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FIRST LADY HILLARY RODHAM CLINTON
REMARKS TO THE WOMEN'S LEGAL DEFENSE FUND
WASHINGTON, DC
JUNE 23, 1994

DRAFT

[Acknowledgments: Judy Lichtman; Ellen Malcolm, Cathleen Chase, Tim Boggs; Pauline Schneider, whose career distinguishes our entire profession;]

Benjamin Cardoza once said you can't have Utopia if there are lawyers around. Obviously, he was never in a room with this many women in the law. [His exact quote is: "It is a feature of every Utopia, that there has been no place for lawyers."]

We're here today because we believe in the Women's Legal Defense Fund's capacity to enhance the status of American women. We believe, as the theme of this luncheon suggests, that women can shape the future.

Ellen and others have noted that our nation would not have a Family and Medical Leave Act without the hard work and leadership of this organization -- and without a President who was willing to sign the bill into law. We would not have civil rights laws that protect women from sex discrimination in the workplace, or laws that protect pregnant women from losing their jobs. We would not have made as much progress in highlighting the widespread problem of domestic violence, which we were again reminded of so tragically last weekend.

None of these accomplishments was easily won. Each required perseverance, energy, and faith that the goal was worth fighting for.

And each victory reinforced a great axiom about our country -- that, as a people, we have a wonderful history of giving, volunteering, participating, and helping take care of those in need.

When de Tocqueville wrote Democracy In America a century-and-a-half ago, he observed that Americans had a special talent for forming associations to do good. That collective spirit, that propensity to serve others, is still alive in groups like the Women's Legal Defense Fund and others that are committed to strengthening the core values that shape American life.

Today we are in the midst of another long struggle, one that is testing our determination and our rich history of progress.

For 60 years he have talked about health care reform. We've discussed it, debated it, dissected it. We've done everything but achieve it.

Yet, over those same six decades, we have found a way to provide financial security to older Americans -- Social Security. We have found a way to help our war veterans secure a college education -- the GI bill. We have found a way to help cover the medical costs of older Americans -- Medicare.

Often against the objections of critics who bemoaned these programs, who wrote them off as "socialistic" government initiatives, we have proven that by reaching out to individual citizens we can strengthen society as a whole.

The idea of caregiving, and the role it plays in our lives as individuals and as a larger community, is integral to our progress as a nation. But it's also essential to our appreciation of the many dimensions women exhibit in their everyday lives.

Health care reform is critical for women -- for health reasons, for financial reasons, but also for social and cultural reasons. Women are loaded down with expectations and burdens about myriad roles they are expected to play, but too often their own needs are discarded or ignored. Our health care system is one place where we can begin to change that pattern.

Women have the greatest stake in health care reform because we are the primary caregivers in society, and also the medical decision-makers in most families. I can't remember ever discussing with my husband which pediatrician we should use, although it's a conversation I had with countless women friends and mothers.

Our husbands, our friends, our relatives sometimes seem determined to ignore their own medical fallibilities, to refuse to admit that they just don't feel well. And it is usually we -- the women -- who end up pushing and prodding them to call the doctor's office for an appointment.

We're also the ones most often responsible for caring for aging parents. Along with whatever professional responsibilities we're juggling, we're also juggling responsibilities as mothers of children, as daughters caring for our own parents, as spouses or friends of people who are sometimes oblivious to their own health needs.

And somewhere in that mix we're supposed to find time to take care of ourselves.

Yet despite our regular contact with doctor's offices, hospitals, medical bills, and insurance regulations, we usually

have been treated as second-class citizens in our health care system.

When I first began looking into health care last year, I thought it was a bad joke to discover in my briefing materials that the first clinical trials on breast cancer had been performed on men. I was so incredulous that I called to verify it. Indeed, it was true.

Unfortunately that example was not a fluke, not an isolated case.

Coronary disease is the number one killer of women in America, but until recently women were routinely excluded from all clinical trials. Until recently, osteoporosis, which primarily afflicts women, was not considered a high priority for research. Nor was an often lethal disease like ovarian cancer.

And we still can't find lumps in women's breasts even though we have the technology to detect objects in spaces millions of miles away.

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Happily we've made some progress. Women's health is attracting more attention lately in the news media and in the medical and scientific communities.

Last summer The New York Times ran a graphic and shocking photo of a breast cancer patient on the cover of its Sunday, which left an indelible image in the minds of many people. Television news shows have devoted more time to educating the public about women's health concerns. And, in the scientific community, clinical trials are beginning to incorporate women more and more.

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which helped elucidate for members of Congress the fiscal, social, and moral imperatives of our achieving health care reform.

As we go into the next few weeks and months, we will need your continued support. Health care reform is too important a cause not to fight for. And when we succeed, we can all be proud of helping extend our tradition of progress and of shaping a future that offers health and hope for all Americans.

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ADVANCING WOMEN'S HEALTH

STRATEGIC PLAN

of the

Office on Women's Health
Office of the Assistant Secretary for Health
Public Health Service
U.S. Department of Health and Human Services

DIRECTOR: Susan J. Blumenthal, MD, MPA
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DRAFT
June, 1994

ADVANCING WOMEN'S HEALTH
STRATEGIC PLAN

Office on Women's Health
Office of the Assistant Secretary for Health
Public Health Service
U.S. Department of Health and Human Services

Mission

To improve and protect the health of women through policy, research, regulation, prevention, education, and services by advancing and coordinating a comprehensive women's health agenda across the agencies, offices and regions of the United States Public Health Services (PHS) and the Department of Health and Human Services (DHHS).

Goals

Goal 1

To stimulate the development and implementation of effective women's health policies and programs.

Goal 2

To foster access to a full range of health care services for women of all ages and all socioeconomic, cultural and educational backgrounds.

Goal 3

To promote comprehensive, integrated, and culturally appropriate health promotion/disease prevention diagnostic and treatment programs for women.

Goal 4

To support public and professional education, training and information dissemination on women's health issues.

Goal 5

To promote the appointment of women to Departmental, national and international leadership positions which impact the health and well being of women.

Background

INTRODUCTION

During the past thirty years, our society has witnessed tremendous changes in women's roles both in the work place and the home. These changes have focused the nation's attention on the inequities that have existed in educational, economic, and occupational opportunities available to women, and on the inequities in the health care system and in the conduct of research that have put the health of American women at risk. Today, women in this country face grave threats to their physical and mental well-being. Despite living eight years longer than do men, women suffer poorer health outcomes and greater disability from disease than do men. Lack of attention to women's health issues in both research and clinical practice in the past has resulted in serious gaps in knowledge about the causes, treatment and prevention of disease in women.

BACKGROUND

In 1983, the Public Health Service (PHS) Task Force on Women's Health Issues was established. The purpose in appointing the Task Force was to identify women's issues that are important in our society and to lay out a blueprint for meshing those issues with the priorities of the PHS. To address these inequities and to coordinate and stimulate the recommendations and efforts of the Task Force to improve the health of American women, the PHS Coordinating Committee on Women's Health Issues was established. This Committee has provided a structure for defining, focusing, and steering the PHS response to the priority health needs of women.

The Office on Women's Health (OWH) was established within the Department of Health and Human Services in 1991 to coordinate and stimulate programs and activities across the agencies of the Public Health Service including NIH, CDC, ACPR, HRSA, IHS, SAMSHA and to advise the Assistant Secretary for Health on scientific, medical, legal, ethical, and policy issues relating to women's health issues. The Office on Women's Health provided the structure throughout PHS for addressing the crosscutting women's health issues that require the combined resources, blending of programs and activities administered by the respective PHS agencies and offices. Among the Office's early accomplishments has been the development and publication of a document that details a national strategy for improving women's health, the PHS Action Plan for Women's Health, a comprehensive, nationwide assessment of the priority health concerns

confronting women and recommendations have been developed for action needed to improve the status of women's health. The office reported on the implementation of this strategy in a report published last year entitled the PHS Action Plan for Women's Health: 1991 Progress Review. While the PHS Action Plan for Women's Health: 1991 Progress Review points to many achievements in meeting the health needs of women across the agencies, offices and the ten regions of the Public Health Service, it is clear that an expanded effort is needed to truly address the many pressing health issues facing American women in this decade and beyond into the 21st century.

In 1993, the Clinton Administration established a new senior level position, Deputy Assistant Secretary for Women's Health in the Department of Health and Human Services, to provide leadership and to give greater emphasis to women's health issues across the agencies of the Public health Service. At present, the OWH coordinates and serves as a catalyst for women's health programs, initiatives, and policies across the agencies, offices, and regions of the PHS. The OWH monitors implementation of the PHS Action Plan for Women's Health, which involves an ongoing, bi-annual assessment of the progress made towards achieving the Plan's goals, and facilitates collaborative women's health activities between federal, state, local and communities. The Office also promotes a PHS regional women's health agenda by assisting the PHS regional women's health coordinators in establishing a framework within which regional women's health issues can be addressed; by supporting the development and implementation of women's health policies, programs, and initiatives and by coordinating the systematic sharing of information among the PHS regions. The OWH is also concerned with developing and disseminating information on women's health, research advances, services, and related issues to the general public, governmental bodies, consumer groups, health-care professionals, and the academic and scientific communities. Another critical area of emphasis for OWH is the recruitment, retention and promotion of women in the health professions and in scientific careers.

Expanding OWH Efforts to Advance the Health of Women

The Department of Health and Human Services (DHHS) cannot ignore the needs of half of our Nation's citizens -- American women. In order to understand and address the health needs of American women more effectively, the Office of Women's Health within the Department is coordinating and stimulating programs and policies to improve the health and well-being of American women.

The Administration's commitment to advance the health of our Nation's women is

evidenced by the recently created position of Deputy Assistant Secretary for Women's Health. This senior level position within the U.S. Public Health Service is designed to redress the inequities in the health care system and in the conduct of research that has put the health of American women at risk and advance the health of women through the avenues of research, education, and service. This position is also intended to heighten health care professional, scientific and public awareness of critical issues affecting the health of women.

In an effort to understand and address the health needs of women more effectively, OWH stimulates and coordinates policies, programs and other activities designed to promote the health and well-being of women across the lifespan. The Office will undertake new activities over the next year. Several of these new programs include: coordination of the implementation of the National Breast Cancer Action Plan; revitalization of the PHS Coordinating Committee on Women's Health Issues; establishment of the Secretary's Task Force on Women's Issues; development of a Women's Health Curriculum for health care professional training programs; promotion and development of minority women's health programs; development of an information clearinghouse on women's health; promotion and coordination of violence prevention activities for women; a public/private initiative on eating disorders; a postgraduate education conference on women's health for health care professionals; a scientific advisory meeting on promoting healthy behaviors in young women; and continued implementation of the PHS Action Plan for Women's Health.

To become more effective in achieving its mission and goals, OWH must expand its efforts in the three functional areas:

Policy Development

OWH must expand its capacity to review, identify, develop and coordinate women's health policies to guide HHS/PHS activities which address the health needs of women.

Programmatic Activities

OWH must expand its capacity to collaborate and coordinate across public-private sectors in the development of women's health programs, initiatives and other activities.

Education and Public Affairs

OWH must expand its capacity to provide education, training and information

dissemination on women's health issues to public and professional constituencies.

Major Areas of Focus

Using its mission and goals as a framework for action, OWH is focusing its efforts in the following major areas:

1. Women's Health Policy Development

Goal: To stimulate the development and implementation of effective women's health policies and programs.

Monitoring Implementation of the *PHS Action Plan on Women's Health*

The Plan is a goal-driven blueprint for improving women's health in the areas of prevention, treatment and service delivery, research, education and training, and policy development. With PHS agencies, offices, and regions as key participants, the Plan identifies goals and action steps for priority health issues including: access to health care, women's participation in research trials, mental health issues, reproductive health, acute and chronic illnesses, violence prevention, and promotion of healthy lifestyle behaviors. The Office assesses the status of goals outlined in the plan and how they are being met, with emphasis placed on identifying the accomplishments, ongoing activities, barriers, and modifications to action steps for each of the goals.

Revitalization of the PHS Coordinating Committee on Women's Health Issues

This Committee was established for the purpose of moving forward with the recommendations of the PHS Task Force on Women's Health Issues. The Committee supports the heightened attention to women's health as a national public health priority and has helped define and guide PHS initiatives on meeting the priority health needs of women. The Committee works through PHS Agency Heads to stimulate and coordinate women's health activities and programs across the agencies of the U.S. Public Health Service. The co-chairs of this committee are the Assistant Secretary for Health, the Surgeon General, and the Deputy

Assistant Secretary for Women's Health.

Expand Interactions with OASH Offices

Expand interactions and collaborations with other offices in OASH including the Office of Minority Health, Office of Populations Affairs, Office on Health Care Reform and Office on AIDS, and the President's Council on Physical Fitness and Exercise. Cosponsor initiations, workshops and conferences to advance women's health issues.

Proposed Secretary's Task Force on Women's Issues

The Secretary's Task Force on Women's Issues will evaluate activities related to women's issues across the operating divisions of DHHS and make recommendations for new programs to improve the health and well-being of women in our country.

Environmental Impacts (e.g., home, school, worksite, atmosphere) on Women's Health Interagency Workgroups

Develop new efforts and activities within the PHS to address how behavioral and environmental factors affect women's health. Establish a PHS Working Group with liaisons from other federal departments (e.g. DoD, EPA) to evaluate and foster work on these issues including the development of a strategic plan to address how home, work, and atmospheric environmental factors adversely impact on women's health.

Regional Linkages on Women's Health Policy Issues

Regional Offices: Ten Regional offices within the Public Health Service serve as an extension of the Office on Women's Health to coordinate women's health activities across regionalized PHS programs to impact the delivery of health care services to women in all States at the community level. Regional Women's Health Coordinators chair Regional Office Women's Health Advisory Committees and advise Regional Health Administrators on women's health priorities in different

geographic areas. Additional responsibilities for these Coordinators include: providing information and consultative assistance on women's health activities and sharing information and resources with Federal staff and agencies, States and local communities, and the public in general; convening conferences and workshops and participating in local, State, regional and federal activities while advancing the PHS Women's Health Agenda.

Over the next year, OWH will:

- Evaluate the need for establishing full-time positions for regional Women's Health Coordinators to solidify the regional framework for coordination of regional women's health activities across the country.

- Convene a national conference of regional women's health coordinators to share information on women's health issues.

- Create linkages between NIH Women's Health Initiative Research Centers and communities to involve women across the country in research studies and to improve the dissemination of research advances to women locally.

- Build networks and coalitions with private sector organizations and other federal agencies involved with education, public relations, and service delivery to further promote the PHS women's health agenda.

Establishing Linkages with National Women's Health Organizations and Health Care Professional Groups

- Publication of OWH monograph entitled Directory of National Women's Health Organizations. This document is a tool for use by public, private, and federal organizations to identify women's health groups with related concerns. It will be widely distributed to women's organizations, policy makers, scientific, and health care professional groups.

- Co-sponsorship of conferences, workshops and initiatives with national women's health organizations and health care professional groups to share information about womenn's health issues.

International Activities

One of the fundamental aims of the DHHS is to protect and advance the Nation's health through health promotion, disease prevention and control, research, education, resource development, and intergovernmental and international health activities. OWH plans to work closely with PAHO and WHO to provide input into the development of major world health conferences and initiatives in women's health, i.e., the *U.S. Report for the 1995 U.N. Conference on Women, and* the *U.S. Report for the 1994 U.N. Conference on Population and Development.* The Deputy Assistant Secretary for Health (Women's Health) serves as the United States Representative to the newly created World Health Organization's Global Commission on Women's Health.

The Deputy Assistant Secretary for Women's Health was appointed as the U.S. Representative to the Global Commission on Women's Health of the World Health Organization. The goal of this Commission is to improve the health of women world-wide. Additionally, OWH will explore opportunities for other International activities including co-sponsorship of international conferences, summits, and initiatives on a range of issues including nutrition, reproductive health, adolescent pregnancy, violence prevention, lifestyle behaviors, mental illness, and lifespan related issues.

2. Health Care Reform for Women

Goal: To foster access to a full range of health care services for women of all ages and all socioeconomic, cultural and educational backgrounds.

- **Promote health care reform as a means to address longstanding inequity in health status and health care access for women and underserved populations.**
- **Convene regional meetings on a variety of subjects related to women's health and provide forums for women to learn about the benefits of health care reform.**

- Convene a teleconference with regional women's health staff and other women's health groups to inform them about health care reform and women's health issues.

- Convene a series of Women's Health Care Reform Forums to inform American women nationwide about how health care reform will improve women's health.

3. **Health Promotion/Disease Prevention and Treatment Programs for Women**

Goal: To promote comprehensive, integrated and culturally appropriate health promotion/disease prevention and treatment programs for women.

Breast Cancer:

* *Implementation of the National Action Plan on Breast Cancer*

The OWH will coordinate the implementation of the Secretary's National Breast Cancer Action Plan. The Plan represents a blueprint from which to focus and strengthen our knowledge, resources and commitment in the prevention, diagnosis, treatment, care--and ultimate eradication--of breast cancer. It represents a public-private partnership with participation of consumers, health care professionals, scientists, private industry, Congress, the media and Federal and state government agencies to develop activities and collaboration to address the action steps outlined in the plan.

* *Committees*

Establish an Inter-Agency Coordinating Committee on Breast Cancer to promote the active and collaborative participation of agencies of the Federal government including the Departments of Interior, Education, Labor, Defense, Veterans Affairs and the Environmental Protection Agency, in the implementation of the goals and action steps outlined in the National Action Plan on Breast Cancer.

* *Race for the Cure Activities*

Co-Sponsorship of the National Race for the Cure Breast Cancer Roundtable with the Susan G. Komen Breast Cancer Foundation. This educational symposium held in April, 1994 addressed critical issues in breast cancer education, early detection, research and treatment. The Deputy Assistant Secretary for Health (Women's Health) served as moderator for the forum and as an Administration Co-Chair for the 1994 National Race for the Cure. The Race for the Cure is the largest 5 kilometer race in the country and serves to increase awareness of the importance of early detection of breast cancer and to raise funds to support research and the provision of mammograms to low income women.

* *Regional Summits*

Convene regional summits on a variety of subjects related to breast cancer and provide forums for women and health care professionals.

* *New Imaging Technology Workshop*

OWH has initiated and will sponsor a workshop, co-sponsored by the National Cancer Institute and the Congressional Women's Caucus, on new frontiers in imaging technologies for the early detection of breast cancer. This meeting will convene computer graphics specialists, Defense Department imaging experts, radiologists, oncologists and others to discuss novel approaches and strategies to improve the detection of breast cancer, especially for younger women.

* *Develop Strategies to Improve the Training of Physicians and other Health Care Professionals to Detect Breast Cancer through Clinical Breast Exams*

Minority Women's Health Issues:

* *Co-sponsorship of "Transitional Health Training Program for Incarcerated Females"*

Expansion of the OWH's ongoing collaborative projects with PHS agencies including the Transitional Health Training Program for Incarcerated Females co-sponsored with the Health Resources and Services Administration's Maternal and Child Health Bureau and the Office of Minority Health, Office of the Assistant Secretary for Health. This program is designed to develop and implement a model program for the delivery of comprehensive primary health care services to African-American and Hispanic women adjudicated and incarcerated in youth facilities. A Community Health Coalition Demonstration Grant, co-sponsored with the Office of Minority Health, is currently funding a multicultural, multi-disciplinary coalition comprised of women whose common goal is to develop better access to health information and services for women of color in nine ethnic communities across the City of Boston. These communities include: African-American, Cambodian, Cape Verdean, Caribbean, Chinese, Haitian, Latina, Native American, and Vietnamese.

* *Co-sponsorship of Healthwatch Symposium: "Beating the Odds: Challenges to the Health of Women of Color"*

Co-sponsored with Healthwatch, Inc. and the New York Academy of Sciences, a national symposium held in April, 1994 entitled: "Beating the Odds: Challenge to the Health of Women of Color". The symposium: (1) reviewed the socioeconomic, intracultural and health status of women of color and key contributing factors affecting health; (2) increased awareness of special health and health related needs and concerns of women of color; and (3) identified needs and opportunities related to health research, access to health care, and health advocacy for women of color.

* *Implement recommendations of the Healthwatch Symposium at the NY Academy of Sciences: "Beating the Odds: Challenges to the Health of Women of Color"*

A series of meetings will be held with the agencies of the Public Health Service and the regional women's health coordinators to identify strategies to implement

the recommendations developed at this conference.

* *Co-sponsor with PHS Region X: "African American Women's Health Summit: The Impact of Health System Reform on African American Women"* - This forum is intended to (1) examine health policy and health care delivery issues as they relate to regional and national health system reform efforts and their impact on African-American women, (2) develop strategies to be included in any health system reform legislation to reduce and improve the disproportionate morbidity and mortality rates among African-American women, and (3) provide recommendations for increasing the availability and accessibility of health services for African-American women.

Adolescent/Young Adult Women's Issues:

* *Co-sponsor "Promoting Healthy Behaviors in Young Women Conference" with the Society for the Advancement of Women's Health Research*

Convene a conference, **Promoting Healthy Behaviors in Young Women** co-sponsored with the Society for the Advancement of Women's Health Research which will bring together over 100 representatives of medical specialty societies and women's organizations to develop a research agenda on promoting healthy behavior in young women.

* *University/College Roundtables*

Co-sponsorship of Young Women's Roundtables on Promoting Healthy Behaviors with the Society for the Advancement of Women's Health Research at major universities across the country to involve young women in dialogue concerning their health. These roundtables will be held in collaboration with national women's magazines, to focus on promoting healthy behavior in young women, i.e., diet, stress reduction, smoking cessation, and substance abuse. Input from these young women will enable the development of more effective educational programs to be used in regional programs of the Public Health Service.

* *Eating Disorders Initiative*

Eating disorders affect 1-2% of young women in the United States and often do not respond to treatment. OWH is developing an Eating Disorder Initiative in collaboration with the McKnight Foundation involving PHS agencies with an interest in nutrition, eating behavior, and eating disorders to expand education, prevention, treatment and research in the area.

Reproductive Health Issues:

* Hysterectomy Study

OWH is coordinating the development of a department action plan which responds to issues around hysterectomies. The plan will address issues of clinical and basic biomedical and behavioral research, cost, quality and effectiveness research, development of medical guidelines and educational strategies for physicians, and surveillance.

Aging Issues:

* Regional Forums on Health Care Reform for Women

The OWH is committed to promoting health care reform as a principal means of redressing the inequities in health and health care for older women. The health needs of older women will be a key area of focus as the OWH convenes regional summits, conferences and other forums on health care reform for women.

* Collaborative Activities

The OWH will collaborate with the Department's Administration on Aging to implement the National Eldercare Campaign, which is designed to inform the public about the many life challenges facing older Americans and to promote individual and community action to meet the needs of older Americans.

The OWH will participate in Departmental/Federal efforts to plan the next White House Conference on Aging, to be held in May 1995. The goals of this conference are (1) to increase public awareness about the issues and needs of older Americans and (2) to develop recommendations for action and coordination of Federal policy with State and local capacities and needs.

Mental Health Issues:

* *Violence Prevention Initiative*

OWH will establish collaborative intra- and interdepartmental activities focused on the prevention and control of violence against women. A Federal Interagency Working Group is developing a comprehensive strategy to confront violence at all levels--individual, family and community--through coordinated action among government agencies.

* *Collaborative Projects to Determine Psychosocial/Behavioral Impacts on Women's Health*

Collaborate with the National Institutes of Health, the Centers for Disease Control and Prevention, the American Psychological Association, the American Psychiatric Association, the Society for Behavioral Medicine, and other organizations to develop better strategies for understanding the role of psychosocial and behavioral factors on women's health with a view to designing more effective health policies, prevention strategies, and interventions.

* *Mental Illness/Substance Abuse Initiatives*

Collaborate with MH, SAMSHA, CDC, mental health professionals and consumer groups to increase awareness, early detection and appropriate treatment of mental and addictive disorders in women.

Healthy People 2000 Initiative: Disease Prevention/Health Promotion

* *Monitoring Progress in Women's Health Objectives*

OWH will continue to monitor progress of the Year 2000 Objectives targeting women's health issues, i.e., physical activity and fitness; nutrition; tobacco use; use of alcohol and other drugs; family planning; mental health and mental disorders; violent and abusive behavior; educational and community-based programs; unintentional injuries; occupational safety and health; environmental health; food and drug safety; oral health; maternal and infant health; heart disease and stroke; cancer; diabetes and chronic disabling conditions; sexually transmitted diseases; immunizations and infectious diseases; clinical preventive services; and surveillance and data systems.

4. Public/Professional Women's Health Education Strategy

Goal: To support public and professional education, training and information dissemination on women's health issues.

Public Education and Information Sharing:

* *Women's Health Fact Sheets, Newsletters, Directories*

Development and dissemination of fact sheets on women's health issues including Breast Cancer, Violence, HIV, Mental and Addictive Disorders, etc.

* *Information Clearinghouse on Women's Health*

Develop and implement an Information Clearinghouse on Women's Health and establish an "800" number for easy accessibility of materials across the agencies of the Public Health Service including NIH, CDC, FDA, AHCPR, IHS and HRSA. The Clearinghouse will contain a broad range of women's health related information in the form of brochures, pamphlets, fact sheets, booklets, videos, etc.

* *Public Information/Media Strategy*

Develop a public information and media strategy to encourage women to participate in clinical trials and to inform health-care professionals and the general public of new advances in women's health and their impact on clinical care.

* *Women's Health Columns in Consumer Publications*

Establish columns in women's magazines to disseminate current research findings and advances of scientific merit from PHS agencies relative to women.

* *Women's Health Roundtables:*

Create a series of National Consumer Roundtables on Women's Health addressing a range of women's health concerns.

* *Health Care Reform for Women Town Meetings and Teleconferences*

Organize health care reform town meetings and convene a teleconferences with national, consumer, and health care professional groups to share information about the President's plans to improve women's health.

* *Young Women's College Roundtables: Promoting Healthy Behaviors*

Co-sponsorship of Young Women's Roundtable on Promoting Healthy Behaviors: A series of roundtables will be co-sponsored with the Society for the Advancement of Women's Health Research at major universities across the country to involve young women in dialogue concerning their health. These roundtables will be held in collaboration with national women's magazines, to focus on promoting healthy behavior in young women, i.e., diet, stress reduction, smoking cessation, and substance abuse. Input from these young women will enable the development of more effective educational programs to be used in future PHS programs and activities.

Health Professional Education and Training:

* *Development of a Women's Health Curriculum for Medical Students and other Health Professionals* - **Collaborate with representatives of the Health Resources and Services Administration, the Association of American Medical Colleges, and the National Institutes of Health to expand competencies in medical training and explore avenues for including proposals for a model curriculum to help medical schools incorporate a new approach to women's health into the training of future physicians and other health care professionals.**

* *Development of a Continuing Medical Education Training Curriculum in Women's Health for Physicians and other Health-Care Professionals* -

- **Co-sponsor "Second Annual Congress on Women's Health" the Society for the Advancement of Women's Health and the Journal of Women's Health for continuing medical education - This Congress provides a continuing medical education update for physicians on women's health issues.**

- **Explore with the American Medical Women's Association, the Society for the Advancement of Women's Health Research, and medical specialty societies, the development of curriculum for continuing medical education symposia on women's health.**

Columns in Medical Journals on Women's Health Issues -

Explore with the editors of the Journal of the American Medical Association and other scientific publications the possibility of establishing a regular column in these publications for the dissemination of new research findings on women's health.

5. Leadership in Women's Health

Goal: To promote the appointment of women to Departmental, national and international leadership positions which impact the health and well-being of women.

Advancement of Women in the Health Professions -

- **Develop initiatives within HHS and with health care professional organizations to focus on advancing women in the health professions and in science to leadership positions in the Federal and private sector. These initiatives will focus on enhancing the development and creation of programs for recruitment, retention, re-entry and advancement of women in biomedical research careers and in the health professions.**

Proposed Secretary's Task Force on Women's Issues

- **One goal of the Secretary's Task Force on Women's Issues will be to recruitment, retention and promotion of women in the health professions and in biomedical research careers both within the Department of Health and Human Services and in the health professions.**

MARJORIE MARGOLIES-MEZVINSKY

FOR U.S. CONGRESS

94

fax cover sheet

To: LIZ BOWYER
Fax #: 202-456-2239
Date: 9/16/94

From: AMY WALTER
at Friends of MMM
Phone: 215-664-5846
Fax: 215-664-7861

Pages: 8 incl. Cover

Memo:

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. paper	Phone No. (Partial) (1 page)	ca. 1994	P6/b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Speechwriting
OA/Box Number: 8169

FOLDER TITLE:
HRC [Hillary Rodham Clinton] M-M-M [Marjorie Margolies-Mezvinsky] Fundraiser
9/20/94

2012-1004-S
ms521

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.
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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]

[001]

MERCY HEALTH CORPORATION
MONTGOMERY COUNTY PRIMARY CARE INITIATIVE
ANNOUNCEMENT CEREMONY

On Tuesday, September 20, 1994, Congresswoman Marjorie Margolies-Mezvinsky will join Mercy Health Corporation as Mercy announces plans to construct and operate three Ambulatory Care Centers with programatic emphasis on women and children in Montgomery County. The announcement will be followed by comments from Plato A. Marinakos, President and Chief Executive Officer of Mercy Health Corporation and special guest, First Lady, Hillary Rodham-Clinton.

The program will commence sometime after 3:00 p.m. and will be attended by approximately one hundred (100) representatives of the Mercy Health Corporation Board of Trustees, employees and friends. The program will last for approximately twenty (20) minutes. It will be highlighted by the unveiling of the architects rendering of the first center, as well as remarks by Hillary Rodham-Clinton.

On behalf of Mercy Health Corporation, Plato Marinakos will talk briefly about Mercy's commitment to delivering quality health care services to women and children. In addition, he will discuss the need for such services in Montgomery County. His remarks will last no more than five minutes.

For your review the following materials have been enclosed:

1.) A brief overview of the Mercy Montgomery County Women and Children Program

2.) A listing of Selected Health Status Indicators for Montgomery County and Norristown

3.) A biography of Plato A. Marinakos, President and Chief Executive Officer Mercy Health Corporation.

If you should have any questions please feel free to contact Daniel J. Hilferty, Senior Vice President for Corporate and Government Affairs at (610) 660-7450 during the day, and at P6/b(6) P6/b(6) in the evening.

Montgomery County Women & Children's Health Services
The Need Is Now

Traditionally, Montgomery County is known for its rich suburban communities and its large rural sprawl. It is known for being one of the richest counties in the US.

But, a closer look reveals a county that has a sub-culture of people whose needs are as critical as those individuals who live in the inner cities of our country. The statistics tell a grim story of a large segment of the population that is having serious, if not life threatening, health related problems. Breast cancer, infant mortality, low birth weight, and other issues relating to serious medical problems for young children are all problems that are imbedded in Montgomery County communities.

In many cases, the "incidence rate" for these serious medical problems runs ahead of the rest of Pennsylvania. Figures available from the late 1980's indicate the incidence rate for breast cancer for the state was 107 per 100-thousand women. In Montgomery County, the rate was 124 women per 100-thousand.

In some sections of Montgomery County, the figures for death rates due to prenatal conditions match those of the rest of the state. In the Norristown and Lower Merion/Bala Cynwyd communities alone, the "non-white infant mortality rates" per one thousand are 21.4 and 30.3 respectively. The average for these two communities (25.85%) is above that of the entire region which is 22.59%. Low birth weight figures for Norristown are also equal to the Pennsylvania average. More recent figures from the Pennsylvania Department of Health indicate serious medical risks for mothers and children whose births take place in their home. For example, 32% of those births have serious complications during labor and delivery.

The most practical manner to solve the problems relating to breast cancer, prenatal, and post-natal care involve programs that will be the center piece of the Mercy/Montgomery County Women and Children's Health Services Program. The three-clinic approach will help develop services for women and children throughout the county. Each center will be able to carry out an extensive array of services. They include, but are not limited to: gynecology, prenatal and postnatal care, mammography, immunizations, pediatrics, mental health, drug & alcohol abuse prevention, stress reduction, heart disease, and wellness/prevention programs.

Working with local communities and the Montgomery County Health Department, the new Women and Children's Health Services program will be the beneficiary of Mercy's long track record of working in this vital health care area. Taking the experience from Misericordia, Fitzgerald Mercy, and Mercy Haverford outpatient services, the program will be designed to meet the ever-growing needs of Montgomery County's communities in a fashion never seen before in the region.

MERCY HEALTH CORPORATION

SELECTED HEALTH STATUS INDICATORS FOR MONTGOMERY COUNTY AND NORRISTOWN

MONTGOMERY COUNTY

BARRIERS TO RECEIVING PRENATAL CARE[1]

1. Non-acceptance of the pregnancy.
2. Condescending attitude of pregnancy counselors because of (mother's) age or economic status.
3. Lack of bilingual health care staff.
4. Lack of transportation.
5. Lack of insurance.
6. Lack of accurate information.

THE PERCENTAGE OF DELAYED PRE-NATAL CARE DOES NOT MEET THE SURGEON GENERALS YEAR 2000 HEALTH OBJECTIVE[2].

THE PERCENT OF AFRO-AMERICAN WOMEN NOT RECEIVING PRENATAL CARE IS 3.5 TIMES THAT OF THE WHITE POPULATION.

MONTGOMERY COUNTY IS THE THIRD LARGEST IN THE COMMONWEALTH OF PENNSYLVANIA.

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1 1993 Study - Montgomery County Department of Health.

2 Healthy People 2000. Office of the Surgeon General, Department of Health and Human Services.

09/14/94

THE COUNTY HAS GEOGRAPHIC AND POPULATION CHARACTERISTICS WHICH ENCOMPASS URBAN AND RURAL SETTINGS.

FOUR PERCENT OF THE RESIDENTS HAVE INCOMES BELOW THE FEDERALLY DEFINED POVERTY LEVEL.

THE POPULATION IS 10% MINORITY OF WHICH 6% IS AFRO-AMERICAN.

THE PERCENT OF DELAY PRE-NATAL CARE BY RACE IS:

Afro-American	37%
Puerto Rican	32%
Other/Asian	20%
Caucasian	11%

FORTY-NINE PERCENT OF PREGNANT TEENS DO NOT RECEIVE ADEQUATE PRENATAL CARE.

THE INFANT MORTALITY RATE IS 7.3 INFANT DEATHS PER 1,000 LIVE BIRTHS. THE AFRO-AMERICAN INFANT MORTALITY RATE IS 14.9. THE WHITE INFANT MORTALITY RATE IS 6.7. THE PUERTO RICAN INFANT MORTALITY RATE IS 10.6.

THE RATE OF INFANTS WEIGHING UNDER 1500 GRAMS (3.3 LBS) INCREASED FROM 9.4 IN 1991 TO 11.2 IN 1992.

THE THREE YEAR RATE FOR INFANTS WEIGHING UNDER 2500 GRAMS (5.5 LBS) IS 55.9.

MOTHERS UNDER 19 YEARS OF AGE HAVE RATES OF LOW BIRTH WEIGHT OF 13.5 (UNDER 1,500 GRAMS) AND 79 (UNDER 2,500 GRAMS).

THE TEEN PREGNANCY RATE IS 4.2% OF TOTAL LIVE BIRTHS.

09/14/94

NORRISTOWN

THE INFANT MORTALITY RATE, INCIDENCE OF LOW BIRTH WEIGHT, PRENATAL ALCOHOL AND TOBACCO USE EXCEED THE TARGETS SET FORTH IN THE YEAR 2000 HEALTH OBJECTIVES.

TEN PERCENT OF THE RESIDENTS HAVE INCOMES BELOW THE FEDERALLY DEFINED POVERTY LEVEL.

NORRISTOWN RANKS FIRST IN THE COUNTY FOR THE NUMBER OF FAMILIES AND THE NUMBER OF PERSONS BELOW POVERTY LEVEL.

FIVE PERCENT OF THE CIVILIAN LABOR FORCE IS UNEMPLOYED.

EIGHTEEN PERCENT OF HOUSEHOLDS HAVE INCOMES LESS THAN $15,000.

SIXTEEN PERCENT OF HOUSEHOLDS WITH CHILDREN ARE HEADED BY SINGLE FEMALES, MORE THAN TWO AND ONE-HALF TIME THE COUNTY AVERAGE.

INFANT MORTALITY RATE IS 12.9 DEATHS PER 1,000 LIVE BIRTHS, EXCEEDING THE NATIONAL AVERAGE OF 8.9.

THE PERCENT OF LOW BIRTH WEIGHT BABIES (UNDER 2500 GRAMS)FROM 1986 THROUGH 1991 RANGES FROM 66 TO 79.

THE MORTALITY RATE IS 921 WHICH IS ABOVE THE COUNTY'S 893.

THE SUICIDE AND MOTOR VEHICLE FATALITY RATES ARE EACH 20 - TWICE THOSE OF THE COUNTY.

09/14/94

NORRISTOWN MINORITY COMMUNITY

THE INFANT MORTALITY RATE FOR AFRO-AMERICAN INFANTS IS TWICE THAT FOR WHITE INFANTS.

THE POPULATION IS 33% MINORITY-OF WHICH 27% IS AFRO-AMERICAN.

THE INFANT MORTALITY RATE FOR AFRO-AMERICAN INFANTS IS 20.5. THE INFANT MORTALITY RATE FOR WHITE INFANTS IS 8.6.

09/14/94

PLATO A. MARINAKOS

Plato A. Marinakos is the President & Chief Executive Officer of Mercy Health Corporation, a multi-institutional system of healthcare.

Mr. Marinako's hospital management and healthcare expertise spans thirty years. He joined Mercy in 1977 as the Executive Vice President and Chief Executive Officer of Mercy Catholic Medical Center (Fitzgerald Mercy and Misericordia Hospitals). Since this time, Mr. Marinakos has led the organization through tremendous growth and has successfully implemented a vision of providing quality care to the residents of Philadelphia and Delaware County. More importantly, Mr. Marinakos has not only executed the Sister's mission in providing care and instruction to the disadvantaged, he has worked to enhance this mission further to meet today's changing and increasing healthcare needs.

Under his leadership, Mercy Health Corporation gives back to the community, annually, close to 25 million dollars toward inner city health and education programs. In 1980, Mr. Marinakos sought ways to provide quality care to those with no insurance or other financial means. He approached the State of Pennsylvania with a concept to enroll Medicaid recipients into a managed care program. Mercy Health Plan, which celebrates its tenth anniversary in 1993, is a national model and saves the State 12 million dollars annually. The Plan also provides 3 million dollars in uncompensated care such as eyeglasses, vitamins, improved dental benefits and health education programs to its 80,000 enrollees.

Mr. Marinakos is an active board member for numerous organizations: the Hospital Association of Pennsylvania, Delaware Valley Hospital Council, Pennsylvania Trauma Systems Foundation, Hospital Purchasing Systems, and Eastern Mercy Health System just to name a few. He has participated extensively in task forces for the United States Government, and served in an advisory and consultative role to the Chairman for the Secretary's Commission on Medical Malpractice, U.S. Department of Health, Education and Welfare. Mr. Marinakos is also active in civic and community affairs including the West Philadelphia Corporation (board member) and a member of the board of Board of Directors for the Better Business Bureau of Southeastern Pennsylvania.

Prior to joining Mercy, Mr. Marinakos was the President of Conemaugh Valley Memorial Hospital in Johnstown, Pennsylvania, Executive Director of Allegheny General Hospital in Pittsburgh and the Associate Executive Director of Allegheny General Hospital. He received a masters of science and graduated with honors in hospital administration from the University of Pittsburgh in 1961. He received his B.S. in Zoology (with an Honorary Biological Award) from the University of Pittsburgh in 1957. Mr. Marinakos was a preceptor at the Wharton School of Business, Duke University and the University of Pittsburgh. He has authored numerous publications.

Mr. Marinakos and his family reside in Rosemont, Pennsylvania.

National Journal's CongressDaily

December 10, 1993

SECTION: HILL BRIEFS

LENGTH: 160 words

BODY:

Representatives of three interest groups that gave a total of $100,000towards the cost of an entitlement conference President Clinton will attend Monday near Philadelphia -- and to another entitlement project -- will no longer participate on a panel with Clinton, the Philadelphia Inquirer reported today. The participants -- representing the Hospital Association of Pennsylvania, Mercy Health Corp. and Merck and Co. -- were taken off a healthcare panel to avoid "an appearance of impropriety," White House Press Secretary Dee Dee Myers was quoted as saying. The conference is being held in the district of freshman Rep. Marjorie Margolies-Mezvinsky, D-Pa., as a payback for her key vote for Clinton's budget plan last August.

LANGUAGE: ENGLISH

LOAD-DATE-MDC: December 10, 1993

December 9, 1993, Thursday, AM cycle

SECTION: Washington Dateline

LENGTH: 337 words

HEADLINE: President Won't Share Podium with Corporate Sponsors at Conference

BYLINE: By MICHAEL BLOOD, Associated Press Writer

DATELINE: WASHINGTON

BODY:

Corporate sponsors who paid money to guarantee a major role at a conferencewith President Clinton are being removed from panel discussions after critics attacked the arrangement.

Clinton agreed to attend in exchange for support of his budget package by Rep. Marjorie Margolies-Mezvinsky, D-Pa., one of the organizers of the conference at Bryn Mawr College on entitlement spending.

Merck Corp., American Telephone & Telegraph Co. and Mercy Health Corp. of Southeastern Pennsylvania are among about a dozen companies that have put nearly $ 200,000 toward the conference and a two-year follow-up study.

White House spokeswoman Dee Dee Myers said the decision to take the companies off the panel discussions would remove "even the appearance that this was a quid pro quo."

The removal came after discussions between the White House and the conference organizers.

Also organizing the conference is the Congressional Institute for the Future, a Washington research group run by Margolies-Mezvinsky's 1992 campaign treasurer.

Representatives for Merck, Mercy Health and the Hospital Association of Pennsylvania were scheduled to participate in panel discussions. McCord said those companies will be withdrawn from the panels; Merck and the association said there were no plans to cancel their donations.

The Heritage Foundation, a conservative research group, said it was pulling out altogether because "We just don't participate in political fund-raisers, and we weren't aware that was the deal," said spokesman Sam Walker.

The congresswoman has said she turned to corporate sponsorship to avoid using taxpayer dollars.

A statement released by National Council of Senior Citizens executive director Lawrence Smedley said "the whole solicitation bid smacks of payola" that implied, "If you pay, you play."

Grover G. Norquist, president for the conservative Americans for Tax Reform, called on participants to withdraw. He said the event amounted to a "scam" aimed at countering fallout from her budget vote.

LANGUAGE: ENGLISH

LOAD-DATE-MDC: December 9, 1993