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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

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MEMORANDUM FOR THE PRESIDENT

Every American should be healthy and safe. Your Administration has vigorously pursued this fundamental goal. In doing so, the Administration has shown that there is a continuing and central role for government in meeting the basic needs of ordinary Americans. It has redefined this role by understanding the obstacles to meeting its commitments, and reinventing to find the appropriate ways to address persistent and difficult problems. After six years, the Administration has achieved lasting and important improvements in the health and safety of the American people.

Infant mortality is at an all time national low. The nation has achieved record high levels of childhood immunization against preventable diseases, reduced childhood vaccine-preventable diseases to the lowest levels ever recorded and has made great progress in eradicating others. Children, women, the elderly, and racial and ethnic minorities are receiving new and overdue focus in clinical care, outreach, prevention and research. The nation's food supply and blood supply are safer than ever before. Millions more working families and children are securing health insurance. New mechanisms are in place to strengthen the quality of the nation's health care, inform Americans about their health and facilitate involvement in their own care. Science and evidence-based research provide the underpinnings for new policy and practice. Investment in biomedical research and prevention is generating new knowledge at a rapid pace, paving the way to greater health and safety for generations to come.

The enclosed paper, **Legacy: Health and Safety 1993-2001**, reviews our progress in five general areas: access to quality health care; prevention, risk reduction and safety; expanding the frontiers of knowledge; collaboration among scientific research, delivery systems and practice, and consumer involvement; and strengthening stewardship and demanding accountability to protect and benefit consumers. Your commitment to improving the health and safety of all Americans has been critically important to these extraordinary advances.

Donna E. Shalala

Enclosure

Legacy: Health and Safety 1993-2001

Every American should be healthy and safe. The Clinton Administration has vigorously pursued this fundamental goal. In doing so, this Administration has shown that there is a continuing and central role for government in meeting the basic needs of ordinary Americans. It has redefined this role by understanding the obstacles to meeting its commitments, and reinventing to find the appropriate ways to address persistent and difficult problems. After six years, the Administration has achieved lasting and important improvements in the health and safety of the American people.

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Progress has been marked and measurable. When the Administration took office in the early 1990's, Americans were faring poorly on many indicators of well-being. Thousands of children were dying in infancy. Tobacco use, the most preventable cause of death and disease, contributed to millions of deaths from cancer and heart disease as well as other diseases. Outbreaks of contaminated food emerged, spreading sickness and alarming the public. Millions of Americans lacked access to regular health care either because they had no health insurance or were under-insured. Families were regularly confronted with painful choices -- paying for child care so a parent can stay in the workforce, saving to send a child to college, or obtaining necessary medical care for themselves or their children in times of illness or injury.

To address these problems necessitated confronting existing economic and social realities and the political realities that developed. Progress was made more challenging because of the ongoing transformation and upheaval in the health care market. A recent report by the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry described the dimensions of the changes in the health care industry this way:

> Four characteristics define the health insurance market today, with implications both for who gets coverage and also for the kinds of coverage and protections in place for those who have insurance coverage: (1) pluralism, with a focus on employer-based coverage for the non-elderly; (2) significant and growing numbers of uninsured Americans; (3) the continuing pressure of costs on employers and consumers; and (4) the shift to managed care and the growth of self-funded plans in the group insurance market. The implications of these characteristics are profound, generating potential tradeoffs among cost control, coverage and access.

The Administration initially chose to deal with a market that was changing rapidly, becoming increasingly complicated and functioning poorly for millions of Americans by proposing a plan for universal health insurance that gave every American a gateway to health care. This effort was based on an assumption that an unfettered market would continue to disadvantage significant groups of Americans across the country. With the blockage of the Health Security Act came critical lessons which informed the Administration's approach to improving health and health care. The public was not ready to accept massive intervention which it perceived would be accompanied by added layers of impenetrable bureaucracy. It was reluctant to entrust to government solutions to major systemic problems that touch the lives of ordinary citizens. Generating large-scale investments in the face of $300 billion dollar budget deficits also proved increasingly problematic.

To achieve progress in this environment required a new, more strategic and evolving approach to government's role and responsibility. Extensive regulation had to be balanced against a need to foster, not stifle innovation. Traditional mandates had to be weighed against the potential paralysis of our efforts due to the opposition by some to any government intervention at all. The Administration's new approach called for strategies that were different from the past, buttressed by strong commitments.

The abiding commitment has been to the American people, to addressing their needs and to achieving better outcomes for them. Promoting scientific inquiry and evidence-based research to find the best remedies has driven the search for new and better ways to reach our goals. A quest for new and effective treatments has been matched by a strong focus on identifying the best methods for preventing or reducing the risk of harm or disease. Public health issues became legitimate arenas of public advocacy, education and program development by government leadership beyond the traditional public health community. As effective practices emerge from rigorous scientific analysis, there has been vigorous and concerted effort to spread them. Finally, there has been fidelity to the notion that interventions in markets should be targeted to protect vulnerable populations, ensure quality, and strengthen the capacity of the consumer to obtain needed care.

In light of these lessons and commitments, the Administration adopted an approach designed around defined, strategic steps. It focused on expanding access to the financing families need to secure health care. It placed priority on improving the benefits and services available to consumers. It demanded heightened accountability for results, which requires the ability to measure and report on progress to achieve desired outcomes. It promoted cooperation with every affected sector and everyone with a stake in the enterprise. These include states and other governmental entities, contractors, public and private health plans, providers, professionals, the public health sector broadly and consumers themselves.

In sum, the new means to achieving the goals are realistic and pragmatic, faithful to the goals of health and safety through coverage, quality and prevention, building progress at a pace appropriate to each aspect of this multifaceted and complicated problem. The Administration found ways to shape an active role for government, make the necessary investments, strengthen the market, and positively touch the lives of virtually every American.

This memorandum concentrates on five general areas which illustrate and incorporate these new approaches and reviews our progress in each: access to quality health care; prevention, risk reduction and safety; expanding the frontiers of knowledge; collaboration among scientific research, delivery systems and practice, and consumer involvement; and strengthening stewardship and demanding accountability to protect and benefit consumers.

I. Access to Quality Health Care

Expanding Health Insurance Coverage

One of the most critical components of the Administration's plan to strengthen the health of Americans involved expanding health insurance to the millions of Americans without it.

In 1993, more than 37 million Americans had no health insurance at all, and another 25 million had inadequate coverage with very high deductibles. Nearly 90 percent of the uninsured were employed. Other families risked losing health insurance if they changed jobs, were priced out of the health insurance market even though they were working, or were prevented from purchasing insurance as a result of specific medical conditions.

The Administration initially delineated a proposal for universal health insurance, the Health Security Act, opening an important national debate about need, health care and health delivery and articulating a goal of universal access to care through universal coverage. With rejection of this systemic approach, the Administration sought creative ways to address, step by step, specific areas of need: security, choice and eligibility. Another important area involved cost control, as the inflationary spiral in health care costs had contributed to making important routes to health care inaccessible.

Improving access to care for other groups stimulated different efforts to link public health financing with private health plans. For many recipients of Medicaid, the federal-state health insurance support for the nation's lowest income individuals, doctors and other critical health care services were not readily available. Using waivers and other administrative tools to demonstrate new approaches, nineteen states contracted with managed care plans, linking an estimated 1.4 million Medicaid recipients to a routine source of preventive and primary care in their community or to other critical benefits. For other low-income individuals making a transition into the workforce, and legal immigrants, the Administration's support for maintaining their eligibility for Medicaid has been critical.

The 1996 Health Insurance Portability and Accountability Act (HIPAA) strengthened protections for those who are insured through their employer to ensure they do not lose health coverage when they change jobs. The law also secured access to health insurance for individuals purchasing insurance individually rather than in a group health plan, limited the use of exclusions from health insurance as a result of pre-existing medical conditions, and prohibited discrimination against employees and dependents based on their medical conditions. In addition, HIPAA guaranteed access to health insurance for small employers, regardless of the health status of any of its group members and renewability of insurance to all employers regardless of size.

Next, the Administration sought to address the serious gap in insurance coverage for children. In 1993, more than ten million children had no health insurance, placing them in stark jeopardy during these formative years. Uninsured children are three times as likely to have unmet health needs as their insured counterparts, and much less likely to have seen a doctor in the previous year. Some of these children are eligible for but not enrolled in the federal-state health insurance program serving low-income families; for others, their parents' employer either provides no health benefits at all, provides benefits which do not extend to dependents, or provides health insurance which parents forego because it is unaffordable.

The 1997 State Child Health Insurance Program (CHIP), proposed by President Clinton, provides $24 billion in federal resources, matching state funds, to provide health insurance coverage for children in families with too much income to be eligible for Medicaid, but not enough to obtain employer-sponsored health coverage. This is the largest investment in health care for low-income children since Medicaid was created in 1965, and paves the way for millions more children to be connected to a regular source of health care.

By the end of January 1999, 50 states and territories had plans approved that will extend health insurance to uninsured children in their states. States and territories estimate that by October 2000, under existing plans, they will be able to provide health insurance to 2.5 million more children. A recent report sponsored by the Commonwealth Fund estimates that, when combined with Medicaid outreach, the new CHIP program could reach 9 million of the 11.3 million children the report estimates are currently uninsured and eligible for coverage under one of the two programs.

Unlike the under 65-year old population, elderly and disabled Americans in this country have benefitted from a universal health insurance system -- Medicare -- for many years. The program serves 38 million people, the vast majority of whom rely solely on this source of health insurance coverage to pay for medical care. Some have been priced out of the complete Medicare package as a result of their low income, others have had limited access to critical therapeutics, including prescription drugs. With the cohort of older Americans increasing, diagnostic tools and treatments becoming more extensive, and health plans becoming more diverse, it is critical to modernize Medicare to ensure full participation and provide the elderly the range of choices that the health care market has to offer.

Given the size of the beneficiary population and the millions more who will be served by it each year, shifts in Medicare's structure or benefits have far-reaching effects on a huge number of people as well as on a substantial portion of the health care market.

During the past five years, the Administration has made significant advances in modernizing Medicare and improving access to it for the burgeoning elderly population. Medicare Plus Choice opens the Medicare program beyond traditional fee-for-service providers and health maintenance organizations to a wide array of health plans and benefits that serve many other Americans in the private market. Over time, as an expanded set of health plans and benefits become available to Medicare beneficiaries, the elderly will have a set of options that can be tailored more appropriately to a particular beneficiary's needs.

The Administration also targeted subgroups of the elderly who faced special barriers. It is now possible, for example, for approximately 6 million low-income elderly to get special help in paying their Medicare premiums so that they can get the benefits they are due like other senior citizens. Improving medical care for Medicare-eligible military retirees will be achieved, in selected communities, by enabling them to receive comprehensive health care services through military health care facilities.

Even as the Administration has made significant strides in expanding health insurance availability and widening choice of health care options, the private employer-based health insurance system continues to erode. With health care costs increasing again at a higher rate and paring profit margins, managed health plans migrate in and out of some communities, reflecting recurring volatility in local and regional health care markets and undermining the continuity of care for their patients. A continuing challenge involves addressing the increasing number of Americans who lack health insurance. Without the critical interventions during the past five years, however, millions more children and adults would risk losing insurance, not obtaining it in the first place or receiving inadequate care. (See Figure 1)

Creating Patient-Oriented Health Care Systems for Veterans and for the Military

The largest health care system in the nation, Veterans Health Administration (VHA), serves veterans -- individuals who have previously served the nation through the military and have been honorably discharged or have retired from active duty. While more than 25 million Americans are veterans, VHA provides health care to about 3.7 million veterans-- those with service-connected disabilities or illnesses and that much larger proportion of veterans who are low income individuals with no private health insurance, including many who are homeless. This population is generally older and sicker than the broader public, with a significantly higher rate of substance abuse and mental illness.

Before 1995, VHA was rapidly becoming an outdated inefficient system based on acute care – a collage of independent competing medical centers that provided hospital-focused, specialist-based, uncoordinated and episodic treatment for illness. This system was also experiencing many of the same market forces that were causing upheaval in the private health care market. In 1995, the Administration completely reorganized the VHA system to provide the most decent and reliable health care possible, to take advantage of exploding scientific and medical knowledge, and to address the spiraling costs of care. It is now a coordinated interdependent system in which patients are enrolled in primary care and have their care, from preventive to acute, managed by a single caregiver or team. Inter-facility and inter-provider variability in the provision of care is diminishing. More patients are being treated and are receiving a broader array of coordinated services in a greater number of locations.

VHA established 22 integrated health care networks (Veterans Integrated Service Networks, or VISNs) that emphasize ambulatory and primary care. Through this philosophical, management and operational reinvention, VHA closed, merged or consolidated hospitals and other treatment centers, developed new mechanisms for sharing assets between and among VA facilities, implemented patient care service lines, and redirected savings from these changes to vastly

expand ambulatory capacity. Numerous new community-based outpatient clinics were opened using new legislative authorities for leasing, contracting and sharing. Accompanying the restructuring of the system into networks, VHA instituted new systems of resource allocation, performance contracts, measurement and accountability, customer service standards and consumer feedback mechanisms.

The Veterans Health Care Eligibility Reform Act enabled all veterans to apply to receive health care at VA medical facilities nationwide. For the first time, as a result of this new program, enrolled veterans will be able to receive comprehensive benefits in the most appropriate cost-effective settings, within the resources available for the priorities of veterans being enrolled each year.

With a reinvented system and new legislative authority, veterans now have better access to care. Massive changes were accomplished in transforming from the old to the new system. Compared to FY 1994, annual inpatient admissions in FY 1998 decreased 32 percent while ambulatory visits increased by 35 percent. At the same time, 52 percent of hospital beds were closed, as were three acute care and one long-term care hospital. In 1994, less than 20 percent of VHA patients received primary care; by FY 1998, more than 90 percent were expected to be enrolled in primary care. Ambulatory surgeries increased from 35 percent of all surgeries performed in FY 1995 to 70 percent in FY 1998. Associated with this change has been increased surgical productivity and reduced mortality, with no change in the patient risk profile.

In addition to surgical mortality, one-year survival rates for the nine high volume conditions tracked by VHA also suggest the impact of these changes. From the baseline year of 1992 to 1997, the survival rates remained stable for five of the conditions and increased for four conditions: congestive heart failure from 75 percent to 84 percent, chronic obstructive pulmonary disease from 84 percent to 88 percent, pneumonia from 82 percent to 89 percent, and chronic renal failure from 72 to 81 percent.

The Defense Department provides health services to another 8 million eligible active duty service members, their dependents and military retirees. The same kinds of financial, social and technological pressures that affect private health systems were constraining the capacity, benefits and services of this large system. As part of health care reform, the DOD redesigned the military health care system into a managed care system called TRICARE, using inventive ways to enhance access, cost containment and performance. DOD purchased a substantial portion of health care through long term, regional, risk contracts with large health care providers but produces most care in military hospitals and clinics. The department created the Defense Health Program, bringing together into a more cohesive and collaborative entity resources for the three military services' medical operations and enabling them as a result to use resources and technology more efficiently, thereby serving patients more efficiently and effectively. DOD created a true tri-service defense health program using managed care on a regional basis.

Finally, DOD took important steps to bring modern communication and biomedical technology to improve health care during deployment of military personnel and on the battlefield. Pioneering advances have occurred in telemedicine, mobile surgery, air medical evaluation techniques and

other critical technology which is enabling the military to push medical care further forward on the battlefield or provide it to deployed individuals wherever they are.

Consumer Protection and Quality

Access to care is only as good as the quality of the care provided. In an increasingly complex and changing health care market, the Clinton Administration has focused significant attention on strengthening and assuring quality care, protecting all health care consumers, and using the purchasing power of the government to achieve important new benefits, new rights and new choices in health care for millions of Americans.

To ensure that the best professional knowledge is used in the health care system, and to identify the most promising ways to protect health care consumers, the President appointed an Advisory Commission on Consumer Protection and Quality, chaired by the Secretaries of Health and Human Services and Labor. The Commission made pioneering recommendations in a Consumer Bill of Rights and Responsibilities that addressed fundamental practices to enhance the capacity of consumers to secure quality care from health care providers: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and nondiscrimination, confidentiality of health information, complaints and appeals and consumer responsibilities.

The Bill of Rights applies to all health care consumers regardless of the type of health plan in which they are enrolled. The Administration mounted a multi-faceted strategy, using administrative as well as legislative levers, to reach every consumer sector with these protections. First, given that the federal government itself is the largest purchaser of health care in the United States, the President directed the six federal agencies that are health care purchasers to pursue full compliance in their health programs, and to identify obstacles to meeting that goal.

Medicare, Medicaid, and the Indian Health Service, the largest programs affecting over 70 million people, have either already met or exceeded many of the Bill of Rights' recommendations. Where necessary, administrative steps are being used to upgrade standards in these programs. Medicare, for example, covers an estimated 38 million elderly and disabled individuals, about 6.5 million or 17 percent of whom are currently enrolled in managed care. The program is implementing rules which require new patient protections such as access to emergency services when and where the need arises, patient participation in treatment decisions and direct access to qualified specialists to address complex or serious medical conditions. Medicaid, which covers about 40 million individuals, about half of whom are in some managed care arrangement, is adding new protections including access to specialists and an expedited independent appeals process for patients.

The 285 participating health plans that reach nine million federal employees and their dependents, have been directed to institute a series of protections for patients this year. These include access to emergency room services, access to specialists, continuity of care, and disclosure of financial incentives and methods of compensation used to pay physicians. Over 8 million beneficiaries served by the Military Health System and another 3 million veterans will also receive the patient protections laid out in the bill of rights as a result of actions by the Department of Defense and the Veteran's Administration.

Second, the Administration has proposed legislation for a Patients' Bill of Rights, to ensure that consumers in private health plans are similarly protected. Without legislative action, the 125 million Americans covered by 2.5 million private sector health plans governed by the Employee Retirement Income Security Act (ERISA) will be denied most of the patient protections identified as critical to quality health care by the President's Advisory Commission.

Third, a variety of efforts have also been made to strengthen the capacity of health care plans and providers to develop and report quality data, and to share that information with the public. Use of this information by employers, employees and other purchasers is critical to ensuring a system that is driven by the quality of care and not simply by its cost.

The Quality Commission also made strong recommendations about the need to enhance the measurement and improvement of quality. It suggested that health care quality improvement draw on many of the same principles that have been applied in the Administration's reinvention of government. This evidence-based approach to quality improvement is narrowing the gaps between what we know how to do in medical care and what we actually do for the American public. The Administration's commitment to biomedical research has been matched by a renewed commitment to health services research about what works in the delivery of health care. This commitment was carried out by the Administration's support of evidence-based research, the development of the National Guideline Clearinghouse which will provide a central repository of best health delivery practices, a focus on prevention , and emphasis on research about health outcomes and effectiveness.

In addition to asking Federal agencies to lead the way to consumer protection in health care, the President organized the Quality Interagency Coordination Task Force (QuIC), a collaboration among all the federal health involved in health care, chaired by Secretaries of Health and Human Services and Labor. The purpose of the QuIC is to improve measurement, share best practices and knowledge about how to use information generated by measurement to improve health care quality, to inform patients about the options available to them, and to enhance the health care workforce's ability to provide quality services.

As technological invention has escalated the ability to store, analyze and distribute extraordinary volumes of data, confidentiality of personal health information has become a paramount concern. The Administration responded to this concern with recommendations to the Congress to preserve confidentiality of federal health records, guarantee rights for patients and define responsibilities for record keepers.

Strengthening Americans' Role in Health Care

Respecting the health care needs of America's citizens and strengthening their influence have been principal elements of the Clinton Administration's approach to achieving a healthier nation. At virtually every opportunity, there have been efforts to reach Americans with accurate, accessible and understandable information about health and health care. Emerging knowledge about nutrition, fitness and disease prevention is disseminated widely and in highly visible mediums. Beyond these messages moreover, the information provided makes people's

expectations about choice real, by providing the practical information about how and where to obtain health and medical care, and how to choose among a range of health plans, providers and treatments. The Administration has taken a comprehensive approach, drawing on the reach and resources of every medium, advancing the use of high technology in the service of outreach, and calling upon the organizations and institutions, community networks and professionals of every sort who interact with the public on a daily basis.

The federally-sponsored Consumer Assessment of Health Plans (CAHPS), which can be used by managed care plans, employers and others to get consumers' views of the care they are receiving, illustrates the kind of information generation which can over time affect the basis on which health care purchasing is conducted. Among the first to get the benefit of this information will be Medicare enrollees in managed care plans and enrollees in the Federal Employees Health Benefits Program. Policy in these two programs frequently sets a standard that the private health care system follows.

A massive Medicare education program using print and electronic media, individual counseling, partnering with private organizations including employers, unions, advocacy groups and providers will aid the 38 million Medicare beneficiaries navigate an expanded set of health plan choices as they come to fruition. This tailored information program for beneficiaries and their families will strengthen understanding of the program, break down its complexity, and foster more effective use of the health and medical supports it offers. Such an information program will have lasting impact as senior citizens become more numerous, live longer, and have the ability to age actively and in good health.

In concert with states, there is also an extensive education and outreach initiative to reach families with children who may be eligible for existing or new child health insurance programs. Given the unique opportunity to link millions of currently uninsured children to a regular source of medical care, federal agencies are reaching out to every grantee, advocacy and professional network to send the message of the importance of health care for children. Virtually all states have developed plans and are seeking the resources to expand health insurance for low-income children. In addition, many states, including Connecticut, Vermont, Arkansas and Wisconsin have taken critical steps to remove the stigma of Medicaid so that more families and children who could take advantage of its benefits recognize its value and will enroll.

Using the information highway, scores of new government-generated web sites are enabling consumers to navigate easily the vast array of health and medical information produced by the federal government and its partners. New Internet resources like *Healthfinder.gov,* Medicare.gov, National Women's Health Information Clearinghouse and MEDLINE, which offers the most extensive collection of published medical information in the world, open new doors of knowledge and data for the public, improving their ability to become informed, make responsible choices, and contribute to improving their health and that of their family.

Product labeling offers another way to advance the ability of consumers to affect their own health and behavior. In general, consumers want to know more and more about the products they use, especially products central to their daily health and well-being such as food and drugs. In

addition to changing the ways in which information becomes available, the quantity of information available is being increased substantially. The Internet has accelerated dissemination of an increasing fund of information and the Administration has taken advantage of the new technologies as noted above. Careful and accurate labeling of consumer products offers another approach to enhancing information for public use. Just as with food labeling, over the counter drug labeling will be revised by the Food and Drug Administration to provide more useful information to the consumer. In the future, drugs for use by children will also be made safer by proper labeling, based on newly required studies of safety and appropriate dosage. This information can be used by physicians and health providers to make science-based judgments about appropriate treatments when prescribing drugs for children.

II. Prevention/Risk Reduction/Safety

Many things have the potential to cause harm. Motivated by a commitment to a public health approach, the Administration saw an important role for government in increasing public attention to these factors, applying scientific tools to understand the nature, scope and characteristics of the factors, testing strategies to control and prevent them, and strengthening clinical practice to use the most effective methods to address them. The Administration sought to improve safety and reduce the risk of harm regardless of whether the harm resulted from disease, behavior and lifestyle, environmental hazards or under use of care. Consequently, issues from reducing susceptibility to communicable diseases to early detection of chronic illnesses, from securing the safety of the food supply to preventing hazards and violence at work and at home and to preparedness for global threats, took a central place in the roster of Administration priorities.

Child Immunizations

In 1992, less than sixty percent of all children under age two received the recommended immunizations against vaccine preventable diseases. Low-income children's vaccination rates were considerably lower. Since 1993 the Administration's Childhood Immunization Initiative (CII) has been dedicated to reducing the risk to children of acquiring vaccine preventable infectious diseases. This national initiative focuses on five areas: (1) improving the quality and quantity of immunization services, (2) reducing vaccine costs for parents, (3) increasing community participation, education and partnerships, (4) improving systems for monitoring disease and vaccinations, and (5) improving vaccines and vaccine use.

Of particular note in this effort is the Vaccines for Children Program (VFC) which provides vaccines at not charge to many of the Nation's most vulnerable children. Not only has VFC program made vaccines more available and affordable to these children, but it also promotes continuity of health care and has also improved access to the latest vaccines. This year the rotavirus vaccine was recommended for use in young children. The vaccine works to prevent one of the most severe causes of diarrhea in children. In 1999 this vaccine will be available through VFC program. Prior to the VFC program, these children may not have received timely access to the newest recommended vaccines. Other efforts of the CII include many vigorous and creative public education campaigns conducted by public agencies, private agencies and many public-

private partnerships that have made possible wider acceptance and readier availability of immunizations to millions of children. Now a record high percentage of young children throughout the nation are immunized. For children under the age of two, the most vulnerable age group, the immunization rate for a recommended series has risen to 78 percent, a record high level.

This record has stimulated great strides in preventing specific pediatric illnesses. Measles is disappearing, moving from epidemic status to about 138 cases per year, most of which are imported from outside the U.S. Diseases such as acquired mental retardation, deafness, and often-fatal meningitis, caused by *Haemophilus influenzae* type b, have been substantially reduced. In all, childhood vaccines prevent 12 infectious diseases: polio, measles, diphtheria, mumps, pertussis (whooping cough), rubella (German measles), tetanus, *Haemophilus influenzae* type b, varicella (chicken pox), and hepatitis B. By 1997 over 90 percent of children under age two were immunized against measles, polio, and *Haemophilus influenzae* type b, and over 80 percent were immunized against diphtheria, pertussis, tetanus, and hepatitis B. (See Figure 2)

Mammograms and Other Preventive Screening

As we have learned from research about the value of regular screening to identify the presence of disease at an early stage, the Clinton Administration consistently has sought ways to make these life saving approaches available and affordable to the public. To make this possible, coverage is now provided through Medicare for vital preventive benefits that can help prevent future illness or injury.

Breast cancer is the most common non-skin cancer in women, and the second leading cause of cancer deaths for American women. Yet only 61 percent of women ages 51 and over had a mammography in the previous two years, according to a 1994 study by CDC. Based on evidence that screening measures could prevent approximately 15-30 percent of all deaths from breast cancer among women over the age of 40, in 1997 the NIH issued guidance that women age 40 and over should receive mammography screening once every one to two years. Now all Medicare beneficiaries over 40 have access to annual screening mammograms, and women ages 35-39 can obtain a one-time initial, or baseline, mammogram. The FDA also put in place standards that upgrade the quality performance of personnel and equipment at all U.S. facilities for mammography screening.

Changes in Medicare coverage also have made more accessible other critical cancer detection techniques, such as a screening pap smear, pelvic exam and clinical breast exam including mammography. Osteoporosis, for example, afflicts 10 million Americans annually, 80 percent of whom are women. Osteoporosis causes about 1.5 million fractures a year, costing $10 billion in direct medical expenditures. With tests of bone mass density now covered for postmenopausal women, millions of women will have an opportunity to take steps to avoid this debilitating disease and avert many of its painful and costly consequences.

Preventive approaches are not limited to women. Screenings for prostate and colorectal cancers are now more widely covered benefits under Medicare. Approximately 16 million Americans

have diabetes and nearly 798,000 new cases are reported annually. Minorities - especially African-Americans, Native Americans and Hispanics/Latinos - comprise a disproportionate share of those who suffer from diabetes. Under Medicare, critical education and self-management training for diabetes, which will aid individuals in developing the skills and resources generally needed to control the disease, are now more widely available.

Curbing Tobacco Use

Recently-appointed director of the World Health Organization, Dr. Gro Bruntland, calls tobacco use the most preventable disease worldwide. In the U.S., smoking is the largest single cause of morbidity and mortality. Every year more than 400,000 people die from tobacco-related cancer, respiratory illness, heart disease, and other health problems. At the same time, each year another million teenagers become regular smokers.

Research has demonstrated that children experiment with tobacco use at ages 10-13, become addicted at ages 14-16, and once addicted, by age 18 become tobacco industry customers for life. To break this cycle, the Administration set a goal of reducing the smoking rate among young people by 50 percent within seven years, thereby curbing unnecessary disease, disability and death in adulthood.

The insight that tobacco use is a pediatric disease persuaded the Administration to open a new comprehensive campaign in the war against smoking. First, the Administration used its regulatory powers to prohibit young people's access to tobacco and to curtail its visibility and appeal to youth by limiting the industry's marketing tools, such as advertising, billboards, giveaways and sponsorship of events and other products. Second, the proposed rule itself and the flood of public response to it exposed hundreds of thousands of pages of industry documents revealing the depth and duration of the industry's knowledge of tobacco's addictive qualities, and the manufacturing and marketing strategies used by the industry to expand and secure a customer base despite extraordinary compromises to public health.

Third, implementation and enforcement of the Synar rule became a priority. The Synar Amendment requires states to conduct random unannounced inspections of a sample of tobacco vendors to assess their compliance with laws prohibiting tobacco sales to underage children. States failing to meet their goal of reducing violation rates to 20 percent risk losing a percentage of their federal funds for substance abuse prevention and treatment. HHS placed a special Office on Smoking and Health at the CDC, including a clearinghouse to assist states with effective practices, established a public health research program to demonstrate and evaluate state-based programs, and created new strategies to address the effects of secondary smoke and other environmental issues. In 1999, CDC will be providing support to all 50 states, the District of Columbia, and the territories to conduct comprehensive tobacco control programs. Several states programs include counter-advertising, community coalitions, and policies on environmental tobacco.

Fourth, the Administration expanded the surveillance tools available to track tobacco use. In addition to the Youth Risk Behavior Survey and Monitoring the Future, which provide important national information about teens' health behaviors, by 2001 a household survey administered by SAMHSA will provide smoking-related data by state and by brand. This will advance markedly the ability to target specific geographic areas and specific company practices in order to reduce teen smoking.

Finally, significant initiatives have been taken to strengthen clinical practice to help people stop smoking. A 1993 CDC study found that 37 percent of smokers ages 18 and older were in the previous year given advice by a health professional to quit smoking. Research also demonstrated that such advice by a health profession was an effective intervention. In 1996, these findings, reviewed and enhanced by a consensus conference, generated governmental guidelines for health professionals on smoking cessation practices that recently have been widely disseminated.

There is little question that the social climate in the country has changed as a result of the Administration's willingness to confront the life-threatening nature of tobacco use. No longer are public health professionals the only ones calling to "take the billboards down." It is now widely accepted and politically safe for individuals to talk about the hazards of smoking and the impact of smoking on the environment and for communities to take measures to countervail the vast advertising and marketing by the tobacco industry. Several states and many localities have banned smoking in public places and work-sites. The November 1998 settlement between states and the tobacco industry bans billboard advertising everywhere as of April 1999.

More important, these efforts are affecting the smoking habits of millions of Americans. Massachusetts' aggressive set of activities against tobacco use has returned a 31 percent drop in cigarette consumption between 1992 and early 1997 and smoking among teenagers has remained level while it has risen in the rest of the country. In the U.S., adult smoking declined between 1992 and 1996. That the incidence of teen smoking nationwide continues to increase -- CDC reports that the number of teenagers taking up smoking as a daily habit has increased 73 percent between 1988 and 1996 -- reinforces the importance of holding steadfast to this campaign.

Prevention and Response to Emerging Infections

Just as new tools are needed to address a global economy, new tools are required to deal with global health. With trade more open and international travel more accessible and affordable, individuals from throughout the globe are coming into the U.S. At the same time, urbanization has brought more crowding in congregate spaces for both adults and children, and agricultural practices and food production are undergoing rapid change. Such transformations increase the risk of exposure to new pathogens that may never have been seen before in humans, increase the presence of infectious agents that previously were insignificant or less virulent, and increase the likelihood of diseases that were generally found in animals finding their way into humans.

The Administration faced these new dangers by establishing comprehensive plans for prevention and response systems to address new infectious diseases regardless of their origin, including building the capacity to identify, track, diagnose and treat them rapidly and effectively.

Strengthening the public health infrastructure as a whole (including federal laboratories and surveillance, as well as state and local capacity to identify, diagnose, and respond) will enhance the nation's capacity to deal with health emergencies of many types. The critical capacity necessary to address all of these issues of emerging infection involves detection of the infection, isolation of the infectious agent, identification and characterization of the microorganism, and linkage to a system of prevention and/or treatment.

Through the leadership of the Centers for Disease Control and Prevention, the U.S. launched in 1994 and updated in 1998 a strategic plan to prevent emerging infectious diseases. The strategic planning documents, developed with the Committee on International Science, Engineering, and Technology (CISET) and a score of federal agencies, provide the framework for specific action initiatives to address, for example, food safety, an influenza pandemic, and bioterrorism. The initial plan spurred Presidential action and congressional appropriations, a resolution and plan by the World Health Organization, a plan for Canada, a Department of Defense plan and an NIH infectious disease research plan. Other indicators of progress include new resources for state health departments, training young professionals to build new leadership, and renewed attention on infectious diseases which had been considered conquered rather than only controlled, and for which we had not imagined new kinds or sources of infectious agents.

In the international sphere, the United States recognized the importance of addressing global health through cooperation with international organizations and as a high priority issue in bilateral relationships. The World Health Organization (WHO) plays a critical role in coordinating establishment of international standards for vaccines, blood products, other biological products, drugs and medical devices and for the data and information that help medical and health professionals assess, diagnose, treat and prevent disease and disability worldwide. Working with other reform-minded countries, the U.S. led the effort to reinvigorate the WHO by searching for and recruiting new leadership, ultimately installing Gro Bruntland, of Norway, as the new WHO Director. In addition, global health is now an issue on the agendas of the European Union and the Organisation for Economic Cooperation and Development (OECD), and the U.S. is working closely with the Pan American Health Organization to increase the use of existing and newer vaccines, to strengthen the National Control Authorities and the National Control Laboratories involved in the regulation of vaccines and other biological products, and to increase the research and surveillance activities in the region. Finally, committees to address health through information, technical assistance and other exchanges were established as part of bilateral relationships such as the commissions between the U.S. and Russia and between the U.S. and South Africa. Several other bilateral working groups, including the US/European Union Task Force, the US/INDIA Joint Working Group, and the US/Japan Common Agenda, are pursuing activities to address emerging infectious diseases.

Food Safety

Foodborne illnesses kill approximately 9,000 people annually and make up to 81 million others sick. New, more virulent, more drug-resistant pathogens, life style changes such as eating more meals outside the home, the importation of more foods from around the world, the increased consumption of seafood, and other shifts in food production are creating new challenges for the

nation's food safety system. The inspection system, first established in the 1920s and operated by several different agencies, had become completely outmoded.

To overcome this fragmented, divisive and archaic system of monitoring and protecting the food supply, the Administration advanced a comprehensive new initiative to make sure that the food Americans consume is one of the safest in the world. This concentrated attention to the food safety system has resulted in substantial improvements, from modernizing inspections to creating a high technology early warning system to detect and control outbreaks of foodborne illness.

Not all the improvements in food safety rely on high technology solutions. The Administration also has given renewed visibility to high impact low technology practices, such as hand washing and everyday actions that individuals can take to handle and prepare food safely. Fight Bac!, a consumer education campaign, focuses on four basic principles: CLEAN, SEPARATE, CHILL, and COOK. Mounted by the Partnership for Food Safety Education, a coalition of government, industry and consumer organizations, the campaign is vigorously communicating messages to the broad public to convince them to change unsafe food handling behaviors and to adopt sound, science-based public health practices that ensure food safety.

Both the U.S. Department of Agriculture (USDA) and FDA now use a new highly science-based approach to inspections and enforcement, called Hazard Analysis and Critical Control Points (HACCP), which places considerably more responsibility than in the previous system on the commercial food producers or processors. This new basis for inspection and detection has been put into place for seafood, meat and poultry and will be applied as well to juices.

The new system also includes enhanced surveillance capacity through FoodNet, a network of laboratories to do *active* surveillance regarding foodborne illness, and PulseNet, a network of laboratories specializing in genomics and genetic fingerprinting, which will facilitate rapid recognition of outbreaks so they can be investigated and controlled before they spread. PulseNet is expanding its reach and capacity by connecting many state public health laboratories with CDC, and by bringing USDA and FDA laboratories on line. A Food Safety Council, established by the President in 1998, will institutionalize coordination among the nine agencies involved in food safety across the government to ensure that a seamless food safety system is achieved.

One early indicator of progress is the reduction in time between detection, diagnosis and response with regard to certain emerging infections. In 1993, it took weeks to determine the common food source of the outbreak of foodborne illness caused by a deadly strain of bacteria, *E. coli* 0157:H7. Today, it can take PulseNet and its new computer links as little as 48 hours to match strains of bacteria and recognize foodborne illnesses occurring at the same time but in different communities. In the near future, PulseNet will be able to perform these functions not only on *E.coli* 0157:H7 isolates, but also on other bacteria that cause illness through food. This technology and coordination can detect major outbreaks and provide the basis for determining public health actions, including product recalls, ultimately reducing illness and saving lives.

Bioterrorism

The U.S. has increasingly become vulnerable to terrorist attacks with weapons of mass destruction. Biological weapons present some unique challenges, including a silent release in a public space and a prolonged process of identification more likely to occur in context of a health professional, which call for a special response capability.

To address the health consequences of any incident involving use of nuclear, biological or chemical materials, the Administration is developing a strategic plan with four components: enhancing the public health infrastructure with emphasis on the surveillance system; strengthening the medical response capability; creating and maintaining a stockpile of pharmaceuticals and other materials; and enhancing research, design, development and approval of diagnostics, antibiotics/antivirals and vaccines. Implementing this plan will require creating partnerships to enhance the local health and medical system capability to respond effectively, while at the same time improving the federal capability to augment rapidly state and local response resources, including local emergency medical systems.

Promoting Reproductive Health; Preventing Infertility

> "Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so."

These words represent the resolve of the 1994 International Conference on Population and Development that publicly transformed the world understanding of health and reproduction. No longer are these issues to be viewed only from the perspective of controlling population. Instead, with significant engagement by the U.S., the delegates from around the world crafted a "programme of action" designed to promote reproductive health and to recognize reproduction as a health and human rights issue. As the National Research Council subsequently stated, implicit in this vision of reproductive health are three principles: 1) every sex act should be free of coercion and infection; 2) every pregnancy should be intended; and 3) every birth should be healthy.

These have been defining tenets since the Clinton Administration took office. In one of his earliest actions, the President overturned a previous directive prohibiting women in the military from receiving abortions. There have been consistent efforts to promote choice, enhance reproductive health and take a comprehensive view of women's health.

Stemming sexually transmitted diseases, especially chlamydia and syphilis, is one of the arenas in which progress is most promising as a result of this important shift in framework. Chlamydia, the most common infectious disease reported to the CDC, is the most common preventable cause of potentially fatal tubal pregnancies and involuntary infertility. This sexually transmitted disease can facilitate the spread of HIV, and infant eye infections and newborn pneumonia can result from maternal transmission of chlamydia.

In the past six years, the nation has tackled chlamydia using a reproductive health paradigm, a different strategy than is used to address other STDs. To address jointly the prevention of pregnancy and prevention of STD infection required collaboration across STD prevention and family planning programs at the federal, state and local levels. Federal funding for chlamydia prevention are now shared between these two branches of public health departments, creating more connection across the two programs. Data from the states in which this approach has been mounted indicate dramatic declines in chlamydia positivity in both older women and teenagers attending family planning clinics that were participating in the screening program. A similar effort use chlamydia screening in a managed care setting showed a reduction by 60% of pelvic inflammatory disease (PID) which is the central link to negative health outcomes.

Building on this recognized success, federal resources now cover about 40-50 percent of women in publicly funded family planning clinics in 20 states. However, in the other 20 states, only about 15 percent of women at risk are reached with the screening protocol. The Administration is proposing to expand successful screening and treatment programs for chlamydia.

Another STD, syphilis, is targeted for total elimination in the U.S. Prevention of syphilis is critical to reducing transmission of HIV. Currently, the U.S. is at record low rates of syphilis; 75 percent of counties have eliminated the disease. In the past several years, progress has also been made in bringing down the disparate impact of the disease by race from 60 percent higher among African Americans than whites to 40 percent higher. Nevertheless, just 31 counties produce half of all the new syphilis cases, and the racially disproportionate impact persists. A focused effort to eliminate the disease will involve using the biomedical tools already available and building the public health infrastructure which is necessary to address other persistent and new infectious diseases -- other STDs, AIDS, tuberculosis, bioterrorist threats -- in areas that currently suffer from severe lack of capacity.

Traffic Safety

In the decade preceding the advent of the Administration, considerable progress had been made in improving traffic safety. However, a robust economy stimulates greater mobility and increased use of vehicles. As a result, stagnation in traffic safety markers such as fatality rates, fatalities related to alcohol use, and the use of seat belts essentially meant falling behind with more deaths and injuries -- virtually all preventable.

New leadership at the National Highway Traffic Safety Administration (NHTSA) reengineered its approach to traffic safety to place it once again on the public agenda not only of government, but of industry, public health professionals and a wide variety of community stakeholders. Further, it found a range of non-regulatory remedies to promote positive safety practices on the road. As with other public health problems, many of these new solutions relied on reaching out to a broader constituency, and developing partnerships at the state and community level, to share responsibility and ownership of the problem of motor vehicle injuries.

To make the new collaborations effective, NHTSA created constituency-specific networks to focus on discrete problems. The Network of Employers for Traffic Safety (NETS), for example, enables industry to focus on traffic crashes as an internal cost issue. Techniques for Effective Alcohol Management (TEAM) draws together representatives of athletic stadiums and arenas, initially to address alcohol-related motor vehicle injury, and more recently to highlight seat belt use. Engineers from the automobile industry are now linked to a wide spectrum of scientists, health professionals, law enforcement personnel, and crash investigators at seven trauma centers around the country through CIREN (Crash Injury Research and Engineering Network) to improve the knowledge base about injury resulting from vehicle crashes and about the factors contributing to crashes. Through this new information, medical professionals can make better decisions about risk, diagnosis and interventions.

Scientific knowledge became a catalyst for change in other arenas as well. Research findings stimulated renewed interest by law enforcement agencies whose participation was essential. The fact that the majority of felony arrests result from routine traffic stops energized police and other law enforcement personnel to give greater visibility to enforcing use of child safety seats, seat belt usage and other safety measures.

Strengthening the data system which undergirds traffic safety efforts has also proven particularly effective in engaging states in taking actions to address their local problems. NHTSA linked state data to enable states to analyze and assess their own information instead of relying solely on the federal agency to identify the problems. In addition, through CODES (Crash Outcome Data Evaluation System) traffic records are connected with data about hospital discharges emergency medical services.

Finally, NHTSA created the Safe Communities program to elevate traffic safety as a public health issue, catalyze community-based coalitions, and make available the tools communities need to address the problem in a sustained and results oriented way. Other federal agencies such as CDC, intergovernmental organizations such as the National Association of Governor's Highway Safety Representatives, and other public and private organizations became partners with NHTSA to assist localities to identify and take control of the safety issues in their communities. More than 550 communities have opted to be "Safe Communities," and with support from other federal agencies, these coalitions are mobilizing to address other safety issues as well.

The renewed interest in traffic safety at all levels of government and the community is beginning to reap benefits in greater use of safety measures and reduced injuries. In 1997, seat belt use inched up to 69 percent, alcohol-related traffic deaths dropped by two percent, declining to a record low of 38 percent, and the fatality rate from crashes fell slightly to 1.6 percent, also an all time low. With Americans traveling more every year, continued effort along this path will be necessary to meet NHTSA's goals of a 20 percent reduction in traffic fatalities and injuries by the Year 2008.

Improving the Safety and Health of America's Workers

Many serious workplace hazards threaten the health of workers who labor in their midst. Whether through injury or disease, these hazards jeopardize the productivity of the workforce, the well-being of the workers and their families, and the fiscal vitality of the industries involved. Despite progress in reducing workplace deaths between 1980 and 1994, an average of 137 individuals die each day from work-related disease and an additional 16 die from injuries on the job. Millions more are injured or permanently or temporarily disabled. The estimated annual economic burden of disease and injury for occupational disease and injury in 1992 was $171 billion. Yet reducing the risks presented by many of these hazards has proven an arduous task as a result of the polarization of interested sectors, debates over regulation, and tensions about what, if any, degree of risk is acceptable.

The Administration realized that the debates were protracted, resolved little and often resulted in stalemate. Millions of workers remained unprotected. Both public and private sector efforts have faced increasing fiscal constraints brought about by the downsizing trends of the 1990's. It was clear to the Administration that it was necessary to go beyond tradition and the usual approaches to test a different strategy. To address this issue, the National Institute for Occupational Safety and Health and its more than 500 partners created the National Occupational Research Agenda (NORA) in 1996 to target and coordinate occupational safety and health research and to leverage resources for research to protect working Americans.

The Agenda identifies 21 priority research areas for the entire occupational safety and health community. In 1998, the largest single infusion of federal funding for extramural occupational health and safety research was achieved. Science and new technology became tools for consensus building around pragmatic solutions rather than the source of debate about relative levels of risk reduction.

Partnership is vital to the Agenda's success. An illustrative example involves a pioneering partnership with the asphalt industry and the associated labor organizations which led to a timely voluntary solution to the problem of workers' exposure to asphalt fumes during paving operations. The partnership turned the traditional approach on its head, seeking to prevent rather than react to the carcinogenic effects of asphalt fumes on workers. Traditional rulemaking in this case would have provoked years of litigation and would have lost time to protect the affected workers. The partnership, by contrast, was able to sidestep a protracted debate and deliver practical controls in the workplace. Through the use of innovative engineering controls, the partners were able to achieve 100 percent of an industry voluntarily agreeing to implement control technology equipment -- which reduces worker fume exposure by about 80 percent – on all new highway pavers.

Over the past five years, successful occupational health and safety research partnerships with private industry and labor, including General Motors, Walmart, United Auto Workers, Browning Ferris Industries, Laborers' Health and Safety Fund of North America, Ford Motor company, and others have laid the groundwork for a new era of protecting America's workforce.

Strengthening Safety of Consumer Products

Partnerships have also become the hallmark of efforts to the improve the safety of consumer products. The U.S. Consumer Product Safety Commission has, whenever possible, used voluntary and pragmatic approaches to achieving safety for the public in preference to more adversarial regulatory measures.

Recalls of hazardous products are now accomplished, for example, with an innovative process of collaboration with industry. This Fast Track Product Recall Program, which received the 1998 Innovations in American Government Award from the Ford Foundation and Harvard's Kennedy School of Government, achieves recalls three times more quickly than in 1995. In this program, if an industry voluntarily identifies and reports a product problem to the CPSC, and agrees to do recalls within 20 working days, the CPSC agrees not to make a letter of findings that would otherwise be placed in public files about the industry. This new process has minimized adversarial proceedings, increased the rate at which products are returned to the manufacturer, effectively getting unsafe products off the shelf faster and away from consumers. From products such as Hasbro's "Soft Walkin' Wheels" toy to Sunbeam's Gas Grill, fast-track recalls occur in an average of seven to ten days, effectively deterring most hazardous products from ever getting to consumers in the first place.

Regulating product safety has traditionally been time consuming and often contentious. CPSC sought alternatives to regulation as ways to achieve safety while retaining the power to regulate. For example, to overcome the problem of children strangling when the strings at the neck of their outerwear garments caught on playground or other equipment, CPSC asked industry voluntarily to remove the strings and replace them with snaps, buttons or Velcro closures. Industry agreed to do so voluntarily and later adopted a voluntary standard on this issue. Industry solved a different problem, eliminating the loops on venetian blinds cords in which some children were strangling, in a similar cooperative fashion. First, the industry agreed to give away replacement safety tassels free. Subsequently, a new voluntary standard was adopted and industry developed a number of new safer products to eliminate the strangulation hazard. When CPSC told manufacturers of baby walkers that it was considering a mandatory standard to address the thousands of injuries to children resulting from falls down stairs, the industry came up with a variety of new designs. Both the affirmative efforts to collaborate with industry and the continuing authority and willingness to regulate where necessary have produced significant improvements in the safety of consumer products.

Efforts to promote safe products and to reward good practice have also heightened awareness and attention by the public of ways to protect people from harm. In cooperation with Gerber Foods, CPSC developed the "Baby Safety Showers" program, which the First Lady helped launch. This idea has been picked up by hospitals, organizations that work with new mothers, parenting education programs and many others to help educate new parents about safety in infancy. The CPSC Chairman also initiated a Commendation for Substantial Contributions to Product Safety, given periodically to industry, which offers another way to give public attention to positive actions for safety.

Prevention of Family and Interpersonal Violence

Intentional injury between intimates reached very high levels in the early 1990s. In 1993, there were more than one million violent victimizations of women by an intimate. A 1994 study of child abuse and neglect, using a methodology that includes children both reported to child protection agencies as well as children believed to be maltreated but not reported, found that 2.8 million children were abused or neglected. The Administration made a major commitment to the prevention of family and intimate violence.

In the context of a comprehensive effort to address crime, the Administration collaborated with the Congress to gain adoption of the Violence Against Women Act. While efforts to prevent and end sexual violence began as grass-roots, community-based movements more than two decades ago, these landmark provisions of the Crime Act of 1994 provided new legal tools and bolstered funding to address violence against women. The Violence Against Women Act made certain acts federal crimes. It doubled funding for shelters and other critical community-based help for battered women and their children. It also substantially increased funding for rape prevention and education, especially for school-age children. It provided new support to local law enforcement and police for training and special focus on domestic abuse. It enhanced research opportunities, stimulating collaborative investigations across domains and disciplines. It strengthened surveillance and applied to crimes against women public health methods of tracking, testing and evaluating interventions, and spreading effective practices and public health messages. These approaches are making it possible to link more closely surveillance processes and service delivery systems to strengthen the science base for systems that prevent and respond to family violence.

Signs of progress are emerging. The Crime Victimization Survey, administered by the Department of Justice, reports that since 1993, the rate at which women experience violent victimizations at the hands of an intimate has declined. For every 1000 women in the population, the rate dropped from 9.8 violent victimizations in 1993 to 7.5 in 1996. Vigorous implementation of the Violence Against Women Act, knitting together legal protections, social supports and public health approaches at the community level have contributed to a climate in which violence between intimate partners is not condoned.

Escalating reports of abuse and neglect of children propelled the Administration to seek ways to reassert the importance of safety in both policy and practice. Through the Adoption and Safe Families Act of 1997, states are given streamlined legal requirements and new financial incentives to facilitate and expedite adoptive or permanent families for maltreated children who have been languishing in foster care. The new law also increases support for preventive and early intervention activities to help vulnerable families stay together safely.

Together, these new laws and the additional resources flowing into communities are establishing for the next century essential frameworks for enhancing family safety.

III. Expanding the Frontiers of Knowledge

Commitment to the continuous development of knowledge has been a canon of the Clinton Administration. Scientific discovery is exploding at an unprecedented pace. Technology, genetics, and information capacity have all contributed to this flourishing and complex enterprise. Finding ways to continue and accelerate these developments and harness them for the public good has required many careful and strategic steps, as well as a deep respect for and understanding of the nonlinear nature of the processes of scientific research and advancement. Rigorous research usually takes not only talent and creativity but time, rarely proceeds without complications or detours, and requires commitment for the long course.

A first and fundamental step taken by the Administration involved recognizing the need to strengthen the intellectual, managerial and financial underpinnings of the government's vast scientific activities. The Administration attracted one of the world's most distinguished scientists to lead the National Institutes of Health, the world's largest biomedical research institution. He, in turn, attracted a number of distinguished biomedical researchers to lead the various Institutes and Centers. In addition, the Administration called annually for significant support for science research, and crafted a 21st Century Research Fund to stabilize high level investment in biomedical, behavioral, and prevention research for the next generation.

Over the past five years, building on the multi-year research activities of a large number of investigators and collaborators, many important discoveries have emerged and several have been swiftly transferred into clinical practice. Significant and durable changes have generated much more active processes for translating basic science into clinical practice and then into broad use. New communication tools are making it possible to give greater visibility to and graphically portray basic science stories. These stories attract public attention, convey vividly the excitement of new scientific discoveries, show the progress that is occurring and give a vision of what is possible. Through stories, the public can become more knowledgeable about personal health, allowing individuals, where possible, to be healthier.

One result is a much more holistic approach to disease, to health and to basic human behavior and functioning. It is possible now, for example, to understand and promote the notion that when diet is changed in certain ways, it is affecting risk factors not just for one disease -- heart disease or cancer or osteoporosis -- but potentially for many of them at the same time. Further, research on any disease frequently confers unanticipated insights into other diseases.

Vaccine Development and Use

The development of safe and effective vaccine has been one of the outstanding accomplishments of biomedical research in the 20th century. The beneficial impact of vaccines has been especially great in improving the health of children. Childhood vaccines, used in national immunization programs, have eradicated one infection (smallpox), eliminated another from the Americas (polio), and dramatically reduced the incidence of many other infectious diseases of children. In the last five years there has been significant progress in vaccine development, led in major part by the National Institutes of Health (NIH). (See above) The FDA and its biologic laboratories in

cooperation with the NIH and the CDC have provided critical contributions fostering the acceleration of new cutting edge technologies by establishing standards and methodologies ensuring the safety of these new product areas.

Several vaccines for use in children are in advanced stages of development. One of these, the vaccine to prevent rotavirus diarrhea has been licensed by FDA for use in the United States in 1998 and has been recommended for routine use in children by the Immunization Practices Advisory Committee. This vaccine prevents the most common cause of dehydrating diarrhea in infants and is widely expected to markedly reduce this problem. An experimental live vaccine, the cold-adapted (ca) influenza virus vaccine is also under development. Based on reports of investigational clinical trials, it is expected to improve significantly the health of children by preventing about 90 percent of the cases of acute influenza infection that occur in children and also reduce the rates of middle ear infection by nearly one third. Vaccines to prevent the serious complications of the food borne infection caused by Escherichia coli O157:H7 and related enterotoxigenic strains are also on the horizon.

Pediatric AIDS

HIV has been one of the leading causes of death in the U.S. between the ages of 1 and 24 years since 1991. Transmission of the virus from HIV-infected pregnant women to their offspring is the major source of new pediatric infections in the U.S. and worldwide. In 1994, an NIH-sponsored study group reported a clinical trial which demonstrated that zidovudine (ZDV or AZT) administered to the mother during pregnancy, labor and delivery and to the infant in the first weeks of life can reduce mother to child transmission of this fatal infection from 25 to 8 percent. A Public Health Service Task Force led by an NIH researcher published recommendations which form the major basis for the use of this drug to prevent perinatally-transmitted pediatric HIV and AIDS. Recent reports from a number of areas around the country indicated that maternal-fetal transmission of HIV has fallen to 5-7 percent as a result of this treatment regimen. Drug development for therapies for HIV is an area which facilitated and broadened the ability of children to access both clinical trials and new therapies.

The recently presented findings of another NIH researcher, based on a comprehensive international study, suggests that elective cesarean delivery can reduce further the transmission rate in ZDV-treated pregnant infected women to only two percent. Furthermore, as a result of NIH-sponsored research and public health service clinical guidance, this nation is also on the way to eradicating mother-to-child transmitted pediatric AIDS, beating the two percent rate of perinatal HIV transmission set as a goal a few years ago by the private Pediatric AIDS Foundation.

Chronic Disease

New knowledge has changed some chronic diseases to acute diseases and these can be treated more effectively. For example, with the discovery that about half to three-quarters of peptic ulcers are a result of an infectious agent, the disease can now be managed through the use of antibiotics. The length and frequency of crises from sickle cell disease, which affects African-Americans disproportionately, have been diminished through the use of hydroxyurea added to penicillin to prevent infection. This treatment has been approved for use by adults but not yet for children.

The first indications have emerged of a decline in the incidence and death rates from cancer. While not yet confirmed, likely contributors to this decline include: a decrease in smoking among adult men and improved screening procedures including mammography and pap smears, which lead to earlier detection and management of the disease, increasing the survival rate. Another likely contributor involves greater sophistication in defining risk, enabling better advice to be proffered on prevention.

Deaths from coronary heart disease continue to decline, reflecting new treatments such as beta blockers. New diagnostic techniques also enable earlier detection, finding heart disease that may have gone unnoticed in the past. On the horizon is making sure that the successful treatments are made widely affordable and available.

IV. Collaboration Among Science Research, Delivery Systems, Prevention, and Consumer Involvement

One of the hallmarks of Clinton era strategies for change has been to maximize collaborations between government and anyone with a real interest in the issue. Complexity has been a major factor inherent in trying to conquer health and safety problems that contain scientific and technological, fiscal, political and social dimensions. The Administration made certain assumptions in the face of these complexities. Foremost among them was that no one sector could devise solutions or take action alone. So the Administration crafted collaborations to bridge scientific research, dissemination of findings, application of findings to new treatments and making the treatments available safely and as quickly as possible. These partnerships drew on both public and private health care delivery systems to put new findings into practice, and involved consumers as teachers as well as beneficiaries. Wherever possible, cooperation included providing information, and developing, testing and marketing prevention strategies.

HIV/AIDS: A Case Study

Nowhere has this collaborative approach been more historic and had greater impact than in the fight to stem HIV/AIDS in the United States. In the 1990s, AIDS diagnoses and deaths dropped markedly in this country. At least 15,000 fewer people died of AIDS in 1997 than in the previous year alone, a 42 percent decline. (See Figure 3) Among the leading causes of death, HIV infection fell from 8th to 14th place between 1996 and 1997. The result is increasing numbers of people who are HIV-infected and still alive and whose quality of life has improved. The number of new cases of HIV infection reported annually in the United States has leveled off to approximately 35,000 to 40,000 per year, far less than in the early years of the epidemic. However, rates of infection in some racial/ethnic minority communities have increased over the years and remain alarmingly high.

This legacy builds on the work, creativity and perseverance of many who came before and has achieved its significant changes through the multiple and layered efforts of many throughout the government, the private sector and by the public. Actions by the President from the outset of the

Administration, dedication of the federal scientific enterprise, public health agencies and many others, and unprecedented investment of resources for treatment and prevention, however, have contributed to deepening and accelerating progress in controlling this disease.

Since the disease was identified in 1981, the past five years stand out for the number, nature and pace of changes that have been made. During the 1980's, HIV was addressed using a rehabilitative, chronic care model, focusing heavily on hospice care and with virtually no resources devoted to treatment. The period of time from diagnosis to death was 12-18 months. From the mid-eighties until 1990, scientists began to be able to describe opportunistic infections. With the ability both to identify and to anticipate infections, practitioners began to apply a therapeutic model, resulting in significant drops in morbidity and to some extent mortality. Still, however, only minimal funds were available for treatment and the period of time from diagnosis to death, while widening, was about 18 to 26 months. The early 1990's brought significant scientific breakthroughs in the development of nucleisides (AZT, DDI, DDC, 3TC, D4T), extending the time from diagnosis to death to about 36 months. In 1991, the Ryan White Act provided for medical treatment and support services that identify and retain people in care.

Adequate funding for these treatment and support services, though, were only realized when the Clinton Administration fought for them. Provided in combination with the nucleicides, these new services extended significantly the amount of time someone could live with HIV/AIDS, lengthening the time from diagnosis to death to four to five years. These shifts were accompanied by consistent presidential attention marked by establishing an AIDS office in the White House, creating a Presidential AIDS Advisory Council and holding a Presidential Summit on AIDS. Funding for AIDS research, treatment and prevention was a priority in every budget submitted by the Administration, resulting in a 266 percent increase in Ryan White CARE Act funds, and a 787 percent increase in assistance for the purchase of AIDS drugs. In addition, the President used his executive powers to heighten focus on ensuring that teenagers get the message that they are not immune to HIV and that employers, including the federal government, have an obligation to provide accurate, sensitive training for employees about HIV/AIDS in the workplace.

The most promising developments emerged in 1995. The use of protease inhibitors in combination with nucleisides was rigorously tested and returned promising findings with unusual speed. These findings provided incentive to place HIV-infected individuals in phase 3 clinical trials enabling them to receive the new treatment regimens. The early 1990's brought significant scientific breakthroughs, including the development of nucleoside analogues, that dramatically improved the duration and quality of life for people infected with HIV. They have also decreased the number of new cases and shifted the mix of who is affected by the disease.

HIV/AIDS has become a disease of major proportions in poor, minority communities. Stemming the disease in these communities by strengthening access to care and treatment, ensuring that the drug combination is available and affordable, and investing in outreach, education and prevention poses critical challenges for the future. In collaboration with minority elected officials, the Administration has enhanced its activities and garnered new funding to address the AIDS crisis in these communities.

Development of a vaccine that can lead to eradication of the disease remains an essential goal. The President, in May 1997, laid a challenge to develop such a vaccine within ten years, and established a comprehensive AIDS vaccine research initiative. After only one year, the Food and Drug Administration authorized the first large-scale trial of an AIDS vaccine in this country.

The Administration is also taking the lessons from the recent U.S. progress in reducing the devastating impact of HIV/AIDS to the developing world which is suffering even more far reaching and catastrophic effects. It is worth illustrating more specifically the nature of these contributions, since they reflect robust and continuing attention, consistent and high level investment, and engagement of every sector of government from the scientific enterprise to the public health infrastructure. They also reflect critical partnerships with social, faith, education, business and community networks, and those who have been directly affected by HIV/AIDS.

This collaboration has yielded significant results in development of knowledge and application of new interventions, ways to position surveillance systems to monitor target populations in the face of emerging infections, and rapid translation of research into medical therapeutics and clinical information for systems of care. Also emerging from the collaboration has been scientific definition of the mechanisms in the replication and distribution of the virus, a description which then enabled drug companies to focus on developing drugs that could block or inhibit the functioning of these mechanisms and not harm the cells of the body.

Development of new effective drugs led to the creation of standards of care for the combined use of protease inhibitors and nucleisides for adults and adolescents, infants, and pregnant women. These guidelines were disseminated and applied in care systems in a timely fashion, protecting thousands of individuals who otherwise would not have received treatments appropriately. Aligning the regulatory approval process for new drugs with emerging scientific findings and dialogue with the affected community fostered understanding that the better established, the earlier in the process and the more open the dialogue, the better quality the product is likely to be. A similar finding arose from involving the affected community in devising services for a continuum of care.

Breast Cancer: A Case Study

As noted earlier, breast cancer is the most common cancer in American women. As reported in the July 1998 issue of the journal Cancer, scientists have found that the recent decline in mortality among all decades of ages of white women between 30 and 79 and black women between 30 and 69 is due to a trend toward progressively earlier diagnosis of breast cancer.

Through investment in treatment and prevention, research, outreach and education, the past five years have generated a significant expansion in the awareness and understanding of breast cancer, identification of alterations in two important genes that are associated with inherited breast cancers, enhanced and higher quality tools for and use of early detection, approval and testing of new drugs and treatment regimens, and greater access to clinical trials. The fight against breast cancer is another arena in which the Administration's model of partnership and collaboration across disciplines, professionals and citizens, and the public and private sector is reaping significant dividends.

Two key collaborations set the framework for these efforts. The first drew together a pioneering effort with public and private sector partners. In late 1993, the Secretary of Health and Human Services launched a process which established the National Action Plan on Breast Cancer. A working group representing government agencies, elected officials, the scientific community, private industry and breast cancer survivors developed and oversees implementation of the plan which focuses on six priorities: 1) information for consumers, practitioners and scientists; 2) expansion of biomedical, epidemiological and behavioral research; 3) establishment of a national biological resources bank for obtaining and storing tissue for research; 4) involvement of consumers in all levels of research, education and services programs; 5) improving access and participation in clinical trials; and 6) assessing the legal, ethical and policy issues connected with hereditary susceptibility to breast cancer.

In 1994, a second collaboration formed, this one to draw together federal government agencies with responsibilities that in some way affect, or could affect, the campaign for earlier and more effective diagnosis, treatment and elimination of this disease. This Federal Coordinating Committee on Breast Cancer was designed to strengthen cooperation across the federal government in order to ensure a coherent, strategic and organized effort to address this disease.

Resources to address breast cancer have grown markedly during the past six years. A significant breast cancer research program, at the Department of Defense, has grown to $650 million in FY 1999. The National Institutes of Health resources dedicated to research on breast cancer will reach $480 million, an 11 percent increase from the previous year alone. Additional funds at HHS are dedicated to early detection, diagnosis, and prevention, including funds to improve access for all women to mammography screening and follow up services. Resources are also derived from Medicare for coverage of mammography screening for all recipients over age 40, as well as from Medicaid and the Indian Health Service.

As evidence grew about the benefits of early detection, these public-private efforts took several steps to improve the knowledge base, make the tools affordable, and encourage women to become aware of and to take advantage of the various methods available. As mentioned above, the President attained expanded Medicare coverage to help pay for screening mammograms for all Medicare beneficiaries age 40 and over. Several targeted campaigns, some featuring the President and the First Lady, have been launched urging older women, African American women and Hispanic American women to obtain regular mammograms and highlighting the new Medicare benefits. Through a CDC program, more than half a million free and low-cost mammography screenings have been provided to uninsured, low-income, elderly, minority and Native American women and the program now reaches every state. Efforts have also been made to ensure that substance abuse and mental health programs providing primary health care services to women also include education on early detection methods and counseling on risks for breast cancer. The most recent data available, based on median of state estimates from the Behavioral Risk Factor Surveillance System, show that the percent of women 50+ receiving a mammogram and clinical breast exam in the past two years continues to grow, increasing14% between 1991 and 1997. (See Figure 4)

Access to mammography screening must be accompanied by quality technology and accountability if women are to be reassured that detection efforts will produce accurate results. In keeping with

its general attention to health care quality, the Administration took two important steps to ensure the quality of mammography screening. First, in implementing the Mammography Quality Standards Act of 1992, the FDA issued high standards for the estimated 10,000 accredited mammography facilities throughout the nation as well as for the equipment used and the personnel who administer and interpret the screenings. Second, clinical practice guidelines for mammography were developed and disseminated to mammography providers, health care professionals and consumers. Finally, a variety of efforts are underway to improve mammography technology and quality, including use of new technologies to interpret the screenings. Several agencies, including the Departments of Defense, CIA, NASA and HHS, have also been collaborating with private sector partners to examine ways to apply new imaging technologies to the early detection of breast cancer.

On the treatment front, several promising drugs have been developed to stem advanced stage breast cancer as well as to retard the cancers detected earlier. In 1998, the FDA approved Herceptin, the first genetically-engineered antibody therapy for individuals with advanced stage breast cancer. In 1998, the FDA also approved the use of tamoxifen for reducing breast cancer risk in women at high risk for the disease. A multi-site clinical trial of the drug Taxol is producing promising early findings with regard to the drug's effectiveness, when used in combination with standard chemotherapies, in initial post-surgical treatment of some women with localized, node positive breast cancer. STAR (The Study of Tamoxifen and Raloxifene), a large-scale clinical trial involving 200 institutions across the U.S. and 22,000 high risk post menopausal women, will compare the effectiveness of the drug Raloxifene to the drug Tamoxifen in reducing invasive breast cancer incidence among women who have not been afflicted. Another clinical trial, the Women's Health Initiative, involves 49,000 women in a test of the impact of a low-fat, high fiber diet on breast cancer prevention.

Advances in genetics are also revealing important information about inherited breast cancers. Research sponsored by the National Human Genome Research Institute and the National Institute of Environmental Health Sciences has found that alterations in two important genes, BRCA1 and BRCA2, are associated with many inherited breast cancers. NCI has established the Cancer Genetics Network, a national network of centers focused on issues related to inherited predispositions to cancer, including breast cancer, and also a Cooperative Family Registry for Breast Cancer Studies to gather family histories and a range of other family information and specimens in the hope of preventing or delaying inherited breast cancers in individuals with genetic susceptibility. The Administration recognizes the value of enabling the public to understand and become knowledgeable about breast cancer, and that there is an important role for government in both developing the information and making sure it is accessible and widely available.

Given the increased knowledge and breakthroughs in detection and treatment, there are now a record 2 million American women who are breast cancer survivors. Through the National Breast Cancer Action Plan and many other initiatives, cancer survivors are now participating in a wide range of governmental entities that review and make critical decisions about research, education and outreach activities. In addition, the Administration created an Office of Cancer Survivorship, opened at NCI in 1996, to study the economic, psychological and physical status of women who

have survived their cancers. Through these mechanisms, cancer survivors are collaborating with government in finding ways to improve the survival prospects of millions of other women as well as their own.

The partnerships spawned in the past six years across science, government, clinicians, the pharmaceutical industry, and women either afflicted with or survivors of breast cancer have made significant advances in the early diagnosis, the nature of the treatments available, and the likelihood of survival of the breast cancers which affect millions of American women. Government has played an important role in providing empowerment and hope in efforts to conquer a deadly disease.

V. Strengthening Stewardship and Demanding Accountability

Executing our fiduciary responsibilities for benefits and services on which millions of Americans rely has generated a new frontier of accountability. The Administration has taken a broad-based, multifaceted approach to detecting, identifying, and rooting out fraud, waste and abuse. Using new technologies and incentives for identifying illegal acts, government has become more efficient and prudent in managing its funds in the service of the public. Creative partnerships with providers, consumers and enforcement agencies, performance measurement, and increased resources are all elements of the efforts to protect the integrity and quality of the nation's publicly funded health enterprise.

Drug Approval Process

To bring to the public quickly and safely the benefits of advances in science and medicine, the Food and Drug Administration streamlined operations and redesigned its drug approval process. It added several hundred new reviewers, increased its spending on information technology and implemented new review process management initiatives. These changes have helped the agency to reduce the time it takes to get a drug reviewed by nearly half. Similarly, the number of drugs reviewed in a year has increased by approximately half and those applications with the requisite data to support approval get through the system. Similar strides are being made in review of medical devices. The FDA Modernization Act of 1997 will extend this progress by improving regulation of food, medical products and cosmetics. A "new use" initiative issued by the FDA in 1997 will also accelerate the development of new and supplemental uses of medications. By bringing new medical treatments to the public as quickly as possible while holding firm to high scientific standards of review, the health of Americans is demonstrably affected by this improvement in management and accountability.

Fighting Medicare and Medicaid Fraud, Waste and Abuse

The Administration instituted a fundamentally new strategy to root out waste, fraud and abuse in the nation's most expansive and far-reaching health programs -- Medicare and Medicaid -- involving the Inspector General, Health Care Financing Administration and the Administration on Aging in HHS, plus the FBI and the Department of Justice.

Operation Restore Trust, initiated as a five-state pilot in 1995 and expanded nationwide in 1997, reoriented the health fraud-busting apparatus of the government with a new comprehensive approach.

Three areas of the Medicare program were targeted for additional vigilance and specific fraud control measures: home health care, durable medical equipment and nursing home services. In all of these areas, audits were increased, control processes were tightened, law enforcement was strengthened and program structures were reformed. For home health, the segment of Medicare that is growing fastest, a temporary moratorium on bringing in new providers provided time to strengthen the enrollment process. New legislation provides that home health care will be paid on a prospective basis for each episode of care and eligibility standards were augmented to ensure that home health companies are qualified and experienced in service delivery. Similarly, nursing homes now are subject to prospective payment or consolidated billing systems. These will not only ensure that services are obtained at reasonable costs, but also promote a more coordinated and thorough program of care of each nursing home resident. New requirements have been set for suppliers of durable medical equipment and for home health care providers to ensure that they are legitimate and capable contractors. Eligibility for long term hospice care patients will be reviewed more frequently, ensuring appropriateness and adequacy of care provided.

The lessons learned from Operation Restore Trust are now being institutionalized. Stepping up government fraud control activities in health care programs required stable and enhanced resources. The Health Insurance Portability and Accountability Act (HIPAA) provided a new dedicated Health Care Fraud and Abuse Control account, funded each year through Medicare Part A Trust Fund. These funds are enabling HHS and the Department of Justice to expand investigations, audits, evaluations and inspections related to the delivery and payment of health care; increase training of older persons who can help inform peers about how to remain alert to health care fraud; strengthen enforcement of civil, criminal and administrative statutes addressing health care fraud and abuse; devise and disseminate information for the health care industry about fraud and abuse; and create a national data bank to receive and report final adverse actions against health care providers. These new resources also have supported expansion of the HHS Office of Inspector General's field operations from 26 to 31 states.

Law enforcement is being improved with better coordination of resources and activities of organizations both within the Federal government and the States. New enforcement tools, including stronger penalties and disclosure requirements, were authorized and better methods for identifying, referring, investigating and prosecuting those who would defraud the Federal government of public resources and take from the consumers of health care resources to which they were entitled.

New approaches were also developed to prevent fraud and waste from even getting started or to cut it off at its source. For example, with the cooperation of the health care industry, the Inspector General has developed compliance guidelines for health care providers to give them better tools to reduce their own risk of fraud. Incentives have stimulated the involvement of beneficiaries themselves in the identification and reporting of fraud. A fraud hotline was greatly expanded, made more user friendly and widely publicized to beneficiaries. The Administration has recruited

thousands of volunteer and paid long term care ombudsmen and other service providers in the field of aging and provided training in how to identify and report fraudulent practices in nursing homes and other long term care settings.

Under the Health Care Fraud and Abuse Control Program created under HIPAA, HHS has reported more than $1.2 billion in fines and restitution returned to the Medicare Trust fund during fiscal years 1997 and 1998. During these years, HHS also excluded more than 5,700 individuals and entities from doing business with Medicare, Medicaid, and other federal and state health care programs for engaging in fraud or other professional misconduct -- up from 2,846 in the previous two years. In addition HHS increased convictions by nearly 20 percent in 1997 and another 16 percent in 1998. Since 1993, actions affecting HHS health care programs have saved taxpayers more than $38 billion, and have increased convictions and other successful legal actions by more than 240 percent.

VI. Continuing Challenges

Americans are healthier and their prospects for living longer are greater today than they were just six years ago. The Clinton Administration set out to contribute to a healthier and safer nation, and has succeeded in that goal. Millions more children will be able to enjoy their early years protected from contagious and debilitating childhood diseases or premature death. Millions more families will be connected to a regular source of affordable quality medical care. Children and adults alike will reap the benefits of new medical treatments for chronic illness. The food Americans eat will be the safest in the world.

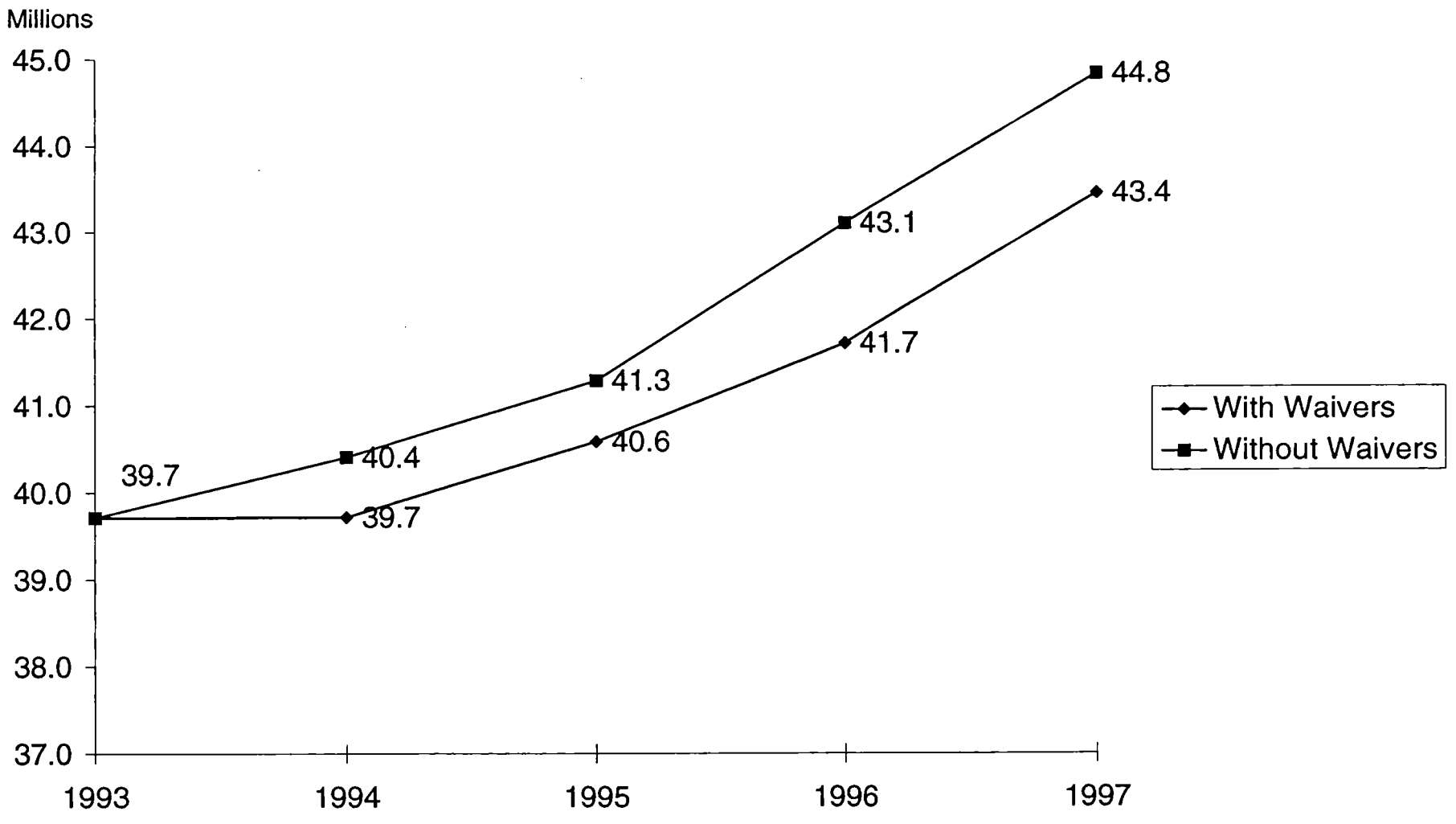
While there have been measurable gains, gaps in bringing good health and safe surroundings to every American remain. Serious challenges - economic, philosophical and ethical - remain about how to get sophisticated care to millions of Americans who may not be wealthy or well informed. We have yet to fully comprehend and surmount all the reasons that far too many people compromise their health by ignoring proven evidence about the importance of nutrition and physical exercise. We do not yet have proven ways to stop young people's abuse of substances -- drugs, alcohol, tobacco -- that can be life-threatening either immediately or later in their adulthood. We have yet to test, and hope never to have to use, comprehensive plans to address global health risks such as pandemic flu or bioterrorist attacks.

In all these instances, however, the Administration has recognized the dangers and the opportunities, expanded and retooled the capacity to understand, identify, track and respond to public health emergencies, tested new strategies and incentives for reaching special groups to prevent unnecessary illness, injury, disability or death and to promote healthful lifestyles and behavior. We have invested in biomedical, behavioral, health services, and prevention research which is producing an extraordinary array of discoveries and will provide the engine for future progress in achieving a healthier and safer nation.

Finally, while the legacy of specific improvements in health and safety positions the nation for making additional improvements into the next century, what may be an even more enduring legacy is the active, pragmatic, nonideological approach to governing that the Clinton Administration

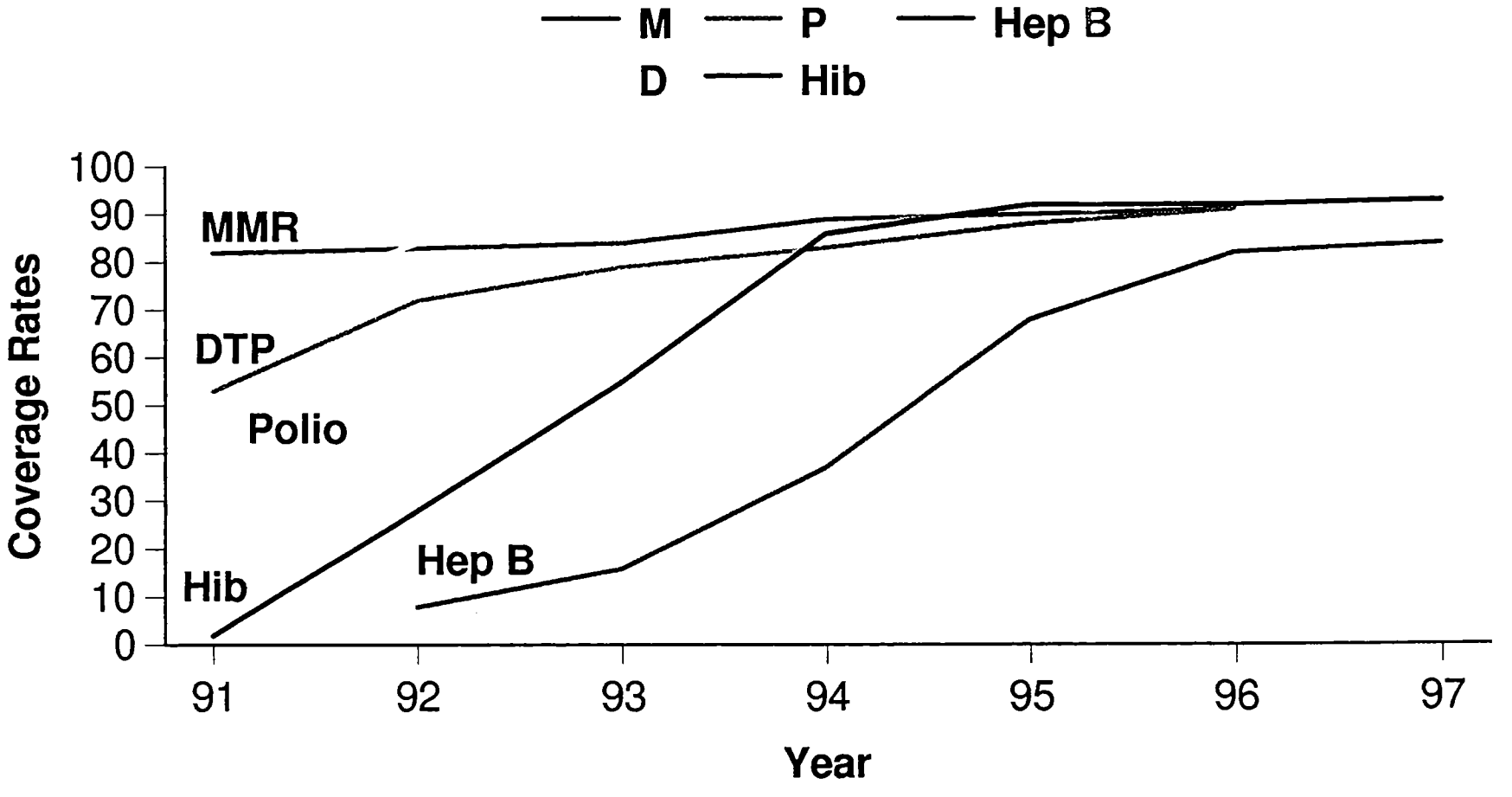
pioneered and used successfully. This legacy underscores the critical role for the federal government to meet people's evolving needs, and the imperative to hold firm in the belief that government matters.

The Effect of 1115 Waivers on the Number of Uninsured



Source: ASPE Calculations of HCFA and Census Bureau Data

Vaccine Specific Coverage Rates Among U.S. 2 Year Olds, 1991 - 1997

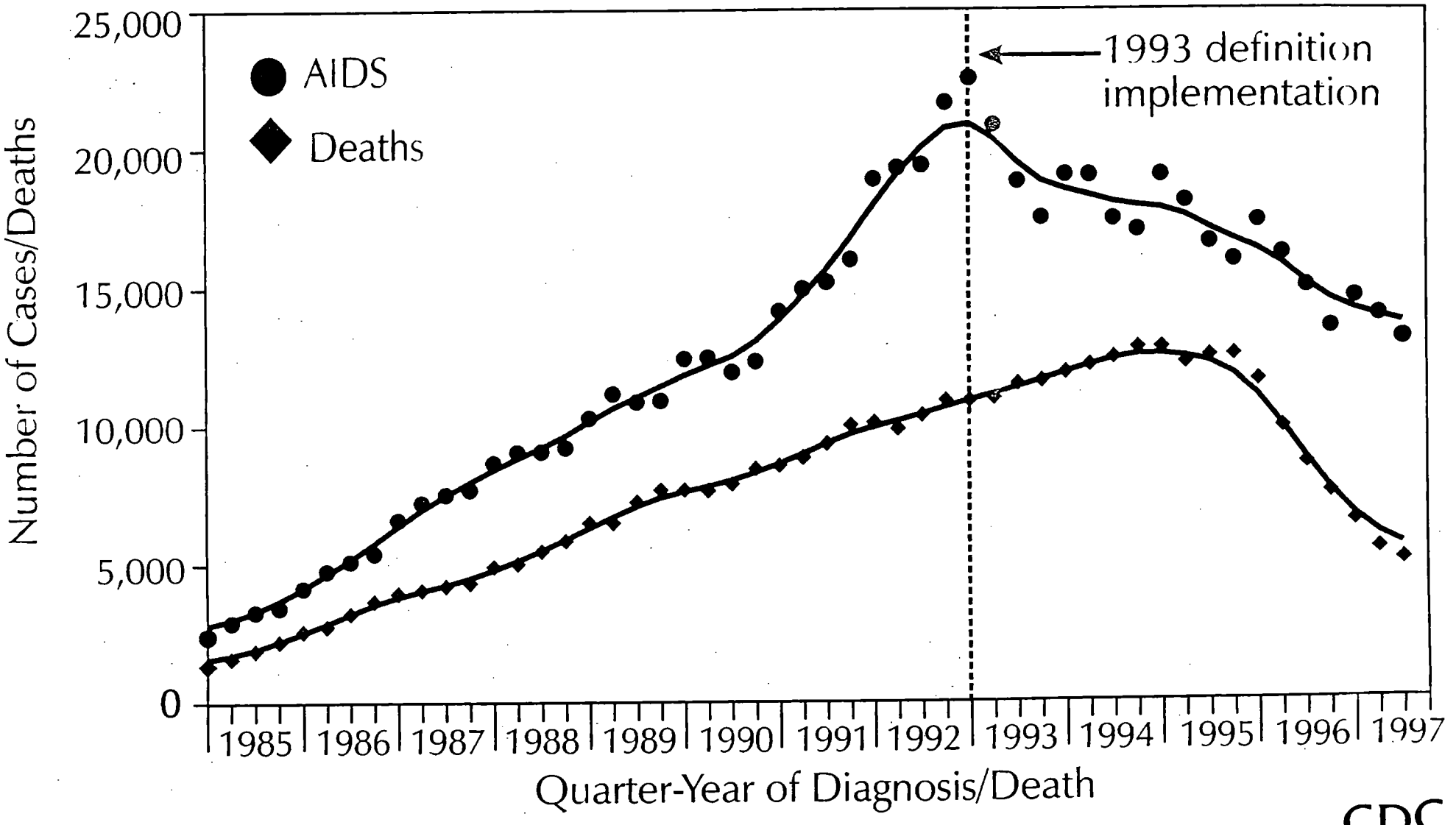


Source: USIS (1967-1985) and NHIS (1991-1993)
National Immunization Survey, 1994-1997

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

FIGURE 3

Estimated Incidence of AIDS and Deaths of Persons with AIDS*, 1985 - September 1997, United States

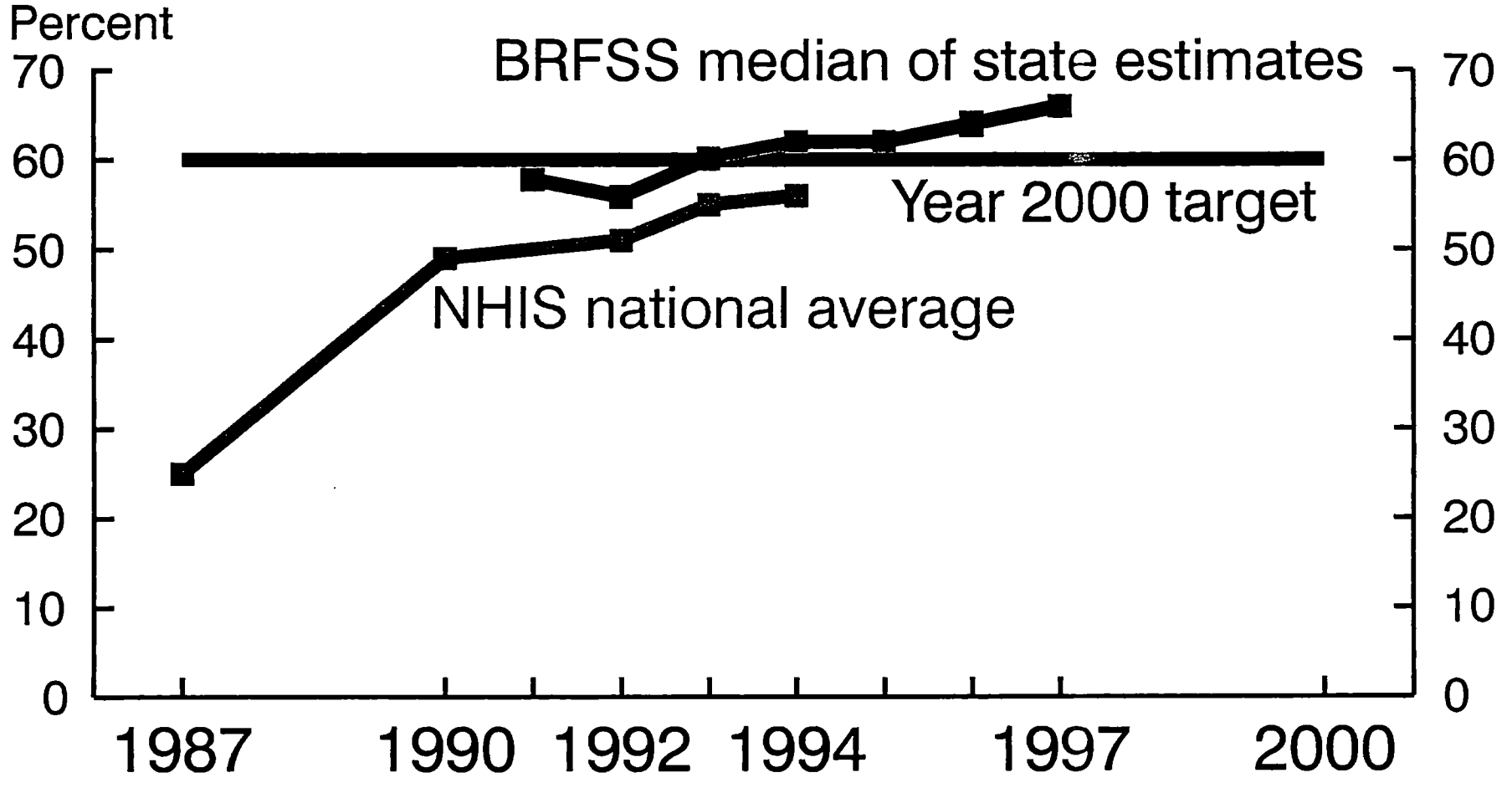


*Adjusted for reporting delays

CDC

Mammogram and Clinical Breast Exam in the Past Two Years

Percent of All Women, 50 Years and Over



SOURCE: 1987, 1990, 1992-94 national data from CDC, NCHS, National Health Interview Survey; 1991-97 median state estimates from CDC, NCCDPHP, Behavioral Risk Factor Surveillance System.

Cabinet

MEMORANDUM FOR MARIA ECHAVESTE
MICHAEL WALDMAN

FROM: Clara Shin

SUBJECT: State of the Union: Cabinet Secretaries

DATE: December 21, 1998

As you know, many individuals have expressed support for a State of the Union address in which the President focuses on themes rather than recite a litany of policy initiatives. All of the Cabinet Secretaries with whom we have met thus far have echoed this sentiment and have recommended some themes the President might discuss. In this memo, I have outlined these themes or issues and as illustrations, related them to specific policy initiatives.

1. Clinton Legacy

Each Secretary with whom we met emphasized the importance of the President discussing his achievements as a means of defining his legacy. In this regard, Secretary Daley stated that the 1999 address is the President's last opportunity to do a "big picture" accounting and thus, should devote at least half of the speech to describing this administration's achievements. One such achievement, according to Secretary Rubin, is this Clinton Administration's success in developing a global economy through expanded trade and investment with the rest of the world; specific benefits of this global economy include strong growth, low inflation, unemployment at 4½ percent, and rising real wages at all income levels.

2. 21st Century/Framework of the Future

In addition to discussing the Clinton legacy, many of the Secretaries urged the President to articulate a forward-looking framework based on the achievements accrued over the last six years. In doing so, the Secretaries emphasized President Clinton's role as a 21st century leader as well as the importance of anticipating and responding to 21st century issues. For one, Deputy Secretary Summers pointed to the need for American participation in the global economy in strengthening our economic well-being and thus, recommended that the President galvanize public support for forward-looking international economic policies. For another, Secretary Shalala called for the President to lay the groundwork so that he can cite as his legacies safer and healthier American kids, a restructured health system, and work that pays. Also, in articulating the challenges of the 21st century, Secretary Herman cited the need for this Administration to achieve a prepared, secure, and quality workplace.

3. Community

The Secretaries heralded community as a theme. For instance, Secretary Reno discussed the critical role of communities in ensuring that young people are safe and have the health care, supervision, and education necessary to become law-abiding and productive adults (*via* the Building Blocks for Strong and Health Children initiative). In the international realm, Secretary Rubin spoke of community in the context of the global economy and articulated the need for the international community to strengthen the global safety net as an integral component of building a market-based system; in short, the United States engaging in expanded trade and investment with the rest of the world. Treasury also discussed the dynamic of the United States taking a leadership role in developing a market-based economy with a strong public foundation, while also taking care to recognize the cultural and political specificities of individual nations. In this regard, both Secretary Rubin and Reno emphasized the importance of the United States federal government facilitating common desired outcomes without requiring cookie-cutter approaches; flexibility rather than prescription. Secretary Daley, in a similar vein with Rubin, pointed out that in the age of a global economy, we still need a global safety net. In the environmental front, Secretary Riley, Administrator Browner, and Secretary Glickman emphasized the importance of livable communities in the 21st century. They encouraged the President to push for an environmental initiative that takes on urban sprawl and to put in place a permanent structure for acquiring and restoring habitat and recreational lands, and restoring wildlife and historic sites. In short, 21st century communities will be evaluated by such indicators as smart growth, cleaner air, and green spaces.

4. Technology

The importance of technology in securing this Administration's goals is evident in the role it plays in the Departments' initiatives. For instance, Secretary Reno stated that technology will be a critical component in any COPPS II initiative. In describing promising initiatives, Secretary Riley emphasized the importance of technology in improving student achievement. Secretary Daley pointed to technology as playing a critical role in the changing knowledge-based economy. In our meeting with the USDA, moreover, Secretary Riley pointed to technology as being an important factor in keeping our economy extremely competitive.

5. Youth

Most of the Cabinet Secretaries urged the President to prioritize youth-related agenda items. For instance, Secretary Reno, Secretary Shalala, and Administrator Browner encouraged the President to work in partnership with local communities towards achieving a legacy of safer and healthier kids. In addition, Secretary Shalala noted the importance of child care as a signature item. On the public safety front, Secretary Rubin iterated a departmental focus on guns, kids, and schools. With regard to education, Secretary Riley pointed out that education was the defining theme and message of the November elections and that the President should announce a plan to strengthen our public schools. Echoing Secretary Riley's emphasis, Secretary Daley stated that the President must discuss education in the State of the Union. Finally, in a different vein, Secretary Herman asserted the importance of expanding the winner's circle and strengthening the social safety net. Specifically, Secretary Herman is leading the Department of Labor in addressing the needs of out of school youth and increasing youth employment in the United States, and combating child labor in the global community.

Secretary	Agency	COS	Phone	Scheduler	Phone	Date
Robert E. Rubin	Department of Treasury	Mike Froman	622-1906 Spoke to 10/7	Mariah	622-0049	12/3 - 11am
Janet Reno	Department of Justice	David Ogden	514-3892 Spoke to 10/7	Cheryl Montgomery	514-4195	12/1 - 4pm
Bruce Babbitt	Department of the Interior	Anne Shields	208-7351 Spoke to 10/7	Maura	208-7551	11/7 - 11am
Daniel R. Glickman	Department of Agriculture	Patrick Steele	720-3631 Spoke to 10/7	Mary Beth Schultheis	720-3631	ON TRIP
William M. Daley	Department of Commerce	David Lane	482-4246 Spoke to 10/9	Dawn Kromer	482-5880	11/9 - 11am
Alexis Herman	Department of Labor	Lee Satterfield	219-8271	Elaine Howard	219- 5811	11/23 - 3:30pm
Donna E. Shalala	Department of Health and Human Services	Mary Beth Donahue/Eileen Conover	690-7431 Spoke to 10/20	Marty Rouse/Jeremy	690-6610	11/24 - 11am
Andrew Cuomo	Department of Housing and Urban Development	Jon Cowan	708-2713	Rolf Olson	708-1238	11/3 - 12:30pm
Rodney Slater	Department of Transportation	Jerry Malone	366-1103	Keisha Jones	366-9922	12/2 - 11:00am
William (Bill) Richardson	Department of Energy	Gary Faley	586-6210	Mike Freche	586-5534	11/6 - 2:00pm

Richard Riley	Department of Education	Leslie Thornton	401-3001	Jay Blanchard	401-0052	11/5- 2:45pm
Togo West	Department of Veteran Affairs	Lisa Wetzl	273-4808	Lisa Wetzl	273-4800	12/1 - 2:30pm
Carol M. Browner	Environmental Protection Agency	Reid Wilson	260-4700	Denise Schwartz	260-4700	11/23 - 2pm

Last Updated: November 5, 1998

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Fact Check

Divider Title: _____

RESEARCH AND ANECDOTES NEEDED
Including real people, success stories, facts.
Deadline: Saturday, January 8, 5pm

Economy

Domestic

Incomes up – what that means for average families
Birth and rise of new industries – and predictions for the new century
Statistics re: modern American affluence, eg, # of home computers, homes with two TVs, microwaves, vacation homes
Minimum wage – in real terms
20 million jobs: types/ people who have new jobs because of our efforts
Digital Divide – stats. How many connected/ demographics; race.
Examples of startup businesses that have grown
Homeownership; min wage
Raising min wage -- how many impacted
New markets related facts/ eitc
Equal pay stats
Lifted out of poverty by EITC since 1993
Have bought first home since 1993
Impact of deficit reduction on average family. and lower interest rates, impact on working families.
In past 7 years we have freed up X billion for productive investment -- and lower interest rates have put x dollars in the pockets of working families.
How much money available thanks to EZ, community reinvestment act.

International
Pace of trade around the world
% of US economy on trade
Trade/ globalization: ie: in 1970, trade accounted for 10 percent of America's economy. today, Trade accounts for about 1/4 of America's economy.

Technology/ Medicine/ Biotech

Genome
Diseases conquered
Projections on gains
Children covered thanks to our policies
Life expectancy, etc.
Tobacco stats
Cigarettes -- how many killed
NSF funding
Basic research -- (see 20 million job speech)

Environment
Lands legacy – acres we've protected
Clean air policies – in real terms
How much land we saved over last 6 years (compared to Roosevelt);

Social Security/ Medicare/ elderly
How many people would have lost health care if stayed on path w/ Medicare

Crime
Stats re: guns, Brady
Prison reform
Drugs – impact of our programs
Guns -- how many people accidentally killed
Prison: stay clean, stay out. facts -- success stories.
ESL
Immigration
Crime/ cops, enforcement
School violence – stats, examples, progress
How people victims hate crime
Crime stats: murder rate, guns out hand criminals, drug use, etc. Examples of successful communities.
Domestic violence

Community/ Children/ Service
Philanthropy – examples of individuals
faith-based organizations
Americorps – numbers and alumni. Specific efforts.
child care tax credit
Deadbeat dads – stats
Welfare to Work – case #s
Adoption
Foster care
Fathers
Families
Civil rights enforcement
Native Americans
Homelessness

Education
After school programs – examples of success; stats. How many kids gone into afterschool
Schools wired – how long until we reach our goal
Teachers: teacher quality: accountability. examples, success stories, stats
School construction facts. Studies, examples, successes

How many people: ave cheaper student loans; benefited from hope scholarships;
Low income students w/ college -- how earning potential impacted by college degree

Health

Prescription drugs -- how many affected: how cheap drugs are across the border
Have been helped by FMLA
New treatments, ooh ah
Medical errors
LTC

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Divider Title: **Family theater prep.**

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Divider Title: **Capitol Hill prep.**

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Thinkers Dinner

Divider Title: _____

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Ideas (mags, etc.)

Divider Title: _____

January 4, 1999

MEMORANDUM FOR MICHAEL WALDMAN

FROM: JOSH GOTTHEIMER
SETH GROSSMAN

SUBJECT: EXAMPLES OF INNOVATION:
BIOENGINEERING AND INDUSTRIAL

N.B. ARTICLES AVAILABLE UPON REQUEST

ENGINEERED SKIN
[Article A - *Business Week*, March 1998]

- Robert Langer, a professor at MIT, and Jay Valcanti, a doctor at Boston Children's Hospital, discovered the concept of engineered skin. First approved by the FDA -- and used in practical applications -- this year.

- Engineered skin is the first step in the production of a host of other tissues and organs, which will potentially eliminate the need for a life-threatening wait for organ transplant in the future. After three months, it is almost impossible to tell the difference between engineered skin and that of the patient.

- It will eventually provide relief to over 4 million people, including over 100,000 burn victims admitted to hospitals each year.

- Real Person: Nellie Sullivan, a 51-year-old diabetic in Allentown, Pa., for a painful sore on the ball of her foot that had not healed in over a year. No other treatment had worked.

SPEECH-RECOGNITION TECHNOLOGY
[Article B- *Business Week*, June 1998]

- Computer-driven speech technology allows millions of speech-disabled Americans better communicate. Because of new developments and the declining expense of technology, a number of reasonably priced devices have been developed in the last few years.

- The DECtalk system used by Stephen Hawking cost $4,500 in the early 1980s, but now goes for $200.

- Real Person: 47-year old stroke victim and former business executive Donna Davis has regained some of her basic language skills using a language therapy system developed by Unisys Corp, which shows patients pictures of events. The patients then describe the events into a microphone and the computer gives feedback on whether they are putting their sentences together correctly.

- Real Person: Using technology created by Fluent Technologies in Beaverton, Ore., fifth grader Chelsea Angelina Crump and other students at the Tucker-Maxon school for deaf children in Oregon are learning how to speak by watching the facial expressions of a computer-controlled robotic talking head that gives them feedback on their pronunciation.

MEDICAL BREAKTHROUGH: NO MORE NEEDLES
[Article E, *Business Week*, February 1998]

- The fear or dislike of needles is the biggest obstacle to insulin compliance. Experts believe that the deep lung inhaler could alleviate this problem.

- Deep lung inhalers provide an attractive and increasingly effective alternative to needle injections for chronic health care conditions such as diabetes.

- Real Person: Brandy Hacker, a 25-year-old medical worker, was first diagnoses with diabetes when she was seven. She used to have to give herself four shots of insulin a day, but for the last year she has used a deep lung inhaler, made by Inhale Therapeutic Systems, once a day.

GENE THERAPY -- THE END OF BYPASS SURGERY?
[Article J, *CBS News Transcript*, November 1998]

- Doctors have developed a new procedure that will one day possibly replace heart bypass surgery. The procedure: doctors inject a gene into the heart which allows it to grow new blood vessels.

- In a recent study, 16 men with blocked arteries made substantial improvement in only 3 month. This is the first example where gene therapy has lived up to its promise, and resulted in what appears to be a cure.

ENTREPRENEURS: INNER-CITY MOVIE THEATERS
[Article H, *Business Week*, June 1998]

- Donzell and Alisa Starks, a black husband-and-wife partnership, teamed with Cineplex Odeon, Inc to create ICE Theaters -- that has opened three inner-city theaters in Chicago alone (a $45 million project). ICE plans to open theaters in Baltimore, Charlotte, Dallas, and Gary, Ind. next year.

- The ICE theaters rank in the top 25% of ticket sales for Cineplex Odeon's 1,600 U.S. Screens.

ENTREPRENEURSHIP: COMPUTER TECHNOLOGY
[Article I, *Business Week*, June 1998]

- Kevin Hafer, 41, founder of Apex PC Solutions, learned electronics while working on a U.S. Navy destroyer. After leaving the Navy he worked as a computer technician.

- While maintaining servers at Microsoft for Apex Computers, Hafer saw a more efficient way to manage servers. He persuaded Sterling Crum, the owner to Apex, to fund a spin-off that would allow him to pursue his idea.

- The company has been very successful. It achieved $1 million in sales in its first year with only 12 employees. Apex now has 72 employees and its revenues have grown an average of 93.7% annually, reaching $55.4 million in 1997.

ON-LINE INVESTING
[Article D, *Business Week,* May 1998]

- The access to an ever-expanding amount of real-time news services and complex analytical software provided by the Internet has allowed many people to bring Wall Street to their home.

- Because of a combination 1) technological improvements/cost [i.e. security, cost of going on-line, speed, etc.]; 2) low-cost of trading [brokerage house fees are smaller than traditional broker costs], the Internet has empowered more Americans to take charge of their financial futures.

- Real Person: Deputy sheriff Joseph Kast, 31, of Oregon used to spend his free time fishing or hunting, but now uses much of it to trade stocks. He watches CNN or CNBC to learn about stocks, uses the Internet to research them, and then buys them over the Internet.

ENTREPRENEURSHIP: HOME-BASED INTERNET MOM
[Article J, *The Washington Post,* December 17, 1998]

- Julie Pohl, a mother of three, started her own Internet home-based business: WhatToBuyForChristmass.Com in November of this year. The company helps individuals with their Christmas shopping. The site has direct links to a number of web sites, like J.Crew, Amazon.com.

- Pohl plans on starting similar sites for birthdays, weddings, and anniversaries.

Clinton Calls Brady Law a Success and Backs More Limits

By MARC LACEY

SAN FRANCISCO Nov. 30 — Celebrating the sixth anniversary of the Brady law, which mandates waiting periods and background checks for gun buyers, President Clinton said today that the system had blocked more than 470,000 gun sales to "felons, fugitives, stalkers and others prohibited from purchasing firearms."

In just the last year, since the Federal Bureau of Investigation began instant computerized checks of gun buyers' criminal histories, 160,000 sales have been prevented, the president said.

"These numbers, of course, are not just numbers," said Mr. Clinton, who signed the Brady bill into law on Nov. 30, 1993. "They represent lives saved, injuries avoided, tragedies averted."

Even as he proclaimed the success of the law — named for James S. Brady, former President Ronald Reagan's press secretary, who was severely wounded in the attempted assassination of Mr. Reagan on March 30, 1981 — Mr. Clinton called on Congress to put further controls on guns next year. Republicans and Democrats were unable to agree on the details of a package of bills in the Congressional session just ended. Both parties have cast gun control as an issue in the 2000 elections.

"Over 32,000 Americans still lose their lives in gunfire every year, including 12 children every day," the president said. "That is why I pledge to make passage of common-sense gun legislation my top public safety priority next year. And I challenge Congress to make a New Year's resolution to do the same."

Among the measures offered by Mr. Clinton that Congress failed to approve were a one-gun-a-month limit for individuals and criminal background checks for buyers at gun shows.

which fought the Brady bill and tried to prevent Mr. Clinton's other initiatives, said the administration ought to focus on enforcing existing laws rather than adding new ones.

"There are 20,000-odd gun laws on the books, many of them on the federal level," said an N.R.A. spokesman, Jim Baker. "Enforcing those ought to be the priority."

Since the Brady law went into effect in March 1994, an estimated 412,000 felons, fugitives and mentally ill people have been prevented from buying handguns, the Justice Department says.

Police officials, prosecutors and criminologists generally believe the Brady law has contributed to the decline in crime in the 1990's.

But some advocates of gun control contend that the law did not go far enough to close loopholes in federal gun laws. For example, the Brady law has not curbed the practice of straw purchasing, in which a person without a criminal record buys a gun on behalf of a felon.

On a West Coast swing, the president said at a fund-raiser here for Democratic Congressional candidates that electing more Democrats would help to improve the gun laws. From San Francisco, he went to Los Angeles to receive honors from the Center to Prevent Handgun Violence, a nonprofit organization that wants more gun restrictions.

Mr. Clinton announced another measure today intended to curb the illegal marketing of firearms to juveniles and criminals — a computer database to help agents of the Bureau of Alcohol, Tobacco and Firearms trace weapons used in crimes. Under the original Brady law, the state and local authorities were responsible for conducting background checks on potential buyers. That system expired a year ago, along with a five-day waiting period for buyers. Since then, the F.B.I. has begun the National Instant Criminal Background Check System, which it operates jointly with state officials.

"The system has proven to be highly effective, performing more than 8.7 million checks in its first 12 months," Attorney General Janet Reno said in a statement.

Restrictions on Family Planning Money Waived

WASHINGTON, Nov. 30 (AP) — President Clinton waived restrictions today on the use of federal money for family planning abroad, setting in motion a deal to limit to $15 million aid to those groups that specifically advocate abortion rights overseas.

As part of a deal to get Congress to release $926 million in back payments to the United Nations, the White House accepted restrictions on $385 million in federal funds for groups that perform abortions, or lobby for liberalized abortion laws abroad, on the condition that Mr. Clinton could waive the restrictions.

But also as part of the deal, Mr. Clinton agreed to limit money for abortion advocacy to $15 million, or 4 percent of the total. The waiver automatically routed $12.5 million to children's health programs overseas, 3 percent of the $385 million total.

Mr. Clinton promised to try to wipe the restriction from future budgets, saying it has an unfair impact on what private, nongovernmental organizations can do within their own countries.

The restrictions restored the "Mexico City policy" of the Reagan era, which barred United States money to private family planning groups that performed or promoted abortions.

Mr. Clinton said today that he had instructed the Agency for International Development to "minimize to the extent possible" the impact of the limits on family planning efforts. He said he urged officials to "respect the rights of citizens to speak freely on issues of importance in their countries, such as the rights of women to make their own reproductive decisions."

Representative Christopher H. Smith, Republican of New Jersey, the chairman of the House International Relations subcommittee on operations and human rights, said Mr. Clinton's action meant more money would go toward immunizing children against disease.

That the bulk of family planning money cannot go to encourage abortion, Mr. Smith said, "establishes a bright line of demarcation between those groups that support family planning and those that cannot divest themselves from the grisly business of abortion."

Gloria Feldt, president of the Planned Parenthood Federation of America, cited federal statistics that contend diversion of 3 percent of family planning funds could lead to the deaths of 500 women and 8,783 babies, 33,739 miscarriages or stillbirths and 103,813 additional abortions. "This loss is huge in terms of human lives," she said.

Terry Edmonds
11/22/99 10:02:25 AM

Record Type: Record

To: Joshua S. Gottheimer/WHO/EOP@EOP

cc:
Subject: computers in Afirca

This comment made news over the weekend. It is a theme we might want to expound upon in the SOTU. Please note, file, circulate, etc. thanks

Three: we ought to do everything we can to get more cell phones and computer hookups out there. The people in Africa are no different from the people in America. If you give people access to technology, a lot of smart people will figure out how to make a lot of money. And the more you can make dense the availability of cell phones and computers in poor countries, the bigger difference it would make.

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Research '99

Divider Title: _____

Research
Updated 11/19/98

STUFF RE: AMERICA'S SUCCESS
- indices of American economic strength and mass affluence (from NEC and CEA)
- comparisons 1992 and now
- stories of companies making new stuff, heartwarming startups, workers who got new jobs and bought homes, etc.
    - note: please go thru past year of BW, Forbes, Fortune...USA Today...etc.
- "new economy" -- compile (from various speeches, etc.) Stuff re: new economy
- new ways to describe economic success: "all the new jobs piled and to end would reach the moon"

PROJECTIONS RE: 21ST CENTURY
- e.g. in 30 years, SS goes bust: in 50 years, no majority race

SCIENCE
- scientific breakthroughs in past year and past decade
- here we go again: projected discoveries, breakthroughs, "gee whiz" stuff, especially re: biomedicine
- comparisons of past and present in treatment of disease
- computers: lets look back an entire decade of 1990s -- change in computer power worldwide
- how are we doing re: "computer in every classroom by 2000?"

SOCIAL SECURITY
- FDR quotes
- get that letter from old lady -- other anecdotal stuff?
- assemble in one place the statistics, etc. re: role and importance

INTERNATIONAL ECONOMY

EDUCATION
- get clips etc. re: what happened in Massachusetts with teacher tests
- get evidence of improvement
- comparisons of US and other nations
- fresh, compelling evidence on why education is the key -- i.e., skills, gap, etc

HEALTH CARE
- stats on number of people in HMOs, number of people covered by PBOR thru January (note: there was an HHS report on this)
- number of people (+/-) who don't have health insurance

HISTORY OF SOTU
- minutes of constitutional convention and history book on stuff on origins and reasons for SOTU

HISTORY/GENERAL

- 200 years ago? 150? 100? 50? On 1/19?
- any Founding Fathers quotes re: millennium
- role of government quotes - Founders, Lincoln, TR, Reagan

fact ✓

Michael Waldman
12/14/98 12:54:22 PM

Record Type: Record

To: Joshua S. Gottheimer/WHO/EOP@EOP

cc:
Subject:

RESEARCH & ANECDOTES NEEDED

*****Any and all stuff tending to show that "America is back"**

Economy

Birth and rise of new industries
Examples of startup businesses that have grown
Real savings from interest rates lower since 1993
$ amount of money saved because of deficit cuts & balanced budget since 1993
Incomes up - what that could buy, what it means for families
Statistics re: modern American affluence, eg, # of home computers, homes with 2 TVs, microwaves, vacation homes, vacations

Pace of trade around the world
% of US economy on trade

Social Security/elderly

statistics on # of elderly living with their grown children
letters from old folks to FDR
FDR quotes (I know, we have done this before, but let's get it all in one place)
elderly poverty - any fresher way to say '1/2 in poverty'?

statistics on crime against elderly people

Crime

Names/stories of communities that have had crime recede because of community policing (like Jefferson Parish in Louisiana in 1996 speech)
Statistics re: guns on streets -- number of guns seized by our policies -- # of guns turned away under Brady (laid end to end, that woudl stretch how far and back?)
Drugs & crime - most vivid & simple way to say that most crimes are drug related, etc.
What's worked in Boston re: Juvenile

Afterschool
Statistics & studies re: effectiveness on crime and learning

Health
#s re: health insurance coverage in past decade
#s re: children's health care (under '97 budget)

Stuff on strides in medicine, biomedicine, etc. diseases conquered, life expectancy--
- in past year
- over past 6 years

THIS IS KEY - projections of gains on diseases

Education

Actual, specific, concrete gains from Chicago's social promotion education reforms

#s re social promotion - i.e., "Hundreds of thousands of children move from grade to grade each year in this country even though their own teachers say they can't do the work. Millions graduate from high school each year without being qualified to do so. ... [hundreds of thousands graduate from high school each year wihtout being able to read their own diploma]."

Economic benefits from going to college

Stuff on Massachussetts tests & teachers
Stuff on teacher quality

#s of classrooms connected to internet in past several years -- how many to go -- how many til we reach our goal

check from Marannis or other speeches - names of teachers in Clinton's life? Aphorisms?

On comparison 1900 to now

GDP
life expectancy
cause of death
# of children who died in childbirth or childhood
names of diseases big then (polio, typhoid, tb, smallpox) now virtually unheard of in usa
poverty???
#s or %s of Americans who went to college, graduated high school -- and, if available, did their parents go -- i.e., back then, did only the third generation of Cabots & Lowells go to college?
How long did it take to travel from NY to SF?

December 15, 1998

MEMORANDUM FOR MICHAEL WALDMAN

FROM: JEFF SHESOL

SUBJECT: HIGHLIGHTS FROM SOTU "THEN & NOW" BOOK

Just thought I'd forward these to you; I pulled them from the SOTU book for my own purpose, which is to rework them into Clinton-speak. I like some of the constructions & iterations. None of them, though, save TR, are worth quoting (half, it seems, are Brits -- is Josh betraying his Anglophilia?). I especially like the TR quotes (at bottom) -- they reflect the very same sentiment the President has expressed all year.

"In today, already walks tomorrow."

-- Samuel Coleridge

"We move rapidly in these United States. Our pace is not that of the 18th century, nor long to be that of the 19th. We are awakening, trembling on the edge of the great discovery that life is cooperation, that isolation is a crime, that hands must be linked in hands for the accomplishment of any great result."

-- Carter Harrison, Mayor of Chicago, December 1899

"The world, they say, changed more between the year 1800 and the year 1900 than it had done in the previous 500 years. That century, the 19th, was the dawn of a new epoch in the history of mankind -- the epoch of great cities, the end of the old order of the country life. . . . In the end, the invention of railways, telegraphs, steamships, and complex agricultural machinery, had changed all these things: changed them all beyond hope of return."

-- H.G. Wells, June 1899

"If we compare each age with those which preceded it we find that the ground which seems for a time to have been lost is ultimately recovered, we see human nature growing gradually more refined, institutions better fitted to secure justice, the opportunities and capacities for happiness larger and more varied."

-- James Bryce

"Not to seek ease, but to... wrest triumph from toil and risk."

"The work must be done; we cannot escape our responsibility; and if we are worth our salt, we shall be glad of the chance to do the work -- glad of the chance to show ourselves equal to one of the great tasks set modern civilization."

-- TR, "The Strenuous Life," April 1899

December 16, 198

MEMORANDUM FOR MICHAEL WALDMAN

FROM: JOSH GOTTHEIMER

SUBJECT: SOTU "NOW AND THEN" HIGHLIGHTS

Michael, I know that you asked for 5 facts, but I think these are all worth reviewing...

Economy

GNP expanded *467%* between 1900 and 1998 (based on 3rd quarter numbers)

GDP per man-hour
1900: $1.29
1996: $13.50

Personal Income
1900 - average annual income $412/**yr**
1998 - average annual income $520/**week**

Population

We could emphasize the domestic population explosion over the last century -- either for DC, the region, or the West Coast...

Mid-Atlantic Region -- more than doubled:
1900 - 15,454,678
1990 - 37,602,286

Washington, DC -- nearly tripled
:
1900 - 278,718
1990 - 606,900

Pacific Division -- nearly twenty times:
1900 - 2,634,285
1990 - 39,127,306

Cause of Death

Approximately the same number of Americans died of influenza in 1900 as die of cancer today...

Causes of death, 1900

Major cardiovascular renal diseases - 345/100,000
Influenza, pneumonia - 202.2
TB - 194.4 (1997 - 16,237 deaths total = 6/100,000)
Gastritis, duodenitis, colitis - 142.7
Diphtheria - 40.3
Measles - 13.3

Causes of death, 1990

Heart disease - 281.3/100,000
Cancer - 205.2
Cerebrovascular disease - 58.9
Chronic obstructive pulmonary disease - 39
HIV - 16.2
Homicide - 9.6

Life Expectancy
1900 - 47.3 yrs
1994 - 75.7 yrs

Transportation/Freedom to Move -- No Longer Constrained by Our Borders

Today we have the freedom to travel beyond our place of birth to settle, to see family, or to attend a meeting...

Travel Time - California to New York
1900 - *4 days* by train
1998 - *6 hours* by plane

Changing Residence
1900 - *79 percent* of population lived in the state in which they were born
1998 - today the average American will move *12 times* in a lifetime

[Today, there are no borders...global commerce (the web), the concorde, etc.]

"We are on the eve of a great development of centrifugal possibilities...a city of pedestrians is ...limited by a radius of about four miles, and that a horse-using city may grow out to seven or eight...And is it too much, therefore, to expect that the available area for even the common daily toilers of the great city of the year 2000, or earlier, will have a radius very much larger even than that?" -- HG Wells, c. 1901.

Immigration/Diversity

Immigration -- numbers have increased slightly -- but the composition has changed.

1900 - 95% of the immigrants were from Europe. 9 people were from India -- 4% from Asia.
1996 - 16% of the immigrants were from Europe. 5% were from India -- 34% were from Asia.

Exposure to different cultures/people...

Today in Wichita, KA, there are 137 ethnic restaurants. We could compare this number to 1900 -- or do the same for any major city.

Poverty

New York
1900 - ½ people under poverty level
1990 - 19.3 percent under poverty level

Innovation

"The world, they say, changed more [technologically] between the year 1800 and the year 1900 than it had done in the previous 500 years..." -- H.G. Wells, June 1899

We could say: There's been more innovation in each decade of the twentieth century than in the entire nineteenth century [ck].

December 14, 1998

MEMORANDUM FOR SPEECHWRITERS

FROM: JOSH GOTTHEIMER
INTERNS

SUBJECT: SOTU: MILLENNIA COMPARISONS

To produce the attached handbook, we combed through literature/research publications/statistical compilations from both the turn of the century (1900) and from the present day. We also spoke to experts/historians in a number of fields. Lowell was also kind enough to leaf through primary documents at the Library of Congress. Please note that this is a work in progress -- further information will be forthcoming. We hope it's helpful.

The book is divided into the following sections:

I. **Benchmarks**: a list of important dates from the late nineteenth century to the present

II. **Facts and Anecdotes**: comparisons of 1900 v. 1998

III. **Predictions** -- made c. 1900 about life in the twentieth century

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Research 2K

Divider Title: _____

A COMPILATION

OF THE

MESSAGES AND PAPERS

OF THE

PRESIDENTS

Prepared Under the Direction of the Joint Committee
on Printing, of the House and Senate,
Pursuant to an Act of the Fifty-Second Congress
of the United States

(With Additions and Encyclopedic Index
by Private Enterprise)

VOLUME I

PUBLISHED BY
BUREAU OF NATIONAL LITERATURE, Inc.
NEW YORK

His example is now complete, and it will teach wisdom and virtue to magistrates, citizens, and men, not only in the present age, but in future generations as long as our history shall be read. If a Trajan found a Pliny, a Marcus Aurelius can never want biographers, eulogists, or historians.

JOHN ADAMS.

The House of Representatives having resolved unanimously to wait on the President of the United States "in condolence of this national calamity," the Speaker, attended by the House, withdrew to the house of the President, when the Speaker addressed the President as follows:

SIR: The House of Representatives, penetrated with a sense of the irreparable loss sustained by the nation in the death of that great and good man, the illustrious and beloved Washington, wait on you, sir, to express their condolence on this melancholy and distressing event.

To which the President replied as follows:

UNITED STATES *December 19, 1799.*

Gentlemen of the House of Representatives: GW died Dec. 14, 1799

I receive with great respect and affection the condolence of the House of Representatives on the melancholy and affecting event in the death of the most illustrious and beloved personage which this country ever produced. I sympathize with you, with the nation, and with good men through the world in this irreparable loss sustained by us all.

JOHN ADAMS.

UNITED STATES, *December 31, 1799.*

Gentlemen of the Senate:

I nominate Timothy Pickering, Secretary of State; Oliver Wolcott, Secretary of the Treasury, and Samuel Sitgreaves, esq., of Pennsylvania, to be commissioners to adjust and determine, with commissioners appointed under the legislative authority of the State of Georgia, all interfering claims of the United States and that State to territories situate west of the river Chatahouchee, north of the thirty-first degree of north latitude, and south of the cession made to the United States by South Carolina; and also to receive any proposals for the relinquishment or cession of the whole or any part of the other territory claimed by the State of Georgia, and out of the ordinary jurisdiction thereof, according to the law of the United States of the 7th of April, 1798.

JOHN ADAMS.

UNITED STATES, *January 8, 1800.*

Gentlemen of the Senate and Gentlemen of the House of Representatives:

In compliance with the request in one of the resolutions of Congress of the 21st of December last, I transmitted a copy of these resolutions, by

my secretary, Mr. Shaw, to Mrs. Washington, assuring her of the profound respect Congress will ever bear to her person and character, of their condolence in the late afflicting dispensation of Providence, and entreating her assent to the interment of the remains of General George Washington in the manner expressed in the first resolution. As the sentiments of that virtuous lady, not less beloved by this nation than she is at present greatly afflicted, can never be so well expressed as in her own words, I transmit to Congress her original letter.

It would be an attempt of too much delicacy to make any comments upon it, but there can be no doubt that the nation at large, as well as all the branches of the Government, will be highly gratified by any arrangement which may diminish the sacrifice she makes of her individual feelings.

JOHN ADAMS.

MOUNT VERNON, *December 31, 1799.*

THE PRESIDENT OF THE UNITED STATES.

SIR: While I feel with keenest anguish the late dispensation of Divine Providence, I can not be insensible to the mournful tributes of respect and veneration which are paid to the memory of my dear deceased husband; and as his best services and most anxious wishes were always devoted to the welfare and happiness of his country, to know that they were truly appreciated and gratefully remembered affords no inconsiderable consolation.

Taught by the great example which I have so long had before me never to oppose my private wishes to the public will, I must consent to the request made by Congress, which you have had the goodness to transmit to me; and in doing this I need not, I can not, say what a sacrifice of individual feeling I make to a sense of public duty.

With grateful acknowledgments and unfeigned thanks for the personal respect and evidences of condolence expressed by Congress and yourself, I remain, very respectfully, sir, your most obedient, humble servant,

MARTHA WASHINGTON.

UNITED STATES, *January 13, 1800.*

Gentlemen of the Senate and Gentlemen of the House of Representatives:

A report made to me on the 5th of this month by the Secretary of War contains various matters in which the honor and safety of the nation are deeply interested. I transmit it, therefore, to Congress and recommend it to their serious consideration.

JOHN ADAMS.

UNITED STATES, *January 14, 1800.*

Gentlemen of the House of Representatives:

As the inclosed letter from a member of your House received by me in the night of Saturday, the 11th instant, relates to the privileges of the House, which, in my opinion, ought to be inquired into in the House itself, if anywhere, I have thought proper to submit the whole letter and

Closing the Opportunity Gap

9% think closing the opportunity gap is more important, **28%** think achieving equal opportunity for all Americans, **56%** think expanding opportunity for all Americans.

Dem	*Rep*	*Ind*	*Male*	*Female*	*50+ years*
7/36/54	*11/20/62*	*10/27/54*	*10/19/63*	*8/36/50*	*11/28/55*

What is the best way to achieve closing the opportunity gap?	**1st Choice**	**1st + 2nd**
Universal / early childhood pre-school	16	27
Provide after school programs for every student in a failing school so they can meet high standards	16	33
holding absent fathers responsible so they can go to work and pay child support	13	22
Rewarding work and family by proposing a new social contract for the working poor	10	20
New markets initiative and empowerment zones to help include communities that have not fully shared in our prosperity	9	18
Achieving equal pay for women	9	25
Closing the opportunity gap for college	6	13
Turning around or shutting down every failing school in America	5	10
Closing the digital divide between those that do and do not have internet access	1	4

Which of these is the most important challenge President Clinton should address in the next State of the Union?	**1st Choice**	**1st + 2nd**
Preparing the next generation to succeed in the 21st Century	18	30
Renewing Family Life in America	16	25
Moving towards a poverty-free America (and welfare free)	13	25
Making Equal Opportunity for all Americans a reality in the next century	11	19
Reducing the threat of war in the coming decades	10	21
Dealing with the realities of an Aging America	8	18
Protecting our environment for future generations	7	17
Making this the safest big country in the world	5	16
Make science and technology work to enhance, not threaten our values and our lifestyles.	3	10
Emerging as a leader in the new global economy	2	7

SOTU Themes

If President Clinton talked about this in a major speech, would this make you much more favorable, somewhat more favorable, somewhat less favorable, or much less favorable towards President Clinton?	Much More Fav	More / Less	M	F	D	R	I
As our life expectancy continues to increase, we must make sure we can meet the demands of our aging society by protecting social security, securing Medicare, and creating a prescription drug benefit for seniors.	47	82/16	79/17	84/14	96/4	59/35	84/13
As we move forward into a new century, we must renew the foundation of America's success in the past two centuries: the American family. We must give parents the tools they need to protect their children from inappropriate content on TV and the internet, allow people time off from work to care for their aging parents and young children, and assure them safe and affordable child care.	47	77/16	72/21	81/11	85/11	60/25	80/14
In this first year of the century, Congress needs to finish the business of the last century: preserving social security, securing Medicare, creating a benefit for prescription drugs, and passing a patients bill of rights. Working together, we can get this done. America deserves no less.	45	79/20	77/21	81/19	94/6	52/44	84/15
At the turn of the century, our nation's progress is measured by how it meets the responsibilities and challenges of a new era - to provide equal opportunity for all Americans in the next century, to renew our commitment to our families, to prepare the next generation to succeed in the 21st century, and to fulfill our responsibility to aging America.	41	81/17	80/17	81/17	88/8	76/24	80/20
As the demands of the new century places increasing demands on each of us, we must strive to strike the right balance between work and family by assuring quality child care for those who need it, leave for those need to care for a family member, and increase opportunities for telecommuting.	41	80/12	71/22	88/4	83/0	80/3	79/21
In the new century, government must challenge Americans to assume personal responsibility for themselves, their families, and their communities. This means holding schools responsible for failure, and holding absent fathers responsible for child support, creating new anti-drug initiatives, and stemming the culture of violence.	40	78/17	78/15	78/18	85/12	63/27	83/14
Our highest priority must be creating equal opportunity for all Americans in the new century. This means expanding our educational opportunities beginning with universal preschool and expanded access to college. It means creating greater economic opportunity in our cities and rural areas. It means making technology accessible to everyone to get ahead.	37	68/22	54/35	80/12	80/20	70/10	63/29

[redacted]he economy continues its amazing expansion, [redacted]must assure the progress reaches every corner of America. We must work to close to the opportunity gap among people around the country, and continue our investment in education and in opening new markets.	36	74/17	64/23	82/13	85/15	72/8	71/23
In the new century, when countries will become ever more interdependent, America must continue to be a leader around the world in expanding trade, working cooperatively with our allies to keep the peace and to address such common threats as nuclear weapons and terrorism.	27	77/13	70/21	83/6	85/15	63/0	82/18
As progress opens new opportunities, we must make sure science and technology continue to work for us. We must overcome the digital divide, turn the amazing work of unlocking human genes into new medical advances, continue our science and technology research, monitor the costs and benefits of genetically modified food, and work to protect people's privacy in this world of high-speed communication.	25	64/31	58/34	69/28	73/25	51/42	64/30
At this historical threshold, we must make our first steps into the new century the right steps. That means taking the lean but activist government we have created, which invests in its people and works to create new markets for their work, and making it a government that will withstand the challenges of [redacted]new age.	24	63/32	59/37	67/27	77/15	50/46	60/38
[redacted]he new century more than ever, diversity will be our strength. The range of views and viewpoints among Americans make our culture richer, our economy stronger, and our people wiser. We need to continue to learn from this diversity, and allow it to continue to move us forward.	22	67/21	82/8	55/31	68/15	46/23	77/23

The Adams Papers

JQA → SW

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16 December 1999

Jeff,

Following is the passage I mentioned from John Quincy Adams' diary. Adams was in Berlin when he wrote this. He was Minister Plenipotentiary to Prussia at the time. The date of the entry is 31 December 1800, the last day of the eighteenth century. The manuscript is here at the Massachusetts Historical Society in the Adams Papers.

"The sentiments of devotion which naturally recur to me at the close of every year, must of course be yet stronger than usual, at a period which can not happen to me again. . . . I pass'd the period of transition between the two centuries in communion with my own soul, and in prostration to the being who directs the universe; with thanksgiving for his numerous blessings, in the past time, and with prayer for a mind to bear whatever the future dispensations of his Providence may be, in such a manner as may be most conformable to his will."