

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: Health Care Task Force

Series/Staff Member: Steven Edelstein

Subseries:

OA/ID Number: 2379

FolderID:

Folder Title:

Unspecified - Regrets Sent K - O: N [2]

Stack:

S

Row:

56

Section:

3

Shelf:

2

Position:

3

THE WHITE HOUSE

WASHINGTON

June 1, 1993

James Dale Davidson
Chairman
National Taxpayers Union
325 Pennsylvania Avenue, SE
Washington, DC 20003

Dear Mr. Davidson:

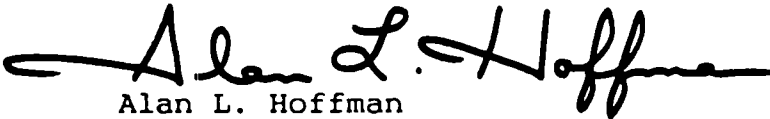
Thank you for your kind invitation to Mrs. Hillary Rodham Clinton. While Mrs. Clinton gratefully appreciates and welcomes the opportunity you have afforded, her schedule does not permit her to accept your invitation. On behalf of Mrs. Clinton, I regret that she will be unable to attend your meeting.

Reforming the nation's health care system is one of the most important challenges facing our country. The President's Task Force on National Health Care Reform is currently studying and debating the options for reform. The Task Force is seeking a wide range of input and invites you to submit any thoughts you or your organization may have.

The issues confronting our nation are daunting. With your help and support however, we can develop and implement a health care reform plan that best meets the needs of all Americans.

Thank you for your invitation. Your continued interest and support are deeply appreciated.

Sincerely yours,

A handwritten signature in black ink, reading "Alan L. Hoffman". The signature is fluid and cursive, with a long horizontal stroke extending to the left.

Alan L. Hoffman
Director of Scheduling
Health Care Task Force

SCHEDULING /

VIP

NATIONAL TAXPAYERS UNION

325 Pennsylvania Ave., S.E.

Washington, D.C. 20003

(202) 543-1300 Tel.

(202) 546-2036 Fax

James Dale Davidson

Chairman

unapx.

MAR 17 1993

MAR 2 1993

February 2, 1993

Dear Newly Notorious Hillary,

Micheal Aronstein (nephew and godson of Charles Black) and I have had some brainstorm on health care reform that we would like to share with you. Do you have a few moments sometime soon when we might pay you a visit?

Cheers,

A handwritten signature, likely of Micheal Aronstein, consisting of a large loop followed by the letters 'ma'.

NAVAJO NATION HEALTH FOUNDATION



SAGE MEMORIAL HOSPITAL

POST OFFICE BOX 457 / GANADO, ARIZONA 86505 / (602) 755-3411

May 6, 1993

in aspec.

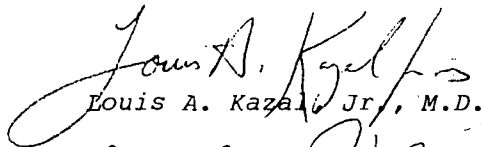
Hillary Rodham Clinton
Task Force on National Health Care Reform
White House
Washington, D.C. 20510


Dear Mrs. Clinton,


We work in the only Native American owned and operated hospital in this country. Since 1901, Sage Memorial Hospital, a nongovernmental hospital, has been providing universal access to Navajo people through a private system. No similar medical model exists in the United States. Our institution offers a unique opportunity for your committee to analyze the strengths and flaws of a system already in place before implementing a similiar plan nationwide.

Our medical staff would like to invite you to our institution, which is one half hour west of Window Rock, Arizona on the Navajo Reservation. We can be reached at the above address and/or phone number.

Respectfully,


Louis A. Kazali, Jr., M.D.


Anthony F. Valdini, M.D.
Medical Director


David L. Cummings, M.D.


Daniel W. Hudgings, M.D.

LAK:tw

HEALTH CARE TASK FORCE SORTING SHEET

CODER: _____

INPUT DATE: _____

GENERAL SORT:

POSTCARD 1: General mail Personal stories
 Other Health Providers Letter Campaign

POSTCARD 2: Offers to help/Employment

FORM LETTER: Letterhead Policy Physicians

REROUTE: Casework Scheduling President Other

POLICY AND PERSONAL STORIES:

 ORGANIZATION (I)
 insurance premiums
 insurance reform
 insurance pools
 boards and oversight

 COVERAGE (II)
 working families
 unemployed/low income
 benefits
 providers

 INFRASTRUCTURE/WORKFORCE (III)
 quality assurance (guidelines)
 administration, reimbursement
 & information systems
 malpractice & tort reform
 manpower issues (training)
 unnecessary procedures

 GOVERNMENT PROGRAMS (IV)
 medicare
 medicaid
 veterans
 DoD
 Indian health

 COST ISSUES (VI)
 drug prices
 physician fees
 hospital fees
 medical equipment
 fraud & abuse

 FINANCING (VII)

 MENTAL HEALTH (IX)

 LONG-TERM CARE (X)

 PUBLIC HEALTH/
SPECIAL POPULATIONS (XII)
 prevention
 AIDS
 women's health
 immunizations/children
 rural
 urban

 OTHER _____

June 9, 1993

Dr. Anthony F. Valdini
Medical Director
Navajo Nation Health Foundation
Sage Memorial Hospital
P.O. Box 457
Ganado, AZ 86505

Dear Dr. Valdini:

Thank you for your kind invitation to Mrs. Hillary Rodham Clinton to visit the Sage Memorial Hospital. While Mrs. Clinton gratefully appreciates and welcomes the opportunity you have afforded, her schedule does not allow her to accept your invitation at this time. On behalf of Mrs. Clinton, I regret that she will be unable to meet with you.

Reforming the nation's health care system is one of the most important challenges facing our country. The President's Task Force on Health Care is currently studying and debating the options for reform. The Task Force is seeking a wide range of input into their effort and invite you to submit any thoughts you or your organization may have.

The issues which confront our nation are daunting. But with your help and support, we can develop and implement a health care reform plan that best meets the needs of all Americans.

Thank you for your invitation. Your continued interest and support are deeply appreciated.

Sincerely yours,

Alan L. Hoffman
Scheduling Director
President's Task Force on National Health Care Reform

NATIONAL WELLNESS COALITION

January 5, 1993

Honorary Chairman

Bernard S. Siegel, M.D., F.A.C.S.
Exceptional Cancer Patients

Board of Directors

President

Janet I. Smith, M.S.A.M.

Secretary/Treasurer

George E. Keeler III, M.D.
Washington, D.C.

James M. Mulrooney
The Performance Group

Charlotte B. Travieso, M.S.
U.S. Dept. of Agriculture

National Board of Advisors

Michael D. Barnes
Arent, Fox, Kintner, Plotkin & Kahn

Jeffrey S. Bland, Ph.D.
HealthComm

Myrin Borysenko, Ph.D.
Mind Body Health Sciences, Inc.

Susan R. Cohen
Hill & Knowlton

Inge Corless, RN, Ph.D.
University of North Carolina

Larry Dossey, M.D.
Author, Lecturer

James S. Gordon, M.D.
Georgetown University
School of Medicine

Richard A. Lippin, M.D.
International Arts-Medicine Ass'n.

Issac Mathai, M.D.
International Holistic Health Ass'n.

Sandra McLanahan, M.D.
Integral Health Center

Kenneth R. Pelletier, Ph.D.
Johnson & Johnson
Health Management, Inc.

John Robbins
EarthSave Foundation

Gardner C. Rowbotham
Exceptional Cancer Patients

The Honorable Claudine Schneider
Former Member of U.S. Congress

C. Norman Shealy, M.D.
Shealy Institute for Comprehensive
Health Care

Nancy Snyderman, M.D.
Good Morning America

Charles Steinberg, M.D.
AIDS, Medicine and Miracles

Barry A. Sultanoff, M.D.
Bethesda Health Associates

The Honorable John Vasconcellos
California State Assembly

Andrew Weil, M.D.
University of Arizona
College of Medicine

Vice President-elect Albert Gore
Presidential Transition Office
1120 Vermont Avenue, NW
Washington, D.C. 20270

Dear Vice President-elect Gore:

07 JAN REC'D

First, on behalf of the Board of Directors of the NATIONAL WELLNESS COALITION, it gives me great pleasure to congratulate you and Mrs. Gore on your victory in November and offer you our wholehearted support as you assume the Vice Presidency of the United States. (I also recall with much pleasure meeting you and Tipper at a Christmas Eve dinner party at Congressman Pete Stark's home years ago, when I was accompanied by my friend Butler Derrick!)

Given your deep personal commitment to the sustainment of life and health on this planet in the years since, we at the NATIONAL WELLNESS COALITION know that you will do all you can on behalf of developing a comprehensive strategy for national wellness.

We believe that the NATIONAL WELLNESS COALITION's vision for wellness in America, in which all Americans are given the opportunity to fulfill their highest potential for health and well-being, is an expression of the same vision that gave birth to this nation. We believe, too, that this is the vision that the Clinton/Gore Administration will now be striving to fulfill.

In forging a new plan for national health reform, we see that there is the opportunity to put forward a sweeping vision of change, in which wellness -- the most cost-effective answer to the health cost crisis -- is promoted in all areas of our lives.

The NATIONAL WELLNESS COALITION, founded by Dr. Bernie Siegel and other health leaders in October 1990, is a nonprofit 501(c)(3) public interest umbrella organization established to serve as the primary advocate for wellness in the public policy arena.

The Coalition includes among its members foundations, corporations, organizations of health professionals, representatives of medical, health, business, insurance, education, labor and research institutions, public officials and members of the general public. Our mission is to promote wellness policies, principles and practices as the main focus of our health care system and our nation.

Recognizing that up to 90% of all physical and mental illness is a

reflection of our economic, environmental, and social conditions, we see that fiscal and administrative solutions alone cannot be counted upon to resolve our health care crisis. Instead, the Coalition believes it is also essential to restructure the nature of the care that is provided. In essence, we see the need to re-tool our health care system -- and our nation -- for wellness.

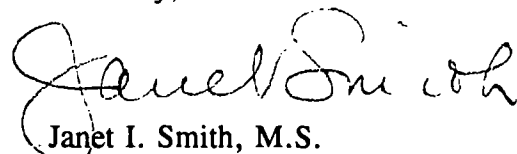
Applying the principles and concepts of "sustainability" to the field of health care (paralleling similar work in the areas of agricultural, environmental, and economic development policy), the NATIONAL WELLNESS COALITION is now working to develop a national Wellness Policy Agenda, WELLNESS 2000 which calls for a national strategy for wellness, including the designation of a national wellness month, and the development and implementation of state and local wellness agendas.

As part of this effort, we are identifying measures for inclusion in a "wellness package" for health care reform. Enclosed is a preliminary outline of concepts and proposals for creating a wellness focus in national health reform, along with other materials about the Coalition.

Given the complexity and scope of these issues, we believe that the establishment of a Presidential Commission on Wellness within the context of national health reform legislation might be an excellent strategy for producing recommendations within a one-year time period. The Commission could be charged with the task of identifying the policy changes required to "re-tool" for wellness.

In conclusion, our wish is to meet with you or designated staff to discuss these ideas in greater detail, and to coordinate our activities with the new Administration in order to assist in establishing a sustainable national health policy. We understand that you may be playing a key role in the development of national policies for technology, and would like to work with you, as these responsibilities relate to medicine and health care, and particularly to alternative and behavioral medicine. I will call in a few days to set up an appointment.

Sincerely,

A handwritten signature in dark ink, appearing to read "Janet I. Smith". The signature is fluid and cursive, with the first name "Janet" being more prominent and the last name "Smith" following in a similar style.

Janet I. Smith, M.S.
President

NATIONAL WELLNESS COALITION PRELIMINARY PROPOSALS FOR SUPPORTING WELLNESS IN NATIONAL HEALTH REFORM

The NATIONAL WELLNESS COALITION, in supporting President-elect Clinton's commitment to assuring the provision of health care for all Americans, urges the formulation and adoption of a wellness strategy that will ultimately shift the focus of our health care dollars from illness and crisis care to the promotion of health and well-being. A wellness strategy is needed to complement proposals directed toward restructuring the mechanisms of financing health care, recognizing that up to 90% of all physical and mental illness is a reflection of our economic, environmental, and social conditions.

The Coalition, founded by Dr. Bernie Siegel and other health leaders in October 1990, is a nonprofit 501(c)(3) public interest umbrella organization established to educate policymakers and the general public on the wellness movement, and its implications for policy and program development. The NATIONAL WELLNESS COALITION membership includes foundations, corporations, organizations of health and medical professionals, as well as representatives of medical, health, business, insurance, education, labor, and research institutions, public officials and members of the general public.

I. Wellness and Health Care Reform - Background

The elements of a new, more cost-effective model of health and medical care -- and of a society based on wellness -- is emerging, reflecting the public's growing understanding of the causes of illness, and how to promote health and well-being.

The enhancement of health and well-being through a wide variety of methods and programs in the health care system, in the home, the community, the workplace, and schools is demonstrating our ability to significantly improve the health and well-being of Americans while lowering health care costs and improving the productivity and profitability of American business. We must look to the most hopeful of these trends and programs as the basis for a national strategy for wellness -- a sustainable health care policy. In so doing, we will assure the most cost-effective, fiscally-responsible approach to national health reform.

Research conducted by Dr. Benson, Dr. Sobel, and many others demonstrates significant cost-savings for such care.

The comments of leaders (below) in the new field of behavioral medicine, which focuses on addressing the underlying causes of most illness, highlight the urgent needs for shifting the focus of medical and health care policies toward wellness in the areas of reimbursement, medical education and training, research and education.

* **David Sobel, MD**, Regional Director of Patient Education and Health Promotion for Kaiser Permanente Medical Care Program: "...nearly a third of patients visiting a doctor develop bodily symptoms as an expression of psychological distress. Another third have medical conditions which result from behavioral choices such as smoking, alcohol and drug abuse, poor diets, etc. And even in the remaining patients with medical disease such as arthritis, heart

failure or pneumonia, the course of their illness is often strongly influenced by their mood, coping skills, and social support. This critical mismatch between the real health needs of people and the usual medical response leads to frustration, ineffectiveness, and a gross waste of vital health care resources. This approach ignores the striking fact that what goes on in our heads - our thoughts, feelings and moods -- can have a dramatic effect on the onset of some diseases, the course of many, and the management of nearly all. Psychological and behavioral interventions can be developed to help patients more directly address their distress and, in the process, help them become less dependent upon medical care." (From a presentation to The National Institute for the Clinical Application of Behavioral Medicine, December 1992.)

* **Herbert Benson, MD**, President, and **Richard Friedman, Ph.D.**, Research Director, Mind/Body Medical Institute, Harvard Medical School: "... there is sufficient empirically-sound data to make a compelling case that behavioral treatments should become a routine aspect of medical care..... Patterns of behavior, regarding food, alcohol, tobacco, illicit drugs, sexuality and physical exercise are clearly involved in the pathogenesis of most chronic diseases. Furthermore, there is accumulating evidence that cognitive patterns, e.g., anxiety, anger and depression, also influence pathogenesis. It is therefore imperative that interventions specifically intended to alter problematic behavior patterns and problematic cognitive patterns be included in medical care.

Medical and behavioral research scientists have convincingly demonstrated that such interventions can result in positive changes in cognitive states, positive behavioral changes and most significantly, reductions in morbidity and mortality. The appreciation of such demonstrations by the biomedical community and the incorporation of such interventions into clinical practice is proceeding at a reasonable pace. However, the crisis in health care and the mounting pressure to contain the costs of such care, makes it imperative that the psychosocial, medical and economic significance of behavioral medicine be forcefully articulated immediately. (From a private communication to the National Wellness Coalition, December 1992.)

* **Kenneth R. Pelletier, Ph.D.**: "Between 1980 and 1990, the number of stress disability claims paid to California state workers increased by over 800%! There was a 434% increase in one four-year interval... The California Workman's Compensation Institute indicated the number of claims paid to be only 10% or less of the total number of claims filed during this last decade.... The most important development in understanding the interaction between mind and body has been the virtual explosion of research in psychoneuroimmunology ... or PNI. ... While there is always a time lag between a basic scientific discovery and its human application, the PNI research to date has focused only minimally on interventions.... Although this time lag is often attributed to the lack of conclusive data or the need for further research, it is equally attributable to the lack of a new scientific model, diminished government research funding controlled by an old-boy network, vested economic interests in a disease management industry, and professional barriers to giving authority to the individual patient who is no longer a passive recipient of pharmaceutical or surgical interventions. These same influences created the 30-year time lag between linking cigarette smoking to lung cancer and the current bans on smoking." (American Journal of Health Promotion, May/June 1992)

II. Policy Proposals for Wellness

A. In medicine and health care, promote the development of cost-effective models of the integrated delivery of biomedical and behavioral medicine and health care through necessary policy changes in the areas of financing, delivery, medical research, education, information, and administration/ regulation:

(1) Financing:

(a) Establish a minimum benefit package that assures access to care that is effective in promoting health and preventing diagnosable illness. Such care should extend beyond conventional methods of early detection to include education and care in stress management, diet and nutrition, physical exercise and other effective means of promoting behavioral change and reversing early signs of illness.

(b) Promote innovation and cost-effectiveness by allowing maximum flexibility (while also complying with standards of practice, licensure and certification) in the categories of caregivers that may be employed under mandated health plans.

(c) Establish levels of compensation that fairly reflect the scope of care provided and the amount of time required to provide it. This is now a concern of practitioners of behavioral medicine.

(d) Establish "demonstration projects" and other rewards and incentives for developing cost-effective models of health care that promote wellness.

(e) Provide full funding for all existing federal programs that focus on disease prevention and health promotion activities.

(2) Delivery:

(a) Allow maximum feasible choice (while also ensuring for safety and cost-effectiveness) for both the practitioner and the client in the treatment to be provided, and to the client in the practitioner to be selected.

(b) Promote the integration of biomedicine, behavioral medicine, and alternative medicine to enhance cost-effectiveness, optimum health, and to prevent fragmentation in the delivery of care.

(c) Promote the development of wellness support networks in schools, communities, and worksites.

(d) Develop a category of health decisionmakers or managers who are skilled in assessing clients, and who are thoroughly familiar with all available biomedical, behavioral, and alternative medical choices.

(3) Education:

Evaluate the needs for changes in curricula of medical schools, to accommodate the needs for a shift in medical practice toward wellness.

(4) Research:

(a) Undertake outcomes research for those methods of treatment which show promise of yielding the greatest cost-savings.

(b) Increase allocations for the NIH Office of Alternative Medicine and for the PHS' Agency for Health Care Policy Research to allow such evaluations to move forward expeditiously. Researchers and practitioners in the fields of behavioral and alternative medicine conservatively estimate possible savings of 15%-20% in health care costs through the widespread, combined use of alternative and behavioral medicine with conventional, or biomedical approaches.

(5) Information:

Develop data bases which are readily available to the general public to provide information on all methods of medical, health and self-care, including natural and alternative methods, that have been found to be effective.

B. Work/Home/Schools/Communities. Develop a comprehensive, targeted national strategy for wellness which addresses the underlying causes of illness -- including lack of self-esteem and social supports, excessive stress, and other behavioral and environmental factors -- and enhances Americans' ability to care for themselves.

(1) Programs at the worksite, in schools, in communities, and at home which have demonstrated positive outcomes should be examined as models to be emulated and promoted through tax credits and other cost-effective policies and programs. (See Senator William Cohen's 1983 proposal for worksite wellness programs, the Preventive Health Care Incentive Act.) Where cost-effectiveness has been demonstrated, such programs should not be seen as "perks," but as essential to the well-being of the nation.

(2) The crucial role of the federal government in permitting or limiting public access to cost-effective nutritional and dietary information and substances should be clarified in the context of national health reform. The growing trend to self-care should be supported through public access to all relevant data on health claims and efficacy of dietary and nutritional supplements. Undue restrictions on consumer access to dietary and nutritional supplements and health claims should be proscribed.

DRAFT

NATIONAL WELLNESS COALITION

WELLNESS 2000

A National Wellness Agenda: Creating Wellness for the Twenty-First Century

Preamble

Believing that:

** There is an inherent human desire and capacity for continuing progress toward improved levels of health and well-being, and for realizing our full potential in all areas of our lives;*

** This fundamental desire and its fulfillment is the vision that gave birth to this nation, and that today is carried in the hearts and minds of its people;*

** Today our progress toward this vision is impaired, as the cost of illness has continued to soar, and while our health and sense of well-being has declined;*

** Up to ninety percent of all illness in America results from unhealthy personal, social, economic, and environmental factors which we individually and collectively have the capability to correct;*

** The crisis in our health care system reflects broader and deeper concerns in our modern culture: the need for an increased emphasis on positive human values, including cooperation, community, honesty, justice, compassion, kindness, joy, beauty, and love;*

** This crisis requires our rededication to the highest values upon which this nation was founded, recognizing the need to work individually and collectively for the common good by providing an empowering, nurturing environment for all people;*

** Our future depends upon placing our highest priority on creating conditions that will enable our children and all future generations to reach their highest potential;*

** The crisis in health care demands an approach that is both comprehensive and cost-effective, one that simultaneously addresses the behavioral, social, economic, and environmental factors that underlie most illness, while it meets the need for universal access to a system emphasizing the prevention of illness, and the promotion of physical, mental, and spiritual well-being;*

** The wellness movement provides models for efficiently reforming our health care system and for achieving wellness in all areas of American life;*

** The achievement of wellness requires individual and collective commitment to addressing pivotal issues that will promote the vision and reality of wellness as the guiding focus for America in our homes and families, our communities, our systems of health care, our educational institutions, our places of work, the environment, our nation and the world.*

Therefore be it resolved that:

** The American wellness movement be embraced and celebrated as the most cost-effective approach to reversing runaway health care costs and declining health status as well as the means to realizing our full potential as individuals and as a nation;*

** "WELLNESS 2000" be offered as a practical and inspirational guide for those seeking to develop wellness agendas for individuals, families, communities, local and state governments, businesses, religious*

and educational institutions, and other key groups, in order to shift the focus of health policies and programs to wellness by the year 2000.

** A comprehensive national strategy for wellness be adopted and implemented, reflecting the many models across this nation for achieving wellness, to serve as a blueprint and catalyst for achieving individual, social, environmental, and economic wellness at local, state, and national levels;*

** The month of May be designated as "National Wellness Month."*

** The President of the United States be authorized and requested to issue a proclamation, calling upon the people of the United States to observe "National Wellness Month" through the promotion of initiatives for wellness in all key areas of American life: the home; the community; the educational system; the health care system; the worksite; the nation; and the environment.*

** Each State governor, the chief executive of the District of Columbia, each chief executive of each territory or possession of the United States, and each chief executive of each political subdivision of each State, territory or possession be urged to issue a proclamation, "WELLNESS 2000," or other appropriate official statement, calling upon citizens to formulate and implement wellness agendas in their communities and jurisdictions.*

These activities shall include planning and educational activities--

(1) to heighten public awareness of the broadest meaning and importance of wellness;

(2) to celebrate wellness in all areas of the life of the jurisdiction;

(3) to heighten public awareness of the great need for planning and implementing a wide variety of programs which will promote wellness in all areas of activity.

12/27/92

I. Wellness Principles

Realizing our full potential for optimal health and well-being requires the creation of nurturing, empowering environments which engender healthful lifestyles in all areas of activity for the individual, the family, community, the health care system, the educational system, the workplace, the nation, and the world. The following principles are basic to this goal:

For the Individual: Recognizing wellness as the natural state of being, individual wellness involves the achievement of one's full physical, mental, emotional, and spiritual potential. This requires self-knowledge, an appreciation of positive human values, self-esteem, a sense of personal empowerment and responsibility, a healthful environment, and a caring, nurturing community. Collective wellness depends upon the achievement of wellness by all individuals who comprise the whole.

For Home/Family: Wellness in the home/family involves a commitment to nurturing and sustaining each of the family members and the family as a unit in the achievement of individual and collective wellness.

For Community: Community wellness reflects the wellness of individuals, families, educational, health, business, government, and religious institutions and involves a collective, conscious commitment to working in partnership with wellness as the primary goal. Communities must develop, maintain, and promote environments that are physically, mentally and spiritually nurturing, healthful, safe and economically sustainable. Just as self-responsibility is required by individuals in promoting their own well-being, so institutions must take a probing look at their roles and responsibilities in promoting wellness.

For Health Care: An integrated wellness-based health care system is one that provides universal access to information on all cost-effective methods and to a humane, nurturing system that places a primary emphasis on disease prevention, the promotion of health and well-being, and care of body/mind/spirit.

For the Workplace: Wellness in the workplace requires occupationally and environmentally safe and healthful environments in which managers and workers are appreciated and rewarded for their individual contributions, thereby improving productivity and profitability.

For the Nation: National wellness requires policies that foster peace and economic, environmental, and social sustainability. Economic growth that is supportive of wellness must continuously and systematically "freshen" all forms of capital -- human, ecological, and technological -- balancing short-term consumption-driven objectives and longer-term

balanced investment objectives so that growth does not occur as an end in itself, at the expense of people and the environment.

For the World: Just as community and national wellness is dependent upon the wellness of individuals, families and communities, so world-wide wellness can only be achieved when all nations are well. This requires an international, conscious commitment to the implementation of policies based upon an understanding of the interconnectedness of all nations' activities in the areas of human rights, economics, the environment, agriculture, health and peace.

II. Wellness Policies and Practices

For the Individual: Universal access to education, information and programs in the following areas are considered basic to support and promote individual wellness:

(1) In self-care: methods of disease prevention and health promotion, including proper hygiene, nutrition, physical fitness, and stress reduction; education in self-esteem and positive human values; and occupational/financial skills;

(2) In health care: a system that emphasizes disease prevention and health promotion, and that provides an integrated approach to the healing of mind, body, and spirit when illness develops.

For the Family/Community: There are a wide variety of successful programs that are effective in promoting family and community well-being through the provision of counseling services, instruction in healthy lifestyles including diet/nutrition, exercise, relaxation, self-esteem, and conflict resolution, home-based care, parenting, family leave, and support in the care of children and aging parents. High self-esteem and strong social support promote healthy behaviors and are the best predictors of lifelong health. Such programs should be considered basic to the promotion of family well-being and should be offered as models to other communities.

Educational institutions are a particularly fruitful environment in which to promote wellness for future generations through programs which instruct in positive human values, self-esteem, personal hygiene, nutrition, and physical fitness as a part of the core curriculum; provide support services such as low-cost nutritious meals; counseling; and after-school programs that are supportive of community and family well-being.

For Health Care: The creation of wellness in health care requires new approaches in financing, delivery, research, medical and health education and informational systems, focusing on the promotion of health and well-being, the prevention of illness, and ethical practices. Regulation, licensure, and insurance reimbursement should facilitate access to all cost-effective forms of health care.

For the Workplace: Achieving wellness in the workplace requires an organizational culture that supports physical and mental health, self-esteem on the job, fitness and well-being, and employee development.

For the Nation: The achievement of wellness in the nation requires the strengthening of public health and environmental activities to provide for clean air, water, and land, and to restore and promote the ecology of the planet; universal access to a system of care based on the principles of wellness; and a new, comprehensive set of economic indicators to reflect the degree to which economic growth is fulfilling human needs, including the opportunity to fulfill potential for optimal health and well-being.

For the World: World-wide wellness requires national and international policies providing for peace, human rights, and economic and environmental sustainability. America should provide world leadership in the achievement of world-wide wellness, first by establishing such policies in the United States, and second by assisting other nations in meeting their needs for wellness. Policies promoting peace include agreements to dismantle all weapons of mass destruction by the year 2000; vigorous efforts to address the causes of violence; and to convert weapons industry programs into constructive, ecologically beneficial peacetime industries that meet human needs.

III. Model Wellness Programs

[This section in process]

IV. NWC Areas for Action

The NATIONAL WELLNESS COALITION will work to disseminate this agenda widely and to promote its implementation across the country, helping to establish wellness as the primary focus of our nation. The Coalition will focus its activities on the following areas of need:

Home/Family/Community: The NATIONAL WELLNESS COALITION will place a high priority on information-sharing of successful community models and fostering access to information and methods of care that are self-regulating and health-promoting and to programs that promote health and well-being in a variety of settings, such as programs that educate in self-esteem and positive human values.

Health Care: The NATIONAL WELLNESS COALITION places a high priority on promoting access to a cost-effective, integrated system that provides information on and access to all effective methods of care, especially those that are health-promoting and self-regulating. This requires changes in systems and programs of delivery, reimbursement,

medical research, and the education of health care professionals to promote the philosophy and methods of achieving wellness throughout the continuum of life and health.

Workplace: The NATIONAL WELLNESS COALITION will place a high priority on promoting programs that help corporations support individual, corporate, community and national needs for health and well-being through the development of an integrated approach to wellness, combining the goals of employee wellness programs with all other corporate management activities.

Nation: The NATIONAL WELLNESS COALITION will support policies and programs that address needs for an economy that is fully supportive of wellness and for new economic indicators which adequately measure the economy's role in promoting wellness.

World: The NATIONAL WELLNESS COALITION will establish linkages with other nations and international organizations to promote world-wide wellness.

11/18/92

The National Wellness Coalition
presents the

FIRST ANNUAL NATIONAL WELLNESS FORUM

Washington, D.C.
June 8 - 9, 1992

Wellness and Health Reform: Forging New Ground for the '90's

Monday, June 8, 1992 (Washington, D.C. Residence of Stuart Mott, 122 Maryland Avenue, N.E.)

5:30 PM - **Gala Reception** sponsored by the Human Potential Foundation

7:30 PM Dr. Bernie Siegel, Bobbie Siegel, guest speakers, and other friends and colleagues will present the First Annual Wellness Awards of the Coalition.

Tuesday, June 9, 1992 (Georgetown University Conference Center, 3800 Reservoir Road)

8:00 AM **Continental Breakfast and Registration**

8:45 AM **Welcome and Forum Overview**

Janet I. Smith, M.S., President, National Wellness Coalition

9:00 AM **Wellness: A Personal and Professional View, Bernie Siegel, M.D.**

10:15 AM **Break**

10:30 AM **Perspectives on Wellness - Panel**

Moderator: *The Honorable Claudine Schneider, Former Member of U.S. Congress*

Panelists: *Jeremy Wright, Itchen House, Ottawa (Economic Wellness)*

Morty Lefkoe, Lefkoe and Associates (Workplace, Wellness and Profitability)

James M. Rippe, M.D., U. of Mass. Medical School (Nutrition, Fitness, and Medicine)

Roger Mills, Ph.D., R.C. Mills & Associates (Self-Esteem & Community Wellness)

Evy McDonald, M.S., R.N., New Road Map Foundation (Self-Empowerment and "Terminal" Illness)

12:30 PM **Luncheon/Speakers** Gail Wilensky, Ph.D., Deputy Assistant to the President for Policy Development, White House

1:30 PM **The Changing Medical Model: Policy Implications - Panel**

Moderator: *George Keeler, M.D.*

Panelists: *George D. Lundberg, M.D., Journal of the American Medical Association;*

Stephen C. Groft, Pharm.D., NIH; Sandra McLanahan, M.D., Integral Health Center;

The Honorable Berkley Bedell, Former Member of Congress; James Gordon, M.D.,

Georgetown University School of Medicine

3:00 PM **Break**

3:15 PM **Our Changing Culture: Policy Implications - Panel**

Moderator: *Richard A. Lippin, M.D., ARCO Chemical Co.*

Panelists: *Myrin Borysenko, Ph.D., Mind/Body Health Sciences; Therman Evans, M.D.,*

CIGNA Corp.; Jerilyn J. Medrea, Champion International; Gwendolyn P. Keita, Ph.D.,

American Psychological Ass'n.; Neil Barnard, M.D., Physicians' Committee for Responsible Medicine.

4:45 PM **Sum-up and Next Steps: Dr. Bernie Siegel, Janet I. Smith, M.S. and Moderators**

5:00 PM **Close**

NATIONAL WELLNESS COALITION

Honorary Chairman

Bernard S. Siegel, M.D., F.A.C.S.
Exceptional Cancer Patients

Board of Directors

President

Janet I. Smith, M.S.A.M.

Secretary/Treasurer

George E. Keeler III, M.D.
Washington, D.C.

James M. Mulrooney
The Performance Group

Charlotte B. Travieso, M.S.
U.S. Dept. of Agriculture

National Board of Advisors

Michael D. Barnes
Arent, Fox, Kintner, Plotkin & Kahn

Jeffrey S. Bland, Ph.D.
HealthComm

Myrin Borysenko, Ph.D.
Mind Body Health Sciences, Inc.

Susan R. Cohen
Hill & Knowlton

Inge Corless, RN, Ph.D.
University of North Carolina

Larry Dossey, M.D.
Author, Lecturer

James S. Gordon, M.D.
Georgetown University
School of Medicine

Richard A. Lippin, M.D.
International Arts-Medicine Ass'n.

Issac Mathai, M.D.
International Holistic Health Ass'n.

Sandra McLanahan, M.D.
Integral Health Center

Kenneth R. Pelletier, Ph.D.
Johnson & Johnson
Health Management, Inc.

John Robbins
EarthSave Foundation

Gardner C. Rowbotham
Exceptional Cancer Patients

The Honorable Claudine Schneider
Former Member of U.S. Congress

C. Norman Shealy, M.D.
Shealy Institute for Comprehensive
Health Care

Nancy Snyderman, M.D.
Good Morning America

Charles Steinberg, M.D.
AIDS, Medicine and Miracles

Barry A. Sultanoff, M.D.
Bethesda Health Associates

The Honorable John Vasconcellos
California State Assembly

Andrew Weil, M.D.
University of Arizona
College of Medicine

WELLNESS 2000

On June 8-10, 1992 the NATIONAL WELLNESS COALITION held its **1st Annual National Wellness Forum** at the Georgetown University Conference Center in Washington, D.C. The topic: **"Wellness and Health Reform: Forging New Ground for the '90's,"** with keynote speaker **Bernie Siegel, MD**, world-renowned best-selling author and honorary chairman of the NATIONAL WELLNESS COALITION; **George Lundberg, MD**, editor of the Journal of the American Medical Association; **Gail Wilensky, Ph.D.**, deputy assistant to the President for policy development, White House, and many other outstanding leaders concerned with promoting wellness. This event marked the first time that key representatives from the ranks of government, medicine, health, academia, business, labor, insurance, and the media gathered together from across the nation to consider the implications of the wellness movement for health care reform and for the nation.

Speakers and participants explored how the wellness movement is transforming our perspectives on economics, business, medicine and health care, home and community, and the environment. Within this context, all attending this unique event saw that the concept of wellness provides a new, cost-effective framework for achieving affordable, effective health care for all Americans, and a healthy, prosperous nation. Proceedings of the Forum will soon be available for distribution, and a video based on the Forum is scheduled for production.

The Coalition also presented its First Annual Wellness Awards on the evening preceding the Forum, at a gala reception on Capitol Hill. Citing the need for outstanding role models representing the characteristics of wellness, **Bernie Siegel, M.D.**, **C.B. Scott Jones, Ph.D.**, President of the Human Potential Foundation, and Coalition Board member **George Keeler, M.D.**, presented the awards to television personality **Jenny Jones**, **Evy McDonald, RN**, a survivor of **Lou Gehrig's** disease, **Gardner Rowbotham**, a championship tennis player and recipient of a heart transplant at the age of 37, and Senator **Paul Tsongas**.

This first National Wellness Forum officially launched the Coalition's activities for the development of a National Wellness Policy Agenda, which is being designed to shift the focus of national health policy from illness to wellness by the year 2000. Many Coalition participants have been working on this national agenda, which will be concluded in the context of the Coalition's conference in June 1993, **WELLNESS 2000**. The Coalition will also be working in collaboration with many groups around the country to develop local wellness agendas, using the national document as a model and catalyst for reform. The first community to initiate such work with the Coalition is the City of Winchester, VA, the site of a Wellness Forum on October 22, 1992.

Wellness Watch

"No army can withstand the strength of an idea whose time has come." — Victor Hugo

A Call To Action

"We are now at a critical crossroads in which there is opportunity for significant, positive change"

The time to act is *now*. Public frustration with a health care system plagued by skyrocketing costs and declining benefits for dollars spent is now at an all-time high. Pressures for national health care reform are mounting. We are now at a critical crossroads in which there is opportunity for significant, positive change.

A Clear Choice — Wellness

To us at the **National Wellness Coalition**, the choice is clear: wellness, rather than illness and high-cost crisis intervention, must become the primary goal of national health policy. This will require fundamental restructuring of health care organization, delivery, financing, medical research and education.

Over the last decade a grassroots wellness movement has taken root among corporations, consumers and health professionals. Corporate wellness programs are now demonstrating a capacity to improve employee productivity while reducing health care costs. Many millions of Americans are making significant healthful changes in their styles of living, and opting for nontraditional methods of treatment, finding them to be effective, low-cost, low-risk alternatives to the use of drugs and surgery.

Now the policy implications of the wellness

movement, with its vast potential for significantly reducing costs and for improving health, are beginning to be explored.

The **National Wellness Coalition**, an umbrella public interest organization, has been established to provide a structure in which all organizations and individuals can work together to shift the focus of health care from illness to wellness. We believe that the time has come to address Americans' desire for a caring, humane and cost-effective health care system. We hope that you do as well, and that you will join with us to achieve this essential goal.

What You Can Do

- **Join the Coalition!** As a Coalition member you will receive this newsletter, discounts on meetings, conferences and Coalition publications, and be invited to participate in the Coalition's policymaking process.
- **Participate in the Coalition's national conference**, tentatively scheduled for June 1992, during which a national wellness policy agenda will be formulated. You may wish to serve as a co-sponsor or speaker or participate on the conference Steering Committee. Financial or in-kind support for planning is also needed.

Continued on Page 4

Inside this Issue

■ **Coalition Launches Campaign**

Page 2

■ **Why It's Time for a Wellness Policy Agenda**

Page 3

■ **Toward a National Philosophy of Wellness**

Page 3

■ **National Support for Wellness is Growing**

Page 4

■ **Membership Information**

Page 4

National Wellness Coalition

P. O. Box 3778

Washington, D.C. 20007

Honorary ChairmanBernard S. Siegel, M.D.
Yale Medical School**Chairman**Michael A. Greenberg, M.D.
Making Medicine Work**Board of Directors**

Rick Carlson

Epstein, Becker & Green

James Gibbons

Consumers United Insurance Co.

Kenneth R. Pelletier, Ph.D.

Stanford University School of Medicine

C. Norman Shealy, M.D.

Shealy Institute for Comprehensive Health Care

Barry A. Sultanoff, M.D.

Bethesda Health Associates

Charlotte B. Travieso, M.S.

U.S. Dept. of Agriculture

Janet I. Smith, M.S.A.M., *ex officio*

Executive Director and Founder

National Board of Advisors

Michael D. Barnes

Arent, Fox, Kintner, Plotkin & Kahn

Jeffrey S. Bland, Ph.D.

HealthComm, Inc.

Myrin Borysenko, Ph.D.

Mind Body Health Sciences, Inc.

James S. Gordon, M.D.

Georgetown University School of Medicine

Gerald G. Jampolsky, MD/Diane V. Cirincione

The Center for Attitudinal Healing

Issac Mathai, M.D.

International Holistic Health Association

Sandra McLanahan, M.D.

Integral Health Center

John Robbins

EarthSave Foundation

Gar Robotham

Exceptional Cancer Patients

Claudine Schneider

Former Congresswoman/Harvard Fellow

Charles Steinberg, M.D.

AIDS, Medicine and Miracles

The Honorable John Vasconcellos

California State Assembly

Andrew Weil, M.D.

University of Arizona College of Medicine

Leonard Wisneski, M.D.

George Washington University Medical Center

Coalition Launches Campaign

In a pioneering approach to national health care reform, the **National Wellness Coalition** has launched a campaign to promote the development of a national wellness policy agenda as the key to lowering costs and expanding access to care.

The Coalition is appealing to a broad base of interests among traditional and nontraditional medical and health groups, social service professionals, corporations, labor unions, environmental interests, as well as the general public to join forces in this effort.

To achieve its mission, the Coalition has begun developing a wellness policy agenda to serve as a catalyst and model for reform. Wellness Roundtables, a conference, and other public education and policy research activities are planned as part of the Coalition's strategy for change.

Attending its inaugural meeting, held in October to launch the Coalition's agenda-building process, were representatives of the AFL-CIO, American Medical Association, American Hospital Association, American Association of Retired Persons, American Nurses Association, Washington Business Group on Health, United Way of America, Georgetown and Johns Hopkins Universities, among others.

The following draft principles for wellness were provided to attendees to serve as a basis for a morning session of brainstorming:

Wellness Principles

1. Support the most cost-effective and appropriate conventional medical treatments and nontraditional methods;
2. Establish prevention, health promotion and wellness programs as the top priority of medical research and health care;
3. Provide the most humane and individualized treatment and care;
4. Provide for the education of health practitioners and consumers on methods of self-care and responsible health behaviors;
5. Provide for ready availability of health information on all treatment methods to all consumers;
6. Consider all environmental and social policies in terms of their effect on health and well-being.

Copies of the report on the meeting—which includes dozens of suggestions for restructuring health care—may be obtained by writing to the National Wellness Coalition. Non-members please include \$3 to cover shipping and handling.

Welcome to Wellness Watch

Welcome to the inaugural issue of Wellness Watch, the newsletter of the **National Wellness Coalition**. Wellness Watch will chronicle the emerging—and we think pivotal—role of wellness as a solution to the national crisis in health care.

In this first issue, we introduce you to the Coalition—its mission and perspective. Future issues will be devoted to spotlighting the people, programs, research, policies and other developments that are integral to the growing momentum of America's wellness movement today.

Toward a National Philosophy of Wellness

By Bernie Siegel, M.D., Honorary Chairman, National Wellness Coalition



*Dr. Siegel is Assistant Clinical Professor of Surgery, Yale Medical School, author of the national best-selling book *Love, Medicine and Miracles*, and founder of the Exceptional Cancer Patients program in New Haven, CT*

From my perspective, wellness is a philosophy which addresses the state of our minds and hearts as well as our physical state of being. It allows us to always find ways of improving our well-being, no matter where we are on the continuum of health; and it encourages and even requires an open mind toward new forms of treatment when traditional medical methods don't work.

How can we translate this philosophy into policy?

- We must evaluate our systems of financing, research, delivery and training in terms of the health outcomes of the people we are treating;
- We must de-emphasize the business of medicine;
- We must restore caring and healing as the primary focus of our health system;
- We must extend disease prevention and health promotion activities to all areas of health care; and
- We must recognize the effect that our environmental and social policies have on our well-being, and act accordingly.

In a very real sense, our wellness depends on how we treat ourselves, our planet and each other. And a national wellness agenda must reflect this awareness.

Over the last two decades, Americans' expanding health consciousness has led to dramatic changes in lifestyles and to the emergence of a broad array of methods for enhancing health and preventing and treating illness.

Within this context, wellness as a central focus of health care is clearly an idea whose time has come.

By joining with those who share our concerns about the problems confronting health care, the Coalition will work to ensure that wellness becomes a part of the solution. Please join us in this important undertaking.

Why It's Time for a National Wellness Policy Agenda

Costs

- Total health care costs now exceed \$650 billion, or 12% of the GNP.
- Medical plan costs have increased more than 45% in two years, and small businesses are experiencing increases up to 100%, leading to widescale cutbacks in employee health benefits.
- Societal costs imposed by preventable disease are now placed at more than \$680 billion annually.

Waste

- Studies by Harvard University, the Rand Corp., and Interstudy show that one-fourth to one-half of all hospital days, medical/surgical procedures and prescriptions are unnecessary.

Casualties

- In-hospital medical care results in injury or death to 3.7 percent of all patients—or more than 1.1 million injuries and over 150,000 deaths per year.
- In New York City, uninsured patients were found to enter hospitals sicker than insured patients, have shorter lengths of stay, receive fewer tests, and be more likely to die before discharge.

Research

- Medical research undertaken by Drs. Dean Ornish, Herbert Benson and others indicates that treatments such as nutritional medicine, meditation and exercise can often prevent the need for high-risk, high-cost care.

Public Support

- A high level of public concern with the state of the health care system was reflected in a 1988 Louis Harris & Associates survey which found that 89 percent of Americans "see the U.S. health care system as requiring fundamental change in its direction and structure."
- Over two-thirds of American companies, with 50 or more employees have some form of health promotion program.
- Public demand for nontraditional, low-risk approaches to health care is soaring. Over half of all Americans use alternative health methods, according to preliminary data from a recent Harvard University study.

National Support for Wellness is Growing

Among federal and state officials, interest in wellness as a cost-effective basis for reform is growing.

In Washington, D.C.

Oakar Universal Health Care Bill, H.R.8, Rep. Mary Rose Oakar (D-OH) includes many provisions for preventive health services.

Prevention First, S. 504, 505, 506, 507, 508, 509, 510, Sen. Tom Harkin (D-IA) moves toward establishing a bias for prevention in health care.

Federal Employees Health Care Freedom-of-Choice Act, H.R. 384, Rep. Mary Rose Oakar (D-OH) proposes direct payment of chiropractors, marriage and family therapists and mental health counselors.

Reform of the Health Benefits Program for Federal Employees, Rep. Gary Ackerman (D-NY), to be reintroduced this spring, provides for employee wellness programs.

The Nutrition Labeling and Education Act of 1990 allows foods and dietary supplements to carry truthful health claims.

Unconventional Cancer Treatments, a Congressional Office of Technology Assessment Report issued in September 1990, suggests policy options that would provide for the research of unconventional cancer treatments.

Healthy People 2000, the U.S. Public Health Service report issued in September 1990, establishes far-reaching goals for the nation to improve Americans' health.

In the States

Strategies to achieve the goals of

Healthy People 2000 are being developed in states and communities.

Legislative measures designed to protect public access to holistic medicine are receiving increasing support from state legislators in Alaska, Washington State, Maryland, New York and Hawaii.

"Our strained national pocketbooks can no longer continue to support illness at the expense of wellness. Total health care spending in the United States has reached over \$600 billion a year, with all but 3 per cent going to treat rather than prevent disease and disability ... The societal costs imposed by preventable disease are more than \$680 billion annually."

Sen. Tom Harkin (D-IA)

What You Can Do

(Continued from page 1)

- Contribute to Wellness Watch by writing articles, or by providing news releases and other information.
- Co-sponsor a Wellness Roundtable in Washington, D.C., focusing on a particular wellness policy issue.
- Sponsor or participate in developing a wellness model for the financing and delivery of care, capable of achieving significant cost savings and improvements in health status.
- Contribute financial or in-kind resources to the Coalition's development.

For additional information about these activities, contact Janet Smith, Executive Director, at (202) 872-5217. See the enclosed reply card for special donor recognition opportunities and a membership application.

Membership Application Form

National Wellness Coalition

P.O. Box 3778
Washington, D.C. 20007

- Yes, I want to join with the **National Wellness Coalition** in establishing wellness as the primary goal of our health care system.

Enclosed is my check for: \$ _____ *

Categories	1-Year	2-Year
Individual membership	\$35	\$60
Health Professional	\$45	\$80
Corporate		
— Under 100 employees	\$250	\$450
— 100-500 employees	\$500	\$900
— Over 500 employees	\$1,000	\$1,800

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

*All gifts are tax-deductible as allowed by law.

AL GORE CORRESPONDENCE ROUTING SLIP

Please initial : ?

I.D.# _____

Coder 1: _____

Coding checker: D. Henry

Data entry: _____

Proofer: _____

12-14-92

____ Priority mail. Personal friends of AGJ or VIP's. This does not include the village dogcatcher. Use your judgement, but be on the conservative side with this category.

1. ____ Congratulations letter. This is a very broad category and a large percentage of AGJ correspondence belongs here. Postcard response.

2. ____ Congratulations and/or opinions. This is for anyone who expresses an opinion but does not demand a specific response. Postcard response.

3. ____ Specific issues question. Writer wants to know where AGJ stands on a particular issue. This type of letter will receive an issue form letter response.

4. ____ Congratulations and helped with the campaign in some capacity.

5. ____ Re-route to other in house department. When in doubt, re-route!!!!

6. ☒ Requests - Circle one: Photo/Autograph Other *They want a meeting with Gore's staff*

7. ____ Get a Grip. This response only acknowledges the receipt of views. Men from Mars letters, etc.

8. ____ Special Handling. Anything that does not fit into another category. Be conservative with this category.

9. ____ This category is for letters that were sent to someone else and CC'd to AGJ.

10. ____ Threatening mail. Give to Matt, Julie, or John immediately. Book 'em Dano.

11. ☒ Scheduling. This category is for serious invitations.

12. ____ Casework/legislative issues.

13. ____ Inaugural : Tickets Info Other

14. ____ No response needed. No return address, hate mail, incoherent, etc.

15. ____ Kids mail. All that the name would imply.

16. ____ Foreign mail.

17. ____ Holiday greetings.

THE
NEW ENGLAND
COUNCIL

March 11, 1993

Mr. Ira Magaziner
Sr. Advisor for Policy Development
The White House
1600 Pennsylvania Ave., N.W.
Washington, D.C. 20500

Dear Ira:

I'm sorry your schedule did not permit you to participate in Wednesday's issues briefing for New England Council Directors in the Indian Treaty Room. I certainly understand that these are very busy times for you. Rick Kronick made an outstanding presentation on the Health Care Reform Working Group's agenda, and our members enjoyed discussing their concerns with him.

The Council would be honored to host a forum for you to discuss the Working Group's proposal once completed in early May. I would imagine that the medical and insurance communities in New England are among those groups the Administration would wish to reach out to after the proposal has been released. We have held several health care forums in Boston over the past few years, and have attracted over 250 representatives from the medical, insurance and business sectors at these events.

I hope you will keep this invitation in mind, as you plan the Working Group's activities after May 3.

Please be assured that the New England Council stands ready to assist you with this important task in the months ahead.

Sincerely,



Peter Meade
President and CEO

THE WHITE HOUSE

WASHINGTON

June 1, 1993

Herbert Benson, MD
President
New England Deaconess Hospital
185 Pilgrim Road
Boston, MA 02215

Dear Dr. Benson:

Thank you for your kind invitation to Mrs. Hillary Rodham Clinton. While Mrs. Clinton gratefully appreciates and welcomes the opportunity you have afforded, her schedule does not permit her to accept your invitation. On behalf of Mrs. Clinton, I regret that she will be unable to attend your meeting.

Reforming the nation's health care system is one of the most important challenges facing our country. The President's Task Force on National Health Care Reform is currently studying and debating the options for reform. The Task Force is seeking a wide range of input and invites you to submit any thoughts you or your organization may have.

The issues confronting our nation are daunting. With your help and support however, we can develop and implement a health care reform plan that best meets the needs of all Americans.

Thank you for your invitation. Your continued interest and support are deeply appreciated.

Sincerely yours,

A handwritten signature in black ink, reading "Alan L. Hoffman". The signature is fluid and cursive, with a long horizontal stroke extending to the left.

Alan L. Hoffman
Director of Scheduling
Health Care Task Force



**Deaconess
Hospital**

Mind/Body Medical Institute

**Harvard
Medical
School**



Herbert Benson, M.D., President
*Chair, Division of Behavioral Medicine
New England Deaconess Hospital
Mind/Body Medical Institute, Associate Professor of Medicine,
Harvard Medical School*

Barbara S. Kellman, Clerk

William J. Robinson, Treasurer

Trustees

Ann R. Roberts, Chair

Former President, Rockefeller Foundation

Herbert Benson, M.D.

Amey DeFriez

Concannon Division and Trustee

Robert H. Ebert, M.D.

Dean, Faculty of Medicine, Harvard Medical School, Emeritus

J. Richard Gattner, M.D.

President and CEO, New England Deaconess Hospital Corp.

Richard M. Hunt, Ph.D.

University Marshal, Harvard University

Francis X. Meaney, Esq.

Chairman, M.I. Strategies, Inc.

Payne W. Middleton

President, John Hay Whitney Foundation

Robert C. Moellering, Jr., M.D.

*Physician-in-Chief, New England Deaconess Hospital
Bridle Warren-Mullin Knott Professor of Medical Research,
Harvard Medical School*

Roger A. Perry, Jr.

Senior Consultant, New England Deaconess Hospital

Jospeh J. Schildkraut, M.D.

Professor of Psychiatry, Harvard Medical School

Arman R. Simone

Board of Directors, Marsh Corporation

Marc A. Slotnick

*Assistant Secretary, Executive Office of Communities and
Development, Commonwealth of Massachusetts*

Marilyn Wilcher

Principal, Custom, Litman

The Honorable Rya W. Zobel

United States District Court

Scientific Advisory Board

Joseph J. Schildkraut, M.D., Chair

Robert Ader, Ph.D.

*George L. Engel Professor of Psychosocial Medicine, University
of Rochester School of Medicine and Dentistry*

David J. Bohm, Ph.D.

*Emeritus Professor of Theoretical Physics, Birkbeck College,
University of London*

Daniel Coleman, Ph.D.

Contributing Writer, The New York Times

Steven W. Matthysse, Ph.D.

Associate Professor of Psychology, Harvard Medical School

Barbara J. McNeil, M.D., Ph.D.

*Head, Department of Health Care Policy, Radcliffe-Woods
Professor of Health Care Policy, Harvard Medical School*

Marek-Marek Mesulam, M.D.

*Professor of Neurology, Harvard Medical School
Senior Neurologist, Beth Israel Hospital, Boston*

Robert C. Moellering, Jr., M.D.

Claudine Schneider

Former United States Congressman, Rhode Island

Roger W. Sperry, Ph.D.

*California Institute of Technology, Board of Trustees
Professor Emeritus, Nobel Laureate*

Lewis Thomas, M.D.

*Shapour-Khanlou, Cornell University Medical College
Former President and CEO
Memorial Sloan-Kettering Cancer Center*

Richard Friedman, Ph.D.

Senior Consultant

Carol L. Wells, M.Ed., R.N.

Senior Consultant

Marilyn Wilcher

Principal, Custom, Litman

Priscilla A. Cohen

Senior Consultant

Priscilla A. Cohen

Senior Consultant

Priscilla A. Cohen

Senior Consultant

New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215
Tel. (617) 632-9525
Fax (617) 632-7383

*Ms
Give
to
Patti
probably a
specific date-
but not given*

February 22, 1993

Mrs. Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mrs. Clinton:

I have learned that an invitation has been extended to you by Linda S. Wilson, President of Radcliffe College, to inaugurate the 50th anniversary year for the Arthur and Elizabeth Schlesinger Library on the History of Women in America. I hope that if you accept the invitation, you would also consider being the keynote speaker at the Mind/Body Medical Institute, Harvard Medical School symposium on the role of wellness in health care which will be planned to accommodate your schedule.

The Mind/Body Medical Institute is a nonprofit organization comprised of a staff of highly, trained scientists, physicians, psychologists, nurses, social workers and educators. It evolved from my 25 years work in the field of Behavioral Medicine. I hold the Harvard Medical School Mind/Body Medical Institute Chair in Behavioral Medicine, the only chair in the world in this field.

Behavioral Medicine applies techniques which include relaxation, stress management, nutrition and exercise. These approaches facilitate reduction and prevention of medical and psychological illness. This multidisciplinary approach addresses the needs of the total patient and empowers people to achieve responsible self-care.

When a person engages in a relaxation technique such as progressive muscle relaxation, imagery or meditation, a series of physiologic changes occur which include decreased blood pressure, heart rate and muscle tension. These changes, which I labeled the "relaxation

response" were described in my best-selling book The Relaxation Response and continue to be the cornerstone of our clinical and research activities. My colleagues and I found that any disease or medical condition that is caused or exacerbated by stress can be helped by the relaxation response.

Highly successful, Behavioral Medical-Mind/Body outpatient clinics were established at Harvard Medical School teaching hospitals in the last fourteen years for conditions that include cardiovascular disease, symptoms of AIDS and cancer, insomnia, chronic pain, infertility, mild and moderate depression, headaches and anxiety. Since between 60 percent and 90 percent of visits to physicians are for stress-related problems, it is not surprising that Institute research has shown that these programs reduce the cost of medical care.

Our studies have demonstrated that:

- Chronic pain patients reduced their physician visits by 36 percent,
- Eighty percent of hypertensive patients had lowered blood pressure and decreased medications - 16 percent were able to discontinue all of their medications,
- Open heart surgery patients had significantly fewer post-operative complications,
- Seventy-five percent of insomnia patients significantly improved their sleep and reduced or entirely eliminated sleeping medications,
- Infertile women reported decreased levels of depression, anxiety and anger and a 34 percent conception rate,
- Women with severe PMS experienced 57 percent reduction in physical and psychological symptoms and
- Cancer and AIDS patients had significant decreases in the anticipatory nausea and vomiting associated with chemotherapy.

Furthermore, the Institute clinicians determined that these Behavioral Medicine interventions can be easily incorporated into a primary care setting. Whereas 20 years ago, this type of mind/body medicine was considered "alternative," it has now become mainstream.

The Institute recognized the importance of prevention and wellness and that the same skills given to patients could be taught to healthy children and adults to prevent medical and psychological problems from arising. The Institute is now disseminating its programs by teaching wellness and responsible self-care to students and teachers (K-12), medical students and health professionals, the corporate world and the clergy with wide spread acceptance. These programs result in increased self esteem, increased productivity and fewer symptoms of stress. Thus, the Mind/Body Medical Institute is uniquely positioned to help solve several of the nation's most vexing health issues from both the short-term therapeutic and long-term preventive perspectives.

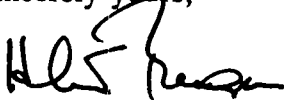
The Harvard Medical School symposium will focus on the role of wellness and prevention in health care from the governmental, clinical, corporate and community perspectives. It will be moderated by Dr. Timothy Johnson, Medical Editor of ABC News. Other participants will be experts in their respective fields who are committed to health-care reform.

We hope that you will seriously consider this opportunity to participate, share ideas and educate a large and diverse audience with a common interest in promoting wellness in health care.

Enclosed are materials that explain the Institute's work in greater detail.

Both Radcliffe College and Harvard University look forward to a positive response.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Herb Benson", written over the closing "yours,".

Herbert Benson, M.D.

Enclosures

cc: Linda S. Wilson, Ph.D.
Richard M. Hunt, Ph.D.

THE WHITE HOUSE

WASHINGTON

June 1, 1993

Linda Gustenhoven-Patterson, RN
Education and Research Coordinator
New Jersey Asthma Institute
Saint Michael's Medical Center
University Heights
268 Martin Luther King, Jr. Blvd.
Newark, NJ 07102

(revised letter 6/1)

Dear Ms. Gustenhoven-Patterson:

Thank you for your kind invitation to Mrs. Hillary Rodham Clinton. While Mrs. Clinton gratefully appreciates and welcomes the opportunity you have afforded, her schedule does not permit her to accept your invitation. On behalf of Mrs. Clinton, I regret that she will be unable to attend your meeting.

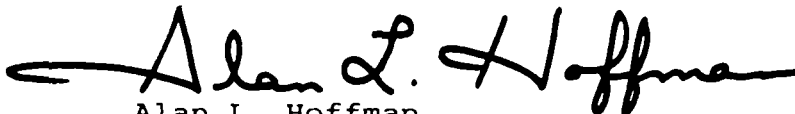
Recently, Mrs. Clinton has produced a video in which she addresses many issues confronting health care reform. If you are interested in obtaining a copy of this video, please contact Doug Thurman of the National Archives at 202-501-5705.

Reforming the nation's health care system is one of the most important challenges facing our country. The President's Task Force on National Health Care Reform is currently studying and debating the options for reform. The Task Force is seeking a wide range of input and invites you to submit any thoughts you or your organization may have.

The issues confronting our nation are daunting. With your help and support however, we can develop and implement a health care reform plan that best meets the needs of all Americans.

Thank you for your invitation. Your continued interest and support are deeply appreciated.

Sincerely yours,



Alan L. Hoffman
Director of Scheduling
Health Care Task Force

Open June
pgc # 908/965-9124



ACTIVE

HRC

Revised
for
5.5.93
LGP

"Dedicated to helping our community breathe more easily"

April 13, 1993

Executive Committee

Marc Adelman, M.D.
Medical Director
Benjamin Sajistein, M.D.
Treasurer
Richard Marshall, M.D.
Secretary
Marcia Reich
Executive Director
Jeff Warren
Cathedral Healthcare System
John Tesoriero
Cathedral Healthcare System
Frank Fumai
Saint Michael's Medical Center
Linda Gustenhoven-Patterson, R.N.
Education and Research Coordinator

Mr. Bart Hanford
C/O Task Force on Health Reform
The White House
1600 Pennsylvania Avenue
Washington, D.C., 20500

unspcc.

Dear Bart,

We are eagerly awaiting Mrs. Rodham-Clinton's response to our invitation to appear a guest speaker at our opening. I wanted to take this opportunity to pass along some additional information to Mrs. Rodham-Clinton that has surfaced in the media recently about Asthma. Articles like this help to alert the public to the importance of dealing with this critical health issue. I am sure that she already knows how devastating it is, especially to the inner-city population.

Thanks again for your consideration. We look forward to hearing from you soon.

Board of Advisors

Martin A. Wasserman, Ph.D.
Hoffman-La Roche
Keith Nalop, M.D.
Schering-Plough
Steve Wiggins
Oxford Health Plans
Fred Greenberg
John Pasquale III
Carol McKinney
Cathedral Healthcare System
Kate Khachaturian
Junior League

Consultants

Robert Guardabascio
Harold Vadney
Bari Adelman
Anne McDarby
Robert Pellechio

Sincerely,

Linda Gustenhoven-Patterson, R.N.
Education and Research coordinator
New Jersey Asthma Institute
Saint Michael's Medical Center

LGP/jas

Asthma diagnoses skyrocketing among children and adolescents

Los Angeles Times Wire service

LOS ANGELES—It began with a cough, usually at night.

For four years, little Jonathan Castillo coughed and sneezed. His parents were told that he was prone to colds, pneumonia and allergies. Doctors prescribed antibiotics and lots of cough syrup.

Finally, when Jonathan was 6, a doctor put a name on the boy's condition: Asthma.

But having a diagnosis did not mean that Jonathan was going to get the right treatment.

For another two years, the family battled repeated, life-threatening asthma attacks, when the passageways in Jonathan's lungs would narrow so tightly that he could scarcely breathe. They visited the emergency room almost weekly. Jonathan missed a total of one to two months of school in Valencia, Calif., each year. He fell behind. He felt bad. His parents were frustrated.

And they were not alone.

According to several new studies, asthma rates among children have skyrocketed during the last two decades—a baffling trend that experts say is accompanied by widespread ignorance and mismanagement of the condition.

For reasons that are unclear, rates among children and adolescents have doubled (and even tripled in some age groups) over 20 years, according to a recent analysis by the Mayo Clinic in Rochester, Minn.

Government officials report that more than 2.7 million children under age 18 have the disease. Asthma is the leading cause of hospitalization among children and the leading cause of school absenteeism.

Experts say the increase probably is caused by several factors, including greater outdoor air pollution, more airtight buildings that trap indoor pollutants, a rise in smoking among mothers and new kinds of viral infections.

But the worst part of the surge, health officials agree, is that children are often misdiagnosed or under-treated, while their families do not receive proper instruction on keeping the disorder under control.

"Even though we can't say what is causing the asthma increase, there are a lot of things we can do to prevent hospitalization and deaths," says Dr. Peter Gergen of the Washington-based National Institute of Allergy and Infectious Disease. "We know enough now to make a difference."

During an attack, the passageways to the lungs, bronchi and bronchioles constrict as tissues lining them swell and mucus accumulates. Symptoms include wheezing, coughing, sneezing, frequent colds, sinus trouble, rashes and itching. Attacks can be triggered by allergies, viral infections, exercise, or sensitivity to medications or chemicals.

In 1991, federal officials recommended redefining asthma as a chronic inflammatory condition, although traditionally it has been thought of as producing periodic lung spasms requiring emergency treatment. Now, health offi-

cials are promoting preventive care to limit severe attacks.

"A lot of recent work has been directed at the idea that asthma is not a short-term problem," Gergen says. "Children tend to outgrow asthma as they go through adolescence, but it tends to be a chronic problem until they outgrow it. Like all chronic diseases, asthma requires commitment and understanding of the therapy for good control—by both the health care provider and the patient."

But patient education and a detailed prevention strategy is something that a lot of children and their families are not getting.

"Asthma can be treated very successfully. But so often, families are led to believe that they have to settle for far less," says Sharron Reynolds, a nurse and program director for the Los Angeles chapter of the Asthma & Allergy Foundation of America.

Children's asthma rates are particularly high in the inner cities, experts say, possibly because youngsters there may not have access to long-term care and education.

Two years ago, federal officials began a seven-city study to determine the causes of asthma in inner-city children and how to address the problem. An initial report is expected next year.

"I suspect the issue of access to care and the ability to get and take medicines is the predominant reason" for such high rates, Gergen says.

Overall, the goal in managing asthma is to reduce the number of attacks by using preventive medicine, eliminating possible allergens and monitoring breathing capacity.

Two years ago, Nora Castillo decided to learn everything she could about asthma in hopes of helping Jonathan improve. What she found out astounded her.

"We were not doing anything preventively. We didn't even know preventive care existed," she recalls. "From the time he was 2 until about 8, all we were doing was treating the symptoms and putting out fires. It was exhausting and frustrating."

Eventually, the family took a class, called Asthma Care Training, offered to families nationwide. Castillo called the asthma foundation for advice, and with nurse Reynolds' help and their physician's cooperation, the family came up with a management plan.

They bought an inhaler to administer medication and a peak-flow meter to measure the openness of Jonathan's lungs. In addition, Jonathan began taking oral anti-inflammatory medication, and the family combed their house to reduce dust-gathering possessions that could trigger attacks. Out went the shag carpeting, curtains and quilts. Mattresses and pillows were encased in plastic.

Jonathan's emergency room trips have been reduced from about 45 a year to seven last year, his mother says.

"What we did made such a big difference," she says. "Jonathan (at age 10) feels better now, and he's concentrating and doing better in school."



Brooke Sander, 14, and her mother, Nancy. Brooke's medication has gone from the pile at left to Ventolin (mother's hand), Beclovent (large inhaler) and Zaditen (pill).

IN THE END, IT TOOK MIKE IVEY, 20, only a few minutes to die. Though he'd had asthma since the age of 11, Ivey was an energetic, active young man. He attended Catholic University in Washington on an academic scholarship and played varsity football while also holding down a full-time job and helping raise his 2-year-old daughter.

But when he was rushed to the emergency room last fall, gasping for air like a man drowning, Ivey was already doomed. Two weeks earlier, he had begun using his inhaler more frequently to open up his bronchial airways and breathe more easily. Apparently he didn't realize that his increasing need for the inhaler meant something deadly was happening to his lungs.

His cousin brought Ivey into Providence Hospital in Washington at 8:24 P.M. on Friday, Sept. 18. At 8:40, Ivey went into respiratory arrest; 10 minutes later, his heart stopped beating. By 9:50, after all attempts to revive him had failed, the young scholar, athlete, husband and father was declared dead of asthma.

"Seeing those lungs at autopsy, I don't know how he was even breathing," says Dr. Margaret Barron, chairman of emergency medicine at Providence. "Kids like him, who are young and in good physical shape — strong heart, no coro-

Robin Marantz Henig, a Washington-based medical writer, is the author of "A Dancing Matrix: Voyages Along the Viral Frontier."

Asthma Kills

*In spite of drugs—
and because of drugs—
the death toll rises.*

BY ROBIN
MARANTZ HENIG

nary artery disease — don't need that much oxygen to keep going. So they manage to just get by — until the bottom falls out."

THIS IS A SCENE THAT SHOULD HAVE DISappeared with an earlier generation. Yet young people are still suffocating because of an entirely treatable disease. Throughout the 1980's, while deaths from childhood illnesses were declining for just about every other disease (besides AIDS), deaths from childhood asthma were on the rise.

The death rate in 1989 (the last year for which figures have been compiled) was nearly double what it had been in 1979. Among 5-to-14-year-olds, the total number of asthma deaths is relatively low; most of the 5,000-plus people who die of asthma each year are elderly. But in the younger age group, the death rate has been increasing most rapidly, by an average of about 10 percent a year during the last decade.

The black-white gap in death rates also has been widening. In 1979, blacks were about twice as likely as whites to die of asthma; by 1987, they were three times as likely. And in the younger age groups, ages 15 to 44, death rates were about five times higher for blacks (as in the case of Mike Ivey) than for whites. Today, those most likely to die of asthma are poor, nonwhite, very old or very young and residents of inner cities, particularly the poorest neighborhoods of Chicago and New York. Asthma death rates in East



The increase in asthma is linked to the house dust mite, a microscopic bug that lives on dust specks, cast-off skin cells and traces of food.

Harlem, for instance, were nearly 10 times the national average in 1987.

Despite these sobering statistics, there remains a pervasive attitude, among physicians as well as patients, that asthma is not all that serious. Many people consider asthma a minor inconvenience, rather like hay fever, that most children eventually outgrow. This cavalier attitude may be the result, paradoxically, of the effective drugs now available to treat asthma symptoms. These drugs, known as beta-agonist bronchodilators, work so quickly and so well when inhaled that patients may be lulled into a false sense of security. A quick spritz helps them get their breath back within minutes, so they believe it always will. But if the underlying inflammation happens to be getting worse, as in the case of Mike Ivey, patients using inhaled bronchodilators might not even notice that their lungs are deteriorating until it's too late.

Two recent studies, conducted in Canada and New Zealand, suggest that asthma patients who rely most heavily on inhaled beta-agonist bronchodilators run twice the risk of dying. These observations might simply mean that the sickest people use the most drugs. But they could also be traced directly to the way the medication works. By opening airways that are normally constricted in an asthma attack, beta-agonists might actually expose the lungs to more of the very substances that damage them, hurtling the asthmatic individual down a dangerous spiral.

Even doctors don't fully appreciate asthma's power to kill. "It's an orphan disease from the point of view of the doctor's knowledge," says Dr. Peter König, director of the pulmonary and allergy division at the University of Missouri School of Medicine at Columbia. "I don't be-

lieve doctors would treat hypertension or diabetes with the same lack of understanding."

Not only is the asthma death rate rising, the prevalence rate for childhood asthma is going up, too. In 1981, 3.2 percent of American children under 18 had a diagnosis of asthma. By 1988, the proportion had grown to 4.3 percent, for a total of nearly three million children. Some of the increase can be attributed to better diagnosis; for years, physicians failed to recognize that childhood asthma often occurs without wheezing and would misdiagnose a chronic cough as sinusitis or recurrent bronchitis. But even taking this factor into account, experts believe there has been a real, worrisome increase.

"Just about every industrialized country where the pattern of asthma prevalence is studied has noticed an increase," says Dr. Kevin B. Weiss, an internist and epidemiologist at the George Washington University School of Medicine in Washington.

"When you see dramatic changes, you have to look for dramatic exposures." Among the most likely reasons for the increase in prevalence is the sharp rise in exposure to indoor allergens — like house dust mites and cockroaches.

As scientists investigate the mystery behind the rise in asthma deaths, and the slower but still steady rise in asthma prevalence, they are gathering new insight into the disease itself. Many now say that an emphasis on treating symptoms, most commonly with beta-agonists, has been misplaced. They say that for most patients asthma therapy should more properly resemble hypertension therapy — with anti-inflammatory drugs given on a regular schedule no matter how the patient feels — because asthma, like hypertension, can do its underlying damage silently, without

symptoms. And they say that more attention must be focused on the cause and on eliminating the common indoor allergens that initiate the disease.

THE SYMPTOMS OF ASTHMA include wheezing, coughing, shortness of breath and difficulty in breathing out. During an asthma attack, as airways narrow, a person has a growing sensation of impending suffocation. This is often accompanied, not surprisingly, by the physical signs of panic: rapid heartbeat, sweating, dizziness. "What I remember most about attacks is watching her straining to lean forward to cough, her eyes bug-ging out of her head," says Nancy Sander of Fairfax, Va., whose 14-year-old daughter has had asthma since she was born. "But she didn't seem to be frightened; she seemed to just want air."

For most young people, the underlying process of asthma is an allergic response. Not every child with allergies has asthma, and not every child with asthma has allergies. But the relationship is extremely close. "In our experience, 90 percent of asthmatics under age 16 have allergies," says Dr. Michael A. Kaliner, chief of the allergy branch at the National Institute of Allergy and Infectious Diseases in Bethesda, Md. "That's such a striking association that you can't dismiss the cause and effect. Once you have allergic asthma, your airways are more irritable. Then exposure to any irritant — exercise, cold air, a freshly painted room — can set off an attack."

Just as hay fever is an allergy in which the target organs are the eyes and throat, asthma is an allergy in which the target organ is the lung. It tends to occur in families where allergies are common. "People are born predisposed to have allergies and asthma," says Dr. Robert A. Wood, director of the pediatric allergy clinic at Johns Hopkins Hospital in Baltimore. "Allergy-prone people have a higher chance of developing allergies to whatever they are exposed to early in life."

The critical period of allergen exposure needed to begin an allergy seems to come surprisingly early, both for allergies that lead to asthma and for hay fever. According to several Scandinavian studies of hay fever victims, people tend to become allergic to whatever is circulating in the air in the first two or three months of life. In Helsinki, this means that babies born in February, March or April are more likely to develop hay fever, since birch tree pollen — one of the main environmental allergens in southern Finland — is at its height in early spring.

Asthma, on the other hand, tends to be associated with allergens found indoors, like dust mites, ani-

mal dander, cockroach droppings and secondhand cigarette smoke. In airtight modern schools and homes, exposure to these indoor allergens is pervasive — and on the rise.

The culprit most commonly responsible for inducing asthma seems to be the house dust mite, a microscopic bug that lives on dust specks, cast-off skin cells and tiny traces of food. "The dust mite thrives on increased humidity and warmth," Wood says. "It's fairly clear that dust mite exposure has increased over the past 10 years, in large part because of changes in home construction during that time."

In a classic study conducted in 1990, Dr. Thomas A. Platts-Mills and Dr. Richard Sporik led an English team that looked at about 85 children born into allergy-prone families, following them from birth to age 11. They found that children who grew up in the homes with high levels of dust mites were much more likely to have asthma, and to have more severe asthma, than children from the homes with low levels. The most critical period of exposure was before the age of 2.

Other studies have suggested a similar association between dust mite exposure and asthma genesis — though not necessarily exposure during the critical period of early childhood. In a remote region of the Papua New Guinea highlands, for instance, investigators in the early 1980's detected a stunning increase in asthma incidence — by some accounts, more than fortyfold — in the space of little more than a decade. During that period, the researchers found, a social change had taken place that might have accounted for the dramatic trend: people had begun to use cotton blankets at night. The blankets, it turned out, were a good environment for dust mites.

Another important contributor to the increase of childhood asthma in this country is maternal cigarette smoking. "The group in whom cigarette smoking has increased most dramatically in the U.S. since the early 1970's is women of childbearing age, between 15 and 35," says Dr. Scott T. Weiss, associate professor of medicine at the Harvard Medical School. "All other groups have gone down. But in this age group, the prevalence of smoking, which was once 5 percent, is now about 25 to 30 percent." Weiss and his colleagues analyzed data collected for the Federal study known as the National Health Interview Survey and found that in children whose mothers smoked during the early years, the risk of developing asthma more than doubled.

Significantly, Weiss found that the relevant period in a child's life for exposure to a mother's smoking begins in utero and ends at about age 3. After that, passive smoking no longer seems to increase asthma

(Continued on page 50)

ASTHMA

(Continued from page 44)

incidence. But it does worsen asthma in children who already have it. "If an asthmatic child lives with a smoker in the home," Weiss says, "the child is more likely to be hospitalized."

THE UNDERLYING PROBLEM in asthma is bronchial hyper-responsiveness, more commonly known as "twitchy" lungs. Like the eyes and nose of a hay fever sufferer, the bronchi (the tubes through which air gets into the lungs) of an asthmatic are easily irritated. They go into spasm, secrete excess mucus and tighten in the presence of substances that would be quite harmless to ordinary airways. This extreme sensitivity probably is genetically programmed. "Hyper-reactivity has been shown to be present in asthmatics very early in life," König of the University of Missouri says. "And just to confuse the picture, it's also present in healthy relatives of asthmatics."

He says twin studies show that identical twins are more likely to be concordant for hyper-reactivity — that is, either both hyper-reactive or both normally reactive — than fraternal twins. This suggests a genetic base for twitchiness because identical twins share exactly the same genes, while fraternal twins do not.

Being born with unusually sensitive airways, then, seems to be the first stage in asthma genesis. The second stage is bronchospasm, in which the muscles surrounding the bronchi constrict, narrowing the tubes and limiting how much air can get to the tiny air sacs of the lungs. As these muscles constrict, the bronchi also start secreting mucus, and their linings begin to swell. This is the "early response" of an asthma attack, with all its frightening symptoms. This phase will last for half an hour to two hours unless treated with a bronchodilator, which works within minutes to release the tightened muscles and open up the airways again.

But drugs that relax muscles may not be sufficient in allergic asthma attacks. Several hours after the early response has abated, the immune system kicks in

with a "late response" that releases substances normally needed to fight infection. This misguided immune response causes an inflammation of the bronchial linings that can last up to 12 hours, even when bronchodilators have eased the immediate problem. The already twitchy lungs are even more easily irritated, setting up conditions for another, perhaps more serious, attack.

Five or 10 years ago, asthma control meant treatment of the bronchospasm — that is, occasional, symptomatic treatment of acute attacks — without much regard to the underlying condition. Now experts consider it more important to treat the chronic inflammation, to prevent attacks in the first place and to limit long-term damage to the lungs. This shift in philosophy has brought the drugs most commonly used to treat bronchospasm, the beta-agonist bronchodilators, under new scrutiny.

ONE OF THE BIGGEST controversies among asthma specialists is whether inhaled beta-agonists are being misused. Having a beta-agonist bronchodilator in your pocket (sold under the brand name Brethaire, Maxair, Proventil or Ventolin) is usually enough to make an asthmatic believe the disease is entirely under control. And most asthma specialists agree that these are, as Kaliner puts it, "wonderful drugs, which provide quick, effective relief for most individuals, usually within about 15 minutes and lasting for 4 to 6 hours."

But the proper place of bronchodilators in the overall management of asthma is being reassessed. "A focus on bronchodilators as the only therapy is inappropriate," Kaliner says. "It's symptomatic therapy. It has nothing to do with the healing process."

By removing the warning signs that usually lead an asthmatic to get out of the way of the substances that can set off an attack, bronchodilators keep the lungs open and exposed to potentially dangerous allergens.

"If you keep the patient with asthma completely bronchodilated, you enable

him to do things he shouldn't do, like stay around allergens," says Platts-Mills, who is now head of the division of allergy at the University of Virginia School of Medicine in Charlottesville. Say a little boy has a cat allergy that sets off the wheezing and shortness of breath of an asthma attack. If he's in a room with a cat, his symptoms worsen and he gets out of there fast. But if he inhales a dose of a beta-agonist bronchodilator, he might sit in the room with the cat for hours, playing or watching television without any discomfort. The result: more antigen gets into his lungs, which leads to more inflammation and a worsening of the airways constriction that leads to attacks in the first place.

IN FEBRUARY 1992, A large-scale Canadian study showed a surprising relationship between the increasing use of bronchodilator and the increasing likelihood of death from asthma. "An increased risk of death or near-death from asthma was associated with the regular use of inhaled beta-agonist bronchodilators," wrote Dr. Walter O. Spitzer of McGill University in Montreal.

When the study first appeared in *The New England Journal of Medicine*, many patients became frightened of their own inhalers. "We received probably 1,500 calls in two weeks," says Nancy Sander of Fairfax, Va., president of the Allergy and Asthma Network, a self-help group founded seven years ago under the name Mothers of Asthmatics. "People were afraid their drugs were killing them and they wanted to take themselves off them. We tried to convince them all to talk to their doctors first."

For some people with asthma, including Sander's daughter Brooke, daily use of beta-agonist bronchodilators is part of the overall treatment plan. Brooke's asthma is severe enough, says her mother, that in spring, when pollen counts are high, she takes a dose of Ventolin four times a day in addition to her other asthma medications, no matter what her symptoms are.

In response to the worrisome reports about chronic use of beta-agonists, the American Academy of Allergy and Immunology is about to publish a position paper on

beta-agonists, emphasizing the need to monitor how much of it a patient is using. Anyone who comes to rely on more than one canister a month — each canister contains 200 metered doses of medication — is experiencing too many acute attacks and needs to adjust the basic underlying therapy, according to the academy.

"Although there is no proof that regular inhaled beta-agonists as a class increase morbidity and mortality in asthma, such a possibility exists," the academy's statement reads. "Gradual withdrawal of non-essential doses should take place until the patient is only using the medication pre-exercise, or for 'breakthrough' acute asthma symptoms."

Most asthma experts, led by those at the National Institutes of Health, say the first line of defense is anti-inflammatory drugs. Indeed, chronic, long-term, continuous treatment with anti-inflammatory medications — which are also generally given via aerosol inhalers — is the new hallmark of asthma therapy.

Two types of inhaled anti-inflammatories are available: cromolyn sodium and steroids. Cromolyn (sold under the brand name Intal) has virtually no side effects, but it can be quite costly — about \$60 to \$70 a month — and it doesn't work for everyone. "About half of all asthma patients get a good response to cromolyn, but it takes at least two weeks to see effects," Kaliner says. "With steroids, there's more reliability, it acts quicker [within three to five days] and the results are easier to see."

Inhaled steroids (sold as Aerobid, Azmacort, Beclovent and Vanceril) are quite effective and relatively inexpensive — about \$25 a month — but many physicians are loath to prescribe them, especially to children, because of potential side effects. (The glucocorticosteroids prescribed for asthma are unrelated to anabolic steroids, which are misused by some athletes to build muscle mass.)

"The typical low doses used for inhaled steroids are probably very safe, even for children," says Wood of Johns Hopkins. "It's only a tiny minority of children who need steroid doses so high that they run into problems." Long-term use of the

highest doses of oral steroids can delay growth, thin bones and cause stomach ulcers.

But even anti-inflammatory drugs, promising as they are in preventing the complications of asthma, are no panacea. "In the past 10 or 20 years, there's been a massive increase in the sales of inhaled corticosteroids but no corresponding decrease in hospitalization," says Platts-Mills of the University of Virginia. Part of the explanation may be that something other than inflammation is going on in the asthmatic lung — bronchial hyper-reactivity. No drug currently available adequately deals with hyper-reactivity, although researchers hope that some compounds under development will be able to interfere with the asthmatic process at an earlier stage, keeping the lungs from responding to allergens in the first place.

THE NEW APPROACH TO asthma management means that patients, even very young ones, must take an active role in their ongoing care. Central to this is the use of a home device known as a peak flow meter. Like other devices used to monitor chronic conditions — blood pressure cuffs for hypertensives, urine dipsticks for diabetics — peak flow meters can indicate underlying problems long before they become symptomatic.

Brooke Sander, for instance, uses her peak flow meter daily in the morning, breathing forcefully into a short hollow tube that records the rate of air she can force out of her lungs. If her peak airflow drops below a particular level, Brooke increases her medication accordingly. If it drops farther still, she informs her mother and her doctor. With this routine, Brooke has stayed out of emergency rooms for eight years.

Present knowledge has come a long way from a generation ago, when childhood asthma was considered a psychosomatic illness caused by an over-demanding mother and a high-strung child. But now that the origins of asthma are more accurately understood, the next steps are to stop the troubling rise in asthma incidence, to treat it aggressively day in and day out and to give this potentially deadly condition the respect it deserves. ■

Dear Bart,

We are eagerly awaiting Mrs. Rodham Clinton's response to our invitation to appear as guest speaker at our opening. I wanted to take this opportunity to pass along some additional information to Mrs. Rodham-Clinton that has surfaced in the media recently about asthma. Articles like this help to alert the public to the importance of dealing with this critical health issue. I am sure that she already knows how devastating it is, especially to the inner-city population.

Thanks again for your consideration. We look forward to hearing from you soon.

Hilary Rodham Clinton
c/o Task Force on Health Reform
The White House
1600 Pennsylvania Avenue
Washington, D.C., 20500

Senator Frank Lautenberg
c/o Cynthia Bailey
Director of Scheduling
506 Hart Senate Office Building
Washington, D.C., 20510
ATTN: CYNTHIA BAILEY

Senator Bill Bradley
731 Hart Senate Office Building
Washington, D.C., 20510
ATTN: Hugh Drummond

Mr. Eric Howard
c/o Allison Bates
Football Giants
Giants Stadium
East Rutherford, New Jersey 07073

Governor Jim Florio
Office of the Governor
CN 001
Trenton, New Jersey 08625
ATTN: Scheduling

Col. Justin Dintin
Division of the State Police
Box 7068
West Trenton, New Jersey 08626

Thomas C. O'Reilly
Chief of Police
Newark Police Department
31 Green Street
Newark, New Jersey 07102

William Celester
Police Director
Newark Police Department
31 Green Street
Newark, New Jersey 07102



NEW JERSEY CHILDREN'S MUSEUM, INC
the interactive learning and play center

PHOTOCOPY
PRESERVATION

Please come visit!
We'll let you use a stethoscope!

Anne R. Sumers, M.D.
Executive Director

599 Industrial Avenue
Paramus, New Jersey 07652
TEL: (201) 262-5151
FAX: (201) 262-0560

February 25, 1993

Stephanie Street
Office of Scheduling
c/o The White House
1600 Pennsylvania Avenue
Washington, D.C.

Anne

Dear Ms. Street,

We were thrilled to hear that President Clinton will be visiting New Jersey next week. We would love to have a visit to the New Jersey Children's Museum in Paramus, just north of Rutgers University.

Why should President Clinton visit us?

1. We are an educational, interactive learning and play center for children under 8; we welcome children from all over New Jersey including many from urban inner cities and show them that learning is fun! We have a real fire engine to climb into, a real helicopter, a medieval castle with costumes, and 40 other exhibits.

2. We were founded just one year ago in an abandoned warehouse and in our first year we had over 120,000 visitors including 1000 school groups. We employ over 25 staff members, including the physically challenged, minorities, and even some men (just a little joke!). Without any government funding (not federal, not state, not local) we've demonstrated that because New Jerseyans are interested in educating their children, a museum can be self-supporting and successful.

3. It's a wonderful, fun photo opportunity. We've been visited in the past by Congresswoman Marge Roukema and by ex-President Bush's daughter Doro, and the photos of the children interacting with the V.I.P. visitors. President Clinton might enjoy our prehistoric cave with fossils and cave paintings, Hillary Rodham Clinton might like trying out stethoscopes and reading M.R.I.'s with kindergarteners in our hospital exhibit, and the Gores might like learning about sea stars, hermit crabs, and frogs from our first grade visitors.

President Clinton can demonstrate his support of education, his interest in children, his sense of humor and fun, and his recognition that new ventures can succeed, even in the 90's!

Please come visit!

Anne Sumers MD



State of New Jersey
DEPARTMENT OF HEALTH

CN 360

TRENTON, N.J. 08625-0360

unspec

March 23, 1993

First Lady Hillary Rodham Clinton
Chair of Health Care
Health Care Task Force
Room 287
Old Executive Office Bldg.
Washington, D.C. 20500

Dear Mrs. Clinton:

On behalf of the State Health Planning Board of the State of New Jersey Department of Health, I would like to extend the services of selected members of the Board to meet with you in Washington, D.C. to discuss health care planning. New Jersey has a unique regionalized structure for health care planning with appropriate representation at the State level which allows the voices of the grassroots to be heard at the highest level of the State Department of Health.

In your work as Chair of Health Care, Health Care Task Force, you may find the New Jersey system, or specific aspects of it, useful in your formation of a national model for health care reform. Under separate cover, we will be sending you a document entitled, "Confronting the Crisis", which highlights some of the health care reform measures that New Jersey has succeeded in implementing over the past few years.

I understand that you are working within a strict timeframe and assure you that, if desired, selected members will respond at your convenience. You may contact Ms. Susan L. Marks, R.N., M.B.A., Executive Director, Office of Boards & Council, New Jersey State Department of Health, at (609) 292-9382 for further information and to arrange a meeting.

Sincerely,

Mariagnes E. Lattimer

Mariagnes E. Lattimer, Ph.D.
Chairperson
State Health Planning Board

c. Bruce Siegel, MD, MPH,
Commissioner of Health
SHPB Members

HEALTH CARE TASK FORCE SORTING SHEET

CODER: _____

INPUT DATE: _____

GENERAL SORT:

POSTCARD 1: ☐ General mail ☐ Personal stories
 ☒ Other Health Providers ☐ Letter Campaign

State Health Commissioner

POSTCARD 2: ☐ Offers to help/Employment

FORM LETTER: ☐ Letterhead ☐ Policy ☐ Physicians

REROUTE: ☐ Casework ☒ Scheduling ☐ President ☐ Other

VIP Handling

POLICY AND PERSONAL STORIES:☐ **ORGANIZATION (I)**

- ☐ insurance premiums
- ☐ insurance reform
- ☐ insurance pools
- ☐ boards and oversight

☐ **COVERAGE (II)**

- ☐ working families
- ☐ unemployed/low income
- ☐ benefits
- ☐ providers

☐ **INFRASTRUCTURE/WORKFORCE (III)**

- ☐ quality assurance (guidelines)
- ☐ administration, reimbursement
 & information systems
- ☐ malpractice & tort reform
- ☐ manpower issues (training)
- ☐ unnecessary procedures

☐ **GOVERNMENT PROGRAMS (IV)**

- ☐ medicare
- ☐ medicaid
- ☐ veterans
- ☐ DoD
- ☐ Indian health

☐ **COST ISSUES (VI)**

- ☐ drug prices
- ☐ physician fees
- ☐ hospital fees
- ☐ medical equipment
- ☐ fraud & abuse

☐ **FINANCING (VII)**☐ **MENTAL HEALTH (IX)**☐ **LONG-TERM CARE (X)**☐ **PUBLIC HEALTH/
SPECIAL POPULATIONS (XII)**

- ☐ prevention
- ☐ AIDS
- ☐ women's health
- ☐ immunizations/children
- ☐ rural
- ☐ urban

☐ **OTHER** _____

HAMPTON ROADS NEUROLOGY, INC.**500 J. CLYDE MORRIS BOULEVARD****NEWPORT NEWS, VIRGINIA 23601****WILLIAM O. HARRIS, JR., M.D.****JAMES E. KOPP, M.D.****THOMAS J. REAGAN, M.D.****PATRICK B. PARCELLS, M.D.****H. BLAIR MARSTELLER, M.D.****Riverside Hospital
594-2767****Hampton General Hospital
727-7148****FACSIMILE FACE SHEET
HAMPTON ROADS NEUROLOGY
FAX# (804) 594-4747**TO: Alan HeymanFROM: Dr. Patrick ParcelsDATE: 4/5/93NUMBER OF PAGES(including this cover sheet): 3If you have any questions call# 594-2767 Sharon

NEWPORT NEWS MEDICAL SOCIETY
P. O. Box 1687, Newport News, VA 23601 • (804) 596-7035

PRESIDENT:

Patrick R. Parcells, M.D.

VICE PRESIDENT:

John C. Gretee, M.D.

SECRETARY/TREASURER:

Debra A. Hamby, M.D.



Mrs. Hillary Clinton
C/O Patty Solis
Office of the First Lady
OEGB
Washington, DC 20500

January 26, 1993

Dear Mrs. Clinton:

As president of the Newport News Medical Society I would like to extend an invitation to you to speak at our annual combined meeting of the Newport News Medical Society and the Newport News Bar Association.

We feel as though your legal background as well as your position as head of the task force for health care reform certainly places you in a unique position in addressing issues of importance to both our societies.

This meeting is being held on Tuesday, April 20th in Newport News, Virginia at the James River Country Club. There would be approximately 400 people in attendance. The meeting begins at 6:30 with cocktails from 6:30 to 7:30. There is dinner at 7:30 and then generally a speaker at approximately 8:00. Our format in the past has been that the speaker will talk for 30-45 minutes and then answer any questions from the gathering.

If you would wish to speak but this date is not suitable, we would be happy to change our date to accommodate your schedule. Also, if you are able to attend and it appears that a larger number of persons from the Medical Society and Bar Association would attend it may be that the Country Club could not accommodate a greater number. The total combined membership of the Medical Society and the Bar Association is probably more than 500 and it might be necessary to consider changing the location of the meeting to another venue, such as the Conference Center at the Omni Hotel in Newport News.

- 2 -

I hope that you will consider our invitation to speak and I would be happy to answer any questions that you may have. You may reach me at my office at (804) 594-2771 or forward any correspondence to my office at 500 J. Clyde Morris Boulevard; Newport News, Virginia 23601.

Thank you in advance for your consideration.

Sincerely yours,



Patrick R. Parcells, M.D.

PRP/skb

Dear Mr. Hoffman,

This is original letter. I appreciate your help. You can reach me at above address or phone number.

Thank you.

Sincerely,





One Media Crossways
Woodbury, New York 11797

Telephone: 516/496-1766

February 5, 1993

Mrs. Hillary Rodham Clinton
The White House
Washington, DC 20500

Dear Mrs. Clinton:

Let me start by introducing myself and the organization I represent. I am Special Projects Producer at News 12 Long Island, a 24-hour regional cable news station that reaches 650,000 homes. We are the main source of news for Long Islanders.

As Special Projects Producer, I am putting together a series and town meeting concerning our troubled youth. Long Island has been home to two national stories involving children -- Katie Beers, the abused little girl who was kidnapped and held in a dungeon; and, of course, the Long Island Lolita, Amy Fisher. These two stories have caused us to look at what ails our children and to examine the system that is designed to look after them.

Your dedication to the improvement of our children's welfare is admirable. It is for this reason I respectfully invite you to participate in a 2-hour live town meeting which will explore the problems our youth are faced with and, hopefully, come up with some feasible solutions. It would be an honor to have such a distinguished children's advocate on our panel.

The panel will consist of local government officials, service agency representatives, social workers, educators, religious leaders, and most importantly, kids. I am truly excited about this program. I am hoping that it brings the focus back where it belongs -- on our children, on our future. The town meeting will be held Thursday, March 18th, from 7:00 pm until 9:00 pm. News 12's studio is located in Woodbury, Long Island.

Thank you for your consideration. If I can answer any questions you may have, please call me at (516)496-1734.

Respectfully,

A handwritten signature in cursive script that reads "Kimberly L. Kalleberg".

Kimberly L. Kalleberg
Producer
News 12 Long Island

KK:kmp
ID #1878

HEALTH CARE TASK FORCE SORTING SHEET

CODER: _____

INPUT DATE: _____

GENERAL SORT:

POSTCARD 1: ☐ General mail ☐ Personal stories
 ☐ Other Health Providers ☐ Letter Campaign

POSTCARD 2: ☐ Offers to help/Employment

FORM LETTER: ☐ Letterhead ☐ Policy ☐ Physicians

REROUTE: ☐ Casework ☐ Scheduling ☐ President ☐ Other

POLICY AND PERSONAL STORIES:

☐ **ORGANIZATION (I)**
 ☐ insurance premiums
 ☐ insurance reform
 ☐ insurance pools
 ☐ boards and oversight

☐ **COVERAGE (II)**
 ☐ working families
 ☐ unemployed/low income
 ☐ benefits
 ☐ providers

☐ **INFRASTRUCTURE/WORKFORCE (III)**
 ☐ quality assurance (guidelines)
 ☐ administration, reimbursement
 & information systems
 ☐ malpractice & tort reform
 ☐ manpower issues (training)
 ☐ unnecessary procedures

☐ **GOVERNMENT PROGRAMS (IV)**
 ☐ medicare
 ☐ medicaid
 ☐ veterans
 ☐ DoD
 ☐ Indian health

☐ **COST ISSUES (VI)**
 ☐ drug prices
 ☐ physician fees
 ☐ hospital fees
 ☐ medical equipment
 ☐ fraud & abuse

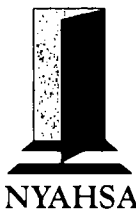
☐ **FINANCING (VII)**

☐ **MENTAL HEALTH (IX)**

☐ **LONG-TERM CARE (X)**

☐ **PUBLIC HEALTH/
SPECIAL POPULATIONS (XII)**
 ☐ prevention
 ☐ AIDS
 ☐ women's health
 ☐ immunizations/children
 ☐ rural
 ☐ urban

☐ **OTHER** _____



NEW YORK ASSOCIATION OF HOMES & SERVICES FOR THE AGING / 194 WASHINGTON AVENUE / ALBANY, NEW YORK 12210
(518) 449-2707 / FAX: (518) 455-8908

President
CARL S. YOUNG

OFFICERS

Chairman
WILLIAM T. SMITH*
Dobbs Ferry
Chairman Elect
JAMES E. DEWHIRST
Rochester
Secretary
DONNA G. CASE-McALEER
Goshen
Treasurer
MARK KATOR*
New York City

DIRECTORS

Immediate Past Chairman
KEITH D. CHADWICK*
Johnson City
1993
PATRICK DEPTULA
Syracuse
DANIEL GOVERNANT
Binghamton
CHRISTINE D. GIAMFORCARO
Oneida
SUZANNE A. IRLAND
Oneida
MARGARET
MAKOWSKI-GREENKY
Kenmore
ROBERT MEISS
Getzville
LOREN RANALETIA
Rochester
TERRY ROWE
Vestal
ABRAHAM SEIMAN
New York City
NORMAN SINCLAIR
Williamsville
MARK ZWERGER
Rye

1994
PATRICIA BLOOMER*
Binghamton
SR. JOSEPH MARY BRECANIER
Albany
J. RAYMOND DIEHL, JR.*
Hawthorne
CRAIG DUNCAN
Troy
HARVEY FINKELSTEIN
New York City
ARNOLD GISSIN
Rochester
RALPH HALL*
Bronx
DANIEL KENNY
Clarence
PATRICIA KRASNAUSKY
New York City

1995
JAMES DAVIS
New York City
HARVEY N. FINKELSTEIN
Syracuse
SISTER RITA K. KERR
Bronx
EDWARD McFADDEN
New York City
SAUNDERS T. PREISS
New Rochelle
G. NEIL ROBERTS
Saratoga Springs
ALEX SKUTZKA
New York City
EDWARD WEEKS
Buffalo

***AAHA House of Delegates**

MARGO KRAUSE
Troy
MICHAEL MALONEY
Buffalo

AAHA Board of Directors
JAMES DEWHIRST
Rochester

March 29, 1993

Ms. Hilary Rodham Clinton
Office of the First Lady
The White House
Washington, DC 20520

Dear Ms. Rodham Clinton:

In your role as head of the President's Commission to Reform Health Care, you have experienced first-hand the problems of restructuring health care in the United States. The New York Association of Homes and Services for the Aging (NYAHS) has been on the forefront of reforming long term care in New York State, and would very much like to hear your views and share ours with you.

From October 20-22, 1993 at the Westchester Marriott Hotel in Tarrytown, New York, NYAHS's directors of nursing will hold their annual conference, this year celebrating ten years of high level education and networking among these highly dedicated professionals. We would be privileged if you would join us at this meeting and deliver the feature presentation. The nurses will be joined by many other administrators, financial managers and directors of social work who serve not-for-profit and public organizations in New York, as well as those in our neighboring states of Connecticut, New Jersey, and Pennsylvania. We are very flexible and can accommodate any scheduling needs you may have during this three-day conference.

NYAHS members represent the entire continuum of long term care in New York State, including nursing homes, adult care facilities, senior housing, and community service programs (e.g., adult day care, home care, hospice, respite, and enriched housing). NYAHS's more than 410 members serve an estimated 260,000 clients annually. Our members are very supportive of health care reform; they are also adamant that long term care be a major component of this reform. If you were to speak for our group, you would have the opportunity to learn about long term care first-hand from those health care professionals who are involved in actual care delivery.

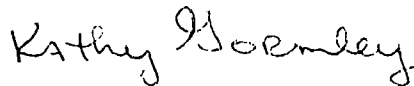
Ms. Hilary Rodham Clinton
Office of the First Lady
March 29, 1993
Page Two

Enclosed as background material is a copy of NYAHSA's annual report, as well as the 1993 public policy agenda. As you can see from this material, NYAHSA is on the vanguard of providing long term care, while simultaneously encouraging a rational approach to public policy issues.

Your presence at the 1993 10th anniversary conference for directors of nursing service would enhance NYAHSA's public policy reform efforts as we strive to solve the problems associated with long term care.

I look forward to hearing from you on this issue.

Sincerely,

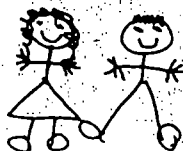


Kathy Gormley
Director
Educational Planning and Development

KG/dc
enclosures

cc: Patti Solis, Scheduling Director

Happy Child, Inc.



"IT'S NEVER TOO LATE TO BE A HAPPY CHILD"

BRITA E. FERM, M.A.

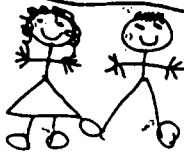
Director

PH (619) 285-1301
FAX (619) 285-1740

4420 Rainier Ave Ste 304
San Diego CA 92120-3329

**PHOTOCOPY
PRESERVATION**

El Niño Feliz, Inc.



"NUNCA ES MUY TARDE PARA SER UN NIÑO FELIZ"

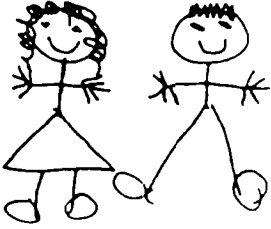
BRITA E. FERM, M.A.

Directora

PH (619) 285-1301
FAX (619) 285-1740

4420 Rainier Ave Ste 304
San Diego CA 92120-3329

Happy Child, Inc.



"IT'S NEVER TOO LATE TO BE A HAPPY CHILD"

March 23, 1993

unspec

Hillary Roddam Clinton
THE WHITE HOUSE
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mrs. Clinton:

I am writing to you as a coworker in your efforts to develop a comprehensive health care plan and system in the United States. I currently direct a substance abuse prevention program in San Diego county which targets children of alcoholics and addicts between the ages of 5 and 12 in a non-school-site setting.

I have followed with interest (both personal as a recovering alcoholic and parent of four. and professional as a Public Health Educator) efforts to wage a war on drugs including alcohol which generally criminalize a medical issue and at the very best, offer fragmented services to individuals and families across this country. I would like to propose a radical change in the form of a cost-effective pilot program which, if proven as successful as I believe it will be, will be easily replicated across the United States.

This proposal involves centralizing drug and alcohol abuse prevention, intervention and treatment services for individuals and families affected by substance abuse problems into Regional Alcohol and Drug Abuse Service Centers. Regional prevention programs for communities, schools, churches and social service agencies could be coordinated from that site to avoid fragmentation and duplication. Intervention and treatment for entire families (not just the addicted individual) could be housed on location complete with residence facilities, medical facilities, educational facilities, job training facilities, and counseling/recovery facilities. A centralized complex would not only better serve clients, but would offer incredible research opportunities about families affected by alcohol and drug problems and their recoveries, in much the same way the current Veterans Administration Medical Centers offer research opportunities about middle aged males.

The Military Base Closure Committee is recommending that the Naval Training Center (NTC) in San Diego be closed. While I'm certain that other organizations, including city and county governments would love to have this land and the buildings for projects near to their hearts, I can't help thinking what a perfect Regional Alcohol and Drug Abuse Service Center site it will be. It could be used in its existing state with minimal renovations to accommodate families. It could be efficiently operated at an initial yearly cost of \$30 million per year and could serve hundreds and possibly

thousands of individuals and families in the western region of the United States.

As I put these ideas down on paper after thinking and talking about them for the past few days, I realize how way-out and different they sound as an approach to the "War on Drugs", a war which is dividing families and which has far too many casualties. However, even though I am nervous about what may be considered wacky or fringe ideas, I also realize that more of the same will not work, and that usually really effective new ideas come from the fringe of a discipline.

So the grass roots folks with whom I work, along with professionals including Steven F. Bucky, PhD who under direct Pentagon supervision was responsible for evaluating and modifying the initial U.S. Navy centralized drug and alcohol intervention and treatment programs, and I would love the opportunity to make a formal proposal to you and whatever organization or agency you believe might be willing to explore a pilot program with a very good chance of accomplishing the goal of an America free from the fiscal and personal costs of drug and alcohol abuse. Will you please support our efforts? Thank you for your time and for your serious consideration of these ideas.

Best of luck to you. I'm glad you're working with us.

Sincerely,

A handwritten signature in cursive script, appearing to read "Brita E. Ferm".

Brita E. Ferm, M.A.
Director

Enclosures

PERSONAL

Brita E. Ferm-Directora
Richard L. Schneider-Coordinador de Servicios para Niños.
Linda L. Busea-Administradora
Aurora J. Alvarez-Coordinadora para Servicios en Español.
Jackie Dozler-Coordinadora para la Comunidad Afro-Americana.
Jorge De Saracho-Gerente de la Oficina.

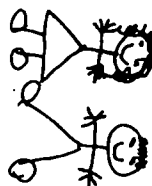
JUNTA DIRECTIVA:

John M. Hickey
Audrey Campbell
A. Charla Harris
Don King
Richard L. Schneider
Brita E. Ferm
Jessie Arble

Fondos para este programa fueron otorgados por la Oficina de Prevención de Substancias de Abuso del Departamento de Salud y Servicios Humanos (Office of Substance Abuse Prevention of the Department of Health and Human Services).

Fondos adicionales han sido recibidos a través de La Fundación Comunitaria de San Diego (San Diego Community Foundation).

Happy Child, Inc.
4420 Rainier Ave Ste 304
San Diego CA 92120-3329

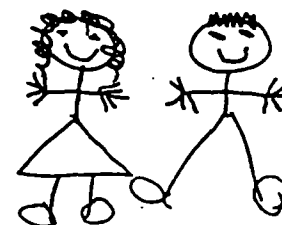


3180 University Ave., Ste. 430
San Diego, CA 92104-2075

"IT'S NEVER TOO LATE TO BE A HAPPY CHILD"

Happy Child, Inc.

El Niño Feliz, Inc.



"NUNCA ES MUY TARDE PARA SER UN NIÑO FELIZ"

PROGRAMAS EDUCATIVOS PARA:

- *Padres
- *Niños
- *Maestros
- *Personas Profesionales

Estos servicios se ofrecen
en Inglés y Español

~~3180 University Avenue,~~
~~Suite 430~~
San Diego, CA 92104
PH: (619) 285-1301
FAX: (619) 285-1740

Happy Child, Inc.
4420 Rainier Ave Ste 304
San Diego CA 92120-3329

EL NIÑO FELIZ, INC.

Se estima que 38 millones de personas en los Estados Unidos vienen de familias en las cuales la dependencia a drogas es un problema. Aproximadamente, 59,000 niños menores de 12 años en el condado de San Diego provienen de estas familias.

EL NIÑO FELIZ, INC. es una corporación no lucrativa que ofrece apoyo y servicios educativos gratuitos para estos niños y sus familias. La meta de EL NIÑO FELIZ, es que estos niños no abusen las drogas (incluyendo el alcohol) en su vida adulta, por la razón que corren un riesgo 4 veces mayor de llegar a ser alcohólicos o drogadictos en relación a la población en general.

La prevención es la meta de EL NIÑO FELIZ. Estudios nos muestran que los niños hacen sus decisiones sobre el uso de las sustancias tóxicas en sus vidas entre las edades de 10 a 11 años. Por eso, EL NIÑO FELIZ se enfoca en niños menores de 12 años y en los adultos que los cuidan. El apoyo y la instrucción recibas por ambos les dan a estos niños vulnerables la oportunidad de vivir una vida libre del dolor y problemas causadas por las adicciones.

REVALORIZACION FAMILIAR

Estudios recientes nos muestran que el 97% de las personas adultas alcohólicas o adictas vienen de hogares donde se sintieron rechazadas, abandonadas o donde el castigo fue muy severo; y ellas han creado hogares donde se reflejan estas mismas características, **aunque se hayan jurado a ellas mismas que nunca iban a repetir con sus hijos lo que se les hizo a ellas.**

Los facilitadores de las clases REVALORIZACION FAMILIAR reconocen este patrón y creen que la manera de romperlo es ayudar a los adultos a reeducarse mientras aprenden cómo hacerse más amorosos y consistentes con ellos mismos y con sus hijos. Para ésto, los padres necesitan las habilidades y el apoyo - y ésto es lo que se ofrece en las clases de REVALORIZACION FAMILIAR.

En las sesiones de 10 semanas, se les enseñan a los adultos maneras para mejorar la comunicación, la auto-estima (en ellos y en sus hijos) y cómo resolver problemas. En un ambiente seguro se les apoya a que practiquen sus nuevas habilidades y también reciben ideas concretas de cómo tratar con niños en las diferentes etapas de su desarrollo. Maestros, padres adoptivos y abuelos son bienvenidos a estas clases junto con los padres donde realmente hacen actividades en vez de escuchar solamente.

GRUPOS DE APOYO DE EL NIÑO FELIZ, INC.

Los grupos de apoyo para niños menores de 12 años se ofrecen simultáneamente con las clases de REVALORIZACION FAMILIAR. Estos grupos educativos que se ofrecen por un período de 10 semanas, son con frecuencia el primer paso en la recuperación del niño que ha vivido en un ambiente de alcoholismo o drogadicción, y además son la prevención primaria para estos niños de alto riesgo.

Los grupos son creativos y de mucha diversión; se enfocan en el aumento de la auto-estima, la comunicación, cómo resolver problemas; y cómo encontrar alternativas para disminuir la tensión en la cual no se incluye el abuso de las sustancias tóxicas que son las que alteran el estado de ánimo (como la comida, TV, apuestas, etc.). A través de juegos, arte, pláticas, música y poesías, los niños aprenden acerca de sus sentimientos, defensas y sus opciones.

VOLUNTARIOS Y AGENCIAS

Los facilitadores voluntarios, personal médico, consejeros y profesores pueden ser entrenados para usar ambos cursos EL NIÑO FELIZ o REVALORIZACION FAMILIAR en un entrenamiento de 20 horas, que se ofrecen varias veces durante el año.

STAFF:

Brita E. Ferm , Director
Richard L. Schneider , Children's
Services Coordinator
Linda L. Busa , Project Manager
Aurora J. Alvarez , Coordinator for
Services in Spanish
Jackie Dozier , African American
Services Coordinator
George DeSaracho , Office Manager

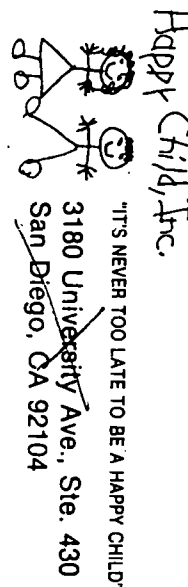
BOARD OF DIRECTORS:

John M. Hickey
Audrey Campbell
A. Charla Hams
Don King
Richard L. Schneider
Brita E. Ferm

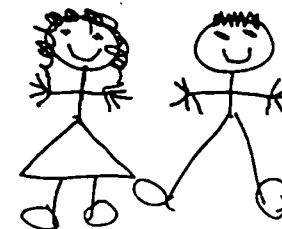
This program was made possible by
funds received from the Office of
Substance Abuse Prevention of the
Department of Health and Human
Services.

Additional donations have been received
from the San Diego Community
Foundation.

Happy Child, Inc.
4420 Rainier Ave Ste 304
San Diego CA 92120-3329



Happy Child, Inc.



"IT'S NEVER TOO LATE TO BE A
HAPPY CHILD"

EDUCATIONAL PROGRAMS FOR:

*Parents

*Children

*Teachers

*Professionals

Services available in English and
Spanish

~~3180 University Avenue,~~
~~Suite 430~~
San Diego, CA ~~92104~~
(619) 285-1301

HAPPY CHILD, INC.

It is estimated that 38 million people in the United States come from homes in which chemical dependency is a problem. Approximately 59,600 of them in San Diego County are children under the age of 12.

HAPPY CHILD, INC. is a non-profit corporation which offers support and educational services to these children and their families. The goal of HAPPY CHILD is that these children, who are at a 4 times greater risk of becoming alcoholics and addicts than the general population, grow into adults who do not abuse chemicals.

Prevention is the key at HAPPY CHILD. Research shows that children make their decisions about chemical use by about age 10-11, and so HAPPY CHILD focuses on children under 12 and the adults who care for them. The support and education received by both children and adults gives these vulnerable children a chance at a life free from the pain and problems of addictions.

REPARRENTING FOR PARENTS

Recent research has shown that 97% of adult alcoholic-addicts come from homes in which they felt rejected, neglected, or harshly punished, and that they have created homes which mirror these same qualities, **even though they vowed they would never repeat with their children what had been done to them.**

The REPARRENTING FOR PARENTS facilitators recognize this pattern, and believe that the way to break it is to help adults **Re-parent** themselves while they are learning to lovingly and consistently parent their children. For this, parents need skills and support-commodities in ready supply in REPARRENTING FOR PARENTS classes.

In 10-week sessions, adults are taught to improve communications, self-esteem (in themselves and their children) and problem solving. They are supported in practicing their new skills in a non-threatening environment, and are given concrete tips for dealing with each age child successfully. Teachers, foster parents, and grandparents are all welcome along with parents at these highly experiential classes.

HAPPY CHILD SUPPORT GROUP FOR CHILDREN

HAPPY CHILD support groups for children under 12 are offered at the same time as the REPARRENTING FOR PARENTS classes. These 10 week educational groups are often the first step in recovery for children of alcoholics and addicts, and are primary prevention for these highly at-risk children.

The innovative and playful groups stress self-esteem enhancement, communications, problem solving, and finding alternatives to stress management which don't include mood altering substances or activities (such as eating, TV, gambling, etc.). Through games, art, discussions, music and poetry, children learn about their feelings, defenses, and choices.

VOLUNTEER/IN-SERVICE TRAINING

Volunteer Facilitators may be trained to use either the HAPPY CHILD or the REPARRENTING FOR PARENTS curriculum in 20 hour training sessions held several times each year.

In-services training for medical personnel, counselors, and teachers is available.

The Happy Child curriculum

Is written in an easy-to-read "user-friendly" style, not academic or intellectual jargon

Anticipates the responses of participants and gives suggestions for help with those responses

Includes supplemental handouts to accompany each curriculum

Is non-judgmental -- does not blame parents for different parenting styles

Provides a safe environment for individuals to discuss and practice behavior change

Provides opportunities for parents to go back and complete missed development and previously unmet needs

Is available in English or Spanish

Is delivered sealed in an attractive and sturdy 3-ring binder

"The beauty of this prevention program is that it combines the emotional and interpersonal development of children with the fostering of parenting skills in their parents, individuals who have frequently been found to have little confidence in their roles as parents. These adults, who often grew up in alcoholic homes themselves, can themselves learn through the **Secret Families/ Problem Families** program the self-esteem and coping skills which they can role model for their children."

"I have personally had many patients in my private practice participate in the programs of Happy Child. The feedback from the children and their parents has been unequivocally positive."

Steven F. Bucky, PhD.
Clinical Psychologist
Director of Professional Training
California School of Professional Psychology

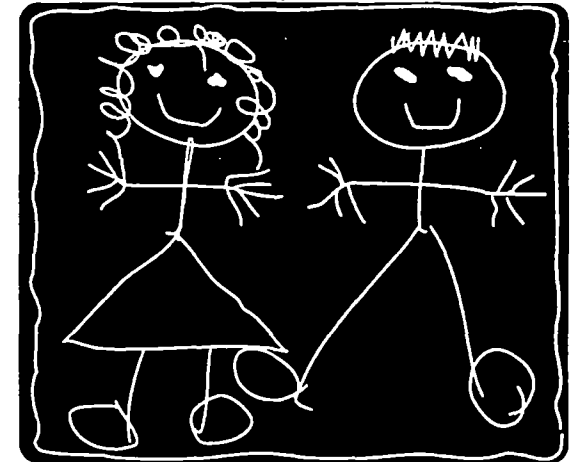
Happy Child, Inc.
4420 Rainier Avenue
Suite 304
San Diego, CA 92120-3329



FORWARDING AND ADDRESS
CORRECTION REQUESTED

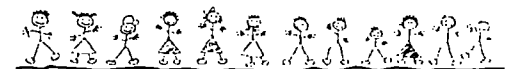
Happy Child


A SUBSTANCE ABUSE PREVENTION
SELF-ESTEEM ENHANCEMENT CURRICULUM



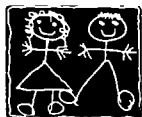
Secret Families/ Problem Families

A REPARING CURRICULUM



Happy Child, Inc.  IT'S NEVER TOO LATE TO BE A HAPPY CHILD

Happy Child is a substance abuse prevention program for children ages 5 to 12 who are living or have lived with an alcoholic or drug addicted parent. The need for Happy Child is apparent – estimates run high – one in four of America's children fall into this category.



The goal of **Happy Child** and its accompanying reparenting curriculum for parents, **Secret Families/Problem Families** is to break the cycle of alcoholism and addiction. It is our hope that by processing childhood trauma before adolescence, through raising self-esteem, and through learning coping skills the children who participate in Happy Child groups will grow up not using alcohol and other drugs.

The core issue addressed in **Secret Families/Problem Families** is self-esteem. We believe that lack of self-esteem is the underlying concern for individuals dealing with substance abuse. This curriculum addresses the underlying issues in families, not just the symptoms. It offers concrete suggestions for changing old patterns, not just theories about how to raise kids.

Why target the children of alcoholics and addicts?

Public health research shows that programs work best when targeted at those people who are at highest risk, those who believe they have a problem, and those who can see the greatest benefits from the program.

Why work with children so young?

Research shows that children make their decisions about how they will live their lives by about age 11 or 12.

This unique program was developed in San Diego, California by recovering alcoholics who discovered that although they were "in recovery" their children remained locked into the stereotypical alcoholic family roles. The authors based the Happy Child programs on six principles:

Children deserve respect

Children deserve accurate information.

Children can make up their missed development

Children learn in different ways

Children need nurturing and boundary-setting for positive self-esteem

Grown-ups' needs must be met before they can meet the needs of the children

These curricula have been used successfully with groups of children and adults who are predominantly African-American in ethnicity, as well as with primarily Mexican-American bilingual, bi-cultural groups, in addition to Anglo groups.

The **Happy Child** program is intended to be used with children ages 5 to 12. Both **Happy Child** and **Secret Families/Problem Families** groups are educational, not therapeutic. The programs are designed to run for ten weeks with each session lasting two hours and including about twenty minutes for a break and snack. While the programs are separate, they compliment each other. The greatest amount of family change is accomplished when the programs are done together, parents in one room, kids in another.

The **Happy Child** and **Secret Families/Problem Families** curricula are available for purchase for \$495.00 each. To receive more information about Happy Child, or to receive an application to purchase, please mail or fax us the application below or call us at (619) 285-1301. [FAX (619) 285-1740]

In addition to the curriculum, we offer training to accompany the text. Facilitator trainings are held several times per year in San Diego or trainers can provide on-site training at your location.

YES, Mail me ☐ Fax me ☐ an application

NAME _____

ORGANIZATION _____

TYPE _____

(Ex: Gov't., hospital, school, etc.)

ADDRESS _____

CITY, STATE, ZIP _____

PHONE () _____

FAX () _____

I AM INTERESTED IN:

☐ Happy Child

☐ Secret Families/Problem Families

☐ Happy Child, Inc.

OTHER _____

Happy Child is a non-profit organization providing support and educational programs for children and their parents from homes where chemical dependency is a problem. This program has been made possible by funds received from the Center for Substance Abuse Prevention of the Department of Health and Human Services Grant # HRY1804.

HEALTH CARE TASK FORCE SORTING SHEET

CODER: OK

INPUT DATE: _____

GENERAL SORT:

POSTCARD 1: General mail Personal stories
 Other Health Providers Letter Campaign

POSTCARD 2: Offers to help/Employment

FORM LETTER: Letterhead Policy Physicians

REROUTE: Casework ✓ Scheduling President Other

POLICY AND PERSONAL STORIES:

 ORGANIZATION (I)
 insurance premiums
 insurance reform
 insurance pools
 boards and oversight

 COST ISSUES (VI)
 drug prices
 physician fees
 hospital fees
 medical equipment
 fraud & abuse

 COVERAGE (II)
 working families
 unemployed/low income
 benefits
 providers

 FINANCING (VII)

 MENTAL HEALTH (IX)

 INFRASTRUCTURE/WORKFORCE (III)
 quality assurance (guidelines)
 administration, reimbursement
 & information systems
 malpractice & tort reform
 manpower issues (training)
 unnecessary procedures

 LONG-TERM CARE (X)

 GOVERNMENT PROGRAMS (IV)
 medicare
 medicaid
 veterans
 DoD
 Indian health

 PUBLIC HEALTH/
 SPECIAL POPULATIONS (XII)
 prevention
 AIDS
 women's health
 immunizations/children
 rural
 urban

 OTHER _____



FEB 25 1993

February 1, 1993

Quality Care,
Close to Home

Mrs. Hillary Rodham Clinton
The White House
Washington, D.C. 20500

unspec.

Dear Mrs. Clinton,

Congratulations on your new role as chairwoman of President Clinton's Task Force on National Health Reform. I know your appointment has sparked some controversy, but I, for one, welcome the fresh perspective of a person like yourself, especially one who has demonstrated such notable success in the past in dealing with complex social issues.

Before you can begin to oversee the reform of our health care system, you will naturally need an understanding of how it functions now, and I'm sure you are already hard at work listening and learning. As the president of a community hospital in Massachusetts, I would like to help you with your task by hosting a regional forum on your behalf which would allow you to hear first hand from the providers and consumers of health care services in western Massachusetts.

Community hospitals are the backbone of the health care delivery system, able to successfully treat 90% of all illnesses and injuries at a lower cost than most large tertiary and teaching facilities. Additionally, the community hospital plays a vital role in lowering the consumption of health care by providing important educational programs like CPR, weight-loss, smoking cessation, free screenings, and support groups of various types. Another part of the mission of a not-for-profit hospital is to care for the poor and indigent in the community. Last year alone, for example, our hospital provided over \$2 million dollars worth of free care to the needy.

Located in Westfield, Massachusetts, Noble Hospital is representative of many community hospitals today. Westfield has not escaped the economic troubles of the past decade. The city's economic base has shrunk and our hospital has seen a drastic shift in payor mix, from private commercial insurance and health maintenance organizations to medicaid and free care. As the largest non-municipal employer in our service area, we contribute to the economic well-being of over 650 people, and we are trying valiantly to cut costs without further adding to the number of unemployed in our community.

115 W. Silver Street
P.O. Box 1634
Westfield, MA
01086-1634

(413) 568-2811

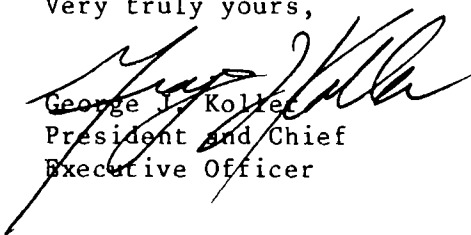
Page 2
Mrs. Hillary Clinton
February 1, 1993

I am certain that any solution to our health care crisis will have to revolve around the community hospital. In addition to all of the other factors I have discussed, there is the simple issue of geographic availability. In our instance, for example, some of our patients would have to travel close to an hour to receive hospital care if Noble Hospital did not exist. In other parts of the country distances to tertiary centers are even farther. In a crisis, such a journey could prove the difference between life and death.

It has long been my personal philosophy that if you're not part of the solution, you're part of the problem. We here at Noble Hospital want to be part of the solution to our nation's health care problems. I urge you to visit with us and hear from this important region of the country. Personally, I would consider it an honor to act as your host, but regardless of whether your schedule will allow for such a visit or not, I would like to offer you my help and support as you go forward with your plans for National Health Reform.

Best wishes to you and your husband. I will look forward to hearing from you.

Very truly yours,



George J. Kolter
President and Chief
Executive Officer

rh

HEALTH CARE TASK FORCE SORTING SHEET

CX
CODER: _____

INPUT DATE: _____

GENERAL SORT:

POSTCARD 1: ___General mail ___Personal stories
 ___Other Health Providers ___Letter Campaign

POSTCARD 2: ___Offers to help/Employment

FORM LETTER: ___Letterhead ___Policy ___Physicians

REROUTE: ___Casework ✓___Scheduling ___President ___Other

POLICY AND PERSONAL STORIES:

___ORGANIZATION (I)

___insurance premiums
___insurance reform
___insurance pools
___boards and oversight

___COST ISSUES (VI)

___drug prices
___physician fees
___hospital fees
___medical equipment
___fraud & abuse

___COVERAGE (II)

___working families
___unemployed/low income
___benefits
___providers

___FINANCING (VII)

___MENTAL HEALTH (IX)

___INFRASTRUCTURE/WORKFORCE (III)

___quality assurance (guidelines)
___administration, reimbursement
 & information systems
___malpractice & tort reform
___manpower issues (training)
___unnecessary procedures

___LONG-TERM CARE (X)

___PUBLIC HEALTH/ SPECIAL POPULATIONS (XII)

___prevention
___AIDS
___women's health
___immunizations/children
___rural
___urban

___GOVERNMENT PROGRAMS (IV)

___medicare
___medicaid
___veterans
___DoD
___Indian health

___OTHER _____

THE WHITE HOUSE

WASHINGTON

June 4, 1993

George J. Koller
President and Chief Executive Officer
Noble Hospital
115 W. Silver Street
P.O. Box 1634
Westfield, MA 01086-1634

Dear Mr. Koller:

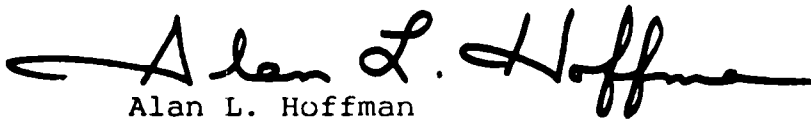
Thank you for your kind invitation to Mrs. Hillary Rodham Clinton. While Mrs. Clinton gratefully appreciates and welcomes the opportunity you have afforded, her schedule does not allow her to accept your invitation at this time. On behalf of Mrs. Clinton, I regret that she will be unable to meet with you.

Reforming the nation's health care system is one of the most important challenges facing our country. The President's Task Force on Health Care is currently studying and debating the options for reform. The Task Force is seeking a wide range of input into their effort and invite you to submit any thoughts you or your organization may have.

The issues which confront our nation are daunting. But with your help and support, we can develop and implement a health care reform plan that best meets the needs of all Americans.

Thank you for your invitation. Your continued interest and support are deeply appreciated.

Sincerely yours,

A handwritten signature in black ink, reading "Alan L. Hoffman". The signature is fluid and cursive, with a large initial "A" and a long, sweeping underline.

Alan L. Hoffman
Scheduling Director
President's Task Force on National Health Care Reform

THE WHITE HOUSE
WASHINGTON

May 26, 1993

Mr. William M. Moore
Administrator
Normandy Terrace
8607 Village Drive
San Antonio, Texas 78217

Dear Mr. Moore:

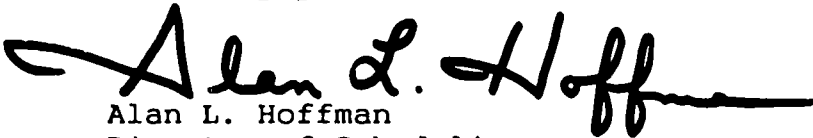
Thank you for your kind invitation to Mrs. Hillary Rodham Clinton. While Mrs. Clinton gratefully appreciates and welcomes the opportunity you have afforded, at this time her schedule does not permit her to accept your invitation. On behalf of Mrs. Clinton, I regret that she will not be able to visit Normandy Terrace in the near future.

Reforming the nation's health care system is one of the most important challenges facing our country. The President's Task Force on National Health Care Reform is currently studying and debating the options for reform. The Task Force is seeking a wide range of input and invites you to submit any thoughts you or your organization may have.

The issues confronting our nation are daunting. With your help and support however, we can develop and implement a health care reform plan that best meets the needs of all Americans.

Thank you for your invitation. Your continued interest and support are deeply appreciated.

Sincerely yours,

A handwritten signature in black ink, reading "Alan L. Hoffman". The signature is fluid and cursive, with a large initial "A" and a long, sweeping underline.

Alan L. Hoffman
Director of Scheduling
Health Care Task Force



· NORMANDY TERRACE ·
NURSING & REHABILITATION CENTER
— NE —

Scheduling

April 20, 1993

Uwey

Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue
Washington, D.C.

Dear Ms. Clinton:

With your strong interest in providing good health care in a cost-conscious manner, we would like to invite you to tour Normandy Terrace-NE Nursing and Rehabilitation Center and Persona-Care Plus. Witness our creative new choices in health care that are available in San Antonio -- **sub-acute care, wound care management, and rehabilitation in a non-hospital environment.**

PersonaCare Plus, San Antonio's first sub-acute care unit, is equivalent to a hospital ICU step-down unit in the intensity of the care we offer. Yet, **cost is substantially lower per day** and the unit is in more comfortable surroundings -- conducive to healing.

The wound management program, scheduled to open in mid-May, is state-of-the-art and only the third program of its type to open in the United States in an extended care facility.

The rehabilitation program has proven success in its high percentage of residents who are able to return home.

Normandy Terrace Northeast recently became the first San Antonio nursing center to be voluntarily accredited (with commendation) by the Joint Commission of Accreditation of Healthcare Organizations.

We would be honored if you would make time during your May visit to San Antonio to tour our outstanding facility.

Sincerely,

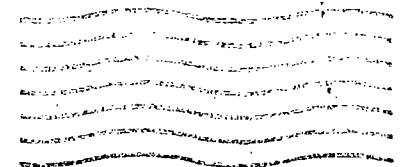
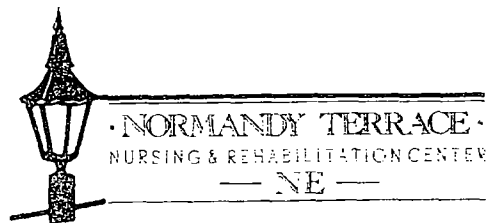
William M. Moore
Administrator

Normandy Terrace Nursing and Rehabilitation Center—Northeast

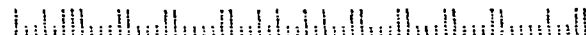
8607 Village Drive • San Antonio, TX 78217

A Member of the PersonaCare Family of Nursing Centers

**PHOTOCOPY
PRESERVATION**



MS.HILLARY RODHAM CLINTON
The White House
1600 Pennsylvania Avenue
Washington, D.C.



NORTHAMPTON COUNTY MEDICAL SOCIETY

788 Redfern Lane, Bethlehem, PA 18017

Telephone (215) 865-2900

President

ERIC SCHOEPPNER, M.D.

President Elect

JAMES D. BALSHI, M.D.

Vice-President

ANN C. ADOLF, M.D.

Secretary

EVAN C. REESE, JR., M.D.

Treasurer

WALTER K. PETERS, M.D.

Executive Secretary

WILLIAM H. KILPATRICK

February 10, 1993

William R. Clinton
President of the United States of America
The White House
1500 Pennsylvania Avenue
Washington, D.C.

Dear Mr. President:

Congratulations on your election and your recent inauguration.

As President-elect of Northampton County Medical Society, Northampton County, Pennsylvania, I arrange programs for meetings throughout the year. I invite you to come to the Lehigh Valley and speak to our Society members, as well as the nation, about your health care reform proposals.

Northampton County is an interesting mosaic of today's national issues. Once a center for heavy industry (Bethlehem Steel, Mack Trucks, Air Products, Keystone Cement) our economy has struggled through the transition to the service and transportation industry (Union Pacific Corp, Dunn & Bradstreet, Guardian Life Insurance). We have seen the successful birth and growth of small business development projects like the Ben Franklin Technology Center and The Iacocca Institute at Lehigh University. With the changing economic structure of our community, we have seen an evolution in health care financing as well as an aggressive community project to assess and evaluate our health care needs.

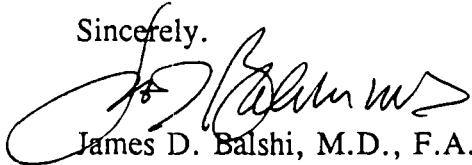
For many years our giant industries provided health care benefits through "fee for service" third party insurance plans. Our community has lagged behind other parts of the country but is now quickly embracing "managed care" through independent HMO's, PPO's and corporate managed health plans (Bethlehem Steel).

William J. Clinton
President of the United States of America
February 10, 1993
Page Two

While our evolving economy has forced changes in health care financing, our recent industrial landscape (business failures and large-scale industrial lay-offs) has focused our attention on "access to care." The seven hospitals in the Lehigh Valley have formed a coalition with the Northampton County Medical Society and the Lehigh County Medical Society to evaluate care delivery in our community. We are developing a pilot plan to insure adequate access to routine pediatric care within the Lehigh Valley.

I encourage you to consider traveling to Northampton county to discuss your plans for health care reform. Thank You.

Sincerely,

A handwritten signature in black ink, appearing to read "James D. Balshi", with a stylized flourish at the end.

James D. Balshi, M.D., F.A.C.S.
President-elect
Northampton County Medical Society

cc: Hillary R. Clinton
Chairperson
Health Care Reform Task Force

Paul McHale
U.S. Representative
15th Congressional District

Harris Wofford
United States Senator

Arlen Specter
United States Senator

HEALTH CARE TASK FORCE SORTING SHEET

CODER: _____

TYPE OF MATERIAL:

<input type="checkbox"/> General mail	<input type="checkbox"/> Personal stories	<input type="checkbox"/> Casework	<input checked="" type="checkbox"/> Requests: -speech -meeting
<input type="checkbox"/> Letterhead	<input type="checkbox"/> Offers to help	<input type="checkbox"/> Employment	
<input type="checkbox"/> Letter Campaign	<input type="checkbox"/> Policy	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Other

Explanation: _____

ADVISORY PANEL?

<input type="checkbox"/> physician	<input type="checkbox"/> r.n.	<input type="checkbox"/> large employers	<input type="checkbox"/> seniors
<input type="checkbox"/> other health provider	<input type="checkbox"/> small business	<input type="checkbox"/> other consumers	

Explanation: _____

PRIMARY INTEREST:

<input type="checkbox"/> COST ISSUES <input type="checkbox"/> Drug Prices <input type="checkbox"/> Physician Fees <input type="checkbox"/> Hospital Fees <input type="checkbox"/> Unnecessary Procedures <input type="checkbox"/> Medical Equipment <input type="checkbox"/> Fraud and Abuse	<input type="checkbox"/> PUBLIC HEALTH/SPECIAL POPULATIONS <input type="checkbox"/> Prevention <input type="checkbox"/> AIDS <input type="checkbox"/> Women's Health <input type="checkbox"/> Immunizations <input type="checkbox"/> Rural <input type="checkbox"/> Urban
<input type="checkbox"/> COVERAGE <input type="checkbox"/> Working Families <input type="checkbox"/> Unemployed/Low Income <input type="checkbox"/> Benefits <input type="checkbox"/> Providers	<input type="checkbox"/> GOVERNMENT PROGRAMS <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Veterans <input type="checkbox"/> DoD
<input type="checkbox"/> ORGANIZATION <input type="checkbox"/> Insurance Premiums <input type="checkbox"/> Insurance Reform <input type="checkbox"/> Insurance Pools <input type="checkbox"/> Boards and Oversight	<input type="checkbox"/> INFRASTRUCTURE/WORKFORCE <input type="checkbox"/> Quality Assurance (Guidelines) <input type="checkbox"/> Administration, Reimbursement & Patient Information Systems <input type="checkbox"/> Malpractice & Tort Reform <input type="checkbox"/> Manpower Issues (Training)
<input type="checkbox"/> LONG-TERM CARE	<input type="checkbox"/> MENTAL HEALTH
<input type="checkbox"/> FINANCING	<input type="checkbox"/> OTHER

Explanation: _____

PLAN PREFERENCE: (Support = +; Oppose = -)

CP	Clinton Plan	MC	Managed Competition	CA	Canadian
SP	Single Payer	PP	Pay or Play	BR	British
OP	Other Plan	CV	Credits, Vouchers, Medical Savings Accts.	GE	German



NORTH CAROLINA

**Association For
Home Care**

April 1, 1993

Mrs. Hillary Rodham Clinton
Task Force on National Health Care Reform
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20510

Dear Mrs. Clinton:

On behalf of the North Carolina Association for Home Care, I extend my warmest congratulations to your appointment as Chairperson of the Task Force on National Health Care Reform. Your appointment signals the highest level of commitment to our badly needed health care reform.

As you are aware, there is a growing demand for quality health care provided in the home setting. The reasons have to do with tradition, with technology, and with cost effectiveness. Increasingly, technology once available in a hospital or institutional setting can now be provided in the home. Home care is less costly than other forms of health care and it is the most satisfying form of overall care available.

On April 21-23, 1993, the North Carolina Association for Home Care will hold its annual convention in Winston-Salem. We cordially extend to you an invitation to address our 700 home health care professionals regarding the status of national health care reform or other related issues of interest to home care. Our first choice would be to have you address our closing session on Friday, April 23 at 12:00 noon. Our second choice would be to have you address the opening session on Thursday, April 22 at 9:30 a.m. Of course, we would make any provision to adjust to your schedule.

It would be the greatest honor to have our nation's distinguished First Lady address our gathering. If you are able to honor us with your presence, please have your staff contact me or Mary Doherty at 919-878-0500 for further details. I was fortunate enough to have seen you and the President when you were campaigning in Raleigh, Charlotte and Winston-Salem. I wish you and the President great success in your endeavors to improve the health and economic well-being of our nation.

Sincerely,

Timothy R. Rogers
Director of Regulatory Affairs

THE WHITE HOUSE

WASHINGTON

June 4, 1993

Joy English
Speech-Language Pathologist
North Carolina Speech, Hearing and Language Association
800 Brookstown Ave.
Winston-Salem, NC 27101

Dear Ms. English:

Thank you for your kind invitation to Mrs. Hillary Rodham Clinton. While Mrs. Clinton gratefully appreciates and welcomes the opportunity you have afforded, her schedule does not allow her to accept your invitation at this time. On behalf of Mrs. Clinton, I regret that she will be unable to meet with you.

Reforming the nation's health care system is one of the most important challenges facing our country. The President's Task Force on Health Care is currently studying and debating the options for reform. The Task Force is seeking a wide range of input into their effort and invite you to submit any thoughts you or your organization may have.

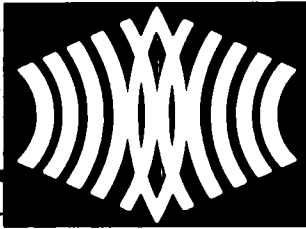
The issues which confront our nation are daunting. But with your help and support, we can develop and implement a health care reform plan that best meets the needs of all Americans.

Thank you for your invitation. Your continued interest and support are deeply appreciated.

Sincerely yours,



Alan L. Hoffman
Scheduling Director
President's Task Force on National Health Care Reform



The North Carolina Speech, Hearing and Language Association, Inc.
530 North Person Street
PO Box 28359 • Raleigh, NC 27611-8359
Telephone: 919/833-3984
Fax: 919/832-0445

April 26, 1993

WMSpec

Ms. Patti Solis
Office of the First Lady
The White House
Washington, DC 20000

Dear Ms. Solis

I spoke with your office several weeks ago about the possibility of The First Lady coming to North Carolina to meet with North Carolinians regarding healthcare reform in the area of rehabilitation.

Rae, from your office, and I spoke again yesterday and briefly discussed the possible format of the proposed meeting. She informed me that you were now scheduling for the last two weeks in May and the month of June. In our discussions, she mentioned that she thought our association's ideas for the meeting were "wonderful" and well worthy of Ms. Clinton's time.

Please find enclosed a letter of invitation from the North Carolina Speech, Hearing, and Language Association's President, Thomas H. Cameron and other pertinent information that will assist you in making a decision about your scheduling.

Thank you so much for your time in reviewing this information. Please do not hesitate to contact me with any questions or assistance I may provide. I look forward to working with you, if your schedule permits.

Best wishes,

Joy English

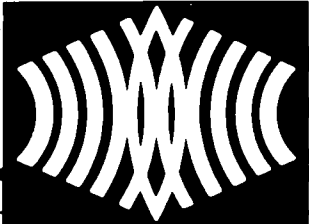
Joy English, M.A.-CCC
Speech-Language Pathologist
North Carolina Speech, Hearing, and Language Association
Board of Directors

JGE/gh

You may contact me at the number and address below:

Joy English
800 Brookstown Avenue
Winston-Salem, NC 27101

(919) 725-0222 - Phone
(919) 725-0454 - FAX



The North Carolina Speech, Hearing and Language Association, Inc.
530 North Person Street
PO Box 28359 • Raleigh, NC 27611-8359
Telephone: 919/833-3984
Fax: 919/832-0445

April 27, 1993

Ms Hillary Rodham Clinton
Office of the First Lady
The White House
Washington DC 20500

Dear Ms Clinton:

On behalf of the North Carolina Speech, Hearing and Language Association, I would like to extend an invitation to visit our state in order to discuss the importance of rehabilitation services as a vital component of the national healthcare reform package.

We believe these services play a major role in both the development and restoration of functional productivity for persons with developmental or acquired disabilities affecting their communication, physical mobility, and self-sufficiency. Rehabilitation services also play an important role in the prevention of disabilities.

We invite you to come and meet with North Carolinians - both those who provide these services and those who use them - to hear our concerns regarding the status of habilitation/rehabilitation in the proposed healthcare plan.

In order to allow free communication with those attending, we propose that the meeting size be limited to no more than 50 persons and be held in Raleigh, North Carolina, at a location and time approved by you.

We are willing to arrange this meeting according to your schedule, at your convenience.

Thank you very much for your careful consideration of this matter.

Best regards to you for your task at hand,

Thomas H. Cameron, Ph.D., CCC-A
President
North Carolina Speech, Hearing and Language Association

Enclosures

The following are some of
the types of rehabilitation patients
who will visit with

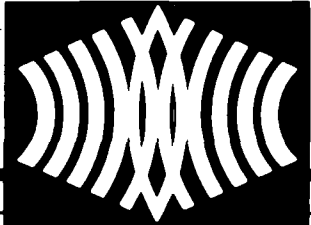
The First Lady
at the meeting along with
their respective therapist.

North Carolina Rehabilitation

Success Stories

- * A man in Chapel Hill was severely injured in an automobile accident and was unable to work. He joined millions of Americans in the unemployment line. However, during his time of disability, he received physical therapy and is now gainfully employed.
- * A child was born in Winston-Salem with a profound sensory neural hearing impairment. Many people believed she would never be able to talk. She underwent successful cochlear implant surgery. This was followed by intensive speech-language pathology. This child not only can talk now, but she also can hear. She is communicating verbally instead of using sign language.
- * A man in Boone had a severe stroke which left him unable to communicate or live independently. His daughter had to quit her job to care for him. After he received the services of a speech-language pathologist, physical therapist, and occupational therapist the man became mobile, independent, and confident enough to go to an adult day care during the day so his daughter could go back to work.
- * Newborn babies throughout the state have their hearing screened while still in hospital nurseries in programs developed by Audiologists. Hearing impaired infants are immediately identified and began receiving aural rehabilitation and speech-language pathology services through early intervention programs after birth. These services contribute to keeping individuals who would otherwise live their lives with a disability being able to develop success in America's workforce.
- * A woman in Burlington was evaluated by an audiologist and the results showed the possibility of a tumor near the auditory nerve. She was later diagnosed as having a malignant tumor near the auditory nerve. The tumor was successfully surgically removed. The woman now works full-time in a factory in Burlington.
- * After suffering a stroke, a Raleigh woman was diagnosed with a condition called dysphagia. With dysphagia, an individual has difficulty with the swallowing mechanism and sometimes "swallows" into the lungs rather than the stomach. This condition, if left unchecked, leads to aspiration pneumonia and a slow, painful death costing millions in medical care. The Raleigh woman was evaluated by a Speech-language pathologist using a technique called The Modified Barium Swallowing Test, which is done in X-ray. With the information learned from the test, the Speech-language pathologist was able to teach the woman to swallow correctly keeping her from getting the pneumonia and saving her life, while at the same time significantly reducing her hospital stay and the cost of her healthcare.

*** A man born in another state was thought to be severely mentally retarded until adolescence. He had cerebral palsy and was unable to talk, move, eat, etc. A speech-language pathologist began working with the young man with a computerized Augmentation Communication System, which he controlled from a pointing stick attached to his head. Recently, this man who was believed to be mentally retarded most of his life, received the North Carolina Speech, Hearing and Language Association's scholarship and is now in the process of completing his Master's degree at East Carolina University in Greenville. His IQ is in the genius level.



The North Carolina Speech, Hearing and Language Association, Inc.
530 North Person Street
PO Box 28359 • Raleigh, NC 27611-8359
Telephone: 919/833-3984
Fax: 919/832-0445

The North Carolina Speech, Hearing and Language Association, Inc.

Invites

Hillary Rodham Clinton

To Our

State

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

NAME	CITY	PROFESSIONAL SETTING
Joy English	Boone N.C.	Schools, Headstarts, Hospitals DDA, Other Rehab Settings
Dail Ballard	Wilmington NC	Private Practice
Shirley	Forest City NC	Private Practice
Betsy Trent	Kernersville	Public School
Margaret Schenck	Greensboro	" "
Jim Allay	Boone	DEC
Joan Morris	Charlotte, NC	Brunswick Cty. Schools
Linda R. Watson	Raleigh, NC	University
Kathryn Wilson	Charlotte, NC	Public Schools
Carne V. Stuchlik	Greensboro, NC	UNC-G
Judy Banks	Concord NC	Schools
Nancy Correa	Boone NC	private practice, Home Health, hospitals, Schools, other rehab settings
Julie Doyle	Charlotte, NC	hospital
Mickey Kravitz	Charlotte, NC	Private Practice
Amanda Mizelle	Wilmington, NC	private practice
Patsy Cody	Boone NC	private practice
Bill Cody	Boone NC	Student
Susan Goodwin	Raleigh, NC	Student

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

NAME	CITY	PROFESSIONAL SETTING
Shirley L. Coughlin	Wilmington NC	New Hanover Co. Schools
Mary Ruth Oryen	Boone, NC	Appalachian State Univ.
Julie L. Binger	Charlotte, NC	Char-Meck-Schools
Bene C. Goodman	Fayetteville, NC	Fayetteville, NC
Lois Grimsby	Fayetteville	Fayetteville NC
Emelyn Burrows	Fay.	Fayetteville State
Letitia Gerald	Durham	Durham City-Schools
Diane Evans	Charlotte	Nursing Homes
Jan Allen	Wilmington	Hospital
Kathy Pope	Lexington NC	Guilford Co. Sch.
Catherine Leister	Charlotte, NC	Private Practice
John H. Hough	Chapel Hill NC	UNC - Chapel Hill
Deborah Wight	Greensboro, NC	UNC - Greensboro
Marcia Becka	Charlotte, NC	Private Practice
Mary Merrell	Asheville, NC	Schools - Bun. Co.
Leigh Lassiter	Charlotte NC	Private

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

NAME	CITY	PROFESSIONAL SETTING
Catalina Jordan	Long Beach NC	Brunswick Schools
Lenny D. Smith	Statesville NC	Schools
Louise Felton	Charlotte NC	Schools
Rhonda Keeney	Greensboro, NC (UNC-G)	grad. student
Agnesia Tulliga	Henderson, NC	Schools
Racy Jeffries	Greenville, NC	Private Practice
Michael Carpenter	Greenville, NC	Schools
Martha Corrigan	Columbia, SC	grad. student
Og Paris	Charlotte, NC	CHS Human Resources
Kim Gulp	Winston Salem NC	Private Practice
Scarlett Greer	Fleetwood, NC	Private Practice
Kay Garlors	Shelby NC	DEC
Lisa White	Winston-Salem, NC	Private Practice
Yvonne Simpson	Winston-Salem, NC	Private Practice
Janet B. Davis	Boone, NC	Appalachian State University
Bobbie Boyd	Chapel Hill	UNC-CH
John J. Harris	Chapel Hill	UNC-CH
Margaret A. Moore	Charlotte, NC	Private Practice

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

NAME	CITY	PROFESSIONAL SETTING
Maize Parker	Statesville	School, Hospital,
Virginia Hampton	Angier	Nursing Home
Marsh Brum	Chapel Hill, NC	Nursing Home
Maria J. Hoyle	Greenville, NC	Home Health
Danita Carver	Greenville, N.C.	ECU
Michelle Amey	Clinton, NC	ECU
Rebecca Stevenson	Lancaster, SC	DHHC Home Health
Gene Hunt	Greensboro, N.C.	Schools
Haden Payne	Ashville, NC	WCU
Eline Jackson	Pembroke, NC	ECU
Paula Burti-Zgouridis	Cary, NC	Public Schools
Melody Kendall	Cary, NC	Public Schools
Jana Mattox	Boone, NC	Public Schools
Kathy Triplett	Blowing Rock, N.C.	Public Schools
Patricia A. Cox	Greensboro, NC	State agency - DEC
Paula Burleson	Charlotte, NC	Nursing Home
Kristy Gentry	Charlotte NC	Nursing Home
B. Burnell	Narrington NC	Schools
Sally Simpson	Goldsboro, NC	Residential Facility

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

NAME

CITY

PROFESSIONAL SETTING

Mary Kathryn Willis	Wilmington, N.C.	Public School
Charlotte W. Moore	Thomasville, NC	Thomasville City Schools
Patricia E. Aet	Winston-Salem, NC	Amos Cottage Rehab. Hosp.
Karen Mann	Charlotte, NC	for Children Associated Healthfarms Rehab. Agency
Rexée Compton	Wilmington, NC	Ballard & Associates, P.A.
Audrey Self	Laurndale, NC	Public Schools
Robert Paul	Durham, NC	VA Medical Center
John Sexton	Greensboro, NC	Carolina Hearing & Speech
Jackie Rizz	Cary, NC	Caroline Hozt Spk
Chuck Schlein	Morganton, NC	CSHS Sp. & Hearing
Martha Dixon	Greenville, NC	Pitt Memorial Hospital
Debra H. Jones	Asheville, NC	Public School
Ralph A. Myzarella	Greenville, N.C.	University Training Program (East Carolina University)
Celia R. Hooper	Pittsboro NC	VNC - Chapel Hill
Kristin H. Porcille	Wilmington N.C.	Ballard & Assoc. Inc.
Stephanie Ropstein	Raleigh, N.C.	Speech & Language Division of Raleigh
Janet C. Blackley	Ellen, NC	Tri County Speech Hearing and Language
Dana Scroggs	Charlotte, NC	Charlotte Institute of Rehabilitation
Ashley Berrier	Chapel Hill, NC	UNC - Chapel Hill
Sally Mann-Landale	Greensboro, N.C.	Public Schools

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

NAME	CITY	PROFESSIONAL SETTING
David Pillsbury	Winston-Salem	Hospital
Rhonda Sutton-Merritt	Holdenboro	Private Practice
Nancy Perdue	New Bern	DEC
Wendi McMillan	High Point	Private / Public School
Ronda Bryant	Charlotte	Rehab / Nursing Facility
Sylvia P. Moore	Salem	Nursing facility
Susan Hance	Charlotte	Private Practice
Hacie Guggenheim	Charlotte	Contract for Public Schools
Laura Stamford	Cullowhee	Western Carolina Univ.
Luan Spruiell	Cullowhee	Western Carolina Univ.
Terris Tremann	Charlotte	acute Hospital & out patient
Kathy Hartman Little	Dunn	Schools
Carol Jenkins	Lenoir	Public Schools
Dick H. Williams	Southport	Schools
Jacquelin Smith	Lumberton	Schools - Home Health
David Blalock	Mocksville	Hospital
Michael Robbins	Bastie, NC	Student
Ange Brooks	Marion, NC	Student

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

NAME	CITY	PROFESSIONAL SETTING
Debra S Poulos	Boone	Rehabilitation Company.
Pheni Overstreet	Greensboro	Health Dept.
Bonnie D	Charlotte	Public Schools
James C. White III	Asheville	Rehabilitation Company
Lisa E. White	Asheville	Rehabilitation Company
Nancy Galambush	Kinston	Caswell Center
Julia Canavan	Raleigh	Wake Medical Ctr
Macey Booth	Boone	SLP-Grad.
Debra F. Pelham	Lancaster, SC	Home Health
Lynn L. Medley	Chapel Hill	university child development
Kristen Bryant	Chapel Hill	center / graduate student
Ann Austin	Hendersonville	Public Schools
Laurie Rutter	Horse Shoe	Public Schools
Rhonda Bullock	Carthage	Public Schools
Emory Prescott	Cullowhee	Grad. Student - WCU.
Debra Lassiter	Reidsville	Public Schools

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

NAME	CITY	PROFESSIONAL SETTING
Janet A. Calhoun	Pfefferlaw, NC	Private practice - home nurses, nursing homes, schools, day cares, adult MR group homes, etc.
Ann Harrison	Charlotte, NC	Public schools
Pat Austin	Kannapolis NC	Public schools
Libby Williams	Kannapolis, N.C.	Public schools
Terry B. Dopley	Granite Quarry NC	Lowen-Salesburg Schools
Barbara Herrington	Matthews, N.C.	Public Schools
Carol Meyers	High Point, NC	Public Schools
Elise McCoy	Boonville, NC	Student ASU
Debra Sherwalt	Spencer, NC	Hospital
Margaret Alary	Charlotte, NC	Rehabilitation Hospital
Bertha Locklear	Pembroke	Public Schools Robeson Co.
Marianne Newton	Greensboro NC	UNC - G
Kayla B. Helms	Asheville, NC	Thomas Rehab. Hospital
Stacey Marshall	Chapel Hill, NC	UNC - Ch
Gene Smith	Charlotte NC	CMS Public Schools
Susan Hutaga	Monroe NC	CMS School
Cindy Stiles	Charlotte, N.C.	Private Practice
Alexis W. Hanna	Greenville, S.C.	private practice

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

NAME	CITY	PROFESSIONAL SETTING
Pat Waddell	Goldsburo	Private Practice
Debra Slebocka	Raleigh	Durham Public Sch.
Lynn B. Blackley	Apex	Communi-Care/Pro-Rehab
Marti Fuller	Greensboro	Janestown Elem.
Lori J. Chaput	Asheville	Guilford County Sch. Communi-Care/Pro-Rehab
Gayne D. Nance	Chapel Hill	Student
Susan Maness	Carboro	Med Visit, Home Health
Anya Symmonett	Charlotte	School audiologist
Marti Sloan-Clout	"	"
Cyrie English	Asheville	Grad. Student
Lura Rust	Franklin	Grad Student
Mavis	Wilmington	Consult S/O
Judith Williams	Greensboro	Pre-school Handicap
Donna Thomas	Chapel Hill	Communi-Care Pro-Rehab
Rebecca Showman	Morgantown	Western Carolina Center
Pamela Johns	Durham	Private Practice
Cheryl Florence	Durham	Grad Student, NCCU
Hacey Robinson	Raleigh	Grad Student, NCCU
Barbara S. Miller	Raleigh	Grad Student NCCU
William C. Grant	Cary	Grad Student NCCU

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

NAME	CITY	PROFESSIONAL SETTING
Michelle B. Jan	Lenoir	Appalachian State U.
Ann D. Ess	Boone	" "
Angela S. White	Lenoir	Appalachian State
Lekae Daniels	Goldsboro	ECU
Jatonia Brown	Chapel Hill	Duke Univ. Med Ctr.
Sharon Chase	Asheboro	SNF
Jamie RB. Myler	Greensboro	School settings
June E. Webster	Stoneville	Schools
John Vail	Goldsboro	Private Practice/Hospital
Peri D. By	Raleigh	Home Health
Dianne East	Princeton	Rehab./Nursing Center
Karen Casley	Durham	Duke Univ. Med. Ctr.
Danielle J. Kudd	Charlotte	Audiologist - Center for Human Development
Vicki Miller	Charlotte	Audiologist - The Wake Clinic
Debra B. Woodward	Greensboro	ENT Office
Shawn Davis	Greensboro	Private Practice Audiology
John Joseph	Burlington	Hospital Audiology
		Flomberg CAT

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

NAME	CITY	PROFESSIONAL SETTING
Jim Best	Ararat VA	Hospital
Berta Davis	Chapel Hill	University - child Dev. center
Jackie Curria	Greensboro	DEC
Peggy E. East	Asheville, NC	University - Grad. Student
Linda Elvaston	Charlotte, NC	various
Jeanne Austin	Charlotte	Private Practice
Pam Henderson	Durham, NC	Rehab. Center
Patry Braun	Winston-Salem, NC	Acute / Rehab Facility
Ima-Da-Parker	Winston-Salem	Nursing Homes
Jemma Hollen	Wilmington	Private Practice
Sandy Hishong	Hendersonville, NC	" "
Rich Laine	Greenville, NC	" Univ. Setting - ECU
Norma Lou Robinson	Asheville, N.C.	VA Medical Center
Andrea Duncan	Boone, NC	Student, ASU
Kim Nelson	Boone, NC	Student, ASU
Temifer Higgins	Boone, NC	Student, ASU
Jamie Oxentime	Boone, NC	Student, ASU
Angie Bright	Winston-Salem, NC	Hospital

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

NAME	CITY	PROFESSIONAL SETTING
Cathy Boylan	Charlotte, NC	Public School
Jenni Reitz	Greensboro (UNC-G)	grad. student
Paula Sweetlander	Greenville, NC	Private Practice
Ashley Wilson	Greenville, NC	private practice
Bonnie McFall	Greenville NC	Private Practice
Kathy Morris	Greenville NC	Private Practice
Mary Jeffries	Greenville, NC	grad student
Liane Rand	Hampstead, N.C.	Schools
Sandra Hosler	Charlotte NC	Speech Pathologist
Maryjean Leroy	Jacksonburg, NC	Public School - School
Susan Fletcher	Charlotte, N.C.	Public School LEP
Rebecca Tanner	Whiteville NC	Home Health
Andrea Davio-Lary	Calabash, NC	Home Health Care
John Clabaugh	Asheville NC	Student. WCU
Pamela Henson	Boone, NC	University Clinic
Vickey Ravenel	Raleigh N.C.	MR Facility
Linda Bogle	Monroe NC	Public School
Hazel Proctor	High Point NC	
Dr. R. Fawcett	Charlotte, NC.	Public Schools -
Margaret Knott	Charlotte, NC	Private Practice
Brendley Ogden	Charlotte, NC	Private Prac/Preschool Set.
Ann Bivins-Walker	Charlotte, NC	Preschool

(Over)

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

NAME	City	Professional Setting
Jean Geissel Vogt	Columbia, S.C.	Speech Language Pathologist Early intervention / Augmentative Communication
Nathlyn Ohree	Rocky Mount, NC	Optimal Speech Service
Sharon Hughes	Winston Salem	Speech Language Pathologist Stokes Co. Schools
Mary Ann Pabst	Carroll	Speech Language Pathologist Wake Co. Schools.
Jeresa Smith	Shelby	Cleve. Co. Schools
Melanie Walker	Laurens	SLP Speech Path. Maj. @
Helen Chase	Durham	Private Rehabilitation Appalachian
Sherry Launst	Charlotte, NC	Private Pediatric Rehab
Beth Gordon	Charlotte	Charlotte-Mecklenburg Schools
Kimberly Buford	Charlotte	CMS
Sam Vaught	Wilmington	New Hanover Reg Med Center
Susan Mangum	Durham	Durham Public Schools
Kristi Wright	Boone	Student
Kim Forbes	Castalian	Student
Page Under	Greensboro	Central NC School f/t Deaf
Leslie Bird	Greensboro	Carolina Hearing & Speech
Sharon Smith	Wilson	ENCSD
Mindy Ann	Greensboro	Carolina Hearing Speech

Judy Bible
Lusa Guest

Beggi English
Joellen Randolph
Stephanie Packer

Charlotte
Franklin, NC

CEENTA
SLP

Asheville, NC

SLP

Winston-Salem, NC

SLP

Jayetteville, NC

Audiology Clinic

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

NAME	CITY	PROFESSIONAL SETTING
Anna H. Hodgen	Asheboro, NC	Asheboro City Schools
Kimberly D. Godwin	Greenville, NC	ECU Grad. School
Kristie L. Godwin	Raleigh, NC	NC SU Undergrad. program
Stan Dancord	Lumberton, NC	Robeson County Schools
Nancy Britt	Lumberton, N.C.	Robeson County Schools
Leahy B. Kuelbasa	Greensboro, NC	Davidson Co. Schools
Lionelle L. Doup	Charlotte, NC	Char/meck. Schools
Marianne Umphlett	Char. NC	University Hospital
Gayle Bigelow	Lumberton, NC	Public Schools
Mary Muzzarelli	Greenville, N.C.	Private Pre-School
Laura Ward	Chapel Hill, NC	UNC-CH grad. student
Sharon Annis	Chapel Hill, NC	UNC-CH grad. student
Shirley McLaughlin	Greensboro, NC	McLaughlin Journal
Lynn Bullard	Statesville, NC	Bedell Public Schools
Yvonne Chapman	Gastonia, NC	Home Health
Gail Jayner	Greenville, NC	Private ENT.
Kayn B. Helms	Asheville, NC	Thomas Rehab. Hospital
Cheryl Davis	Goldsboro, NC	Goldsboro Schools
Elaine Rowe	Goldsboro	Wayne County
Doni Ekland	Morris	Union Co.
Elizabeth Wiley	Boone, NC	ASU Student
Kendra Kiepatich	Boone, NC	ASU Student

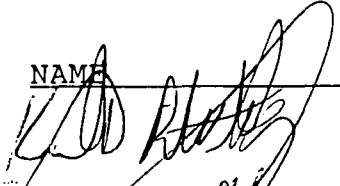
We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

<u>NAME</u>	<u>CITY</u>	<u>PROFESSIONAL SETTING</u>
Steph J. Peden	Boone, NC	Rehab Co.
Juanita Bogitto	Raleigh NC	Hospital
Gina R. Vasa	Boone, NC	graduate student
Stuart P. Meyer	Columbia SC	grad. student
Lisa C. Alden	Durham, NC	Home Health
Melvin Jennings	Chapel Hill NC	graduate student
Jill Elmoe	Boone, NC	graduate student
Melissa Kyriss	Chapel Hill, NC	SCP - Rehab. Co.
Barbara H. Inge	Chapel Hill, N.C.	private practice
Cynthia Robert Hyatt	Greenville, NC	Private Practice
Thomas H. Cameron	Butler NC	Adult MR Center

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

<u>NAME</u>	<u>CITY</u>	<u>PROFESSIONAL SETTING</u>
Vicki McCready	Greensboro	University
Ally Mae	N.C.	Hospital
Melinda Watkins	Greensboro	
	NC	
Shawn Williams	Albemarle	SLS
	NC	private practice
Diane Robinson	Raleigh	public school

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

<u>NAME</u>	<u>CITY</u>	<u>PROFESSIONAL SETTING</u>
 Mary Ellen	Morehead, NC Raleigh	Reg Technology Schools
Deana Grant	Pendleton, SC	Schools
Aaron Connor	Goldsboro, N.C.	Schools
Pamela H. Bashon	Charlotte	Port Place
Donna Paulino	Salisbury	Schools

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

<u>NAME</u>	<u>CITY</u>	<u>PROFESSIONAL SETTING</u>
Kristin Winstow	Chapel Hill, NC	Ballard + Associates
Ronnie Laughlin	Ral., NC	Novacure @ MRH.
Hacy Lynch	Fayetteville, N.C.	Home Health & Hospice Care
Mongzi V. Sun	Durham	Stedfast WCCU

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

<u>NAME</u>	<u>CITY</u>	<u>PROFESSIONAL SETTING</u>
Angie Anderson	Columbia, SC	Rehab. Hospital
Mia Baughen	Charlotte, NC	Rehab. Hospital
Opulie Sutton	Charlotte, NC	REBOUND
Barbara Cunningham	Edgemoor, SC	Rebound
Jean Dietrich Cornice	Raleigh, NC	Wake Medical Center

We would like to invite Hillary Rodham Clinton to visit Rehabilitation Professionals in North Carolina to discuss healthcare reform. On behalf of the North Carolina Speech, Hearing and Language Association, we extend this invitation with the desire to provide the First Lady and the Nation with information about the importance of rehabilitation services.

NAME

CITY

PROFESSIONAL SETTING

Tam O. Buz	Danbury	speech-language rehab.
Angie Dayton	Winston Salem	Speech Language Rehab
Lara Schindler Smith	Winston Salem	Speech-Lang. Rehab.
Frank Buz	Fauquier	ADMIN. S.D.M.T.
H. King Cox-Anderson	Durham	Speech Pathology
Wayne Bell	Asheville	Preschool Public School
Ann King	Charlotte	CMS-Charlotte/Mecklenburg School
Bea	Raleigh	Administration
Bea Wanda	Durham	Hospital

THE WHITE HOUSE

WASHINGTON

May 26, 1993

Kristy L. Fassler, N.D.
North Coast Family Health
406 The Hill, Suite 101
Portsmouth, New Hampshire 03801

Dear Ms. Fassler:

Thank you for your kind invitation to Mrs. Hillary Rodham Clinton. While Mrs. Clinton gratefully appreciates and welcomes the opportunity you have afforded, at this time her schedule does not permit her to accept your invitation. On behalf of Mrs. Clinton, I regret that she will not be able to visit your facility in the near future.

Reforming the nation's health care system is one of the most important challenges facing our country. The President's Task Force on National Health Care Reform is currently studying and debating the options for reform. The Task Force is seeking a wide range of input and invites you to submit any thoughts you or your organization may have.

The issues confronting our nation are daunting. With your help and support however, we can develop and implement a health care reform plan that best meets the needs of all Americans.

Thank you for your invitation. Your continued interest and support are deeply appreciated.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Alan L. Hoffman". The signature is fluid and cursive, with a long horizontal stroke at the beginning and a large, stylized "H" at the end.

Alan L. Hoffman
Director of Scheduling
Health Care Task Force

NORTH COAST FAMILY HEALTH Naturopathic Physicians

Leon M. Hecht III, N.D.
Kristy L. Fassler, N.D.

406 The Hill, Suite 101
Portsmouth, NH 03801
603-427-6800

Hillary Rodham Clinton
Chair National Task Force on Health Care Reform
The White House
Washington, DC 20500

March 3, 1993

unspec.

Dear Ms. Clinton:

I am writing to urge you to include naturopathic medical care and homeopathic medical care in your national health reform proposal. Both healing sciences will dramatically cut costs in health care and promote better health for the citizens of America.

Naturopathic physicians are the only primary health care physicians that are thoroughly trained in the prevention of chronic degenerative disease. The people of the United States share the tremendous cost burden for crisis intervention treatment of chronic degenerative diseases. Naturopathic physicians provide a unique service by educating their patients in nutrition and lifestyle modification so that such health care costs can be minimized. Currently there are two federally accredited naturopathic medical schools in the country and another is scheduled to open next fall. The United Nations has recognized Bastyr College in Seattle, Washington as "setting the standards for the world in the natural medical sciences".

Homeopathic medicine is practiced by many different health care practitioners today in America. As you may know, the royal family of England has been treated by homeopathic physicians for many generations. I find in my practice that homeopathy is an invaluable tool in healing people with everything from chronic asthma to psychological and behavioral disorders. Millions of dollars could be saved annually just by assisting individuals to heal from asthma and to discontinue their monthly asthma medications.

The AMA and the pharmaceutical industry are threatened by naturopathic and homeopathic medicine because people are getting well by using relatively inexpensive natural therapies. Knowing that this administration will not be swayed by the interests of enormous lobbies, I strongly urge your reform proposal to increase the availability of qualified naturopathic and homeopathic physicians by supporting naturopathic medical schools, and including naturopathic medicine and homeopathic medicine in your national health care plan.

Ms. Clinton, you are warmly invited to visit our naturopathic practice, North Coast Family Health, in Portsmouth, New Hampshire. Also, I would be happy to speak to you personally about naturopathic medicine and homeopathic medicine and the vital role they play in reducing health care costs. I look forward to hearing from you.

Sincerely,

Kristy L. Fassler, ND

Kristy L. Fassler, N.D.

A Case of Childhood Asthma

A 19 month old boy, B.V., was brought to our office in early March because he had asthma. He had been diagnosed with asthma at 10 months.

Six weeks prior to coming in, he came down with the flu which began as a sinus infection. He was treated with pediazole and he developed hives, so he was given amoxycillin for the infection and benadryl for the hives. The sinus infection backed up, causing an ear infection and tear canal infection. He was treated with more antibiotics. Then B.V. developed a rattle in his chest which was treated with more antibiotics and prednisone. A few days later, he developed pneumonia and was hospitalized under an oxygen tent. He was given more antibiotics and prednisone.

Kristy saw him several days after he was released from the hospital. His medical history revealed that he had eczema since he was an infant that was worse when he ate dairy products. Also, his asthma was definitely worse when he was around cats and dogs. He was a very active child with a pleasant personality. There were wheezes throughout his lungs, and he was taking antibiotics, prednisone, and asthma medications at that time.

His symptoms guided Kristy to prescribe a homeopathic remedy called Phosphorus in low potency twice a day after he was off of his antibiotics and prednisone. He continued to take asthma medication as well as some plant medicines and nutrients that she prescribed to help build his immune defenses.

His lung symptoms improved as he developed eczema on his head and neck, an upper respiratory infection, and an ear infection. Kristy prescribed a few more supportive therapies and within a week, his infections had resolved and the eczema broke out on his buttocks and legs.

At this writing, four weeks after B.V. first came to our office, he is being taken off of his asthma medication by his allergist because he no longer needs it. The eczema is going away and Kristy knows by his symptoms that he will need another homeopathic remedy to cure his allergies completely.

Homeopathy takes years of study to become proficient at prescribing and managing a case. There is not the space in this column to describe and explain the science of homeopathy. You may appreciate from this case why we value it as a healing modality!

If you would like to learn more about homeopathy, attend Kristy's upcoming class on May 6th.!

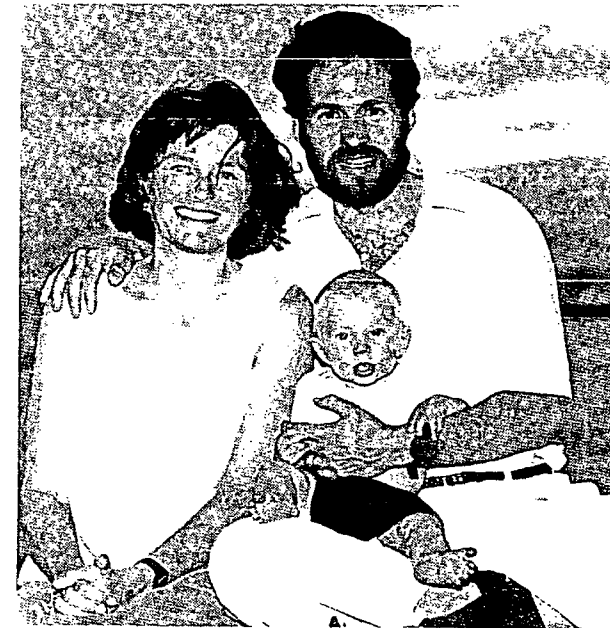
North Coast Family Health

406 The Hill, Suite 101
Portsmouth, NH 03801
(603) 427-6800

North Coast Family Health Letter

Spring 1992

406 The Hill, Suite 101 • Portsmouth, NH 03801 • (603) 427-6800



Hello!

We are Drs. Kristy Fassler and Leon Hecht, naturopathic physicians, and this is our son Benjamin. We love our work because we like to help people reverse disease and enjoy optimum health.

Millions of people across the nation are seeking ways to enhance their health and vitality without depending on drugs and surgery. Naturopathic medicine provides the means and guidance necessary to facilitate this process.

We invite you to our office for a complimentary 15-minute consultation or to schedule an appointment. You are also welcome to attend any of our upcoming classes.

In Health,
Kristy Fassler, N.D.
Leon Hecht, N.D.

Naturopathic Medicine...
a safe and scientific medicine that works!

Naturopathic Physicians

...are the **only physicians trained in the dietary treatment and prevention of disease** as recommended by Surgeon General Koop.

...Are general practitioners specializing in natural health care and preventive medicine.

...use standard medical diagnostic techniques and treat disease with natural medicines and therapies.

...attend a four year graduate, federally accredited, naturopathic medical school.

...must pass national board exams to be eligible for licensing.

... Are trained to stimulate the innate self-healing mechanisms within each person.

...Treat without drugs and surgery.

...Treat without harmful side effects.

...Are cost effective and covered by many insurance plans.

...Treat the **cause** of disease, not just the symptoms.

WELLNESS HEALTH CARE PLAN

The Goal

To get you healthy and keep you healthy! Utilizing the healing power of nature, Naturopathic Physicians work with their patients to effect a deep and lasting state of optimal health.

The Methods

- Clinical Nutrition
- Homeopathy
- Plant Medicine
- Physical Medicine
- Detoxification
- Lifestyle Modification
 - * Stress Management
 - * Exercise Programs
 - * Dietary Therapy

The Program

1st Clinic Visit - 90 minute interview; an integration of a homeopathic and medical interview, we learn about the unique symptoms you have that are different from anyone else. We send you home with a diet diary and schedule appropriate lab work. The information gathering has begun!

2nd Clinic Visit - This 45 minute visit begins with a physical exam, then reviews the gathered information at which time a comprehensive plan is discussed. Appropriate wellness classes are recommended and a homeopathic remedy is dispensed along with other indicated therapies. Active patient involvement is essential for tailoring the Wellness Plan to your unique needs.

Follow Up Visits

We want to see you in a month to six weeks to follow up on the recommended therapies and to make sure your health is improving as planned. Modifications in prescriptions will be made at this time according to your progress. Appointments are quickly spaced to quarterly or biannual visits. This ongoing dialogue is crucial for maintaining a deep level of lasting wellness.

Education and Support

We offer ongoing classes in many aspects of healthcare. Support groups can be helpful in maintaining motivation and sharing the process of becoming healthy. Individual consultations are available to those who prefer the privacy.

**We welcome you to
our office and invite you
for a complimentary
15-minute consultation.**

The Results

The results are proportional to the commitment one has to their health and well being. Some of our clients are asked to change relatively little in their lives while we may recommend to others a gentle and deep reorientation of lifestyle to a more health-promoting one.

The Commitment

Your commitment is to your own health. You are worth it! We are committed to doing everything that we possibly can to facilitate this process for you.

Homeopathic Consultations

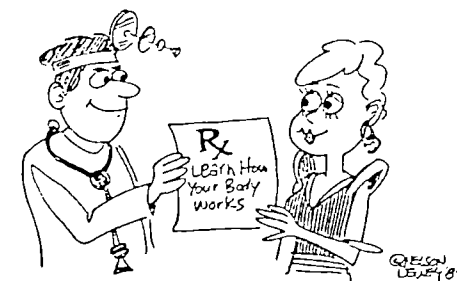
Homeopathic consultations are a specialty of ours. Homeopathic medicine is a powerful and effective tool in promoting the healing process. Both Drs. Leon Hecht and Kristy Fassler have received advanced professional training in this specialty.

Clinic Services

- * Nutritional Counseling
- * Dietary Analysis
- * Homeopathic Consultations
- * Risk Factor Analysis for:
 - Cancer
 - Cardiovascular Disease
 - Osteoporosis
- * Stop Smoking Program
- * Stress Management
- * Physical Exams for:
 - Well Person Preventive Exams
 - Well Child Exams
 - Women's Annual Exams
- * Laboratory Services:
 - Blood Testing for:
 - Preventive Health Screen
 - Cardiac Risk Factors
 - Allergy Testing
 - Urine Analysis
 - Complete Digestive Stool Test
 - Hair Analysis for Heavy Metals
- * Appropriate Referrals to Qualified Specialists

"The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in proper diet, and in the cause and prevention of disease."

Thomas A. Edison



Dr. Leon Hecht III

Bachelors Degree. University of Wisconsin
N.D. Bastyr College of Naturopathic Medicine
Licensed in the states of Washington and
Connecticut as Naturopathic Physician

Kristy L. Fassler

Bachelors Degree. University of Oregon
N.D. Bastyr College of Naturopathic Medicine
Licensed in the states of Washington and
Connecticut as Naturopathic Physician

Licensing N.D.s

The New Hampshire Association of Naturopathic Physicians (NHANP) submitted House Bill-1311-FN, to license N. D.s in the state of New Hampshire this year. On January 7th, 1992 at the Health and Human Service Committee public hearing, medical doctors, midwives, nurse practitioners, nutritionists and patients packed the hearing room and testified for 3 1/2 hours in favor of licensing naturopathic physicians. Thanks to all the public support, a few weeks later the committee voted 11 to 3 in support of the bill! Presently the bill is being studied further by the Health and Human Services Committee and is expected to be voted on by the House in early January 1993. In the meantime, representatives and senators need to be educated about the safety, effectiveness, and cost effectiveness of naturopathic medicine.

Licensing Naturopathic Physicians will:
1) provide greater freedom of choice in health care, 2) protect the public by ensuring that licensed N.D.'s graduate from accredited schools and pass national board exams, 3) protect the public by creating a Board of Naturopathic Examiners that will uphold licensing regulations.

Please notify us if you will assist us with this important opportunity! We need your support with fundraising, phone calls, and letters to legislators in support of licensing naturopathic physicians in New Hampshire. Together we can make a difference!

**OUR GOAL
is to help you
OPTIMIZE YOUR HEALTH**

HEALTH CARE TASK FORCE SORTING SHEET

CODER: _____

INPUT DATE: _____

GENERAL SORT:

POSTCARD 1: General mail Personal stories
 Other Health Providers Letter Campaign

POSTCARD 2: Offers to help/Employment

FORM LETTER: Letterhead Policy Physicians

REROUTE: Casework Scheduling President Other

POLICY AND PERSONAL STORIES:

 ORGANIZATION (I)
 insurance premiums
 insurance reform
 insurance pools
 boards and oversight

 COST ISSUES (VI)
 drug prices
 physician fees
 hospital fees
 medical equipment
 fraud & abuse

 COVERAGE (II)
 working families
 unemployed/low income
 benefits
 providers

 FINANCING (VII)

 MENTAL HEALTH (IX)

 INFRASTRUCTURE/WORKFORCE (III)
 quality assurance (guidelines)
 administration, reimbursement
 & information systems
 malpractice & tort reform
 manpower issues (training)
 unnecessary procedures

 LONG-TERM CARE (X)

 GOVERNMENT PROGRAMS (IV)
 medicare
 medicaid
 veterans
 DoD
 Indian health

 **PUBLIC HEALTH/
SPECIAL POPULATIONS (XII)**
 prevention
 AIDS
 women's health
 immunizations/children
 rural
 urban

 OTHER _____

THE WHITE HOUSE

WASHINGTON

June 4, 1993

Christopher R. Blagg, MD
Executive Director
Northwest Kidney Centers
700 Broadway
Seattle, Washington 98122

Dear Dr. Blagg:


Thank you for your kind invitation to Mrs. Hillary Rodham Clinton. While Mrs. Clinton gratefully appreciates and welcomes the opportunity you have afforded, her schedule does not allow her to accept your invitation at this time. On behalf of Mrs. Clinton, I regret that she will be unable to meet with you.

Reforming the nation's health care system is one of the most important challenges facing our country. The President's Task Force on Health Care is currently studying and debating the options for reform. The Task Force is seeking a wide range of input into their effort and invite you to submit any thoughts you or your organization may have.

The issues which confront our nation are daunting. But with your help and support, we can develop and implement a health care reform plan that best meets the needs of all Americans.

Thank you for your invitation. Your continued interest and support are deeply appreciated.

Sincerely yours,

A handwritten signature in black ink, reading "Alan L. Hoffman". The signature is fluid and cursive, with a long horizontal stroke at the beginning and a large, stylized "H".

Alan L. Hoffman
Scheduling Director
Health Care Task Force

NORTHWEST KIDNEY CENTERS

700 BROADWAY • SEATTLE, WASHINGTON 98122 • (206) 292-2771 • FAX # (206) 292-3920

April 28, 1993

NKC93-0162

Hillary Rodham Clinton
The White House
Washington DC 20500

unsg

Dear Mrs. Clinton:

I understand that you may be coming to the State of Washington to witness the signing of our state's health care reform legislation. In that event, I would like to take the opportunity to invite you to visit the Northwest Kidney Centers in Seattle.

The Medicare End-Stage Renal Disease Program is a small but significant part of the health care system of the United States. I am not aware that this has been specifically considered during the deliberations of your Task Force on Health Care Reform. In Washington State we have what we believe to be one of the best community-based programs for providing comprehensive care to patients with kidney failure, emphasizing transplantation and home dialysis.

Attached to this letter is a brief description of the Northwest Kidney Centers. Because of the success of our program, we have been visited over the years by various congressmen, a congressional subcommittee, and by the last two administrators of the Health Care Financing Administration. We would be delighted and honored if your schedule would permit you to visit our program so we could give you first hand information on issues related to the provision of treatment for end stage renal disease.

Thank you for considering this invitation.

Sincerely yours,

Chris Blagg, M.D.

Christopher R. Blagg, M.D.
Executive Director

cc: Governor Mike Lowry.

NOYES
March 12, 1993

Mr. Ira Magaziner
Senior Adviser to the President
for Policy Development
The White House
Washington, DC 20500

Noyes

Alan -
Include w/
CDF / NACHR!
City of Elmer?

Dear Mr. Magaziner:

Each of our organizations, both individually and in larger coalitions, recommend as a part of comprehensive health care reform the development of uniform health benefits that meet the distinct needs of children. Such benefits require attention to not only the primary and preventive care needs of children but also medically necessary and appropriate care determined by pediatric health care experts.

We would welcome the opportunity to meet with you and appropriate members of the staff to the President's Task Force on National Health Care Reform and its work groups to discuss in detail more specific issues raised by children's needs for distinct health benefits.

Please have your office contact Pete Willson with the National Association of Children's Hospitals and Related Institutions at (703)684-1355 about a time that would be most convenient for you or your staff to have such a meeting.

Thank you very much for your consideration.

Sincerely,

Elizabeth J. Noyes

Elizabeth J. Noyes
American Academy of Pediatrics

Kay Johnson

Kay A. Johnson
March of Dimes Birth Defects Foundation

Peters D. Willson

Peters D. Willson
National Association of Children's Hospitals
and Related Institutions

401 Wythe Street
Alexandria, VA
22314

cc: Mr. Michael Lux, Public Liaison, White House

HRC SCHEDULING CODING SHEET

Special Handling (Deliver to Patti Solis)

☐ FOH - Personal Friends☐ VIP - Political and other VIP Leaders☐ Commencement Address

Today's Date: _____

☐ Honorary Chair and BoardsBatch #: HRC.SCHED.☐ Park Ridge, Wellesley, Yale

History #: _____

☐ Social Invitations for White House Time -- Copy to Ann Stock☐ Arkansas Connection

Letter Categories

☐ Date.passed -- Date for the event has passed☐ Regret.ps -- Regret the event☒ Regret.meeting -- Regret request for a meeting☐ Pending -- Invitation is Pending☐ Pick.date -- Pick a date for your event☐ Congressional -- Regret for Member of Congress☐ Events.1994 -- The event is in 1994 or later

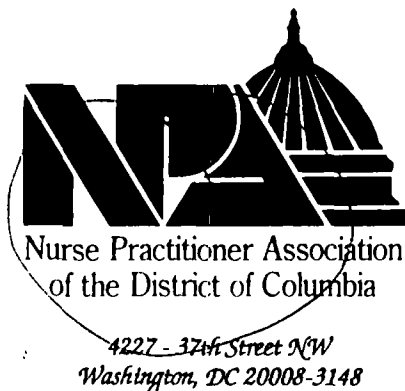
General Information

DATE(S): _____

ORGANIZATION: Nat'l Assn of Children's Hospitals
and Related InstitutionsADDRESS: 401 Wythe St.
Alexandria, VA 22314INVITER (NAME & TITLE): Peter D. Willson

TITLE OR NAME OF EVENT: _____

CONTACT CODES (See Code Sheet): _____



February 11, 1993

Mrs. Hilary Rodham Clinton, Chair
White House Task Force on Health Care Reform
1600 Pennsylvania Ave., N.W.
Washington, DC 20500

Dear Mrs. Clinton:

On behalf of the Nurse Practitioner Association of the District of Columbia, I am writing to tell you of the many places Nurse Practitioners provide much needed health care in the District. I recommend the inclusion of Nurse Practitioners as providers of choice in any health care plan your Task Force proposes to Congress.

Nurse Practitioner **Nancy Pfaff** is chief health care provider at the recently opened Max Robinson Center of the Whitman Walker Clinic for HIV/AIDS patients in Southeast Washington, 3920 South Capitol St. SE. To arrange for a visit to her worksite call Scott Sanders at (202)797-3700.

Karen Pataky, Adult Nurse Practitioner is both Associate Medical Director of DC Planned Parenthood and manager and care provider at the Landover Mall Clinic. She works with women who have multiple health problems and Planned Parenthood's Clinics provide health care on a sliding fee scale. Karen says the biggest problem she and her colleagues confront is how to manage women's health problems such as surgical intervention for breast masses and treatment of diabetes and hypertension which are beyond the scope of care provided by Planned Parenthood. To arrange a visit to Karen's clinical site contact Planned Parenthood at (202)347-8500 and ask to be put through to Karen Pataky.

Family Nurse Practitioners **Veneta Masson** and **Theresa Acquaviva** provide most of the care at the Community Medical Care center in Washington's Shaw area - a section with many public and low income housing units. Whole families come to their center in a renovated townhouse to receive immunizations, acute care and management of chronic illnesses. Veneta and Theresa may be contacted at (202)408-9835.

At Georgetown University Hospital, where Task Force member Dr. Judith Feder is on staff, there are a number of Nurse Practitioners. **Mary Winslow**, Geriatric Nurse Practitioner, works in the Orthopedic Clinic with all the orthopedic patients, physicians, and residents. **Phoebe Joseph**, **Stefni Bogard**, **Barbara Weaver** and I work in Employee Health Services where we do pre-employment histories and physicals on all new Georgetown Hospital Employees. We also do an initial evaluation of most work related injuries and on

the job exposures to toxic chemicals or infectious diseases. The phone number of Employee Health is (202)784-3680. On the Georgetown University side there are three Nurse Practitioners who evaluate and treat students in the Student Health Services - **Deborah Morone, Barbara Kell and Maggie Hadro-Venzke**. To visit nurse practitioners at this site contact Deborah Morone at (202)687-4661.

There are four programs which educate Nurse Practitioners in Washington, DC. First, at Georgetown University School of Nursing there is a program which prepares family nurse practitioners chaired by **Dr. Jan Towers**. Dr. Towers may be reached at (202)687-4886. At George Washington University Medical Center there is a program conducted jointly with George Mason University which prepares adult and geriatric nurse practitioners. **Eileen O'Grady** is acting director of that program and may be reached at (202)994-2126. Howard University has a nurse practitioner program within their school of nursing directed by **Dr. Coralease Ruff**. Dr. Ruff may be contacted at 202 636-7459. The fourth program is at Catholic University. **Sister Marie Salerno** is Dean of the program which prepares adult and pediatric nurse practitioners. Her phone number is (202)319-6556.

The nurse practitioners and program directors mentioned above would be happy to have you or members of your task force visit them. Such a visit could provide "up close and personal" information gathering regarding the contributions Nurse Practitioners will make within a national health care system. Thank you for considering our request to include Nurse Practitioners as providers of choice in your proposal for a universal access health care system. If you would like more information about other Nurse Practitioners in the Washington DC metropolitan area please feel free to call me at (202)686-5514.

Sincerely,

A handwritten signature in black ink that reads "Delia I. O'Hara". The signature is written in a cursive, flowing style.

Delia I. O'Hara,CFNP,JD

THE WHITE HOUSE

WASHINGTON

May 28, 1993

Ms. Christina Sponselli
Associate Editor
Nurse Week
1156-C Aster Avenue
Sunnyvale, CA 94086

Dear Ms. Sponselli:

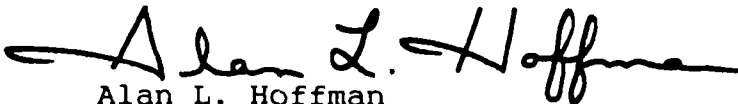
Thank you for your kind invitation to Mrs. Hillary Rodham Clinton. While Mrs. Rodham Clinton gratefully appreciates and welcomes the opportunity you have afforded, her schedule does not allow her to accept your invitation at this time. On behalf of Mrs. Clinton, I regret that she will not be able to grant you an interview at this time.

Reforming the nation's health care system is one of the most important challenges facing our country. The President's Task Force on Health Care is currently studying and debating the options for reform. The Task Force is seeking a wide range of input into their effort and invites you to submit any thoughts you or your organization may have.

The issues which confront our nation are daunting. But with your help and support, we can develop and implement a health care reform plan that best meets the needs of all Americans.

Thank you for your invitation. Your continued interest and support are deeply appreciated.

Sincerely yours,



Alan L. Hoffman
Scheduling Director
Health Care Task Force

NURSEWEEK

Fax Transmittal Sheet

FAX: (408) 249-8204

Attn: Ms. Julie Hopper

Date: May 3, 1993

Company: Office of the First Lady

Pages to follow: -1-

FAX: _____

From: Christina Sponselli

NURSEWEEK

May 3, 1993

Ms. Julie Hopper
Office of the First Lady
White House
Room 185-OEOB
Washington, DC 20500

unspec.
interview

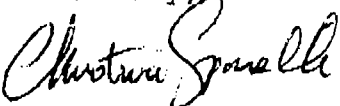
Dear Ms. Hopper,

Just a note to let you know we are still interested in conducting a personal interview with First Lady Hillary Rodham Clinton. Please let us know when this will be possible and we will begin finalizing our arrangements for the interview.

I understand the First Lady's time is very valuable, but I hope that you will consider our publication an important platform for reaching 83,000 registered nurses throughout California.

Thank you for your time and consideration. I hope to hear from you in the near future. You may call me at (408) 249-5877 extension 172, or reach me via fax at (408) 249-3756.

Sincerely,



Christina Sponselli
Associate Editor

NURSING Economic\$

A Jannetti Publications Inc. Journal

Legislative Services Division
1090 Vermont Avenue, NW, Suite 800
Washington, DC 20005
202-347-2187 - FAX 202-347-4819
408-7034 202-898-4170

To: Mike Lux
Office of Public Liaison
The White House

FAX # 456-6218

From: C. Bocchino
Director, Legislative Services

Re: Briefing Requested for Nurse in Washington Internship

Since 1985, the Federation of Specialty Nursing Organizations (representing more than 3.5 million registered professional nurses) has hosted a workshop in Washington, DC designed to broaden the awareness of professional nurses and other allied health professions to influence the legislative process and the formation of health policy. One day is spent visiting congressional members and discussing opinions on health care reform or other pending legislation. Preceding these visits, we have been able to schedule a "White House Briefing" to make the participants aware of the Administration's views on health care reform and other related issues. In the past, briefings have been conducted by Gail Wilensky (Deputy Assistant to the President for Policy Development), HHS Secretary Louis Sullivan, and Tom Scully (Associate Director, OMB).

Given the successful change in Administration and nursing's continued support of President Clinton and Vice President Gore, I hope that you will work with us in once again making this a part of our conference.

The White House briefing is scheduled for Wednesday, March 17th as this immediately precedes visits to Capitol Hill and congressional members. The time remains flexible. The briefing is usually scheduled for one hour and participants are encouraged to ask questions.

I recognize that the Administration is in the process of designing a health care reform proposal and nothing will be finalized by that date. However, these participants represent an important part of the health care community, have actively supported the President during his bid for office and are eager to hear someone from the Administration discuss health care issues.

Please contact me at 408-7034 at your earliest convenience. Generally this request is made with more advance notice however, I've encountered some problems in contacting the appropriate

individual. Thank you for your assistance and responsiveness to
this request.



National Federation for Specialty Nursing Organizations

Regular Members

American Academy of Ambulatory Nursing Administration
American Association of Critical-Care Nurses
American Association of Diabetes Educators
American Association of Nurse Anesthetists
American Association of Neuroscience Nurses
American Association of Occupational Health Nurses
American Association of Spinal Cord Injury Nurses
American College of Nurse-Midwives
American Nephrology Nurses' Association
American Psychiatric Nurses Association
American Society of Ophthalmic Registered Nurses, Inc.
American Society of Plastic & Reconstructive Surgical Nurses
American Society of Post Anesthesia Nurses
American Urological Association, Allied
Association for Practitioners in Infection Control
Association Of Operating Room Nurses, Inc.
Association of Pediatric Oncology Nurses
Association of Rehabilitation Nurses
Dermatology Nurses' Association
Emergency Nurses Association
International Society of Nurses in Genetics
Intravenous Nurses Society, Inc.
NAACOG: The Organization for Obstetric, Gynecologic &
Neonatal Nurses
National Association of Neonatal Nurses
National Association of Nurse Massage Therapists
National Association of Nurse Practitioners in Reproductive
Health
National Association of Orthopaedic Nurses
National Association of Pediatric Nurse Associates and
Practitioners
National Association of School Nurses, Inc.
National Flight Nurses Association
National Nurses Society on Addictions
Oncology Nursing Society
Society of Gastroenterology Nurses and Associates, Inc.
Society of Otorhinolaryngology & Head-Neck Nurses, Inc.

Affiliate Members

National Association of GCRC Nurse Managers
National Association for Health Care Recruitment
National Student Nurses' Association, Inc.
The American Association of Nurse Attorneys

HEALTH CARE TASK FORCE SORTING SHEET

CODER: JA

INPUT DATE: _____

GENERAL SORT:

POSTCARD 1: General mail Personal stories
 Other Health Providers Letter Campaign

POSTCARD 2: Offers to help/Employment

FORM LETTER: Letterhead Policy Physicians

REROUTE: Casework Scheduling ✓ President Other

POLICY AND PERSONAL STORIES:

 ORGANIZATION (I)
 insurance premiums
 insurance reform
 insurance pools
 boards and oversight

 COST ISSUES (VI)
 drug prices
 physician fees
 hospital fees
 medical equipment
 fraud & abuse

 COVERAGE (II)
 working families
 unemployed/low income
 benefits
 providers

 FINANCING (VII)

 MENTAL HEALTH (IX)

 INFRASTRUCTURE/WORKFORCE (III)
 quality assurance (guidelines)
 administration, reimbursement
 & information systems
 malpractice & tort reform
 manpower issues (training)
 unnecessary procedures

 LONG-TERM CARE (X)

 GOVERNMENT PROGRAMS (IV)
 medicare
 medicaid
 veterans
 DoD
 Indian health

 PUBLIC HEALTH/
 SPECIAL POPULATIONS (XII)
 prevention
 AIDS
 women's health
 immunizations/children
 rural
 urban

 OTHER _____