CHRISTOPHER REEVE, JOAN IRVINE SMITH, UC, IRVINE ,

AND THE AMERICAN PARALYSIS ASSOC.

TO DEVELOP SPINAL CORD RESEARCH PROGRAM

Proposed Reeve-Irvine Research Center a Prototype for Spinal Cord Research Nationwide

Irvine, Calif., January 10, 1996 -- Actor Christopher Reeve and philanthropist Joan Irvine Smith, together with the University of California, Irvine (UCI) and the American Paralysis Association announced today a joint effort to establish the Reeve-Irvine Research Center at the UCI College of Medicine. The proposed center will support the study of trauma to the spinal cord and diseases affecting it with an emphasis on the development of therapies to promote the recovery and repair of neurological function.

"Advancements in this area would directly benefit the 250,000 Americans who are presently suffering from a spinal cord injury -- and the approximately 12,000 who are injured each year," stated Christopher Reeve, who suffered a spinal cord injury when thrown from his horse in 1995. "New discoveries would enhance the chances for recovery of function as well as reduce the nation's healthcare costs," he continued.

Research Provides Hope

While most research to date has focused on preventing and limiting neurological damage at the time of the injury, little has been done to explore ways of mitigating and reversing damage once it has occurred. Treatment of the chronically afflicted patient will be the initial area of research to be conducted at the proposed center. Increased research also could benefit individuals struggling with multiple sclerosis, Lou Gehrig's disease and other diseases involving neurological dysfunction. The proposed center will build on UCI's current strengths as a national leader in neurological research.

Regeneration of the damaged spinal cord poses enormous challenges to neuroscience, and development of therapies will depend on a broad array talent and expertise. To this end, the proposed Reeve-Irvine Research Center will carefully coordinate its research agenda with the American Paralysis Association and other research entities, scientists and physicians from around the world.

According to Thomas Cesario, M.D., Dean of the College of Medicine, the University will conduct a worldwide search for an outstanding scientist in the field of spinal cord research who will be proposed for an endowed

chair at UCI as director of the center. The director will be assisted by a board of research advisors composed of individuals active in neurological research from other academic institutions, private industry and professional governmental and private organizations. To stimulate interest and encourage research efforts, the proposed center will award the Christopher Reeve Research Medal and a $50,000 cash prize annually to the investigator whose work has most significantly advanced the field.

Fundraising Efforts

The Joan Irvine Smith & Athalie R. Clarke Foundation has agreed to provide $ 1 million to support the establishment of an endowment fund for the proposed center if UCI can raise at east $ 2 million in other endowment funds. Mrs. Smith has pledged to participate in the fundraising efforts personally be dedicating proceeds from the Oaks Fall Classic, an annual grand-prix equestrian competition held at her training farm in San Juan Capistrano, Calif. She also has agreed to host the award of the Christopher Reeve Research Medal at the 1996 Oaks Fall Classic on September 15, 1996.

"My long-time involvement in the equestrian competition is what originally led me to spearhead this effort," said Mrs. Smith. "The courage and perseverance that Christopher and his wife Dana have shown over the last several months is truly extraordinary, and I'm honored to do what I can to help him and the thousands of other individuals suffering from spinal cord injuries."

UCI will assist in funding the proposed center by providing the physical facility, salary and additional program support for the director and other UCI scientists and physicians engaged in the research. Mr. and Mrs. Reeve will play a critical role in communication the importance of the research efforts to those who suffer from disabling spinal cord injuries. They also will play an active role on the center's research advisory board.

Program is a Prototype

The American Paralysis Association's involvement will include establishing the center as a prototype for a series of research centers located around the United States, and assisting with development of a network of physicians and scientists interested in neuronal development research. "We are

committed to facilitating the exchange of information and coordination of efforts." said Mitchell R. Stoller, President and CEO of the American Paralysis Association. "We will also be active participants on the center's research advisory board. With this Center, we hope to increase public awareness of spinal cord injury and the remarkable research that holds the promise of effective therapies and an eventual cure. Mr. Reeve, a director of the association, adds that the proposed center "will complement the existing research programs of the American Paralysis Association. The Reeve-Irvine Research Center is a critical step in the strategic plan to coordinate and collaborate all spinal cord research efforts."

The proposed Reeve-Irvine Research Center will act as a central point of contact and information exchange for scientists from around the world who are engaged in spinal cord research. By creating a critical mass of information and by coordination with the American Paralysis Association and other organizations, the proposed center will stimulate and encourage efforts to assist those suffering from the debilitating effects of spinal cord injury and disease.

Statement of Joan Irvine Smith

For many years, I have been involved in the horse industry through my breeding, training, showing and marketing activities at my farms, The Oaks, in both California and Virginia. When I heard about Christopher Reeve's interview with Barbara Walters in which he attributed his fall to a freak accident (which could occur in any sport) and indicated that he still loves horses and holds no bitterness against equestrian competition, I made a point of watching his subsequent interviews. I was very impressed and deeply moved by his attitude about his injury and his concern about the need for medical research to help all who have suffered spinal cord injuries. Although Providence had dealt Christopher a devastating blow, she also had bestowed upon him a marvelous gift, the ability to touch the heart. His personal courage, perseverence and dedication to help others through his efforts are truly inspiring. Yesterday, he played Superman; today he is Superman!

At the groundbreaking for the new neurosciences building at the UCI Center for the Health Sciences in November, I suggested to Dean Tom Cesario and Chancellor Laurel Wilkening that the university extend its current efforts by establishing a research program focussed specifically on spinal cord regeneration and that we should ask Christopher to be the spokesman for the new effort. They agreed in principle, and I got to work. Through my friend Dan Weyand at Horse World, I contacted Christopher's assistant, Michael Manganiello, and told him about the research in neurosciences currently taking place at UCI and my idea for the Reeve-Irvine Research Center.

I am deeply gratified by the enthusiastic, collaborative efforts that have helped this project take shape. After Christopher learned about the project, he referred me to his friend Mitch Stoller at the American Paralysis Association. I later consulted with Dr. Carl Cotman, an outstanding scientist already on the health sciences faculty at UCI who has been on the board of the APA since its inception. Mitch, Dean Cesario, Dr Kotman, my friends Drs Blynn and William Bunney, my cousin Anita Ziebe and many others at the university have played a critical role in refining my initial idea to the one that we are pursuing today. Finally, I am delighted that the Joan Irvine Smith & Athalie R. Clarke Foundation can assist by providing the "seed money" to fund the Reeve-Irvine Research Center.

With the help of Mitch and his associates at the APA and the leadership of Christopher and his wife, Dana, I am confident that the physicians and scientists working under the auspices of the Reeve-Irvine Research Center will lead the way to a significant scientific breakthrough in spinal cord regeneration.

Irvine, California
January 15, 1996

HUGH DOWNS: God, what a partnership, what a family. It's just—

BARBARA WALTERS: Can I just say thank you to Chris and thank you to Dana?

HUGH DOWNS: Sure. You know, it crossed my mind, this life support system and the therapy and everything is quite costly and that can't help affecting the family finances.

BARBARA WALTERS: Well, first of all, in general, there is an American Paralysis Association in Springfield, New Jersey and to talk about finances for the family is very sensitive to them. But it will cost something like $400,000 a year for Chris' care and there's no telling how much insurance will cover that. He's not a rich man. He didn't make a great deal of money in films. There has been set up a Christopher Reeve fund in Kansas. He is looking forward— he mentioned the creative coalition— he is looking forward to making his first public appearance. October 16th he's going to give an award that— the creative coalition funds the arts— he's going to give an award to Robin Williams. Let me tell you a story. When he was first— barely conscious, wasn't eating, wasn't drinking, in came a doctor in a white coat and a mask and it turned out to be Robin Williams, who was his best friend from acting school, who did that wacky Russian doctor routine and reeves said that he walked up, looked at him, started to laugh and he said, I wrote it down, "It was one of the first indicators that life could be good again".

HUGH DOWNS: That is marvelous.

BARBARA WALTERS: So he's going to present that award to Robin Williams.

HUGH DOWNS: He sure is playing a role of great importance now, and it strikes me that he has as much to live for now as he had before the accident. Good luck to him.

BARBARA WALTERS: I think it changed all of our lives to see this. I hope so.

HUGH DOWNS: We'll be right back.

[Commercial break]

ANNOUNCER: ABC News 20/20 will continue in a moment.

[Commercial break]

HUGH DOWNS: Now it's up to the jury in the O.J. Simpson case. Closing arguments wrapped up just hours ago, with dramatic words about the victims from prosecutor Marcia Clark.

> **MARCIA CLARK, Assistant District Attorney**: And they both are telling you who did it with their hair, their bodies, their blood. They tell you he did it. He did it. Mr. Simpson, Orenthal Simpson. He did it.

HUGH DOWNS: ABC legal correspondent Cynthia McFadden joins us from Los Angeles now. Cynthia, you were in the courtroom and I'd like to know how you feel the prosecution's final arguments today affected the jury? Did they react?

CYNTHIA McFADDEN, ABC News Legal Correspondent: Well Hugh, this jury has been stoic throughout and I can only tell you while they were attentive, they showed no emotion whatsoever. However, the families in the courtroom, the Brown family and the Goldman family were simply dissolved in tears, Mrs. Brown sobbing in the courtroom. O.J. Simpson looked away.

HUGH DOWNS: The defense looked to me to be unhappy, the whole team.

CYNTHIA McFADDEN: They were very unhappy. Marcia Clark was speaking with all the power of a person who has the last word. They were very unhappy and they objected consistently, though the judge told them they need not. They were trying to signal the jury, I think, about things that they were still skeptical about.

HUGH DOWNS: So what happens now?

CYNTHIA McFADDEN: Well, the very last thing that happened was the jurors actually elected a foreperson in five minutes. The judge said that that was a good sign that maybe they would be able to reach a conclusion.

HUGH DOWNS: Thank you, Cynthia.

CYNTHIA McFADDEN: Thank you.

HUGH DOWNS: Well the Simpson case is also in the focus of Nightline tonight and here is Ted Koppel with a preview.

TED KOPPEL, ABC News: Tonight, it's taken more than a year, but finally it's in the hands of the jurors. Listen to what they heard in the dramatic conclusion of closing arguments, as we bring you a special extended edition of Nightline, tonight.

HUGH DOWNS: Nightline after your local news. And We'll be right back.

[Commercial break]

HUGH DOWNS: Well that is 20/20 for tonight. We thank you for joinng us and next week, we'll be off because of the baseball divisional playoffs so we'll see you in two weeks.

BARBARA WALTERS: And remember, till then and always, we're in touch so you be in touch. I'm Barbara Walters.

HUGH DOWNS: And I'm Hugh Downs.

BARBARA WALTERS: And for all of us here at 20/20, have a good weekend, a safe weekend. Good night.

Credits

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Special Thanks To:
The Reeve Family
Kessler Institute for Rehabilitation

United States alone have the same problem as me and a lot of them are very poor people. A lot of them are on welfare now. A very small amount of money, say as little as $40 or $50 million, if that would be spent on research, if you would invest in the research, you could cure Parkinson's, Alzheimer's, multiple sclerosis and spinal chord injury in the very near future. But I'll bet you in my life, and maybe even in the next 10, 15 years, if the public will demand that the politicians spend that little bit of money, make that investment, I'll be up and walking around again.

BARBARA WALTERS: And one of the things, Chris, I mean if anything good can come out of this, is that you can talk to Congress, you can talk to people.

CHRISTOPHER REEVE: I've already been nominated to the Board of Directors of the American Paralysis Association and I will be doing work for them. I will be going to Congress to make the case about the economic argument.

DANA REEVE: What we're going to try to do is keep it single-floor living.

BARBARA WALTERS: *[voice-over]* While reeve sets his sights on his future life of activism, I talked to Dana at their home in New York State about what her plans are for their daily life together.

[interviewing] What are the immediate goals?

DANA REEVE: To get him home, to get him settled at home, to get our family back together, to reestablish some sort of routine.

BARBARA WALTERS: What is the physical goal?

DANA REEVE: The first hope would be some sort of weaning process off of the ventilator. We're also hoping that he'll get some arm movement.

BARBARA WALTERS: Chris has called you his rock of Gibraltar. He depends so much on not just your life, but on all the things that you can do for him. That's an awfully big responsibility.

DANA REEVE: Yeah, it is. But I think this is a real test of the wedding vows. He's my partner. He's my other half, literally. There's— I couldn't— I don't— it's not within the realm of my imagination to do anything less than what I'm doing.

BARBARA WALTERS: This is delicate. Chris told me this himself. You have one son. Chris said it would be possible for you two to have other children. I'm not sure I understand that.

DANA REEVE: I'm not sure I understand it either, but it's— there are— how do I describe it— it's a reflex, that's a— and that it has happened. There are other couples who are— the man is a quadriplegic and they've been able to conceive children. It's an automatic reflex that's part of the— it's part of that reflex system as opposed to the other neurological reflex system.

BARBARA WALTERS: So it would be possible?

DANA REEVE: Yes.

BARBARA WALTERS: Do you want to—

DANA REEVE: In fact, it is possible.

BARBARA WALTERS: In fact it is possible.

DANA REEVE: Yes. I'm here to tell you.

BARBARA WALTERS: Do you want to have other children?

DANA REEVE: Yes. Yes, I hope we do.

BARBARA WALTERS: In the months ahead, you'll be leaving here and then how do you see your life?

CHRISTOPHER REEVE: Oh, busy, busy, busy. We're in the process now of starting to redesign our house and rather than looking at the limitations, we look at the opportunity.

BARBARA WALTERS: And you plan to direct?

CHRISTOPHER REEVE: I plan to direct, yeah.

BARBARA WALTERS: Chris, has anyone offered you the opportunity to direct?

CHRISTOPHER REEVE: Yes, they have. In fact, I was supposed to be doing that right now.

BARBARA WALTERS: And do you think you can still—

CHRISTOPHER REEVE: I am honored by the fact that the producers have announced that they will save the movie for me.

BARBARA WALTERS: They're going to save the movie for you to direct?

CHRISTOPHER REEVE: Yeah. They said when I'm ready, we'll do the movie.

BARBARA WALTERS: And you have the creative coalition that you've been working on for years. You've always been active, whether it's for the homeless, the environment, or AIDS, you've always been active.

CHRISTOPHER REEVE: Yes. I started in college.

BARBARA WALTERS: So that won't stop. So you see things widening, opening up?

CHRISTOPHER REEVE: Yeah, which I wouldn't have thought possible.

Dr. WISE YOUNG: We must overcome the pessimism in this field. There are therapies that work in animals. We have to test them in people and when we test them in people and they work, then we can apply them to people like Christopher. This process is much slower, much harder, much longer than people understand.

BARBARA WALTERS: Is it within your vision that Christopher Reeve would ever walk again?

Dr. WISE YOUNG: Well I hope so.

BARBARA WALTERS: Really?

Dr. WISE YOUNG: I'm certainly aiming for that.

BARBARA WALTERS: Not false hope?

Dr. WISE YOUNG: It's a personal hope. Otherwise I couldn't not work in this field.

BARBARA WALTERS: And you think you will walk again?

CHRISTOPHER REEVE: I think it's very possible I'll walk again.

BARBARA WALTERS: And if you don't?

CHRISTOPHER REEVE: Then I won't walk again.

BARBARA WALTERS: As simple as that?

CHRISTOPHER REEVE: Either you do or you don't. See, it's like a game of cards and if you think the game is worthwhile, then you just play the hand you're dealt. Sometimes you get a lot of face cards, sometimes you don't. But I think the game's worthwhile, I really do.

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THE WHITE HOUSE

WASHINGTON

November 20, 1995

Mr. Christopher Reeve
Kessler Institute
for Rehabilitation, Inc.
1199 Pleasant Valley Way
West Orange, New Jersey 07052

Dear Christopher:

Thanks for your warm letter and the draft of your op-ed piece. I appreciate your kind thoughts, and I'm glad to know that you are doing better.

This is a crucial time in the budget debate, and your voice on this vital subject is so important. I know that Jennifer Klein has been in contact with your staff, and I hope you will stay actively involved in the effort to save Medicare and Medicaid.

I also want to tell you that the courage you display daily in the face of pain and adversity is an inspiration to people everywhere. At a time when most people in similar circumstances would understandably be preoccupied with themselves, you have found time to care about others, and I salute you for that.

Hillary and I are thinking of you, and we extend our best wishes to you and Dana.

Sincerely,

Bill Clinton

951127

You are so right about research — We can't afford to cut it 1 to 2 billion a year, not only in Medicare but in other areas — Your strong stand will help!

KESSLER
INSTITUTE FOR REHABILITATION, INC.

Dedicated to the care of the physically disabled, Kessler is an accredited nonprofit hospital affiliated with the University of Medicine and Dentistry of New Jersey.

THE PRESIDENT HAS SEEN
11/22/95

JRO
C. Reeve
letter
(per J. Klein w/ TD Sedit)

October 6, 1995

Mr. Bill Clinton
President of the United States
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mr. Clinton:

Thank you so much for your kind note of September 28. It amazes me that with all you must have on your mind, you could find time to send yet another message of encouragement to me. And, yes, I did have a very nice birthday.

I hope you won't mind my taking the liberty of enclosing a draft of an OpEd piece I have written for The New York Times. It would mean a lot to me if you could circulate it among your staff or send it to whomever you think appropriate.

With deepest gratitude for your interest,

Sincerely,

Christopher Reeve

Christopher Reeve (By Dana Reeve)

CR:jjp

Enclosure

Mailing Addresses: West & East Facilities: Pleasant Valley Way, West Orange, NJ 07052 (201) 731-3600
North Facility: 300 Market Street, Saddle Brook, NJ 07662 (201) 587-8500

First Draft - Christopher Reeve OpEd - New York Times

Like most Americans, I have watched the debate rage on Capitol Hill over the best way to fix Medicaid and Medicare. As someone who has now consumed more health care services in the past four months than many people will in a lifetime, it seems to me that Congress is approaching this problem backwards. In the long run, the way to save money in the health care system is to invest now in the research that will eliminate the disease and disability that drives costs up. If we do that, we won't have to spend tax dollars maintaining people who could have been cured in the first place.

Spinal cord injuries cost our nation $5 billion every year. That figure includes initial hospitalizations, ongoing related health problems, rehabilitation services, personal care attendants, adaptive equipment, lost productivity. It's an expensive condition. And yet, scientists working in the field of nerve regeneration estimate than an additional $40 million investment each year would greatly hasten the day when these expenses will be unnecessary.

Some people argue that the benefits of research are elusive, far in the future, not concrete enough to justify the investment. The medical history of this century tells a different story. Relatively small investments in research have given us antibiotics and vaccines against illnesses that once killed millions every year (polio, measles, smallpox, diphtheria, influenza, tuberculosis). Thirty years ago, a diagnosis of cancer was a virtual death sentence. In the 1970's, the research community received additional funds to wage war on this disease. Ask the half-million people who now survive cancer every year, and their families, if the investment was worth it.

Today, researchers are on the brink of discovery for many other devastating and costly disorders, including Alzheimer's, Parkinson's, and Multiple Sclerosis. The humanitarian and economic argument for giving scientists a chance to progress toward

these discoveries is irrefutable. It is a tragedy for all of us when important scientific work languishes on the laboratory shelves for lack of funding.

When President Kennedy told NASA scientists early in the 1960's of his vision to land a man on the moon by the end of the decade, they said it was impossible. They were nowhere near the technology necessary to do it in that time frame. But Kennedy stood fast and told them they'd better figure it out. His conviction, his confidence and his leadership challenged them to go back to the drawing board leading, of course, to the stunning success in July 1969.

Medical scientists today need the same challenge. They need to be able to work together, to share information, and most of all, they need the money and tools to do the job. The public must voice our belief that they can stop the terrible diseases that rob this country of so much talent and consume so much of the federal budget. We must voice our demand that our nation invest in this greatest of human achievements--the conquest of disease. The economic realities of today are pushing us towards this challenge. **The time to respond is now.**

Reeve Assistant / Michael Margarella (914) 7640024

- Ely said the Post was abs. accurate & can be repeated

The other day I wld really like
Wrote to Pres abt Nix & wld love if HK
Debate Vaj abt Medicaid & Medicare &
That the answer is not to fight all
cuts but to make cuts bec
Cure will be found

Hos Schiz
Parkin
ALZ.
Spinal cord
} all be rescued
benefits

Govs go researches far away from
Cure -
Today oppos. is true - Re scientist
repeatedly tell are not so
close to the cure -
only a matter of funds

Joan Irvine Smith -
Med Irvine Research - UC. Irvine
funded by $1m
w/ matching money from Re state
Pri sector taking leadership - center will

focus on a cure for he paralysis —
chg this out of he our genes to

govt must realize that a v. small amt of $ will produce a cure for these disabilities
That's how you'll save $ on Medicare now $ to $/yr on Medicare/Medicaid for people w/ MS
Researcher feel w/in 5-10 yrs of $ to slow down or find cure

SC within $8.7b annual in Medicaid/Medicare that do not $ to cure
$400M in research $/yr over decade
My'd have a cure

$ Take your choice =

That is an issue that's begging to make sense —
— Hatfield - I recently lobbied where gonorrhea cut by 7% spinal cord increase by 5%

More needs to be done
Recently wrote a letter to Pres
Joyrich
substantial investment in research
serious diminution of these probs

County basically bankrupt over
Medicare/cad

For humanitarian + economic reasons is
to spend the $ on research
(know it hard to spend $$

Message from me + people in my conf
+ w/ Paul + Lyle -
Wish most realize how close
the researchers are to answers
to these probs
polio, TB, cholera
progress now being made on MDS

Spend $ on fixing ppl you know & have
these acronimous

Spinal cord > 230,000
11,000 injured per yr.
tend to be boy people / hockey players
ppl

could have log + productive lives
who sit there not functioning
for $

May don't have insurance + disabled

Great grandfather Prudential Insurance Co.
very ironic
take care of customers from
never any such $ as cap
ins. companies say costs too high
Def. not the truth
Want to keep majority the kind of $ they're
used to
only abt 2,500 people/yr who end up in this
situation

Old easily absorb the #s of ppl who need
unlimited lifetime

I support completely the Affordable —
Also support bipartisan
- have to get back the bipartisan

Pres. of org called Creative Coalition
helped do stuff w health care reform

Aware of HRC efforts well before
This is now an issue that I've been
interested in ~~for some time~~
- I found
- I've given 2 speeches so far - and a
~~#~~ speaking engagements
a # of other things
- which script - consider
- by fall

K-K - bipartisan bill
More legislation
- I'm not a Republ but I support what
Jeffords is doing wholeheartedly
- NEA -
- Pres State of the Union >

End of this partisan bitch
issues so crucial to our welfare
That's what makes ppl so angry -
got to put a stop to it
when u see bills that are
co-sponsored by Rep + Dems who
know what's right -
< Jeffords amendment >

→→→ MOH of Vietnam vets

When I was at Kessler - there was a kid
next to me who had been shot in
the neck in a drive by shooting
any gangs -
bullet still in neck
Kessler took him in out of goodness
I left Dec. 13 -
probably now in a nursing home w/
no future
A lot of ppl who had to leave w/ no place
to go - they'll end up in nursing homes

First big to do - find a cure
Scientists down - 3-5 yrs
at Miami

more conservatives - if public would be

- Don't want govt to throw away $$ -
but
New breakthroughs -
Part of my job is to check
5 days on the Today show
animated diagrams -
worked out of Today show
→ will do that on various programs to

Help ppl understd what prob is —
humanitarian + econ. rationale to it
It's good for the county in every conceivable
way —
lost productivity

The time has come when ppl who are just
laguishg i nsg homes or sitg at home
could be doing

Priorities

Old happen to anybody
Most concerned abt other ppl's

Eugene — accidents and bel
Taken his considerable positn
to advocate for ppl

—

Jim Beer i contact w/ L
this is who is on his mind

Jen/Column

HRC/ Lede

I always admired CR as a actor

Loved S

My adm 'n has grown exponentially

as he handled adversity

of rid accident

Parts he played acted heroes

Now he's big.

I know how upset I had Pres

Wld or was not successful

But he pushes it raised +

are shied w/us

Why . . . .

As CR said just last

CREATORS SYNDICATE

FAX TRANSMITTAL

TO: LISSA MUSCATINE

FROM: KATHERINE SEARCY

DATE: 2/6/96

TIME:

RE:

NUMBER OF PAGES (including cover sheet): 1

MESSAGE:

5777 W. CENTURY BLVD., SUITE 700 • LOS ANGELES, CA 90045 • Tel. (310) 337-7003 • FAX (310) 337-7625

TALKING IT OVER
BY HILLARY RODHAM CLINTON
RELEASE: WEEKEND, FEBRUARY 10-11, 1996

I always admired Christopher Reeve as an actor. I never saw him on Broadway, but like most people, I loved his movie portrayal of Superman and his role in the fantasy romance "Somewhere in Time."

My admiration has only grown since his riding accident last May. Christopher Reeve is no longer playing a part that's heroic. He's living one.

Hooked up to a ventilator and paralyzed from the neck down, he has inspired millions with his courageous response to a tragic and freak fall from a horse. Who wasn't moved by his candor and grace in the memorable interview he gave to Barbara Walters just a few months after his spinal cord was crushed?

Now, along with his painstaking recovery, he faces medical bills totaling $400,000 a year. With an insurance policy that limits the lifetime benefits he can receive, his coverage is due to run out after three years.

Still, he never dwells on his own situation. As a celebrity, he knows he can make a living giving speeches and directing films. He is far more worried about the tens of millions of Americans who can't get or keep medical coverage because of the misplaced priorities of our health care system.

Christopher Reeve wants to know why our country is willing to spend billions of dollars on Medicare and Medicaid payments to cover nursing-home fees for quadriplegics and those suffering from neurological diseases like Lou Gehrig's, Parkinson's and Alzheimer's but not spend the lesser amounts it would take to find cures.

I know the health care reform proposal I worked on was not successful. But the problems it sought to resolve are still with us today.

The United States is the only industrial society in the world where insurance companies are allowed to deny coverage to people who are sick or have lost a job. And insurance companies get away with limiting people's lifetime benefits.

As Christopher Reeve said just last week, "These issues are crucial to our welfare."

There are ways to make progress without a massive overhaul of the health care system.

Right now, a bipartisan bill that deals with some of these issues is stuck in Congress. Sponsored by Republican Sen. Nancy Kassebaum of Kansas and Democratic Sen. Edward Kennedy of Massachusetts, the bill would make long-overdue changes in the ways insurance companies treat Americans.

It would prevent insurers from denying coverage to a person who already has a medical condition. It would forbid insurance companies from dropping longtime customers when they become chronically ill.

And it would require insurance companies to sell policies to workers who have been covered for at least 18 months by their employers so that they remain insured even if they lose or leave a job.

There is also an amendment to the bill, sponsored by Republican Sen. James Jeffords of Vermont, that would help the 230,000 Americans in situations similar to Christopher Reeve's. It would raise the lifetime limit on benefits to a minimum of $10 million.

The Kennedy-Kassebaum bill has support from dozens of Republicans and Democrats. It is now ready for a vote by the full Senate. Very few legislators have publicly opposed the bill.

So why hasn't it passed?

Because a handful of senators have used parliamentary maneuvering to stall it for five months. To make matters worse, we cannot even hold the senators accountable because the Senate's rules allow then to remain anonymous.

Christopher Reeve is pushing hard for passage of Kennedy-Kassebaum and the Jeffords amendment. He also is doing his part to educate people about the failures of a system that spends far more money on expensive treatments than on preventing and curing costly diseases.

He has written to the President and House Speaker Newt Gingrich about congressional threats to cut funds for research into spinal cord injuries and neurological diseases (and is proud to have lobbied successfully against some of those cuts). He has worked on animated diagrams for television that explain what happens to the body when the spinal cord is injured. And he recently announced an effort to establish the Reeve-Irvine Research Center at the University of California at Irvine that will support the study of spinal cord injuries and diseases. Philanthropist Joan Irvine Smith has agreed to put up $1 million for the project to be matched with money from other sources.

"There is a humanitarian and economic rationale" for medical research and fair insurance policies, he says. "It's good for the country in every conceivable way."

If you agree with Christopher Reeve, take the time to call your senators and ask them to help us take a first step to bringing better health and peace of mind to millions of Americans. Tell them to pass the Kennedy-Kassebaum bill.

draft #2

FIRST LADY HILLARY RODHAM CLINTON
COLUMN FOR PUBLICATION FEBRUARY 14, 1996
TALKING IT OVER/CREATORS SYNDICATE

I always admired Christopher Reeve as an actor. I never saw him on Broadway, but ~~like most Americans~~ like most people, I loved his movie portrayal of *Superman*, and ~~even~~ his ~~smaller~~ role ~~as an anti-fascist American in *Remains of the Day*~~ in the fantasy romance, Somewhere In Time.

My admiration has only grown since his riding accident last May. Christopher Reeve is no longer playing a part that's heroic. He's living one.

Hooked up to a ventilator and paralyzed from the neck down, he has inspired millions ~~of Americans~~ of people with his courageous response to ~~tragedy~~ a tragic and freak fall from a horse. Who wasn't moved by his candor and grace in a memorable interview he gave to Barbara Walters just a few months after his spinal cord was crushed?

Now, along with his painstaking recovery, he faces medical bills totalling $400,000 a year. With an insurance policy that limits the lifetime benefits he can receive, his coverage is due to run out after three years.

Still, he never dwells on his own situation. As a ~~famous~~ celebrity ~~Hollywood actor~~ celebrity, he knows he can make a living giving speeches and directing films. He is far more worried about the ~~tens of~~ tens of millions

millions of Americans whose hopes of medical care are dashed each year by the misplaced priorities of our health care system.

Why, he wonders, is our country willing to spend billions of dollars on Medicare and Medicaid payments to cover nursing home fees for quadriplegics and those suffering from neurological diseases like Lou Gehrig's, Parkinson's and Alzheimer's, but not spend the lesser amounts it would take to find cures?

I know the health care reform proposal that I worked on for the President was not successful. But the problems it raised and sought to resolve remain with us today.

The United States is still the only industrial society in the world where insurance companies are allowed to deny coverage to people who are sick or have lost a job. And insurance companies still get away with limiting people's lifetime benefits.

As Christopher Reeve said just last week, "These issues are crucial to our welfare."

And there are ways to make progress without a massive overhaul of the health care system.

Right now, for example, there is bipartisan legislation that would address some of the issues Christopher Reeve has raised. Sponsored by Republican Nancy Kassebaum and Democrat Edward Kennedy, the bill would make long overdue changes in the ways insurance companies treat Americans.

It would prevent insurers from denying coverage to a person who already has a medical condition. It would forbid insurance

companies from dropping long-time customers when they become chronically ill.

And it would require insurance companies to sell policies to workers who have been covered for at least 18 months by their employers so that they remain insured even if they lose or leave a job.

There is also an amendment to the bill, sponsored by Republican Senator James Jeffords of Vermont, that would help the 230,000 Americans in situations similar to Christopher Reeve's. It would raise the lifetime limit on benefits to a minimum of $10 million.

The Kennedy-Kassebaum bill ~~is a bipartisan effort that has~~ has support from dozens of Republican and Democratic ~~co-sponsors.~~ It is now ready for a vote by the full Senate. Very few legislators have publicly opposed the bill.

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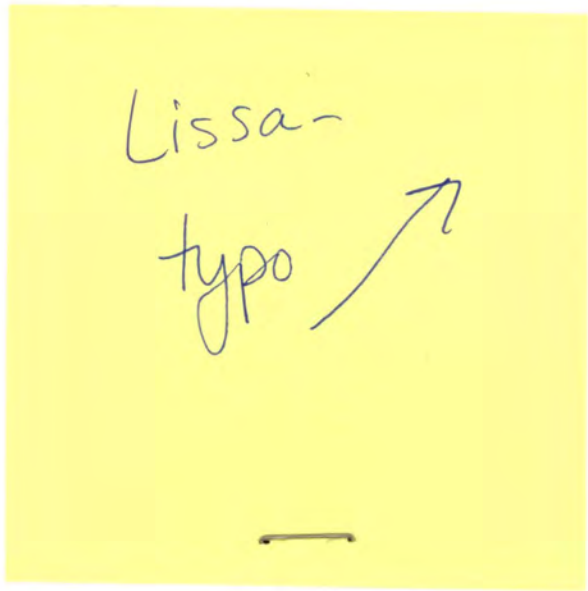
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"There is a humanitarian and economic rationale" for medical research and fair insurance policies, he says. "It's good for the country in every conceivable way."

If you agree with Christopher Reeve, take the time to call your senators and ask them to help us take a first step to bringing better health and peace of mind to millions of Americans. Tell them to pass the Kennedy-Kassebaum bill.

###

TO: HRC
FROM: Lissa Muscatine
RE: Column
DATE: February 6, 1996

This is still pretty rough, but I wanted you to see it before we get too far into the day. The column is a bit of a hybrid, given that Christopher Reeve's big thing is government funding for spinal cord research, which has nothing to do with Kennedy-Kassebaum.

I think I've figured out a way to merge the two, but I'm sure it can be improved upon.

Also, I'm still working on a stronger ending.

draft #1

FIRST LADY HILLARY RODHAM CLINTON
COLUMN FOR PUBLICATION FEBRUARY 14, 1996
TALKING IT OVER/CREATORS SYNDICATE

I'd love to know what Christopher Reeve's great grandfather would have thought about the fine print in the actor's health insurance policy.

Christopher's great grandfather was the chairman of the board of the Prudential Insurance Company. He was proud that the company "took care of its customers from the cradle to the grave."

Today, Christopher Reeve is hooked up to a ventilator and paralyzed from the neck down, ~~wondering what happened to that old-fashioned brand of customer service~~. With bills totalling $400,000 a year and a lifetime limit on the benefits he receives, his insurance coverage is due to run out after three years.

"The insurance companies say they can't afford the costs" of covering people with chronic conditions, he says. "But that's definitely not true."

All Americans. Have seen him as an inspiration
memorable interview on BC

The President ~~and I have~~ has been in contact with Christopher a few times since his accident, ~~and each exchange is an inspirational experience~~. He never dwells on his own situation. As a famous Hollywood actor, he knows he can make a living giving speeches and directing films. He is far more worried about the tens of millions of Americans whose hopes of medical care are dashed each year by the misplaced priorities of our health care system.

~~is the~~ is our country.

Why, he wonders, ~~is the government~~ willing to spend billions of dollars on Medicare and Medicaid payments to cover nursing home fees for quadriplegics and those suffering from neurological diseases like Lou Gehrig's, Parkinson's and Alzheimer's, but not spend ~~more modest sums~~ nearly as much $ it takes ~ on research that could ~~cure~~ find the cure & these conditions ~~in the first place~~? and cures to

> insert <

Why do insurance companies get away with limiting people's lifetime benefits?

And why is the United States the only industrial society in the world where insurance companies are allowed to deny coverage to people who are sick or have lost a job?

"These issues are so crucial to our welfare" as a society, he said last week.

We should not be ignored in the face of these reasons
There are things we can do short of massive
reform. Right now

Most frustrating of all is that there is bipartisan legislation stalled in Congress right now to address some of these weaknesses in our health care system. Sponsored by Republican Nancy Kassebaum and Democrat Edward Kennedy, the bill would make long overdue changes in the ways insurance companies treat Americans.

It would prevent insurers from denying coverage to a person who already has a medical condition ~~[ek time frame]~~. It would forbid insurance companies from dropping long-time customers when they become chronically ill.

And it would require insurance companies to sell ~~insurance~~ policies to workers who have been covered for at least 18 months by their employers, ~~but then~~ so that when they lose or leave their jobs. They will remain insured.

There is also an amendment to the bill, sponsored by Republican James Jeffords of Vermont, that would help the 230,000 Americans in situations similar to Christopher Reeve's. It would raise the lifetime limit on benefits to a minimum of $10 million.

The Kennedy-Kassebaum bill is a bipartisan effort that has dozens of Republican and Democratic co-sponsors. It is now ready for a vote by the full Senate. Very few legislators have publicly opposed the bill.

So why hasn't it passed?

Because a handful of Senators have used parliamentary maneuvering to stall it for five months. To make matters worse, we cannot even hold these Senators accountable because the rules allow them to remain anonymous.

Reeve is pushing hard for passage of Kennedy-Kassebaum and the Jeffords amendment. He also is doing his part to educate Americans about the failures of a system that spends far more money on expensive treatments than on preventing and curing costly diseases. "We have to put an stop to this partisan bickering," he says.

He has written to the President and House Speaker Newt Gingrich about Congressional threats to cut research in spinal cord injuries and neurological diseases (and is proud to have lobbied successfully against some of those cuts). He has worked on animated diagrams for television that explain what happens to the body when the spinal cord is crushed. And he recently announced an effort to establish the Reeve-Irvine Research Center at the University of California at Irvine that will support the study of spinal cord injuries and diseases. Philanthropist Joan Irvine Smith put up $1 million for the project, which will be matched with money from the state.

"There is a humanitarian and economic rationale" for medical research and fair insurance policies, he says. "It's good for the country in every conceivable way."

###

If u agree w/ CR take the time to call or see by asking her or her to begin by passing the ICRC bill.

KESSLER
INSTITUTE FOR REHABILITATION, INC.

THE PRESIDENT HAS SEEN
11/22/95

Dedicated to the care of the physically disabled. Kessler is an accredited nonprofit hospital affiliated with the University of Medicine and Dentistry of New Jersey.

October 6, 1995

Mr. Bill Clinton
President of the United States
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mr. Clinton:

Thank you so much for your kind note of September 28. It amazes me that with all you must have on your mind, you could find time to send yet another message of encouragement to me. And, yes, I did have a very nice birthday.

I hope you won't mind my taking the liberty of enclosing a draft of an OpEd piece I have written for The New York Times. It would mean a lot to me if you could circulate it among your staff or send it to whomever you think appropriate.

With deepest gratitude for your interest,

Sincerely,

Christopher Reeve

Christopher Reeve (By Dana Reeve)

CR:jjp

Enclosure

Mailing Addresses: West & East Facilities: Pleasant Valley Way, West Orange, NJ 07052 (201) 731-3600
North Facility: 300 Market Street, Saddle Brook, NJ 07662 (201) 587-8500

Talking It Over
draft/js

I saw a ~~touching~~ interview in the paper with the actor Christopher Reeve last month. The man we all think of as Superman was worried about being able to pay his medical bills.

Reeve was paralyzed in a horseback-riding accident that crushed his spinal cord. The round-the-clock care by nurses who monitor the ventilator that helps him breathe, lift him in and out of his wheelchair, and exercise his muscles to keep them from atrophying, is expected to cost about $400,000 a year.

But Reeve's insurance company says that it will only pay a total of $1.2 million in bills during his lifetime. This means that Reeve, [who had been faithfully paying his insurance premiums (check) for two decades], will run out of coverage in three years.

Reeve is famous, which why many of us know about his situation. But there are millions of other Americans trapped in similar predicaments created by our country's current health care system.

The United States is the only industrial society in the world where insurance companies are allowed to deny coverage or raise rates on customers just because they are sick. They can refuse to cover a person with a "preexisting condition" such as diabetes and high blood pressure. And they can drop a person from a plan after he leaves or is laid off from a job.

These are practices that have left many hard-working families awake at night, worried about finding the resources to pay their medical bills.

There is bipartisan legislation pending in Congress right now to address some of these weaknesses in our health care system. Sponsored by Republican Nancy Landon Kassebaum and Democrat Edward Kennedy, the bill makes minor, but long overdue changes in the ways insurance companies treat Americans.

The bill would prevent insurance companies from denying coverage for more than a year to a person who already has a medical condition. Insurance companies could not drop a person who is consistently paying his or her premiums when he or she becomes chronically ill.

The bill would also require companies to sell insurance to workers who have been covered for at least 18 months by their employers, but then lose or leave their jobs.

Another amendment to the bill, sponsored by Republican James Jeffords, would help Americans in situations similar to Reeve's by raising the minimum lifetime cap on insurance payments to $10

quadriplegics, but not spend more modest sums on research that could cure spinal cord injuries as well as other neurological diseases such as Lou Gehrig's, Parkinson's and Alzheimer's?

Why do insurance companies get away with limiting people's lifetime benefits? And why can they deny coverage to people who lose jobs or have a "pre-existing condition" such as cancer.

The United States is the only industrial society in the world where insurance companies are allowed to deny coverage or raise rates on customers just because they are sick or have lost a job.

There are not issues that Reeve has taken up suddenly, as ~~a result~~ to. No.

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The bill, which in addition to Kennedy and Kassebaum has dozens of Republican and Democratic co-sponsors, is now ready for a vote by the full Senate. Very few legislators have publicly opposed the bill.

That's why I find it particularly appalling that a small group of senators has been able to use Senate rules to stall the bill for five months.

What's even more outrageous, we cannot even hold these Senators accountable for their actions and ask them why they are trying to kill the bipartisan bill because the rules allow them to remain anonymous.

We do know, however, that the insurance industry lobbyists are working hard to defeat this bill.

This makes me wonder whether the senators who would go to

such cowardly lengths to stall a vote on the bill are more interested in helping the American people who sent them to Congress or the big money lobbyists who line their campaign coffers.

This bill should not be caught up in politics and special interests. Each delay hurts people like Tom Hall of Oklahoma City. Hall, 58, cannot find any company who is willing insure him because he has a heart condition. For thirty years, he had paid premiums on his company-sponsored health insurance which covered the cost of treating his heart condition.

But when Hall left his company to work for himself, the insurance company dropped him. After months of searching, he finally found a company that would insure everything but his heart.

Today, he is worried that he will lose his farm and a lifetime of savings should his heart become worse.

"People like me work hard, play by the rules and through no fault of our own, have health problems. I think most Americans want to work and support their families and not being able to have insurance hurts our ability to achieve the American dream," he told Congress last summer.

40 million Americans [check] still do not have health

insurance. This modest bill will begin to make a dent into that figure. It will be a welcome one.

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Today, Reeve is hooked up to a ventilator and paralyzed from the neck down, wondering what happened to that old-fashioned brand of customer service. With bills totalling $400,000 a year, his insurance is due to run out after three years, ~~thanks~~ and to a lifetime limit on the benefits he receives.

The President and I have ~~had a chance to~~ been in touch with Christopher ~~recently~~ over the, and each exchange is an inspirational experience. He ~~has~~ never dwelled on his own situation -- he considers himself far luckier than most -- but ~~he does~~ worries aloud about the misplaced priorities of our health care system.

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###

This transcript has not yet been checked against videotape and cannot, for that reason, be guaranteed as to accuracy of speakers and spelling. (LW)

ABC NEWS 20/20 Transcript #1539

September 29, 1995

HUGH DOWNS, ABC News: Good evening. I'm Hugh Downs.

BARBARA WALTERS, ABC News: And I'm Barbara Walters and this is 20/20.

The Journey of Christopher Reeve

HUGH DOWNS, ABC News: Good evening. I'm Hugh Downs.

BARBARA WALTERS, ABC News: And I'm Barbara Walters and this is 20/20.

ANNOUNCER: From ABC News, around the world and into your home, the stories that touch your life with Hugh Downs and Barbara Walters, this is 20/20.

Tonight—

CHRISTOPHER REEVE: In my dreams, I'd be whole, riding my horse, playing with my family then suddenly I wake up and it's two in the morning and I'm lying in bed and I can't move and I'm on a ventilator.

ANNOUNCER: For the first time since his tragic fall, Christopher Reeve tells his inspiring story, intimate revelations of his personal struggle, wrestling with his broken body, his troubling thoughts.

BARBARA WALTERS: That you wanted to die, pull the plug, whatever.

ANNOUNCER: You will meet his family, the children who gave him the will to live, his loving, devoted wife.

DANA REEVE: We will make the best possible life out of this life that we now have.

ANNOUNCER: His own words will amaze you and uplift you.

CHRISTOPHER REEVE: There's something else coming. I don't know what it is, but I've got to find it.

ANNOUNCER: Barbara Walters with an exclusive unforgettable hour, a story of fame, misfortune, love and courage— The Journey of Christopher Reeve, a special presentation tonight, September 29th, 1995, after this brief message.

[Commercial break]

HUGH DOWNS: From a tragedy that made the nation heartsick, the story of great inspiration has emerged and I think the whole family should watch this together, because it is a story of remarkable courage, unflagging hope and the unwavering devotion of a wonderful wife. It's the amazing story of actor Christopher Reeve. Tonight, for the first time since the accident that dramatically altered his life, Christopher Reeve tells his story to Barbara and you know, when I watched this, I realized that you are not going to want to leave your seat.

BARBARA WALTERS: For years, to millions of moviegoers, Christopher Reeve was superman. But I think he's more superman now than ever before. No, he can't fly and right now he can barely move, immobilized by a devastating spinal chord injury. But Christopher Reeve is, nevertheless, a man of steel will, a man with penetrating vision, a man whose courage in the face of daunting obstacles is, I think, the mark of a true hero.

[voice-over] Audiences all over the world were first introduced to Christopher Reeve hurtling through space as the man of steel.

CHRISTOPHER REEVE: *[Superman]* I've got you.

1st ACTRESS: You've got me? Whose got you?

BARBARA WALTERS: *[voice-over]* A role that required amazing stunt work, most of which Reeve did himself. But his love of action and adventure wasn't only on screen. This is a man who had piloted his own plane across the Atlantic twice. Reeve was also a skilled sailor, skippering his own sailboat. He was an avid scuba diver. In winter, he and his family played ice hockey. In summer, there was soccer. But most of all, Reeve loved competitive horseback riding, for which he had won many ribbons. These home movies, taken last Christmas, show Reeve and his wife Dana with their now three-year-old son Will. Their family also includes two older children of reeve's from a previous long-term relationship, Matthew, 15, and Alexandra, 11. This was reeve's seemingly enchanted world. This is his world today. He is paralyzed from the shoulders down. The only movement he can make is to turn his head from side to side. Even that is difficult. He directs his wheelchair by blowing into a plastic straw. A hard puff, the chair turns right, a soft one, the chair swings left. Christopher Reeve turned 43 this week. It is now four months since his riding accident and he is still hospitalized, now at the Kessler Institute for Rehabilitation in New Jersey, where I talked to him in the facility's physical therapy room.

[interviewing] How are you today? Pretty good?

CHRISTOPHER REEVE: Very well, thank you, yeah.

BARBARA WALTERS: I think we should explain to people a little bit about how you talk and how you breathe. There's a respirator that helps you breathe.

CHRISTOPHER REEVE: Right behind the chair is a respirator which generates air and on the breath, I am able to speak because of the thing around my neck is kind of loose and some air goes over the vocal chords. So I just have to wait for the air to come, like I did just now, then I can talk.

BARBARA WALTERS: Are you in pain?

CHRISTOPHER REEVE: No, I'm not in pain at all. No.

BARBARA WALTERS: Now, I understand that you have sensation in your neck and shoulders. Or you tell me.

CHRISTOPHER REEVE: Yes, I actually have sensations in some weird collection of places. There's a little spot just by my left ribs in the middle Dana used to touch, because it felt so nice to have a connection someplace. I also— the bottom— the very bottom of my left foot, I can feel when somebody touches it lightly— when

somebody touches it lightly, and I have feeling in my shoulders and, of course, my head and neck and all that. My head is very sensitive. But that's about it, and below my shoulders is like— it's all there, but at the moment I don't feel anything.

BARBARA WALTERS: What do you remember of those first days?

CHRISTOPHER REEVE: I've got to be honest with you and say that they had me pretty snowed. But I am a blank from warming up my horse for the cross-country phase of the competition that I was in, it was Saturday afternoon, May 27th, until the following Wednesday when I came out of the morphine enough. A total blank, but I've been able to put pieces together by talking to people.

BARBARA WALTERS: *[voice-over]* It was last Memorial Day when Reeve was riding a well-trained chestnut-colored thoroughbred named Eastern Express. During a competition like this one, Reeve was approaching what experienced riders say is an easy three and a half foot jump. But for some inexplicable reason, Eastern Express stopped dead in her tracks just as she reached the hurdle. Reeve was catapulted head first onto the ground. Had a spectator not cleared an airway, reeve would have died at the scene.

CHRISTOPHER REEVE: You know one of the things that I couldn't understand is like why, I mean— end up a quadriplegic off a training level jump. It's virtually impossible. I was not able to piece that together. Why didn't I put my hands down? Why didn't I—

BARBARA WALTERS: Yeah, why didn't you fall with your hands or why didn't— sure.

CHRISTOPHER REEVE: It should have been like tripping over your shoelaces.

BARBARA WALTERS: Yeah. Why didn't you brace yourself? Yeah.

CHRISTOPHER REEVE: You get up and say oh darn and get back on the horse and keep going. Finally I got some information from somebody who was at the scene and said what happened was as your horse pulled back, and I went forward, I had the great misfortune to get my hands stuck in the horse's bridle. So it's like going over with your hands tied and that's why I landed straight on my head, 200 pounds going straight down like a nail, and then I flipped over. I hyperextended and flipped over and lay very still.

BARBARA WALTERS: You were wearing a helmet.

CHRISTOPHER REEVE: Oh of course, a helmet and a body protector.

BARBARA WALTERS: And you had done this jump before?

CHRISTOPHER REEVE: Oh of course, I'm quite qualified.

BARBARA WALTERS: And it was not a particularly dangerous jump.

CHRISTOPHER REEVE: Not it wasn't.

BARBARA WALTERS: I mean you were not— what I'm getting at is you were not Christopher Reeve the daredevil—

CHRISTOPHER REEVE: Gee, I think I'll go out and jump a cross-country course.

BARBARA WALTERS: Yeah.

CHRISTOPHER REEVE: I trained six days a week. When I do a sport or a hobby I take it to as high a level as I can go and I do things— I don't do things carelessly or recklessly.

BARBARA WALTERS: So you don't say what if I'd done this or what if I'd done that?

CHRISTOPHER REEVE: No. This was an absolute freak.

BARBARA WALTERS: *[voice-over]* Dr. Wise Young is director of neurosurgery research at New York University Medical Center and one of the country's leading experts on spinal chord injuries.

Dr. WISE YOUNG, Professor of Neurosurgery, NYU Medical Center: Feel this bone. This is what 200 pounds of Christopher landed on when he landed on his head. The spinal chord itself is represented by this metal rod and he crushed it and it probably compressed his spinal chord right here. Of course this is where your spinal chord exits from your brain. It is just a disconnection between your brain and body and this is why Christopher has lost his body. He's lost his connection to his body.

BARBARA WALTERS: What are the day to day dangers for you?

CHRISTOPHER REEVE: Well the biggest danger for me, actually, is if the air hose got disconnected and nobody knew it.

BARBARA WALTERS: To your respirator.

CHRISTOPHER REEVE: I've had the air hose disconnected in the middle of the night and you're just lying there in the dark and you can't breathe and you just hope they get to you.

BARBARA WALTERS: How do you tell them?

CHRISTOPHER REEVE: Well an alarm goes off, but that's only after you've already missed two breaths.

BARBARA WALTERS: I see.

CHRISTOPHER REEVE: And it used to happen fairly frequently and I used to panic and of course that just wastes more air. Now I've learned to hold very still and I'm much calmer and they've gotten to me every time. But that's the biggest worry, actually. And also, very curiously, you have to become very knowledgeable about your body because you have lung problems, skin problems, valve problems, bladder problems all caused by the spinal chord. The brain can't get messages through to control those things.

BARBARA WALTERS: Every half hour you have your lungs cleared, something like that?

CHRISTOPHER REEVE: Yes. Sometimes more. You can't even cough by yourself. You can't even perspire. You know, it's— in July, I couldn't go outside. You know, it's like—

BARBARA WALTERS: Too hot for you.

CHRISTOPHER REEVE: You'd overheat and then you can have blacking— you could black out. You have muscle spasms, you have all kinds of things to deal with

and Dana, my wonderful wonderful wife is always there. When it wasn't even certain I was going to live, I said do you still want me this way?

DANA REEVE: I know it went through every member of the family's mind, how can he live like this, someone like this, how can he live like this. But once he was in the ICU and I could just be near him and next to him and look at him and touch him— because then I felt well I haven't lost him. He's here.

CHRISTOPHER REEVE: When I first was coming out of, you know, unconsciousness and you have the thought maybe it's not worth everybody's trouble— and I had that thought for maybe 10 minutes.

BARBARA WALTERS: That you wanted to die, pull the plug, whatever?

CHRISTOPHER REEVE: Yeah, I suggested maybe I should just check out and then Dana said to me you're still you and I love you.

DANA REEVE: When it's actually the person you love, the person you know and there's no head injury, no brain damage, it's him, it's the essence of him and that's what I said to him is that it's you. I also said, though, of course, that it was his decision, but that I would be there for the long run no matter what, no matter what had happened, I would be there, but that ultimately, of course, it was his decision.

BARBARA WALTERS: Do you know when he made the decision not to have you do this or not to have someone do this?

DANA REEVE: It was when the children walked in the room.

CHRISTOPHER REEVE: And I could see how much they needed me and wanted me. What happens to me when I have a problem is I get embarrassed. I go like oh I don't want cause you people trouble and I don't want people to have to be burdened to take care of me, you know? That was my thought briefly on that afternoon and the minute they all came in and I could see the love and feel the love and know that we're still a family and they were great, and how lucky we all are that my brain is on straight, the thought vanished and it has never come back again. You see, the first two months after my injury, the demons would get me in the middle of the night. The hours between 2:00 A.M. and 7:00 A.M. are the worst.

BARBARA WALTERS: You don't sleep then?

CHRISTOPHER REEVE: I do now but I didn't then. I'd lie awake and I'd think what's going to become of me? Woe is me. You know, I'm a miserable so whatever what's the fact? In my dreams, I'd be whole, riding my horse, playing with my family. And we have a beautiful boat that Dana and I worked on together and built together. We'd be making love, we'd be doing everything. And suddenly I wake up and it's two in the morning and I'm lying in bed and I can't move and I'm on a ventilator.

BARBARA WALTERS: Those are the worst times?

CHRISTOPHER REEVE: Those are the worst times. But now I sleep through the night.

BARBARA WALTERS: What made the difference?

CHRISTOPHER REEVE: Begin to see there is a future and as the love and support and friendship of family and friends and people around the world, as all these things came to me and I realized their value, it put a lot of, you know, man am I lucky. I am so lucky, it's unbelievable.

HUGH DOWNS: Oh boy, that is impressive. You know, his courage in his situation remind us all who are lucky enough to have all our faculties that we take for granted, just moving our hand and things like that.

BARBARA WALTERS: He says looking at a cloud is different, the relationship with his wife and children, I mean everything. Boy I'm never going to complain again.

HUGH DOWNS: And now he can smile when he talks to you. That's what's marvelous.

BARBARA WALTERS: You know what is interesting, when he talked about why he landed, you know, 6'4", 200 pounds, landing smack on his head. There was—

HUGH DOWNS: I hadn't known that until this— until I saw this.

BARBARA WALTERS: There was a spectator there, an anesthesiologist who was the one who cleared his passage so that he could breathe. She watched it. She was the one who saw his hands getting caught in the bridle and this is the kind of accident that could happen to anyone. This man wore a helmet. He used to do public service announcement and it affects mostly these accidents— young men in sports accidents.

HUGH DOWNS: It's amazing, and of course now, being entirely normal from here up, you know, he can smile, swallow, blink—

BARBARA WALTERS: This is what matters, as you will hear.

HUGH DOWNS: And it's all there.

BARBARA WALTERS: As they go on.

HUGH DOWNS: That's it. Marvelous. Well, when we come back, Barbara is going to show you the charmed life of Christopher Reeve before the fall. You'll meet his little boy and watch what is now his daily therapy. You'll find him and his wife amazingly honest about how the accident has affected his body and his outlook and their marriage. Stay with us.

[Commercial break]

BARBARA WALTERS: You heard Christopher Reeve's amazing words— "I am so lucky". How can a man who has been robbed of so much feel that way? Well perhaps you will understand, as I did, when you get to know his wife Dana better. Certainly before the accident, fortune seemed to favor Christopher Reeve. Not only was his career growing, but he had also fallen deeply in love. We pick up his story now at the beginning— a star is born.

[voice-over] Christopher Reeve is the eldest son of two intellectuals— a college professor and a newspaper writer. His parents were divorced when Reeve was four and he and a younger brother were raised by his mother in Princeton, New Jersey. Reeve discovered his calling early, performing at age nine at a local theater. He says he was an awkward teenage— too tall, too lanky he

thought. Being on stage helped him get dates.

CHRISTOPHER REEVE: I would invite the girl I was interested in to come see me in the play and in the play, hopefully you're a little more interesting than you are otherwise.

BARBARA WALTERS: *[voice-over]* After college, he studied drama at the Julliard School in New York City and after graduation, he did well working in repertory theater, and even landing a Broadway role in a play starring Katherine Hepburn.

[interviewing] You were doing well. You were acting. You had some good parts. But superman really took you from the young, good actor on his way up—

CHRISTOPHER REEVE: Young New York actor to young movie actor.

BARBARA WALTERS: To superstar. A mixed blessing?

CHRISTOPHER REEVE: I would say so, yeah.

BARBARA WALTERS: You didn't really want the part, I hear.

CHRISTOPHER REEVE: I was sort of a snob about it. I didn't think they could make a movie of superman. I thought it would be kind of hokey and I didn't quite get it that this guy is a cultural icon, you know, and I became, for the 70s and 80s, the custodian for that icon.

BARBARA WALTERS: *[voice-over]* *Superman* the movie became a critical and worldwide box office success.

1st ACTOR: *[Superman]* Say Jim!

CHRISTOPHER REEVE: Excuse me.

1st ACTOR: That's a bad outfit.

BARBARA WALTERS: *[voice-over]* Reeve went on to do three sequels.

[interviewing] But by that time, it was hard for you to be taken as the serious actor that you really are.

CHRISTOPHER REEVE: I didn't experience that.

BARBARA WALTERS: You didn't? You mean you got the other roles after the superman?

CHRISTOPHER REEVE: Yeah, in fact I got too many roles.

BARBARA WALTERS: Really?

CHRISTOPHER REEVE: I could have done almost any movie I wanted to do. But I'm now— I'm still only 26 and I'm not a veteran film actor yet. That's why I'm scared. So to tell you the truth, it was the opposite that many people think. For example, I was cast in *American Gigolo* but I passed. Richard Gere did it. I turned down *Body Heat*. I chickened out on that one.

BARBARA WALTERS: You turned down *Body Heat*, you turned down *American Gigolo*, you turned down—

CHRISTOPHER REEVE: Turned down *Mutiny on the Bounty*.

BARBARA WALTERS: — *Mutiny on the Bounty*.

CHRISTOPHER REEVE: I just chickened out and I thought I don't know what I'm doing.

BARBARA WALTERS: *[voice-over]* Despite the fact that reeve passed on so many important roles in his film career, he was always working, making nine other films over a 10-year period. In 1993, the prestigious filmmaking team Merchant Ivory cast him in the Oscar-nominated *Remains of the Day* as a distinguished U.S. senator.

CHRISTOPHER REEVE: *[Remains of the Day]* I want you to know I have the greatest respect for the English, Surrey. *[sp?]* I love it over here. In fact, my family used to bring us here as kids, so I've always felt right at home.

BARBARA WALTERS: *[voice-over]* With this role, reeve felt he had hit his stride. His reputation was growing and this year, 1995, was to be his year.

CHRISTOPHER REEVE: I would have said in about the last year or two that I was just beginning to get the hang of it. I must admit I am disappointed that now I will be missing some of those opportunities I was looking forward to. But see this was going to be a big year this year. I was going to do *Kidnapped* for Francis Ford Coppolla, in Ireland. I was supposed to start shooting a week after my accident and I was going to do a movie for Ismael Merchant *[sp?]* with Jeanne Moreau called *The Proprietor* and then I was going to direct a film.

BARBARA WALTERS: You were going to direct a film?

CHRISTOPHER REEVE: Yeah, in October. I mean like right now. You know, certain things like that, when you look at it, you just have to— it's okay, you know, there's something else coming. I don't know what it is, but I've got to find it.

BARBARA WALTERS: *[voice-over]* In the meantime, there is a long road of rehabilitation. Critical physical work, stretching and lifting must be done for anyone with an injury like reeves.

CHRISTOPHER REEVE: Go ahead, push it back, push it back. I can— I can take it.

BARBARA WALTERS: *[voice-over]* It is estimated that there are a quarter of a million people who have been paralyzed in this country, a population that is overwhelmingly male and overwhelmingly young, most often from car wrecks and sports accidents. Reeve must have his limbs moved and stretched up and down to keep his muscles and joints supple and flexible.

CHRISTOPHER REEVE: Hey Will.

BARBARA WALTERS: *[voice-over]* Some days, it becomes a family affair, with Dana and young Will doing the heavy lifting, raising arms and legs that were once so active but are now dead weight.

CHRISTOPHER REEVE: Oh good. That's great, Will. Thanks.

DANA REEVE: There's nothing that is easy. Everything is a struggle and there is, of course, also all the things that we are slowly mourning the loss of and moving on from and that is the loss of things, of course, a very active man and whatever he does he does to the highest level he can possibly achieve, which is what he's doing now . I mean he really is. That's part of who he is. But also things, the thing that is hardest, I think, for me to think about is him playing the piano, because that's something not many people know that he knows how to do and that's something that he and Will have

shared a lot.

BARBARA WALTERS: I hear that you used to sing to Chris when he was unconscious?

DANA REEVE: Yeah.

BARBARA WALTERS: What did you sing?

CHRISTOPHER REEVE: It's our song we sing with Will.

DANA REEVE: And it's called *This Pretty Planet*.

[singing] This pretty planet spinning through space, your garden, your harbor, your holy place. Golden sun going down, gentle but giant, spin us around. Oh sweet the night, safe till the morning light.

BARBARA WALTERS: *[voice-over]* Dana and Chris first met eight years ago, when they were both performing in regional theater. Twenty-five-year-old Dana Morisini *[sp?]* was singing at a late night cabaret. Reeve was in the audience and he says he could not take his eyes off of her.

CHRISTOPHER REEVE: It was intense attraction at first sight.

DANA REEVE: Yeah, yeah. It was intense.

CHRISTOPHER REEVE: Which developed very quickly into love.

DANA REEVE: Yeah.

BARBARA WALTERS: *[voice-over]* They married in 1992, when Dana was seven months pregnant with their son Will.

[interviewing] You were married for, what, three years before the accident?

DANA REEVE: Yes.

BARBARA WALTERS: Things going well?

CHRISTOPHER REEVE: Oh yeah. Oh it's—

DANA REEVE: Chris actually used to say every day for the first year or so that we were married, every day he would say, "Gosh, I love being married. I love it."

CHRISTOPHER REEVE: This is actually a good deal, I can't believe it.

DANA REEVE: This is unreal. We should have done this before.

BARBARA WALTERS: What did you learn from Dana?

CHRISTOPHER REEVE: Oh my god, it's that commitment, true commitment. True commitment transforms you. You really know where you stand. You have a base on which to build your life. You're not in the shifting sand anymore, and yet the relationship can grow and change and what has happened since the injury is we were always happy together and we were always in love but I would say we've now transcended into something where our moments together are even more valuable than they ever were. Dana has not missed one day in the 12 weeks, driving often three hours a day just to come be with me. There are people in this hospital whose husband will, you know, drop in on a Sunday for 10 minutes and I would not be where I am today with the positive outlook that I have and the sense of real hope and purpose if it were not for Dana.

DANA REEVE: We will make the best possible life out of this life that we now have and there's no question that he will continue to be a leader and continue to be a strong person and a funny person and a lively person.

BARBARA WALTERS: I look at you holding your husband's hand.

DANA REEVE: Yeah, I know.

BARBARA WALTERS: You don't feel that?

DANA REEVE: He can't feel it.

CHRISTOPHER REEVE: No, I can't feel it. No.

DANA REEVE: No, but that it is— I— you're talking about some of the toughest parts. That's— that is tough because I can feel him, but he can't feel me. Except up here.

CHRISTOPHER REEVE: Yeah.

DANA REEVE: I spend a lot of time touching him here and touching his face and all of that is sensitive.

CHRISTOPHER REEVE: Yeah.

DANA REEVE: But it's— yeah, I mean and not being able to get hugged back and stuff, that's hard.

CHRISTOPHER REEVE: Yeah. You also gradually discover, as I'm discovering, that your body is not you and the mind and the spirit must take over and that's the challenge as you move from obsessing about why me and it's not fair and when will I move again and all of those things and move into well, what is the potential? And now, four months down the line, I see opportunities and potential I wasn't capable of seeing. Back in Virginia in June, we had genuine joy we experience genuine joy being alive, because every moment means more. Every moment is more intense and valuable than it ever was. I've received 100,000 letters from all over the world and it makes you wonder, you know, why do we need disasters to really feel and appreciate each other? But, you know, it's sure coming now and I'm overwhelmed by peoples' support of me and if I can help people understand this can happen to anybody, that's worth it right there, not to mention my family. So I really sense being on a journey that's very interesting.

BARBARA WALTERS: What a journey.

HUGH DOWNS: Their little boy Will seems to be taking it in stride. What was his reaction to this right angle turn?

BARBARA WALTERS: He was with Dana when the doctors first told Dana that Chris was paralyzed, because she didn't have a baby-sitter that day. When he first saw his father with all the tubes, she was very worried about him. But now it's daddy. He crawls in his lap, kisses him—

HUGH DOWNS: He's all adjusted.

BARBARA WALTERS: Yeah, it is daddy. This is what everyone is understanding, that this is unaffected and this is where the love is.

HUGH DOWNS: It's still there. Well you know, a big question is will Christopher Reeve ever walk again and when we come back, one of the country's leading researchers in spinal chord trauma has an opinion. So does Christopher Reeve himself, and then Dana Reeve reveals their family plans. Will there be and can there be more children? Barbara has all of that, next.

[Commercial break]

ANNOUNCER: A tragic accident, a life-changing injury. Can medical science help Christopher Reeve? Will he ever

move on his own? There's new research, reason for hope and the reeve family plans for the future, when 20/20 continues, after this from our ABC stations.

[Commercial break]

ANNOUNCER: From ABC News, 20/20 continues. Once again, Barbara Walters.

BARBARA WALTERS: Christopher Reeve is indeed on a very personal journey. But part of the road before him is well-traveled. There are something like 250,000 victims of spinal chord injury. Up until 10 years ago, those with the most severe damage rarely survived, let alone regained movement in their bodies. But now there is hope for them, and Christopher Reeve, as well, and as we continue, we will look into the future. What will it bring for Chris and his family and his career? What possibilities does it hold for the treatment of spinal chord injuries?

Dr. WISE YOUNG: This is a rat that has been more severely injured and you can see this rat can move his legs to some extent. This rat should be recovering.

BARBARA WALTERS: *[voice-over]* It is a medical breakthrough that is both tantalizing and frustrating—laboratory rats with severe spinal chord injuries that can move again, with the help of innovative drug, cell and gene therapies. Yet it is years away from use in humans.

Dr. WISE YOUNG: At the present time, there are two or three very promising leads in the scientific field, in laboratories. What scientists now believe is that there's something in the spinal chord that inhibits growth. The spinal chord cannot repair itself. It actually stops that repair and the growth and a protein has been identified which is the inhibitor. Now many people say that this is impossible. The central nervous system cannot regenerate. But it did. It did once when we were growing up. We have to know what those signals are.

BARBARA WALTERS: Doctor, most people have said that Christopher Reeve's condition is hopeless, just hopeless, that he will always be like this. What's your feeling?

Dr. WISE YOUNG: I think it's too early to close the door on his prognosis and I have personally seen patients improve two to three years after injury. Now, as time passes, hope ebbs.

BARBARA WALTERS: Do many of the people who are in Chris' condition want to die?

Dr. WISE YOUNG: Probably the thought has crossed many of their minds. It's a terrifying condition.

BARBARA WALTERS: What do you tell these patients?

Dr. WISE YOUNG: It's hard. It's very hard. When I spoke to Christopher, the hardest thing for me is to ask a man in his position to be patient, you know? He has these blue eyes looking at you and he says when? I can only say we're working very hard on this and it may take seven years, 10 years, and this is eternity for somebody like Christopher.

RECEPTIONIST: Hi.

HENRY STIFFEL: *[sp?]* Hi, how are you.

RECEPTIONIST: Who are you here to see?

HENRY STIFFEL: I'm here to see Chris, Chris Reeve.

BARBARA WALTERS: *[voice-over]* Encouragement comes from other quadriplegics, people like Henry Stiffel, who was paralyzed 13 years ago in a car accident. On his frequent visits, he tells reeve about the progress he has made.

HENRY STIFFEL: And I was able to feed myself a little bit, such as with the use of my shoulder muscles and my biceps, I was able to eventually drive— drive the chair with the hand drive.

CHRISTOPHER REEVE: But since then, there hasn't been more recovery?

HENRY STIFFEL: No, no there hasn't.

CHRISTOPHER REEVE: So it all came relatively quickly?

HENRY STIFFEL: It came within a year and a half.

CHRISTOPHER REEVE: Oh well, I'm only four months in.

HENRY STIFFEL: Yeah.

BARBARA WALTERS: *[voice-over]* Despite reeve's optimism, a tabloid recently reported that he wanted to pull the plug.

[interviewing] There have been reports in the tabloids that you want to die now, that you've asked Dana to help you?

CHRISTOPHER REEVE: Yeah, that we're consulting with lawyers about how to do it.

BARBARA WALTERS: Yeah, so that it wouldn't—what it said was something like so that it wouldn't be murder.

CHRISTOPHER REEVE: She wouldn't be charged with murder. Sickening. On behalf of all the fans, all of the people around the world who sent me their love and support, I want them to know I never had any such thought or such statement. The press has been so supportive and so understanding and to have that come out just blew my mind.

BARBARA WALTERS: When you began by saying why me, I don't want to push this too far, but do you ever say I know why me, because I can make a difference now that maybe I never could have before?

CHRISTOPHER REEVE: Yes. That thought occurs to me exactly, is that in a way, you can say either the universe is totally random and it's just molecules colliding all the time and, you know, it's totally chaos and our job is to make sense of chaos, or you can say sometimes things happen for a reason and your job is to discover the reason. But either way, I do see it meaning an opportunity and that has made all the difference. You see, I think our Congress makes a huge mistake because they're running around trying to cut Medicaid, Medicare and welfare, etc., but the way you save money is you stop the disease. You don't try to deal with it on the other end. For example, $5 billion a year is spent on just keeping people with spinal chord injuries ticking over. [?]

BARBARA WALTERS: Five billion dollars for people with spinal chord injury?

CHRISTOPHER REEVE: Yeah, 200,000 people in the

United States alone have the same problem as me and a lot of them are very poor people. A lot of them are on welfare now. A very small amount of money, say as little as $40 or $50 million, if that would be spent on research, if you would invest in the research, you could cure Parkinson's, Alzheimer's, multiple sclerosis and spinal chord injury in the very near future. But I'll bet you in my life, and maybe even in the next 10, 15 years, if the public will demand that the politicians spend that little bit of money, make that investment, I'll be up and walking around again.

BARBARA WALTERS: And one of the things, Chris, I mean if anything good can come out of this, is that you can talk to Congress, you can talk to people.

CHRISTOPHER REEVE: I've already been nominated to the Board of Directors of the American Paralysis Association and I will be doing work for them. I will be going to Congress to make the case about the economic argument.

DANA REEVE: What we're going to try to do is keep it single-floor living.

BARBARA WALTERS: *[voice-over]* While reeve sets his sights on his future life of activism, I talked to Dana at their home in New York State about what her plans are for their daily life together.

[interviewing] What are the immediate goals?

DANA REEVE: To get him home, to get him settled at home, to get our family back together, to reestablish some sort of routine.

BARBARA WALTERS: What is the physical goal?

DANA REEVE: The first hope would be some sort of weaning process off of the ventilator. We're also hoping that he'll get some arm movement.

BARBARA WALTERS: Chris has called you his rock of Gibraltar. He depends so much on not just your life, but on all the things that you can do for him. That's an awfully big responsibility.

DANA REEVE: Yeah, it is. But I think this is a real test of the wedding vows. He's my partner. He's my other half, literally. There's— I couldn't— I don't— it's not within the realm of my imagination to do anything less than what I'm doing.

BARBARA WALTERS: This is delicate. Chris told me this himself. You have one son. Chris said it would be possible for you two to have other children. I'm not sure I understand that.

DANA REEVE: I'm not sure I understand it either, but it's— there are— how do I describe it— it's a reflex, that's a— and that it has happened. There are other couples who are— the man is a quadriplegic and they've been able to conceive children. It's an automatic reflex that's part of the— it's part of that reflex system as opposed to the other neurological reflex system.

BARBARA WALTERS: So it would be possible?

DANA REEVE: Yes.

BARBARA WALTERS: Do you want to—

DANA REEVE: In fact, it is possible.

BARBARA WALTERS: In fact it is possible.

DANA REEVE: Yes. I'm here to tell you.

BARBARA WALTERS: Do you want to have other children?

DANA REEVE: Yes. Yes, I hope we do.

BARBARA WALTERS: In the months ahead, you'll be leaving here and then how do you see your life?

CHRISTOPHER REEVE: Oh, busy, busy, busy. We're in the process now of starting to redesign our house and rather than looking at the limitations, we look at the opportunity.

BARBARA WALTERS: And you plan to direct?

CHRISTOPHER REEVE: I plan to direct, yeah.

BARBARA WALTERS: Chris, has anyone offered you the opportunity to direct?

CHRISTOPHER REEVE: Yes, they have. In fact, I was supposed to be doing that right now.

BARBARA WALTERS: And do you think you can still—

CHRISTOPHER REEVE: I am honored by the fact that the producers have announced that they will save the movie for me.

BARBARA WALTERS: They're going to save the movie for you to direct?

CHRISTOPHER REEVE: Yeah. They said when I'm ready, we'll do the movie.

BARBARA WALTERS: And you have the creative coalition that you've been working on for years. You've always been active, whether it's for the homeless, the environment, or AIDS, you've always been active.

CHRISTOPHER REEVE: Yes. I started in college.

BARBARA WALTERS: So that won't stop. So you see things widening, opening up?

CHRISTOPHER REEVE: Yeah, which I wouldn't have thought possible.

Dr. WISE YOUNG: We must overcome the pessimism in this field. There are therapies that work in animals. We have to test them in people and when we test them in people and they work, then we can apply them to people like Christopher. This process is much slower, much harder, much longer than people understand.

BARBARA WALTERS: Is it within your vision that Christopher Reeve would ever walk again?

Dr. WISE YOUNG: Well I hope so.

BARBARA WALTERS: Really?

Dr. WISE YOUNG: I'm certainly aiming for that.

BARBARA WALTERS: Not false hope?

Dr. WISE YOUNG: It's a personal hope. Otherwise I couldn't not work in this field.

BARBARA WALTERS: And you think you will walk again?

CHRISTOPHER REEVE: I think it's very possible I'll walk again.

BARBARA WALTERS: And if you don't?

CHRISTOPHER REEVE: Then I won't walk again.

BARBARA WALTERS: As simple as that?

CHRISTOPHER REEVE: Either you do or you don't. See, it's like a game of cards and if you think the game is worthwhile, then you just play the hand you're dealt. Sometimes you get a lot of face cards, sometimes you don't. But I think the game's worthwhile, I really do.

HUGH DOWNS: God, what a partnership, what a family. It's just—

BARBARA WALTERS: Can I just say thank you to Chris and thank you to Dana?

HUGH DOWNS: Sure. You know, it crossed my mind, this life support system and the therapy and everything is quite costly and that can't help affecting the family finances.

BARBARA WALTERS: Well, first of all, in general, there is an American Paralysis Association in Springfield, New Jersey and to talk about finances for the family is very sensitive to them. But it will cost something like $400,000 a year for Chris' care and there's no telling how much insurance will cover that. He's not a rich man. He didn't make a great deal of money in films. There has been set up a Christopher Reeve fund in Kansas. He is looking forward— he mentioned the creative coalition— he is looking forward to making his first public appearance. October 16th he's going to give an award that— the creative coalition funds the arts— he's going to give an award to Robin Williams. Let me tell you a story. When he was first— barely conscious, wasn't eating, wasn't drinking, in came a doctor in a white coat and a mask and it turned out to be Robin Williams, who was his best friend from acting school, who did that wacky Russian doctor routine and reeves said that he walked up, looked at him, started to laugh and he said, I wrote it down, "It was one of the first indicators that life could be good again".

HUGH DOWNS: That is marvelous.

BARBARA WALTERS: So he's going to present that award to Robin Williams.

HUGH DOWNS: He sure is playing a role of great importance now, and it strikes me that he has as much to live for now as he had before the accident. Good luck to him.

BARBARA WALTERS: I think it changed all of our lives to see this. I hope so.

HUGH DOWNS: We'll be right back.

[Commercial break]

ANNOUNCER: ABC News 20/20 will continue in a moment.

[Commercial break]

HUGH DOWNS: Now it's up to the jury in the O.J. Simpson case. Closing arguments wrapped up just hours ago, with dramatic words about the victims from prosecutor Marcia Clark.

> **MARCIA CLARK, Assistant District Attorney**: And they both are telling you who did it with their hair, their bodies, their blood. They tell you he did it. He did it. Mr. Simpson, Orenthal Simpson. He did it.

HUGH DOWNS: ABC legal correspondent Cynthia McFadden joins us from Los Angeles now. Cynthia, you were in the courtroom and I'd like to know how you feel the prosecution's final arguments today affected the jury? Did they react?

CYNTHIA McFADDEN, ABC News Legal Correspondent: Well Hugh, this jury has been stoic throughout and I can only tell you while they were attentive, they showed no emotion whatsoever. However, the families in the courtroom, the Brown family and the Goldman family were simply dissolved in tears, Mrs. Brown sobbing in the courtroom. O.J. Simpson looked away.

HUGH DOWNS: The defense looked to me to be unhappy, the whole team.

CYNTHIA McFADDEN: They were very unhappy. Marcia Clark was speaking with all the power of a person who has the last word. They were very unhappy and they objected consistently, though the judge told them they need not. They were trying to signal the jury, I think, about things that they were still skeptical about.

HUGH DOWNS: So what happens now?

CYNTHIA McFADDEN: Well, the very last thing that happened was the jurors actually elected a foreperson in five minutes. The judge said that that was a good sign that maybe they would be able to reach a conclusion.

HUGH DOWNS: Thank you, Cynthia.

CYNTHIA McFADDEN: Thank you.

HUGH DOWNS: Well the Simpson case is also in the focus of Nightline tonight and here is Ted Koppel with a preview.

TED KOPPEL, ABC News: Tonight, it's taken more than a year, but finally it's in the hands of the jurors. Listen to what they heard in the dramatic conclusion of closing arguments, as we bring you a special extended edition of Nightline, tonight.

HUGH DOWNS: Nightline after your local news. And We'll be right back.

[Commercial break]

HUGH DOWNS: Well that is 20/20 for tonight. We thank you for joinng us and next week, we'll be off because of the baseball divisional playoffs so we'll see you in two weeks.

BARBARA WALTERS: And remember, till then and always, we're in touch so you be in touch. I'm Barbara Walters.

HUGH DOWNS: And I'm Hugh Downs.

BARBARA WALTERS: And for all of us here at 20/20, have a good weekend, a safe weekend. Good night.

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Special Thanks To:
The Reeve Family
Kessler Institute for Rehabilitation

ME.

140505
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THE WHITE HOUSE

WASHINGTON

November 20, 1995

Mr. Christopher Reeve
Kessler Institute
for Rehabilitation, Inc.
1199 Pleasant Valley Way
West Orange, New Jersey 07052

Dear Christopher:

Thanks for your warm letter and the draft of your op-ed piece. I appreciate your kind thoughts, and I'm glad to know that you are doing better.

This is a crucial time in the budget debate, and your voice on this vital subject is so important. I know that Jennifer Klein has been in contact with your staff, and I hope you will stay actively involved in the effort to save Medicare and Medicaid.

I also want to tell you that the courage you display daily in the face of pain and adversity is an inspiration to people everywhere. At a time when most people in similar circumstances would understandably be preoccupied with themselves, you have found time to care about others, and I salute you for that.

Hillary and I are thinking of you, and we extend our best wishes to you and Dana.

Sincerely,

Bill Clinton

951127

You are so right about research — We can't afford to cut it 1 to 2 billion a year, not only in Medicine but in other areas — Your strong stand will help!

LEVEL 1 - 1 OF 6 STORIES

January 10, 1996, Wednesday, BC cycle

SECTION: Regional News

DISTRIBUTION: California

LENGTH: 541 words

HEADLINE: Christopher Reeve joins spinal cord plan

DATELINE: IRVINE, Calif., Jan. 10

BODY:

Paralyzed actor Christopher Reeve, philanthropist Joan Irvine Smith, the University of California, Irvine, and the American Paralysis Association announced Wednesday they are joining hands to establish a state-of-the-art research center to study spinal cord trauma and disease. Reeve, who was thrown from a horse last May, is one of 250,000 Americans suffering from a spinal cord injury. He is now a quadraplegic. Speaking by phone from his home in Upstate New York, Reeve told a news conference at UC Irvine, ''Five years ago, I probably would not have survived the type of accident I had. Today, we stand on the threshhold of a cure.'' The proposed Reeve-Irvine Research Center at the UCI College of Medicine will focus on developing therapies aimed at the recovery and repair of neurological function. ''Advancement in this area would directly benefit the 250,000 Americans who are suffering from a spinal cord injury -- and the approximately 12,000 who are injured each year,'' said Reeve, who came to national prominence with his big screen portrayal of Superman and whose courageous handling of his paralysis has inspired thousands since his accident. ''New discoveries would enhance the chances for recovery of function as well as reduce the nation's health-care costs,'' he said, sounding upbeat. Most spinal cord injuries are sustained in the prime of life, during traffic accidents, violent crimes and sports mishaps, such as in diving, cycling and football. ''I view this research effort and this program as a prototype for future research centers worldwide, which will complement the existing research program of the American Paralysis Association,'' Reeve said. ''The proposed Reeve-Irvine Research Center is a critical step in the strategic plan to coordinate all spinal cord research efforts. Most research to date has centered on preventing and limiting neurological damage at the time of injury; little has been done to explore ways to mitigate and reverse damage once it occurs. The center will focus on treating those with chronic conditions, with implications for people with other neurological dysfunctions, such as multiple sclerosis and Lou Gehrig's disease. ''Regeneration of the damaged sinal cord poses enormous challenges to neuroscience,'' said Dr. Thomas Cesario, dean of the UCI College of Medicine, noting the university will conduct a worldwide search for the top talent in spinal cord research. The center will award the Christopher Reeve Research Medal and $50,000 each year for work that most signficantly advances the field. The Joan Irvine Smith and Athalie R. Clarke Foundation will provide $1 million to establish an endowment fund for the center if UCI can raise at least $2 million in other endowment funds. Mrs. Smith said she would dedicate proceeds from the Oaks Fall Classic, an annual grand-prix equestrian competition

ADDRESS TO THE AHSA CONVENTION 1996

Proposed Reeve-Irvine Research Center
A Prototype for Spinal Cord Research Nationwide

As I'm sure many of you are aware, Christopher Reeve was critically injured earlier this year while participating in a three day event competition not too far from here. As a result of his misfortune, Christopher joined over 250,000 Americans who are presently suffering from some type of spinal cord injury. He will be joined by about 12,000 more unfortunate individuals by year end.

With all that has occurred within our sport over the last couple of years, this incident had the potential to be another monumental black mark against us, except for the courageous and selfless efforts of Christopher Reeve. Many of us have seen his interviews subsequent to the mishap. All of us who have seen these interviews could not have but grown to respect and admire the character of the man. Not only has Mr. Reeve made a phenomenal recovery, considering the nature and severity of his injury, but he has also become a spokesman and beacon of hope for the multitudes who suffer from similar disabilities. Additionally, and much to the benefit of our sport, Mr. Reeve has reaffirmed his love for his horses, and has stated that he holds no bitterness toward equestrian competition. Further, he attributes the severity of his injury to the freak nature of his fall and not to the inherent risks of the sport itself.

Like the rest of us who have heard Mr. Reeve speak, fellow equestrian and philanthropist Joan Irvine Smith was very impressed and deeply moved by Christopher's positive attitude about his injury and his concern for the need for medical research to help the hundreds of thousands of Americans who had also suffered spinal cord injuries. Having been an avid fox hunter, and involved in hunter and jumper competition for years, Mrs. Smith decided to spearhead the efforts to fund a research facility, realizing that here was an opportunity to do something positive for both those who had suffered the effects of spinal cord injury and for the somewhat tattered image of the equestrian sport itself.

Earlier this month, actor Christopher Reeve, Joan Irvine Smith, the University of California at Irvine (UCI) and the American Paralysis Association (APA) announced the commencement of their collaborative efforts to establish the Reeve-Irvine Research Center at the UCI College of Medicine. The proposed center will build upon UCI's current strengths as a national leader to neurological research. It will be dedicated to the study of the spinal cord and to the development of therapies to promote the recovery of individuals who suffer from disabilities due to traumatic injuries to the spinal column, or from diseases affecting it. The UCI College of Medicine will conduct a worldwide search for an outstanding scientist in the field of spinal card research to occupy the newly endowed chair in this field, and to become director of the proposed center.

The American Paralysis Association intends to establish the new center at UCI as the prototype for a series of research centers throughout the United States. Working in concert with the APA, the Reeve-Irvine Research Center will carefully coordinate its research agenda with other research entities, scientists and physicians from around the world. To stimulate interest and encourage research efforts, the proposed center will award the Christopher Reeve Research Medal and a $50,000 cash prize annually to the investigator whose work has most significantly advanced the field.

While $8.7 billion federal dollars are budgeted annually to maintain and care for those who have been subjected to spinal cord injury and disease, only $40 million is budgeted for actual research. Unfortunately, most of the research which has been done to date has focused on preventing and limiting neurological damage at the time of injury. Little has been done to explore the possibilities of reversing the damage once it has occurred and toward the development of a cure. Treatment of the chronically affected patient will be the initial area of research to be conducted at the proposed center. Breakthroughs in research in this area would not only enhance the probability of recovering function for the hundreds of thousands presently suffering from paralysis, but they would also serve to reduce the nation's ballooning health care costs, and also could benefit individuals suffering from multiple solerosis, Lou Gehrig's disease and other diseases involving neurological dysfunction.

The Joan Irvine Smith & Athalie R. Clarke Foundation has agreed to provide $1 million to support the establishment of an endowment fund for the proposed center if UCI can raise at least $2 million in other endowment funds. Mrs. Smith has also pledged to participate personally by dedicating proceeds from The Oaks Fall Classic, an annual grand prix equestrian competition held at her training farm in San Juan Capistrano, California, and to host the awarding of the Christopher Reeve Medal at that event on September 15, 1996.

Many of us who suffered through Latin class in high school are familiar with the phrase "carpe diem," which, to refresh your memory, means "seize the day." Christopher Reeve has seized the day, turning personal catastrophe into opportunity and hope for hundreds of thousands throughout the world. Although providence dealt Christopher a devastating blow on the day of his accident, she also bestowed upon him a marvelous gift, the ability to touch the heart. His personal courage, perseverance and dedication to help others through his efforts are truly inspiring. While yesterday he only played superman, today, to millions throughout the world, he is superman.

Mrs. Smith, the University of California at Irvine and the American Paralysis Association have joined forces with Mr. Reeve to accelerate the research which will make Christopher's dream a reality, to find a core for paralysis. I encourage you to join them in the pursuit of this noble cause. Here is an opportunity for all of us within the equestrian community to "seize the day" and help one of our own to help not only himself but also the hundreds of thousands of others who have become victims of paralysis. For there, but for the grace of God, go you or I.

23RD STORY of Level 1 printed in FULL format.

The Washington Post

January 30, 1996, Tuesday, Final Edition

SECTION: A SECTION; Pg. A01

LENGTH: 1400 words

HEADLINE: Actor Reeve Fighting Back Against Insurance Limits; Senate Urged to Raise Catastrophic Payment Caps

BYLINE: Judith Havemann, Washington Post Staff Writer

BODY:

In better days, he strode into a Capitol Hill hearing room exuding the charm and confidence that made him one of Hollywood's favorite leading men -- the unmistakable Superman speaking on behalf of funding for the arts.

Now, Christopher Reeve sits in a wheelchair in his suburban New York home hooked up to a respirator, his powerful voice reduced to short gasps of eight to 10 words at a time. Paralyzed in a horseback-riding accident in May and facing a lifetime of disability, he has become one of the millions of Americans trying to plan uncertain futures around the fine print of health insurance policies.

Reeve does not suggest that his financial picture is that of the average person and his ability to negotiate with the web of insurers now involved in his personal crisis is far greater than most. But his injury clearly has brought home to his family the fragile nature of fortunes and futures based on expectations of health and continued employment. Reeve has approached his problem in typical fashion. He is fighting back, using his political clout to position himself as an activist for changing national policy.

"A year or two ago we seemed to be very well off," said Reeve, talking into a speaker phone from his home in Pound Ridge, N.Y., where he lives with his wife and his 3-year-old son, Will. Now, "the picture has changed. And there are so many other people who are in this situation whose positions are so much worse."

Reeve's principal health insurance -- bought 20 years ago when his career was blossoming through the American Federation of Television and Radio Artists -- is rapidly running out. Care for his catastrophic injury will cost about $ 400,000 a year, an extraordinary cost faced by relatively few Americans. His main policy (through an insurer he declines to name) has a $ 1.2 million lifetime cap on payments for catastrophic injury, slightly more than the typical $ 1 million, industry statistics show). This gives Reeve about three years of coverage.

Business groups call such caps "regrettable but necessary," designed to keep insurance costs from skyrocketing. About 70 percent of the nation's health insurance policies have lifetime caps, often never noticed by the policyholder until disaster strikes.

Reeve's wife, Dana, described discovering their policy's cap as a "one-two

punch. When I really got into depth looking at the policy, to be quite honest, it was . . . as horrifying to me as when Chris first had his accident. It was one of the worst days, when I realized what our financial situation would be and what Chris's care would cost."

Reeve is now writing to every U.S. senator endorsing legislation by Sen. James M. Jeffords (R-Vt.) that would change the lifetime cap. Jeffords sought him out for the help, knowing of Reeve's situation. Under the amendment, no insurance company would be allowed to set a cap of less than $ 10 million.

Debate over the issue has been bitter and -- up to now -- largely hidden in the grinding health reform fight on Capitol Hill.

The amendment would be added to a health care reform measure being pushed by Sen. Nancy Landon Kassebaum (R-Kan.) and Sen. Edward M. Kennedy (D-Mass.), which would stop insurance companies from dropping people when they change jobs or denying coverage for preexisting conditions. That measure unanimously passed the Senate Labor and Human Relations Committee in August, but it has been stalled ever since by secret parliamentary tactics.

The basic Kassebaum bill has run headlong into opposition from some powerful insurance companies. Amendments like the one endorsed by Reeve have encountered even more visceral reaction from the larger business community.

James Klein, the president of the Association of Private Pension and Welfare Plans, said Reeve presented a "tremendously compelling fact situation" and expressed profound sympathy for Reeve's "extraordinary tragedy." But, he said, "limits are a regrettable but necessary part of many health plans. Without them, many employers -- those who are voluntarily providing health care benefits to their employees -- wouldn't be able to provide health care coverage at all."

Reeve said that dropping the lifetime limits on medical payments and spreading the cost of the few catastrophic cases across all policyholders would add about $ 8 a year to a typical policy's cost, a figure disputed by some in the industry. Klein said cost increases would vary depending on the benefits provided by a company but could be financially ruinous.

Once these insurance caps are reached, taxpayers often pick up the liability through the federal Medicaid program. About one-third of total Medicaid costs go to the disabled, who compose less than 15 percent of those enrolled. And a disproportionate share of those resources go to a relative handful of severely incapacitated individuals whose intensive care costs hundreds of thousands of dollars a year.

"Their costs are so high that if left unchecked they will bankrupt the country," Reeve said.

Personally, he said, he had sufficient resources not to need Medicaid. But his voice bristling, he said, "You're mistaken if you think" he could support costs of $ 400,000 a year "unless I find work."

Reeve has no memory of falling off his horse on Memorial Day weekend at a riding exhibition in Culpeper, Va. He never has flashbacks or nightmares. Unconscious for four days, he woke up to learn that he was paralyzed and would

need an operation to stabilize his head and spine as soon as his lungs were clear of pneumonia.

He broke his first two cervical vertebrae, crushing his spinal cord where it exits from his brain, in effect cutting off his body from his mind. Earlier this century, he said, he would not have stood a chance of living. Even five years ago, he probably would not have survived or would have ended up in a nursing home, he said.

Only gradually did he become aware of what his family already knew: In addition to the massive injuries, he didn't have enough insurance to pay for his medical care. He needs nurses 24 hours a day, aides to lift him in and out of his wheelchair and therapists to keep his body from atrophying -- possibly forever, unless a cure is found.

"I'm going to go back to work," he said repeatedly. He hopes to be able to take advantage of some directing offers next fall, and he could command substantial fees for speaking around the country. His agent said a widely circulated report that actor Robin Williams, a close friend of Reeve, has offered to pay his medical expenses is untrue.

Since the accident, Reeve said, he has "experienced some very slow recovery. I have increased sensation in my left leg and increased movement in my shoulders."

He said that in early November he was not able to take one breath without the ventilator, "but as recently as last week I was able to be off the ventilator for 90 minutes, and I think that will increase."

Two weeks before Christmas, Reeve was discharged from the Kessler Institute for Rehabilitation in New Jersey. But his health remains precarious. He was rushed to Northern Westchester Medical Center two weeks ago with autonomic dysreflexia, an erratic blood pressure condition caused, in this case, by a urinary tract infection.

He still depends on the ventilator to breathe, and it occasionally stops. "If there were a malfunction in the ventilator, I would not survive unless there were somebody there."

His insurance company rules important aspects of his life. It refused, for example, to let him leave the Kessler Rehabilitation Hospital overnight to spend Thanksgiving with his family. But he understands the companies better than most; his great-grandfather was board chairman of the Prudential Insurance Company. "I remember him saying they felt an obligation to their customers from the cradle to the grave," he said.

Reeve appears absolutely confident that a cure will be found for spinal cord injuries in 10 years. Researchers are working to regenerate crushed nerves, possibly allowing victims to walk again. A $ 40 million-a-year government investment in research, Reeve said, could save billions in Medicaid and Medicare costs.

It is the "proper humanitarian and economic thing to do. All people in my situation are desperate not to be a burden to their families, to government or

to the insurance companies," he said.

GRAPHIC: Photo, ap, Dana Reeve brushes hair from the forehead of her husband, Christopher, before the American Paralysis Association's gala in New York on Nov. 9.

LANGUAGE: ENGLISH

LOAD-DATE: January 30, 1996

Feb. 5, 1996

TO: Lissa Muscatine

FROM: Michael

RE: Reeve-Irvine Center for Research

Hope you find the enclosed material helpful.

Michael'

First Draft - Christopher Reeve OpEd - New York Times

Like most Americans, I have watched the debate rage on Capitol Hill over the best way to fix Medicaid and Medicare. As someone who has now consumed more health care services in the past four months than many people will in a lifetime, it seems to me that Congress is approaching this problem backwards. In the long run, the way to save money in the health care system is to invest now in the research that will eliminate the disease and disability that drives costs up. If we do that, we won't have to spend tax dollars maintaining people who could have been cured in the first place.

Spinal cord injuries cost our nation $5 billion every year. That figure includes initial hospitalizations, ongoing related health problems, rehabilitation services, personal care attendants, adaptive equipment, lost productivity. It's an expensive condition. And yet, scientists working in the field of nerve regeneration estimate than an additional $40 million investment each year would greatly hasten the day when these expenses will be unnecessary.

Some people argue that the benefits of research are elusive, far in the future, not concrete enough to justify the investment. The medical history of this century tells a different story. Relatively small investments in research have given us antibiotics and vaccines against illnesses that once killed millions every year (polio, measles, smallpox, diphtheria, influenza, tuberculosis). Thirty years ago, a diagnosis of cancer was a virtual death sentence. In the 1970's, the research community received additional funds to wage war on this disease. Ask the half-million people who now survive cancer every year, and their families, if the investment was worth it.

Today, researchers are on the brink of discovery for many other devastating and costly disorders, including Alzheimer's, Parkinson's, and Multiple Sclerosis. The humanitarian and economic argument for giving scientists a chance to progress toward

these discoveries is irrefutable. It is a tragedy for all of us when important scientific work languishes on the laboratory shelves for lack of funding.

When President Kennedy told NASA scientists early in the 1960's of his vision to land a man on the moon by the end of the decade, they said it was impossible. They were nowhere near the technology necessary to do it in that time frame. But Kennedy stood fast and told them they'd better figure it out. His conviction, his confidence and his leadership challenged them to go back to the drawing board leading, of course, to the stunning success in July 1969.

Medical scientists today need the same challenge. They need to be able to work together, to share information, and most of all, they need the money and tools to do the job. The public must voice our belief that they can stop the terrible diseases that rob this country of so much talent and consume so much of the federal budget. We must voice our demand that our nation invest in this greatest of human achievements--the conquest of disease. The economic realities of today are pushing us towards this challenge. **The time to respond is now.**

FAX COVER SHEET

THE BARBARA WALTERS SPECIALS

BARWALL PRODUCTIONS, INC.
825 7th AVENUE/3rd FLOOR
NEW YORK, NY 10019
Phone: (212) 456-1883
Fax: (212) 456-1849

TO: SABRINA CORLETTE
FROM: CHRISTINA MCKERNAN
DATE: 2-2-96
RE:
PAGES TO FOLLOW: 3

NOTES:

FOR A FULL HOUR INTERVIEW YOU CAN CALL 20/20 AT 212-456-2020.

DANA REEVE:
BUT I KNOW IT WENT THROUGH EVERY MEMBER OF THE FAMILY'S MIND - HOW CAN HE LIVE LIKE THIS? -SOMEONE LIKE THIS - HOW CAN HE LIVE LIKE THIS?!

CHRISTOPHER REEVE:
WHEN I FIRST WAS FIRST COMING OUT OF CONSCIOUSNESS. AND YOU HAVE THE THOUGHT, MAYBE IT'S NOT WORTH EVERYBODY'S TROUBLE.

BARBARA WALTERS:
THAT YOU WANTED TO DIE, PULL THE PLUG, WHATEVER.

CHRISTOPHER REEVE:
YEAH, I SUGGESTED MAYBE I SHOULD JUST CHECK OUT, AND THEN DANA SAID TO ME YOU'RE STILL YOU AND I LOVE YOU.

DANA REEVE:
WHEN IT'S ACTUALLY THE PERSON YOU LOVE-THE PERSON YOU KNOW AND THERE'S NO HEAD INJURY - NO BRAIN DAMAGE - IT'S HIM - IT'S THE ESSENCE OF HIM AND THAT'S WHAT I SAID TO HIM IS THAT -- IT'S YOU!

BARBARA WALTERS:
DO YOU KNOW WHEN HE MADE THE DECISION NOT TO HAVE YOU DO THIS OR NOT TO HAVE SOMEONE DO THIS?

DANA REEVE:
IT IS WHEN THE CHILDREN WALKED IN THE ROOM.

CHRISTOPHER REEVE
AND I COULD SEE HOW MUCH THEY NEEDED ME AND WANTED ME. WHAT HAPPENS TO ME WHEN I HAVE A PROBLEM IS I GET EMBARRASSED. I GO LIKE, OH, I DON'T WANT TO CAUSE YOU PEOPLE TROUBLE. AND I DON'T WANT PEOPLE TO HAVE TO BE BURDENED TO TAKE CARE OF ME. YOU KNOW. THAT WAS MY THOUGHT BRIEFLY ON THAT AFTERNOON. AND THEN THE MINUTE THEY ALL CAME IN AND I COULD SEE THE LOVE AND FEEL THE LOVE AND KNOW THAT WE'RE STILL A FAMILY AND THAT WE'RE GREAT. AND HOW LUCKY WE ALL ARE AND THAT MY BRAIN IS ON STRAIGHT. THE THOUGHT VANISHED AND HAS NEVER COME BACK AGAIN.

AMERICAN PARALYSIS ASSOCIATION DINNER [B-ROLL]
PAUL NEWMAN: "JOIN ME AGAIN IN WELCOMING CHRISTOPHER REEVE...."

CHRISTOPHER REEVE:

YOU BEGIN TO SEE THERE IS A FUTURE. AND AS THE LOVE AND SUPPORT AND FRIENDSHIP OF FAMILY AND FRIENDS AND PEOPLE AROUND THE WORLD. AS ALL THESE THINGS CAME TO ME AND I REALIZED THEIR VALUE YOU PULL OUT AND GO MAN, AM I LUCKY. I AM SO LUCKY. IT'S UNBELIEVABLE.

AMERICAN PARALYSIS ASSOCIATION DINNER:

REEVE: ON THE WALL IN MY ROOM AT KESSLER REHAB, IS A PICTURE OF THE SPACE SHUTTLE SIGNED BY EVERY ASTRONAUT IN THE SPACE PROGRAM TODAY. AND THE WORDS AT THE TOP SAY "WE FOUND THAT ANYTHING IS POSSIBLE, IT CAN BE DONE." AND THEN THOSE WORDS I LOOK AT EVERYDAY ON MY WALL, WILL COME TRUE... THANK YOU VERY MUCH.....

###

COLUMN / KENNEDY - KASSEBAUM

Lisa Kasteler - p.r.
Christopher Reeve 310 208 6840

- cap will run out

Jeffords Amendment deals w/ caps

K-K will raise premiums 2% - 3% GAO
(w/o jeffords)

In MSA there were prohibitions ∄ on caps

Affects e.o.

ppl who lose jobs through no fault of their own

ppl who have great opportunities for jobs
but can't b/c won't get health insurance

12 month gap > if you have pre-existing cond + can't
6 month gap > if you
get insurance

40 states have this already

bill is not a huge step - 1st time govt passes
health insurance reform

1ST STORY of Level 3 printed in FULL format.

The San Francisco Examiner

January 30, 1996, Tuesday; Second Edition

SECTION: NEWS; Pg. A-12 Editorial

LENGTH: 654 words

HEADLINE: For a health reform renaissance;
President Clinton opened the door in the State of the Union; now Congress should enact two major health care changes

BODY:
REMEMBER health care reform? President Clinton did in his State of the Union speech a week ago.

In his catalog of goals for the coming year, he resurrected two of the most important parts of his failed health care crusade of 1993-94: the ability to take your health insurance with you if you change jobs or lose a job, and the requirement that insurers cannot exclude anyone from coverage because of "pre-existing conditions."

These are important reforms, and Congress should act on them.

Unfortunately, the urgency that infused at least the early stages of the health care debate two years ago is absent now, lost somewhere between the Contract With America and the upcoming presidential campaign.

A bipartisan bill containing these two health reforms by Sens. Nancy Kassebaum, R-Kan., and Edward Kennedy, D-Mass, has languished in the Senate since it was passed out of the Labor and Human Resources Committee last August with a unanimous vote.

Majority Leader Bob Dole has the ability to bring the reforms up for a vote. But he has not done so, even though these are the kinds of changes he and other moderate Republicans have said they can support.

Rep. Anna Eshoo, D-Palo Alto, told The Examiner editorial board that she and other members of Congress have met in an effort to introduce similar legislation in the House.

Insurance companies have a strong financial interest in stopping such changes, and that appears to be the most plausible explanation for the sidetracking of the Kassebaum-Kennedy bill. These are not wild-eyed legislative remedies that would cost taxpayers billions of dollars, but commonsense steps dictated by fairness. In fact, the reforms could save taxpayers money by providing insurance for patients who might otherwise be hospitalized at public expense.

Insurers say these measures would obviate the need of healthy people to buy insurance because they could always buy it later if they got sick. The

Kennedy-Kassebaum bill contains some restrictions to prevent unscrupulous people from "gaming" the system. This is an area that requires serious thought and, perhaps, some further tinkering. But such worries shouldn't overwhelm the solution of a much greater problem.

If anything, the need for health care reform is greater today than it was two years ago. The number of uninsured Americans has grown to about 40 million. Costs continue to rise, although at a somewhat less exhausting rate. All the tragic vignettes of Americans denied care or adequate treatment continue to exist, just as they did when Clinton held his televised town hall meetings two years ago.

Clinton's 1994 Health Security Act failed for a number of reasons, many of them political. But decent health care is not a partisan matter, as Republican Kassebaum and Democrat Kennedy demonstrate in their joint legislation.

Just now, the Capitol runway is jammed with unresolved budget matters. But sooner or later, legislative life must go on. And it should include health care, which affects more people in their everyday lives than the promise of a balanced federal budget.

Health care reform is too vital to put off for another two years.

LANGUAGE: English

LOAD-DATE: January 31, 1996

6TH STORY of Level 3 printed in FULL format.

The New York Times

January 27, 1996, Saturday, Late Edition - Final

SECTION: Section 1; Page 20; Column 1; Editorial Desk

LENGTH: 437 words

HEADLINE: Limited, but Useful, Health Reform

BODY:

Two years ago President Clinton challenged Congress to pass a bill that would overhaul the entire health-care industry. In this week's State of the Union address, he settled for a much diminished, yet welcome, goal. The President called on Congress to pass a bipartisan bill, sponsored by Senators Kassebaum and Kennedy, that would make it easier for individuals with health problems to buy coverage. The bill was approved unanimously in committee in August but has been inexplicably denied a floor vote by the majority leader, Bob Dole, who two years ago sponsored a bill that included nearly the same provisions.

The Kassebaum-Kennedy bill would not guarantee every American health insurance. Nor would it fix most of the other maladies of the health-care industry. But it would help millions of workers who lose their employer-based coverage and are then turned away by other insurers.

The bill would prevent insurance companies from denying coverage of a pre-existing medical condition to an applicant for more than a year. Health plans would not be allowed to drop enrollees who pay their premiums, even if they become chronically ill. Insurers would be required to sell coverage to workers who have been covered by their employer for at least 18 months but then lose their jobs.

These are reasonable provisions. They would provide protection for insured people who change jobs or become ill. But they also provide ample protection for insurers. Insurers fear laws that force them to enroll applicants because healthy individuals can exploit the system by enrolling and paying premiums only when they become ill. But the Kassebaum-Kennedy bill anticipates the problem by including 12-month waiting periods and restricting most of its provisions to a relatively healthy population -- workers already covered by medical insurance. By forcing insurers to enroll more chronically ill people, the bill would raise premiums for everyone else. But the impact is expected to be small, probably less than 3 percent.

Piecemeal reforms rarely work perfectly. This bill is no exception. For example, the bill requires insurers to offer coverage to chronically ill applicants who leave their jobs, but it does not require that insurers set an affordable premium. However, most states control how much insurers are allowed to charge individual applicants, so this problem may not become severe.

The Kassebaum-Kennedy bill is not all that Congress should do or the President wants to do. But in the current political climate it is probably as

much as Congress is willing to do, if Mr. Dole would give it a chance.
LANGUAGE: ENGLISH

LOAD-DATE: January 27, 1996

2ND STORY of Level 3 printed in FULL format.

AP Online

January 29, 1996; Monday 02:12 Eastern Time

SECTION: Washington - general news

LENGTH: 920 words

HEADLINE: Health Insurance Bill Held Up

DATELINE: WASHINGTON

BODY:

Congress gave President Clinton a bipartisan ovation on State of the Union night when he called for passage of a health insurance reform bill. But it's still stuck in the Senate.

The flurry of publicity didn't faze the group of senators who are holding it up. Officially, they remain anonymous, but word quickly circulated that they are conservative Republicans responding to insurance company concerns.

''It's a rolling hold,'' said Sen. Jay Rockefeller, D-W.Va., who spent much of 1994 trying unsuccessfully to get a massive health reform package passed. ''It's called the power of the insurance industry.''

Compared to the ambitious 1994 efforts, this is a narrowly drawn bill. It's chief effect would be to guarantee that workers covered by group health insurance policies are able to continue coverage when they change jobs, even if they have a pre-existing health problem.

That part is OK with the insurance industry, said John Troy, executive vice president of the Health Insurance Association of America.

''We have a couple of (other) problems,'' he said. Key among them are the provisions that would affect people who leave an employer to strike out on their own the group policy to individual policy transition.

That would be very expensive for the insurance industry and the individuals, Troy indicated. He says states are already experimenting with the concept and they should be left to do it, rather than making it federal law.

But lawmakers who supported health reform two years ago are still bothered by the number of Americans without insurance coverage and want to do something about it.

''There are now over 40 million Americans without health insurance,'' said Sen. Nancy Kassebaum, R-Kan., chairman of the Labor Committee. She and Sen. Edward Kennedy, D-Mass., who is the committee's ranking Democrat, are sponsoring the bill.

''Over one million working Americans have lost health insurance in the last

two years alone,'' Kassebaum said. ''And over 80 million Americans have pre-existing conditions that could make it difficult for them to maintain health coverage when they change jobs.''

Both Democrats and Republicans were on their feet clapping last Tuesday when Clinton proclaimed, ''We have to do more to make health care available to every American'' and pitched the Kassebaum-Kennedy plan.

Kassebaum, who is leaving the Senate at the end of the year, is determined to get it passed.

The bill ''does not strike out in a bold, new direction,'' she said. ''But it is a very positive step forward that will help reduce barriers to health coverage for millions of working Americans.''

She says she'll attach it to another bill as an amendment if the senators now blocking it don't give up their hold.

In the Senate, nothing can move to the floor without unanimous consent of the senators. Any senator, for no spoken reason, can block any bill.

''There are 15 or 20 senators that have problems with this one,'' said Sen. Larry Craig, R-Idaho. ''There are several principles. It's more of a general concern than a specific concern.''

But Kennedy says there are too many uninsured people in America to continue to delay national action on health reform.

''We have increased by 50 percent in Massachusetts the last five years, the total number of uninsured,'' Kennedy said. ''The problem is getting worse in terms of uninsured.''

Supporters in the House have not gotten as far as he and Kassebaum, but companion measures are forming there.

''I think health care reform is inevitable,'' said Kennedy, predicting it would re-emerge as a presidential campaign issue.

''This is one of the top three or four issues in every poll,'' he said.

LANGUAGE: ENGLISH

LOAD-DATE: January 29, 1996

THE WASHINGTON POST · THURSDAY, JANUARY 25, 1996

Md. Mistakenly Tells 200 Employees Who Help Elderly They're Laid Off

By Charles Babington
Washington Post Staff Writer

ANNAPOLIS, Jan. 24—Maryland Gov. Parris N. Glendening's administration said today it mistakenly had told more than 200 state employees that they would be fired and now is informing them that they can keep their jobs caring for low-income elderly residents.

"This was a program that was not supposed to be cut," Dianna Rosborough, Glendening's press secretary, said of the more than 200 workers who help frail, elderly people with housekeeping, bathing and other needs. The home health aides began receiving notices last week that they would be fired, effective June 30, as part of Glendening's plan to eliminate about 1,000 state jobs a year.

Even with those jobs restored, Rosborough said, about 300 state workers in other fields are being told their jobs will end June 30, with 700 or so other jobs being absorbed through attrition. The governor said he plans to eliminate 1,000 other positions in each of the following two years, which probably will involve several hundred layoffs, as well as the removal of many vacant slots. That would exceed the state's all-time high of about 350 workers who were fired during the two-year recession of 1992 and 1993, state fiscal officers said.

Last week, as county officials and legislators began hearing of the pink slips for more than 200 elderly care workers, many complained to Glendening.

"Once the governor was made aware of the full impact and the full implications of these cuts, he directed that the area be funded," Rosborough said.

She blamed the foul-up on efforts to assemble Glendening's proposed budget while the full impact of pending federal cuts was unknown. "There were last-minute budget decisions being made," Rosborough said.

The issue was especially touchy because Glendening, in his State of the State Address last week, rebuked the Republican-led Congress for eliminating a program that provides home heating fuel for low-income elderly people.

"Regardless of what the U.S. House of Representatives does, we will be a compassionate state that protects our seniors," Glendening said in the address, delivered a day before the firing notices began going out.

The governor said he plans to eliminate 1,029 jobs this year. The largest cuts will come from the Department of Health and Mental Hygiene, which would lose 402 positions; Human Resources, 393 jobs; and General Services, 132 jobs. Rosborough said she could provide only a partial list of the exact jobs being eliminated.

They include numerous guards in state buildings and 49 workers who teach high-school classes to prisoners. Marita B. Brown, Glendening's budget secretary, said the Health and Mental Hygiene reductions will include 175 people working with developmentally disabled patients at the Great Oaks facility, which is about to be closed, and "several large handfuls" of employees at Baltimore's Highland Health Psychiatric Unit, which also is closing.

Rosborough said the administration had intended to notify about 300 state employees this month of their impending layoffs, but the 200 or more who care for elderly people pushed the total above 500. "When the number came up to 500, we said, 'Where did that come from?' " Rosborough said.

Lissa-
Column?

THE WASHINGTON POST . THURSDAY, JANUARY 25, 1996

Secret Senate Maneuvers Have Blocked Health Reform Bill Five Months

By Judith Havemann
Washington Post Staff Writer

President Clinton lifted his State of Union audience to its feet in rare bipartisan applause Tuesday by calling for passage of a health reform bill requiring insurance companies to stop dropping people when they switch jobs and to stop denying coverage for preexisting conditions.

But the bipartisan proposal endorsed by Clinton has been held up five months by secret maneuvers of conservative senators determined to delay consideration of the measure, according to Sen. Nancy Landon Kassebaum (R-Kan.) who passed the bill out of her Labor and Human Resources Committee last summer by a unanimous vote.

Kassebaum, one of several moderates not seeking reelection this year, declined in an interview to identify the senators, whose names are kept secret under Senate rules.

"I will bet it was someone who stood up and applauded wildly when the president said last night that we should pass it," said Sen. Bob Kerrey (D-Neb.). "When we fail to enact something with this kind of support, clearly the process needs to be changed or we need campaign finance reform."

Kassebaum and the ranking Democrat on her committee, Sen. Edward M. Kennedy (D-Mass.), have 38 cosponsors from across the ideological spectrum for their plan to prohibit companies from denying coverage because of preexisting conditions for more than 12 months, and to make insurance portable by requiring companies to renew policies for workers and companies who have bought coverage for at least 18 months and "played by the rules."

Several similar health reform measures are under consideration in the House.

Although the bill is estimated to benefit 25 million Americans who now have trouble getting access to health insurance, it has been in legislative oblivion since it rocketed out of the Senate Labor Committee on Aug. 2 without a dissenter.

"I was just as surprised as anybody when holds were placed on it from the more conservative side," Kassebaum said. "We thought on the whole we had the backing of the insurance industry and strong support on both sides of the aisle."

"Holds" are devices used secretly by senators to delay consideration of a bill for a wide range of purposes, including gaining time to prepare an amendment or a speech, or to scuttle a measure by threatening a filibuster, according to Steven V. Smith, an expert on Senate rules at the University of Minnesota. "They are a miserable way to govern," allowing senators to shirk responsibility because they are kept confidential, he said.

Kassebaum said the health bill appears to be the victim of "revolving holds," initiated by a changing cast of senators. "I spoke to one member and he didn't even know he had a hold on it, he said maybe his staff had done it and he would get back to me, but he didn't," she said.

Kerrey thinks economic interests are behind the delay. "People say it's not the money, it's the principle, but when you hear people say that, it's the money," he said. Kerrey touched off a public battle with one of his constituents, Mutual of Omaha insurance company, several weeks ago by telling his hometown paper that while he thought the firm had valid concerns about how the law would affect its business, "We are running a country here. We're not running an insurance company."

Mutual has mounted a strong campaign against a provision of the bill that would require companies to sell individual insurance policies to workers who have maintained paid-up coverage for 18 months before being laid off, downsized, or leaving jobs voluntarily.

Mutual chief actuary Cecil Bykurk said his firm is worried it would be required to sell insurance to unhealthy people who would drive up costs for the 10 million people covered by individual insurance policies. "We are trying to protect, not Mutual of Omaha, but the ability of an individual to buy a reasonably priced policy to cover their health care costs," he said.

Similarly, executives at the Health Insurance Association of America (HIAA), a powerful umbrella group that many believe was instrumental in defeating the Clinton health care plan in 1994, also have expressed concern about being forced to sell policies to individuals.

"Because people who purchase individual coverage pay for their coverage 100 percent out of their own pockets, these tend, more often than not, to be people who have made a determination that their health care costs are likely to be more expensive than the cost of their premiums," said Richard Coorsh, a spokesman for HIAA.

Bykurk said he was unfamiliar with "holds" on the legislation, but said "we have been talking to offices on both sides of the aisle, across the gamut to educate people about the impact on individual plans."

Laura Thevenot, vice president of federal affairs at HIAA, said, "We have not secured holds" on the bill.

Kassebaum said that while other senators have raised objections that the bill might get loaded up with expensive amendments on the Senate floor, "both Senator Kennedy and myself are dedicated to keeping it narrowly focused."

The Kassebaum-Kennedy bill is less ambitious than measures supported by every Republican senator in 1994. The bill introduced that year by Sen. Robert J. Dole (R-Kan.), "went much farther than the Kassebaum-Kennedy bill," according to Len Nichols, senior research associate with the Urban Institute, limiting preexisting conditions more strictly, for example. Now Dole has responsibility for calling up the Kassebaum-Kennedy bill.

FOR MORE INFORMATION

To read the Kassebaum-Kennedy health reform bill, see Digital Ink, The Post's on-line service. To learn about Digital Ink, call 202-334-4740.

Talking It Over
draft/js

I saw an interview in the paper w/ C.R.

Christopher Reeve crushed his spinal cord and was paralyzed in a horseback-riding accident in May. We all think of him as Superman, but there's more to him.

He should be concentrating all his efforts on getting well. But Reeve, who is most famous for playing Superman in the movies, worries constantly about paying his medical bills.

The round-the-clock care by nurses who monitor the ventilator that helps him breathe, lift him in and out of his wheelchair, and exercise his muscles to keep them from atrophying, is expected to cost about $400,000 a year.

Reeve's insurance company says that it will only pay a total of $1.2 million in bills during his lifetime. This means that Reeve, [who had been faithfully paying his insurance premiums (check) for two decades], will run out of coverage in three years.

He is famous, which is why we know his situation. But there are millions of other Americans trapped in this same situation.

Reeve's predicament illustrates just one of the many weaknesses of our country's current health care system.

The United States is the only industrial society in the world where insurance companies are allowed to deny coverage or raise rates on customers just because they are sick. They can refuse to cover a person with a "preexisting condition" such as diabetes and high blood pressure.

These are practices that have left many hard-working families awake at night, worried about finding the resources to pay their medical bills.

It's particularly appalling, given that there is legislation pending in Congress right now

There's a bill waiting in Congress sponsored by Republican Nancy Landon Kassebaum and Democrat Edward Kennedy that address some of these weaknesses. It makes minor, but long overdue changes in the ways insurance companies treat Americans.

The bill would prevent insurance companies from denying coverage for more than a year to a person who already has a medical condition. Insurance companies could not drop a person who is consistently paying his or her premiums when he or she becomes chronically ill.

The bill would also require companies to sell insurance to workers who have been covered for at least 18 months by their employers, but then lose or leave their jobs.

Another amendment to the bill, sponsored by Republican James Jeffords, would help Americans in situations similar to Reeve's by raising the minimum lifetime cap on insurance payments to $10 million.

The bill, which in addition to Kennedy and Kassebaum has dozens of Republican and Democratic co-sponsors, is now ready for a vote by the full Senate. Very few legislators have publicly opposed the bill.

But a group of senators has been able to use parliamentary procedure to stall the bill for five months. Because senate rules allow the stalling senators to remain anonymous, we cannot ask them to explain why they are trying to kill the bipartisan bill.

We do know, however, that the insurance lobbyists are working hard to defeat this bill. Who are these senators representing when they go to such lengths to stall a vote on the bill? The insurance companies, or the American people?

It is up to Senate Majority Leader Bob Dole, who has supported similar versions of the bill before, to bring the bill to a full vote.

I hope he does. ~~And I hope Congress passes the bill.~~

It would make a world of difference in the lives of people like Tom Hall of Oklahoma City. Hall, 58, cannot find any company who is willing insure him because he has a heart condition. For thirty years, he paid premiums on his company-sponsored health insurance and, when a doctor found a blocked artery in his heart, the insurance company picked up the bill.

But when Hall left his company to work for himself, the insurance company dropped him. After months of searching, he finally found a company that would insure everything but his heart.

Today, he is worried that he will lose his farm and a lifetime of savings should his heart become worse.

"People like me work hard, play by the rules and through no fault of our own, have health problems. I think most Americans want to work and support their families and not being able to have insurance hurts our ability to achieve the American dream," he told Congress last summer.

The Kassebaum-Kennedy bill will not only help people like Hall, it will also save all of us taxpayers money in the long run because Medicaid currently picks up the medical bills for the uninsured.

40 million Americans [check] still do not have health insurance. This modest bill will ~~make just a slight~~ dent into that figure. It will be a welcome one.

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SENATE LABOR AND HUMAN RESOURCES COMMITTEE
TESTIMONY OF TOM HALL
JULY 18, 1995

I'd like to introduce myself, my name is Tom Hall and I am from Oklahoma City, Oklahoma. I would like to thank Senator Kassebaum and Senator Kennedy for inviting me to come here to testify. I think that the issues you are discussing are very important to many, many Americans like me.

I am semi-retired from the construction business, where I worked for thirty years. Up until 1991, I had health insurance through my employer. For those thirty years, I faithfully paid my employee contributions to my premiums without any break in coverage. I did my best to stay healthy and even took up jogging. Every year I went to my doctor for a regular checkup. One year my doctor found an irregularity in my heart so he ran tests and found blockage in one of my arteries. Thank goodness I had coverage for my heart.

Then, in 1991 I bought out my partner and went on my own. When I did that, I never imagined that the same insurance company that covered me for all of those years when I had group coverage would not cover me as an individual. But sure enough, when I asked that same company if I could buy an individual policy, they told me not to even bother applying because they wouldn't cover me.

I went to about 5-6 other insurance companies. I can't even recall their names since some of them wouldn't return my calls after I told them about my heart condition. Finally, I did get an insurance policy, but it's not a very good one. The funny thing is that this darn policy will cover everything except what I really

need - my heart.

Knowing I have blockage, I am very aware of any discomfort I am having and I go to the doctor to have it checked out. I have had four arteriorgrams so far, only 2 of which were covered by insurance. The two I paid for myself cost me about $7,000 a piece when it was all said and done. That was just for a test. Doctors don't want to operate unless there is a blockage in excess of 75 percent, mine is 70 percent.

You know, I've saved up a little money so I could probably afford to have one major operation if I had to, but after that, the costs just kind of eat you up. But there are not an over abundance of American families who can even afford these expensive tests without selling everything they own. Then they go on welfare and we all know that doesn't help solve the problem because the government ends up paying.

I had a late marriage and my wife and I had always planned to have an early retirement and take it easy and enjoy life. But this pretty much ruined our plans since health insurance is so important. I'm only 58 years old right now but I've already gone without coverage for my heart for 4 years now and I have 7 more years to go before I qualify for Medicare.

It looks like the only way I could have kept my insurance was to work for someone else and have group coverage. In fact, when I found out I could not keep my coverage, I went to talk to a couple of old friends about employment. They were very nice, but having health problems, hiring me would increase there group policy so much that they couldn't hire me, which I can understand. Starting my own construction company back up wouldn't help me to get

insurance either because in my business, I never had enough permanent employees to be able to sustain a group policy. Even a group plan now may not cover my heart, at least not right away. So at this point, I really don't know what to do.

For all those years I paid my premiums when I was part of a group and I was always willing to pay. But none of those insurance companies would give me the same policy that I had under my group. People like me work hard, play by the rules and through no fault of our own, have health problems. I think most Americans want to work and support their families and not being able to have insurance hurts our ability to achieve the American dream.

If the kinds of things you're talking about in this bill had been in effect in 1991, I would have coverage for my heart condition. Then, my wife and I could live in comfort, not worrying about losing our savings and having to sell our farm to pay for hospital or other medical bills. I know it is probably too late for me to get coverage, but I hope that by this testimony, I can help other Americans have adequate coverage.

As our elected members of Congress, I am sure you realize that there are millions of Americans out there in situations like mine and we are asking for your help. I hope you will all work together to pass this legislation. It will go a long way in helping people like me.

SUMMARY OF THE HEALTH INSURANCE REFORM ACT OF 1995
July 13, 1995

1. Limit Exclusions for Pre-Existing Condition. The bill would restrict such exclusions by prohibiting insurers and employers from limiting or denying coverage under group plans for more than 12 months for a medical condition that was diagnosed or treated during the previous six months. Once the twelve month limit expired, no new pre-existing condition limit could ever be imposed on people maintaining their coverage, even if they changed jobs or insurance plans. The same protection would apply to individuals who transfer from group to individual coverage because they leave their job or go to work for an employer that does not provide group coverage.

Coverage of less than twelve months could be credited against any pre-existing condition exclusion under a new policy. For example, individuals who had coverage for six months when they changed jobs or changed health plans would have a maximum additional exclusion of six months, rather than the normal twelve months.

2. Guaranteed Availability. Insurers must sell group health policies to employers who want to provide coverage for their employees, and the bill prohibits group health plans from excluding any employee from coverage based on health status.

Individuals who have had coverage under a group health plan for at least 12 months would also be protected if they lose their group coverage. Under current COBRA extension of coverage rules, individuals who have insurance through firms with 20 or more workers and lose their coverage because they leave their job or for certain other reasons may extend their coverage for an additional eighteen months by paying 102% of the normal premium. Those who work for smaller firms have no access to COBRA protection, and even workers with COBRA are not guaranteed access to insurance when their COBRA extension expires. The bill would require that workers losing group insurance could not be denied individual coverage if they were not eligible for COBRA because they worked for a small firm or if their COBRA protection had expired.

3. Guaranteed Renewability. Except in the case of fraud or misrepresentation by the policy holder, the bill requires insurers to renew coverage for groups and individuals as long as premiums are paid.

4. Portability. Because the bill limits pre-existing condition exclusions and requires guaranteed availability for anyone who has employment-based coverage, workers will not be locked into jobs or prevented from starting their own business for fear of losing their insurance.

-more-

5. Group Purchasing. The bill assists employers and individuals in forming private, voluntary coalitions to purchase health insurance and negotiate with providers and health plans. State laws prohibiting such association or excessively restricting their ability to bargain with insurers are pre-empted. These coalitions can provide small employers and individuals the kind of clout in the market place currently enjoyed by large employers.

6. COBRA Improvements for the Disabled. Under current law, disabled workers may extend their COBRA coverage for an additional eleven months (beyond the original 18 months available to all workers) if they pay up to 150% of the normal premium. This is designed to allow disabled individuals to maintain private coverage until they are eligible for Medicare. The bill would allow individuals who have disabled family members or who became disabled during the initial COBRA extension period to take advantage of the additional extended coverage currently granted only to workers who were already disabled at the time they lost coverage.

7. Individual Coverage. The bill would guarantee the availability of individual coverage to individuals who have had employment-based insurance for at least 12 months and who are ineligible for or have exhausted COBRA coverage. States are experimenting with methods of guaranteeing individual coverage for all and the National Association of Insurance Commissioners is developing a model law to address this issue. The bill directs the Secretary of HHS to review state experience and to issue a report and recommendations for legislation by January 1, 1997.

8. State Flexibility. The bill allows states to enact reforms providing additional consumer protection beyond the minimum requirements of the legislation.

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Talking It Over
draft/js

Christopher Reeve crushed his spinal cord and was paralyzed in a horseback-riding accident in May.

Today, he must use a ventilator to breathe. He is attended by nurses 24-hours a day. They monitor the machines that help keep him alive, lift him in and out of his wheelchair, and exercise his muscles to keep them from atrophying.

He should be concentrating all his efforts on getting well [learning to breathe on his own, rebuilding his muscles (check)]. But Reeve, who is most famous for playing Superman in the movies, worries constantly about paying his medical bills.

His round-the-clock care is expected to cost about $400,000 a year. Reeve's insurance company says that it will only pay a total of $1.2 million in bills during his lifetime. This means that Reeve, [who had been faithfully paying his insurance premiums (check) for two decades], will run out of coverage in three years.

Reeve is not an average American. He was a well known, prosperous actor before his accident. But his situation dramatizes the devastating effect a health crisis can have on any family and their finances given our country's current health care system.

There's a bill waiting in Congress sponsored by Republican Nancy Landon Kassebaum and Democrat Edward Kennedy that could make some ~~minor, but~~ long overdue changes in the ways insurance companies ~~can~~ treat Americans.

The bill would prevent insurance companies from denying coverage for more than a year to a person who already has a medical condition. Insurance companies could not drop a person who is consistently paying his or her premiums when he or she becomes chronically ill.

The bill would also require companies to sell insurance to workers who have been covered for at least 18 months by their employers, but then lose or leave their jobs.

Another amendment to the bill, sponsored by Republican James Jeffords, would help Americans in situations similar to Reeve's by raising the minimum lifetime cap on insurance payments to $10 million.

The bill, which in addition to Kennedy and Kassebaum has 36 [check] Republican and Democratic co-sponsors is now ready for a vote by the full Senate.

But a group of (anonymous) senators have been able to ~~manipulate~~ parliamentary procedure to stall the bill for five

(use graphically

months. No one knows for sure why. Senate rules allow the stalling senators to remain anonymous.

It is up to Senate Majority Leader Bob Dole, who has supported similar versions of the bill before] to bring the bill to a full vote.

I hope he does. And I hope Congress passes the bill. It would make a world of difference in the lives of.....

[put specific examples from lives of people who testified before Congress here.]

The bill would also save taxpayers a lot of money. Medicaid currently picks up the medical bills for uninsured people injured in catastrophic accidents.

40 million Americans [check] still do not have health insurance. This modest bill will make just a tiny dent into that figure. It will be a welcome one.

We have to begin somewhere.

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draft 2/2/96

PRESIDENT WILLIAM J. CLINTON
RADIO ADDRESS ON HEALTH CARE
NASHUA, NEW HAMPSHIRE
FEBRUARY 3, 1996
[TAPED FEBRUARY 2, 1996]

Good morning. There can be no doubt that we live in an Age of Possibility -- a time of technology and economic change that will enable more Americans to fulfill their dreams than ever before. The new economy offers extraordinary opportunities for our people. But while more Americans are living better, too many of our fellow citizens are working harder just to keep up. And they are rightly concerned about the security of their families.

So our challenge is to make sure that all Americans are the winners of economic change. Here's how.

First, we have to keep the economy growing. That is one reason we should balance the budget, to keep interest rates coming down. On Thursday night, Congress finally passed legislation that will enable the government to meet its financial obligations, including Social Security. That's a positive step. We should take the next step: Republicans and I already have more than enough cuts in common to balance the budget in seven years. I hope the Republicans in Congress will come back to the negotiating table, and work with me to pass a balanced budget.

And if we want people to seize opportunity, we have to create opportunity ... with new high-wage jobs in new industries. That is why I am very pleased that Congress passed landmark Telecommunications legislation, that will unleash the digital revolution. This will create millions of jobs.

And just as important, we must make sure that every American has the personal economic security to make the most of their God-given potential. That means training; pensions; and above all, access to health care.

The United States is the only industrial economy in the world where insurance companies are allowed to deny you coverage or raise your rates just because you are sick. If you have a "preexisting condition" like diabetes, high blood pressure, or heart disease, an insurance company can simply turn you down. If you are healthy, but your child has asthma, your child can be denied coverage. And in some cases, if you are pregnant, and you move to a new job, that can be enough to turn you away.

And many millions more people simply lose their health coverage as they move from one job to another. Between 1991 and 1993, some 64 million people went without health insurance for some period of time. For working families, that's like walking on a tightrope without a net.

We should not put obstacles in the way of anyone who works hard and wants to move on to a better job. And we should put no additional burdens on people who lose a job that they want to keep. Whatever else we should do to reform our health care system, at the very least we should make sure that working people who have health insurance can take it with them from job to job.

The state of New Hampshire, where I am today, is one of 42 states to take some action to try and solve this problem. But only if we take national action will we truly give working people access to health care.

There is bipartisan legislation that would protect these working families. It was sponsored by Senator Nancy Kassebaum, a Republican from Kansas, and Edward Kennedy, a Democrat from Massachusetts.

This bill would require insurers to cover men and women who have lost insurance because they change or lose their jobs. It would limit the ability of insurance companies to exclude you from coverage if you have a preexisting condition. And it would help small businesses and individuals pool their resources to buy insurance at cheaper rates. It would help 25 million Americans each year. That's good common sense.

The Kassebaum-Kennedy bill has 41 cosponsors from both parties. It passed through the committee unanimously. It's supported by the National Association of Manufacturers, the Chamber of Commerce, and the National Small Business Union . . by doctors as well as consumer groups. It should pass easily.

When I challenged Congress to pass this bipartisan health reform bill in my State of the Union Address, every member of Congress jumped to their feet and applauded. But now it has stalled. And it turns out that some of those same lawmakers who stood and applauded have quietly worked to keep the bill from coming up for a vote. That's exactly what the insurance industry wants.

It now turns out that the insurance industry is mounting an aggressive lobbying campaign to stop even this sensible, bipartisan reform. Their lobbyists are out in full force. They have made it clear that if Congress tries to give working men and women even this modest reform, they will stand in the way.

This health reform is sensible, straightforward, and genuinely bipartisan. It will help give peace of mind to millions of American families. I call on every member of Congress who stood up for this bill when the cameras were on to stand up for it now and pass the Kassebaum-Kennedy health reform bill now.

If we believe that hard-working people deserve a chance to better their lives without sacrificing their health insurance, then we should pass this bill now. If we believe that it is wrong to deny health coverage to a person just because he is sick, then we should pass this

bill now. If we believe that a sick child should not be denied health care while her healthy brothers and sisters are covered, then we should pass this bill now.

This bill is an example of what we can do when we put aside partisanship and work together for the common good. Millions of lives will be changed for the better when it becomes law. We shouldn't let special interest politics get in the way. Let's work together and pass Kassebaum-Kennedy now. Thank you for listening.

SENATE LABOR AND HUMAN RESOURCES COMMITTEE

TESTIMONY - SUSAN M. ROGAN - JULY 18, 1995

I would like to thank Senator Kassebaum and Senator Kennedy for inviting me to share my testimony with you today. I have been concerned for over twenty years about the difficulty of obtaining and keeping health insurance. It is of particular interest to me to have been called by Senator Kennedy's office, since I spent my childhood in Massachusetts, where most of my family still resides. In fact, our roots in Massachusetts go back generations, to my many-greats grandfather William Bradford, the first governor of the state.

My husband, Bob, and I have been married since 1974. Bob graduated from college in 1971, and I will graduate next month. We have two daughters; Samantha is starting college this fall, and Stephanie is beginning high school.

Despite the terrible problems we have had maintaining health insurance, we have managed to go from policy to policy, as necessitated by job changes, without any breaks in our coverage. But I want to tell you, it has been a nightmare for us. I have spent far too much time and energy being scared of losing our insurance. There have been times when I have gone months with barely any sleep, worrying about how we would provide health care coverage for our children.

Even before we had children, we understood the importance of being insured. I always thought the whole concept of insurance was the greatest thing since sliced bread: pay regularly in return for protection against catastrophe. I could not have imagined at that

time that the birth of our first child would throw us into the neverland of the pre-existing condition clause.

Samantha has cerebral palsy, specifically what is referred to as a hemiplegia of the right side. Samantha is a delightful and talented young woman. She is now enrolled for the coming fall semester at our community college, and she holds a part-time job, as she has for the past two years, working as a child-care assistant. Samantha has also volunteered her time for three years at a local nursing home.

The first time we encountered an exclusion on an insurance policy pertaining to a pre-existing condition was 1982. The company my husband worked for filed for Chapter 11, and closed the store in which he worked. Even though Bob quickly found a job that provided health insurance, our daughter's medical condition was not covered for the first year. We had to continue our group insurance through his former employer, in order to cover Sam's preexisting condition, until she satisfied the one year exclusion period.

After a year, we were able to drop the additional coverage, and we stayed on our new group policy for many years. During the ensuing years, up until 1992, recessions, lay offs, and two career moves necessitated our use of COBRA about four more times to cover Sam's preexisting condition while she was excluded under each new employer's health plan. This was extremely expensive, because we had to pay 102% of the premium for COBRA as well as the employee's share of the policy through Bob's new employer. There were many

times when we were afraid we would be unable to have any health coverage at all.

Over the past twenty years, we have worked very, very hard. Bob has always found employment, and we have always patched together health care. I consider our situation to be extremely ironic, in the sense that we have done everything within our power to meet our obligations and responsibilities to society and to our family. Bob now works as a Sales Manager for a furniture company. They offer excellent health coverage, and though it is very expensive, we are grateful to have it. It is unsettling to know that if anything should happen to the company, or if they should drop their group policy, we are considered uninsurable.

Besides our daughter, I expect both Bob and myself would have trouble purchasing insurance on our own, due to what we consider minor health "glitches" over the years. One insurance company told me up front that we could apply for family coverage if we wanted, but that they would deny us coverage. In fact, I have read that there are now insurance companies who turn down applicants on the basis of adverse genetic histories.

As if all that isn't enough, next month our oldest daughter, Samantha, will turn nineteen years old. According to our insurance policy, her coverage will terminate unless she is a full-time college student. Due to her medical difficulties, a full academic load is out of the question. Right now I am in the process of getting letters from her school counselor and doctor to present to the insurance company, in the hope that they will make an

exception. At any rate, the longest Samantha can be covered under our policy is until the age of twenty-three. At that time, she will be eligible to continue COBRA coverage for three years, and as our laws now stand, she will then be totally out of luck.

I can't help but also be concerned for our youngest daughter, Stephanie, because I have no way of knowing which minor conditions will be considered "pre-existing" when the time comes for her to get insurance. She is just entering high school, and plans to attend college. Stephanie is very talented artistically and academically, and I hope she will have a broad range of opportunities open to her. Unfortunately, like us, her opportunities may be limited to only those that will make health insurance available to her. I don't like to think that her options for self-employment or having her own small business would be precluded by her inability to obtain insurance.

I have read the summary of the bill before you now, and it appears to me that this bill would go a long way towards solving many of my family's, and millions of other families', health insurance problems.

Please work together, Republicans and Democrats, Senators and Representatives, to pass this law. It is your responsibility, in Congress, to find a solution to the insurance problems that have caused so much heartache for so many American families. We voted for you and we expect no less of you.

Thank you.