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UNITED STATES SENATE

U.S. SENATOR HARRIS WOFFORD

PENNSYLVANIA

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HARRIS WOFFORD
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ENVIRONMENT AND PUBLIC WORKS
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United States Senate

WASHINGTON, DC 20510-3803

A MIDNIGHT MEMORANDUM TO: Colleagues Seeking a Common Ground for Action on Health Reform this Year

FROM: Harris Wofford

DATE: August 24, 1994

Last week, when the Republicans and Democrats in the House worked together day and night, all through the weekend, to produce a strong, bipartisan crime bill, my heart leapt with new hope that we in this Congress might indeed be remembered in spite of ourselves.

In spite of the partisanship of these last months that has reached depths I've not seen in my lifetime, I hope that a spirit of working together to find common ground will become contagious in the other vital issue before us: health care.

The choice between doing nothing, going the full distance or taking the first steps toward the ultimate goal isn't a new one for Congress or the country. We have faced that fork in the road before. It is the nature of our democratic system. And instead of turning backward, we have chosen to go forward. Instead of gridlock, we chose progress. Because no action helps no one.

Over many years in the civil rights movement I learned how great goals take great effort and sometimes a long march. In the early 1950s when I first joined the struggle to win the right to vote and end legal segregation, victory seemed a long way off. As a private citizen, I started pressing Congress to enact the first civil rights law since Reconstruction. In 1957, we got the chance, but the bill that emerged fell so far short of our goals that many in the civil rights movement rejected it. From his perch as Senate Majority Leader, Lyndon Johnson argued that if we got that first bill through, there would be pressure and expectation on every Congress thereafter to take further steps until the goals were reached.

Over the opposition of some friends and colleagues leading the civil rights movement, I agreed with Johnson. Congress passed that first bill in 1957. It wasn't an end, but a beginning. We kept our eyes on the prize. We continued the fight through the new Commission on Civil Rights, the 1960 Presidential election, a long season of popular struggle, the 1963 March on Washington, and, finally, the comprehensive Civil Rights Acts of 1964 and 1965.

As with civil rights, no one ever expected health reform to be easy. If it were, then Harry Truman would have won the battle for universal, private health insurance when he started it, nearly 50 years ago and Richard Nixon would have won his battle for

an employer-based universal coverage plan 20 years ago.

The debate so far in this Congress has given clear evidence that none of the proposed comprehensive proposals can command a majority, and none is within reach of the sixty votes necessary to overcome a filibuster. A strong dose of practical realism is necessary. Unless we go the extra mile, and work round-the-clock in serious pursuit of common ground, we risk losing this historic opportunity.

Some are saying, "More Study. Put it off until next year." Others are saying of their proposals, "It's this or nothing, take it or leave it." The result of that kind of inflexibility would be inaction this year, and a long and uncertain start-over sometime in the future. The real losers would be the American people. As the Philadelphia Inquirer's editorial this very morning stated, "It makes one wonder about the other scary pictures of the wait-till-later crowd, as costs march up and choices shrink, as companies dump health plans, as Medicare balloons. As the price of doing nothing climbs."

As with crime, the price of doing nothing on health care is already too high. And what the working group of Republicans and Democrats did in the House for the crime bill is the model of what we need to do in the Senate on health reform. That is, a serious, bipartisan group including the hard-working members from the "Mainstream" and the "Universal Coverage" coalitions, should come together around a table and work day and night if necessary, to find practical common ground for action this session.

Since coming to the Senate in 1991, I have pressed, cajoled, canvassed, and argued for a bill securing for all Americans the kind of affordable health insurance and choice of private health plans that Congress has arranged for itself (and more than nine million people in the federal employees health program). I have been on long marches before in my life. And I intend to keep on this one until we do reach that goal.

I had hoped that we of this Congress would chart a clear path to such universal, private health insurance coverage by a date certain, and certainly by the year 2000.

Now the facts must be faced honestly that this Congress is not able to take such a giant leap forward. Bitter partisanship within the Congress and powerful special interests outside have blocked comprehensive action. Everyone can find something to be against in every proposal on the table. Few seem willing to risk their own interests for the public interest. The result is a classic case of Washington gridlock.

To make real progress toward universal, private health insurance, we must break through that gridlock and concentrate now on what this Congress can do this year. We must agree on a course that puts us on the right road, instead of one which would more likely send our health care system in the wrong direction.

Let's try to agree on elements of health care reform that can begin sooner rather than later, such as coverage for all children. Let's open up the Federal Employees Benefit Plan to small businesses and individuals, as well as to children. Let's make sure that savings from checking the growth in Medicare costs go first to critical programs that help older citizens, such as long-term home care. Let's end unfair, discriminatory and

anti-consumer insurance practices like exclusions for pre-existing conditions. If we are not going to take the reasonable step of requiring employers to contribute something to their employees' health insurance, let's at least be sure not to encourage them to drop existing coverage (as some proposals now on the table would do). Let's make premiums paid by the self-employed 100 percent tax-deductible. Let's provide for an annual "Report Card" to assess our progress on controlling costs, expanding coverage and improving quality.

These are a few of the proposals for action that I would put on the table. Three years ago, many of these ideas would not have been possible, but now they form a common ground for common sense health reform. And we should not lose this opportunity to enact them into law.

At the same time, I strongly oppose proposals that seem to me to do more harm than good, such as taxing benefits that go beyond a standard package, benefits that millions of middle-class Americans have worked hard for. Or proposals that would unfairly burden older citizens.

In order for the pursuit of a practical common ground to succeed we will all need to come to the table with open minds and a readiness to find the simplest, least bureaucratic, least regulatory ways to extend the kind of private health insurance choices we enjoy to other Americans.

If we can agree to such an intense search for the right first steps by this Congress, the working group should assign itself a time certain to report to the Majority Leader and the Republican Leader. That would still give us the time to act before Congress adjourns.

Will such an all-out effort to find the common ground for action this year produce a plan that leads to universal coverage? We cannot know until we try.

If the group cannot agree on a clear path to universal coverage, are there practical steps in the right direction that we can agree to take? I would hope so.

If we cannot agree to action which extends the kind of affordable, private health insurance that members of Congress now enjoy to the American people, then I will move forward to introduce my bill to disqualify members from the federal employees health plan. Because I believe it's simply wrong for members of Congress to have health benefits paid for by <u>their</u> employer -- the taxpayers -- when many of those who actually pay the taxes have no such benefits themselves.

The intense, bipartisan effort I'm proposing to find the highest common ground for action in this Congress may fall short of marking a path to the goal of universal, private insurance coverage. But I intend to keep my eyes on that prize, too. I hope you will join me, not only in the steps we take this year, but in building on that foundation next year, and the year after that. We have many miles to travel. Now we must have the courage and wisdom to begin the journey.

THE WHITE HOUSE

WASHINGTON

August 26, 1994

Mr. Brian Duke
Administrative Director
Physical Medicine Rehabilitation Center
Saint Mary Hospital
Langhorne-Newton Road
Langhorne, PA- 19047-1295

Dear Mr. Duke:

I enjoyed meeting you and visiting the Adult Day Health Program at Chandler Hall. Thank you for writing to share your personal experiences and valuable recommendations about community and home-based care alternatives to institutional care.

Today, as you noted, too many older and disabled Americans do not get the long-term care they need. By preserving high quality independent living for the elderly and disabled, the Chandler Adult Day Health Program provides an invaluable model as Congress continues to debate proposals to expand home and community-based services.

Senator Mitchell and Congressman Gephardt have introduced health reform bills that include a new federally funded long-term care program. Under the program, states with approved plans will be entitled to federal funds to provide home and community-based services and related activities for individuals with disabilities. States will be given flexibility to design their service systems to best meet the needs of their elderly and disabled citizens.

I commend you for the extensive work you and others at Chandler Hall have done to improve community and home-based care programs. The President and I look forward to continuing to work with Congress to pass health care legislation that guarantees health security to all American families.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

cc: The Honorable Harris Wofford

UNITED STATES SENATE

U.S. SENATOR HARRIS WOFFORD

PENNSYLVANIA

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ENVIRONMENT AND PUBLIC WORKS
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United States Senate
WASHINGTON, DC 20510-3803

TO: Colleagues

FROM: Harris Wofford

RE: Early Implementation of Health Reform:
What We Can Do Sooner Rather Than Later

DATE: July 27, 1994

Since Pennsylvanians sent me to Washington with a special mandate for health reform, I have been working to achieve guaranteed, affordable, private health insurance for every American and to control health care costs. As we move into the debate on health reform legislation, I offer the following observations and suggestions.

Too much of the recent debate has focused on how to delay or phase-in reforms more slowly. I hear from Pennsylvanians every day who are losing health security now. So let's focus also on steps that can be taken sooner rather than later in the context of a bill that charts the path to universal coverage.

The clear and present danger is that health care trends are headed in the wrong direction. The number of uninsured Americans continues to rise, the number of employers contributing to their employees health insurance continues to fall, and health care costs for individuals, businesses, states and the federal government continue to increase. We must act to reverse these trends now, not years from now.

We also have growing information on the dangers of attempting to reform the health care system without achieving universal coverage. The experiences of states such as New York, as well as recent studies by Lewin/VHI on alternative plans, show that partial reforms can actually have an adverse impact on both coverage and cost.

It is therefore essential that we give careful consideration to what we do in the short run and that we make certain that we closely monitor the effects of health reform measures to determine whether we are on the path to universal coverage, or headed in the wrong direction.

As Justice Felix Frankfurter used to say, it is not time by itself that changes things, but the constructive use of time. Let's ensure that the time set for any phase-in to universal coverage is indeed used to move us forward and not backward. We cannot ask the American people to settle for less than members of Congress already have.

Requiring an Annual Check-Up

It is wrong to wait for years to see whether we are making progress on extending coverage and controlling costs. No doctor would suggest waiting four, or five or six years to see whether a sick patient is improving, and we shouldn't wait that long either. That's why instead of looking to a single trigger some years in the future, I propose that we require an Annual Check-Up on the progress of health reform.

Each year the Congress should be given a report on the progress of health reform. This Annual Check-Up should begin with a baseline study delivered to Congress by June 1, 1995. Just as a doctor does a complete physical and establishes a baseline for a patient, we should begin with a full assessment of the state of health care.

Each subsequent annual assessment of the nation's health care should include information on:

- whether the percentage of Americans covered by private health insurance is increasing or decreasing;
- whether the percentage of employers providing health insurance to their employees, and the level of their contribution, is growing or declining;
- whether Americans have increasing choice of health plans and doctors and other health providers;
- whether the quality of health care in America is being maintained and improved;
- whether long-term care needs are being met; and
- whether inflation is increasing or decreasing in the cost of health insurance to individuals and employers, states and local governments, and the federal government.

The Annual Check-Up should also include a specific analysis of the impact of any insurance market reforms that have been implemented.

Each year thereafter Congress should be given a comprehensive report on the trends with respect to health insurance coverage and health care costs. This information will tell the Congress and the nation whether the trends of more and more people losing coverage we are experiencing today have been reversed, whether we are making progress toward universal coverage, and whether health care costs are being brought under control.

Beginning with the report on June 1, 1997, the Annual Check-Up should include not only information on health care trends, but also recommendations on steps that Congress should take to assure progress toward achieving universal coverage and controlling health care costs. The recommendations submitted to Congress could not increase the federal deficit.

Although these recommendations would not go into effect without Congressional action, the recommendations would be considered under special rules. Specifically, Congress would be required to consider the recommendations within 90 days, and the legislation based on the health board recommendations would not be subject to a filibuster.

Steps We Can and Should Take Sooner Rather Than Later

There will inevitably be a some phasing-in period, but the key question should be: what reforms can be put in place sooner. A prime example is the provision reportedly being developed by Majority Leader Mitchell extending health insurance to all children and pregnant mothers in Year One. Through the Child Health Insurance Program, Pennsylvania has already started on this road and I applaud the Majority Leader's decision to extend this kind of initiative nationwide. I suggest that there are other reforms that can and should be implemented quickly.

- Opening the Federal Employees Health Benefits Program. We can immediately improve access and choice for Americans by opening our existing purchasing co-operative -- the Federal Employees Health Benefits Program -- to all individuals and employers. This would give everyone who wishes to purchase health insurance access to the same type of health insurance that members of Congress have arranged for themselves. That means guaranteed private health insurance, choice of doctor and health plan, affordable rates, and no exclusions for pre-existing conditions.

- Encouraging State Flexibility. Until national health reform becomes fully implemented, we can and must give states the green light to move forward on their own health reform initiatives. We should create a process for identifying and removing obstacles that prevent states from moving more quickly than the federal government toward universal coverage.

- Meeting the Needs of Seniors. We can begin to address the real long-term care needs of seniors by enacting the Life Care Act (S. 1833), a voluntary, self-financing insurance system that will provide people with affordable protection

against the cost of long-term nursing home care. We can put in place for the first time consumer-protection standards for private long-term care insurance policies. And we can begin a program of home and community-based services and prescription drug coverage for seniors.

By including the Retiree Health Protection Act (S. 1268), we can give retirees greater protection when their former employers unilaterally attempt cutbacks that leave people vulnerable at a time when age and pre-existing conditions make it virtually impossible for many of them to obtain affordable health insurance.

- Reforming the Health Insurance Market. Without universal coverage, we cannot completely end current discriminatory insurance practices. But we can begin aggressive insurance reforms: end pre-existing condition exclusions through a one-time amnesty; enhance portability by requiring continuous coverage for the currently insured; eliminate lifetime limits on insurance benefits; and, move toward an end to discriminatory rating practices. And until we can guarantee comprehensive benefits to all Americans, we can begin by requiring insurance policies to cover immunizations and preventive services for all children.

- Cutting Administrative Waste and Inefficiency. By implementing changes in the way that health information is collected and managed, we can immediately reduce administrative waste and inefficiency. This change will help consumers by simplifying billing procedures, help doctors and other providers by reducing the paperwork burden, and save costs throughout the health care system by identifying fraud and reducing bureaucracy.

- Protecting Personal Privacy. We can immediately implement comprehensive privacy protections to ensure that personal medical information is not released without an individual's written consent and to create strict rules on who has access to information and under what circumstances.

cc: melanie
Chris
Jennifer

HARRIS WOFFORD
PENNSYLVANIA

UNITED STATES SENATE
WASHINGTON, D. C.

JUL 26 [redacted]

July 22, 94

Dear Hillary,

The enclosed letter to George may be of interest.

On to battle!

Warmly, as ever,

Harris

HARRIS WOFFORD
PENNSYLVANIA

ENVIRONMENT AND PUBLIC WORKS
LABOR AND HUMAN RESOURCES
FOREIGN RELATIONS
SMALL BUSINESS

United States Senate

WASHINGTON, DC 20510-3803

July 22, 1994

The Honorable George J. Mitchell
Majority Leader
United States Senate
Washington, D.C. 20510

Dear George,

I am encouraged by the results of your meeting with the President last night. As I have been urging for many months, we must move away from a debate over the "Clinton bill." The direction you indicated is just right: toward a less bureaucratic, less governmental approach, while preserving the central goal of guaranteeing affordable, private health insurance for all Americans. It is precisely what I have been working to achieve.

In that spirit, let me make several points of strategy and offer some specific suggestions about provisions to be included in the bill.

First, universal coverage, of course, must be our goal -- the prize on which we keep our eyes. The Mitchell bill must chart a way to get there. In doing so, let's break out of the statistical definitions and reject the misleading debate over whether "universal coverage" means 91 or 95 or 98 percent. Instead, let's put forth real tests for universal coverage that have a practical, personal meaning to people: If you have a job, you have health insurance; if you change jobs, you have health insurance; if you lose your job, you have health insurance; if you leave welfare for a job, you have health insurance; and if you retire from a job, you still have health insurance.

Those are the actual gaps into which more and more middle-class families are falling. Those are the gaps we have to fill. Your bill should demonstrate that reform is designed above all for the health security of middle-class, working families, the citizens who are most likely to already be uninsured today, the people at greatest risk of losing the coverage they do have. The poorest have Medicaid. The wealthy can afford their own coverage. Health care reform must protect middle-class families who are in danger of losing coverage under the current system.

Second, as a main theme and guiding principle, let's make it clear that the new Mitchell bill builds on and makes more secure our existing private, employer-based health care system, and is not government-run health care. I've found that the best-kept secret about the current status of health reform is that, beginning with the Labor Committee markup and through the Finance Committee markup, we've already removed from the President's original proposal the mandatory, governmental health alliances that concerned many people -- including me.

There is broad bipartisan support for improving the health insurance marketplace so that small businesses and individuals can bargain for and purchase health insurance on the same basis as large employers. Mandatory, government-run health alliances are not necessary to achieve that goal. Rather, voluntary, non-governmental purchasing cooperatives can achieve the same result, without imposing a large, new semi-governmental structure.

Another well-kept secret is that we propose to give the poor in the Medicaid system choices of private health insurance. Similarly, the Labor Committee bill, like the original Health Security Act, allows people at age 65 to continue with private health insurance instead of going into Medicare. And it protects and improves Medicare, by covering prescription drugs and long-term care. These provisions will make it clear that we seek less government-run health care, not more.

Third, we can clarify what we are trying to accomplish by ensuring that our bill makes it possible for all Americans to have the kind of affordable coverage at work and choice of private health plans that members of Congress have. Opening the Federal Employees Health Benefits Program to all individuals and employers is one way to demonstrate that what we support is guaranteed private health insurance, choice of doctor and health plan, affordable rates, no exclusions for pre-existing conditions, and employer contribution. Most Americans rightly sense that what's good for members of Congress (and millions of federal employees and their families) will be good for them. Let's actually make the Federal Employees Health Benefits Program available as one of the ways that people can choose to get private health insurance.

Fourth, it is imperative that the bill be fiscally responsible and provide that health reform will not increase the federal deficit. The Labor Committee bill has a strong mechanism to assure that the cost of new financial obligations under health reform will not increase the deficit. We required the National Health Board to review the benefit package prior to the implementation date and recommend any changes necessary to ensure that health reform does not add to the deficit.

At the same time, financing for health reform must not only be adequate, it must also be fair. No single sector should be asked to contribute an unreasonable portion of the cost of health reform. For instance, if we rely too heavily on Medicare cuts, seniors and the hospitals and doctors who serve them will suffer. Some propose large Medicare cuts, but would use those savings for deficit reduction. That is wrong. While we must control costs in publicly-funded health programs, this should be done in the context of real and comprehensive health reform that also brings down the inflation in private sector costs -- the costs people and businesses feel in ever-increasing premiums.

Fifth, we must be responsive to the concerns expressed by small business owners. Small businesses that currently provide health insurance, often at unfairly high rates, should be major beneficiaries of health reform. At the same time, we must not place too great a burden on small businesses, many of whom operate on very small profit margins. The Labor Committee bill proposes a significant adjustment for small business and businesses with low-wage workers. Specifically, the bill exempts companies with 10 or fewer employees from the

80 percent employer contribution, and instead assesses a small payroll contribution to assist with the health insurance coverage of their workers. Other committees have suggested different levels of adjustment. Whatever the form of accommodation you select, it is essential that the final health reform bill contains protections for small businesses and a reasonable phasing-in of any new financial commitments.

Sixth, many of the proposals that have been put forward recently have the potential to make things worse, not better. In particular, there is a great risk of giving companies that currently provide health insurance a "green light" to drop or reduce coverage for their employees. That is already happening and is reflected in many labor disputes and strikes over reduced benefits or level of employer contribution. Under the economic pressure that companies face from rising health insurance costs and from competitors who don't provide health insurance, the current trend is toward less coverage. Our bill must reverse this trend.

Seventh, instead of focusing on how to stretch out the time before universal coverage becomes a reality, let's see what can be done sooner rather than later. With each provision in the act, let's try to make it effective as early as possible. The so-called "Kids First" amendment that the Finance Committee adopted is one example of a tangible benefit that can be made available in year one. A prescription drug benefit should become part of the Medicare program quickly.

A number of other initiatives that I have worked on and are incorporated in the Labor Committee bill (some of which I point out below) can be put in place almost immediately to improve the current situation for millions of Americans. In moving to universal coverage, let's not drag it into the next century -- let's set the year 2000 as our date certain.

Here are some of the specific measures that I hope you will include in your bill from the beginning, and that I will be fighting for on the floor:

- Protecting Retirees -- The coverage of early retirees proposed in the original Health Security Act would provide enormous relief both to early retirees and their former employers. Until that benefit is implemented, certain protections included the Labor Committee bill can relieve the anxiety many retirees feel.

Based upon the Retiree Health Protection Act (S.1268) which I introduced last year, the Labor Committee bill includes provisions that make it easier for retirees to maintain their promised benefits. The bill will give employees greater protection when their former employers unilaterally attempt cutbacks that leave people vulnerable at a time in life when age and pre-existing conditions make it virtually impossible for many of them to obtain affordable health insurance.

- Long-Term Care -- The original Health Security Act proposed expanded coverage for home and community-based long-term care. It is essential that this be included in the final health reform legislation we pass. But the President's plan did little to address the problem that people face when they or a family member needs more extensive, nursing home care. So many families across our nation have a personal story about a parent or grandparent

who has had to impoverish themselves in order to pay for expensive nursing homes or qualify for long-term care benefits under Medicaid.

The Labor Committee bill includes the Life Care Act (S. 1833) that I introduced with Senator Kennedy, establishing a voluntary, self-financing insurance system that will allow older people to protect a portion of their life savings and pay for long-term nursing home care. Congressional Budget Office analyses show that such a program can be self-financing and premiums can be kept affordable.

A related provision of the Labor Committee bill establishes for the first time consumer-protection standards for private long-term care insurance policies, based on legislation (S. 203) that Senator Kennedy and I introduced last year.

▸ Privacy and Administrative Simplification -- The Labor Committee bill also made enormous improvements over the original Health Security Act in the areas of administrative simplification and privacy protections. The President's bill proposed a new network of federal data collection centers to gather and analyze health information. The Labor Committee adopted an amendment that I proposed, based on a bill that Senators Bond and Riegle had introduced (S. 1494), to base the information systems in the private sector. Rather than duplicating what is taking place in the private sector and replacing it with a government-run apparatus, the Labor Committee bill now uses the existing private system with simple federal standards. In addition to its advantages in building on what already exists, this amendment can save the federal government billions of dollars because we will not create new, unnecessary federal data centers. Notably, the Finance Committee adopted a similar provision that I support.

The Labor Committee bill also dramatically improves the protections for individual privacy. The President's bill created a commission and gave it three years to recommend legislation to protect the privacy of health information. The Labor Committee adopted strict and sensible privacy standards, based on legislation that Senator Leahy originally proposed (S. 2129). These standards, which have strong bipartisan support, would be effective immediately.

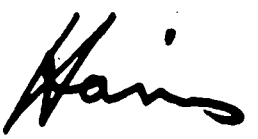
* * *

Mr. Leader, your leadership in crafting a bill and piloting it through the Congress is the key to success. As I emphasized in our private meetings last week and earlier this week, you have my night-and-day help with this, as you've had since I was elected with a special mandate for health reform that assures all Americans affordable, private health insurance.

Referring to the challenge before you, a Pittsburgh friend remarked that if you could mate a bull and a bee, you'd be in the land of milk and honey -- but it's not easy to do. I'm confident you will be able to draw on the best of the ideas in the Senate Finance and Labor Committee bills, the House bills, and other suggestions to produce a bill that will win the support of the majority of the people -- and of the Senate. If you build it -- they will come.

In the days and nights of hard work and big battles ahead, I look forward to winning the battle that Harry Truman began nearly fifty years ago. I was there cheering him on when he called for affordable, private health insurance for all Americans. I'm glad to be at your side as we work and fight to finish the job. As he might have said, it's time for the buck to stop with us, in this Congress, this year.

With warm regards,



Harris Wofford

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THE WHITE HOUSE

WASHINGTON

July 5, 1994 [001]

Ms. Marilyn Karp
2248 Andrea Drive
Bensalem, PA 19020

Dear Ms. Karp:

Thank you for writing to share with me the experiences of your sister and her family. (b)(6) (b)(6)

The President's proposal for health care reform will guarantee every American private health insurance that can never be taken away. It will be illegal for an insurance company to drop coverage or cut benefits, charge higher premiums based on health condition, or apply lifetime limits on coverage.

Under the President's plan, every American will be offered a comprehensive benefits package that includes a wide range of medically necessary or appropriate services, such as hospital and health professional services, mental illness and substance abuse treatment, prescription drugs, durable medical equipment and hospice and home health care. The package will also include clinical preventive services, regular checkups, prenatal care, well-baby care, immunizations, cholesterol screening, mammograms, and Pap smears, at no cost to the individual. Because the benefits package reflects the range of services currently provided by private health insurance, (b)(6) (b)(6)

I wish you and your sister's family the best of luck in your efforts. My thoughts and prayers are with you.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

cc: The Honorable Harris Wofford