Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	To Melanne from Anne re: Monday's meeting (3 pages)	10/22	b(6)
002. draft	Re: President's Committee on the Arts and the Humanities (4 pages)	10/19/1993	b(6)
003. letter	To Ann Bartley from Kathy Dwyer Southern re: suggested nominees (6 pages)	10/19/1993	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20036

FOLDER TITLE:
HRC Trip to NH, Boston, GA

2013-0534-S
ry1573

RESTRICTION CODES

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

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

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

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

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

ROUNDTABLE DISCUSSION PARTICIPANTS
New England Summit on Health Care Reform:
The Turning Point
With First Lady Hillary Rodham Clinton
World Trade Center, Boston, MA
December 7, 1993

QUESTION 2 - WHAT ARE THE ECONOMICS OF HEALTH REFORM?

Public Sector Managers

- Joseph Ganim **(GAN-UM)**, Mayor of Bridgeport (CT)
- Peter Negroni **(NEH-GROAN-EE)**, Supt. of Schools, Springfield (MA)
- Kim Holstrum, Auburn town official (MA)

Business and Labor

- Ed Pendergast, Boston Chamber of Commerce (MA)
- Carl Lindblade, VP and General Manager, Red Jacket Inn (NH)
- Greg Cyr **(SEE-UR)**, owner, Cyr Lumber (ME)
- Larry LaTour, owner, L&G Engineering Inc. (RI)
- Sandy Morrell Rooney, Brunswick Coal & Lumber (ME)
- David Cousens **(CUZ-ENS)**, Maine Lobstermen's Association (ME)
- Celia Wcislo **(WISS-LOW)**, SEIU, President, Local 285 (MA)

Providers

- Don McDowell, President, Maine Medical Center (ME)
- Carol Ann Wetmore, E.R. nurse (CT)
- Dr. Valerie Stone, Boston City Hospital (MA)

Insurance

- James McLane, CEO, Aetna Health Plans (CT)

PANELIST SUMMARIES
NEW ENGLAND HEALTH CARE SUMMIT

QUESTION 1: HOW WILL REFORM AFFECT ME?

Elsie Frank, MAOA

Ms. Elsie Frank is President of the Massachusetts Association of Older Americans which currently has over 10,000 members. She is also the mother of Congressman Barney Frank and testified at the Quincy, MA hearing (October 2, 1993). Elsie is concerned about Medicare cuts but is pleased with the promise of prescription drug coverage and changes in long term care. Overall, she is supportive of the President's efforts. She says she strongly believes that every American is entitled to comprehensive health benefits that can never be taken away.

Charles Sias (SIGH-US), AARP (ME)

Charles Sias is the AARP/VOTE Maine State Coordinator, and he is extremely knowledgeable about long-term care issues. Mr. Sias retired after working as a radio and television broadcaster for thirty five years.

Mr. Sias is concerned about the impact of health care reform on senior citizens, particularly cuts in Medicare and whether the long-term care benefits are adequate. AARP supports the principles of the President's plan, and is in the process of surveying its membership to determine whether they will endorse the plan.

Mr. Sias will note the effects of the system on caregivers and the burden faced by families. He will discuss the personal difficulties faced by families who care for ill family members. He will mention that long-term care is not just for the elderly: a full one-third of those receiving long-term care are under the age of 50. He was recommended by Senator Mitchell.

Sandy Sulfaro (SUHL-FAR-O) (MA)

Sandy is an Emergency Room triage nurse at Marlboro Hospital. She has a case of Multiple Sclerosis that has reached a chronic progressive stage. Sulfaro has been providing insurance for her husband, a truck driver, and her three children for 25 years. Sandy

will describe her fear of losing her insurance if and when her MS forces her to quit her job. She and her family would then be stuck with a pre-existing condition. A hospital admission last month and diminishing comfort and mobility have made her think about this as a serious prospect. She also thinks about the cost of being uninsured with her condition. She says a recent print-out of her outpatient drug costs total $5,000 over the course of the year. She's just now beginning a Betapheron drug regimen that she says will cost $10,000 a year. Ironically, the every-other-day injections will also make her more fatigued and less able to work.

Sulfaro and her family have a long history of health problems and problems with health insurance. When her sister was diagnosed with a rare disease called dermamyotitis in 1956, she says the hospital garnished her father's wages in order to pay for the expensive drugs required to keep her sister healthy. Sulfaro says she remembers the first day the hospital forced her dad to sign over the check as if it were yesterday. Eventually, her sister got on Medicaid once the program was enacted, but not before her condition forced the family into numerous spells of homelessness--a consequence of both the garnished wages and the fact that her father had to miss lots of work to help care for her sister. (Sulfaro also says that at one point Ambassador Kennedy intervened with the hospital to get her sister the drugs for free.) She has great hopes for reform, but also a concern--both as a nurse and as a patient--that competition will turn hospitals into the Wal-Marts of the future. In particular, she believes that discount medicine and utilization review are bad for quality.

Dr. Lois Harrison-Jones, Supt. of the Boston City School System

Dr. Harrison-Jones will talk about the need for health care reform to ensure that children will have access to proper care. She believes that the health problems and illnesses that go unaddressed in children not only burden our health system and drive up costs, they impair children's classroom performance. Children afflicted by health problems are distracted and therefore unable to get the education they need. They also disrupt the learning process for other children and take up more of a teacher's time and attention.

Many of these situations and illnesses could be prevented if we had a better health care system.

Dr. Jones is expected to stress the importance of developing "health consciousness" in families -- that is, working with families to learn how to take care of their kids' health care needs. She talks about the need to teach parents about the importance of pre-natal and post-natal care, immunizations and other preventive services. As Superintendent, she has also developed working relationships with pediatricians, health centers and the Department of Health to teach teachers how to spot health problems in these students before they worsen, and to establish referral between the schools and community providers.

Shirley Craighead, Rhode Island

Mrs. Craighead is a 57-year-old daycare provider. She is also involved with the advocacy group DARE, Direct Action for Rights and Equality, which pushes for better schools and other neighborhood issues. Mrs. Craighead was insured under her husband's health plan while he was working but is now uninsured. When he retired they had to purchase family coverage for $400 a month. They had to cancel the policy after only three months because it was too expensive. Mr. Craighead is covered by Medicare.

As a young woman, Mrs. Craighead was on welfare. Her social worker encouraged her to work, so 33 years ago she became certified as a daycare provider. She wanted to work at home so she did not have to leave her kids. Her daycare services are being funded through a block grant to the state of Rhode Island. A while ago, Mrs. Craighead suffered a fall. She waited one day before going to the emergency room, because she was concerned about the cost, but the pain and discomfort were too great. When she did finally go, it was discovered that she had several broken ribs. In addition, she recently had cysts removed from her wrist at a cost of over $2,000. She is very worried about how she will pay for it, as it took her six months to even find a physician to see her because she was uninsured. She tries to stay healthy - she knows it will be a while before she is eligible for Medicare. Mrs. Craighead notes with irony

that if she becomes really ill, she will lose her job and be back on welfare and then she will have insurance. She was recommended by Sen. Pell.

Christine Dimitroff (DI-MI-TROFF) (N.H.) (Note: her letter to you is attached.)

Christine is a 23-year-old diabetic who is uninsured and barred from insurance by her pre-existing condition. When she started her full-time job with a small high-tech company in February of last year, she didn't think she needed insurance. While her employer offers health benefits to the majority of its dozen or so employees, they told Christine that they couldn't afford to insure her and Christine didn't push. At the time, she says, she didn't think she needed it. In October of that year, her arm grew strangely numb. Her mother, a nurse, urged her to go the emergency room. Christine says she was loathe to do so because she lacked insurance. Her mom told her that the hospital couldn't refuse her admission.

She eventually went in and was diagnosed with Diabetes Type II and hospitalized for two days at a cost of $2,500. After her diagnosis, the employer agreed to buy her health insurance, but the carrier denied her coverage because of the pre-existing condition. She says two carriers offered her coverage, but only with waiting periods and at prohibitive costs. Dimitroff says the bills from her hospitalization have gone to collection. She had to take a second job to pay them off, and now pays $10 a week--an arrangement she made with the collection agency--and she says even that's a struggle. (She makes $12,000 a year -- a bit more when you count her part-time income). Although she should see a doctor every three months for her condition, she doesn't because she can't afford to. She says this endangers her health and makes her mother mad.

Melanie Carmichael, farmer, VT

Melanie runs a small family dairy farm in Vermont (100 cattle). She was recommended by Senator Jeffords. Melanie has a husband and 3 kids, (2 girls and a boy) ages 7, 9, and 10. Her husband has a part-time job with a company that sells semen to artificially inseminate cows. His company does not offer health benefits to part-time workers.

Since they cannot afford the premiums on their own, the Carmichaels are uninsured until January, when her husband's job should become full-time. They used to buy their own insurance but it got too expensive, so they dropped coverage. Ten years ago, when they started, their premiums were $800/year for a good plan with a $250 deductible. Now the same plan would cost them $2,400/year and their deductible would be $1000/year. Even with her husband's outside job, they can barely keep the farm profitable due to dropping milk prices.

Her son was recently injured at school--Melanie had to bring him to the doctor and then to the hospital for X-rays. She is very worried about getting the bills in the mail. She knows other farmers in similar circumstances. Some have signed up for Medicaid or other government health programs but she said she still has too much pride to do that. She says that her cows have better medical care than her children.

Dr. Mitchell Rabkin, President, Beth Israel Hospital

Mitch will be supportive of the Clinton Plan. He will talk about the health reform issues from the perspective of the teaching hospitals. Mitch will discuss the importance of quality of care and the role of the teaching hospitals and how the training and research they do are key to improving the quality. He may also talk about how important it is to recognize the additional costs teaching hospitals must incur -- something that he believes the Clinton bill does -- and urge that the program not be weakened as the bill moves through Congress. Over the last number of years, Beth Israel has downsized quite a bit. In the current fiscal year they shaved $25 million off a budget of $300 million. They have also dropped down from 504 beds to 457, and they've dropped 150 staff positions through attrition. Mitch was jointly recommended by Moakley's office, the Boston teaching hospitals, and the Boston Globe.

Jean Chin, Ph.D. (MA).

Chin is Director of the South Cove Community Health Center located in China Town. She will likely focus on the significance of cultural

barriers to health care delivery and the importance of providing culturally appropriate services. Her message is that providing people with insurance cards doesn't guarantee that they'll get the services they need. Chin will speak as a service provider for a number of heterogenous Asian clienteles, all of which have different needs and pose different challenges, not the least of which is having access to providers with whom they can communicate. She will also want to debunk a couple of myths, namely: 1) that Asians-Americans don't have serious needs because they are believed to be so self-sufficient and prosperous, and 2) that Asians can simply be lumped in with other minority groups when assessing those communities' health care needs. She is concerned that patients will not be able to seek culturally appropriate providers outside the alliance area.

Dan Onion, M.D., M.P.H.
Maine-Dartmouth Family Practice Residency Program (ME)

Dr. Onion directs a Family Practice Residency Program that helps recruit and train primary care physicians in rural Maine. He has been associated with this facility since 1985. Dr. Onion is also Professor of Clinical and Community and Family Medicine at Dartmouth Medical School, where he has taught for twelve years. He has been Chair of the Maine Medical Assessment Foundation's Family Practice Study Group since 1982, and since 1989 he is the Chair of the Maine Family Practice Residency Program Directors.

His main concerns are physician supply and training, rural health initiatives, and medical outcome improvement and research. He will talk about the need to increase the number of primary care doctors and the need to get them practicing in rural areas. He says that for every one resident he graduates, there are ten unfilled primary care jobs. He says urban centers like Boston suck primary care jobs out of rural areas due to their ability to offer doctors more money and better life-styles. He also cites the high rate of burnout among rural doctors. One of his concerns is that residency slots for primary care training be allocated to rural health centers, not just to urban tertiary care institutions. Dr. Onion was recommended by Mitchell.

Ms. Judy Dimock--Madison Area Health Center

Ms. Dimock is on the Board of Directors for the Madison Area Health Center, a rural community health center in Maine. She was one of the founders of this health center. She will talk about the important role the health center plays in access to care in rural Maine. These community health centers are often the only source of medical care in their area. Ms. Dimock will also note the important health services these centers provide to the Native American tribes in Maine.

She is concerned that some of the public health initiatives in the plan may duplicate existing programs and she wants to ensure that reform doesn't replace the health centers that are already up and well-functioning today. Dimock says that in Madison -- an area of 10,000 residents -- there's only one primary care doctor when only a short time ago there use to be four. She was recommended to us by Senators Mitchell and Cohen.

Duane Smith, M.D. (MA)

Dr. Smith is the Medical Director at RoxComp, a community clinic that provides a continuum of services including social services and case management to residents of Roxbury. He'll describe what he sees as a front-line provider. In particular, he'll emphasize the importance of an approach to health reform that doesn't focus narrowly on the issues of providing people health insurance or medical care. He'll say that the challenge is much greater -- that we have to deal with issues such as urban violence, illiteracy, and poor eduction if we're serious about improving the health of Americans that live in places like Roxbury. As a provider of mental health services, he'll also talk about how important a good mental health package is. He says his mental health services are limited by the availability of grants, and that he sees lots of people coming in with chronic mental health problems -- brought on in some cases by exposure to urban violence and other forms of stress -- that could have been prevented with early intervention.

Dr. Alvin Poussaint, Psychiatry Professor, Harvard Medical School

Dr. Poussaint feels that Mental Health is a critical componenty of the benefits package.

PANELIST SUMMARIES
NEW ENGLAND HEALTH CARE SUMMIT

QUESTION 2: THE ECONOMICS OF HEALTH CARE REFORM

Mayor Joseph Ganim (GAN-UM) (CT)

Mayor Ganim of Bridgeport, CT, was inaugurated for a second term last Wednesday. He was recommended by Sen. Dodd. He'll focus on the high cost of providing health care to city employees. Those costs rose 45% between 1991 and 1992, although a restructuring of Bridgeport's health insurance program has slowed cost growth in the most recent period. Still, health benefits absorb 10% of the city's budget and 40% of the city's total payroll costs. The city is also saddled with a large retiree health care burden -- 40% of those on Bridgeport's insurance rolls are inactive employees. Health care costs and a shrinking tax base have wreaked havoc with the city's financial security. In December 1991, the previous mayor filed bankruptcy papers with the courts. The court rejected the bankruptcy application, and Ganim came into office saying that the city should manage its way out of its financial troubles instead.

Mayor Ganim will focus on how health care costs have contributed to Bridgeport's shaky financial situation and crowded out vital city services. For example, the Bridgeport police force is not at authorized levels because the city can't afford to field more cops; layoffs in the public works department have left buildings vacant and streets cluttered with trash, threatening public health and safety; city engineers don't have up-to-date maps of the city because of layoffs in that department; and in past years the city laid off so many employees at its airport that the FAA recently closed the airport down for a period of time.

Peter Negroni, Superintendent of Schools, Springfield (MA)

Peter Negroni will talk about the impact of skyrocketing health care costs on the Springfield school system. These costs are attributable to both higher insurance premiums and the higher cost of meeting the needs of children with disabilities. Peter will mention that these health costs have resulted in some difficult choices: health insurance is not an option--those costs have to be met--but doing so means cut-backs on educational materials or other expenses. He

says he sometimes wonders what the school system's principal line of business is: providing education or health insurance. Health care costs for Springfield school employees have increased from $2,500 for a family plan in 1986 to a whopping $11,500 in 1993.

Kim Holstrum, Auburn, MA

Ms. Holstrum is the assistant to the Executive Secretary of Auburn. Her town has had a great deal of trouble providing health insurance for employees and retired workers. In 1990, they offered one Blue Cross Blue Shield indemnity plan, and two HMO options. The Blue Cross plan went up 100 percent the following year. Since the indemnity plan was over $1000 for a family and the HMO option was $400, all the healthy people switched from the indemnity to the HMO. Then Blue Cross dropped their indemnity coverage, and left the town's sickest retirees without an indemnity option. When Auburn tried to purchase a new indemnity plan, no insurer would bid.

Their premiums have continued to go up. Health insurance costs consume about 11 percent of the town's payroll. The town's health insurance budget has almost doubled in the last few years, from $780,000 to $1.5 million. These cost increases directly impact the delivery of town services. Without control of their health care costs, the town has no money to hire additional police, firemen or teachers, all of which are needed. They cannot maintain their roads or their buildings and equipment is breaking down. "You cut everything else first, even things you know you shouldn't, just to keep from laying people off," she says.

Ed Pendergast, Director of Greater Boston Chamber of Commerce & Chair of their Health Care Task Force

Mr. Pendergast has served as a small business advocate for over 30 years, including serving as Chair of Governor Dukakis' Small Business Advisory Committee and co-founder of the Small Business Foundation of America. At the Quincy, MA hearing (October 2, 1993) Mr. Pendergast voiced his concern over how employer mandates would affect small businesses but acknowledged that all businesses need to be able to obtain coverage at competitive rates. (He personally favors the use of mandates to guarantee universal

coverage and endorsed the Dukakis pay or play proposal). His partner in his consulting firm has a pre-existing condition and could only get a very expensive policy with a long waiting period. Mr. Pendergast is covered under his wife's policy. The Greater Boston Chamber of Commerce has formed a Task Force on Health Care which Mr. Pendergast heads. They have not taken a position on the Health Security Act, but feels it holds much promise.

He thinks small businesses that presently provide insurance have the most to gain from reform, namely elimination of preexisting condition exclusions, more simplicity in their dealing with insurers and more buying power. Nonetheless, Mr. Pendergast has numerous concerns about health reform. He's worried about the bureaucracy that come could with the creation of alliances and sundry review boards. He says that the system promises simplicity, but that his experience with government programs teaches him not to be so optimistic. He's also concerned that employees will be shielded from cost conscious choices if the plan allows employers to voluntarily pay 100% of the average premium.

Carl Lindblade, Red Jacket Inn (NH)

Carl is the Vice President and General Manager of the 7 Red Jacket Inns located in New Hampshire and on Cape Cod. He was recommended to us by Senator Gregg. Red Jacket Inns employ over 600 people in the busy summer season. Ten percent of their employees are developmentally disabled and Carl is very proud of their efforts to employ disabled persons in meaningful jobs - they have supervised and semi-supervised employment. Carl is concerned about costs of health care reform for businesses and has questions about the treatment of seasonal workers. Currently, he only covers full time managerial staff with 50% cost sharing, and allows all other workers to pay their own way for the plan he sponsors. Carl is not opposed to the Clinton plan, however. As a former hospital trustee, he knows that the health care system needs some attention and recognizes the important social concepts in the plan. His father was a clergyman. He wants to know whether tip income counts toward the employer premium cap.

Greg Cyr (SEE-UR), Cyr Lumber (ME)

Mr. Cyr is the owner of Cyr Lumber, a logging company in Portage, which is about 40 miles from the Canadian border. His company employs 20 people. He is the former President of the Maine Forest Products Council, and was named the Outstanding Logger for the Northeast States in 1992.

He buys insurance for his wife and two teenagers that costs $2500/year and still faces a $1000 deductible. He does not offer insurance to his employees. Six years ago, he considered it but there were so many diverse health needs among his employees that they could not decide on one plan. Mr. Cyr offered to supplement their salaries instead and they accepted. He pays about $1 per hour in lieu of coverage on average pay of $10 per hour. His business is close to the Canadian border and some of his employees are Canadian and get care there. (They say the Canadian system is abused by some and they are concerned about their tax dollars being wasted). Others employees are uninsured, buy their own coverage, or get coverage through their wives. Mr. Cyr is concerned about rising costs to businesses and the potential bureaucracy of health care reform, but he is supportive of the general principle of comprehensive reform. He wants access to quality, affordable care. Greg Cyr was referred to us by Senator Mitchell.

Larry LaTour, L & G Engineering, Inc., (RI)

Mr. LaTour is a member of the National Federation of Independent Businesses but he supports the President's health care reform proposal. He testified at the Fall River, MA hearing (October 18, 1993) and urged Senators Pell and Kennedy to not be intimidated by groups such as the NFIB that opposed employer mandates. Mr. LaTour stressed that health care reform was needed to help all businesses, including small ones, be competitive. What he liked best about the President's plan was cost control and a level playing field. He calls employer-provided health coverage "moral, ethical, humane, and practical." Mr. LaTour offers insurance to his 5 employees and pays 8 percent of his payroll now. He has a healthy group and no major pre-existing conditions.

Sandy Morrell Rooney, Brunswick Coal & Lumber
DownEast Energy Corporation (Brunswick, ME)

Ms. Rooney is Vice-President for Administrative Services for Brunswick Coal & Lumber and DownEast Energy Corporation, which are family-owned businesses that together employ over 400 people. Ms Rooney is also a director of the United Way of MidCoast Maine and the American Red Cross MidCoast Chapter, and served as the 1993 United Way Campaign chair.

One of Ms. Rooney's responsibilities is to oversee the benefit programs provided by the companies, which include a self-insured health and dental program that emphasizes preventive care. Ms. Rooney will be primarily concerned about implications of health care reform for small and mid-sized businesses. In particular, she doesn't know why they should have to go through an alliance and wants to maintain incentives for smoking cessation programs.

David Cousens (CUZ-ENS), Maine Lobstermen's Association

Mr. Cousens is an independent lobsterman from South Thomaston, ME, and is President of the Maine Lobstermen's Association. The association has 1200 members. Mr. Cousens is Chair of the State Lobster Advisory Council, and is a member of the Board of the Lobster Institute.

David is likely to discuss the huge cost increases he's seen over the years. Ten years ago all their members bought health insurance through the association at a cost of $175/month. Today, only 300 members buy insurance through the association and it costs just under $500 for the same type of Blue Cross plan with a $150 deductible plan. (He says the average salary of a lobsterman is between $20-25,000, although the amount varies dramatically.) A number of the lobstermen have opted for a lower cost plan ($270/month) with a $2000 deductible. Others get insurance through their wives, and many go without insurance. For some it's a choice between food and health insurance. "They have to eat," he says. David is married with three boys, age 11, 8, and 4 months, and he has some hearing loss. He wants to bring a lobster to Mrs. Clinton. He was recommended by Senator Mitchell.

Celia Wcislo (WISS-LOW) (MA)

Wcislo is the president of SEIU Local 285 in Massachusetts, a union that represents a great many allied health professionals and low-wage, less-skilled hospital workers, such as cafeteria workers and nurse assistants. She just brokered an agreement between nurses and the City of Boston settling a dispute that has been lingering for three years. The SEIU has historically supported a single-payer system, but she recognizes that such an approach may be politically unachievable, and that in its absence an employer mandate is absolutely critical to assuring universal coverage. She dismisses the argument that a mandate will cause job loss and she's prepared to describe the way in which workers have had to trade off wages for escalating health care costs.

She'll also stress the importance of retraining workers displaced by the cost cutting that will necessarily accompany health reform. She says this retraining should focus on new opportunities in both home and community-based care--areas that will expanded under reform--and in non-health industries that are today being choked by high health care costs. Finally, Wcislo says that many union workers are concerned that health reform will mean a down grade in benefits. Her response: costs are eroding those benefits already, and reform will only create a floor for benefits and not prevent employers from offering more.

Don McDowell, M.P.H.--Maine Medical Center (ME)

Dr. McDowell is the President of the Maine Medical Center and has been very active in getting hospitals in Maine to work together. Maine Medical Center is the largest hospital in Maine. Dr. McDowell has organized a consortium of hospital agreements throughout the State to provide a network of primary care and specialty care for all residents. His concerns are reforming anti-trust laws so that hospitals can establish cooperative relationships and joint ventures, the financing of universal coverage, cost containment measures, and graduate medical education. Dr. McDowell was referred to us by Senator Mitchell.

Carol Ann Wetmore, R.N., Connecticut

Ms. Wetmore has worked as an emergency room (ER) nurse at Yale New Haven Hospital for 3 years, and has been a nurse for 10 years. She will talk about seeing patients use the emergency room as their initial contact with the medical system. Many uninsured patients delay seeking care and eventually end up in the E.R. with a serious illness. Ms. Wetmore will mention a woman who had migraine headaches, but put off seeing a doctor. When she finally ended up in the emergency room with a seizure, she was diagnosed with a brain tumor. This was costly for both the patient and her family.

She will say that patients coming in without primary care doctors are more likely to be run through an expensive battery of tests to make sure nothing is wrong. If they had a continuous primary caregiver, that expense could be spared. Ms. Wetmore will also note that the ER has as many clerical staff as nurses to help the nurses focus on caregiving rather than paperwork, but this is at great expense to the hospital. Ms. Wetmore supports comprehensive health care reform as a way to address all of these problems. She wants nurses to focus on nursing, the ER to focus on true emergencies, and patients to get good preventive and primary care at the least cost.

Dr. Valerie Stone, Boston

Dr. Stone is the Medical Director of Ambulatory Care Services at Boston City Hospital. This system serves 250,000 patients a year. She is also an assistant professor at Boston University School of Medicine, and provides care to HIV positive patients. Dr. Stone is very concerned about providing care to impoverished patients: Medicaid eligible, the recently unemployed and those without health insurance. The issues she will address are providing care to patients from different cultural backgrounds (such as Southeast Asian and African), delivering quality care to disadvantaged populations and the HIV positive community, and the role of teaching hospitals as providers of primary care.

James McLane (CT)

McLane is CEO of Aetna Health Plan headquartered in Hartford, CT. With 17,000 employees, Aetna is the state's second largest employer. The insurance industry employs 51,000 people in Connecticut--about 3.5% of the state's employment base. About half of this workforce is connected to the provision of health insurance. Aetna and the other two Connecticut insurance giants --Travelers and Cigna -- are members of the Alliance for Managed Competition which has endorsed the Cooper/Grandy bill and has adopted a much more moderate tone than the HIAA. McLane, who testified before the Labor Committee last month, wants to send a positive message at the roundtable discussion. In particular, he intends to focus on Aetna's investment in managed care and improvements they're making in the delivery of health care -- a theme he stressed in November. The message: cost control and quality are not divergent goals. In his testimony before the Committee, McLane also raised problems with premium caps and the size and power of regional health alliances, but his office tells us that he would like to stay away from raising contentious issues on Tuesday.

Note: Mr. McLane is concerned that he might be verbally attacked during this discussion; he wants things to go smoothly.

EDWARD M. KENNEDY
MASSACHUSETTS

United States Senate

WASHINGTON, DC 20510-2101

For tomorrow - Final summary of the witnesses.

FAX TRANSMISSION

TO: MELANNE VERVEER

FROM: NICK LITTLEFIELD

DATE: 12/6/93

COVER + 5 PAGES

OFFICE OF SENATOR EDWARD M. KENNEDY
2400 JOHN F. KENNEDY FEDERAL BUILDING
BOSTON, MA 02203

TEL. (617) 565-3170
FAX. (617) 565-3183

IF YOU HAVE TROUBLE RECEIVING THIS TRANSMISSION PLEASE CONTACT THIS OFFICE IMMEDIATELY.

QUESTION 1: HOW WILL REFORM AFFECT ME?

Security

Ms. Sandy Sulfaro (SUHL-FAR-0)
Nurse, Marlboro Hospital (MA)
Reminder: Choice and quality also important; Walmart medicine
Issue: **Disabled nurse; fears loss of insurance thru job loss because she has a pre-existing condition.**

Ms. Shirley Craighead
Day care provider (RI)
Referral: Sen. Pell
Issue: **Uninsured older worker - would be better off on welfare**

Ms. Christine Dimitroff (DI-MI-TROFF)
Young employee (NH)
Referral: Letter to HRC
Reminder: She's very shy
Issue: **Uninsured worker; "immortal youth"; became diabetic now has pre-existing condition**

Ms. Melanie Carmichael
Farmer (VT)
Referral: Sen. Jeffords
Issue: **Uninsured family; insurance too expensive; her cows get better health care than her kids**

Benefits

Dr. Lois Harrison-Jones
Superintendent of Schools, Boston
Referral:
Reminder:
Issue: **Schools grappling with uninsured and sick children; can't teach someone when s/he's sick**

Ms. Elsie Frank
Pres., Mass Assn of Older Americans
Referral: Appeared at Kennedy hearing in Quincy
Issue: **Medicare changes; concerned about impact of plan on older Americans; are alliance benefits better than Medicare?**

Mr. Charles Sias (SIGH-US)
Maine AARP
Referral: Sen. Mitchell
Reminder: Also concerned about Medicare cuts and supports sin taxes
Issue: **Importance of long-term care, particularly home care, not only for the elderly but for families**

Dr. Alvin Poussaint (PWHO-SANT)
Psychiatry Professor, Harvard Medical School
Issue: **Mental health is a critical component of the benefits package**

Access and Providers

Dr. Jean Chin
Director, South Cove Community Health Center (MA)
Issue: **Insurance card doesn't guarantee access to care; cultural and language barriers**

Ms. Judy Dimock (DIM-UCK)
Madison Area Health Center (ME)
Referral: Sens. Cohen and Mitchell
Reminder: Doesn't know much about native Americans
Issue: **Rural health centers meet the special needs of rural communities, including outreach**

Dr. Dan Onion
Maine-Dartmouth Family Practice Residency Program (ME)
Referral: Sen. Mitchell
Issue: **Difficulty in recruiting and retaining primary care providers in rural areas**

Dr. Duane Smith
Roxbury Comprehensive CHC (MA)
Reminder: Can also talk about urban violence; mental health
Issue: **Difficulty in getting urban providers (Smith was National Health Service Corps doctor himself in Roxbury); also concerned about affordability for low income people**

Dr. Mitchell Rabkin
President, Beth Israel Hospital (MA)
Referral: Rep. Moakley
Issue: **Improving quality of care through training and research; role of teaching hospitals**

QUESTION 2: THE ECONOMICS OF HEALTH CARE REFORM

Public Sector Managers

Mayor Joseph Ganim (GAN-UM)
City of Bridgeport (CT)
Referral: Sen. Dodd
Reminder: Previous mayor filed for bankruptcy
Issue: **Health care costs for city employees' family plan was $2,500 in 1983 and $8,000 in 1992; health insurance equals 40% of payroll**

Ms. Kim Holstrum
Town of Auburn (MA)
Reminder: Can also talk about choice;
Issue: **Small town; health costs went from $750,000 to $1.5 million in 5 years; raised property taxes to Prop. 2-and-a half limit to pay for health care increases; could have hired 10 teachers or 11 police officers**

Dr. Peter Negroni (NIH-GROAN-E)
Supt. of Schools, Springfield (MA)
Reminder: Will be very aggressive, concerned about special ed
Issue: **Reduced city funding for teachers and unable to buy educational materials, including books**

Labor and Business

Ms. Celia Wcislo (WISS-LOW)
SEIU, Local 285 (MA)
Reminder: Strong on employer mandate; worker retraining
Issue: **Represents 12,000 hospital, nursing home, and mental health facility workers; Boston nurses have not had a raise in 3 years due to rising health costs.**

lay offs + workers
what do about it.

Mr. Ed Pendergast
Boston Chamber of Commerce (MA)
Referral: Testified at Kennedy hearing in Quincy
Reminder: Pesonally favors mandates
Issue: **Concerned about additional bureaucracy and cost to business**

Mr. Larry LaTour
Owner, L & G Engineering, Inc. (RI)
Referral: Letter to Sen. Pell
Reminder: Strongest small bus. supporter of Clinton plan
Issue: **NFIB member who SUPPORTS Clinton Plan, including mandate to share business responsibility equally.**

Mr. Carl Lindblade
Red Jacket Inns (NH)
Referral: Sen. Gregg
Reminder: Approx. 50% of his workers are uninsured
Issue: **Medium-sized hospitality business owner; concerned about seasonal workers; believes uninsured workers should get public aid funded by sin taxes**

Mr. Greg Cyr (SEE-UHR)
Owner, Cyr Lumber (ME)
Referral: Sen Mitchell
Issue: **Small businessman; questions whether businesses can afford employer mandate.**

Mr. David Cousens (CUZ-INS)
Maine Lobstermen's Association
Referral: Sen. Mitchell
Issue: **For self-employed persons, high costs mean choosing between food and health insurance**

Ms. Sandy Morrell Rooney
Brunswick Coal & Lumber, DownEast Energy Corporation (ME)
Referral: Sen. Cohen
Issue: **Medium-sized, self-insured company; business incentives for developing innovative wellness programs;forcing businesses into alliances will eliminates these incentives**

Insurers and Providers

Mr. James McLane
CEO; Aetna Health Plans (CT)
Referral: Sen. Dodd
Reminder: Supports exclusive health alliances;
Issue: **Managed competition will work; good insurance companies can save money through managing care**

Ms. Carol Ann Wetmore
RN, Yale New-Haven Hospital (CT)
Reminder: Can also talk about irrational E.R. use
Issue: **Emergency room nurse; her hospital has as many clerks in E.R. as nurses; incredible waste in system to handle paperwork**

Dr.Valerie Stone
Prof., Boston City Hospital (MA)
Issue: **Runs BCH outpatient care centers; stresses importance of developing outpatient care models to reduce costs; concerned about improving quality and lowering cost of care for people with HIV**

Mr. Don McDowell
Maine Medical Center (ME)
Referral: Sen. Mitchell
Issue: **Hospital joint ventures save money**

PRIVATE MEETING

WILLIAM SIRAT-Board President of Manchester Community Health Center, Sr. Vice President of Fidelity Health Alliance.

DIANE PENNELL-Community Member/User of services. Helped generate support for the Center by telling her story. During her second pregnancy wasn't able to afford medical care. Obtained prenatal care through a local program but wasn't able to get help for her thyroid problem (which was aggravated by the pregnancy) because it wasn't covered under the prenatal program.

SCOTT GOODSPEED- President and CEO Elliot Hospital. Community leader, active in outreach programs for Community Center.

SILVO DUPUIS, O.D. - President and CEO Catholic Medical Center. Attended President Clinton's Speech to Congress on Health Care. Asked to serve as New Hampshire Representative to White House Health Care Task Force. Past HHS Commissioner for New Hampshire.

SELMA DEITCH, M.D. - Clinical Director - Child Health Services. Provides full range of services to families. Works closely with Community Health Center. Funded by state, city, county, medicaid, and private donations. Primarily concerned with the integration of social services with medical services that support families. Thinks social services should be covered under Clinton Health Care Plan.

PHIL RYAN - President and CEO Elliot Health Systems (Parent of Elliot Hospital). United Way Chairman for Greater Manchester. Working with Robert Cholette on a merger of Elliot and Fidelity to eliminate duplication of services and to realize cost savings. Filed an "Intent to Merge" petition with the Justice Department in June of this year. Have just received a request for more information from the Justice Department.

ROBERT CHOLETTE - President and CEO Fidelity Health Alliance. Working with Phil Ryan on Merger with Elliot Health Systems.

BILL CASHIM- Vice President Catholic Medical Center. FOB? Ran New Hamphshire Campaign During Primary for Gov. Clinton.

MEET AND GREET WITH ELECTED OFFICIALS, FRIENDS AND SUPPORTERS
Manchester, NH 12/2/93

Baldizar, Barbara	State Senator, Political Director for primary campaign
Beaulieu, Emile	Former Mayor of Manchester
Blackmer, Ginny	Member, NH Health Care Steering Committee; President, State Nurses Association
Bourque, Ann	State Senator, Manchester Alderman
Britton, Tom	Appointed by the President to Advisory Committee on White House Scholars, early Clinton supporter
Britton, Valerie	Early Clinton supporter
Broderick, Patti	Early Clinton supporter, wife of John Broderick
Brown, Mike	Early Clinton supporter, Democratic activist
Brown, Will	Early Clinton supporter, activist on evironmental issues, former DNC member
Bruno, George	Clinton primary and general election co-chair, attorney, legal counsel for NH AFL/CIO <u>NOTE:</u> George is under consideration for an ambassadorship. He is upset that he has not secured a position in the Administration yet and may mention it to you.
Buckley, Ray	State Represenative; Executive Director, NH Democratic Party
Burling, Peter	State Representative, Early Clinton supporter, Democratic House Whip
Burnham, Dan	Democratic activist; Chair, Cheshire County Democratic Committee

Cashin, Bill	Appointed by President to Federal Council on Aging, early Clinton supporter, Manchester Alderman
Chamberlain, Alice	Appointed by President to International Joint Commission on the United States and Canada, Early Clinton supporter
Chambers, Mary	Vice Chair, NH Democratic Party
Cochrane, Christine	Medical student, University of New England, College of Osteopathic Medicine
Crapo, Debbie	Democratic activist, early Clinton supporter
Dennis, Bob	1993 Manchester mayoral candidate
Densmore, Ned	1992 NH Small Businessman of the Year, 2nd CD Democratic Chair, attended WH NAFTA opinion leaders meeting
Denz, Bob	Head of NH AARP
Digangi, Gaetan	Democratic activist
Disnard, George	State Senate Minority Leader, early Clinton supporter
Dunn, Mim	State Representative, early Clinton supporter, Democratic activist, 1992 Democratic Convention Delegate
DuPuis, Sylvio	Doctor, CEO and President of Catholic Medical Center; member of NH Health Care Campaign Steering Committee; nominated by Gov. Merrill to be NH Insurance Commissioner
Durmer, Kris	Early Clinton supporter <u>NOTE:</u> Kris competed for the position of NH US Attorney but Paul Gagnon was selected instead. He has been appointed to the board of "Sally Mae."

Freedman, Anita	Clinton primary and general election co-chair; Secretary, NH Democratic Party
Freedman, Norman	Husband of Anita Freedman
Gagnon, Paul	Appointed by President to be NH U.S. Attorney, early Clinton supporter
Garafalo, Mike	Democratic activist, Tsongas Delegate
Gallagher, Chris	Early Clinton supporter, law partner of Terry Shumaker NOTE: Chris was considered for head of the FDIC but was not selected.
Gower, Beth	Head of NH Pharmacists Association
Hall, Betty	State Representative; early Clinton supporter; Chair, Hillsboro County Democratic County
Johnson, Lionel	State Representative, African American activist
Keefe, Joe	Attorney, former Democratic Congressional Candidate
King, Wayne	State Senator, Clinton primary supporter
Knox, Christopher	Medical student, University of New England, College of Osteopathic Medicine
Lynch, Bill	Newly-elected Mayor of Keene, NH
Machos, Jr., Ron	Early Clinton supporter, husband of Rhonda Machos
Machos, Rhonda	Wife of Ron Machos, Jr.
Machos, Sr., Ron	Host of Health Care Watch party, Father of Ron Machos, Jr.
Maglaras, George	Clinton primary and general election co-chairs; Chairman, Stafford County Commisioners
Manning, Don	Democratic House of Representatives staff

Manning, Maureen Raiche	Former State Party Vice Chair, Activist on women's issues
Martin, Greg	Early Clinton supporter, Cheshire County Commisioner
McKenzie, Mark	President, NH AFL/CIO
McLane, Susan	Republican State Senator, Republicans for Clinton-Gore
Miller, Chris	Early Clinton supporter, Democratic activist, 1992 Convention delegate
Moran, Gretta	Early Clinton supporter, Democratic activist
Nardi, Teddi	State Representative
Nelson, Mary	Former State Senator, possible gubernatorial candidate, her husband Jack was reappointed to his federal GSA job in February by the President
Normand, Jim	Early Clinton supporter, former State Representative
O'Neill, Dan	Early Clinton supporter
O'Rourke, Joanne	Manchester City Democratic Chair, State Representative
Paschel, Jan	Friend of the President from Arkansas, early Clinton supporter
Paschel, John	Husband of Jan Paschel
Raymond, Matthew	Medical student, University of New Hampshire, College of Osteopathic Medicine
Rauh, John	1992 Democratic U.S. Senate Candidate
Rauh, Mary	National Board Member, Planned Parenthood
Ring, Charlotte	Early Clinton supporter, Democratic activist, Nancy Richard Stower's deputy during primary campaign
Russell, Pat	Former DNC Member, early Clinton supporter

Schaeffer, Jan	Director, NH AFL-CIO Committee on Political Education
Shumaker, Terry	Attorney, At-Large DNC Member, Clinton primary and general election co-chair, DLC member, 1992 Democratic Convention delegate
Simon, Mitchell	Contributing writer on health care, Concord Monitor; Professor of Health Law, Franklin Pierce Law Center
Sobelson, Gary	Physician, Head of NH Academy of Family Physicians
Soucy, Donna	Manchester Alderman
Stower, Nancy Richards	Early Clinton supporter
Swett, Dick	U.S. Congressman
Swett, Katrina	Swett Campaign Chair, State Party Finance co-chair
Tomicic, Vella	Medical student, University of New Hampshire, College of Osteopathic Medicine
Trombly, Rick	State Representative, Democratic leader in the State House
Vella, Salvatore	Medical student, University of New Hampshire, College of Osteopathic Medicine
Verge, Bill	Likely 1994 Democratic Congressional Candidate, Lost in 1992 Democratic Primary to Bob Preston
Wagner, Rob	Mayor of Nashua
Wallner, Mary Jane	State Representative, Day Care Director, Hosted November State Party event with Secretary Babbitt

CONCERNS AND RESPONSES

1). Our company has been successful in curtailing the growth in our health care costs and worry that our costs will go up under the Clinton plan.

RESPONSE: Some of the most innovative efforts to control health care costs in recent years have been done by companies like yours and we have spent a great deal of time seeking a plan that would improve on the record you have built. Through universal coverage, businesses that provide will no longer be paying for those who don't. In addition, you will no longer be paying for the working spouse whose employer does not pay. You will see about a 10% savings in our worker's compensation changes. You will benefit from the administrative and malpractice changes to the whole system. And finally, we cap the growth in both the private and public sector programs.

2). Our company has invested in wellness programs that we would be reluctant to give up.

RESPONSE: We would hope that you would continue wellness and lifestyle programs, and have clarified that costs beyond the basic benefit package would continue to be tax deductible.

3). My company has a large payroll and I believe the 1% corporate assessment will be costly for us.

RESPONSE: Under the current system, we all subsidize academic medicine and research through our health premiums. Under our proposal, we continue the concept of everyone subsidizing academic medicine: in the regional alliances the premiums are assessed a small percentage for academic medicine; in turn, the corporate assessment of the corporate alliances will subsidize academic medicine.

4). My company has workers in 10 states -- how will our corporate alliance deal with ten different health systems.

RESPONSE: If you form a corporate alliance, ERISA will continue to work for you as it does today. Corporate alliances will not be subject to different state health plans -- they will only need to comply with the federal requirements. However, there is one exemption: single payer states.

- Bus. - will win under health care
- Brother
- Rebld - old professional principles - Compet'n + consumerism
- Budget - not dep from elec + other utility reg'm if we get to that
- mtgs to bld support + explain

we're only < Drenford - size of opt out / worries about
Ed Artz - Proctor & Gamble couldn't come but wanted to make pt won't be corporate alliances

ATTENDEES

JOSEPH "JOE" GORMAN - Chairman and CEO of TRW Corporation. He was appointed by President Clinton this year as a principal to National Security Telecommunications Advisory Council. Mr. Gorman first met then Governor and Mrs. Clinton at the Kentucky Derby in the mid-1980s. He is a graduate of Yale University Law School. TRW has worked constructively with us on health care reform, however they have voiced concerns about the lack of flexibility with the corporate alliances and the fact we don't allow for flexible compensation options. However, they have been very pleased with changes we recently made to prohibit states from taxing corporate alliances on health care (except in single payer states) and to lighten the oversight of the Dept of Labor on corporate alliances. They are not with us yet, but appear to be coming around.

JOHN D. ONG - has been the chairman and CEO of the BF Goodrich Company since 1979. Although formerly a producer of tire and industrial rubber products, BFGoodrich now is a leading producer of aerospace systems and specialty chemicals. He is also a director on the boards of Ameritech and Kroger Companies. He is currently chairman of The Business Roundtable, a director of the National Alliance of Business, a senior member of the Conference Board, and a member of The Business Council. BF Goodrich has not taken a position on the Health Security Act, but has concerns about whether the corporate alliances are independent enough to make it worthwhile for large corporations.

DAVID H. HOAG - has been Chairman, President, and CEO of LTV Corporation since 1991. He continues to serve as CEO of LTV Steel Company, a position he has held since 1985. LTV was an early supporter of the Health Security Act, releasing a support letter for the September 23rd event. Although they would qualify for a corporate alliance, they believe they will put their employees in the regional alliances. They are keenly interested in and supportive of the early retiree provision and are concerned that this provision has week support both in the Administration and on the Hill.

WILLIAM BUTLER - has been Chairman and CEO of Eaton Corporation since 1989. Eaton is a manufacturer of highly engineered products serving automotive, industrial, commercial, and military markets. He is also on the boards of Pitney Bowes, Inc, and Bearings, Inc. Mr. Butler has not yet focused on the details of our proposal, but, according to this staff, is likely to be generally supportive. They have a large retiree population and will be interested in our early retiree proposal. Mr. Butler has been very involved in the Cleveland data collection and quality outcome initiatives.

EDWARD B. BRANDON - Chairman and CEO of National City Corporation. No additional information. worries that alliances politicized because appt'd by governors

KAREN HORN - is the Chair and CEO of Bank One of Cleveland. Her earlier positions include President of the Federal Reserve Bank of Cleveland and Treasurer of the Bell Telephone Company of Pennsylvania. Ms. Horn is on the Boards of TRW, Inc., Eli Lilly

"voice of payers of health care"

promised list of protections

Can't just spend
on uninsured
w/o reforming
system.

Q - Does spending cuts equal revenue cuts - Stg doubts.

Company, and British Petroleum Company. She is also a trustee of the Cleveland Clinic Foundation. Ms. Horn was one of the award presenters at the Business Enterprise Trust event in New York City on Tuesday. Ms. Horn has not taken a position on health care reform, however, her staff believe she is generally favorable to our proposal.

reserve about ① global budgets. ② alliances

A. MAL MIXON - is chairman and CEO of Invacare Corporation, the leading manufacturer and distributor of home health care products. He serves on the boards of Sherwin Williams Company and Lamson & Sessions Company. He also serves on the Board of the Cleveland Clinic Foundation. Mal Mixon and Invacare have been strong supporters of the Health Security Act and joined the President and Mrs. Clinton on September 23rd for the health announcement event. There are some smaller issues that he has been working with Ira Magaziner on regarding home health equipment coverage, however, he has actively been promoting the Health Security Act. Don't feel I should pay cuts. Costs for all other cos who don't pay. Upset with HCFA which keeps up adm. forms.

ALBERT B. RATNER - is the Vice Chairman of the Board and CEO of Forest City Enterprises, an investment and real estate development company. The Forest City Enterprises has been especially involved in the urban renewal of Cleveland. Although active in community and civic projects throughout Cleveland, he is especially involved in the Cleveland Task Force on Violent Crime and the Cleveland Foundation Commission on Poverty. Although not yet focused on the health care reform, he has consistently been a strong supporter of the President's initiatives. Q What's your confidence level that what's in the bank will prevail in Congress?

RODNEY CHASE - has been Chairman and CEO of BP America and managing director the British Petroleum Company since 1992. He came the US in 1989 after serving overseas for British Petroleum throughout Asia and Europe. He is chair of the Cleveland Initiative for Education and serves on the boards of National City Corp and the American Petroleum Institute. His staff have indicated to me that he has not focused on the health care, but is likely to be favorable towards the approach we have taken.

Ans That's our democratic system. I'm here to get you vested to protect the fundamental features. Status quo is the worst thing for the country.

Rogers we have the only real plan in town
1) Universal coverage
2) Choice
3) Employer mandate

6 principles

excess

U.S. House of Representatives
Committee on Energy and Commerce
Room 2125, Rayburn House Office Building
Washington, DC 20515-6115

November 2, 1993

MEMORANDUM

TO: Chairman Dingell

FROM: Staff

SUBJECT: Health Care Reform

1. The White House needs to meet with House leadership and primary committee chairmen to convey strongly the following messages.

A. Vastly different legislation from all committees of jurisdiction will ensure chaos.

B. Thus, all committees must work together up front (and with the Administration) to produce a unified legislative product.

C. The Speaker must create a referral process that does not lead to chaos.

D. The White House needs to obtain the explicit approval of procedural ground rules from all committee chairmen.

E. The White House needs to obtain the explicit agreement of the leadership and the chairmen that they only will support a bill that has fully-financed universal coverage.

2. The White House must move to correct its serious internal deficiencies.

A. Despite repeated assurances, virtually none of our substantive suggestions has been included in the President's bill.

B. The White House has lost credibility on Capitol Hill by indicating a willingness to negotiate against itself (for nothing in return), while dropping provisions Members thought were agreed to.

C. The White House needs to have a clear, articulated, and centralized hierarchy to deal with substantive and political concerns in the upcoming legislative debate. While it is unclear what Ira Magaziner's role will be, the White House needs to appoint someone (such as Ricchetti) who will be empowered publicly as the point person to communicate and resolve substantive and political concerns of Members.

3. The White House (and particularly Mrs. Clinton) needs to work closely with us to lobby Members of our Committee who are wavering and to activate and focus interest groups that support the President's bill, especially during the period from now until legislative action commences.

Continue to viewing room

VISIT OF HILLARY RODHAM CLINTON
TO CALIFORNIA PACIFIC MEDICAL CENTER
OCTOBER 22, 1993
PAGE TWO

10:11-10:14 In viewing room, Dr Margolin
(3 min.) Nadine Radovich, Breast Imaging Supervisor
(discussion of healthy mammogram, mammogram with abnormality, stereotactic mammogram with needle)

10:15-10:16 Holding Room next door, Room #295, or proceed to Doctors meeting

10:16-10:58 Roundtable discussion with Mrs. Clinton
(42 min.)

(30 sec.) Kathleen Cardinal, Chairwoman of the Board, welcomes the First Lady
First Lady makes remarks

The following 5 speakers get 45 seconds:

-	Louise Renne, patient	City Attorney, City and County of San Francisco
-	Barry S. Levin, M.D.	Vice Chairman, Department of Transplantation
-	Helene Smith, Ph.D.	Director, Geraldine Brush Cancer Research Institute Chair, Integration Panel for U.S. Army Medical Research and Development Command Breast Cancer Research Program
-	Martin Brotman, M.D.	Chairman, Department of Medicine
-	Penny Holland	Sr. Vice President, Patient Care Services
Closing -	G. Aubrey Serfling	President and CEO

(will present the First Lady with a lab coat)

Others seated at the table include:

Michael Abel, M.D.	President, California Pacific Medical Group
Roland Barakett, M.D.	Chief of Staff
Nona P. Chiampi, M.D.	Secretary/Treasurer Medical Staff
Kenneth Cox, M.D.	Chairman, Department of Pediatrics

Robert Gilbert, M.D.	Chairman, Department of Orthopaedic Surgery
Kathleen Grant, M.D.	Director, Breast Cancer Consultative Services
George Lee, M.D.	Chairman, Department of Obstetrics and Gynecology
Congresswoman Nancy Pelosi	
Ricki Pollycove, M.D.	Associate Director for Education, Breast Health

1103 Proceed to 1 on 1 Interviews

~~10:59-11:00~~ 1100 Will proceed downstairs to exit

~~11:00~~ 1120 Departure from California Pacific Medical Center

CONSTANCE STEWART,

WISHING YOU WELL
THROUGH YOUR ORDEAL.

HRC.

Potential Appointees

Christine Devitta - President, Lila Wallace Readers' Digest Foundation or Holly Sidford, Program Director

Alberta Arthurs, Rockefeller Foundation

Howard Gardner - Harvard University

Bill Ivey - President, Country Music Foundation, Nashville

Sumner Redstone - VIACOM

David Geffen - producer

Marilyn Bergman - ASCAP, Hollywood Women

George White - O'Neil Theater

Raymond W. Smith - Pres., Bell Atlantic

Stuart Johnson - Bell Atlantic VP for new media, Denver

David McCullough - author

Ken Burns - creator, "Civil War" series

Jerry Levin - TTime-Warner

Tony Podesta - NEA transition, People For...,Podesta Assoc.

= Black Entertainment

To think about:

University President
head of major publishing house
Native American
arts, humanities educators
foundation funding adult illiteracy
lawyers

* William G. Bowen – Pres. of Mellon Fdn.
[redacted] Hanna Gray – Former Pres., U. of Chicago
David Gardner – Pres. of Hewlett Foundation
Roy Vagelos – CEO of Merck
Harold McGraw – Chmn of McGraw Hill
* Louis Gerstner – CEO of IBM and member of MSK Board
Sharon Rockefeller – Chairman of WETA
* Lucio A. Noto – Pres + COO of Mobil Corp.
* Alberta Arthurs – Dir. of Arts + Hum, Rockefeller Fdn
* Adele Simmons – Pres. MacArthur Fdn
* Harold Williams – Pres + CEO of J. Paul Getty Trust
Delano Lewis – Pres + CEO of NPR (formerly C+P Tel)
Lerone Bennett – publisher Ebony

NATIONAL COUNCIL OR / PRES. COMMITTEE
OR KENNEDY CENTER

BARBARA GROSSMAN – Somerville, MA.
c. HUSBAND, STEVE, large donors to DNC.

* MARTIN SEGAL
* RON FELDMAN
* DAVID GEFFEN
JUDY RUBIN
ROBERT ~~M~~ RUBIN – Fort Lee, N.J.
AIG TRADING, FINANCE, - DNC contrib.

EDGAR BRONFMAN, JR. – NYC
CEO/Pres. Seagrams; DNC cont.

* ANN COX CHAMBERS – ATLANTA
Chair Atl. Journal/Constitution – DNC cont.

ANN E. SHEFFER – WESTPORT, CT.
THEATRE ANGEL, DNC cont.

WILLIAM ROLLNICK – DNC contributor
WIFE, NANCY ELLISON, PAINTER

JOHN BRADEMAS –

SCHYLER CHAPIN –

MOLLY BOREN – OKLA.

SID BASS – TX.

PRESIDENT'S COMMITTEE

* RICHARD GURIN - CEO, Binney + Smith
"CRAYOLA" - strong supporter of ARTS in ED.
Active with Natl. Cultural Alliance

HAROLD WILLIAMS - GETTY TRUST

* DAVID GEFFEN - L.A.

ADELE SIMMONS - MACARTHUR FDN

MICHAEL NESMITH - FORMER MONKEE, TEXAS, SANTA FE + SANTA MONICA
PACIFIC ARTS VIDEO (distributes PBS films)
THINK TANK, WEALTHY (310-278-7972)

JOHN BRYAN - CEO SARA LEE, CHICAGO

* LIVINGSTON BIDDLE - WASH. D.C.

CARTER BROWN

HOLLY SIDFORD - ARTS FNDN.

ROBERT DONNALLEY, JR. GREENWICH, CT.
THEATRE ANGEL, GREAT ENERGY (203-869-6[illegible]

HARVEY GOLUB - CEO AMEX

SONDRA MYERS - CULTURAL ADVISOR TO GOVERNOR OF PA.

CYNTHIA MAYEDA - CHAIR OF DAYTON-HUDSON FNDN., OH.

BLATHERWICK (sic) - CEO S.W. BELL

SONY CEO ? -

* MATSUSHITA ? (cont Lester Hyman)

~~CONFIDENTIAL~~

October 22

TO: Melanne

FROM: Anne KB

RE: Meetings on the President's Committee on Monday and the National Council for the Arts on Tuesday (and one surprise)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	To Melanne from Anne re: Monday's meeting (3 pages)	10/22	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20036

FOLDER TITLE:
HRC Trip to NH, Boston, GA

2013-0534-S
ry1573

RESTRICTION CODES

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

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

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

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

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. draft	Re: President's Committee on the Arts and the Humanities (4 pages)	10/19/1993	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20036

FOLDER TITLE:
HRC Trip to NH, Boston, GA

2013-0534-S
ry1573

RESTRICTION CODES

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

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

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

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

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

PRESIDENT'S COMMITTEE ON THE ARTS AND THE HUMANITIES
BACKGROUND INFORMATION

METHOD OF APPOINTMENT: PA - Members of the Committee are appointed by the President.

AUTHORIZING STATUTE OR EXECUTIVE ORDER: Executive Order 12367, extended 7 times. Latest extension Executive Order 12774. The ~~Committee shall terminate on September 30, 1993, unless sooner extended.~~ Reauthorized Ex.Or. 12869. Expires Sept. 30, 1995.

CABINET DEPARTMENT AFFILIATION: Independent

COMPOSITION: Ex officio members and public members appointed by the President.

- Chairman of the National Endowment for the Arts
- Chairman of the National Endowment for the Humanities
- Secretary of the Treasury
- Secretary of the Interior
- Secretary of Education
- Administrator of General Services
- Director of the Institute for Museum Services
- Director of the International Communication Agency

a Member designated by the Secretary of State

An unlimited number appointed by the President as follows:

Such number of additional persons who are not full-time officers or employees of the Federal Government, selected from among private individuals and State and local public officials who have a demonstrated interest in and commitment to support for the arts or the humanities.

In addition, the Majority Leader of the Senate and the Speaker of the House of Representatives are each invited to designate a Member of the Committee for appointment by the President. (Designees may be private individuals or Members of Congress.)

The following are invited to serve as Members of the Committee:

Librarian of Congress
Secretary of the Smithsonian Institution
Director of the National Gallery of Art

CLOSE HOLD

EXECUTIVE OFFICE OF THE PRESIDENT

20-Oct-1993 09:14pm

TO: Melanne Verveer

FROM: Charles W.(Bill) Burton
Office of the Chief of Staff

SUBJECT: President's Committee for the Arts/Wilhite

I visited with Shirley Wilhite regarding the President's Commission for the Arts. She's "trending favorably," but has some questions I hope you could answer for me. (1) Is this a solicitation-type committee [obviously, she hopes not, but I'm afraid the rhetoric I gave her regarding "public-private partnerships" made her think so]; (2) do you know how often the group will meet (I think she likes the idea of needing to come to Washington six or 12 times a year -- for example, she has attended the last three NEA meetings!); (3) can you offer more specifics on what the group's mission will be -- what it will do (examples?)

I would really appreciate some help on this. One way might be for you to call her; let me know your preference. I would like to close out the NEA possibility as soon as practicable. TNX. BILL BURTON (456-6797)

CLOSE HOLD

Executive Order of October , 1993
President's Committee on the Arts and Humanities

By the authority vested in me as the President of the United States, and to ensure that the benefits of the arts and humanities are available to all Americans, and in accordance with the provisions of the Federal Advisory Committee Act, as amended (5 U.S.C. App. I), it is hereby ordered as follows:

Section 1. Establishment. (a) There is established the President's Committee on the Arts and the Humanities. The Committee shall be composed of the Chairman of the National Endowment for the Arts; the Chairman for the National Endowment for the Humanities; [the Secretary of the Treasury; the Secretary of the Interior; the Secretary of Education; the Administrator of General Services;] the Director of the Institute of Museum Services; [the Director of the International Communication Agency; a member designated by the Secretary of State;] **the Chairman of the Commission of Fine Arts; the Chairman of the Corporation for Public Broadcasting;** and *.such number of additional persons.* who are not full-time officers or employees of the Federal Government ("non-Federal members"), who shall be appointed by the President and shall be selected from among private individuals and state and local public officials who have a demonstrated interest in and commitment to support for the arts or the humanities. In addition, the Majority Leader of the Senate and the Speaker of the House of Representatives are each invited to designate a member of the Committee for appointment by the President, and the Librarian of Congress, the Secretary of the Smithsonian Institution, the Director of the National Gallery of Art and *1 the Chairman of the Board of Trustees of the John F. Kennedy Center for the Performing Arts* are invited to serve as members of the Committee.

Section 1 Comments

The underlined parts are in the existing order. We are rcommending these be deleted to streamline this Committee and differentiate it from the Federal Council. The parts in bold are the positions we are recommending to be added. The asteriked phrase bordered by the periods were added to the order in April, 1987 substituting the phrase "nor more than twenty persons." The language between asteriks 1 was added in August, 1982.

[Section 2. Functions. President's Committee on the Arts and the Humanities shall analyze and make recommendations to the President and to the National Endowment for the Arts and the National Endowment for the Humanities with respect to, (i) ways to promote private sector support for the arts and the humanities, especially at the State and local levels; (ii) the effectiveness of Federal support for the arts and the humanities in stimulating increased private sector support, taking into account the economic needs and problems of the arts and the

humanities and their relationship with the private sector; (iii) the planning and coordination of appropriate participation (including productions and projects) in major and historic national events; and (iv) ways to promote the recognition of excellence in the fields of the arts and the humanities. In performing these functions, the Committee shall collect, maintain and make available for appropriate distribution data on the sources and levels of public and private sector support for the arts and the humanities, and on the availability of cultural resources locally. The Committee's functions shall not conflict with the responsibilities of the National Council on the Arts and the National Council on the Humanities.]

Section 2. Functions. The President's Committee on the Arts and the Humanities shall encourage and support the progress of the arts and humanities in American life and to ensure that the resulting benefits are available to all Americans, the Committee shall assist the President and the Chairpersons of the National Endowment for the Arts and the National Endowment for the Humanities in their efforts to increase public awareness, foster enjoyment, and promote private sector support for the arts and humanities.

Section 2 Comments

The new section was recommended by Michael Shapiro after discussion with appropriate people at the NEH and the NEA. The thinking was that the new language is more inspiring and less directive.

Section 3. Administration. (a) Members of the Committee shall serve without additional compensation for their work on the Committee. However, members of the Committee who are not full-time offices or employees of the Federal Government may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by law for persons serving intermittently in the Government service (5 U.S.C.5701-5707), to the extent funds are available therefor.

(b) Any administrative support or others expenses of the Committee *shall be paid to the extent permitted by law from funds available to the National Endowment for the Arts and the National Endowment for the Humanities, as determined by the agreement of those agencies.*

Section 3b Comments

The language between the asteriks was added in February, 1990.

Section 4. General. (a) Notwithstanding any other Executive Order, the responsibilities of the President under the Federal Advisory Committee Act, as amended, except that of reporting annually to the Congress, which are applicable to the Committee, shall be performed by the Chairman of the National Endowment for the Arts, in accordance with guidelines and procedures established by the Administrator of General Services.

(b) The Committee shall terminate on September 30, 1995, unless sooner extended.

NATIONAL CULTURAL ALLIANCE

1225 EYE STREET, NW
SUITE 200
WASHINGTON, DC 20005
202-289-8888
FAX 202-289-6578

October 19, 1993

Ms. Ann Bartley
Assistant to the Deputy Chief of Staff
Office of The First Lady
The White House
Washington, DC 20500

Dear Ann:

It was a pleasure, as always, to talk to you last week and we continue to share in the reflected glow of your outstanding work. Throughout the week, we have received letters and calls from artists, scholars and administrators around the country thanking us for the tremendous lift National Arts and Humanities Month and The White House events on October 7th have provided for them in their communities. You and the Administration have made our cultural and intellectual leaders again feel welcome and respected. I am sure you are sharing in this thanks that is being voiced by cultural leaders across the country.

As we build on a wonderful beginning, I am especially pleased to provide you with suggestions from the foundation and corporate community for possible nomination to the President's Committee. As we discussed, these institutions and individuals are essential partners with the public sector in assuring a healthy and vibrant cultural community which serves all Americans.

My suggestions reflect a combination of well established leaders in the arts and humanities and a number of individuals who we feel are the leaders of tomorrow. One of the financial problems faced by the cultural community is a private sector funding base which is too small resting on support from too few foundations and corporations. As you know, our work here at NCA is to help make the case for the importance of the arts and humanities to the lives of all Americans and we believe this case making will also help encourage the development of a broader funding base in both the private and public sectors.

I have suggested individuals who we believe will want to make the President's Committee a vital organization working actively on behalf of the NEA, NEH and IMS. They come from a variety of backgrounds with wide ranging experience and we feel their participation will also help stimulate the exploration of the role the arts and humanities can play with other departments and agencies of the federal government.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. letter	To Ann Bartley from Kathy Dwyer Southern re: suggested nominees (6 pages)	10/19/1993	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20036

FOLDER TITLE:
HRC Trip to NH, Boston, GA

2013-0534-S
ry1573

RESTRICTION CODES

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

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

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

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

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