Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Devorah Adler to June Shih et al re Real Person (partial) (1 page)	07/26/1999	P6/b(6)
002. schedule	POTUS, Tuesday, July 27, 1999 (partial) (1 page)	07/27/1999	P6/b(6)
003. schedule	FLOTUS, Line Block 07/27/99 thru 08/09/99 (partial) (3 pages)	07/26/1999	P6/b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Domestic Policy Council (Nicole Rabner)
OA/Box Number: 15421

FOLDER TITLE:
Women and Medicine

2012-1035-S
kc1090

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]
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[00D

Devorah R. Adler
07/26/99 01:20:33 PM

Record Type: Record

To: June Shih/WHO/EOP@EOP, Nicole R. Rabner/WHO/EOP@EOP, Christine N. Macy/WHO/EOP@EOP

cc:
Subject: real person

here's our real person -- please call with questions -- I will have more details shortly -- thanks.

JUDITH CATO

P6/(b)(6) MD

Joan is a 60 year old African American woman who has an annual income of $32,000. She receives health insurance through her employer. It is a fairly generous plan, but she is worried about the stability of her insurance because she has seen other people her age whose employers have dropped their insurance altogether or significantly reduced their benefits.

Her mother is 80 years old and has lived with Joan for the past 3 years. She has no income besides Social Security checks and spends approximately $300 per month on prescription medications for her diabetes, glaucoma, and congestive heart failure. She has no prescription drug coverage and assumes the costs out of pocket.

There were many reasons that her mother came to live with them. First, she became increasingly frail as she lost her sight due to the glaucoma. Second, her finances were increasingly unstable as her medical costs continued to grow. It got to be so bad at one point that Joan's mother told her that she was going to stop taking some of her medications because she couldn't pay for them and afford to go see her grandchildren too. Joan immediately told her that she would pay for a round trip ticket anytime - but that's when she became worried that her mother was not taking care of herself properly. When her mother came to stay with them after her gallbladder operation, Joan and her husband thought that it would only be for a little while, until she recuperated - but she ended up staying for three years, and they finally decided to make the move permanent a few months ago.

Joan's daughter had not left the house before her mother moved in; she never really had an " empty nest" and is a good example of a sandwich caregiver. Joan would be eligible for the long term care tax credit, is supportive of the Medicare buy-in because she realizes the instability of her own health insurance, and is extremely supportive of a Medicare prescription drug benefit. Her mother (we are still checking on this) may qualify for the cost sharing protections for the prescription drug benefit.

THE CLINTON-GORE ADMINISTRATION HIGHLIGHTS THE IMPORTANCE OF THEIR PLAN TO STRENGTHEN AND MODERNIZE MEDICARE TO WOMEN
July 27, 1999

Today, at the White House, President Clinton and First Lady Hillary Rodham Clinton joined the Older Women's League (OWL) in releasing a report entitled *"Medicare: Why Women Care,"* which includes a new analysis documenting why strengthening and modernizing Medicare is particularly important to women of all ages. The President and the First Lady also underscored the importance of taking advantage of the historic opportunity to dedicate a significant portion of the surplus to secure the life of the Medicare trust fund for a quarter century. In releasing this report, OWL stated its strong support for the President's vision of dedicating the surplus to strengthen Medicare, adding a prescription drug benefit, and improving preventive services.

The Vice President later joined the Democratic leadership and released a new analysis on the greater challenges that beneficiaries in rural America face in accessing prescription drug coverage. He pointed out that, although representing fewer than one-fourth of the Medicare population, beneficiaries living in rural areas account for over one in three of all beneficiaries lacking prescription drug coverage. Today, the Clinton-Gore Administration:

UNVEILED A NEW REPORT BY THE OLDER WOMEN'S LEAGUE. Nearly 60 percent of Medicare beneficiaries are women and this proportion rises with age – over 4 in 5 people over age 100 are women. Moreover, older women tend to have more chronic illness and lower incomes, making Medicare even more important as a health and financial safety net. Since it was created in 1965, Medicare has contributed to lengthening older women's lives by 20 percent and reducing their poverty rate dramatically. Yet, the 21st century brings with it challenges that will affect all beneficiaries.

Key findings of the report include:

- **In the next 30 years, the number of Medicare beneficiaries will double – most of them will be women.** In 2035 alone, there will be nearly 40 million elderly women and fewer than 34 million older men. This large enrollment increase is a major factor in the projected exhaustion date of the Medicare trust fund by 2015 and in the need for more revenue to avoid devastating cuts to the program.

- **Total prescription drug spending for women on Medicare averages $1,200 – nearly 20 percent more than that of men**. Moreover, like all beneficiaries, about three-fourths of women have coverage that is inadequate, unstable, and declining. Of those women without drug coverage, fully 50 percent have income above 150 percent of poverty (about $12,750 for a single, $17,000 for a couple), despite older women's lower average income.

- **Medicare's preventive benefits are underused by older women**. Financial and information barriers prevent older women from using critical preventive services. In recent years, just 1 in 7 women have taken advantage of Medicare-covered mammograms.

Other key findings include:

MEDICARE, A SOURCE OF FINANCIAL AND HEALTH CARE SECURITY FOR OLDER WOMEN, IS AT RISK.

- **Most elderly Americans covered by Medicare are women.** Twenty out of the 34 million elderly Americans covered by Medicare are women, who comprise nearly 3 out of 5 older Americans. The proportion of the elderly who are women rises with age; about 71 percent of people age 85 or older are women. Eighty-three percent of centenarians are women; in fact, the number of women age 100 or older will double in the next 10 years.

- **New revenue is necessary to ensure that the Medicare trust fund is solvent when women in the baby boom generation retire.** Since most women turning 65 today are expected to live through 2018, the projected insolvency of the Medicare Trust Fund will occur within their lifetime.

- **Women have greater health care needs and lower income.** Older women are more likely to need Medicare's health care services. About 73 percent have two or more chronic illnesses compared to 65 percent of men. Women's incomes are lower than men's incomes, and they must stretch fewer financial resources over longer lives. Seven out of 10 Medicare beneficiaries living below poverty are women. The increased likelihood that women will live alone in their later years places them at increased risk of poverty.

WOMEN FACE GREATER COST BURDENS – AND BARRIERS TO HEALTH CARE – BECAUSE OF MEDICARE BENEFIT LIMITATIONS. As important as Medicare coverage is to women, its benefits are outdated.

- **Higher out-of-pocket health spending.** The combination of greater health problems and lower income results in women on Medicare spending 22 percent of their income on health care compared to 17 percent for men. Lower income women spend an even greater share of their limited incomes on health care – 53 percent for the poorest.

- **Total prescription drug spending averages $1,200 for women on Medicare – 20 percent more than that of men.** Older women tend to have more chronic illnesses that require medication to manage.

- **For most women, existing coverage is unstable, unaffordable and declining.** Medigap routinely increase premiums with age – at age 85, premium for a Medigap plan with drug coverage up to $1,250 costs from $300 to $400 per month -- $3,600 to $4,800 per year. This discriminates against women, who comprise nearly three-fourths of people in this age group. It also charges more at a time where income has declined.

- **About 7.3 million women on Medicare have no coverage to help pay for their prescription drug costs.** Despite their lower average income, fully half of these women without drug coverage have income above 150 percent of poverty, underscoring the importance of drug coverage for people of all age groups.

- **Out-of-pocket payments for preventive services also constitute a barrier to health.** In recent years, just one in seven women without supplemental insurance used Medicare-covered mammograms. One study found that in 1993, only 37 percent of Medicare beneficiaries without supplemental insurance had Pap smears, compared with 59 percent of women who had supplemental insurance.

EMPHASIZED GREATER PROBLEMS FACING RURAL BENEFICIARIES IN ACCESSING PRESCRIPTION DRUG COVERAGE. The Vice President also released new facts on the challenges facing rural beneficiaries. Although one in four of all Medicare beneficiaries live in rural areas, over one in three (34 percent) of those lacking drug coverage live in rural America. In fact, nearly half of all rural beneficiaries lack drug coverage compared to 34 percent of all beneficiaries. This reflects the lower access to Medicare managed care and retiree health coverage for these beneficiaries. The Vice President also released information documenting that lack of access to prescription drug coverage occurs throughout the income spectrum – 45 percent of rural beneficiaries with income above $50,000 lack prescription drug coverage compared to 25 percent of all beneficiaries.

HIGHLIGHTED THE IMPORTANCE OF INVESTING IN THE FUTURE OF THE MEDICARE PROGRAM. Today, the President, First Lady and Vice President underscored the fact that there will not be a debate about how to strengthen Medicare or how to provide a prescription drug benefit if all of the surplus is invested in a large tax cut. They stated their strong belief that the Congress and the American public face an important decision: to invest in a stronger Medicare program for our mothers and grandmothers or give away the entire surplus on a risky and irresponsible tax scheme.

Tuesday, July 27, 1999

9:20 AM	Military Aide Departure Photograph for Major Duffy White, U.S. Marine Corps	Tab A
10:00 AM	Remarks on Medicare	Tab B
	- Remarks	Tab C
11:00 AM	HOLD	No Paper
12:15 PM	Lunch with the Vice President	No Paper
1:05 PM	Foreign Policy Phone Call	Distributed Separately
3:40 PM	Meeting [Streett, Berger]	No Paper
4:15 PM	Meeting with Prime Minister Stephashin of Russia	Distributed Separately
5:00 PM	Legal Services Reception	Tab D
	- Remarks	Tab E To Be Forwarded
	- Background	Tab F
5:55 PM	Brief Remarks to Rio Grande Valley Elected Officials White House Briefing	Tab G To Be Forwarded
	- Talking Points	Tab H To Be Forwarded
	- Participants	Tab I To Be Forwarded
	- Background	Tab J To Be Forwarded

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[002]

Tuesday, July 27, 1999

SCHEDULE OF THE PRESIDENT
FOR
TUESDAY, JULY 27, 1999

Final Schedule

SCHEDULING DIRECTOR:	STEPHANIE STREETT	
	HOME:	P6/(b)(6)
	OFFICE:	202-456-2823
	WHCA PAGER:	4824
PRESS DESK:	KAREN BURCHARD	
	HOME:	P6/(b)(6)
	OFFICE:	202-456-7193
	WHCA PAGER	4769
EVENT COORDINATOR:	LAURA GRAHAM	
	HOME:	P6/(b)(6)
	OFFICE:	202-456-2349
	WHCA PAGER:	4809
EVENT COORDINATOR:	LAURA SCHWARTZ	
	HOME:	P6/(b)(6)
	OFFICE:	202-456-5655
	WHCA PAGER:	4293
WEATHER:	WASHINGTON, D.C.	
	Mostly sunny and hot, becoming partly to mostly cloudy with isolated thunderstorms by late afternoon. Winds west to northwest at 10 to 15 knots. Low 71 to 76. High 91 to 96.	

Schedule of the President
for
Tuesday, July 27, 1999
Final Schedule

9:00 am- MEETING
9:15 am OVAL OFFICE
Staff Contact: John Podesta

9:20 am- MILITARY AIDE DEPARTURE PHOTOGRAPH FOR MAJOR DUFFY
9:30 am WHITE, U.S. MARINE CORPS
OVAL OFFICE
Staff Contact: Colonel Simmons
WHITE HOUSE PHOTO ONLY

9:35 am- BRIEFING
9:55 am OVAL OFFICE
Staff Contact: Gene Sperling, Mary Beth Cahill, Bruce Reed

9:55 am THE PRESIDENT and The First Lady proceed to Presidential Hall, OEOB 450

Greeter: Judith Cato
Harriet Pinkerton

10:00 am- REMARKS ON MEDICARE
10:50 am PRESIDENTIAL HALL
Remarks: June Shih
Staff Contact: Gene Sperling, Mary Beth Cahill, Bruce Reed
Event Coordinator: Laura Graham
OPEN PRESS

-- Off-stage announcement of the President and the First Lady, accompanied by Secretary Donna Shalala, and Judith Cato.

-- Secretary Donna Shalala makes brief remarks and introduces the First Lady.

-- The First Lady makes brief remarks and introduces Judith Cato.

-- Judith Cato makes brief remarks and introduces the President.

-- The President makes remarks, works a ropeline and departs.

10:55	am	THE PRESIDENT proceeds to Oval Office
11:00 12:15	am- pm	HOLD
12:15 1:00	pm- pm	LUNCH WITH THE VICE PRESIDENT OVAL OFFICE
1:05 1:30	pm- pm	BRIEFING AND FOREIGN POLICY PHONE CALL OVAL OFFICE Staff Contact: Samuel Berger
1:30 3:30	pm- pm	PHONE AND OFFICE TIME OVAL OFFICE
3:30 3:40	pm- pm	MEETING OVAL OFFICE Staff Contact: Stephanie Streett
3:40 4:00	pm- pm	MEETING OVAL OFFICE Staff Contact: Stephanie Streett, Samuel Berger
4:00 4:15	pm- pm	BRIEFING OVAL OFFICE Staff Contact: Samuel Berger
4:15 4:45	pm- pm	MEETING WITH PRIME MINISTER STEPHASHIN OF RUSSIA OVAL OFFICE Staff Contact: Samuel Berger WHITE HOUSE PHOTO ONLY
4:50	pm	THE PRESIDENT proceeds to Residence
4:55 5:00	pm- pm	BRIEFING RESIDENCE ELEVATOR Staff Contact: Thurgood Marshall, Jr., Capricia Marshall

5:00 pm- LEGAL SERVICES RECEPTION
5:30 pm EAST ROOM
Remarks: Jordan Tamagni
Staff Contact: Thurgood Marshall, Jr., Capricia Marshall
Event Coordinator: Laura Schwartz
OPEN PRESS

Note: The program will begin at 5:00 pm. If the President is detained by the previous meeting he may join the program in progress.

-- Off-stage announcement of the President and the First Lady, accompanied by Attorney General Janet Reno, and Lucy Johnson.

-- The First Lady makes brief remarks and introduces Attorney General Janet Reno.

-- Attorney General Janet Reno makes brief remarks and introduces Representative Howard Berman.

-- Representative Howard Berman makes brief remarks and introduces Representative Jim Ramstad.

-- Representative Jim Ramstad makes brief remarks and introduces Lucy Johnson, client.

-- Lucy Johnson makes brief remarks and introduces the President.

-- The President makes remarks and departs.

5:50 pm- BRIEFING
5:55 pm OVAL OFFICE
Staff Contact: Mickey Ibarra

5:55 pm-
6:10 pm

BRIEF REMARKS TO RIO GRANDE VALLEY ELECTED OFFICIALS
WHITE HOUSE BRIEFING
ROOSEVELT ROOM
Staff Contact: Mickey Ibarra
WHITE HOUSE PHOTO ONLY

- Representative Ruben Hinojosa introduces the President.

- The President makes brief remarks, presents bridge permit to Mayor Leo Montalvo of McAllen, Texas, Mayor John David Franz of Hidalgo, Texas, and Mayor Norberto Salinas of Mission, Texas, and departs.

EVENING OFF

BC/HRC RON

THE WHITE HOUSE
WASHINGTON, DC

A

THE WHITE HOUSE

WASHINGTON

'99 JUL 26 PM3:52

July 26, 1999

MEETING WITH MAJOR DUFFY W. WHITE, USMC,
AND HIS FAMILY

DATE: Tuesday, July 27, 1999
LOCATION: Oval Office
TIME: 9:25 a.m.
FROM: Joseph J. Simmons IV

I. PURPOSE
To bid farewell to Major White, Marine Corps Aide to The President.

II. BACKGROUND
Major White has served since June 1997.

III. PARTICIPANTS
President
Joseph J. Simmons IV (Director, WHMO)
Major Duffy White
Major Patricia Hannigan (Wife)
Kathleen White (Daughter)
Douglas White (Brother)
Barbara White (Sister-in-law)
Andrew White (Nephew)
Jeffrey Hannigan (Brother-in-law)
Debby Hannigan (Sister-in-law)
Meagan Hannigan (Niece)
Military Aides

IV. PRESS PLAN
White House photographer and White House Communications Agency camera crew.

V. SEQUENCE OF EVENTS
(1) Major White and family will hold outside Oval Office.

(2) Military Aides will escort Major White and family into Oval Office.

(3) Major White will introduce his family to the POTUS, who is positioned in front of the Resolute Desk, and a group photo will be taken.

(4) The Military Aide will read the award citation. Once finished, the POTUS will present Major White the Defense Superior Service Medal and a photo will be taken.

(5) Major White and family will depart.

VI. REMARKS
None required

B

'99 JUL 26 PM 9:56

THE WHITE HOUSE

WASHINGTON

July 26, 1999

MEDICARE AND WOMEN EVENT

DATE:	July 27, 1999
LOCATION:	Presidential Hall
BRIEFING TIME:	9:35am – 9:55am
EVENT TIME:	10:00am – 10:50am
FROM:	Bruce Reed, Gene Sperling, Mary Beth Cahill, Chris Jennings

I. PURPOSE

To join the Older Women's League (OWL) in releasing a report entitled *"Medicare: Why Women Care,"* which includes a new analysis documenting why strengthening and modernizing Medicare is particularly important to women of all ages.

II. BACKGROUND

Today, in your remarks you will:

UNVEIL A NEW REPORT BY THE OLDER WOMEN'S LEAGUE. Nearly 60 percent of Medicare beneficiaries are women and this proportion rises with age – over 4 in 5 people over age 100 are women. Moreover, older women tend to have more chronic illness and lower incomes, making Medicare even more important as a health and financial safety net. Since it was created in 1965, Medicare has contributed to lengthening older women's lives by 20 percent and reducing their poverty rate dramatically. Yet, the 21st century brings with it challenges that will affect all beneficiaries.

Key findings of the report include:

- **In the next 30 years, the number of Medicare beneficiaries will double – most of them will be women.** In 2035 alone, there will be nearly 40 million elderly women and fewer than 34 million older men. This large enrollment increase is a major factor in the projected exhaustion date of the Medicare trust fund by 2015 and in the need for more revenue to avoid devastating cuts to the program.

- **Total prescription drug spending for women on Medicare averages $1,200 – nearly 20 percent more than that of men**. Moreover, like all beneficiaries, about three-fourths of women have coverage that is inadequate, unstable, and declining. Of those women without drug coverage, fully 50 percent have income above 150 percent of poverty (about $12,750 for a single, $17,000 for a couple), despite older women's lower average income.

- **Medicare's preventive benefits are underused by older women**. Financial and information barriers prevent older women from using critical preventive services. In recent years, just 1 in 7 women have taken advantage of Medicare-covered mammograms.

Other key findings include:

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- **Most elderly Americans covered by Medicare are women.** Twenty out of the 34 million elderly Americans covered by Medicare are women, who comprise nearly 3 out of 5 older Americans. The proportion of the elderly who are women rises with age; about 71 percent of people age 85 or older are women. Eighty-three percent of centenarians are women; in fact, the number of women age 100 or older will double in the next 10 years.

- **New revenue is necessary to ensure that the Medicare trust fund is solvent when women in the baby boom generation retire.** Since most women turning 65 today are expected to live through 2018, the projected insolvency of the Medicare Trust Fund will occur within their lifetime.

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WOMEN FACE GREATER COST BURDENS – AND BARRIERS TO HEALTH CARE – BECAUSE OF MEDICARE BENEFIT LIMITATIONS. As important as Medicare coverage is to women, its benefits are outdated.

- **Higher out-of-pocket health spending.** The combination of greater health problems and lower income results in women on Medicare spending 22 percent of their income on health care compared to 17 percent for men. Lower income women spend an even greater share of their limited incomes on health care – 53 percent for the poorest.

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- **Out-of-pocket payments for preventive services also constitute a barrier to health.** In recent years, just one in seven women without supplemental insurance used Medicare-covered mammograms. One study found that in 1993, only 37 percent of Medicare beneficiaries without supplemental insurance had Pap smears, compared with 59 percent of women who had supplemental insurance.

EMPHASIZE GREATER PROBLEMS FACING RURAL BENEFICIARIES IN ACCESSING PRESCRIPTION DRUG COVERAGE. In an event later today, the Vice President will release new facts on the challenges facing rural beneficiaries. Although one in four of all Medicare beneficiaries live in rural areas, over one in three (34 percent) of those lacking drug coverage live in rural America. In fact, nearly half of all rural beneficiaries lack drug coverage compared to 34 percent of all beneficiaries. This reflects the lower access to Medicare managed care and retiree health coverage for these beneficiaries. The Vice President will also release information documenting that lack of access to prescription drug coverage occurs throughout the income spectrum – 45 percent of rural beneficiaries with income above $50,000 lack prescription drug coverage compared to 25 percent of all beneficiaries.

HIGHLIGHT THE IMPORTANCE OF INVESTING IN THE FUTURE OF THE MEDICARE PROGRAM. Today, you, the First Lady and the Vice President will underscore the fact that there will not be a debate about how to strengthen Medicare or how to provide a prescription drug benefit if all of the surplus is invested in a large tax cut. You will state your strong belief that the Congress and the American public face an important decision: to invest in a stronger Medicare program for our mothers and grandmothers or give away the entire surplus on a risky and irresponsible tax scheme.

III. PARTICIPANTS

Briefing Participants:
Secretary Donna Shalala
Bruce Reed
Gene Sperling
Mary Beth Cahill
Chris Jennings
Jeanne Lambrew
June Shih

Event Participants:
The First Lady
Secretary Donna Shalala
Judy Cato

Judy Cato, 60, receives health insurance through her employer, but is worried about the stability of her coverage especially as she reaches retirement age. In addition to worrying about the health care needs of both herself and her husband, Judy is the primary caregiver to her 80 year-old mother who has lived with her family for three years. Her mother's prescription drug costs are approximately $300 monthly, and without the daily needs assistance Judy provides she would not be able to make it alone. Joan is employed as a site manager for Council House, a housing facility for low-income seniors. She has one daughter and one grandson.

IV. PRESS PLAN

Open Press.

V. SEQUENCE OF EVENTS

- **YOU** and the First Lady will be announced, accompanied by Sec. Shalala and Judy Cato, onto the stage.
- Secretary Shalala will make remarks and introduce the First Lady.
- The First Lady will make remarks and introduce Judy Cato.
- Judy Cato will make remarks and introduce **YOU**.
- **YOU** will make remarks, work a ropeline, and depart.

VI. REMARKS

To be provided by speechwriting.

C

Draft 7/26/99
Shih

PRESIDENT WILLIAM J. CLINTON
REMARKS ON WOMEN AND MEDICARE
THE WHITE HOUSE
JULY 27, 1999

Good morning. Today, after listening to Judith speak about her mother and her family, I am reminded that the aging of America is a challenge that we are truly blessed and lucky to have. It is what I like to call a high-class problem. Americans are living longer. And America is richer for it. Older Americans are leading more active lives and making important contributions to our communities well into retirement. Our children are enjoying the love and wise counsel of their grandparents long into adulthood. I know I would have loved to have my mother still with me in my retirement years.

On the eve of the 21st Century, the health and vitality of America's seniors is in no small part due to Medicare. Everyone here knows the difference Medicare has made in the lives of older Americans and their families. For 34 years, Medicare has protected the health of our seniors, enriched the lives of the disabled, and eased the financial burden on families as they cared for their loved ones. For millions of American women, Medicare has been the lifeline to a dignified retirement. As the report released today by the Older Women's League so convincingly tells us, a strong and modern Medicare system is vital to the health and future of America's women -- to our grandmothers, mothers, wives, sisters and daughters.

First, a strong and modern Medicare system is critical to women because, very simply, the majority of Medicare beneficiaries -- twenty of the 34 million Americans currently enrolled -- are women. [*point to chart*]This is so because the majority of Americans 65 and older -- three out of every five -- are women. But what's more, as we grow older, so does the proportion of women. Nearly three-fourths of all Americans who reach the age of 85 are women. And 4 out of 5 centenarians -- Americans lucky enough to witness the breadth of an entire century -- are women.

Second, without Medicare, the doors to hospitals and doctors' offices, to basic medical treatment and good health, would be closed to millions of older women. Throughout their lives, women's incomes have always lagged behind those of men – a gap underscored in retirement through smaller pensions and Social Security checks. Even as they must make ends meet on smaller incomes, women must meet greater health care needs than men. Nearly three-fourths of older women have two or more chronic illnesses compared to just 65 percent of older men. For these women, Medicare has truly meant the difference between a healthy retirement and one clouded by untreated illness and poverty.

But as we know, the clock is ticking on this critical institution's ability to serve America's women and families into the next century. With our people living longer than ever, and the retirement of the Baby Boom generation rapidly approaching, the Medicare Trust Fund will become insolvent by 2015. At the same time, Medicare's benefits – which have not changed

significantly since 1965 -- have failed to keep pace with the rapidly changing world of modern medicine.

There are some who say that strengthening Medicare is a challenge that we can still afford to put off toward later years. To them I say, look at Judith Cato and her mother. Like millions of women in the same situation, affording prescription drugs is a very immediate challenge. The typical 65-year old woman retiring this year can expect to see the ripe old age of 84. That's 19 more years of retirement. But if we do not act soon, the Medicare Trust Fund will expire in 16 years.

We must act now. Over the past six and a half years, we have managed to transform a sick deficit economy into an economy that is the picture of fiscal health. In 1993, the budget deficit was projected to be $290 billion. Today, we have an unprecedented surplus of $99 billion. We've balanced the budget, cut unnecessary spending, expanded our investments in education and training. As a result, we have the longest peacetime expansion in history, with 19 million new jobs and the lowest minority unemployment rates ever recorded.

We cannot afford to miss this unprecedented opportunity to strengthen and modernize Medicare for the 21st Century. My plan would secure Medicare by dedicating over $370 billion of our budget surplus over the next 10 years to extending the life of the Trust Fund to the year 2027. We will keep Medicare costs low even as we improve quality by introducing the most effective private sector innovations into the program. And we will promote competition by giving seniors the chance to choose between lower-cost Medicare managed plans and the traditional program.

Strengthening Medicare is important, but so is modernizing its benefits. Over the past thirty years, a medical revolution has transformed health care with prescription drugs that have supplanted some surgeries, lengthened and improved the quality of life. As the OWL study shows, women have borne the greatest cost of this pharmaceutical revolution. According to this chart, women spend $1,200 a year on prescription drugs, almost 20 percent more than men. As many of you know, my plan will help seniors afford the prescription drugs that have become essential to modern medicine.

I am committed to providing an optional prescription drug benefit to all Medicare beneficiaries. Affording prescription drugs is a challenge not just for poor women, but for middle income women as well. Half of all middle class women – those who make at least $12,700 a year, or with their husbands make $17,000 -- have no prescription drug coverage at all. [show chart]. Women who have tried to buy extra drug coverage through private Medigap policies have had to cope with escalating premiums as they grow older. Anyone who says that America's seniors must bear these burdens in retirement is simply out of touch and out of date.

Finally, my plan will also eliminate the last barrier between seniors and preventive screenings-- tests for breast cancer, colon cancer, prostate cancer, diabetes, and osteoporosis -- that can help save their lives. For too many seniors on fixed incomes – especially low-income women -- the cost of a modest copayment is simply prohibitive. Last year, just one in seven

women took advantage of the mammograms covered by Medicare. To encourage more people to take advantage of this benefit, my plan will waive the deductible and all co-payments.

I call on Congress to move forward on this plan – and seize the historic opportunity we have to ensure that Medicare truly serves our mothers, grandmothers, sisters, wives and all Americans well into the 21st Century. By dedicating the surplus first to Social Security and Medicare, we can strengthen these programs without walking away from our vital commitments to education, to law enforcement, to biomedical research, to national defense, to the environment. Under my plan, we could actually free America from its debt for the first time since 1835 – and still have funds left over for a substantial tax cut – one targeted toward retirement savings, long term care, and child care.

Regrettably, there are some in Congress who have voted to squander this historic opportunity to prepare for the aging of America. Last week, the House of Representatives passed an irresponsible tax bill that would spend our surplus without devoting a dime toward boosting the solvency of Medicare. What's more, the Republican tax cuts won't go into full effect until the year 2010, draining the most resources just as the baby boomers begin retiring, Medicare nears insolvency, and Social Security begins to feel new strains. This week, the Senate will consider a similar bill. These bills are skewed toward the special interests. They do not protect our national interests. They are unacceptable.

I have made it very clear that I will not accept any bill that undermines our ability to save Social Security and strengthen Medicare. I ask the Senate and the House to work with me to honor this fundamental obligation to the future. We must make certain there are enough resources for Medicare, for Social Security, and for education, for law enforcement and the environment before we embark on a tax scheme that could squeeze out vital priorities in years to come. First things first.

The aging of America is an important challenge for our nation. It tests our commitment to our parents who deserve high quality health care after a lifetime of hard work. It tests our commitment to our children who should not be burdened with the cost of bailing out Medicare just as they are raising their own families. It tests our foresight -- our ability to recognize and fulfill our duties and obligations to the future. It is a test I am confident we, the American people, can pass.

D

THE WHITE HOUSE

WASHINGTON

July 26, 1999

RECEPTION IN HONOR OF THE 25TH ANNIVERSARY OF THE LEGAL SERVICES CORPORATION

DATE:	**Tuesday, July 27, 1999**
TIME:	**5:00 p.m.**
LOCATION:	**East Room**
FROM:	**Melanne Verveer**

I. PURPOSE

To celebrate the 25th anniversary of the Legal Services Corporation, which has been providing access to justice for all Americans since 1974.

II. BACKGROUND

As you know, Legal Services Corporation (LSC) is a private, non-profit corporation established by Congress to ensure equal access to justice under the law for all Americans by providing legal assistance in civil matters to low-income individuals. LSC was created in 1974 with bi-partisan congressional support to ensure that at least a minimum level of access to justice was available everywhere in the United States. LSC is headed by an 11-member board of directors, appointed by the President and confirmed by the Senate. No more than six of the board members may be of the same political party.

The Legal Services Corporation currently provides grants to 258 local programs – chosen through a competitive system – serving every county and congressional district in the nation. LSC's grantees leverage the $300 million in federal funds to raise nearly $230 million annually in other government and private funding to help support local legal programs. Last year, LSC programs served more than 1 million people who needed legal assistance with matters involving domestic violence, housing, employment, or disability claims. More than two-thirds of LSC programs' clients were women, mostly mothers with children.

In 1996, Congress restructured the legal services delivery system by placing a series of new restrictions on the types of ways LSC lawyers can represent their clients. The restrictions addressed Congress' determination that federal funds should go to programs that focus on individual cases, leaving to others the broader efforts to address the problems of the client community. Yet, the need for legal services is overwhelming.

Almost one in every five Americans is potentially eligible for LSC-funded services. Because of limited resources, local legal services programs are forced to turn away tens of thousands of people with critical legal needs.

Currently, LSC faces yet another budget battle in Congress. Last week, the House Appropriations Subcommittee on Commerce, Justice, State and the Judiciary voted for the fourth year in a row to cut in half funding for the Legal Services Corporation. Chaired by Cong. Harold Rogers (R-KY), the Subcommittee elected to appropriate only $141 million for FY 2000, roughly half of LSC's FY 99 budget of $300 million. The full Senate, however, approved $300 million for FY 2000. The Administration's request was $340 million.

During the event, **YOU**, The First Lady and the Attorney General will be presented with LSC's Award for "Outstanding Commitment to Justice." The award honors individuals who have supported access to justice in the past 25 years and recognizes each recipient's support of legal services and the broader concept of equal justice under the law as stated in the Constitution. Other recipients of the award are: Senator Kennedy, Senator Rudman, Senator Domenici, Rep. Berman, Rep. Ramstad and the American Bar Association.

III. SEQUENCE OF EVENTS

Scenario to be forwarded from Office of the Social Secretary.

IV. PARTICIPANTS

Blue Room Meet and Greet
The President
The First Lady
Attorney General Janet Reno
Cong. Berman
Cong. Ramstad
John McKay, President, Legal Services Corporation (bio attached)
Doug Eakeley, LSC Board of Directors
Lucy Johnson, client (bio attached)
Karen Brown, Legal Services lawyer
Mary Saunders, client
Robert Walton (Ms. Saunders son)
Edith Hernandez, client

Speaking Program
The President
The First Lady
Attorney General Janet Reno
Cong. Berman
Cong. Ramstad
Lucy Johnson, client

200 invited guests, including Members of Congress, members of the legal community, legal services clients and lawyers (see attached list)

V. PRESS

Open Press

VI. REMARKS

To be provided by Jordan Tamagni.

E

THE REMARKS

FOR THE LEGAL SERVICES RECEPTION

WILL BE FORWARDED

F

LSC

For 25 years, America's Partner For Equal Justice

"Equal access to the justice system is the cornerstone upon which our democracy and the rule of law rest."

– Justice Barbara Durham, Washington State Supreme Court

Without adequate funding for Legal Services, our poorest, most vulnerable citizens will be unable to have legal representation in civil matters. 'Equal Justice Under the Law,' a statement seen by Americans every day on the Supreme Court building, will be empty words."

– Rep. Jim Ramstad (R-MN)

"He [her attorney from Legal Aid of Western Michigan] fought for me to keep my home. Now, with the equity from that, I can afford to relocate us."

– Evelyn V., mother of four, after 13 years in an abusive marriage

LSC: A Private, Non-Profit Corporation that Ensures Equal Access to Our Justice System

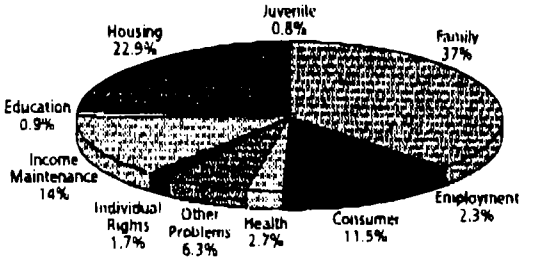
Legal Services Corporation (LSC) is a private, non-profit corporation established by Congress to ensure equal access to justice under the law for all Americans by providing legal assistance in civil matters to low-income individuals. Congress created LSC because it recognized that federal funding was necessary to ensure that at least a minimum level of access to the system of justice was available everywhere in the United States. For 25 years, LSC has continued its commitment to equal justice as an indispensable component of America's justice system.

Nonpartisan Institution Serving Americans

LSC was created in 1974 with bipartisan congressional sponsorship and the support of the Nixon Administration. It is headed by an 11-member board of directors, appointed by the President and confirmed by the Senate. By law, the board is bipartisan: no more than six members may be of the same political party.

LSC Programs Funded Through Grants, Public-Private Partnership

LSC provides grants to independent local programs chosen through a system of competition. With its FY 1999 budget of $300 million, LSC currently funds 258 local programs, serving every county and congressional district in the nation. LSC distributes 97 percent of the funds it receives to these programs. Working as an exemplary model of public-private partnership, LSC grantees leverage federal funds to raise nearly $230 million annually in other government and private funding to help support their activities. In addition, LSC-funded programs maximize and promote pro bono service from private attorneys. LSC provides the education and the structure that enable volunteer private attorneys to serve clients effectively.



1998 Case Closures, By Type of Case
Source: 1998 Grant Activity Report

We the People of the United States, in order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defense, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America."

- Preamble to the U.S. Constitution

"LSC serves as a safety net for the poor in that it gives them the ability to pursue their rights as American citizens, irregardless of economic status. Without such a safety net, these Americans would not be able to petition the courts for a remedy for the wrongs they have suffered. For these Americans, their rights would be no rights at all."

– Rep. Danny Davis (D-IL)

"I had, literally, run for my life. I was battered and bruised. I had taken my two kids and myself and fled to a women's shelter. We had nothing... I was in fear for my life. Who would help a woman that had nothing but two kids? That's when I found Legal Aid."

– Client, Legal Aid of Western Oklahoma

Restoring Economic Independence

For millions of Americans, legal services is the only resource available to access the justice system. Legal services' clients are as diverse as the nation, encompassing all races, ethnic groups, and ages. They include the working poor, veterans, family farmers, people with disabilities, and victims of natural disasters. Many were formerly middle class, and became poor because of age, unemployment, illness, or the breakup of a family. LSC-funded programs help people restore their economic independence by giving them the tools they need to help themselves.

Often, the best way to help clients is to provide them with important legal information. LSC programs instruct clients on both their rights and their responsibilities under the law. With this information, clients can work within the justice system to re-establish economic independence. With LSC's help, families can maintain their incomes, homes, health benefits, and their dignity.

Millions Benefited, Civil Cases Resolved

In 1998, LSC handled more than a million civil cases, benefiting twice as many individuals. The most common types of cases that people bring to LSC-funded program offices are related to family law, housing, employment, government benefits, and consumer matters.

More than two-thirds of LSC clients are women — most of them mothers with children. The legal problems faced by those living in poverty can have serious, long-term consequences for children, and as a result, for society as a whole.

Continued Funding Ensures Continued Service

The need for legal services is overwhelming. Almost one in every five Americans is potentially eligible for LSC-funded services. Because of limited resources, local legal services programs are forced to turn away tens of thousands of people with critical legal needs. The future of LSC depends on continued federal funding to ensure the justice system does not exist just for those who can pay the price of admission.

Contact: Legal Services Corporation, 750 First St., NE, Washington, D.C. 20002 • 202-336-8800 202-336-8959 (fax) • www.lsc.gov

LEGAL SERVICES CORPORATION (LSC)
QUESTIONS AND ANSWERS

What is LSC?

LSC is a private, non-profit corporation established in 1974 by Congress during the Nixon administration in 1974 to help provide low-income Americans with civil legal services. For 25 years, LSC has maintained its commitment to equal justice as an indispensable component of America's justice system.

How does it work?

LSC receives funds from Congress, and makes grants to local legal aid offices run by independent boards of directors. Local boards are comprised of community leaders, client representatives and local leaders. For the past 25 years, legal services' attorneys have helped millions of low-income people address basic civil legal issues that make a difference in their lives. Legal services' attorneys teach people their rights and responsibilities, provide legal advice, and help resolve cases, most often without even going to court. These attorneys work to help clients stay in safe and secure homes, make sure children receive financial support, protect women from domestic violence and ensure our justice system works for all Americans.

Who benefits from LSC programs?

There are currently 40 million Americans at or below the poverty level. LSC's clients are as diverse as our nation, encompassing all races, ethnic groups, and ages. They include the working poor, veterans, family farmers, people with disabilities, and victims of natural disasters. Many were formerly middle income and became poor because of age, unemployment, illness, or the breakup of a family. Left unresolved, the problems clients bring to LSC-funded programs can end up costing society far more than the funding invested in providing legal services.

How does LSC help low-income Americans?

LSC funding helps people get their lives back together. At an average cost of around $150 per client, legal services' attorneys have, for example:

- Enforced child support orders saving thousands of taxpayer dollars by keeping whole families off welfare;
- Helped thousands of family farmers during the farm crisis of the 1980s by preventing more than 250,000 illegal farm foreclosures;
- Established a mine safety project in Kentucky, resulting in reinstatement of dozens of coal miners to their jobs and the expansion of miner's rights to a safe work place;
- Prevented homelessness by enforcing laws against housing discrimination toward families with children;
- Represented battered women seeking orders of protection, child support enforcement and divorces from abusive spouses.

How are LSC cases typically resolved?

Most legal services' cases are resolved rapidly and out of court. Many times, legal advice, a referral or a few letters or phone calls are enough to solve a problem, which, if not addressed, could require even more serious action and public expense.

Only 9.6 percent of the cases closed in 1998 were resolved through the courts, and in many of these cases, the other party initiated the litigation.

How are LSC and its programs funded?

LSC receives annual funding from Congress and makes grants to local programs that provide civil legal assistance to those who otherwise would be unable to afford it. Funds are distributed to programs on a per capita basis, according to census reports of the number of low-income people in the area. In 1998, LSC-funded programs handled more than one million civil cases, benefiting more than two million individuals, mostly children living in poverty. LSC grantees spent around $150 per client, costing each American a mere $1.10 to ensure that millions of our poorest citizens had access to justice.

LSC is model public-private partnership. LSC currently funds 258 local legal aid programs, serving every county and congressional district in the nation. LSC's grantees leverage the $300 million in federal funds to raise nearly $230 million annually in other government and private funding to help support local legal programs.

In addition, LSC-funded programs maximize and promote pro bono service from private attorneys. LSC provides the education and the structure that enable 150,000 volunteer private attorneys to serve clients effectively.

When did the idea for equal access to justice begin?

More than 200 years ago as espoused by the founders of this nation. In articulating their rationale for forming a united nation from the 13 independent states, the founders, in the preamble to the Constitution, listed "to establish justice" as the first specific function of the new government. Justice is not simply another government entitlement; it is the historic mandate of a free society.

Why do we need LSC?

LSC provides justice to people who could otherwise not afford it, ensuring America lives up to the mandate of a free society.

LSC provides a measure of fairness to those in our complex and rapidly changing society who are too often forgotten or turned away.

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JOHN MCKAY
PRESIDENT
LEGAL SERVICES CORPORATION

John McKay was appointed president of the Legal Services Corporation (LSC) by its bipartisan board of directors in the spring of 1997. His tenure has been characterized by a bipartisan approach to working with Congress, driven by his deeply held commitment to the principle of equal justice.

LSC provides civil legal aid to low-income individuals with critical legal needs by administering federal grants to its 258 local programs around the country. As past chair of the Equal Justice Coalition, a bipartisan coalition of nearly 100 community leaders and 50 organizations in Washington state, Mr. McKay spearheaded the state's effort to preserve federal funding for LSC.

Mr. McKay worked on Capitol Hill in the late 1970s as a legislative aide to the late Representative Joel Pritchard (R-WA). In the 1980s, President George Bush named him a White House Fellow, and he returned to the nation's capital, where he served as special assistant to FBI Director William Sessions.

Mr. McKay also has taken on leadership responsibilities with both the American Bar Association (ABA) and the Washington State Bar Association. He was a member of both the ABA Board of Governors and House of Delegates, as well as the state bar association's task forces on Opportunities for Minorities in the Legal Profession and on Governance. From 1988 to 1989, he was president of the Washington State Young Lawyers Division, and in 1995 the Washington State Bar Association named Mr. McKay *Pro Bono* Lawyer of the Year.

During his tenure as LSC president, the corporation has maintained its bipartisan support in Congress, despite threats to eliminate LSC. Mr. McKay has logged thousands of miles visiting legal services programs around the country, encouraging programs to improve the delivery of services to clients, by becoming more efficient technologically proficient. He also has urged local and state bar associations to recruit volunteer attorneys to help meet the overwhelming need for civil legal aid to the poor.

LUCY JOHNSON
CLIENT
LEGAL SERVICES OF CENTRAL NEW YORK

Lucy Johnson, 55, has been a resident of the Kennedy Square Development in Syracuse, New York since it opened in 1975. After about 15 years in the building, she formed the Kennedy Square Tenant's Association and has been president ever since.

About 3 years ago, while Ms. Johnson was in Albany for a lobby day, the local utility company posted notices around the complex alerting the residents to the pending termination of their electrical service. Despite the inclusion of utility fees in the monthly rent, the owner/property manager failed to pay the utility bill for at least three years and the outstanding balance was more than $1 million.

She returned to find her neighbors in a panic. The building is home to many elderly and asthmatic patients who depend on respirators and other medical equipment. They knew many tenants would not survive without electricity. Ms. Johnson turned to Legal Services of Central New York and Chris Cadin for help.

With Mr. Cadin's assistance, Ms. Johnson calmed down her fellow tenants and set out to solve their immediate problem. They organized a meeting with the utility company, Niagara Mohawk, and the other tenants of the Kennedy Square Development. Mr. Cadin helped the tenant's association negotiate a plan with the utility company to keep the electricity on in the building. Under the agreement, the tenants were not held liable for the owner's outstanding balance. But they had to give the company a $5,000 security deposit in addition to signed agreements holding individual tenants responsible for future invoices. The tenants got to keep their power and the company is now guaranteed it will get paid every month.

Mr. Cadin continues to meet with the tenant's association once a month, advising tenants with eviction and repair problems. Chris helped them fight a planned 53 percent rent increase a few years ago. The day before the increase was to take effect, the management dropped it.

Legal services also helped the tenants get permission from the management to use a storefront in the basement of the building. It is now a food pantry for tenants in the building. Ms. Johnson holds fundraisers to buy the staples from the Central New York Food Pantry, which are distributed to tenants once a month.

"Our legal services lawyers have helped us tremendously – we don't have money and they teach tenants their rights," Johnson said. "We couldn't survive without their help."

If you are interested in an interview with Ms. Johnson, or her lawyer, please contact Kim Dixon at 202-336-8939.

G

THE BRIEFING MEMO

FOR THE RIO GRANDE ELECTED OFFICIALS EVENT

WILL BE FORWARDED

H

THE TALKING POINTS

FOR THE RIO GRANDE ELECTED OFFICIALS EVENT

WILL BE FORWARDED

I

THE LIST OF PARTICIPANTS

FOR THE RIO GRANDE ELECTED OFFICIALS EVENT

WILL BE FORWARDED

J

THE BACKGROUND

FOR THE RIO GRANDE ELECTED OFFICIALS EVENT

WILL BE FORWARDED

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. schedule	FLOTUS, Line Block 07/27/99 thru 08/09/99 (partial) (3 pages)	07/26/1999	P6/b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Domestic Policy Council (Nicole Rabner)
OA/Box Number: 15421

FOLDER TITLE:
Women and Medicine

2012-1035-S
kc1090

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]

[003]

HRC LINE BLOCK
AS OF 7/26/99

Tuesday, July 27, 1999
Scheduler: Wendy Arends

Prev Ron	Washington, DC
8:15 am	Mix and Mingle Labor Breakfast/HRC $ Phoenix Park Hotel
	Scott Frieda
8:30 am	Brief Remarks & Q&A
10 am	Tax Cuts/Medicare Event w/POTUS
12:30 pm	Americorp Meeting
1 pm	Carter Brown Mtg.
2 – 5 pm	Lissa, Diane, Becky
5 pm	Legal Services Reception
5:30 to	P6/(b)(6)
7 pm	NJDC Mayflower
8:45 pm	Haddassah Dinner Hilton Hotel
Ron	Washington, DC

Wednesday, July 28, 1999
Scheduler: Wendy Arends

Prev Ron	Washington, DC
11:30 am	P6/(b)(6)

[003]

1 pm	Carl Anthony Solarium
2:15 pm	Northern Ireland Kids
2:30pm	Sabre Foundation
3 pm	Self Magazine
4 pm	CNN
8 pm	WETA Performance
Ron	Washington, DC

Thursday, July 29, 1999
Scheduler: Evan Ryan

Prev Ron	Washington, DC
9:30 am	Videos
10:30 am	Wheels up from Washington [Flight Time: 1 hour]
11:30 am	Wheels down in Elmira
noon	Lunch at Granny's
2 pm	Economic Development Listening Session Hilliard Company OPEN PRESS
4 - 7 pm	DOWN TIME
7:30 pm	House Party Carolyn and Bill Hopkins' Residence CLOSED PRESS
Ron	P6/(b)(6)

Friday, July 30, 1999
Scheduler: Evan Ryan

Prev Ron	P6/(b)(6)

10:45 am	Depart for Hornell
11:30 am	Lunch w/Sean Hogan, Mayor of Hornell PRESS??
1:30 pm	Early Learning Listening Session Children Library Bath OPEN PRESS
3 pm	Read to Kids Children'sLibrary
4 pm	Drive to Ithaca
6 pm	House Party
Ron	P6/(b)(6) Ithaca

Saturday, July 31, 1999
Scheduler:

Prev Ron	P6/(b)(6) Ithaca
10:30 am	Meet and Greet w/Local Pols Cornell University CLOSED PRESS
11 am	Agriculture Listening Session Cornell University OPEN PRESS
1 pm	Wheels up from Ithaca [Flight Time:]
2 pm	Wheels down in Washington, DC
Ron	Washington, DC

Sunday, August 1, 1999
Scheduler:

Prev Ron	Washington, DC
Ron	Washington, DC

Monday, August 2, 1999
Scheduler:

Prev Ron	Washington, DC
9:30 am	Hispanic Convening
2 pm	Kosovo Comic Book Event
4 pm	HRC Fundraiser Mayflower
6 pm	Maria Echaveste's
Ron	Washington, DC

Tuesday, August 3, 1999
Scheduler:

Prev Ron	Washington, DC
Ron	Washington, DC

Wednesday, August 4, 1999
Scheduler:

Prev Ron	Washington, DC
9 am	Wheels up from Washington, DC [Flight Time: 1 hour]
10 am	Wheels down in Jamestown
10:30 am	Listening Event
1 pm	Fundraising Event -- ??? Jamestown
7 pm	House Party Buffalo Area
Ron	Buffalo Area

Thursday, August 5, 1999
Scheduler:

Prev Ron	Buffalo Area
10 am	Listening Event
noon	Lunch
2 -7 pm	DOWN TIME
7:30 pm	Dinner or House Party
Ron	Niagara Cty

Friday, August 6, 1999
Scheduler:

Prev Ron	Niagara Cty
11 am	Listening Event Rochester
1:30 pm	Lunch
3 - 6 pm	DOWN TIME
6:30 pm	Slaughter Fundraiser Crowne Plaza Hotel
xxx pm	Wheels up from Rochester [Flight time:
xxx pm	Wheels down in Washington, DC
Ron	Washington, DC

Saturday, August 7, 1999
Scheduler:

Prev Ron	Washington, DC
Ron	Washington, DC

Sunday, August 8, 1999
Scheduler:

Prev Ron	Washington, DC
Ron	Washington, DC

Draft 7/26/99
Shih

PRESIDENT WILLIAM J. CLINTON
REMARKS ON WOMEN AND MEDICARE
THE WHITE HOUSE
JULY 27, 1999

Good morning. Today, after listening to Judith speak about her mother and her family, I am reminded that the aging of America is a challenge that we are truly blessed and lucky to have. It is what I like to call a high-class problem. Americans are living longer. And America is richer for it. Older Americans are leading more active lives and making important contributions to our communities well into retirement. Our children are enjoying the love and wise counsel of their grandparents long into adulthood. I know I would have loved to have my mother still with me in my retirement years.

On the eve of the 21st Century, the health and vitality of America's seniors is in no small part due to Medicare. Everyone here knows the difference Medicare has made in the lives of older Americans and their families. For 34 years, Medicare has protected the health of our seniors, enriched the lives of the disabled, and eased the financial burden on families as they cared for their loved ones. For millions of American women, Medicare has been the lifeline to a dignified retirement. As the report released today by the Older Women's League so convincingly tells us, a strong and modern Medicare system is vital to the health and future of America's women -- to our grandmothers, mothers, wives, sisters and daughters.

First, a strong and modern Medicare system is critical to women because, very simply, the majority of Medicare beneficiaries -- twenty of the 34 million Americans currently enrolled --are women. [*point to chart*]This is so because the majority of Americans 65 and older -- three out of every five -- are women. But what's more, as we grow older, so does the proportion of women. Nearly three-fourths of all Americans who reach the age of 85 are women. And 4 out of 5 centenarians -- Americans lucky enough to witness the breadth of an entire century -- are women.

Second, without Medicare, the doors to hospitals and doctors' offices, to basic medical treatment and good health would be closed to millions of older women. Throughout their lives, women's incomes have always lagged behind those of men – a gap underscored in retirement through smaller pensions and Social Security checks. Even as they must make ends meet on smaller incomes, women must meet greater health care needs than men. Nearly three-fourths of older women have two or more chronic illnesses compared to just 65 percent of older men. For these women, Medicare has truly meant the difference between a healthy retirement and one clouded by untreated illness and poverty.

But as we know, the clock is ticking on this critical institution's ability to serve America's women and families into the next century. With our people living longer than ever, and the retirement of the Baby Boom generation rapidly approaching, the Medicare Trust Fund will become insolvent by 2015. At the same time, Medicare's benefits – which have not changed

significantly since 1965 -- have failed to keep pace with the rapidly changing world of modern medicine.

There are some who say that strengthening Medicare is a challenge that we can still afford to put off toward later years. To them I say, look at Judith Cato and her mother. Like millions of women in the same situation, affording prescription drugs is a very immediate challenge. The typical 65-year old woman retiring this year can expect to see the ripe old age of 84. That's 19 more years of retirement. But if we do not act soon, the Medicare Trust Fund will expire in 16 years.

We must act now. Over the past six and a half years, we have managed to transform a sick deficit economy into an economy that is the picture of fiscal health. In 1993, the budget deficit was projected to be a $290 billion. Today, we have an unprecedented surplus of $99 billion. We've balanced the budget, cut unnecessary spending, expanded our investments in education and training. As a result, we have the longest peacetime expansion in history, with 19 million new jobs and the lowest minority unemployment rates ever recorded.

We cannot afford to miss this unprecedented opportunity to strengthen and modernize Medicare for the 21st Century. My plan would secure Medicare by dedicating over $370 billion of our budget surplus over the next 10 years to extending the life of the Trust Fund to the year 2027. We will keep Medicare costs low even as we improve quality by introducing the most effective private sector innovations into the program. And we will promote competition by giving seniors the chance to choose between lower-cost Medicare managed plans and the traditional program.

Strengthening Medicare is important, but so is modernizing its benefits. Over the past thirty years, a medical revolution has transformed health care with prescription drugs that have supplanted some surgeries, lengthened and improved the quality of life. As the OWL study shows, women have borne the greatest cost of this pharmaceutical revolution. According to this chart, women spend $1,200 a year on prescription drugs, almost 20 percent more than men. As many of you know, my plan will help seniors afford the prescription drugs that have become essential to modern medicine.

I am committed to providing an optional prescription drug benefit to all Medicare beneficiaries. Affording prescription drugs is a challenge not just for poor women, but for middle income women as well. Half of all middle class women – those who make at least $12,700 a year, or with their husbands make $17,000 -- have no prescription drug coverage at all. [show chart]. Women who have tried to buy extra drug coverage through private Medigap policies have had to cope with escalating premiums as they grow older. Anyone who says that America's seniors must bear these burdens in retirement is simply out of touch and out of date.

Finally, my plan will also eliminate the last barrier between seniors and preventive screenings-- tests for breast cancer, colon cancer, prostate cancer, diabetes, and osteoporosis -- that can help save their lives. For too many seniors on fixed incomes – especially low-income women -- the cost of a modest copayment is simply prohibitive. Last year, just one in seven

women took advantage of the mammograms covered by Medicare. To encourage more people to take advantage of this benefit, my plan will waive the deductible and all co-payments.

I call on Congress to move forward on this plan – and seize the historic opportunity we have to ensure that Medicare truly serves our mothers, grandmothers, sisters, wives and all Americans well into the 21st Century. By dedicating the surplus first to Social Security and Medicare, we can strengthen these programs without walking away from our vital commitments to education, to law enforcement, to biomedical research, to national defense, to the environment. Under my plan, we could actually free America from its debt for the first time since 1835 – and still have funds left over for a substantial tax cut – one targeted toward retirement savings, long term care, and child care.

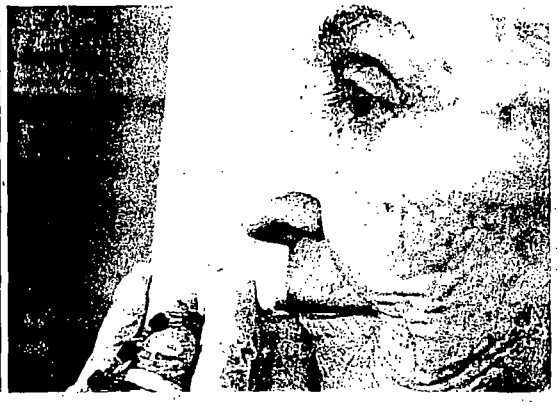
Regrettably, there are some in Congress who have voted to squander this historic opportunity to prepare for the aging of America. Last week, the House of Representatives passed an irresponsible tax bill that would spend our surplus without devoting a dime toward boosting the solvency of Medicare. What's more, the Republican tax cuts won't go into full effect until the year 2010, draining the most resources just as the baby boomers begin retiring, Medicare nears insolvency, and Social Security begins to feel new strains. This week, the Senate will consider a similar bill. These bills are skewed toward the special interests. They do not protect our national interests. They are unacceptable.

I have made it very clear that I will not accept any bill that undermines our ability to save Social Security and strengthen Medicare. I ask the Senate and the House to work with me to honor this fundamental obligation to the future. We must make certain there are enough resources for Medicare, for Social Security, and for education, for law enforcement and the environment before we embark on a tax scheme that could squeeze out vital priorities in years to come. First things first.

The aging of America is an important challenge for our nation. It tests our commitment to our parents who deserve high quality health care after a lifetime of hard work. It tests our commitment to our children who should not be burdened with the cost of bailing out Medicare just as they are raising their own families. It tests our foresight -- our ability to recognize and fulfill our duties and obligations to the future. It is a test I am confident we, the American people, can pass.

MEDICARE AND WOMEN

Nearly 7 in 10 Medicare beneficiaries with incomes below the poverty level are women.



As a partner program to Social Security, Medicare provides a health and financial safety net for virtually all older Americans and for many with disabilities who are under 65. Though Medicare covers both women and men, more than half of the nearly 40 million beneficiaries are women.

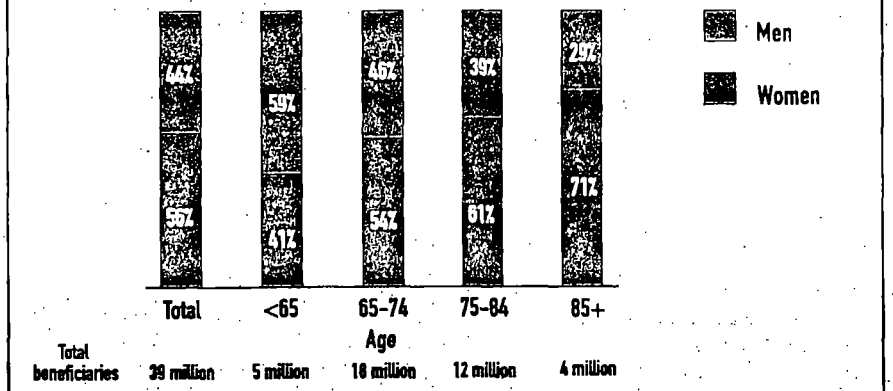
Women's life expectancy at birth, on average, is 79—seven years longer than men's. They, therefore, rely on Medicare for more years than men, and are disproportionately represented among beneficiaries 85 and older (Figure 1). Compared with men, older women are three times likelier to be widowed and far more apt to live alone. Among women 85 and older, four out of five are widowed; more than 43 percent live alone.

Health and Long-Term Care Needs

Given their longer life span, women are likelier than men to live with multiple chronic conditions and certain health problems (Figure 2). A greater share report having often disabling conditions, such as arthritis, hypertension, urinary incontinence, and osteoporosis.

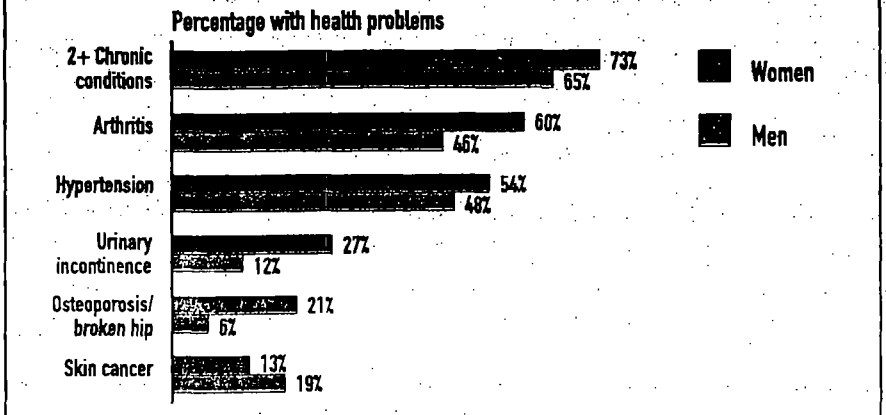
Also compared with men, women are more likely to have functional impairments and long-term care needs. Of the 6 million beneficiaries with functional limitations—measured as needing assistance with one or more activities of daily living (ADL) such as eating or bathing—two-thirds (65 percent) are women. One-third (34 percent) of women 65 to 74 report functional limitations, as do 82 percent of women 85 and older.

Figure 1 More than half of all Medicare beneficiaries are women



SOURCE: Urban Institute analysis of the Medicare Current Beneficiary Survey, 1996.

Figure 2 Women on Medicare are likelier than men to have many health problems



NOTE: Minimal differences (<4%) between genders were reported for heart disease, diabetes, pulmonary disease, strokes, and mental disorders.
SOURCE: Medicare Current Beneficiary Survey, 1996.

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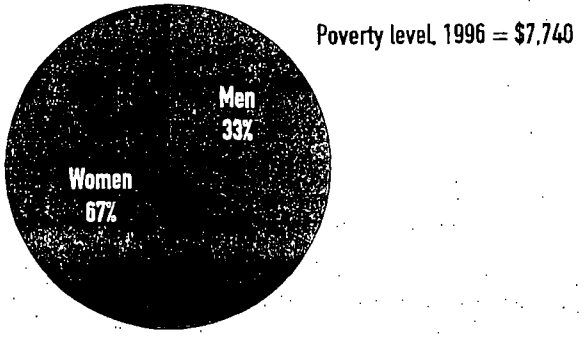
Given their disproportionately low incomes and their greater long-term care needs, women on Medicare are more likely than men to rely on Medicaid.

Women are therefore more likely than men to use long-term care services: two-thirds of all Medicare beneficiaries who receive home health services and three-quarters of all nursing home residents are female. Policies affecting users of these services thus have a disproportionate impact on women.

Poverty

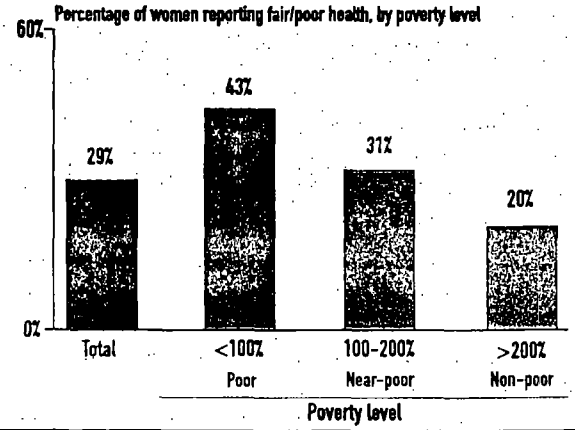
Women are especially hard-hit by changes in policies and programs that affect poor Medicare beneficiaries. Not only do they have higher poverty rates than their male counterparts—nearly 7 in 10 with incomes below poverty are women—but disparities increase with age (Figure 3). Of all female beneficiaries, 17 percent have incomes below the federal poverty level ($7,740 for an individual in 1996), compared with 11 percent of men. Half have incomes below twice the poverty level ($15,480 for an individual), compared with 39 percent of men. Nearly two-thirds (62 percent) of all women 85 and older have incomes below twice the poverty rate, compared with 53 percent of all men in this age group.

Figure 3 **Seven of 10 Medicare beneficiaries with incomes below poverty are women**



SOURCE: Urban Institute analysis of the Current Population Survey of noninstitutionalized population, 1997.

Figure 4 **Poor women on Medicare have higher rates of health problems than those with higher incomes**



SOURCE: Urban Institute analysis of Medicare Current Beneficiary Survey, 1995.

Compounding the financial difficulties of living in poverty, women with low incomes are, on average, in worse health than those who are better-off financially. Of all poor female Medicare beneficiaries, 43 percent report being in fair or poor health, compared with 20 percent of those with incomes above 200 percent of poverty (Figure 4).

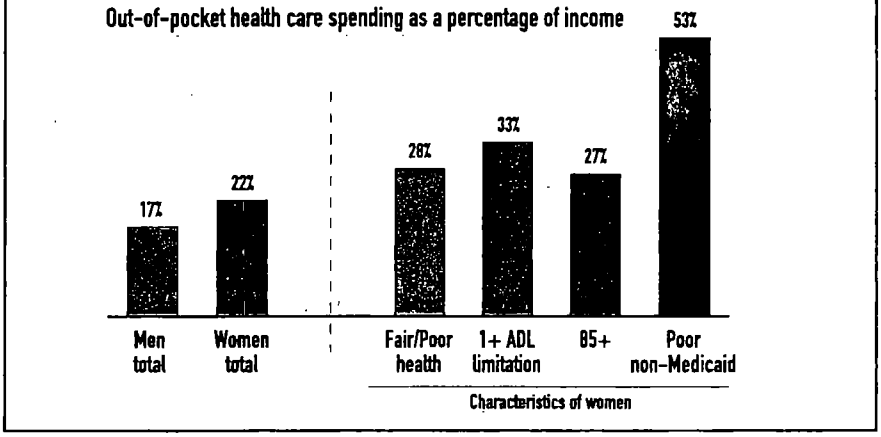
Insurance Coverage

While Medicare provides coverage for basic acute care services, it has high cost-sharing requirements and does not cover outpatient prescription drugs. Consequently, most beneficiaries have public or private supplemental insurance to fill in the gaps in Medicare's benefit package. Like their male counterparts, 60 percent of all female beneficiaries have private supplemental insurance. In 1995, 33 percent had employer-sponsored retiree health benefits (versus 36 percent of men) and 27 percent had individually purchased Medigap policies (versus 23 percent of men). A growing share of

beneficiaries (9 percent for both men and women in 1995) are enrolling in Medicare HMOs for supplemental benefits.

Given their disproportionately low incomes and their greater long-term care needs, female Medicare beneficiaries are more likely than males to rely on Medicaid, the federal/state health program that provides health and long-term care coverage for the poor. Nearly 17 percent of women rely on Medicaid to fill in Medicare's gaps, compared with 11 percent of men. Despite Medicaid's protections for the very poor, nearly 10 million female Medicare beneficiaries with incomes below twice the poverty level are not on Medicaid. This group is especially vulnerable to financial burdens in the event of a serious, high-cost illness.

Figure 5 **Women on Medicare have significant out-of-pocket health care costs**



NOTE: Excludes beneficiaries enrolled in Medicare HMO's, the under-65 disabled, and those in long-term care facilities. ADL = activity of daily living, such as eating or bathing.
SOURCE: AARP Public Policy Institute analysis using the Medicare Benefits Simulation Model, 1998.

Out-of-Pocket Spending

Because Medicare provides basic rather than comprehensive coverage, many beneficiaries face high-out-of-pocket health care expenses. Women, on average, devote a greater share of their income to health care than men. In 1998, women spent 22 percent of their incomes for health care, compared with 17 percent for men (Figure 5). These figures mask the fact that the most vulnerable spent a significantly larger share of their incomes for health care: women 85 and older spent 27 percent of their incomes, on average, for health. Those with ADL impairments spent a third of their incomes on medical care. But the financial burden was highest for poor women without Medicaid, whose health care spending consumed over half of their income.

That traditional Medicare does not cover outpatient prescription drugs exposes many beneficiaries to high out-of-pocket costs. Most women on Medicare—17 million—use prescription drugs regularly. More than a quarter (29 percent) of women spend over $50 a month for their medications, according to the Kaiser/Commonwealth 1997 Survey of Medicare Beneficiaries.

Issues for Women

Women are major stakeholders in the debate over Medicare's future. Given their higher rates of poverty, multiple chronic conditions, and long-term care needs, adequate health insurance is especially important as women grow older. Policies that improve financial protections for the poor and near-poor would provide relief for all low-income beneficiaries, the majority of whom are women. Likewise, policies that expand access to outpatient prescription drugs and long-term care would help fill coverage gaps that drive up out-of-pocket spending for women. Conversely, policies that erode coverage or that shift costs to beneficiaries could adversely affect women, especially those with low incomes.

Understanding the full implications of proposed reforms for aging women will be an essential component of efforts to preserve and protect Medicare for future generations.

The Kaiser Family Foundation gratefully acknowledges the significant contributions of Dorothy Rice and Martha Michel of the Institute for Health and Aging, University of California, San Francisco, and Marilyn Moon of the Urban Institute to the development of this fact sheet.

FIRST LADY HILLARY RODHAM CLINTON
MEDICARE EVENT
THE WHITE HOUSE
JULY 27, 1999

Thank you, Secretary Shalala. Good morning, and welcome to the White House. I want to thank all of you for being here – and for what you do every single day to improve the lives of our citizens. Today, we focus particular attention on how we can best fulfill our obligations both to our parents and our children -- and meet the pressing challenges our nation faces today.

I want to acknowledge the many people here today who have done so much over the years to help us meet our obligations to each other, and to the next generation: members of the Older Women's League, the Henry Kaiser Family Foundation, and **nicole; who else? General groups? Advocates for medicare and the elderly?**..... ✱ ?

We've all come here this morning because our nation is engaged in a critical debate about America's future. We're living in a time of great prosperity – and of almost unparalleled opportunities for progress for all Americans. And we should all take pride in what we have been able to accomplish together over the past six and a half years. But the question before us now is how do we take advantage of this historic opportunity to meet some of the tough challenges that lie ahead? How do we strengthen -- rather than weaken -- our fundamental commitments not only to our parents and grand parents – but to future generations as well?

One of the most critical challenges facing America today – and an issue that touches all of us – is the urgent need to protect and preserve Medicare. Unless we act now – current projections say the Medicare Trust Fund will be insolvent in 2015. While this is a critical concern for all Americans, we're here today to spotlight those who have the greatest stake in a strong and healthy Medicare program: America's women.

Because women simply live longer than men, we are more likely to ~~suffer from~~ live w/ multiple and chronic illnesses, and have greater long term needs. Four out of five of America's elderly women are widowed – and almost half live out their days alone. And not surprisingly, elderly women are much more likely to be poor. Among women 85 and older, nearly seven in 10 Medicare beneficiaries living in poverty are women.

For all of these reasons, women rely on Medicare more than men – and are more vulnerable to changes in its policies. Over the past six years – and as recently as a few weeks ago – I've spoken to women around the country about their concerns. Women living alone, who worry about who's going to care for them when they can no longer live independently. Women with limited incomes, who are struggling to pay for their prescription drugs, or who don't think they can afford to go to regular check ups or screening tests for osteoporosis or breast cancer.

There's a woman from Virginia here today whose mother came to live with her after her father died. As her mother became increasingly frail, Mary stopped working -- to devote full time to her mother's care. Like so many elderly women today, her mother suffered from multiple health problems. And while she had a Medicare and Medigap policy – it didn't cover prescription drugs. Because her mother's sole source of income was a $800 Social Security check – Mary and her family paid $4500 a year – in out of pocket expenses to cover her prescription drugs. An amount that would have depleted half of her mother's yearly income. Mary's mother passed away last November. But her valiant efforts to care for her – often under very difficult conditions – are a vivid reminder of why we must act now to protect and preserve Medicare.

It is up to all of us to make sure that Medicare remains strong not only for our own parents and grandparents – but for those in this generation who have been their caretakers -- as we begin to age, or become disabled.

Because if we don't invest in our nation's priorities – and dedicate the necessary funds to save and modernize Medicare – then women like ~~Ms. Di Spirito~~ Mary and her mother will be at even greater risk than they are today. If we don't save and modernize Medicare – then women will continue to struggle to pay for outpatient prescription drugs. And that problem will only get worse -- as medical advances increasingly rely on drug treatments that even today are often beyond the means of most ordinary citizens. If we don't save and modernize Medicare – then women will continue to skip the regular screenings and check ups that would enhance their quality of life -- and reduce long-term costs for Medicare.

name her ?

And perhaps most importantly, if we don't take advantage of this time of prosperity that we have worked so hard to achieve – then we will look back at our generation as having missed a unique opportunity to make responsible decisions – and instead have run the risk of becoming the burden to our own children that we never wanted to be.

That's why I believe that to meet these critical challenges, we must take a responsible and balanced approach to tax cuts. Only then will we be able to meet our obligations to America's elderly and disabled, and extend the life of the Trust Fund for the next quarter century. Only then will we be able to modernize the benefit package to include prescription drugs and preventive care; and support our teaching hospitals that are so critical to providing health care to America's poor and elderly. And only then will we be able to sustain and expand the investments we are now making – in our schools, in our environment, in our cities -- that are all so ~~critical~~ vital to our nation's future prosperity.

As we continue to debate these critical issues in the halls of Congress – and around our kitchen tables – let's never forget the human dimension of what we stand for, and what we care about, and who we're seeking to protect.

I want to introduce someone who knows first hand what's at stake for women in

this debate over the future of Medicare. She also represents the millions of women who would benefit if we act now to strengthen and modernize Medicare. It is my pleasure to introduce to you Joan Cato.

FIRST LADY HILLARY RODHAM CLINTON
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Good morning, and welcome to the White House. WE'RE HERE TODAY because we're engaged in a monumental debate in this country about America's future. No one's debating that we're in a time of great prosperity – or that as we look ahead to a new century – that we see unparalleled opportunities for progress. The question is over what we, as Americans, want to do with this prosperity, and how we want to respond to this historic opportunity to create a better world not only for our parents and grandparents, but for generations to come.

[ACKNOWLEDGMENTS] I want to thank those of you who are here today who have fought long and hard on behalf of the American people – particularly the most vulnerable among us, the elderly and disabled.

Last week's vote in the House helped clarify this ongoing debate about America's priorities in the 21st century -- when the Republicans voted to pass not only the largest tax cut in nearly two decades – but one of the most irresponsible. A tax cut that would drain the nation's budget of the resources we need to shore up our most sacred obligations to our parents and grandparents and to each succeeding generation: Social Security and Medicare. A tax cut that would also make it much more difficult to keep our promise to our children – by investing in good schools, safe streets, and a booming economy.

I saw a cartoon in the newspaper the other day: A romantic, candle lit dinner – with a man proposing to a young woman across the table: "O sure, Medicare's fine and Social Security's OK. But tax cuts are forever." We're here today to say no: that's not the kind of short sighted, risk-filled pact we want to make with the American people.

IMPORTANT TO SAVE MEDICARE -- PARTICULARLY FOR WOMEN

We're here to talk about why our first priority -- at this pivotal time in our history – must be to protect and preserve Social Security and Medicare for future generations. Today, we focus in particular on why it's so important to secure and modernize Medicare for the 21st century. And I want to talk for a moment on behalf of those who have the greatest stake in our success: America's women.

Women have the most to gain in a strong and solvent Medicare program not only because they live longer than men – which they do. America's elderly women are also far more likely to be widowed – and live out their days alone. We also know women are more likely to suffer from chronic illness and thus have greater long term care needs. And we know that of all the Medicare beneficiaries who live in poverty – two out of three are women.

Medicare

POTUS will do

As a result – more than half of the nearly 40 million people covered by Medicare are women – and seven out of ten who are 85 and older are women. As OWL made so clear in the release of its report on women in Medicare in May of 1999 – "the face of Medicare is a woman you know."

~~Yet while the majority of those who benefit from Medicare are women – they~~ As such, women are also the most vulnerable to changes in policies ~~and programs~~. Over the past six and a half years – and as recently as last week – I've spoken to women around the country: women who are worried that their Medicare coverage will run out; women who are living alone, and worry about who's going to care for them when they can't live independently any more. Women who have to choose between paying for their prescription drugs and paying the rent – and who don't think they can afford to go to screening tests for problems like ~~arthritis~~, osteoporosis, or breast cancer. Women who are enrolled in managed care plans who are concerned that the quality of their care is doing down, and the chances they will lose their favorite doctors are going up. [Nicole – what are the issues that women have been talking to HRC about?] Women – in other words -- like our mothers and grandmothers, who have given the best years of their lives to their families and their country, and who deserve to grow old in dignity, and in the confidence that their health needs will be met – with quality care.

Women taking care of their elderly parents – reliance on Medicare

But – make sure its there for them

If we don't restore our nation's priorities – and dedicate the necessary funds to save and modernize Medicare – then older and poorer women will continue to have to face high out-of-pocket-health care expenses – devoting a greater share of their income to health care than men do. If we don't save and modernize Medicare – then women will continue to struggle to pay for outpatient prescription drugs. If we don't save and modernize Medicare – then women will continue to skip regular screenings and check ups. Preventive care that ~~could greatly enhance their quality of life~~ -- and reduce long-term costs ~~for Medicare~~. And if we don't strengthen and modernize Medicare – then we will never be able to ensure that Medicare will remain solvent into the 21st century – particularly at a time when the number of beneficiaries is likely to ~~triple~~ double in the next 30 years.

inaccurate

Today's [illegible] women will be at even greater risk than they are today.

as med. adv. [illegible] relies on drug treatment

That's why I believe we must have a resp. approach to tax cuts. Only w/ a resp approach will we

~~THAT'S WHY I'M PROUD TO SUPPORT THE PRESIDENT'S PLAN~~ – He ~~and the Democrats have a vision that will~~ shore up Medicare – and meet the concerns of all Americans – including women. And I'm here to say that only ~~when we pass the Democratic plan~~ w/ a resp approach – will we be able to put an emphasis on prevention; only then will we be able to meet other challenges we face – like sustaining our medical ~~teachers' colleges~~ teaching hospitals that are so critical to providing health care to America's poor and elderly. And only then will we be able to avoid ~~future cuts~~ excessive cuts in Medicare in the years ahead.

And perhaps most importantly, only ~~the President's plan~~ a resp approach can ensure that we can sustain the critical investments we are now making -- to improve our nation's schools, and to lift up those living in our inner cities and poor rural areas – that are key to our nation's prosperity in the next century.

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all generations —
Sr & those with ~~benefits~~ disabilities, but part. women
Ignoring this ~~challenge~~
opp to strengthen & modernize

Talk what Pres plan does

I too believe we must put

I believe, like the President, that yes, we should give our citizens – who have worked so hard to create the prosperity we enjoy today – meaningful tax cuts. But ~~as the President says,~~ first things first. So let's redouble our efforts to fight for responsible tax cuts – that will help ensure our parents – and grandparents – will be able to enjoy the benefits of health and security they so richly deserve.

I want to introduce someone who – like so many – has been struggling to meet her obligations to her children and to her mother – and who knows first hand what's at stake for women in this debate over the future of Medicare. She also represents the millions of women who would benefit from passage of the President's plan. It is my pleasure to introduce to you .... Who will ...

[INTRODUCTION]