculous."

Although Calnan said she is indebted to the league, she nonetheless has some harsh criticisms of the organization and said the reapportionment issue points up a fundamental weakness that goes back to its founding.

"Here they were, all innocent, feeling so righteous," she said of suffragists in 1920. "They dove into partisan politics and got skunked. They retreated into the hills, and remained above it all. And that's where they are today, above the partisan battle."

"They have a fastidious dislike for partisan politics and a great sense of certitude about their rightness. I'm probably that way, too, I guess. But they confirm their prejudices by only talking to each other."

As a result, she said, the league is strong in its knowledge of governmental process but weak on political savvy. That lack of savvy, she said, led the state league in the late 1960s to support deinstitutionalizing the mentally ill.

"We were so naive. We thought the local governments would pick up the tab" and fund local programs for those released. "I feel personally ashamed of that."

Hearing Calnan's charges of naivete regarding reapportionment, Joy Picus said: "In a sense, much of what she says is true. The league is naive. But that's important to their image.

"I commend the L.A. League for standing apart. It shows remarkable perception not to be part of that. It's significant that the major league in the state has done so."

Where, then, is the nonpartisan league's strength?

"Overall, I think it's a lot of wasted effort," said political consultant Joe Cerrell, of Los Angeles-based Cerrell Associates Inc. Stressing he was more aware of league activities on a national level, he said it might be more effective locally.

"But nationally they're a nice neuter group. I think they mean well, but their laundry list of accomplishments -- I don't think it's a very long list. They do the presidential debates. Whoopee."

The league, often a sponsor of local and primary debates, began sponsoring presidential debates in 1976, but in a struggle for control with the political parties in the 1988 election campaign, withdrew altogether.

"We live in a partisan world relative to state and national government," Cerrell said. "I would like to harness all that energy into getting good people elected to office."

Saffian took Cerrell's criticisms to heart. "It's really difficult to say where the league has been effective. It's immeasurable, except where the league has taken the leadership, like the motor voter act."

Cerrell's criticism, she said, may relate to "our need to publicize ourselves in a more sophisticated way. Maybe we've been like the nuns, thinking God will take care of us because we're so good and righteous. We need a good marketing plan. You wouldn't start a business without one today. We never did that." (Saffian said a public relations agency has agreed to take the L.A. League on as a pro bono client and will design a public relations campaign for the organization.)

If it is still around, what will the League look like in 2000?

"I hope we're all around in the year 2000," Saffian said, mentioning the precarious state of the human race and the planet.

Reflecting on the massive changes in so much of the world, she said the United States, in a crisis on so many fronts -- education, the environment, homelessness, the national debt -- probably will go through some major changes too, although not through a classic revolution.