Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. report	Trip of the Vice President New York Booklet (12 pages)	07/24/1999	b(7)(C), b(7)(E), b(7)(F), b(6)
002. schedule	Schedule for Vice President Gore [partial] (5 pages)	07/24/1999	b(7)(C), b(7)(E), b(7)(F), b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Sarah Bianchi
OA/Box Number: 15608

FOLDER TITLE:
[Air Quality] Background: Air Quality

2013-0512-S
sb2

RESTRICTION CODES

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

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

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

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

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

Background: A/R Quality

PHOTOCOPY
PRESERVATION

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. report	Trip of the Vice President New York Booklet (12 pages)	07/24/1999	b(7)(C), b(7)(E), b(7)(F), b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Sarah Bianchi
OA/Box Number: 15608

FOLDER TITLE:
[Air Quality] Background: Air Quality

2013-0512-S
sb2

RESTRICTION CODES

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

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

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

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

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

United States Environmental Protection Agency
Air and Radiation Washington, DC 20460
EPA-456/F-99-002 July 1999 http://www.epa.gov/airnow

EPA

Air Quality Guide for Ozone

Air Quality	Air Quality Index	Protect Your Health
Moderate	**51-100**	Unusually sensitive people should consider limiting prolonged outdoor exertion.
Unhealthy for Sensitive Groups	**101-150**	Active children and adults, and people with respiratory disease, such as asthma, should limit prolonged outdoor exertion.
Unhealthy	**151-200**	Active children and adults, and people with respiratory disease, such as asthma, should avoid prolonged outdoor exertion; everyone else, especially children, should limit prolonged outdoor exertion.
Very Unhealthy (Alert)	**201-300**	Active children and adults, and people with respiratory disease, such as asthma, should avoid all outdoor exertion; everyone else, especially children, should limit outdoor exertion.

For more information visit EPA's web site at: **www.epa.gov/airnow**

What You Should Know About Ozone

- *Ozone is a major element of urban smog. Ozone can limit the ability to take a deep breath, and it can cause coughing, throat irritation and breathing discomfort. There is also evidence that ozone can lower resistance to respiratory diseas (such as pneumonia), damage lung tissue, and aggravate chronic lung disease (such as asthma or bronchitis).*
- *Children and those with pre-existing lung problems (such as asthma) are sensitive to the health effects of ozone. Even healthy adults involved in moderate or strenuous outdoor activities can experience the unhealthy effects of ozone.*

What is ozone?

Ozone is a colorless gas that can be found in the air we breathe. Each molecule of ozone is composed of three atoms of oxygen, one more than the oxygen molecule which we need to breathe to sustain life. The additional oxygen atom makes ozone extremely reactive. Ozone exists naturally in the earth's upper atmosphere, known as the stratosphere, where it shields the Earth from the sun's ultraviolet rays. However, ozone is also found close to the Earth's surface. This ground-level ozone is a harmful air pollutant.

Where does ground-level ozone come from?

Ground-level ozone is formed by a chemical reaction between volatile organic compounds (VOCs) and oxides of nitrogen in the presence of sunlight. Sources of VOCs and oxides of nitrogen include:

- automobiles, trucks, and buses
- large industry and fuel combustion sources such as utilities
- small industry such as gasoline dispensing stations and print shops
- consumer products such as some paints and cleaners
- emissions from aircraft, locomotives, construction equipment, and lawn and garden equipment.

Ozone concentrations can reach unhealthy levels when the weather is hot and sunny with relatively light winds.

How does ozone affect human health?

Even at relatively low levels, ozone may cause inflammation and irritation of the respiratory tract, particularly during physical activity. The resulting symptoms can include breathing difficulty, coughing, and throat irritation. Breathing ozone can affect lung function and worsen asthma attacks. Ozone can increase the susceptibility of the lungs to infections, allergens, and other air pollutants. Medical studies have shown that ozone damages lung tissue and complete recovery may take several days after exposure has ended.

Who is sensitive to ozone?

Groups that are sensitive to ozone include children and adults who are active outdoors, and people with respiratory disease, such as asthma. Sensitive people who experience effects at lower ozone concentrations are likely to experience more serious effects at higher concentrations.

What is an Ozone Action Day?

An Ozone Action Day may be called by your State or local air quality agency when ozone levels are forecast to reach unhealthy levels. These programs, often in partnership with local businesses, encourage voluntary actions to reduce emissions of pollutants that contribute to ground-level ozone formation.

How You Can Keep the Air Cleaner

Every day tips:

- Conserve energy—at home, at work, everywhere.
- Follow gasoline refueling instructions for efficient vapor recovery. Be careful not to spill fuel and always tighten your gas cap securely.
- Keep car, boat, and other engines tuned up according to manufacturers' specifications.
- Be sure your tires are properly inflated.
- Car pool, use public transportation, bike, or walk whenever possible.
- Use environmentally safe paints and cleaning products whenever possible.
- Some products that you use at your home or office are made with smog-forming chemicals that can evaporate into the air when you use them. Follow manufacturers' recommendations for use and properly seal cleaners, paints and other chemicals to prevent evaporation into the air.

Ozone Action Day tips:

- Conserve electricity and set your air conditioner at a higher temperature.
- Choose a cleaner commute—share a ride to work or use public transportation. Bicycle or walk to errands when possible.
- Defer use of gasoline-powered lawn and garden equipment.
- Refuel cars and trucks after dusk.
- Combine errands and reduce trips.
- Limit engine idling.
- Use household, workshop, and garden chemicals in ways that keep evaporation to a minimum, or try to delay using them when poor air quality is forecast.

Sarah A. Bianchi
07/17/99 04:19:49 PM

Record Type: Record

To: Makamarck@aol.com @ inet

cc:
Subject: Background on health tax credits

Elaine -- Attached are some of the options that I sent to David and Ron as well as a summary of the various health tax proposals currently being offered on Capitol Hill. Hope this is helpful.

Sarah

OPTIONS FOR HEALTH TAX CREDITS

INDIVIDUAL HEALTH INSURANCE. Many of the proposals being discussed on the Hill are tax credits (some refundable) for those who purchase in the individual insurance market (e.g. Armey). This may the most viable and popular approach to health care coverage and certainly there is an equity issue given the tax subsidies for employer-based health insurance. However, this is not the most effective way to cover uninsured Americans (as we are subsidizing the most most cherry-picked market with often low quality policies) and these options are extremely expensive. There are various ways that could potentially improve this as a coverage option and perhaps even make this more affordable.

Clearly, a refundable credit would make it more likely that lower-income populations will take this up and this would be the preferred option of health policy advocates. (They could be particularly critical if we do not offer this as Armey has chosen this approach, although clearly Treasury and tax administrators would complain about anythig refundable). Also, a credit is more progressive and would likely help more people than a deduction.

There are also some ways to assure a more targeted population by make this contingent on the type of policies people could buy or by constraining the populations

Credits conditional on type of policy purchased by the individual. Allow a refundable credit for individual insurance policies that meet certain criteria (e.g., minimum value equal to FEHBP, Blue Cross Blue Shield standard option; community rated). There could also be options added like a state-bid insurance policy -- Medicaid, CHIP or Medicare. For example, we could propose a credit to help cover certain populations such as the parents of uninsured children, a targeted population in need of help. (There are some internally who have suggested that we use the tax credit to cover uninsured children. However, it would be hard to make the argument to cover children when we are already not using all current resources to cover

children under CHIP up to 250 percent of poverty.)

Credits conditional on broader insurance reform. Allow refundable credit for individual insurance policies if there is broader individual insurance reform (e.g. community rating, guarantee issue, minimum value of coverage).
It is unlikely that Congress will pass broader individual insurance reforms, but if we go this route it would be important to liberals to at least put some of these on the table).

GROUP HEALTH INSURANCE

Expanding small business purchasing coalitions. The Administration's FY2000 budget proposed to: (1) give employers who did not offer health insurance a tax credit of 10 percent of the value of the policy up to $200 per individual, $500 per family for purchasing health insurance through purchasing coalitions; and (2) allow donations from foundations for startups to be considered charitable. This proposal could be expanded by:

- Making all small businesses participating in coalitions (not just those that do not currently offer health insurance)

- Increasing the amount of the credit to 20 percent of the employer contribution up to $400 per individual, and $1,000 per family.

(These options are somewhat similar -- although more modest -- to the small business proposals developed for the VP meeting on health care . This expansion would not be costly nor would they be perceived as particularly significant. Treasury would likely be supportive of this approach.)

Tax credit for COBRA coverage. Currently, firms with greater than 25 employees must offer eligible workers the option to buy into their group health insurance for 18 months after leaving their jobs. This proposal would offer a refundable tax credit up to a specified income limit for people to purchase COBRA.

(This is good policy that would help many uninsured Americans as the cost of the health insurance premium is clearly a major barrier to those who buy into COBRA . These dollars invested also would cover mostly people who otherwise would not have insurance unlike many tax proposals that provide relief to many already insured Americans. We have never been able to get much interest in policies like this politically. The workers-in-between jobs proposal that was included in the President's FY96 budget did not gain any ground and even the labor community did not express much interest in this). However, it could well be an important addition to a health tax credit package as it clearly helps a targeted population in need).

Tax credit for employee share of the premium. One policy option that has been proposed on the Hill would be to provide a refundable tax credit for the employee share of health

insurance for lower-income workers. It would subsidize the full share of health insurance for lower-income workers. It would subsidize the full share up to 50 percent of the premium for families below a certian income. You could also design this to enable the employer claim the credit on behalf of low-income workers if they do not deduct the employee share of the premium from the weekly or monthly paychecks.

(This is somewhat similar to Nancy Johnson's proposal. This is good policy in the sense that many employees today are being offered health care coverage that they cannot afford to take up because of premiums. However, one significant problem with it is that this could well lead to employees to reduce their percentage of the share of the premium.)

LONG-TERM CARE

Expanding eligibility long-term care. Expanding the number of people eligible for our tax credit, by lowering eligibility from 3+ ADLs to 2+ ADLS. This change would add about 400,000 people to the current long-term care proposal. Another approach that would be more popular is to increase the size of the long-term care credit, (e.g, double or more the $1000 credit). Another option that the aging advocates would really like is to have this credit be refundable.

Credits for private long-term care insurance. Many of the proposals being considered on the Hill have an above-the-line deduction for individuals buying private long-term care insurance. However, these proposals generally help only wealthier Americans who are the only ones likely to buy them and that these policies are often extremely low quality. For these reasons, the aging community opposes these reforms). Moreover, we did do some long-term insurance reforms in Kassebaum-Kennedy that have up-to-now not had significant take up rates.

TAX CREDITS PROPOSED BY THE CONGRESS

TAX POLICIES LIKELY TO BE PROPOSED BY THE SENATE FINANCE DEMOCRATS. The Senate Finance Committee is likely to include a tax credit for workers whose employers do not offer coverage to purchase health care in the individual market. It would likely be a 30 percent refundable insurance tax credit for single workers with incomes of $20,000 or less and families earning less than $40,000 (which is much lower income than any other proposal). In addition, the Finance Committee would include an acceleration of the transition to the 100 percent self employed tax deduction by 2003. They have dropped purchasing coalition tax credit and disability tax credit, and reduced $1000 long term care tax credit to $250. They have also added a provision that provides for some tax incentives for the purchase of some long term care insurance.

NANCY JOHNSON has put forth a multi-pronged tax credit proposal for both health insurance and for long-term care. It includes the following:

Health Insurance: (1) COBRA coverage: this proposal provides a tax credit for individuals

with COBRA covering 60 percent of the premium; (2) Tax credit: for individuals who have been without insurance for at least a year, this proposal provides a 60 percent credit up to $1200 single and $2400 for family for those with incomes of $40,000 or $70,000 for couples; (3) Tax Deductions: this extends the current deduction for the self-employed to the anyone in individual market and to any employee who has employer-provided coverage but pays more than 50 percent of their premium. (This phases in to a 100 percent deduction by 2004). This proposal could certainly cause some employers to drop their percentage of coverage to below 50 percent).

Long-Term Care: (1) Private Long-Term Care Insurance: This proposal includes an above-the-line deduction for those who purchase private long-term care insurance (a 50 percent deduction that phases up to 100 percent after five years and a quicker phase-in for those over 60). (2) Caregiver Tax Credit: includes tax credits for caregivers using a complicated formula based on number of caregivers and family members with long-term care needs but not too dissimilar from ours.

ARMEY has proposed a refundable tax credit for health insurance coverage for those who buy into the individual market (no income limit). It is a $500 credit for kids and $1,000 for adults. (While this proposal has received no score, it would no doubt be extremely expensive. For example, there are already 11 million Americans in the individual insurance market who would automatically be covered by this option).

STARK has proposed a refundable tax credit of $1200 per adult and $600 per child and $3600 per family. Unlike many of the Republican proposals, this credit may only be used to buy qualified health insurance proposals sold through what would be a new Office of Health Insurance at HHS and would require the anyone insurer offering FEHBP to offer in this market. While this proposal does attempt to address some of the real problems with a tax credit that goes to those who buy into the expensive and cherry-picked individual market, it would likely be extremely controversial among many including many unions who would view this as undermining FEHBP by adding a higher risk pool. This proposal would also allow a monthly credit rather than the end-of-the-year credit, which would make this policy more feasible for low-income Americans. Everyone is eligible who is not participating in an employer subsidized health plan or eligible for Medicare or Medicaid and it could therefore cause some significant employer dropping.

MCDERMOTT provides a 30 percent health insurance tax credit for those who are not offered health insurance through their employer (or have to pay 100 percent of their premium) and have an individual income of less than $30,000 (or $50,000 for a couple).

ARCHER. This proposal is designed to provide tax relief for Americans with long-term care needs. It provides a one hundred percent deduction on the premium for individuals who purchase long-term care and a personal exemption for those taxpayers caring for an elderly parent when filing income taxes. This is significantly different than our proposal.
(1) The Archer policy replaces our proposed credit - which gives all qualifying people the same amount of assistance - to an exemption which is more valuable the higher your

income;
(2) It is targeted away from people with long-term care needs or their spouses and towards family caregivers;
(3) The Republicans enhances the subsidy for private long-term care insurance which tends to help those at higher incomes.

As of yet, Archer has not proposed a health insurance aspect of this but he is likely to come out with this at some point.

Med
LTC
PIs

→ NN LTC/Medicar
→ Nashville
→ Tampa LTC
~~→ DSRIP~~
→ Dis Alb
→ Teen Preg
→ OTC Reg
→ LTC NH
→ Tobacco
→ OWL
→ Long-Term OH
→ Mental Health reg.
→ Cancer
→ PBOR
→ AIDs Africa
→ Fraud & Abuse

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. schedule	Schedule for Vice President Gore [partial] (5 pages)	07/24/1999	b(7)(C), b(7)(E), b(7)(F), b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Sarah Bianchi
OA/Box Number: 15608

FOLDER TITLE:
[Air Quality] Background: Air Quality

2013-0512-S
sb2

RESTRICTION CODES

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

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

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

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

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

SATURDAY, JULY 24, 1999
SCHEDULE FOR VICE PRESIDENT GORE
FINAL

SCHEDULER:	**WENDY HARTMAN**
WORK PHONE:	**202-456-7870**
HOME PHONE:	**202-216-9477**
SKYPAGER:	**PIN 494 2826**

WASHINGTON, DC – New York City, NY - WASHINGTON, DC

Note:	**Staff Vans depart at 8:15 pm from South Court en route Andrews AFB**

9:15 am **MOTORCADE DEPARTS RESIDENCE**
En route: Landing Zone, NAVOBS
Drive time: 5 minutes
BRIEFING IN CAR

9:20 am **MARINE II DEPARTS NAVOBS LANDING ZONE**
En route: Andrews Air Force Base
Flight time: 10 minutes

(b)(6), (b)(7)e, (b)(7)c

[002]

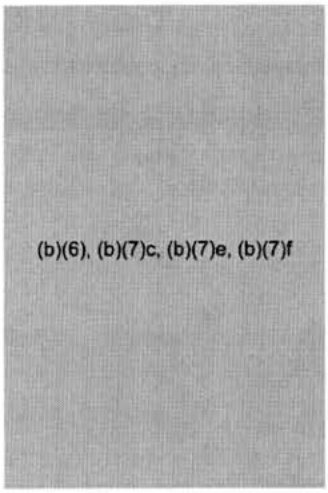
9:30 am **MARINE II ARRIVES ANDREWS AIR FORCE BASE**

9:35 am **AIR FORCE II DEPARTS ANDREWS AIR FORCE BASE**

En route: New York City, Laguardia International Airport
Flight time: 55 minutes

(b)(7)c, (b)(6), (b)(7)e, (b)(7)f

Clinton Library Photocopy



New York City, NY Advance Information:

Lead: Adam Sitkoff
Cell: 757-8234
Pager: pin 216 7988
Site: Bob Chapman
Press: Jay Spector
Motorcade: David Fried

Hotel: Sheraton New York
Phone: 212-581-3300
Fax: 212-841-6445

Lead Room: Room 1831
Phone: 212-974 6327
Fax: 212-974-6330
Pres Cred: 212-974-6329
USSS: (b)(6), (b)(7)c, (b)(7)f
WHCA: Lars Dahl

10:30 am **AIR FORCE II ARRIVES LAGUARDIA INTERNATIONAL AIRPORT**
FBO: Marine Air Terminal
Phone: 718-533-3900

Ethnic Leaders Greet:

-- Incha Kim
-- Richard Ortega
-- Michael Cino
-- Robert Lucente
-- Carolyn Goetze
-- Pedro Williams
-- Opticino Rodriquez
-- Abner Monegro
-- Francisco Moya
-- Ralph Moreno
-- Isabel and Rose Boliver

Clinton Library Photocopy

-- Amparito Cadena
-- Fausto and Baetriz Rosero
-- Enrique Ortiz
-- Dennis Velez
-- John Cavelli
-- Alfred Dilamani
-- Steven Dilamani
-- George Fulido
-- Deepak Gandhl
-- Roberto Ragone
-- Michael Rodi
-- Marian Sereno - Rodi

Contact: Ansley Jones

10:45 am **MOTORCADE DEPARTS LAGUARDIA INTERNATIONAL AIRPORT**

En Route: 111 East 210th Street, Children's Hospital,
Drive Time: 25 minutes

(b)(6), (b)(7)c, (b)(7)e

11:10 am **MOTORCADE ARRIVES GROUNDBREAKING CEREMONY**

Tented Area, Future site of Children's Hospital at Montefiore
111 East 210th Street, Bronx, NY
Phone: 718-920-4321
Event Contact: Gabrielle Chang (718-920-8126 (w), 917-297-3127 (cell)
Contact: Dan Taylor
Attire: Business
Staff Holding Room: 718 231 7612

Greeters:

-- Donald Afhkenas, Executive Vice President, Montefiore Medical Center.
-- Elaine Brennan, Vice President of Operations, Montefiore Medical Center.
-- Robert Corati, Executive Vice President, Montefiore Medical Center

Clinton Library Photocopy

11:15 pm **HOLD**
11:30 pm VP Hold

11:30 pm **CHILDREN'S HOSPITAL UNVELING/ RIBBON CUTTING**
12:20 pm **CEREMONY**
Tented Area, Grounds of Children's Hospital
111 East 210th Street
Bronx, NY

Contact:	Dan Taylor
Event contact:	Gabrielle Chang (718-920-8126 (w), 917-297-3127 (cell)
Remarks:	Jeff Nessbaum
Participants:	roughly 250
Call time:	10:00 am
Podium:	Blue Goose
Attire:	Business

OPEN PRESS

Note: Pre-program begins at 10:45 am
Highbridge Voices Children's Choir
Dr. Spencer Foreman, President Montefiore Medical Center
Jay Langner, Chairman Board, Montefiore Medical Center
Irwin Redlener, President, The Children's Hospital at Montefiore
Lionel Pincus, Co-Chairman, Steering Committee, The Children's Hospital
Martin Davis, Co-Chairman, Steering Committee, The Children's Hospital
Fernando Ferrer, Bronx Borough President
Guy Velella, New York State Senator
Representative Eliot Engel
Lynn Stewart, Parent

-- Ann Druyan, President of Carl Sagan Foundation & Board Member, The Children's Health Fund, delivers remarks and introduces **the Vice President.**

-- **The Vice President** delivers remarks.

- Upon conclusion of remarks, **the Vice President** works a ropeline and departs.

12:20 pm **HOLD/ LUNCH**
12:35 pm VP Hold

12:45 pm **RECEPTION**
1:10 pm Hospital Cafeteria, Monterfiore Medical Center
Event Contact: Gabrielle Chang (718-920-8126 (w), 917-297-3127 (cell)

Contact: Dan Taylor
Attendees: roughly 75 people
Attire: Business
Call Time: immediatley following speech
Format: photo receiving line
CLOSED PRESS

-- **The Vice President** participates in a photo receiving line with guests.

1:15 pm **BRIEFING**
1:30 pm VP Hold
Contact: Chris Lehane

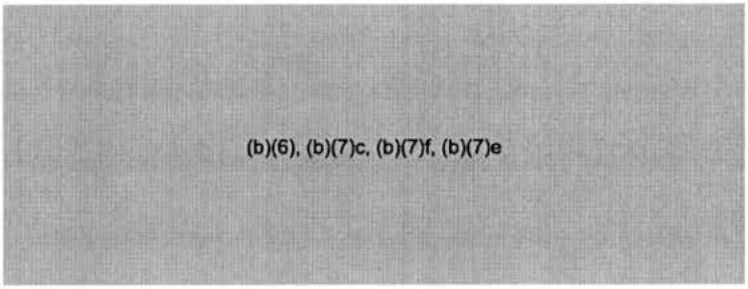
1:30 pm **American Urban Radio Network Interview**
1:40 pm VP Hold
Contact: Chris Lehane
Interviewer: April Ryan

1:45 pm **America's Black Forum Interview**
2:00 pm VP Hold
Contact: Chris Lehane
Interviewer: George Strait

2:00 pm **INTERVIEW with Kit Seeyle,** *The New York Times*
2:15 pm VP Hold
Contact: Chris Lehane

2:15 pm **HOLD**
2:45 pm

2:50 pm **MOTORCADE DEPARTS CHILDREN'S HOSPITAL AT MONTEFIORE**
En Route: Laguardia International Airport
Drive Time: 25 minutes



Clinton Library Photocopy

3:15 pm **MOTORCADE ARRIVES LAGUARDIA INTERNATIONAL AIRPORT NEW YORK**

Note: **Mrs. Gore will meet you on the plane.**

3:30 pm **AIR FORCE II DEPARTS NEW YORK**
En Route: Andrews Air Force Base
Flight time: 50 minutes

(b)(6), (b)(7)c, (b)(7)e, (b)(7)f

4:20 pm **AIR FORCE II ARRIVES ANDREWS AIR FORCE BASE**

4:25 pm **MARINE II DEPARTS ANDREWS AIR FORCE BASE**
En route: NAVOBS, Landing Zone
Flight time: 10 minutes

(b)(6), (b)(7)c, (b)(7)e, (b)(7)f

Clinton Library Photocopy

4:35 pm **MARINE II ARRIVES NAVOBS**

AGJ/MEG **RON NAVOBS**

Air Quality Index
QUESTIONS & ANSWERS

(1) What changes has EPA made to the Air Quality Index?

- Name -- EPA is changing the name of the Pollutant Standards Index to the Air Quality Index.

- New requirements as to the use of colors associated with Index levels -- To the extent that state and local agencies choose to use colors to communicate Index values, the revised Index requires the use of specific colors. For instance, any agency that chooses to use colors to communicate such values must represent the Index values of 151 - 200 as "red". Examples of the use of color in Index reporting include the color bars that appear in many newspapers, and the color contours of the Ozone Map.

- Additional air quality category above the standard -- The revised Index adds an additional air quality category just above the level of the standard. Previously, Index values from 101 - 200 were characterized as "unhealthful." The revised Index establishes a category from 101 -150 characterized as "unhealthy for sensitive groups," and a category of 151 - 200 as "unhealthy."

- New requirements report sensitive groups if air is unhealthy -- When air quality is unhealthy for sensitive groups, EPA has added a corresponding requirement to report a pollutant-specific statement indicating what specific groups in the population are most at risk. For example, when the Index is above 100 for ozone, reporting of the Index will contain the statement "Children and people with asthma are the groups most at risk."

→ new categ only → not spec'd
→ reporting requirements
→ uniform std
not updated

(2) Why is EPA requiring that specific colors be used in reporting the Index?

- If state and local agencies use color in reporting the Index, then we are requiring the use of specific colors to ensure national uniformity and so the public can easily understand media reports.

- Many people, especially people with lung disease, use this information to plan their day. In our mobile society it is important that the color red to mean the same thing in Kalamazoo as it does in Poughkeepsie.

- The Air Quality Index uses the same colors as the nation's Ozone Mapping project, which describes forecasted and actual monitored ozone levels across the country.

- The state and local agencies expressed overwhelming support for requiring the use of specific colors, when the Index is reported using a color format.

Air Quality Index
QUESTIONS & ANSWERS

(3) How would the public see the Air Quality Index - where is it used?

- The public may see the Air Quality Index reported in the newspaper, or local television or radio weather casters may use the Index to provide information about air quality. Here's the type of report you might hear:

  The Air Quality Index today was 160. Air quality was unhealthy due to ozone. Hot sunny weather and stagnant air caused ozone in Center City to rise to unhealthy levels.

- Many state and local governments base voluntary ozone action day programs on the categories of the Air Quality Index and make use of Index descriptors and related health effects and cautionary statements on action days.

- The Ozone Map displays the Air Quality Index colors, descriptors and health messages to describe ozone concentrations as they rise and fall throughout much of the United States. You can find the Ozone Map on the AIRNOW web site (http://www.epa.gov/airnow).

Air Quality Index
QUESTIONS & ANSWERS

(4) Why did EPA revise the Air Quality Index?

- We revised the Index better communicate to the public the health risks of various pollutants.
- The revised Index provides more accurate and specific information on health risks
- For example, when air quality reaches unhealthful levels, the Index now describes the groups that are most sensitive to that pollutant and provides these groups with specific cautionary messages. In addition, the improved Index provides cautionary information to the general public.
- The information conveyed by the new Index helps individuals make more appropriate decisions regarding actions to avoid or reduce exposures of concern.

(5) How did EPA develop these revisions to the Index?

- We developed revisions to the Air Quality Index through an extensive process involving more than a year of extensive coordination with public information, health, and air quality experts from state and local agencies.

- Numerous state and local agencies and associations also participated through workshops to provide comment on the Index revisions.

- We also received input from the general public through EPA-sponsored focus groups. EPA sponsored eight focus groups in major U.S. cities (Atlanta, Chicago, Denver, Houston, Los Angeles, Miami, San Bernardino, and St. Louis) to help evaluate how to most effectively communicate air quality and health effects information.

FIRST LADY HILLARY CLINTON UNVEILS NEW, $68 MILLION INITIATIVE TO FIGHT ASTHMA
January 28, 1999

Today, First Lady Hillary Rodham Clinton unveiled a new, $68 million initiative to fight childhood asthma through a comprehensive national strategy that includes new efforts to: (1) implement school based programs that teach children how to effectively manage their asthma; (2) invest in research to determine environmental causes of asthma and to develop new strategies to reduce children's exposure to asthma triggers; (3) provide funds to states and providers to help them implement effective disease management strategies that will insure we lower hospitalizations, emergency room visits and deaths from asthma; and (4) conduct a new public information campaign to reduce exposure to asthma triggers and dust mites.

MILLIONS OF CHILDREN SUFFER FROM ASTHMA

Over the past 15 years, the number of children afflicted with asthma has doubled to total about 6 million. The most rapid increase in prevalence over this time period has occurred in children under the age of 5, with rates increasing over 160 percent. Over 100,000 children are hospitalized each year because of asthma, making it the leading cause of hospitalization due to chronic illness for children at a cost of $1.9 billion in medical expenses annually. Asthma is also one of the leading causes of school absenteeism, resulting in over 10 million missed school days each year. Minority children are disproportionately affected by asthma. Although African American children under the age of 18 have only a slightly higher risk of actually having asthma than non-Hispanic white children, they experience a disproportionately higher rate of death from asthma attacks, over four times the rate for white children. Many children with asthma remain chronically impaired because they lack support systems that enable them to effectively manage their own disease or access sufficient medications or equipment.

DEVELOPMENT OF A NEW NATIONAL STRATEGY

Today, the First Lady will release "Asthma and the Environment: A Strategy to Protect Children," authored by the Environmental Task Force on Environmental Health Risks and Safety Risks to Children, which is co-chaired by the Environmental Protection Agency and the Department of Health and Human Services. This report outlines the first-ever comprehensive, Administration-wide strategy to fight childhood asthma. The Task Force makes four recommendations for asthma that will reduce the incidents of asthma in children, as well as hospitalizations, and emergency room visits for asthma. The four steps for federal action are: strengthening and accelerating research efforts to better understand the environmental factors that exacerbate childhood asthma, expanding school based programs that reduce environmental exposures to asthma, collecting better data at the local level to track asthma incidents, and educating health care providers serving low income children about the most effective course of treatment for asthma.

research
school based
(collective
baseline
data

LARGEST EVER FEDERAL INVESTMENT TO FIGHT CHILDHOOD ASTHMA

Today, the First Lady announced a new $68 million initiative to address asthma. This package of investments responds to Task Force recommendations and includes:

* **IMPLEMENTING SCHOOL-BASED ASTHMA PROGRAMS.** The Environmental Protection Agency (EPA), together with the Department of Education, will invest $8.4 million to expand school-based programs that teach parents and children how to identify and avoid allergens that trigger an asthma attack, as well as why it is important to use their asthma medication and their inhalers. EPA will also expand programs that educate teachers and school staff to help them eliminate potential triggers from the school environment. With this investment, over 2 million children will be able to breathe easier in their classrooms.

* **INVESTING IN NEW RESEARCH TO REDUCE CHILDREN'S EXPOSURE TO ASTHMA TRIGGERS.** The Environmental Protection Agency will invest $2 million to expand its research into the role that environmental hazards (including chemicals, particles, ozone, diesel exhaust, pesticides, tobacco smoke and allergens) play in the onset of childhood asthma. The Environmental Protection Agency will also invest $1 million to conduct a pilot program to expand air pollution monitoring in up to two communities downwind of industrialized urban centers to better understand the relationship between air pollution and asthma. These new investments builds on the Administration's long-standing committment to asthma research. This year, the National Institutes of Health will invest over $110 million dollars in research to explore the cause of asthma and develop strategies to better manage the disease, and plans to continue this significant investment in FY2000.

* **IMPLEMENTING NEW DISEASE MANAGEMENT STRATEGIES TO TARGET LOW INCOME CHILDREN.** The Department of Health and Human Services will provide $50 million in competitive grant funds to States who identify and treat asthmatic children enrolled in the Medicaid program in accordance with the new disease management guidelines developed by the National Institutes of Health. These guidelines will help to ensure that children receive the appropriate medication and are taught how to effectively manage their illness. Through this initiative, participating states will collect data on asthma incidents so we can better understand asthma and effects. In addition, HHS will invest almost $2 million to work with State officials and other providers nationwide to help them integrate these new strategies into their current patterns of practice.

* **CREATING A NEW NATIONAL PUBLIC INFORMATION CAMPAIGN.** The Environmental Protection Agency and the Department of Health and Human Services will invest $5.2 million in a national public information campaign to reduce children's exposure to environmental tobacco smoke and other indoor asthma triggers through a national public service campaign that uses posters, flyers, and brochures that identify common asthma triggers, such as pet hair or tobacco smoke, and simple solutions for eliminating or avoiding them; expands existing in-home education networks, such as community based lead prevention programs, and utilizes Americorps and VISTA volunteers to provide direct assistance to parents in identifying asthma triggers and implementing intervention strategies; and using health care providers and managed care organizations to help parents reduce their children's exposure to asthma triggers.

Devorah R. Adler@EOP
07/22/99 11:24:08 AM

Record Type: Record

To: Sarah A. Bianchi/OVP@OVP

cc:
Subject: Re: what's our line on CHIP now

plans in 48 states, 3 territories, and the District of Columbia (according to HCFA website)

Devorah

Groundbreaking for Children's Hospital at Montefiore

Briefing prepared by Sarah Bianchi
Event Time: Saturday July 24, 1999, 11:20am – 1:00pm

EVENT

This event is to celebrate the groundbreaking of the Children's Hospital at Montefiore, which includes the Carl Sagan Discovery Center. At this event, you are unveiling a new Air Quality Index that will provide Americans critical information to protect their health, particularly children with asthma, a major problem for children served by this hospital. This event consists of about 300 people, including friends of Carl Sagan, health care and children's advocates, and friends of Montefiore. **This event is open to the press.**

LOGISTICS

- There is an extensive pre-program (see speakers attached);
- Ann Druyan, President, The Carl Sagan Foundation, introduces you;
- You speak;
- You invite Dr. Foreman, and Dr. Redlener onto the stage and cut the ribbon (being held by two students);
- You work a ropeline and return to hold;
- You proceed to the cafeteria for a photo-receiving line with seventy hospital supporters;
- You depart.

YOUR ROLE AND CONTRIBUTION

This event provides an opportunity to: (1) unveil a new Air Quality Index that provides improved information about levels of local air pollution and the precautions people should take to protect themselves on days when air pollution poses threats to public health. This index includes a new category for those with special health conditions like asthma; (2) highlight the importance of children's health, including the Children's Health Insurance Program and the Administration's comprehensive asthma initiative; and (3) celebrate the groundbreaking of Montefiore's new children's hospital and the Carl Sagan Discovery Center.

INITIATIVE YOU ARE UNVEILING TODAY

At this groundbreaking ceremony, you are:

Unveiling New Air Quality Index That Gives Americans Critical Information to Take Necessary Health Precautions, Including a New Category for Those With Special Health Conditions Like Asthma. The new Air Quality Index will provide a uniform nationwide standard as well as new protections for sensitive groups, such as children with asthma. This new index will be used by local weather forecasters throughout the country to provide improved information about levels of local air pollution and the precautions people should take to protect themselves on days when air pollution exceeds health standards and poses threats to public health. This effort is part of the Administration's longstanding commitment to expand the public's right to know about environmental conditions in their communities. The new features of the Air Quality Index include:

- A new category that, for the first time, will provide specific warnings for vulnerable groups, like children with asthma and others with special respiratory conditions.

- More detailed warnings about how all people should protect themselves and their families from harmful levels of air pollution.

- Warnings based on the most modern scientific information on the known health effects of air pollution levels.

In addition to the new Air Quality Index, EPA also is making information about summer smog available on its Internet web site, which currently shows aerial maps of smog dispersion in real-time for 25 states. This Internet mapping project, as it is called, is part of a 1996 Administration initiative to provide Americans with even greater access to information about pollution in their communities. EPA expects that within the next year or two, all 50 states will be participating in the Internet mapping project, which is available at www.epa.gov/airnow. The web site also shows forecasts of local air quality for the next day.

You are also underscoring that this new Air Quality Index is part of a broad-based effort to improve children's health and today you are:

Urging Congress to Pass a Comprehensive Asthma Initiative. Over the past 15 years, the number of children afflicted with asthma has doubled to total about six million, with the most rapid increase in children under the age of five. Over 100,000 children are hospitalized each year due to asthma, making it the leading cause of hospitalization due to chronic illness for children. Asthma is also one of the leading reasons children are absent from school, resulting in over 10 million missed school days each year. Minority children are disproportionately affected by asthma: African American children experience a death rate four times higher than white children.

You are urging the Congress to pass the Administration's $68 million comprehensive strategy to fight childhood asthma that includes: (1) implementing school-based programs that teach children how to effectively manage their asthma; (2) investing in research to determine environmental causes of asthma and to develop new strategies to reduce children's exposure to asthma triggers; (3) providing funds to states and providers to help them implement effective disease management strategies that will insure we lower hospitalizations, emergency room visits and deaths from asthma; and (4) conducting a new public information campaign to reduce exposure to asthma triggers and dust mites.

Note on US Court of Appeals' Decision on EPA's Public Health Air Standards. On May 14, 1999, in a split decision (2 to 1), a panel of the US Court of Appeals for the DC Circuit determined that the Clean Air Act – as applied in setting the new public health air quality standards for ozone and particular matter (soot). EPA strongly disagrees with this decision and in June filed a petition for a rehearing. In the mean time, EPA is continuing to implement strong clean air programs, such as this new Air Quality index.

Highlighting Other Critical Efforts to Improve Children's Health. You are reiterating your commitment to assuring that children have access to affordable health insurance. Uninsured children are more likely to be sick as newborns, less likely to be immunized as preschoolers, and less likely to receive treatment for injuries or illnesses, such as asthma or ear infections. The Children's Health Insurance Program (CHIP) that you fought for in 1996 is the largest investment in children's health in a generation. You can also highlight the importance of assuring that the four million uninsured children who are eligible for Medicaid or CHIP are enrolled. The Administration has launched a massive public-private campaign to encourage families to sign up these kids. Last year, at the Family Conference in Tennessee, hosted by you and Mrs. Gore, the Administration directed Federal Agencies to implement 150 new efforts to sign up uninsured kids, such as working in Head Start Centers and through school lunch programs that reach many of these children.

Praising the Children's Hospital at Montefiore for Their Commitment to Children. You are applauding the groundbreaking of the new Children's Hospital at Montefiore that will provide critical health services for the 400,000 children in the Bronx. This hospital will include a range of services including a prevention and treatment center for asthma. The asthma hospitalization rate for children in the Bronx is five times higher than the normal rate for the United States. The hospital will also include the Carl Sagan Discovery Center that will provide innovative exhibits to engage children in science, nature, and cosmos.

BACKGROUND ON THE EVENT

The Children's Hospital at Montefiore

This hospital is scheduled to open in 2001 and will be the first new child health system of the 21st Century. The hospital will serve as the core of the Montefiore Child Health Network to link dozens of neighborhood-based pediatric care sites throughout the Bronx and Westchester, New York. The design of the hospital is shaped from the perspective of a family-centered care philosophy, involving parents and others from the community. Some of the innovative programs include: intensive care facilities, a full-floor day hospital, a multi-disciplinary center for communicative disorders, regional programs for children with heart disease and kidney conditions, and a pediatric asthma prevention and treatment center. This hospital will serve a community of 400,000 children.

The Carl Sagan Discovery Center

This Center will provide patients and their families with hands-on learning tools and exhibits to educate and engage them in the science discovery process and issues about health care. It is based on Carl Sagan's vision for how the wonders of the heavens to people all over the earth. The plans include: live links to NASA missions and stations, computer installation in patient rooms with access to the SETI homepage, live feeds from the radio telescopes of the world, and a Family Center and Discovery kiosks to orient patients and families with the programs at the Center.

Children's Health Fund

This foundation was established by Paul Simon, Irwin Redlener and Karen Redlener to make healthcare accessible to disadvantaged children. In conjunction with the Montefiore Medical Center and the Schering-Plough Corporation, the Children's Health Fund launched the Childhood Asthma Initiative in 1997. This initiative primarily serves homeless children and medically underserved residents of the South Bronx by providing asthma diagnosis and treatment, education, management and reduction measures for this vulnerable population. The Children's Health Fund plans to work closely with The Children's Hospital at Montefiore to ensure that the healthcare needs of the children in the surrounding community are met.

PRE-PROGRAM

There is an extensive pre-program that begins with performances by *The Scott Hesse Trio from The Bronx Arts Ensemble*, followed by the *Highbridge Voices Children's Choir*.

The speakers are scheduled as follows:

- **Spencer Foreman, MD,** President, Montefiore Medical Center;
- **Jay Langer,** Chairman of the Board, Montefiore Medical Center;
- **Lionel I. Pincus** and **Martin S. Davis**, Co-Chairmen, Steering Committee, The Children's Hospital at Montefiore;
- **June M. Eisland,** Councilwoman for the Bronx, District 11 *(TENTATIVE)*;
- **Fernando Ferrer**, Bronx Borough President;
- **Jeffrey Dinowitz,** New York State Assemblyman, 81st District (Bronx County);
- **Guy J. Velella**, New York State Senator;
- **Elliot Engel**, U.S. House of Representatives;
- **Irwin Redlener, MD**, President, The Children's Health Fund;
- **Lynn Stewart**, Family Advisory Committee, Children's Hospital.

In America

BOB HERBERT

The Death of A Child

As I watched the grim, relentless coverage of the Kennedy-Bessette tragedy over the weekend I thought of Dr. Irwin Redlener, who is president of the Children's Hospital at Montefiore Medical Center in the Bronx.

I was reluctant to call him. The worst part of this business is the way we barge in on people nearly overwhelmed with grief. I've written about Dr. Redlener from time to time, mostly about his stalwart efforts to bring pediatric services to homeless children. Last month, when I called to interview him about a column, he told me that his son Jason, who was 28 years old, had been killed in a snowboarding accident in Oregon in March.

I was reluctant to call this week, but I called anyway. The doctor couldn't have been more gracious.

"This weekend has been so intense for us," he said. "Watching this unfold, we can't help but feel connected in a profound way. Our hearts are sick for the families, for the Kennedys because of the promise and the tragedy that have been so much a part of their lives. And then for Caro-

"Everything was an adventure to Jason," said Dr. Redlener. "This was a kid who, like a certain group of kids in his generation, was very bold. His approach to life was exuberant. The sports that he and his wife loved the most were snowboarding and mountain biking, both of which he participated in to the max."

On March 27, as the couple was about to wrap up a few hours of snowboarding, Jason said he wanted to take one more run.

Witnesses said it was a sparkling, crystal-clear day. The mountain was covered with fresh powder.

"There were no trees or anything there," said Dr. Redlener. "He went up to the top and got into his snowboard and went down. A ski school class observed him in amazement because it was steep and difficult and he was very, very talented."

It is believed that as Jason sped down the mountain his snowboard caught on something that was not visible in the snow.

"It flipped him," said Dr. Redlener. "He then landed very traumatically flat on his abdomen. It was in such a remote place that it took the ski patrol a good half-hour to get him and bring him down to a place where a rescue helicopter could take him to a hospital, by which time it was too late to do anything about it. He died of internal hemorrhages."

Dr. Redlener attempted to describe the effect of such a sudden and profound loss on him, his wife, Karen, and the surviving children, David, 31, Michael, 23, and Stephanie, 19.

He said, "When someone has a presence that is so large and looming, as Jason had, and with so much charisma, and then they disappear in a fateful second, it is impossible to get a grasp on that level of absence."

He said he had experienced the grief as a "physical pain" that lasted for many days. The pain was accompanied by intense disorientation.

"I felt unsafe," he said. "I couldn't drive. I felt like it was dangerous walking across the street because you lose that much focus."

Dr. Redlener and, in a later conversation, his wife both said an extraordinary outpouring of support from relatives, friends, colleagues and even strangers had helped carry the family through its terrible crisis.

"It was a support system that I didn't quite realize existed to this extent, and it came forward to be with us," Dr. Redlener said.

He added, "Everything is changed

na. The asthma hospitalization rate for children

including a prevention and treatment center for asth

to the Kennedy-Bessette tragedy.

appreciation for what you have. We've literally told our kids to cherish each other and the times we have together, even as we're dealing with this profound grief of losing Jason.

"This causes you to think about the brevity and unpredictability of life, which is another thing that we've connected to what the Kennedys and the Bessettes are going through." □

children is something that is unfathomable to most people. It cannot be spoken, the amount of grief that they must feel, and the amount of sadness that we feel for them."

Jason Redlener was a remarkable youngster — smart, sensitive, good-looking and athletic. He had studied religion and philosophy in college, had worked as a contractor in New York, and then had moved with his wife, Sheareen, to Bend, Ore., where they opened a small business and enthusiastically embraced the area's outdoor sports and recreation opportunities.

United States Environmental Protection Agency
Air and Radiation Washington, DC 20460
EPA 456/F-99-002 July 1999
http://www.epa.gov/airnow

EPA Air Quality Guide for Ozone

Air Quality	Air Quality Index	Protect Your Health
[illegible]	[illegible]	[illegible]
Moderate	**51-100**	Unusually sensitive people should consider limiting prolonged outdoor exertion.
Unhealthy for Sensitive Groups	101-150	Active children and adults, and people with respiratory disease, such as asthma, should limit prolonged outdoor exertion.

For more information visit EPA's web site at: **www.epa.gov/airnow**

What You Should Know About Ozone

- *Ozone is a major element of urban smog. Ozone can limit the ability to take a deep breath, and it can cause coughing, throat irritation and breathing discomfort. There is also evidence that ozone can lower resistance to respiratory disease (such as pneumonia), damage lung tissue, and aggravate chronic lung disease (such as asthma or bronchitis).*
- *Children and those with pre-existing lung problems (such as asthma) are sensitive to the health effects of ozone. Even healthy adults involved in moderate or strenuous outdoor activities can experience the unhealthy effects of ozone.*

What is ozone?

Ozone is a colorless gas that can be found in the air we breathe. Each molecule of ozone is composed of three atoms of oxygen, one more than the oxygen molecule which we need to breathe to sustain life. The additional oxygen atom makes ozone extremely reactive. Ozone exists naturally in the earth's upper atmosphere, known as the stratosphere, where it shields the Earth from the sun's ultraviolet rays. However, ozone is also found close to the Earth's surface. This ground-level ozone is a harmful air pollutant.

Where does ground-level ozone come from?

Ground-level ozone is formed by a chemical reaction between volatile organic compounds (VOCs) and oxides of nitrogen in the presence of sunlight. Sources of VOCs and oxides of nitrogen include:

- automobiles, trucks, and buses
- large industry and fuel combustion sources such as utilities
- small industry such as gasoline dispensing stations and print shops
- consumer products such as some paints and cleaners
- emissions from aircraft, locomotives, construction equipment, and lawn and garden equipment.

Ozone concentrations can reach unhealthy levels when the weather is hot and sunny with relatively light winds.

How does ozone affect human health?

Even at relatively low levels, ozone may cause inflammation and irritation of the respiratory tract, particularly during physical activity. The resulting symptoms can include breathing difficulty, coughing, and throat irritation. Breathing ozone can affect lung function and worsen asthma attacks. Ozone can increase the susceptibility of the lungs to infections, allergens, and other air pollutants. Medical studies have shown that ozone damages lung tissue and complete recovery may take several days after exposure has ended.

Who is sensitive to ozone?

Groups that are sensitive to ozone include children and adults who are active outdoors, and people with respiratory disease, such as asthma. Sensitive people who experience effects at lower ozone concentrations are likely to experience more serious effects at higher concentrations.

What is an Ozone Action Day?

An Ozone Action Day may be called by your State or local air quality agency when ozone levels are forecast to reach unhealthy levels. These programs, often in partnership with local businesses, encourage voluntary actions to reduce emissions of pollutants that contribute to ground-level ozone formation.

How You Can Keep the Air Cleaner

Every day tips:

- Conserve energy—at home, at work, everywhere.
- Follow gasoline refueling instructions for efficient vapor recovery. Be careful not to spill fuel and always tighten your gas cap securely.
- Keep car, boat, and other engines tuned up according to manufacturers' specifications.
- Be sure your tires are properly inflated.
- Car pool, use public transportation, bike, or walk whenever possible.
- Use environmentally safe paints and cleaning products whenever possible.
- Some products that you use at your home or office are made with smog-forming chemicals that can evaporate into the air when you use them. Follow manufacturers' recommendations for use and properly seal cleaners, paints and other chemicals to prevent evaporation into the air.

Ozone Action Day tips:

- Conserve electricity and set your air conditioner at a higher temperature.
- Choose a cleaner commute—share a ride to work or use public transportation. Bicycle or walk to errands when possible.
- Defer use of gasoline-powered lawn and garden equipment.
- Refuel cars and trucks after dusk.
- Combine errands and reduce trips.
- Limit engine idling.
- Use household, workshop, and garden chemicals in ways that keep evaporation to a minimum, or try to delay using them when poor air quality is forecast.

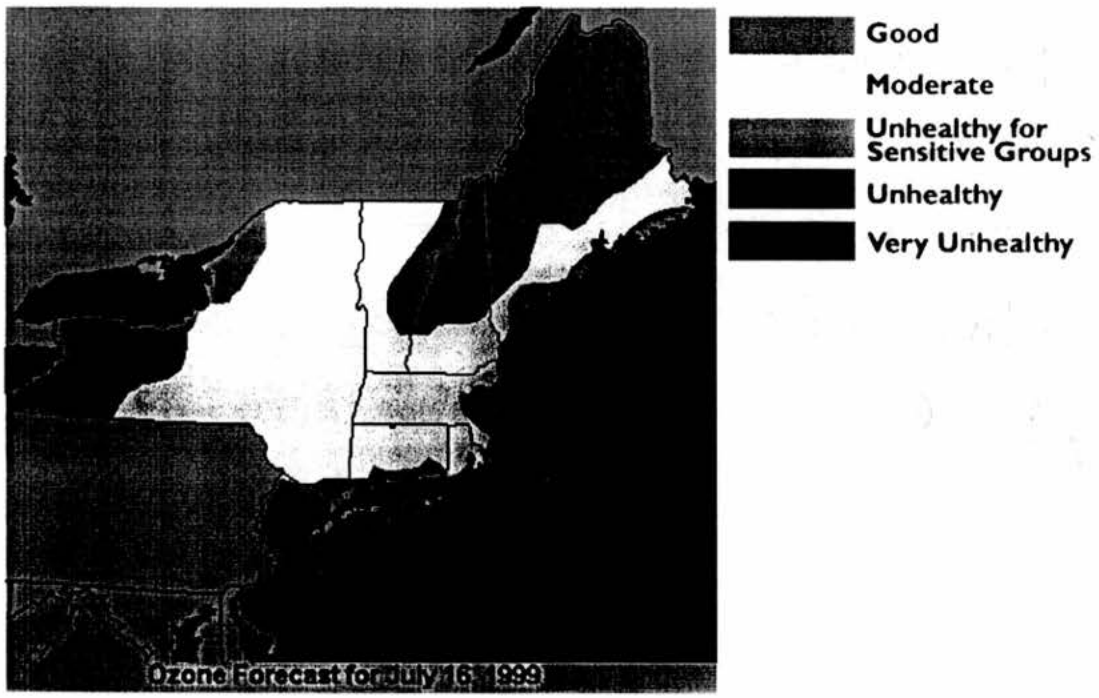
EPA United States Environmental Protection Agency AIRNOW OAQPS Office of Air Quality Planning & Standards

Northeast
Ozone Forecast

FORECAST DISCUSSION FOR FRIDAY, JULY 16, 1999

Weather Summary:
Another heat wave will begin on Friday. A classic "Bermuda" high-pressure will setup off of the mid-Atlantic coast. A wind out of the southwest to west-southwest will help raise the humidity and temperatures which will strive to reach the low to mid 90's for much of the northeast.

Ozone Summary:
The combination of hazy sunshine, a southwest to west-southwest wind flow and hot temperatures will help form ozone. A trough located just off of the southern New England coast will help the ozone levels rise to unhealthy for sensitive groups in New Jersey, southern Connecticut, eastern Massachusetts and New York. In addition, generally unhealthy ozone levels are expected around the coast of Connecticut, New York City and the southern coast of Massachusetts by the Cape with ozone levels reaching unhealthy for sensitive groups in western New York and moderate levels for central New York. The levels will also reach unhealthy for sensitive groups in southern Rhode Island and the southern coast of Massachusetts with moderate ozone levels in central and western Massachusetts. Coastal New Hampshire and Maine will have moderate ozone levels with good levels of ozone in northern New England.



EPA | OAR | OAQPS Home Page
http://www.epa.gov/cgi-bin/airnow.cgi

Search | Comments?

Environmental Task force
school based programs
accelerated research

$68 million comprehensive asthma initiative

public education campaign
enhance school based programs
grants to state disease manage
medicaid
- research - redu
pollution, pesticide, particles

15 yrs double to six mill
100,000 kid hos
10 m. missed days
Af-Am dic 4 times +
hospital

15 yrs doubled to six million
100,000 kids hospitigaled
10 mill. missed day
AF-Am. die 4 times the rate
Bronx hospital rate 5 time nath

$68 mill
→ school based - identify allergens, medication
→ research
→ states incentives ~~abatement~~
management asthma - receive medications
public education
(air pollution, particles lead prevention, tobacco

AIR Quality Index

more specific "unhealthy for sen groups"
more detailed
have to say detail
uniform quality

N.Y.C today

ATTACHMENTS

- Initiative you are unveiling today;
- Background on Montefiore, Carl Sagan Center, and the Children's Health Fund;
- Your Remarks;
- Pre-program speakers;
- Recent *NYT* story on Irwin Redlener, President, Children's Health Fund;
- The Air Quality Index you are unveiling today;
- List of people attending reception following this event.