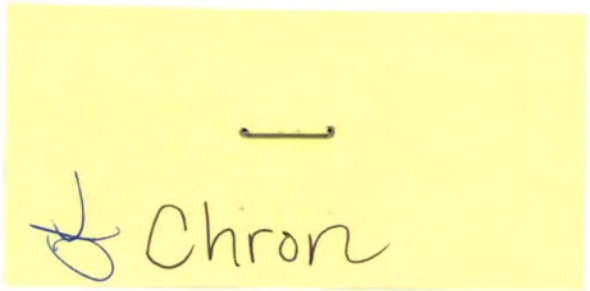
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Podesta
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BURKHARDT

THE PRESIDENT HAS SEEN
7-17-98

Podesta / Jennings
(1) I'd like to help w/ approp. if possible
(2) cc Rahm
up handwritten note - should figure for this -
BC

Preventive Medicine Research Institute

icated to research, education, and service

7-17-98
TO BURKHARDT FOR REPLY.

h, M.I
Direc
Medic
fessor
ledici
900 Bridgeway, S
Sausalito, Califor
phone: 415/332-2
e-mail: DeanOrnish@aol.com

co

July 15, 1998

Need reply

TO: President Clinton

FROM: Dean Ornish, M.D.

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The Senate Appropriations Committee Report was silent on this issue. Also, the amount of money needed to accomplish these goals is $5 million.

Therefore, I would be deeply grateful if you would please consider asking the Chairmen of the Senate and House Appropriations Committees (Senator Stevens and Representative Livingston) to give full consideration to (a) increasing support to $5 million from $2.5 million, and (b) including appropriate language in the Appropriations Conference Committee Report. I met with Senator Stevens at the end of the day today, & he agreed to do both. I have not met Sen. Livingston.
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Preventive Medicine Research Institute

A non-profit public institute dedicated to research, education, and service

(2) cc Raines
up handwritten note - should figure for this —
BC
Need reply

Dean Ornish, M.D.
President & Director
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TITLE VI

OTHER DEPARTMENT OF DEFENSE PROGRAMS

DEFENSE HEALTH PROGRAM

Fiscal year 1998 appropriation	$10,369,075,000
Fiscal year 1999 budget request	10,055,822,000
Committee recommendation	10,127,622,000
Change from budget request	+71,800,000

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The Department requested $10,055,822,000 for the Defense Health Program, $9,653,435,000 for Operation and maintenance and $402,387,000 for Procurement.

The Committee recommends $10,127,622,000. Of this amount, $9,725,235,000 is for Operation and maintenance, an increase of $71,800,000 over the budget request; and $402,387,000 is for Procurement, the budgeted amount.

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forms of therapy for patients in all stages of prostate disease. The Center for Prostate Disease Research established under this program uses the large network of military hospitals around the country as a resource for information on the improved detection and treatment of prostate disease. The Department should continue to give the highest priority to funding research that is multi-institutional, multi-disciplinary and regionally focused. The Committee directs that of these funds, not more than $2,500,000 shall be available only for a non-invasive prostate and coronary disease reversal program.

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The Committee has included $1,000,000 to support important research on the effects of post-polio syndrome and possible treatments for polio survivors who are suffering from increasing pain and weakness related to overuse of arm muscles. Research should focus on improved symptom assessment of post-polio patients, identification of rehabilitation alternatives for post-polio syndrome patients, and application to other muscular disorders. The Committee is aware of the research done on this subject by Albert Einstein Memorial Hospital in Philadelphia and commends it to the Department for close review.

CORONARY AND PROSTATE DISEASE REVERSAL PROGRAM

Congressional Language - Defense Health Program

(Not yet accepted)

CORONARY AND PROSTATE DISEASE REVERSAL - The committee supports establishment of a public/private effort, in coordination with an appropriate non-profit medical Foundation and medical Institute, to provide programs in coronary and prostate disease reversal for DoD medical beneficiaries. The committee provides $5.0 million only for this purpose. It is anticipated the program will be a coordinated effort among Walter Reed Army Medical Center, National Naval Medical Center, an appropriate non-profit medical Foundation, an appropriate non-profit medical Institute, and a rural primary health care center, with funding management accomplished by Walter Reed Army Medical Center.

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The anticipated outcomes of the program are: 1) Reduction of blockages in coronary arteries; 2) Improvement of blood flow through the heart muscle; 3) Reduction in chest pain (angina); 4) Reduction in serum cholesterol levels; and 5) Improvement in exercise capacity, sense of well-being and satisfaction with life.

o **Program Details** - The program will be executed in three modules; patient orientation; core program; and maintenance program. The patient orientation module will last two days, and provides an opportunity to baseline the physiological parameters of the patient, and determine an optimal exercise routine that is medically appropriate. Testing may include blood analysis, exercise capacity evaluation, and a thallium test. The core program will consist of 12 weeks of group exercise, conducted three times a week, and supervised by a cardiac rehabilitation specialist. Lifestyle changes/stress

management are facilitated by a behavioral health clinician and a registered dietitian. The maintenance module will consist of 40 weeks of continued interaction with program specialists. During this phase, the group aerobic exercise routine is reduced to once a week. Lifestyle changes/stress management counseling continues throughout this period. At the conclusion of the one year period, specific parameters are assessed to determine the efficacy of the program; these include: diminution in chest pain; reduction in serum cholesterol; stabilization and reduction in blood pressure; and loss of weight. In addition, exercise capacity evaluation and thallium testing may be performed to compare program entry values with program exit values.

o **Cost of executing program** - The cost of executing this program is evaluated in terms of personnel costs, facility costs, training costs, and research costs. The program will be executed at a Washington site servicing Walter Reed Army Medical Center and National Naval Medical Center, and at a Windber site, servicing Windber Medical Center. The research effort will be accomplished at the Preventive Medicine Research Institute.

PERSONNEL COSTS (Washington Site and Windber Site)

Title	Cost($K)
Registered Dietitian (2)	$ 126.7
Stress Management Instructor (2)	126.7
Behavioral Health Clinician (2)	262.7
Nurse Case Manager (2)	152.0
Program Administrator (2)	182.6
Medical Director (2)	315.4
Oncologist (2)	378.6
Exercise Physiologist (2)	126.7
Facilities Assistant(2)	86.7
Total	$1,758.1

FACILITY COSTS

Washington Site

No space is available at either Walter Reed Army Medical Center or National Naval Medical Center; the program will be executed in a nearby facility rented on a full-time or part-time basis, as necessary. The cost of renting 17,500 square feet of office space, meeting rooms, and exercise space is estimated to be $214K/year. One-time build-out costs for the facility including two shower rooms is estimated to be $269K. One-time purchase of aerobic exercise equipment to support sequential patient groups, each composed of 15 individuals, is estimated to be $58K. Utility costs are estimated to be $25K/year.

Windber Site

A multi-purpose building is currently under construction, and 17,500 square feet of office space, meeting rooms, and exercise space equipped with aerobic exercise equipment, will be available to support this program at a cost of $315K/year. This facility has the capability to support sequential patient groups each composed of 15 individuals. Utility costs are estimated to be $25K/year.

The total annual facility cost, including insurance coverage ($35K), for the program at both sites is estimated to be $940.6K.

TRAINING COSTS

The personnel executing this program at the Washington Site and the Windber Site will need to be trained at the Preventive Medicine Research Institute in a "train the trainers" course. The one-time training cost for personnel is estimated to be $712.8K. (for Washington + Windber)

RESEARCH COSTS

This program will support the final stages of prostate disease reversal research at the non-profit Preventive Medicine Research Institute. The effort will allow prompt transition of this program to the hospital environment and allow patients at both the Washington site and the Windber site to participate in both coronary and prostate disease reversal programs. The total one-time cost of this research effort at the Preventive Medicine Research Institute is $1,500K.

TOTAL PROGRAM COST

Personnel	$1,758.1
Facilities	940.6
Training	712.8
Research	1,500.0
Total	4,911.5

Coronary and Prostate Disease Reversal Program
Project Budget

	Washington	Windber	Subtotal	Fringe @ 26.4%	Subtotal	IDC @ 15.2%	Total
Personnel							
Registered Dietician	$ 43,500	$ 43,500	$ 87,000	$ 22,968	$ 109,968	$ 16,715	$ 126,683
Stress Mgmt Instructor	43,500	43,500	87,000	22,968	109,968	16,715	126,683
Behavioral Health Clinician	90,200	90,200	180,400	47,626	228,026	34,660	262,686
Nurse Care Manager	52,200	52,200	104,400	27,562	131,962	20,058	152,020
Program Administrator	62,700	62,700	125,400	33,106	158,506	24,093	182,599
Medical Director	108,300	108,300	216,600	57,182	273,782	41,615	315,397
Oncologist	130,000	130,000	260,000	68,640	328,640	49,953	378,593
Exercise Physiologist	43,500	43,500	87,000	22,968	109,968	16,715	126,683
Facilities Assistant	29,800	29,800	59,600	15,734	75,334	11,451	86,785
Total Personnel	603,700	603,700	1,207,400	318,754	1,526,154	231,975	1,758,129
Facilities							
Rent	210,000	315,000	525,000	-	525,000	3,800	528,800
Build out - Exercise and Office Space	218,750	-	218,750	-	218,750	-	218,750
Locker Room Build Out	50,000	-	50,000	-	50,000	-	50,000
Exercise Equipment	57,633	-	57,633	-	57,633	-	57,633
Equipment Maintenance Contract	450	-	450	-	450	68	518
Insurance	30,000	-	30,000	-	30,000	4,560	34,560
Utilities	21,875	21,875	43,750	-	43,750	6,650	50,400
Total Facilities	588,708	336,875	925,583	-	925,583	15,078	940,661
Training							
Staff Training	300,000	300,000	600,000	-	600,000	91,200	691,200
Airfare Baltimore to LA (7 @ $420)	2,940	-	2,940	-	2,940	447	3,387
Airfare Pittsburgh to LA (7 @ $542)	-	3,794	3,794	-	3,794	577	4,371
Per Diem - 5 days ($42 per day)	1,470	1,470	2,940	-	2,940	447	3,387
Hotel - 5 days ($130 per night)	4,550	4,550	9,100	-	9,100	1,383	10,483
Total Training	308,960	309,814	618,774	-	618,774	94,054	712,828
Research							
Preventive Medicine Research Institute	1,500,000	-	1,500,000	-	1,500,000	-	1,500,000
Program Total	$ 3,001,368	$1,250,389	$ 4,251,757	$ 318,754	$ 4,570,511	$ 341,107	$4,911,618

MATTOX
Commercial Photography

Copy

TO VP
What about this—

7-17-98

February 16, 1998

Ms. Betty Currie
Executive Assistant to the President
The White House
Washington, DC 20050

Dear Betty:

Knowing how committed the President and Vice President are to technological advancements as we approach the new millennium, I thought I would share with you one of my latest ideas.

As you know, the military maintains a phonetic alphabet (Alpha, Bravo, Charlie, etc.) to avoid confusion when repeating messages. However, civilians have no such system. Some will use "Apple", others "Adam", still others "America" etc. The lack of standardization is often difficult and confusing.

This becomes an issue, of course, in business when confirming stock quotes, airline and hotel reservations, etc. Wouldn't it be a wonderful service to corporate America to have this Administration introduce a standard alphabet for business and industry?

We are really looking forward to photographing the President this Wednesday evening at the Jim Moran fundraiser. We hope to see you there too.

Please let me know when I may be of assistance to you or our great President. Kindest regards,

Sincerely,

C. Warren Mattox, Jr.
President

Please INVite me to press conference —

THANKS

Warren

copied VP Bowles

Prominent Washington photographers since 1961
Southern Towers, Berkeley Building, 5021 Seminary Road, Alexandria, Va 22311-2094
Tel: (703) 578-0900 Fax: (703) 578-0905 email: mattox1961 @ aol.com

'98 JUL 13 PM 7:57

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

July 13, 1998

THE PRESIDENT HAS SEEN
7-16-98

THE DIRECTOR

MEMORANDUM TO THE PRESIDENT

COS
LEW
MATHEWS

FROM: Jacob J. Lew
Acting Director

SUBJECT: Follow-Up On Line Item Veto

The appropriations items that were canceled under the Line Item Veto Act are about to be released in response to the Supreme Court decision invalidating the Act. While certain members in Congress may call for you to propose to rescind these restored funds, in general we recommend not to do so.

The Justice Department has completed its review of the Supreme Court decision. The Department agrees that the decision should be interpreted in such a manner that the cancellations under the Act for appropriations items are void. This is consistent with the nearly universal view in Congress and the press. There were 40 discretionary appropriations items totaling $197 million that were in effect at the time of the Supreme Court decision. The funds for these items had been held in the Treasury, and we will now release them.

When the release of the funds is announced, Senator McCain, and perhaps others, will very likely call for you to use your rescission authority under the Impoundment Control Act to propose rescission of these items. Under that authority, funds for these projects could be withheld for 45 legislative days while Congress considers the proposed rescission. Holding the funds for 45 days of congressional session at this late date in the fiscal year would, however, very likely cause some funds to lapse at the close of the fiscal year on September 30th. Furthermore, with regard to funds that are available only for one fiscal year, there is a longstanding policy not to rescind funds in the fourth quarter of the fiscal year, in order to avoid turning a rescission proposal into a de facto cancellation. Of the $197 million in discretionary dollars canceled, $38 million is one-year funding that will lapse September 30.

It is extremely unlikely that rescissions of these items, if proposed, would be adopted by the Congress. Senator Byrd is considering an amendment that would extend the availability of restored one-year funds beyond the end of the current fiscal year so that they can be effectively used before lapsing. However, Senator Byrd's proposal may be scored as a reappropriation, thus raising a substantial hurdle to its enactment. Withholding the funds that were just released from the line item veto cancellation could be viewed as unnecessarily prolonging the dispute over the items and could well lend support to the effort to extend the availability of the funds.

For the above stated reasons, the economic team, who I discussed this with last week, and I generally intend not to propose rescissions. At this time, we will only propose to rescind funds associated with the conveyance of Federal mineral rights to Montana, an item linked to the land acquisition to protect Yellowstone. During final negotiations on the FY 1998 Interior appropriations bill, we continued to oppose this transfer of mineral rights as inappropriate and a bad precedent for land acquisitions from willing sellers. The bill was passed with the understanding in Congress that we would cancel the transfer with the line item veto authority, and it was with that intent that your advisors recommended you sign the bill last year. For the other appropriations items canceled, we plan to release the funds and allow obligation if that can be accomplished in the remainder of the fiscal year.

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Podesta
Jennings
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Bowles

Podesta | Jennings
D'O Lien to keep in
approp. if possible

7-17-98

Preventive Medicine Research Institute

A non-profit public institute dedicated to research, education, and service

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Medicine Research Institute
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Congressional Language - Defense Health Program

(Not to accept

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o **Program Details** - The program will be executed in three modules; patient orientation; core program; and maintenance program. The patient orientation module will last two days, and provides an opportunity to baseline the physiological parameters of the patient, and determine an optimal exercise routine that is medically appropriate. Testing may include blood analysis, exercise capacity evaluation, and a thallium test. The core program will consist of 12 weeks of group exercise, conducted three times a week, and supervised by a cardiac rehabilitation specialist. Lifestyle changes/stress

management are facilitated by a behavioral health clinician and a registered dietitian. The maintenance module will consist of 40 weeks of continued interaction with program specialists. During this phase, the group aerobic exercise routine is reduced to once a week. Lifestyle changes/stress management counseling continues throughout this period. At the conclusion of the one year period, specific parameters are assessed to determine the efficacy of the program; these include: diminution in chest pain; reduction in serum cholesterol; stabilization and reduction in blood pressure; and loss of weight. In addition, exercise capacity evaluation and thallium testing may be performed to compare program entry values with program exit values.

o **Cost of executing program** - The cost of executing this program is evaluated in terms of personnel costs, facility costs, training costs, and research costs. The program will be executed at a Washington site servicing Walter Reed Army Medical Center and National Naval Medical Center, and at a Windber site, servicing Windber Medical Center. The research effort will be accomplished at the Preventive Medicine Research Institute.

PERSONNEL COSTS (Washington Site and Windber Site)

Title	Cost($K)
Registered Dietitian (2)	$ 126.7
Stress Management Instructor (2)	126.7
Behavioral Health Clinician (2)	262.7
Nurse Case Manager (2)	152.0
Program Administrator (2)	182.6
Medical Director (2)	315.4
Oncologist (2)	378.6
Exercise Physiologist (2)	126.7
Facilities Assistant(2)	86.7
Total	$1,758.1

FACILITY COSTS

Washington Site

No space is available at either Walter Reed Army Medical Center or National Naval Medical Center; the program will be executed in a nearby facility rented on a full-time or part-time basis, as necessary. The cost of renting 17,500 square feet of office space, meeting rooms, and exercise space is estimated to be $214K/year. One-time build-out costs for the facility including two shower rooms is estimated to be $269K. One-time purchase of aerobic exercise equipment to support sequential patient groups, each composed of 15 individuals, is estimated to be $58K. Utility costs are estimated to be $25K/year.

Windber Site

A multi-purpose building is currently under construction, and 17,500 square feet of office space, meeting rooms, and exercise space equipped with aerobic exercise equipment, will be available to support this program at a cost of $315K/year. This facility has the capability to support sequential patient groups each composed of 15 individuals. Utility costs are estimated to be $25K/year.

The total annual facility cost, including insurance coverage ($35K), for the program at both sites is estimated to be $940.6K.

TRAINING COSTS

The personnel executing this program at the Washington Site and the Windber Site will need to be trained at the Preventive Medicine Research Institute in a "train the trainers" course. The one-time training cost for personnel is estimated to be $712.8K. (for Windber + W Reed)

RESEARCH COSTS

This program will support the final stages of prostate disease reversal research at the non-profit Preventive Medicine Research Institute. The effort will allow prompt transition of this program to the hospital environment and allow patients at both the Washington site and the Windber site to participate in both coronary and prostate disease reversal programs. The total one-time cost of this research effort at the Preventive Medicine Research Institute is $1,500K.

TOTAL PROGRAM COST

Personnel	$1,758.1
Facilities	940.6
Training	712.8
Research	1,500.0
Total	4,911.5

Coronary and Prostate Disease Reversal Program
Project Budget

	Washington	Windber	Subtotal	Fringe @ 26.4%	Subtotal	IDC @ 15.2%	Total
Personnel							
Registered Dietician	$ 43,500	$ 43,500	$ 87,000	$ 22,968	$ 109,968	$ 16,715	$ 126,683
Stress Mgmt Instructor	43,500	43,500	87,000	22,968	109,968	16,715	126,683
Behavioral Health Clinician	90,200	90,200	180,400	47,626	228,026	34,660	262,686
Nurse Care Manager	52,200	52,200	104,400	27,562	131,962	20,058	152,020
Program Administrator	62,700	62,700	125,400	33,106	158,506	24,093	182,599
Medical Director	108,300	108,300	216,600	57,182	273,782	41,615	315,397
Oncologist	130,000	130,000	260,000	68,640	328,640	49,953	378,593
Exercise Physiologist	43,500	43,500	87,000	22,968	109,968	16,715	126,683
Facilities Assistant	29,800	29,800	59,600	15,734	75,334	11,451	86,785
Total Personnel	603,700	603,700	1,207,400	318,754	1,526,154	231,975	1,758,129
Facilities							
Rent	210,000	315,000	525,000	-	525,000	3,800	528,800
Build out - Exercise and Office Space	218,750	-	218,750	-	218,750	-	218,750
Locker Room Build Out	50,000	-	50,000	-	50,000	-	50,000
Exercise Equipment	57,633	-	57,633	-	57,633	-	57,633
Equipment Maintenance Contract	450	-	450	-	450	68	518
Insurance	30,000	-	30,000	-	30,000	4,560	34,560
Utilities	21,875	21,875	43,750	-	43,750	6,650	50,400
Total Facilities	588,708	336,875	925,583	-	925,583	15,078	940,661
Training							
Staff Training	300,000	300,000	600,000	-	600,000	91,200	691,200
Airfare Baltimore to LA (7 @ $420)	2,940	-	2,940	-	2,940	447	3,387
Airfare Pittsburgh to LA (7 @ $542)	-	3,794	3,794	-	3,794	577	4,371
Per Diem - 5 days ($42 per day)	1,470	1,470	2,940	-	2,940	447	3,387
Hotel - 5 days ($130 per night)	4,550	4,550	9,100	-	9,100	1,383	10,483
Total Training	308,960	309,814	618,774	-	618,774	94,054	712,828
Research							
Preventive Medicine Research Institute	1,500,000	-	1,500,000	-	1,500,000	-	1,500,000
Program Total	$ 3,001,368	$1,250,389	$ 4,251,757	$ 318,754	$ 4,570,511	$ 341,107	$4,911,618

MATTOX

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copy

THE PRESIDENT HAS SEEN
7-17-98

TO VP
What about this—

February 16, 1998

Ms. Betty Currie
Executive Assistant to the President
The White House
Washington, DC 20050

Dear Betty:

Knowing how committed the President and Vice President are to technological advancements as we approach the new millennium, I thought I would share with you one of my latest ideas.

As you know, the military maintains a phonetic alphabet (Alpha, Bravo, Charlie, etc.) to avoid confusion when repeating messages. However, civilians have no such system. Some will use "Apple", others "Adam", still others "America" etc. The lack of standardization is often difficult and confusing.

This becomes an issue, of course, in business when confirming stock quotes, airline and hotel reservations, etc. Wouldn't it be a wonderful service to corporate America to have this Administration introduce a standard alphabet for business and industry?

We are really looking forward to photographing the President this Wednesday evening at the Jim Moran fundraiser. We hope to see you there too.

Please let me know when I may be of assistance to you or our great President. Kindest regards,

Sincerely,

C. Warren Mattox, Jr.
President

Please INVite me to
pres conference —

THANKS

Warren

copied VP Bowles

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