

THE WHITE HOUSE
WASHINGTON

August 25, 1993

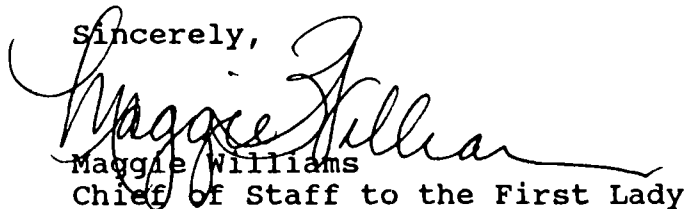
Laurelle O'Leary
6421 Brookside Road
Kansas City, MO 64113

Dear Ms. O'Leary:

Thank you for your letter and the information about health care. At this point, the Health Care Task Force and health care reform working groups have terminated. Therefore, I have forwarded your letter and information to the Office of Domestic Policy, Room 410, Old Executive Office Building. It may take some time for them to review the issues you have raised.

Your concern in this very important matter is greatly appreciated.

Sincerely,



Maggie Williams
Chief of Staff to the First Lady

7-19-93

Ms. Williams -

I just mailed this
to Jerry Rogers, Asst
Dir, National Park Ser-
vice and am sending
it to David McCallough,
whom I know!

Laurelle O'Leary
p.s. Can Pres. Clinton help?

For: President Clinton

6421 Brookside Rd.
Kansas City, Mo 64111
July 22, 1993

To whom it may concern:

It would be unconscionable not to
Restore, and save, and protect the Truman
Farm Home:

1) Because few Americans are aware
of the very important role this farm ex-
perience, had in formulating President
Truman's capacity and ability to lead
our nation;

2) It is so significant, from
what I have heard David McLough
say, but I think it should be develop-
ed as an on-site research center,
which could begin to analyze the
impact of such contemplative expe-
riences in human development, as well
as on the making of a President!

3) This should be done in the
most imaginative way possible!

Sincerely, Laurelle ^{hol}O'Leary

Truman Farm Home plan wins key support

7-29-83

National Park Service reverses earlier stand.

By JAMES WORSHAM
Washington Correspondent

WASHINGTON — Efforts to make the Truman Farm Home in Grandview part of the National Park Service moved forward Thursday as the agency for the first time endorsed making the home part of the Harry S. Truman National Historic Site.

In testimony before the Senate's public lands and national parks subcommittee, Jerry Rogers, associate director of the park service, said his agency had changed its mind about making the farm home part of the park system.

Rogers had told a House subcommittee earlier this year that his agency opposed the proposal. Democratic Rep. Alan Wheat of Kansas City said at the time that the agency apparently hadn't gotten the word from the White House.

Wheat, who had been pressing the Clinton administration to support the proposal, said the White House had "been willing to take a fresh look at this measure and has concluded that the farm home should

indeed be preserved by the federal government."

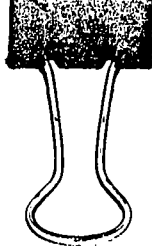
The Truman Farm Home proposal has been endorsed by David McCullough, author of a recent biography of Truman. The farm home is depicted on the book's cover. In a letter, McCullough called the site a "national treasure" and said that "its preservation is entirely in the national interest."

Also testifying was Republican Sen. Kit Bond of Missouri, who said Truman's tough years on the farm helped the future president learn "what it took to withstand the 'heat in the kitchen' — a quality he later applied so brilliantly as president during one of history's most critical periods."

Last year the House passed the farm home proposal, but there was no action in the Senate. Earlier this year the House Natural Resources Committee approved the proposal, which is now awaiting floor action. There was no word when the Senate subcommittee would act.

Rogers said it would take about \$150,000 to \$250,000 a year to run the home, but he had no estimates of any capital costs or repairs that might be needed.

Truman lived and worked on the farm from 1906 to 1917.



THE WHITE HOUSE

WASHINGTON

June 30, 1993

Laurelle O'Leary
6421 Brookside Road
Kansas City, MO 64113

Dear Ms. O'Leary:

Thank you for writing and sharing your thoughts on health care reform. I very much appreciate your valuable input on the importance of home and community-based health care services.

Thank you too for your kind words and good wishes. I remember your nieces from Sion; please extend my greetings to them.

Your articles and letters on adult day care were informative. As you noted, Mrs. Clinton is very interested in options for long term care which help delay or avoid nursing home stays.

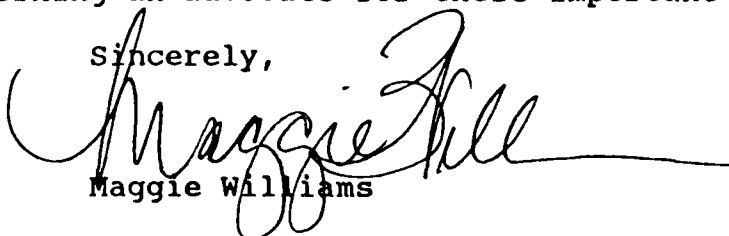
There is a growing long-term care crisis in this country, affecting the elderly and disabled as well as their families. Today, frail and disabled seniors who need help with daily tasks often have only one choice, moving into a nursing home. Yet most people would prefer to live at home, near to family, friends and familiar surrounding, for as long as possible.

While it would be too costly to try to meet all of America's long term care needs all at once, it would be irresponsible not to start. A true start on long-term care includes increased funding for home and community-based care -- based on functional need, not income -- and better financial protection for nursing home residents.

For many elderly, particularly those living alone or with a relative, adult day care is all it takes to keep the person in the community and out of a nursing home. Moreover, it has proven to be a cost effective alternative and is credited with helping maintain function and with keeping participants active and involved.

Thank you for writing. Kansas City is fortunate to have so tireless and hard-working an advocate for these important issues.

Sincerely,



Maggie Williams

More evidence of what
confuses Americans!

Page 2.

Friday, July 23, 1993
The Kansas City Star

B-3

Missourians warned of Medigap insurers

**State officials say
prices vary widely
for basic coverage.**

Some Medicare supplement insurers in Missouri are charging twice as much as others, according to a report released this week by Jay Angoff, director of the state insurance department.

The largest Medicare supplement insurers in the state charge anywhere from \$354 to \$670 for basic coverage.

The department is issuing a free *Medicare Supplement In-*

urance Cost Comparison Guide to enable consumers to compare insurers. For a copy, write the Missouri Department of Insurance at P.O. Box 690, Jefferson City, Mo., 65102-0690.

"Armed with the guide we are releasing today, Missouri's seniors will be able to save hundreds of dollars annually," Angoff said.

The insurance, also called Medigap insurance, is designed to supplement the benefits available under the government's Medicare program.

Blue Cross subsidiary fined \$5,000 by Kansas Insurance Department

L.R. Star 8-7-73

By J.D. MOORE JR.

Staff Writer

The Kansas Insurance Department has imposed a \$5,000 fine against a subsidiary of Blue Cross and Blue Shield of Kansas City for violating laws and regulations in the sale of group health insurance.

According to Insurance Commissioner Ron Todd, the Missouri Valley Life and Health Insurance Co., a for-profit Blue Cross subsidiary, sold group health policies to the Kansas Association of Counties using improper documentation and advertising materials.

Blue Cross spokesman Leigh Elmore said the company accepted responsibility for errors in documenting and marketing the plans.

"We regret that it ended up in a fine," Elmore said. "We are working with them to make sure it

doesn't happen again."

Elmore said that at no time were Missouri Valley Life's customers at risk of losing benefits.

Blue Cross of Kansas City uses the name Missouri Valley Life and Health to sell insurance products outside its designated operating area.

According to the Insurance Department, the company failed to file a master contract with the state when it started marketing the insurance.

Also, in its original certificate, Missouri Valley Life prohibited individuals from assigning benefits to health-care providers. That meant that checks could not be made out directly from Missouri Valley Life to the hospital or doctor that treated the patient.

"That was not acceptable in accordance with Kansas law," said Richard Huncker, accident and

health supervisor in the Insurance Department.

The company also violated advertising regulations by not disclosing limits and reductions in coverage.

The state started investigating Missouri Valley Life in October after Linn County questioned whether the company's offerings were in order.

Elmore said the Insurance Department allows companies to market their products as soon as they file documentation, rates and contracts, even though they may not be reviewed right away.

But the companies have to abide by the stipulation that "if they find problems in the paperwork after the fact, you're still on the hook. That's the case," Elmore said.

PHOTOCOPY
PRESERVATION

7-20-93

Dear Ms. Williams -

If anything will drive up health care costs, this kind of advertising, which we are seeing more and more of, will certainly do this.

Health Midwest
which is trying to "gobble
(over)

up" all the hospitals here, Dr. Termit Phelps told me, is inundating the entire area with full page ads, TV commercials, using "SCARE tactics" ("Remember the Depression, they say") Yet they closed Resnick Adult Day Care Center in '91 because of lack of profit.

Wendell O. Leary

PHOTOCOPY
PRESERVATION

THE KANSAS CITY STAR.

TUESDAY, July 20, 1993

METROPOLITAN EDITION ★

50c

Pgs 3-5-6-7-8-9

TODAY IN THE STAR

CAREER CHOICE



Direct sales offer many, like Donna Gritton of Olathe, a chance to work at home. **Business, Section D**

HOPING TO PLAY

Ricky Siglar, formerly of the 49ers, is trying to catch on with the Chiefs as an offensive tackle. **Sports, Section C**

HEALTH CARE

A new Kansas plan could alter the way every state resident receives medical coverage. **Local News, Section B**

Clinton sets gays policy

They can serve in the military if they don't take part in homosexual acts.

Knight-Ridder Newspapers

WASHINGTON — President Clinton, who took office promising to lift the ban on gays in the military, delivered a compromise Monday that would allow gays to serve if they do not engage in homosexual activity.

"Under this policy, a person can say: 'I am a homosexual, but I am going to strictly adhere to the code of conduct,'" which bars homosexual behavior, Clinton told reporters.

In a speech at the National Defense University in Washington, Clinton called his proposal "a substantial advance" over the 50-year-old ban that existed before he took office.

"It certainly will not please everyone — perhaps not See **CLINTON, A-12, Col. 1**

THE NEW POLICY

Recruits will no longer be asked or required to reveal if they are homosexual or bisexual.

Sexual orientation will not be a bar to military service but the military can discharge members who engage in homosexual conduct.

No investigations or inquiries will be conducted solely to determine a service member's sexual orientation.

Rostenkowski tied to scandal

Ex-House postmaster pleads guilty to providing illegal cash.

Los Angeles Times

WASHINGTON — The former head of the House post office pleaded guilty Monday to providing lawmakers with illegal cash for 20 years and implicated House Ways and Means Chairman Dan Rostenkowski in the scandal.

Former House Postmaster Robert V. Rota admitted in federal court that he conspired with members of Congress to provide them with thousands of dollars in cash in exchange for expense vouchers and stamps purchased with taxpayer money.

The plea agreement identified two con-



Rostenkowski

gressmen who received cash from Rota only as "Congressman A" and "Congressman B." However, other documents and two sources close to the federal investigation confirmed that Rostenkowski was Congressman A. Records indicate the Illinois Democrat received at least \$21,300 in cash.

Rostenkowski, regarded as one of the most powerful members of Congress, had no comment Monday, a spokesman said. He has vehemently denied wrongdoing and

See **TWO, A-7, Col. 1**



Clinton fires FBI director

William Sessions is still defiant on his last day in the office.

The New York Times

WASHINGTON — President Clinton on Monday dismissed FBI Director William S. Sessions, who had stubbornly rejected an administration ultimatum to resign six months after a harsh internal ethics report on his conduct.

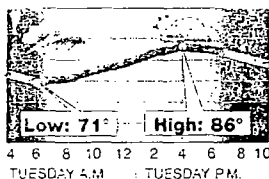
Clinton said he would announce his nominee today to replace Sessions.

PHOTOCOPY
PRESERVATION

PEACE OFFER

Some toy makers are reluctantly toning down, or at least labeling, their violent products. **Style, Section E**

WEATHER



STORMS POSSIBLE

Forecast, C-6

OPINION

Odyssey 2000 will provide basic services that are crucial to Kansas City's future. **Section B**

TOMORROW IN THE STAR

Voters in Cheboygan, Mich., decide whether to oust Mayor Louis LeBlanc.

DEPARTMENTS

Vol. 115, No. 506 6 Sections

Advice	E-4	Puzzles/Horoscope	E-4
Business	D-1	Sports	C-1
Classified	F-1	StarTouch	A-4
Comics	E-6, 7	Style	E-1
Deaths	B-2, 3	TV	E-2
Lotteries	B-2		
Movies	E-5		

STARBEAM

The Mississippi River crested at 46.9 feet at St. Louis. It was the hydrological equivalent of the baby boom.

Lining up for flood aid

Jackson County residents lined up in the rain Monday at 18th Street and Grand Avenue for a chance to get food stamps that were available free to flood

victims. Some people were concerned that people who weren't flood victims would take advantage of the aid. **Story on Page A-8**

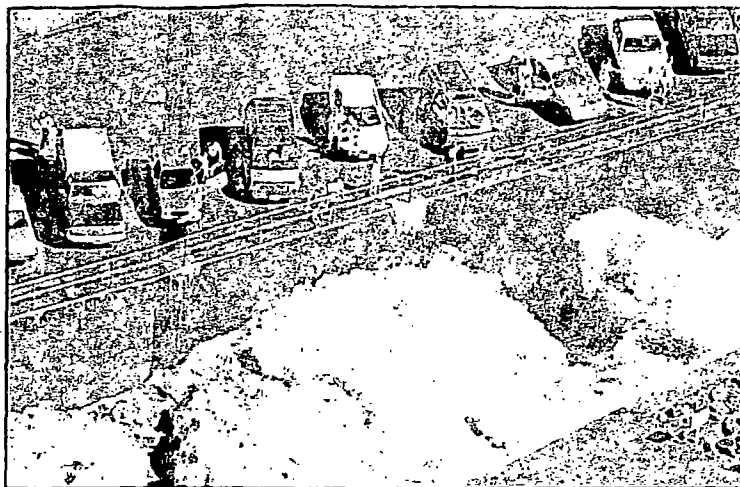
Peril along the Kaw

Residents of more than 1,000 mobile homes and houses along the Kaw River in Kansas City, Kan., began evacuating the area Monday as the U.S. Army Corps of Engineers unleashed a torrent of water from reservoirs in north-central Kansas.

Record and near-record water releases from Milford and Tuttle Creek lakes swamped homes in Junction City, threatened neighborhoods in Manhattan and set off evacuations and concerns downstream.

A simple fact prompted the releases: Water is lapping at the limits of the dams and is within inches of pouring unchecked down emergency spillways.

"The reservoirs don't have any room left for flood control," said George Hanley, a spokesman for the U.S. Army Corps of Engineers in Kansas City. The corps oversees **See RELEASE, A-10, Col. 1**



TIM JANICKE/The Star

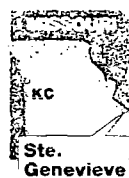
Spectators on Monday watched water froth and churn as it was released from the Tuttle Creek Lake reservoir. The lake is more than 60 feet above its optimal level. Water is being released at the rate of 22,500 cubic feet a second.

Perot offers \$2 million for flood relief

By PRINGLE PIPKIN
St. Louis Correspondent

ST. LOUIS - As families in south St. Louis battled to save their homes Monday, Texas billionaire Ross Perot inspected the damage, chatted with flood victims and offered to give up to \$2 million in aid.

Perot, at an afternoon press conference at the Salvation Army, said his family would give



"Mr. and Mrs. America" respond with enough small donations to raise \$2 million for the

program, Perot said.

Salvation Army Commissioner Harold Shoults, who oversees 11 states in the upper Midwest, said the announcement took him by surprise.

"We've been with him all day, and we had no idea he was going to say that," Shoults said.

Perot's appearance offered St. Louis some diversion from its otherwise dreary watch on the Mississippi River, which finally

crested early Monday at a record 46.9 feet.

The latest disaster area is a 10-block section in south St. Louis, where a levee break Sunday sent about 100 families scrambling for shelter. Water from the Mississippi backed up into the River Des Peres and tore a 15-foot hole in the earthen levee.

The water, littered with debris and raw sewage, poured into the **See RIVER, A-9, Col. 1**

In city and suburb, students say getting a gun is easy

The Associated Press

WASHINGTON — Handguns are now so easily available that nearly 60 percent of youngsters in grades six through 12 say they could get one quickly if they wanted to, according to a poll released Monday.

And 39 percent said they knew

someone who was killed or wounded by gunfire.

The survey of 2,508 students in 96 middle schools and high schools nationwide was released Monday. It also found a pronounced fear of violence and concern about crime.

Thirty-five percent said they thought it was either "somewhat

likely" or "very likely" that they would not reach "a ripe old age" because they would be "wiped out from guns."

The survey showed that "the impact of guns is nothing short of pervasive" in the lives of schoolchildren, said pollster Louis Harris, whose LH Research did the survey for the Harvard University

School of Public Health.

Harris said that fear of gun violence and availability of weapons among children were not confined to inner cities. Results were similar among students in suburbs, small towns and rural areas.

Overall, the poll showed that 59 percent of students age 10 to 19 reported they "could get a hand-

gun if I wanted one."

The proportion was slightly higher among city residents — 63 percent — while 58 percent of suburban students and 56 percent of those in small towns or rural areas said they could easily get guns.

Of those who said they could **See COMMENTS, A-11, Col. 3**

Sessions

Clinton, explaining his reasons for removing Sessions, effective immediately, said: "We cannot have a leadership vacuum at an agency as important to the United States as the FBI. It is time that this difficult chapter in the agency's history is brought to a close."

But in a parting news conference at FBI headquarters after Clinton's announcement, a defiant Sessions — his right arm in a sling as a result of a weekend fall — railed at what he called the unfairness of his removal, which comes nearly six years into his 10-year term.

"Because of the scurrilous attacks on me and my wife of 42 years, it has been decided by others that I can no longer be as forceful as I need to be in leading the FBI and carrying out my responsibilities to the bureau and the nation," he said. "It is because I believe in the principle of an independent FBI that I have refused to voluntarily resign."

Clinton said that after review **See CLINTON, A-11, Col. 1**

TENSIONS EASED

North Korea agrees to resume talks on allowing inspections of its nuclear facilities. The U.S. has feared that North Korea is developing the fuel needed to make nuclear weapons. **A-2**

Iraq agrees to long-term monitoring of its weapons programs, eliminating any immediate need for military action to enforce U.N. cease-fire resolutions. **A-4**

Japan's prime minister refuses call to resign

The New York Times

TOKYO — Prime Minister Kiichi Miyazawa defiantly asserted Monday that he would remain in office and try to patch together a conservative coalition around his Liberal Democratic Party.

The Liberal Democrats, after elections Sunday, are without a parliamentary majority for the first time in 58 years.

But Miyazawa was all but drowned out by other leaders of the Liberal Democrats, who suggested that he resign, while a host of other parties maneuvered furiously to claim a share of power in an eruption of wide-open political competition after decades of one-party rule.

The nationwide elections brought down the old power structure by giving the Liberal Democrats only 223 seats in the 511-seat lower house of Parliament. But the elections failed to replace the old order with a new one, scattering seats among several new conservative parties and leaving them to negotiate new power alignments.

The public seemed both exhilarated and anxious about the prospect that democracy might now actually mean power changing



The Associated Press

Prime Minister Kiichi Miyazawa pondered a question at a news conference at the headquarters of the Liberal Democratic Party in Tokyo on Monday. Miyazawa took the blame for his party's failure to win a majority in Sunday's lower house election, but held on to his post.

hands.

Most television networks mounted two- and three-hour specials Monday evening, with titles like, "The Real Fight Begins," "Is Japan OK?" and "How Do We Change Japanese Politics?"

Politicians appeared on the shows to defend their policies, attack their rivals and discuss possible coalition formulas, with the understanding that, for a change, their positions might actually affect the shape of the next government.

"It's very unusual for us to watch something like this," said Takeshi Sasaki, a professor of politics at Tokyo University. "It's important and interesting to see so many politicians express their positions."

Added Asahiko Mihara, a member of the Harbinger Party, which was formed recently by Liberal Democratic defectors, "People feel ambivalent. They are frightened because they are accustomed to being governed by the LDP alone, but they are excited at the sense of real change."

A poll Monday night, based on about 800 interviews, showed that 59 percent of the respondents want to see a coalition government that excludes the Liberal

Democrats from power. About 36 percent said they wanted the party to lead a coalition. Such statistics are bound to have an impact as the parties decide how to form alliances.

The day began with several newspapers declaring that Miyazawa would resign to take responsibility for his party's loss of its majority and detailing the stages in the negotiating process between the contending parties.

A group of about 20 young Liberal Democrats, led by Seiichi Ota, reportedly insisted that Miyazawa and the other top party executives resign and demanded that the party hold a secret ballot to choose the next candidate for prime minister rather than rely on the tradition of backroom negotiations between the party's factions.

"There seems to be a real power vacuum," Sasaki said. "The LDP leaders are on the defensive for the first time and they do not seem to know what to do yet."

The pressure on Miyazawa built when the party's secretary general, Seiroku Kajiyama, suggested that all the Liberal Democrats' top officials resign.

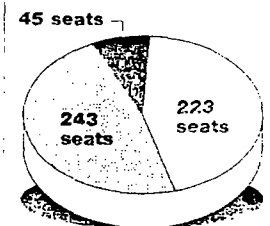
"It would be something if Miyazawa quit on his own, but he

JAPAN ELECTION

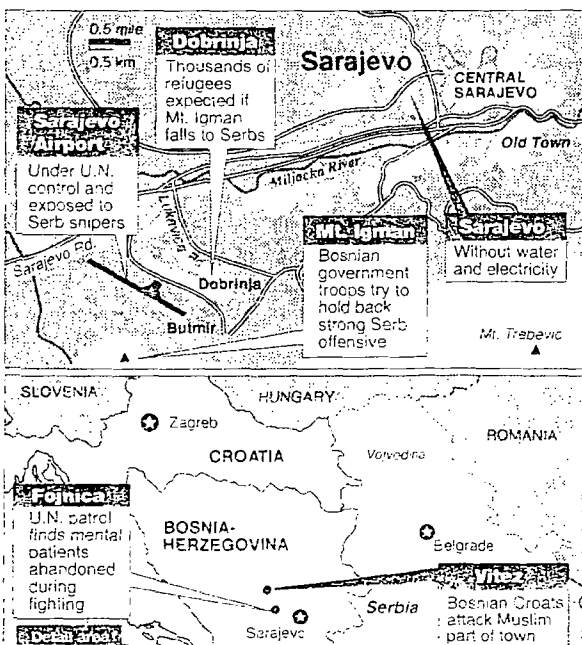
Results in the powerful 511-seat lower house of parliament showed the Liberal Democratic Party, which led Japan from postwar ruin to affluence, fell short of winning a majority. The Home Affairs Ministry said that 61.25 percent of the 24.9 million eligible voters turned out.

Results announced by the public TV network NHK:

- ☐ Liberal Democratic Party
- ☐ Non-communist opposition parties
- ☒ Independents and the Japan Communist Party



would be clobbered if he tries to hang on," Kajiyama reportedly told another senior party official.



GM responds to truck issue with \$1,000 offer

The Associated Press

WASHINGTON — Moving to stop questions about the fuel tank safety of its older pickup trucks, General Motors Corp. agreed Monday to offer owners of the vehicles \$1,000 certificates toward the purchase of a new GM truck.

The certificates are the key feature of an out-of-court settlement of 36 separate lawsuits filed on behalf of millions of GM pickup owners who believed the safety questions damaged the value of their 1973-87 vehicles.

The deal does not affect ongoing personal injury suits filed in cases involving deaths or injuries

from GM pickup truck crashes.

It also does not forestall possible future action by the National Highway Traffic Safety Administration, which is considering a formal move aimed at forcing the automaker to fix the vehicles.

GM touted the settlement as good for truck owners and good for itself.

"This settlement will help these loyal GM pickup truck owners to continue to drive GM trucks," company spokesman William O'Neill said Monday. "The settlement is good for both the truck owners and GM."

The settlement clearly favors the company. It does not require

General Motors to acknowledge any problems with the trucks, nor does it require that the vehicles be taken off the nation's roads.

Two Washington-based public advocacy groups immediately criticized the settlement.

"GM can't paper over its exploding pickups with worthless coupons," charged Clarence Ditlow, executive director of the Center for Auto Safety. "GM and the public will be better off spending the money for a recall (to fix the trucks) that will cost no more than \$100 per truck."

Ditlow said his group and Public Citizen, a national consumer organization, would challenge the

settlement in court.

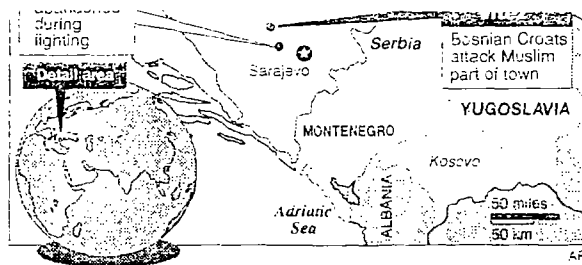
Consumer groups and dozens of personal injury lawsuits around the nation contend about 5 million GM pickups built from 1973-87 are unsafe because they have fuel tanks mounted outside their internal frame rails.

It's possible that GM could come out ahead financially from the announced settlement.

For instance, the certificate could cut an estimated GM profit from a pickup sale from \$2,000 to \$1,000 but might spur enough additional pickup sales to more than offset the losses and increase GM's share of the lucrative, hotly competitive pickup truck market.

PRESIDENTIAL HEALTH CARE PLAN, 1863:

PHOTOCOPY PRESERVATION



Staff deserts mental hospital in Bosnia; children found dead

The Associated Press

SARAJEVO, Bosnia-Herzegovina — Two babies died from lack of care. Others survived, but were hungry and filthy when relief workers arrived at a combat-zone mental hospital abandoned by its staff.

About 230 patients, most of them children or adolescents, had been without care at the hospital for at least three days after Bosnian army troops captured Fojnica from Bosnian Croat militia forces.

"The situation is absolutely 100 percent desperate," Jerrie Hulme, a field worker for the U.N. High Commissioner for Refugees, reported by radio from Fojnica to his office in Sarajevo, 25 miles to the east.

UNHCR spokesman Peter Kessler said some patients had been locked in their rooms for three days. "These are children left alone in the middle of a war."

An estimated 5,000 Croat civilians fled, and the hospital staff was evacuated by the Croat militia, leaving the patients without care and without food, U.N. officials said.

Television pictures of the hospital showed adult patients staring blankly from chairs or moving slowly with canes. The pictures also showed a child sobbing in a crib, and others lying motionless on mattresses.

"The sanitary conditions are appalling," Hulme reported. "It's ghastly. It will be a major operation to clean up."

He said the two children found dead were between 1 and 2. He couldn't specify the cause of death, attributing it simply to "lack of care."

Hulme was part of a convoy of U.N. peacekeepers and relief workers who brought five truckloads of medicine, powdered milk

and baby food to the hospital.

Fojnica was captured last week by Bosnian government troops, who chased out Bosnian Croat militia units and thousands of Croat civilians. The area near the mental institute was deserted except for the patients, said Maj. Luuk Niessen, a spokesman for the U.N. peacekeepers.

An advance team of Canadian peacekeepers had reached the hospital Sunday and was fired on as they attempted to assess the calamity, U.N. officials said. None were injured.

The team had been blocked from reaching Fojnica on Saturday by Bosnian army checkpoints, and finally got to the town by a lengthy alternate route.

Hulme described the area around the hospital as a "no man's land," deserted by residents for several days.

Hulme reported that the rescue party also visited a regular hospital on Fojnica's outskirts where only one staff member was on duty for 430 patients.

Earlier, U.N. officials in Sarajevo said the mental hospital accommodated patients from all three of Bosnia's main ethnic groups — Croats, Muslims and Serbs.

PUBLISHER'S NOTICE

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If you get sick, send someone to fetch the Doc. He'll come on over and give you some bad-tasting medicine. If it makes you well, give the Doc a little something... a chicken or some potatoes.

Providing health care for all Americans is one of those problems that's gotten a lot tougher to solve over the years. And while presidential solutions are always a breath of fresh air, it takes professionals to get the job done.

At PHP, we've already designed a plan that doesn't require an act of congress to provide better health care at less cost for more Americans. It's Options from Preferred Health Professionals.

Options from Preferred Health Professionals offers access to some of the finest doctors in the area. Choose

one of ours, or keep your own, as your primary care physician—it's your option. All aspects of care—choice of hospital, regular check-ups, preventive medicine—include options to keep monthly premium costs low for both employer and employees... without losing access to special care as needed.

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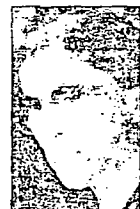
PHOTOCOPY
PRESERVATION

Senator upset at 'coronation in advance' of court nominee

Hearing doesn't start until today, but praise for Ginsburg makes approval seem automatic.

The Associated Press

WASHINGTON — Widespread praise of Supreme Court nominee Ruth Bader Ginsburg has in effect handed her a "coronation in advance" of her Senate confirmation hearing.



Ginsburg

Sen. Arlen Specter complained Monday.

Specter, a member of the Judiciary Committee that begins Ginsburg's confirmation hearing today, told reporters, "the stage is set in a way that makes the conclusion foregone."

"I'm concerned that so many of my colleagues have given an endorsement early on," Specter, a Pennsylvania Republican, said on his first day in Washington after undergoing surgery June 14 to remove a benign brain tumor.

"I'm suggesting that a coronation in advance is not in the

best interest of the system, and that as we approach these hearings I wonder if we have the best setting because there has been so much approbation in advance," the senator said.

Specter said that he felt fine but that he had been told by his doctor to take it easy. He wore a navy blue baseball cap that covered most of his surgical scar.

Also Monday, the Judiciary Committee released a list of 18 persons who will testify at Ginsburg's hearing. They include members of an American Bar Association panel that rated her "well qualified" to serve on the court, former Transportation Secretary William T. Coleman Jr. and Paige Comstock Cunningham, president of Americans United for Life, an anti-abortion group.

Ginsburg, a federal appeals court judge nominated June 14 by President Clinton to become the second woman on the high court, drew quick support from Senate Minority Leader Bob Dole and Sen. Orrin Hatch of Utah, the

ranking Republican on the Judiciary Committee.

Hatch said that although he disagreed with Ginsburg on some issues, such as abortion, he thought she would be an excellent justice. She would replace Byron R. White, who retired in June.

Her nomination has drawn sometimes grudging praise from conservative and liberal activist groups instead of the passion that marked the battles over Robert Bork — whose nomination was defeated in 1987 — and Clarence Thomas, who won confirmation after a bitter 1991 fight.

Ginsburg is a former women's rights lawyer who, as a judge, has stuck closely to precedent and preferred to make only incremental changes in the law.

She has criticized the Supreme Court's 1973 Roe vs. Wade ruling that legalized abortion nationwide, saying the country would have been better off if the right to abortion had been established more gradually. However, she also said the high court could have adopted a right to abortion under the Constitution's 14th Amendment guarantee of equal protection.

Slow initial pace in naming judges is usual for new administrations

By RICH HOOD
Political Correspondent

As the Senate Judiciary Committee begins confirmation hearings this week for Supreme Court nominee Ruth Bader Ginsburg, liberals are lamenting the delays by the Clinton administration in filling other federal judgeships.

The administration has been slowed by delays in appointing an attorney general and other top Justice Department officials, including the official who will be in charge of screening federal judicial candidates.

"It is understandable, but it is frustrating," said George Kassouf, director of the judicial selection project for the liberal Alliance for Justice in Washington. "In the meantime many of the judges who

United States Courts.

In his first six months President Reagan appointed one federal judge and George Bush appointed four who had been named under the Reagan administration.

As soon as the Ginsburg confirmation proceeds, the pace of appointments should pick up across the nation, Redmond said. "Senators are proposing names. There will be a flood soon."

Kassouf is not so sure.

"We will probably see within the next couple of weeks a few nominations trickle in and after the August recess we will see them coming in more rapidly. But by the end of the year they might have 20 to 25 judges confirmed, at the outside."

Federal statistics show that in

retire at the anticipated pace.

Senior Federal Judge Scott O. Wright in Kansas City said he and two other senior judges in the Western District have refused to cut back on their work load until their replacements are on the bench.

"None of us have cut our load back, but some of these districts really have been hurt. In St. Louis three judges just quit when they took senior status."

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...meeting, said George Kassouf, director of the judicial selection project for the liberal Alliance for Justice in Washington. "In the meantime many of the judges who have been appointed over the last 12 years are still doing damage to the liberties and rights of millions of Americans."

But this administration is not much different from the previous two.

"The first six months were really poor for all of them," said Karen Redmond, spokeswoman for the administrative office of the

the end of the year they might have 20 to 25 judges confirmed, at the outside."

Federal statistics show that in the second year of the Reagan administration 44 judges were confirmed. Bush named 15 judges in his first year in office and 56 his second year. Since 1982 the largest number of federal judges named in a year was in 1985 when Reagan named 86.

Kassouf said the workload for Clinton would be even higher if federal judges had continued to

U.S., Mexico to meet on efforts to enact continentwide trade pact

The Associated Press

WASHINGTON — U.S. Trade Representative Mickey Kantor will meet with Mexican officials this week on efforts to enact a continentwide free trade agreement.

Kantor will travel to Mexico City for the discussions Wednesday with Mexican President Carlos Salinas de Gortari and Mexican Trade Minister Jaime Serra Puche. Kantor's office announced.

Top negotiators from the United States, Mexico and Canada resumed work Monday in Ottawa seeking to resolve differences on side agreements dealing with concerns about the environment and worker rights.

The proposed North American Free Trade Agreement, which would eliminate virtually all trade barriers between the United States, Canada and Mexico, was completed last year. But President Clinton said he would not submit the pact to Congress for approval

without the supplemental agreements.

Anne Lazzatto, Kantor's chief spokeswoman, said that Kantor's meeting with Mexican officials will be to take stock of where the negotiations on the side agreements stand. She said the U.S. goal still is to have the side agreements completed by the end of next week.

A federal court last month ordered the administration to conduct an environmental impact study of the proposed trade agreement, but the administration is appealing that ruling.



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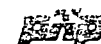
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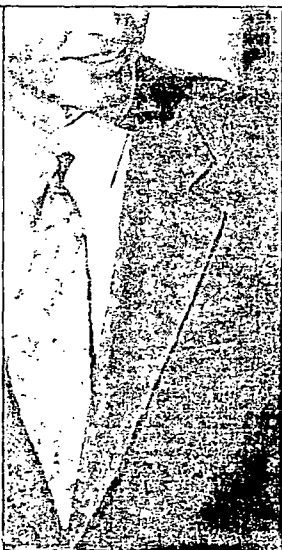
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U.N. envoy cites success of relief efforts in Somalia

Reports of recent violence ignore rebuilding, reduction of starvation in rural areas, he says.

The Associated Press

MOGADISHU, Somalia — The U.N. special envoy complained Monday that the escalation of violence in Mogadishu has obscured the success of the humanitarian effort elsewhere in Somalia.

Envoy Jonathan Howe said he thought U.N. forces would be able to withdraw on schedule by May 1995, a target date previously mentioned by the United Nations.

By then, the 27-nation U.N. military coalition will have purged gunmen and bandits, enabling Somalia to rebuild its economy and restore social and political stability, he said.

"There's already the start of commercial activities we're all pretty excited about," Howe told reporters at the heavily guarded U.N. headquarters compound.

He spoke shortly after two American military police were wounded by sniper fire in Mogadishu. The soldiers, who were not identified, were reported in stable condition while being treated at the main U.S. field hospital.

Thirty-five peacekeepers have died since June 5 in attacks blamed on gunmen loyal to renegade clan leader Mohamed Farrah Aidid, who controls southern

Mogadishu. More than 100 U.N. soldiers have been wounded.

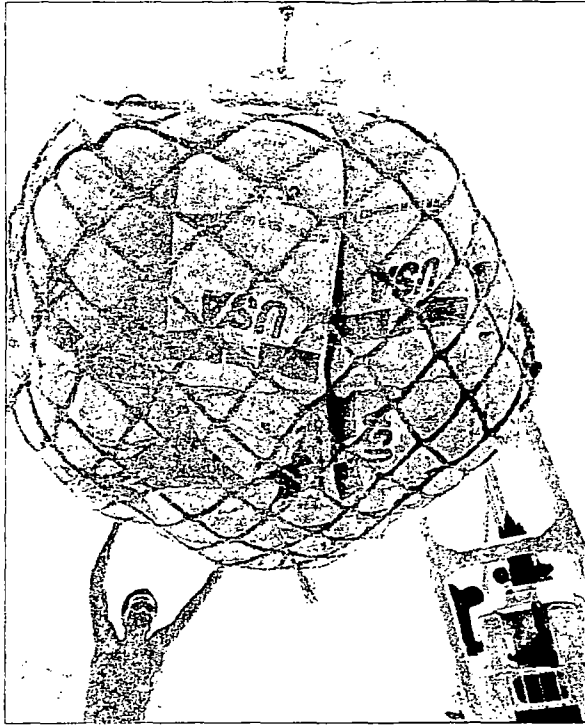
U.N. forces have retaliated with helicopter attacks on several compounds thought to be used by Aidid's gunmen, resulting in heavy Somali casualties and triggering international criticism about excessive force by U.N. forces.

Howe, who was appointed special representative of U.N. Secretary-General Boutros Boutros-Ghali in May, said the recent violence has been largely confined to the relatively small southern portion of the capital. He said it should not overshadow the U.N. mission's broader achievements.

"It's time the other story was told," said Howe, a retired American admiral.

He said starvation has largely been eradicated in rural areas since the foreign military intervention began with a U.S.-led operation in December. Schools, shut down by anarchy and famine during two years of civil war, are open again, and harvests are picking up, he said.

Displaced families, among more than 1.2 million refugees who fled the war, have begun returning to rebuild their homes and young militiamen say they are tired of fighting, Howe said.



The Associated Press

A Somali worker helped unload American grain from a ship at a port in Mogadishu on Monday.

He said he was confident that U.N. forces soon would end weeks of anarchy in Mogadishu.

"In a couple of months, when we have finished our systematic disarmament of this city, you will be able to walk around at least with the same degree of comfort you have in Rome or New York," he said.

Earlier Monday, U.N. military officials conceded they had no control over southern Mogadishu.

about 40 percent of this city of nearly 1 million inhabitants. The military estimated that Aidid commanded about 500 armed men in that area, said Simon Israel, spokesman for the international charity CARE.

The comments came during a meeting with officials of about 20 private aid organizations at which U.N. officers announced a new licensing policy aimed at controlling the number of weapons in circulation.

Case of 'divorced' child heard by appellate court

Judges to decide whether boy lacked legal status to sue.

The Associated Press

DAYTONA BEACH, Fla. — Appellate judges questioned Monday whether a 12-year-old boy who "divorced" himself from his mother had any business being in court in the first place.

"Are you saying that the child has the same rights as an adult?" Chief Judge Charles M. Harris of the Fifth District Court of Appeal asked a lawyer for Shawn Russ — also known as Gregory K.

Shawn, now 13, was permitted by a lower-court judge to sue his natural mother and sever her parental rights so that he could be adopted by a central Florida family last September. The child claimed neglect and abandonment by his mother, Rachel Kingsley.

Gregory Kingsley was adopted by George Russ, a Lake County lawyer who helped another lawyer, Jerri Blair, bring the case to trial. Gregory adopted the name Shawn along with his new last name.

Under Florida law, a child must be represented in court by a parent, a legal guardian or the state's

welfare agency, except in rare cases. Blair said a child has the right to sue under certain conditions, just as an adult has.

A three-judge panel is deciding whether Juvenile Court Judge Thomas Kirk acted correctly in ruling that the boy had the legal standing and mental capacity to sue, in terminating the mother-son relationship and in proceeding with the adoption.

Rachel Kingsley's attorney, Harry Morall, argued that Kirk had erred in permitting the boy to sue. The judge also erred by granting the adoption petition while ignoring Rachel Kingsley's appeal of an earlier ruling dissolving her legal rights to the child, Morall told the appellate court.

Harris said the appeals court was concerned with the child's capacity to sue, rather than the lawyers' legal arguments that the boy had a constitutional "right" to do so. The boy was 11 when the lawsuit was filed.

Appellate Judge George Diamantis noted that Florida's Department of Health and Rehabilitative Services had jurisdiction over the case and should have represented the child. But Russ argued that the agency had failed to carry out the boy's wishes.

College loan defaults decline, U.S. says

Tougher methods of collection, crackdown on schools are credited.

The Associated Press

WASHINGTON — College loan defaults are decreasing thanks to tougher collection methods and a crackdown on schools with a lot of bad loans, the government said Monday.

from 17.2 percent, and 15.5 for private, two-year schools, down from 18.5 percent.

The Department of Education said no state-by-state list or list of schools was available yet.

Students apply for loans through the colleges or career schools they plan to attend. The schools verify the students' eligibility, and banks then furnish the money.

While a student is in school, the government pays the interest on the loan. If the student defaults,

the government pays off the loan.

But armed with a 1989 law, the government has been dropping schools with default rates of at

least 30 percent for three consecutive years from federal aid programs. The default rate drops to 25 percent next year.

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thanks to tougher collection methods and a crackdown on schools with a lot of bad loans, the government said Monday.

The Department of Education said the number of defaults for Federal Family Education Loans, formerly called Guaranteed Student Loans, declined from 22.4 percent in the 1990 fiscal year to 17.5 percent in 1991, the latest year for which figures are available.

The default rate for a particular year is based on the number of borrowers scheduled to begin making loan payments in that year who defaulted either in that year or the following year.

The Department of Education also estimated that bad loans will cost taxpayers more than \$1 billion less this year than in 1991, dropping to about \$2.5 billion from \$3.6 billion.

"Many of the schools are doing a very effective job of bringing their default rates down," said David Longanecker, assistant secretary of education for postsecondary education.

Defaults were down for every type of school eligible to participate in the loan program. Profit-making, career schools continued to have the highest average default rate at 35.9 percent, down from 41.2 percent. Students using loans to attend foreign institutions had the lowest of 4.5 percent, down from 9.8 percent.

Private, four-year schools had a rate of 5.7 percent, down from 6.5 percent, and public, four-year schools had a rate of 6.5 percent, down from 7.0 percent.

The rate was 14.7 percent for public, two-year schools, down

bility, and banks then furnish the money.

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Two tied to scandal

Continued from A-1

criticized the two-year-old investigation as politically motivated.

"Rota's agreement to cooperate with prosecutors is a very big step in the direction of possible charges against Rostenkowski," said a source involved in the investigation, which is being conducted by the U.S. attorney's office in Washington.

Democratic rules would force Rostenkowski to give up the chairmanship of the tax-writing committee if he were indicted. But it was uncertain what effect the new disclosure would have on his ability to continue to negotiate a compromise agreement with the Senate in closed-door meetings this week on President Clinton's deficit-reduction bill.

Rota's surprise agreement to cooperate with prosecutors provided a major boost to an investigation that began after a low-level clerk was discovered to have stolen money from the post office. Rota became the ninth and highest-ranking former official to plead guilty in the inquiry.

Rostenkowski has long been identified by sources close to the investigation as the primary target. Last year, he refused to appear before a federal grand jury, citing the Fifth Amendment protection against self-incrimination.

Since then, several members of Rostenkowski's personal staff and the Ways and Means Committee have been granted immunity and compelled to testify before the grand jury. Sources have indicated that the investigation has expanded beyond Rostenkowski's dealings with the post office to include allegations about campaign spending and other office expenses.

Prosecutors negotiated for several months to obtain Rota's cooperation. He agreed to plead guilty to three misdemeanors, provide information about the alleged scheme to investigators and possibly testify in court.

Calling the plea bargain a "significant step forward," interim U.S. Attorney J. Ramsey Johnson said Rota had admitted turning the House post office into "a convenient and largely untouch-



Robert V. Rota
... admits conspiracy

"A speedy conclusion and action regarding members of Congress allegedly involved should come shortly" unless the administration intervenes.

*Jay B. Stephens,
former U.S. attorney*

tration," Stephens said. "Congressman B" was identified by sources and records as former Rep. Joseph Kolter, Democrat of Pennsylvania. Attempts to reach him for comment were unsuccessful, but he has previously denied wrongdoing.

The first impact of Rota's cooperation is likely to be felt this week in the House-Senate negotiations over the federal budget. Democrats fear Rostenkowski's authority will be weakened there and as a chief proponent of the upcoming health-care reform legislation and other key measures.

"It doesn't look good for him," said one House Democrat who believes the tough-talking Chicagoan would be almost irreplaceable in passage of health-care, trade and welfare-reform legislation as well as the budget package. "It's a disaster for the president and the party and the country — it's our worst nightmare."

Republicans gloated. "Just as in Japan, this is about corrupt one-party rule for four decades," said Rep. Newt Gingrich, Republican of Georgia, the House Republican whip.

China faces sanctions for weapons sales

The New York Times

WASHINGTON — The administration plans to warn China that its weapons exports could bring punitive sanctions, and a debate continues within the government over whether the message is tough enough, senior administration officials said Monday.

In response to what Washington calls mounting evidence that Beijing is shipping missile technology to Pakistan, Secretary of State Warren Christopher will raise the issue when he meets with Foreign Minister Qian Qichen on Sunday in Singapore, the officials said. The issue will be discussed in detail on the following two days in Beijing by Lynn E. Davis, under-secretary of state for international security affairs.

In May, despite what U.S. intelligence agencies described as compelling evidence that China had

shipped parts for M-11 missiles to Pakistan, the administration renewed China's favored trade status, making it conditional on improvements in China's human rights record.

Since then, intelligence reports have led some senior arms experts to conclude that Pakistan has received all the components to assemble the missiles, senior officials said Monday.

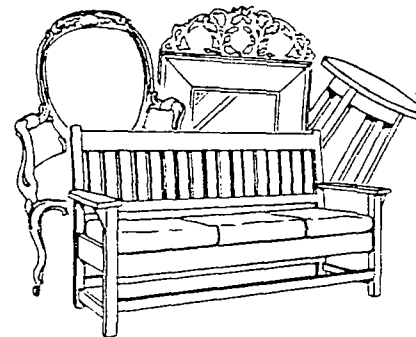
These officials also describe intelligence reports indicating that China has stepped up its cooperation on missile technology with Iran, which is trying to develop more sophisticated arms, and that China has shipped chemicals that could be used for weapons to Tehran.

But there is a deep split within the Clinton administration over whether Pakistan actually has missiles and whether the Chinese and Pakistani agencies involved should be punished with sanc-

tions, as required under U.S. law. The sanctions would bar the government or U.S. companies from doing business with the agencies involved.

The Central Intelligence Agen-

cy, for example, has taken a very hard line, while senior Pentagon officials, including William J. Perry, deputy secretary of defense, say there is no firm evidence that China has shipped the missiles.



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U.S. Attorney J. Ramsey Johnson said Rota had admitted turning the House post office into "a convenient ... and largely untraceable source of illegal cash for selected members of Congress."

Jay B. Stephens, the former U.S. attorney who initiated the investigation, said he expects action soon.

"A speedy conclusion and action regarding members of Congress allegedly involved should come shortly unless there is some intervening action by the adminis-



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Victims of KC floods line up for food stamps

With few checks on eligibility, officials worry about fraud.

By MARY SANCHEZ
Staff Writer

Hundreds of Jackson County residents are flocking to get flood-related emergency food stamps, but cursory eligibility checks are causing some state and federal officials to worry about fraudulent claims.

On Monday, steady throngs of up to 300 people encircled each of three storefront check-cashing businesses where the stamps are being handed out. Some secured a spot in line by arriving as early as 6 a.m., nearly three hours before the shops opened.

"I think most of them just started coming down because they heard it was free," Angela Stovall said as she waited in a block-long line on Independence Ave. "I'll bet most of them didn't have any damage."

Stovall said she would request help because her basement apartment flooded, ruining clothes and food.

State workers were dispensing food stamps on the spot Monday to people who said they fell within certain income guidelines and offered convincing stories of flood damage, said Peggy Torno, Jackson County director of income maintenance and programs for the Missouri Division of Family Services.

Applicants merely had to furnish identification with a picture, such as a driver's license, and proof of Jackson County residency, Torno said.

"Basically, they are going on people's word," said Mary Ragland, the officer in charge of food and nutrition for the U. S. Department of Agriculture, which oversees the food stamp program.

State employees handed out nearly \$179,000 worth of food stamps at the three check-cashing shops Friday and Saturday, Torno said. Figures for Monday were not available.

The state of Missouri applied for the disaster food stamp program to expedite aid, Ragland said.

Kansas officials have not yet

Rehabilitation Services.

All 49 Missouri counties that have been declared disaster areas are eligible for the emergency food stamps, Ragland said. But other emergency locations around the state are processing applications and delivering the stamps to victims within 24 to 48 hours, a fact that Ragland said might cut down on fraud attempts.

The three Kansas City check-cashing locations were selected as emergency food stamp pickup points because they are regular distribution sites. The food stamp centers are at 2532 Independence Ave., 3849 Prospect Ave., and 1813 Grand Ave.

Ragland said that the speedier process exposed the state to possible dishonesty but that the need to get help to people quickly is a concern.

"The principle is to provide people with help right away without having to go through a lot of applications," Ragland said. "But we always know a certain amount of people will take advantage of the situation."

Some of the people who waited in the long lines Monday also had complaints.

Some people pushed others aside and cut in line at the check-cashing sites, according to people who waited in the lines.

Police later set up wooden barricades and helped control the crowds.

"Probably half the people in this line don't really need help," said Mattie Walls, who arrived at the Prospect Avenue store about 9 a.m. and was still waiting in line five hours later.

Walls, who used a black umbrella to shield herself from the sunshine as the temperature neared 90 degrees, said she hoped to receive the food stamps to help support herself and her 1-year-old daughter. The family's food and clothing were ruined when water flooded their basement, Walls said.

"Most of the people are saying they had food stored in the basement and the basement flooded and they lost their food," Torno said.

Assistance amounts vary depending on income and family size, Torno said.

A one-person household would

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monthly income is lower than \$1,093. A three-person household can receive \$292 in stamps if they make no more than \$1,292 monthly.

Twelve claims were rejected and 499 applications were approved during the first two days, according to county statistics.

The check-cashing sites will accept applicants for the stamps through July 28, Torno said.

The stamps can only be used to purchase food, not alcohol or cigarettes. If the amount of purchase is less than the amount of the stamp, cash is given back to the stamp holder, Torno said.

Torno said workers will later go back through the applications and attempt to verify incomes and disaster information.

"We'll do the best that we can to go back and check the applications," she said. "We're not being suckers out there, where we are just taking any story we hear."

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11809 Shawnee
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*APY effective as of date of publication; subject to change. Personal funds only. \$90,000 maximum. Penalty for early withdrawal from CD.

How To Save

PHOTOGRAPH
PRESERVATION

for the disaster food stamp program to expedite aid. Ragland said.

Kansas officials have not yet asked for such help, said Kathy Valentine, an emergency preparedness spokeswoman for the Kansas Department of Social and

Assistance amounts vary depending on income and family size. Torno said.

A one-person household would qualify for \$111 in stamps if income is no more than \$895 per month. Torno said. A two-person household is allowed \$203 if their

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are so macho
they'd never stoop
to having their
prostate checked.
They'd die first.

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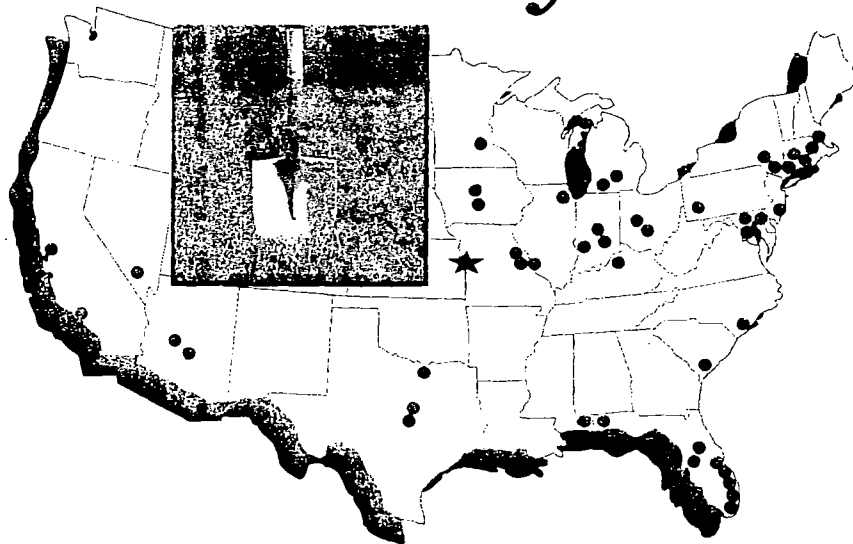
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30069

CLARIDGE
COURT

River hits crest, but fight against floods goes on

Continued from A-1

first floors and basements. "I had to leave," said Arl Hunt, who had a foot of water in his basement. "There was some kind of smell coming up from the sewer. It was unbearable."

Don and Monika Morgan said they had no idea when they could get back in their house, which had 2 feet of water on the first floor.

"I expect it will be at least six months," Don Morgan said.

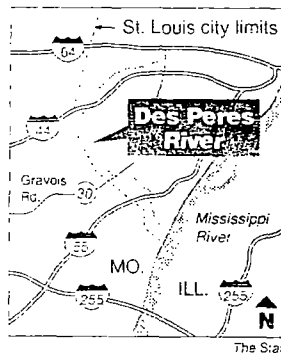
Meanwhile, Gov. Mel Carnahan has asked President Clinton for a federal disaster declaration to pave the way for \$29.3 million in federal aid to help 13 Missouri counties and two cities pay their flood cleanup.

In a letter to Clinton sent Sunday, Carnahan said federal public assistance funds were needed because cleanup costs were so severe "that effective recovery was beyond the capabilities of the state and affected local governments."

The two cities included in Carnahan's request are St. Louis and Jefferson City. The counties are Atchison, Carroll, Cole, Holt, Jefferson, Lincoln, Marion, Pike, Ralls, Ray, St. Charles, St. Louis and Ste. Genevieve.

Carnahan's request is separate from efforts by state leaders in Missouri and other Midwestern states to get federal aid for property, agriculture and other damage done by weeks of flooding.

If approved by the president, the money would supply federal aid to local governments for flood debris removal, sandbagging, evacuation and security. The pro-



gram requires state and local governments to provide 25 percent of cleanup costs. The federal government pays 75 percent.

Perot's assistance formula worked out to 50-50 — \$2 million from Perot and \$2 million from the public.

But Perot had his own agenda, using the same plain-talking, get-things-done attitude that marked his campaign for president. Perot wouldn't criticize the Clinton administration, saying he thought the government response had been timely.

But he said his program cut through the bureaucracy and paperwork and gave Americans a way to help flood victims with an organization they could trust. Perot said donors, working through the Salvation Army, could team up with individual families to meet their specific needs. Or they could just send a check.

"Please send cash now," Perot

said. "If we're the kind of country I think we are, in a matter of days we can solve this problem."

Normally, Perot said, he likes to make anonymous donations. His wife, Margot, has worked with the Dallas Salvation Army for years, and Perot toured the Salvation Army's aid center after Hurricane Andrew to see how he could help, Army officials said.

"But I had to announce this one," Perot said. "or else I couldn't ask millions of ordinary Americans to write a check."

Perot praised the flood victims he had met in St. Louis, St. Charles, West Alton and Alton, Ill., saying they were the type of hearty folks who survived the Great Depression.

The Mississippi crested in St. Louis about 2 a.m. Monday, reaching a high-water mark at 46.9 feet. Officials with the U.S. Army Corps of Engineers said it could take 16 days before the water was low enough to accommodate navigation and relieve the pressure from strained levees.

"We're going to have to be patient and wait for the water to go downstream," Bob Anderson, a corps spokesman, said.

The water will remain high for days, however, and there's still cause for concern.

In St. Charles, where the Mississippi and Missouri rivers joined forces to cover much of the county, the Missouri appeared to have crested at 38.5 feet and was beginning to fall, but water from both rivers continued to filter into low-lying areas, emergency manage-

ment spokeswoman Petra Haws said.

About 90 percent of the town of Portage des Sioux, Mo., which had been surrounded by floodwaters, has been swallowed by the Mississippi, Haws said. Still, about 140 residents refused to leave and most houses remained dry.

The National Guard continued to ferry residents out and food and water in. Haws said.

Downriver in Cape Girardeau,

the floodwall protecting downtown was holding, but about 100 homes have been affected by flooding, and "it's getting worse every day," said Assistant Fire Chief Max Jauch.

In Jefferson City, the Missouri River was on its way down at 35.4 feet. National Weather Service representatives said the river should continue to drop there Tuesday and Wednesday before rainwater from upriver arrives around Thursday.

Between Jefferson City and Columbia, where traffic had been halted last week because of water covering U.S. 63, the Missouri River backed away and allowed all four lanes to be reopened on Monday. Northbound lanes had been opened Sunday evening, with one lane detoured for southbound motorists.

Jefferson City Correspondent Will Sentiell and the Associated Press contributed information for this article.

Here's How You Can Help Victims of Flooding in the Midwest

Rivers are cresting at record proportions - breaking through levees and crashing over dams. Thousands of families have been displaced by the flood waters.

They need food. Shelter. First Aid. Compassion.

Red Cross volunteers are rushing to help.

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Please Help.
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American Red Cross

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Address _____

City _____ State _____ Zip _____

Amount Enclosed: \$10 _____ \$25 _____ \$100 _____ Other \$ _____

Mail to: American Red Cross, Greater Kansas City Chapter,
211 W. Armour Blvd., Kansas City, MO 64111

Please use this to help the victims of the Floods and other devastating disasters

Fight against flood is planned in corps' St. Louis war room

By PRINGLE PIPKIN
St. Louis Correspondent

ST. LOUIS — The phones ring 500 times a day in a small room in the fourth-floor offices of the U.S. Army Corps of Engineers.

A paper tacked to the unimposing door says "war room," with a computerized drawing of the globe. These days, as the flood of 1993 continues to ravage the Midwest, this command center for water control almost feels like the axis of the world.

"It's very overwhelming," said

Next to the printer, a large TV displays the Weather Channel. Farther down, a smaller screen shows color blotches hovering over a simple map of eastern Missouri: weather radar.

Nearby, a gray-screened computer displays line after line of numbers. The lines show gauge readings, or the latest water levels, from 100 sites throughout the district covering 330 miles of the middle Mississippi River.

The automated gauges monitor the water level and send updates to a satellite every two to four

call in and give us their sob stories." Jim Brown, a spokesman for the corps, said, "and we learn what's going on firsthand from talking with some of these people."

PRESIDENTIAL HEALTH CARE PLAN, 1986:



PHOTOGRAPHY
PRESERVATION

1993 continues to ravage the Midwest, this command center for water control almost feels like the axis of the world.

"It's very overwhelming," said Don Coleman, chief of water control management. "But we're trying to keep organized and in control as best we can."

Basically, the war room serves as a collection point and clearing-house for information. Since the flooding began, corps officials have been staffing the room 24 hours a day and releasing constant updates on flood predictions.

Callers are almost frantic for the flood stage numbers that, to outsiders, sound like mathematical mumbo jumbo. To families living in flood plains, those numbers have been heartbreaking.

"People ... living right on the riverfront use that information to know whether they have one foot to go before the water gets in their house," Coleman said.

The vital information comes from various sources.

First, a computer in the corner constantly prints flood forecasts from the National Weather Service. The screechy noise of the busy printer drones in the background, sounding like a ticker-tape machine.

These are the figures that everybody wants. Corps officials write them on Magic Marker blackboards, print them on charts and distribute the updates to the newly created media center down the hall.

That's just the beginning of a bank of information resources.

tract covering 330 miles of the middle Mississippi River.

The automated gauges monitor the water level and send updates to a satellite every two to four hours. The information feeds into the National Weather Service, which uses it in making its flood stage predictions.

But the figures are also beamed into the war room. Corps officials run the numbers through mathematical models to see how their water-control projects are holding up.

For instance, the gauge readings tell them how much more water they can hold in the Mark Twain Lake near Hannibal. So far, there's no danger of the reservoir overflowing, Coleman said, but water control officials work the numbers, just to make sure. The dials also have followed the crests of the Mississippi and Missouri rivers. On Monday morning, St. Louis saw the Mississippi crest at a record 46.9 feet.

The big advantage of all this technology is that it buys people — and the corps — time to prepare for the worst. That's the work of the emergency operations unit, also headquartered down the hall.

After the flood, the corps took what is normally a conference room and supplied it with 12 phones and dozens of emergency employees pulled from different departments. The emergency team uses information from the field to decide which levees or other trouble spots need sandbaggers or technical help.

"People experiencing the flood

Iowans just too impatient to wait for their tap water

The Associated Press

Businesspeople and residents who couldn't wait to flush their toilets and take showers in Des Moines, Iowa, caused at least a day's delay in restoring water service to 250,000 people whose taps have been dry for nine days.

On Sunday night, the city's water-treatment plant, contaminated by flood waters July 11, began pumping water back into 810 miles of mains and pipes. But the flow slowed when people, against orders, tapped the water.

Service now won't start being restored until at least Wednesday, a day later than planned, said L.D. McMullen, the water plant's general manager. The water won't be fit to drink for several weeks. Des Moines is the largest U.S. city ever to go without running water for so long.

In Hamilton, Ill., everybody wanted to know just one thing: Was the bridge going to open

today? The answer came late Monday: You bet.

Trucks and cars began rumbling across the Mississippi on the Keokuk-Hamilton bridge Monday night, the first time since the ram-paging river flooded approaches to the Illinois side of the bridge on July 5.

The opening of the Keokuk-Hamilton bridge was critical because the bridge at Quincy, Ill., was cut off last Friday, making impassable a busy length of the Mississippi that stretched more than 200 miles north from St. Louis.

President Clinton offered relief Monday to Nebraska and South Dakota, declaring flood disaster areas in parts of the states. Illinois, Iowa, Missouri, Wisconsin and Minnesota got the designation earlier, making them eligible for federal aid. Clinton toured the ravaged region three times in two weeks.



Nancy and I have a plan. We'll give the doctors a lot of tax breaks and they'll pass the savings along to you ... probably. Nancy and I like this plan. We call it trickle-down medicine.

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one of ours, or keep your own, as your primary care physician—it's your option. All aspects of care—choice of hospital, regular check-ups, preventive medicine—include options to keep monthly premium costs low for both employer and employees... without losing access to special care as needed.

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Clinton fires Sessions as FBI director

Continued from A-1

ing Sessions' performance, Attorney General Janet Reno had advised him that Sessions should go. "After a thorough review by the attorney general of Mr. Sessions' leadership of the FBI, she has reported to me in no uncertain terms that he can no longer effectively lead the bureau and law-enforcement community."

Despite the president's severe tone, he seemed to regret having to force Sessions from his post. He said he had hoped that the issue could be settled at the Justice Department without the necessity of using his authority to dismiss the FBI director, who has a 10-year term but may be removed by the president at any time.

But Sessions' stubbornness had festered into an awkward situation for Clinton.

A Republican stranded in a Democratic administration, Sessions was appointed to head the FBI by President Ronald Reagan in 1987 amid the turmoil of the Iran-contra affair. Sessions arrived as a respected judge from San Antonio, but after 5½ years in office, he leaves with his star fallen, his agency adrift and his support at the FBI all but drained away.

He served under four attorneys general, and each of them complained privately about his absentee management style, his frequent traveling — often to unimportant events — and his inability to take command at an agency that was still emerging from the troubled legacy of J. Edgar Hoover, who died in office in 1972.

During Sessions' tenure, the FBI has struggled to redefine its mission in handling organized crime, street violence, drugs, terrorism and foreign counterintelligence. The agency's mission has shifted focus dramatically with the collapse of the Soviet empire.

Sessions emphasized institutional issues, backing policies designed to open the FBI's byzantine internal hierarchy to women

anonymous but clearly from employees familiar with the details of Sessions' schedule, led to an internal inquiry by the Justice Department's Office of Professional Responsibility, an internal watchdog unit.

The report found that Sessions had taken numerous free trips aboard FBI aircraft to visit friends and relatives, often taking along his wife, Alice. The report, which was endorsed officially by Attorney General William P. Barr on his last day in office, detailed a litany of abuses. It is a lacerating portrayal of the director as an official who was in charge of enforcing the law but who seemed biased about perceptions of his own conduct.

On Monday, Sessions sought to keep up the appearance of routine. Dressed in his customary navy suit, red tie and white shirt, he spent the morning alone in his office on the seventh floor of the J. Edgar Hoover Building, as Clinton administration officials busied themselves with preparations to oust him.

Their intentions quickly became clear Monday morning as the White House announced in advance Clinton's meeting with Reno to discuss Sessions' future and said the president and Reno would appear jointly in the White House press room, a certain sign of his dismissal.

On Monday afternoon, Clinton telephoned Sessions twice. He called once to advise Sessions that he was dismissed, then phoned again minutes later to say that the dismissal would take effect right away.

At Sessions' news conference, he said he was a private citizen as of Monday afternoon and not permitted to walk through FBI headquarters unescorted. There was one further indignity: Clinton rejected Sessions' assertion that he was the victim of a palace coup led by Floyd I. Clarke, the deputy director. The president said Clarke would be acting director until a successor the Senate confirmed a successor.

Students say pistols easy to get

Continued from A-1

get guns. 62 percent reported they would be able to obtain one in 24 hours, the survey found.

"There is a huge underground where kids see and get guns so readily," Harris said. He dismissed the suggestion that students' answers were motivated by bravado.

"I don't think kids make these things up; they're straightforward," he said, citing previous experience polling children about drug use. "Kids know better than their elders what's going on."

Forty-three percent of middle-school students said they knew where to get guns if they wanted them, said the survey, which was financed by the Chicago-based Joyce Foundation. The group sponsored a study released last month on adult attitudes toward handguns.

The adult survey found that 52 percent favored an absolute ban

"I don't think kids make these things up; they're straightforward. Kids know better than their elders what's going on."

Pollster Louis Harris

on pistol ownership, except in cases where courts have authorized persons to carry weapons.

The student survey also found that 15 percent of children had carried a pistol in the last 30 days and 4 percent had carried one to school in the past academic year.

Of this group, 45 percent reported they got the weapon "on the street" while 16 percent said the gun had been stolen.

Nine percent said they had "shot a gun at somebody," 13 percent reported having "been seriously threatened" in the last year with being shot, while 11 percent said they had been shot at.

The finding that 39 percent of

students knew someone who had been killed or wounded by gunfire does not reflect the rate of such crimes in the student population, said Jacqueline Cohen, a criminology expert at Carnegie-Mellon University.

The figure is inflated because "many kids in the school will all be referring to the same incident," Cohen said. But the finding may be important in assessing the effect of violence on the attitudes and emotions of schoolchildren, she said.

The survey, conducted between April 19 and May 21, had a margin of error of plus or minus 3 percent.

WHAT YOUTHS THINK ABOUT GUNS

A new poll shows how a "gun culture" has influenced the lives of young people. Some highlights:

Questions asked of 2,500 youths aged 10 to 19 years:

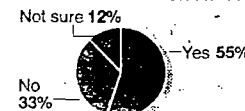
■ Could you get a handgun if you wanted one?



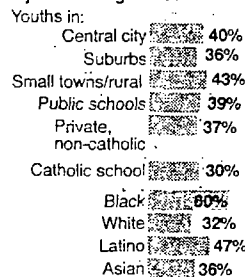
■ Does your school use metal detectors to search for weapons?



■ Do you think your school should use metal detectors?



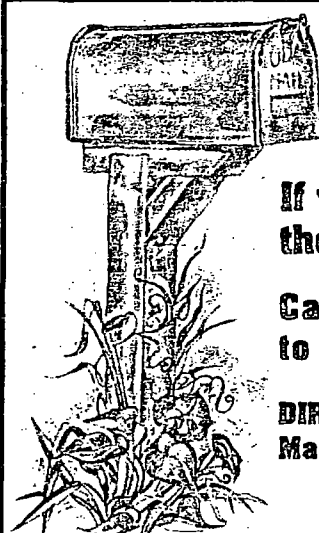
■ Has anyone you know personally been killed or injured from gunfire?



Source: A L H Research, Inc. poll for Harvard School of Public Health of 2,508 youths age 10 to 19, April 19-May 21, 1993.

Knight-Ridder Tribune

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PRESIDENTIAL HEALTH CARE PLAN, 1993:

tional issues, backing policies designed to open the FBI's byzantine internal hierarchy to women and minorities. He settled a discrimination lawsuit by Hispanic agents and reached a tentative accord with black agents that is awaiting approval by a federal court in Washington.

But his associates found him to be a disengaged figure who failed to form strong connections to senior career managers or to many rank-and-file agents. His reputation became that of a director who relished the trappings of high office but never inspired confidence in his leadership.

The undercurrents of unrest first surfaced last year when several complaints, some of them

he would be acting director until a successor the Senate confirmed a successor.

Surf leads to death, peril along beaches

The Associated Press

LAGUNA BEACH, Calif. — One swimmer drowned and hundreds were rescued as a storm 4,000 miles away sent high waves rolling onto Southern California beaches.

The body of Ali Maysami, 21, of Anaheim, turned up early Monday. He had disappeared while on a beach outing Sunday.

A Special Reader Bonus

Health Care: vital statistics

A Special Star Magazine
Sunday, July 25
in The Star

This is your opportunity to get to know area health care providers. Their programs...their special services...their philosophies. You give the checkup when you check out this informative profile.

THE KANSAS CITY STAR.



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one of ours, or keep your own, as your primary care physician—it's your option. All aspects of care—choice of hospital, regular check-ups, preventive medicine—include options to keep monthly premium costs low for both employer and employees... without losing access to special care as needed.

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Health Care
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Laurelle O'Leary
6421 Brookside Road
Kansas City, MO 64113

PHOTOCOPY
PRESERVATION

6421 Brookside Rd.
Kansas City, Mo 64111
July 29, 1993
(816) 444-1241

Dear Ms. Williams,

I would like to apologize, for not responding to your wonderful letter of June 30th, in which you indicated the desire of President and Mrs. Clinton, to do all they can to give families options in long-term care. Such as Adult Day Care and Home Care, which would enable loved ones to remain in their own homes, or with family members!

Your letter, and Mrs. Clinton's support of this issue, gave me such renewed hope, at a moment when I had all but abandoned any further effort! Your letter literally "made my day!" And I thank you for taking the time to write!

My partial reason for the delay in writing, was to bring together various items of interest you and Mrs. Clinton's committee might be interested in:

- 1) The recent most exciting support for Adult Day Care, by the National Association of Home Care; Judy Bellame of our K.C. area deserves the credit
- 2) Some articles and editorials by Jean Haley, member of the Kansas City Stars Editorial Board
- 3) Information about "Speak Out America" in their support of Health Care Reform to be presented in September to the President, Mrs. Clinton and Congress! I was invited to be interviewed last Wednesday!

Mynice, Rosemary, asked to be remembered to you. She just won the Daniel P. Monaghan Award! Sincerely,

7-29-93

Ms. Williams -

Would there be any
way to combine the Presi-
dent's National Service Pro-
posal with Health Care?

For example, I am sure
most Adult Day Centers
would welcome a college
student working part-
time and in summers
(over)

to assist patients
and staff? They could
do this while they were
in school. It would
also serve as a laboratory
situation, to help them
decide on a career.

Maybe they could receive
college credit as well!
(Comparable to practice teach-
ing for teachers!) L O'Leary

PHOTOCOPY
PRESERVATION

Kassebaum says flood volunteers show flaw in national service plan

By ANDREW C. MILLER
Washington Correspondent

WASHINGTON — Republican opponents of President Clinton's national service plan on Thursday cited flood volunteers in the Midwest as one reason Clinton's plan should be reduced or defeated.

While Senate Republicans continued to bottle up Clinton's plan, Sen. Nancy Kassebaum, Landon Kassebaum said sandbaggers and other flood volunteers exposed a "flawed premise" in Clinton's plan.

"The floods demonstrate that the spirit of volunteerism is alive and well across America," said Kassebaum, who is leading the Republican effort to scale back Clinton's plan. "It will remain so



no matter what Washington does."

Employing the same references to flood volunteers, Sen. Jack Danforth announced he would oppose any plan, even a stripped-down bipartisan compromise.

"I think it turns people into minions of the government," the Missouri Republican said. A government-sponsored service plan would confer less approval to volunteer activities "that spring from the hearts of people," he said.

They spoke as the Senate, by one vote, refused to break a filibuster against Clinton's national service proposal. Clinton's plan would permit college students to perform public service as repayment for college tuition.

The vote sent Democrats back into another round of negotiations with Republicans who want a two-year program, not a three-year program that Democrats have offered as a compromise. Democrats said they would attempt to end debate again today.

Democrats said they would try to find a common solution; and Senate Minority Leader Bob Dole of Kansas said Republicans were "still prepared to try to work it out." He insisted Republicans were not filibustering the plan: "We're trying to negotiate. . . . We're not stalling."

Three Republicans joined all 56 Democrats on Thursday — Minnesota Sen. David Durenberger, Vermont Sen. James M. Jeffords and Rhode Island Sen. John Chafee. Kassebaum, Dole, Danforth and Missouri Sen. Kit Bond voted against forcing a final vote.

Clinton's plan passed the House on Wednesday, 275-152.

The bill provides one of the first major tests for Kassebaum in her new role as ranking Republican on the Senate Labor and Human Resources Committee. Once an agreement has been reached, she is expected to vote for a scaled-back version.

8-9-93

Ms. Williams:

I felt honored
to be invited (1 of 5)
to speak from personal
experience (8 years
of caring for my blind,
confused 86 year old
father, and I worked!)
about the need for
alternatives to (over)

nursing home care
(adult day care
especially, and
also home care
which I had while
I worked)

PHOTOCOPY
PRESERVATION

Laurelle O'Leary
ps. Don't know if you will see!
me!
Loi



August 5, 1993

Dear HealthRIGHT Video Participant,

Thank you for participating in "Speak Out America," HealthRIGHT video production on July 28, 1993. Over 60 local residents were a part of this national video production organized by the Caring Institute in Washington, D.C.

Health care reform is an issue we are all concerned with and you helped voice the opinions of Kansas City residents. In September, after HealthRIGHT concludes its 13,000-mile tour of the United States, the video tapes will be presented to President Clinton and Congress.

Thanks again for your interest and support of Health Care Reform.

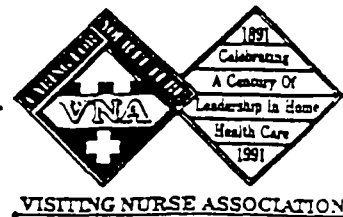
Sincerely,

A handwritten signature in cursive script that reads 'Judith A. Bellome'.

Judith A. Bellome, R.N., M.S.Ed.
Director

ID:

JUL 27 '93 16:51 No.011 P.04



July 26, 1993

Dear HealthRIGHT Video Participant:

Thank you for agreeing to give your personal views and experience regarding health care reform when the HealthRIGHT, "Speak Out America" crew comes to Kansas City. This tour, sponsored by the National Association for Home Care will be in Kansas City on WEDNESDAY, JULY 28th, beginning at 1:30 p.m. We are asking that participants arrive at 1:30 p.m. and plan on being there for about one hour. The location is:

Central United Methodist Church
5144 Oak
Kansas City, Missouri

There will be a group discussion on health care reform led by Myra Christopher, Executive Director of the Midwest Bioethics Center. In addition, we have participants like yourself, who will be interviewed in another room, separate from the group discussion. Each interview will take approximately 5 minutes. As you are thinking about your views on home care, consider how you would respond to the following questions.

1. How did home care make a difference in your life?
2. What do you think would have happened if you did not have home care services available?
3. What would you say to Hilary Clinton about the need for including home care in any future health care plan for all Americans?

Again, thank you for agreeing to participate in this historic video that will bring the voice of the people to Congress.

Attached is some more information regarding the HealthRIGHT video and a map showing the scope of this effort.

Please call me at 753-0900, Extension 619 with any questions or concerns.

SEE YOU WEDNESDAY, JULY 28TH AT 1:30 P.M.

Sincerely,

Corie Reinwald
Corie Reinwald
Marketing Director, Clinicare

Attachments

Wednesday, July 28, 1993
The Kansas City Star

HEALTH CARE

Group to videotape views on reforms

■ A group traveling the United States to record citizens' opinions on health-care reform makes a stop in Kansas City today.

From 1:30 to 3 p.m., Washington-based HealthRIGHT will be at the Central United Methodist Church's Shepherd's Center, 5144

Oak St., videotaping viewpoints of local residents.

HealthRIGHT began collecting "signatures" on its video petition June 21 and plans to visit 68 cities. Tapes will be presented to President Clinton and Congress in September.

FOR IMMEDIATE RELEASE

Speak Out, America!

DATE: JUNE 21, 1993

CONTACT: KATHY GARDNER (202)547-6586

How will America react to the Clinton health care reform plan?

On June 21, HealthRIGHT will launch "Speak Out, America!," its 13,000-mile tour of the United States. Starting in Washington, DC, the HealthRIGHT van will stop in 68 cities and many spots between to videotape the views of local residents, as it has done since early 1992. HealthRIGHT has given Americans everywhere the chance to sound off about our health care system; on this tour the television crew will solicit reactions to the Clinton health reform package as it unfolds. At the same time, HealthRIGHT will take the public's pulse on financing options and benefits.

HealthRIGHT seeks to fill a void in the health care reform debate by giving the American people a voice in the political process. Physicians, drug companies and hospitals all have well-funded lobbies. HealthRIGHT is the people's lobby.

In September, after HealthRIGHT concludes its tour,

videotapes will be presented to the President and Congress. In fact, the White House has indicated an active interest in the HealthRIGHT effort and will be watching closely as the American public speaks its mind about health care in the United States.

HealthRIGHT was organized by the Foundation for Hospice and Homecare and is sponsored by a number of national organizations including: the ALS Association; the American Federation of State, County and Municipal Employees; the Caring Institute; the Child Welfare League; the Hospice Association of America; the March of Dimes; the National Association for Home Care; the National Center for Health Care Law; the National Consumers' League; and the National Council of Senior Citizens.

Check the schedule and the map to see when HealthRIGHT will be in your city or nearby. Then mark your calendar and make plans to participate in HealthRIGHT — your right!



HealthRIGHT
A non-profit coalition for comprehensive, compassionate health reform

SCHEDULE

June 21	Washington, D.C.	July 11	Sacramento, CA	July 31	Madison, WI
June 22	Charleston, W. VA.	July 12	Reno, NV	July 31	Milwaukee, WI
June 23	Lexington, KY	July 13	Medford, OR	August 1	Chicago, IL
June 24	Nashville, TN	July 14	Eugene, OR	August 1	South Bend, IN
June 25	Chattanooga, TN	July 14	Portland, OR	August 2	Detroit, MI
June 26	Atlanta, GA	July 15	Seattle, WA	August 3	Cleveland, OH
June 27	Tallahassee, FL	July 16	Yakima, WA	August 4	Buffalo, NY
June 28	Montgomery, AL	July 17	Spokane, WA	August 5	Albany, NY
June 29	Jackson, MS	July 18	Missoula, MT	August 6	Burlington, VT
June 30	New Orleans, LA	July 19	Idaho Falls, ID	August 7	Concord, NH
June 30	Baton Rouge, LA	July 20	Salt Lake City, UT	August 7	Portland, ME
July 1	Houston, TX	July 21	Grand Jct., CO	August 8	Boston, MA
July 2	Dallas, TX	July 22	Denver, CO	August 8	Providence, RI
July 3	Little Rock, AR	July 23	Casper, WY	August 9	Hartford, CT
July 4	Oklahoma City, OK	July 24	Rapid City, SD	August 9	Newark, NJ
July 5	Amarillo, TX	July 25	Bismarck, ND	August 10	Philadelphia, PA
July 6	Santa Fe, NM	July 26	Sioux City, IA	August 10	Baltimore, MD
July 6	Albuquerque, NM	July 26	Omaha, NE	August 11	Richmond, VA
July 7	Flagstaff, AZ	July 27	Lincoln, NE	August 12	Greensboro, NC
July 7	Phoenix, AZ	July 28	Topeka, KS	August 13	Columbia, SC
July 8	San Diego, CA	July 28	Kansas City, MO	August 13	Charlotte, NC
July 9	Los Angeles, CA	July 29	Des Moines, IA	August 14	Roanoke, VA
July 10	San Francisco, CA	July 30	Minneapolis, MN		

A non-profit coalition for comprehensive, compassionate health reform

513 C Street, N.E., Washington, D.C. 20002-5809 202/547-6586

6421 Brookside Rd.
Kansas City, Mo 64113
July 29, 1993

Dear Judy,

Just a word to tell you how very effective the Health Right Video Petition seemed to be, on Wednesday, at Central United Methodist Church!

I am so honored that you asked me to participate, then comments about the combination of Adult Day Care and Home Care, as I experienced their value in the care of my father from 1976-1984.

The planning you and your superb staff did, to put everyone at ease, and the sensitivity of the Caring Institute staff, I am sure enabled everyone to be the best they could be, in expressing their views!

It is a wonderful national effort, to allow citizens whose intimate lives have been, or are now affected, by national health care policies, to voice their concerns! It was a quality audience and it is an outstanding effort as I have seen, these past 17 years!

The leadership of the National Association of Home Care, toward bringing about the tremendous need for change, in our total health care system, cannot be praised enough!

Thank you again for inviting me to participate!

Sincerely,

Maureen O'Leary

7-29-93

Ms. Williams:

I said on the video
for Speak Out America:

1) 35% of the 1.8 m.
patients in nursing homes
could be cared for at home
thus "saving", at least \$12 b.
annually.

$$\begin{array}{r} 600,000 \text{ pts} \\ \times 20,000 \\ \hline \$12,000,000,000 \text{ (billions)} \\ \text{10 years} \end{array}$$

The money could be
reallocated for start up
costs, etc. for new Adult
Day Care centers, home care
etc.!

3) 3 patients can be
cared for in day care
for the cost of 1 in a
nursing home!

Laurille Dineen

Long-term care a critical issue

by Jean Haley

Medicare pays for only a small fraction of nursing home care. Medicaid pays for no nursing home care until a person depletes his or her savings.

How the promised national health-care reform package will help with long-term care, however, remains a big question.

The administration included the issue in discussions of reform during the term of Hillary Rodham Clinton's health-care task force. Consumer advocates say long-term care ought to be addressed if the nation establishes a system of universal coverage.

Administration advisers have mentioned long-term care coverage as one of most obvious gaps in the nation's health-care system, and they have wandered through various possible solutions.

No outline of how to deal with the problem is visible so far.

Definitions are pertinent to the long-term care issue because it is multi-tiered:

■ Institutional or nursing home residency is usually the first thing that comes to mind. A year in a nursing home can cost from \$25,000 to \$50,000, depending on the region of the country.

Only about 5 percent of Americans 65 and older live in nursing homes at any one time, but in 1992 America spent about \$50 billion on

nursing home care. It will cost \$500 billion in 2020, according to projections.

■ Adult day care is also part of the long-term care picture. It's a less-intensive service for older persons and persons with disabilities; consequently, it is much less expensive.

The people live at home but travel to a day-care center for activities and supervision. They may use it daily or as infrequently as once a week. Besides the financial advantages, day care keeps people in their own homes and lets the family participate more in their care.

■ Home health care is the third segment. It refers to a continuum of specialties, from skilled nursing to bathing, from cooking meals to physical therapy.

The home health industry is as old as the Visiting Nurse Association that was founded in 1891. But the industry has grown by leaps and bounds the past decade with America's determination to reduce the number of patients' high-cost hospital days. By comparison, home health service bills are modest. Moreover, most people feel better and recuperate more quickly in their own homes than in institutions.

The country needs to make the fullest use of all three tiers of long-term health care. None are cheap, but an appropriate mix can keep the costs down. Designing that mix is one of the major tasks faced by the administration.

8-9-93

Ms. Williams-

This is the new
national organization, to
come aboard to include
Adult Day Care as a
form of Home Care
(its even cheaper \$3-4
an hour!!

The National (over)

Assn of Home
Care (Nat Halamonders)
is located there in
Wash. I asked
Judy Bellame, a
Board member from
here if they would
embrace A.D.Care!
And they did! V. O'Leary

VISITING NURSE HOME CARE SERVICES

MEMORANDUM

TO: Laurelle

DATE: 7/12/93

FROM: Judy Bellome

SUBJECT:

I thought you might be interested in the attached.

JUL - 6 1993

Health Care

REFORM

UPDATE

Expanded Services Promoted by NAHC's Adult Day Care Reform Focus Group

IN A JUNE 28 FOCUS GROUP of adult day care providers held at NAHC's headquarters in Washington, DC, goals and recommendations were proposed for adult day care's role in health care reform. As representatives of the nearly 3,000 adult day care centers across the nation, focus group participants were universal in their resolve to expand collaborative efforts for increasing the continuum of care in the home and community through adult day care services.

The group, chaired by NAHC Board Member Judith A. Bellome, executive director of Clinicare in Kansas City, Kansas, began its work by identifying current problems with the provision of services by adult day care providers. Issues identified at the meeting follow.

- **Third-party Reimbursement.** Medicaid and private insurance plans do not provide for easy access or adequate coverage of services, the group said. *Spend-down* requirements by Medicaid are demoralizing to patients and families, and frequently delay admission of patients until they are at a more fragile stage.
- **Lack of Information About Services and Purpose.** There is a knowledge deficit among lay and health professionals about the role of adult day care. The classification of services and related terminology also lacks uniformity.
- **Interrelatedness with Other Community-based Programs.** Adult day care needs to be included with other services such as home care and hospice as members of a health care partnership.
- **Need for Stronger National Network.** To promote an understanding of the differences in adult day care services and home care, group participants seek stronger national collaboration.
- **Travel Issues.** Participants said that there are considerable problems associated with getting to and from adult day care clients.

In the health care reform effort, the focus group recommended removing the labels of *medical* versus *social* models to ease classification. They also suggested describing services and acuity by assigning a standardized level of care, such as Levels I-V, which would include the cognitively impaired. Structure reimbursement guidelines to compliment levels of care and

See FOCUS GROUP, page 2

REGULATORY UPDATE

JCAHO Awarded Deemed Status

The Health Care Financing Administration (HCFA) recently awarded deemed status to the Joint Commission on Accreditation of Healthcare Organizations. This means as of September 28, 1993, home care agencies accredited by JCAHO are deemed to meet the Medicare conditions of participation for home care agencies to the extent described in the June 30, 1993 *Federal Register* (Vol. 58, No. 124). Copies of the notice are available from the Superintendent of Documents, Government Printing Office, Washington, DC, 20402. Look for next week's NAHC Report, which will provide a summary of the issue and its effect on agencies.

NAHC Pushes for Release of 1993 Cost Limits Report

The cost limits report, which was supposed to be released before July 1, has not yet been published. In an effort to hasten its release, NAHC's Center for Health Care Law has written to the Secretary of Health and Human Services Donna Shalala and the General Counsel for the Office of Management and Budget—which approves the limits—stating that NAHC will pursue litigation unless the cost limits report is published in a timely fashion. Updates on this issue will be reported in upcoming NAHC Reports.

FOCUS GROUP *from page 1*

monitor care through internal peer review were also discussed. Another recommendation was to conduct preadmission screenings to evaluate clients for the appropriateness of services.

Positive aspects of adult day care that the group felt should be maintained include the following:

- the use of adult day care services as a cost-effective, congregate model;
- the development of uniform standards through peer review;
- the expansion of coverage to include the disabled and not just the elderly;
- the recognition of the therapeutic and rehabilitative components;
- the ability to serve diverse population groups and then expand to offer specialized programs with needs-specific activities; and
- the promotion of a nutritional component to daily services.

In an effort to implement their health care reform goals, participants suggested increasing funding sources at both the corporate and not-for-profit levels, including adult day care in basic benefit packages required under health care reform plans, and adopting national standards of care with peer review. Other suggestions discussed at the focus groups included expanding regulatory standards for long-term care insurance, promoting expanded collaborative efforts to increase the

continuum of care in the home and community, and undertaking a national educational campaign, which would include celebrity endorsement and the use of adult day care centers as clinical training sites to increase the public's awareness of services and access.

Other focus group participants were Jamie Brenner Gutner, Health Care Plus, Inc./Visiting Nurse Associates Foundation, Inc., Dedham, Massachusetts; D'Andrea Neal, National Health Care, Washington, DC; and Claire O'Brien, Somerset Hills Adult Day Care Center/Visiting Nurse Association of Somerset Hills, Bernardsville, New Jersey.

First Lady Hillary Clinton ^{del} Meets with Single-payor ^{del} Advocates from Congress

LAST WEEK, First Lady Hillary Rodham Clinton met with Congressman Jim McDermott and some 30 other Congressmen who are cosponsoring legislation to create a new federally administered national health insurance program—like an expanded Medicare program—otherwise known as a single-payor system. ^{del}

Some 100 members of the House of Representatives reportedly favor such a system. The First Lady tried to build bridges with the group, but left little doubt that she and the President would continue to push for a managed competition approach. This system would create health care cooperatives of consumers that would then negotiate low-cost health maintenance type coverage from major insurers. The First Lady also made clear that the plan would allow the states to select their own administrative scheme, whether that be single payor, managed competition, or another system.

At her meeting with the group, the First Lady said that President Clinton would announce his health care reform plan as soon as Congress finishes consideration of his budget reform plan.

There is a great deal at stake on this question for many people and interest groups. A managed competition system would benefit certain large insurers, perhaps to the exclusion of smaller health insurance companies. Under a single-payor system, the federal government would pay the bills and insurers would play the role of intermediaries, as they do now in Medicare. It is possible but unlikely that under a single-payor system the government would make payment determinations directly blocking the participation of all health insurance companies in the new federal plan.

What appears certain is that each state will be in a position to select its administrative mechanism as the plan is enacted at the federal level. State home care agencies, like their counterparts at the federal level, must gear up for the battle to come.

Health Care Reform Update (HCRU) is published several times each week to inform the NAHC membership of the pressing issues home care faces in light of potential health care reform and its impact on the industry, and to show what NAHC is doing to ensure that home care and hospice are key components in any proposed health care benefits package.

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Editors—Matthew Davis and Andria Harrison

Assistant Editor—Terri D'Arrigo

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OUTCOMES *from page 4*

- use of other services, such as hospital and nursing home admissions and emergent care. The research study will also specify the key process components to achieve positive patient outcomes.

The focus group believed that most home care agencies were doing some work with outcomes in their quality assurance programs, but the scope and depth were greatly varied. This is a relatively new area and most agencies are struggling with the concept and how to develop meaningful and realistic outcome measures. The group noted that there are few outcome measurement systems that have been developed for application in home care agencies. Most agencies are developing their own programs.

Obstacles to outcome measurement in home care were identified and discussed. One of the most difficult issues encountered involves documentation and data collection. The information required is rarely easy to abstract from the clinical record. Therefore, outcome measurement often entails developing new documentation systems or data collection tools. There are no tried and true measures that an agency can just adopt. An outcome monitoring system requires a significant allocation of resources in terms of time, personnel, and computerization. Because of the multiplicity of other factors that can affect home care outcomes, it is especially difficult to develop reliable and valid measures.

The members saw the value of using outcome measures for evaluating home care services. Patient outcome monitoring helps identify areas for improvement as well as those that are exemplary. They can be used to validate the effectiveness of care. Outcome measures may also provide a balance to cost containment activities by clearly indicating the result of cost cutting on patient outcomes. Outcome measurement may be used to justify the costs of care as well as prevent overutilization.

The managed competition model of health care reform provides for competition among health plans based on outcome measures, patient satisfaction and cost data. This type of evaluation would probably be applied to specific providers as well. The focus group members felt strongly that currently there are no reliable and valid outcome measures for home care that could be used for such evaluations and comparisons. Therefore, standard outcome measures should not be applied to home care until valid and reliable measures specific to home care services are developed. Until that time home care agencies should be expected to institute an ongoing mechanism to evaluate and improve the quality of care provided.

Other recommendations from the group included that identification of the standard outcome measures for reporting purposes should be based on research and include consideration for case-mix variations as well as external factors. Important aspects to measure for home care include functional status, patient/family independence, as well as specific medical/nursing problems. Mandated outcome measures must be accompanied by adequate provider education.

From a broader perspective, the group identified that it would be helpful if accrediting and regulatory bodies could

achieve consensus on outcome monitoring. A standardized data set for home care would facilitate use of the clinical record for outcome monitoring. The group encourages all home care and hospice providers to start incorporating outcome monitoring into their quality assurance programs. This task can be overwhelming at first, so it's helpful to begin with a limited number of outcome measures.

The focus group was chaired by Eileen Swett, Amador Home Health Agency, Jackson, California. Other members included Jean Davis, Superior Home Health Care of Chattanooga, Tennessee; Joan Drozynski, Potomac Home Health Care, Rockville, Maryland; Sharon Fida, Meadowbridge Health Services, Richmond, Virginia; Veronica Hill-Milbourne, VNA of Greater Philadelphia, Philadelphia, Pennsylvania; Kathryn Hyer, VNS of New York, New York, New York; Nancy James, Home Care Association of Washington; Sue Ellen Lake, Fort Washington/Greater Southeast Community Hospital Home Health, Washington, DC; and Amy McGrane, MCOSS Nursing Services, Inc., Red Bank, New Jersey.

Governors Form Task Force on Health Care Reform

The National Governors' Association recently appointed a bipartisan group of eight governors to work with Congress and the White House on health care reform. The working group, which is expected to work closely with the President and First Lady as the reform plan takes shape, includes Democrats Roy Romer (CO), Howard Dean (VT), Lawton Chiles (FL), and Brereton Jones (KY), and Republicans Carroll Campbell (SC), Arne Carlson (MN), Mike Leavitt (UT), and Tommy Thompson (WI).

All these governors are heavily involved in the health care reform efforts underway in their states.

Medicare To Be Phased Into Health Care Reform

New Health Care Financing Administration (HCFA) Administrator Bruce Vladeck is predicting that Medicare will be folded into the new health care system by "the end of the decade"—the time the Administration hopes the new program will be operating smoothly.

Vladeck indicated that by the early part of the next century, beneficiaries would be given the choice to participate in the new system, or to continue in Medicare, although Vladeck "expect[s] every Medicare beneficiary to be enrolled" in accountable health plans under the new system. The Clinton Administration, he stressed, has a "basic commitment" to continue providing Medicare services to eligible individuals and is not planning to force them into a system they might not like. Integrating Medicare into the new system will also cost an estimated \$60 billion a year—a cost the Administration is probably happy to delay.

Court of Appeals Says First Lady's Task Force Could Legally Operate in Secret

LAST NOVEMBER a group of physicians challenged the process used by White House Task Force on Health Care Reform Chair Hillary Rodham Clinton. The plaintiffs argued that the proceedings were illegal because they violated *sunshine laws* designed to make deliberations of the government as public as possible.

The government lawyers argued that Hillary Rodham Clinton, though not paid, was a government official. But her work with other members of the task force fell into an exception that allows government officials to prepare in secret for work they later announce and in which they later allow public participation.

The lower level federal court ruled that the proceeding were illegal and ordered them opened to the public. The government appealed this decision to the higher Court, which ruled for Mrs. Clinton. The court ruled that the President's spouse was a full-time government official.

In the ruling, which opens the door for President's wives to play increasingly larger official roles in the future, the Court stated that as the President's wife Mrs. Clinton should be treated as a "de facto officer or employee of the government."

The Court of Appeals sent the case back to the lower court to evaluate whether other experts on the task force who were not government officials must open their records to the public.

The ruling is an important symbolic victory for the President and the First Lady, although the task force was disbanded at the end of May and there are no further meetings that might come under the scrutiny of the court's rulings.

Outcomes Focus Group Explores Current Status of Outcome Measurement in Home Care

THE OUTCOMES Focus Group met in Washington, DC, on June 29 to discuss the current status of outcome measurement in home care as well as the increasing need for developing reliable outcome measures. At the meeting, Peter Shaughnessy, PhD, from the Center for Health Services Research, University of Colorado, presented an overview of the HCFA funded research that his organization is conducting on the development and use of outcome measures in quality assurance for home care.

The session commenced with a discussion about the meaning of the term *outcomes*. It was determined that there are many connotations and nuances. Outcome measurement in home care is unique in the amount and variety of factors other than the care provided that can affect patient outcomes. For example, outcomes can be affected by the environment, informal caregiver situations, patient choice, and autonomy. The question to what extent do home care providers have responsibility for factors that are partially or totally outside of their control was raised. To be useful and valid, outcome measurements will need to be analyzed in light of these external factors as well as internal patient factors.

Shaughnessy stated that in their study outcomes are viewed as a change in patient status over time on both functional and physiologic measures. They categorize outcomes into three areas:

- end result, that indicate a change in the patient condition at the end of care, for example, wound healing;
- intermediate, such as knowledge, satisfaction, compliance; and

See OUTCOMES, page 3

InBrief

PAGE 1 In a June 28 focus group of adult day care providers goals and recommendations were proposed for adult day care's role in health care reform.

How you can help-
Check previous issues of HCRU for a schedule of focus groups and if you can participate, FAX us at 202/547-3540.

PAGE 2 Last week Hillary Clinton met with 30 single-payor advocates from Congress. At the meeting Mrs. Clinton made it clear that she and the President would continue to push for a system based on managed competition.

PAGE 4 In what amounted to an important symbolic victory for the Clinton Administration, a recent court ruling stated that as the President's

wife Mrs. Clinton should be treated as a "de facto officer or employee of the government."

PAGE 4 The Outcomes Focus Group met to discuss the current status of outcome measurement in home care as well as the increasing need for developing reliable outcome measures. At the meeting, Peter Shaughnessy, PhD, presented an overview of the

HCFA funded research that his organization is conducting on the development and use of outcome measures in quality assurance for home care.

How you can help-
NAHC encourages members to write their Congressmen and the Health Care Reform Task Force to tell them how you feel about the role of home care in reform.



August 2, 1993

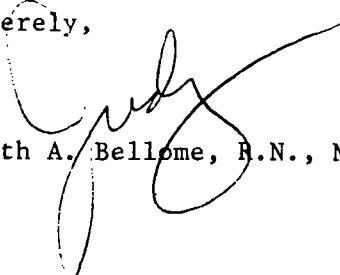
Ms. Laurelle O'Leary
6421 Brookside Road
Kansas City, Missouri 64113

Dear Laurelle,

I was not sure whether or not you had seen the attached information. However, I knew you would be interested so I decided to pass it along to you.

It was good to see you at the taping last Wednesday. I am delighted at the turn out and very hopeful that it will "catch" the right person to further our cause.

Sincerely,



Judith A. Bellome, R.N., M.S.Ed.

jh

Att.

Report of the Adult Day Care Focus Group -- Expansion of Collaborative Efforts, the Key to Adult Day Care's Success

On June 28, NAHC held a focus group on adult day care issues. The consensus of the group, chaired by NAHC Board Member Judith A. Bellome, of Clinicare of Kansas City, KS, was that expanded collaborative efforts are needed to increase the continuum of care in the home and community through adult day care services. Jamie Gutner of Health Care Plus, Inc./Visiting Nurse Associates Foundation in Dedham, MA, and D'Andrea Neal of National Health Care in Washington, D.C., and Claire O'Brien of Somerset Hills Adult Day Care Center/VNA of Somerset Hills of Bernardsville, NJ, also attended and took part in what was a thoughtful and creative discussion of the many elements of adult day care.

In addition to the discussion of the importance of expanded collaborative efforts, the group discussed many other elements of the Clinton health care reform program that are expected to be unveiled in September, and considered the issues in terms of the plan's potential effect on adult day care providers. The issues for discussion included removing the labels of "medical" versus "social" models; standardized levels of care; reimbursement guidelines; internal, peer review; and pre-admission screenings.

The group agreed that the goal of the Administration's efforts should be to increase funding sources and include adult day care in a basic benefits package. Bellome also made the point that the advantages of adult day care should be emphasized through increased marketing and public education efforts. Other referral services and sources, she pointed out, are not always willing or able to send clients to adult day care because there is a large knowledge gap about the role that adult day care provides in community level health care. Bellome also highlighted the work of the National Institute on Adult Daycare (NIAD) and outlined her suggestions using similar criteria as presented in NIAD's Public Policy Statement (please see attachment).

Classification

The group felt that there is not, under the current system, a uniform classification system for adult day care services. The labeling of "medical" versus "social" models of care splinters the ability of adult day care centers to present their services to the public and to

reimbursement sources in a unified manner. O'Brien suggested that the term "off-site home care" might be more acceptable and universal in its application.

Levels of Care

Another aspect of standardization that the group felt should be implemented concerns describing services on a scaled basis, using Level I - Level IV for classification. The levels describe acuity categories for services. An important category that is frequently omitted is "cognitive impairment" and the group, as a whole, strongly recommended that this be included in any descriptive levels of care.

Reimbursement Guidelines

Current third party reimbursement policies do not always include adult day care in their coverage. The group felt that the home care industry can help itself by collecting more data and actuarial information about the cost effectiveness of adult day care. Participants specifically discussed the role that NAHC can undertake as a leader in this area (as well as assisting in establishing a stronger national network among adult day care center providers). Under health care reform, reimbursement should be expanded to incorporate all sources, including non-profit and corporate plans.

Internal Peer Review

Monitoring also suffers from a lack of national standards, and the group felt strongly that an internal peer monitoring review system is needed. The natural consequence of having peer monitoring would be the provision of national standards of care (which could also correspond to the nationalization of levels of care).

Pre-Admission Screenings

Due largely to the lack of education and information about adult day care center services, referrals are often made for patients who are not appropriate, (for a combination of social, health and financial reasons) for placement in adult day care centers. One way to alleviate this set of problems would be to conduct pre-admission screenings, including in the nursing facility settings, to determine the suitability of services.

National Educational Campaign

In summary, the group felt that major emphasis should be placed on a national educational campaign to increase both the lay and health care community's awareness of the broad gamut of adult day care services and their applicability within the continuum of care spectrum. The group felt that an impetus is needed to ensure adult day care services and accessibility under health care reform.

NAHC is extremely grateful to members of the group for their time and effort in participating in the session and looks forward to applying some of their shared knowledge and recommendations in future endeavors towards home care and health care reform.

Public Policy Statement
NATIONAL INSTITUTE ON ADULT DAYCARE

Adult day care is a community-based group program of comprehensive services designed to meet the needs of functionally impaired adults while providing support and respite for family caregivers. An essential component in the continuum of long-term care, adult day care (ADC) offers a variety of therapeutic services ranging from limited direct service to extensive and intensive medical and social interventions.

There are nearly 3,000 centers in existence today. Although ADC programs have emerged in every state because of increasing demand for this therapeutic, cost-effective service, adult day care is not available, accessible, and affordable to all who are in need of this service. Access to ADC is hampered by inadequate public investment in program development, and the lack of a national public and private financing approach for this service. Nursing home care and home care have received greater policy attention and financial support, but ADC represents a significant, economical alternative that combines the best elements of congregate and individualized approaches.

As the national voice for ADC practitioners and consumers, the National Institute on Adult Daycare (NIAD) has established the following goals and recommends action to achieve these goals:

- ♦ Adult day care should be available, accessible, and affordable to meet the health, social and supportive needs of persons who cannot function independently. Disabled adults and their families in every community should have access to this service.
- ♦ Adult day care programs should be financed and monitored to ensure a consistent level of quality care to impaired adults and their families regardless of their income or where they live.

To achieve these goals, NIAD recommends that Congress increase the supply and quality of adult day care through the following steps.

1. Funds should be allocated for a combination of grants and revolving loans for the development and initial operations of adult day care centers.
2. Adult day care should be a mandated benefit within the Medicaid program like nursing home and home health care. (Currently ADC is an optional benefit under state Medicaid and as part of the Medicaid Home and Community-Based Care waiver program.)
3. Medicare Part A and Part B should be expanded to include adult day care for persons now eligible for skilled nursing or home health care for recuperative care.
4. The NIAD Standards and Guidelines for Adult Day Care should be adopted as the national standard for ADC and the Department of Health and Human Services be mandated to utilize NIAD as an advisory group.
5. Regulatory standards for Long-term Care Insurance policies should be enacted and enforced to protect the rights of vulnerable adults. These standards should require coverage for ADC and other home and community-based services up to the maximum benefit amount allowed for nursing home care. These policies should also provide coverage for community-based services for persons with disabilities in the activities of daily living.
6. Any new federal or state financing and delivery models for long-term health care should explicitly include ADC as an essential component of the long-term continuum of care.

December 1992

8-9-93

Ms. Williams-

Being the daughter
of a lawyer (my father
was a 1918 graduate of
Georgetown Law), I was
indoctrinated in our
nation's history, our
Constitutional Rights etc.

As I recall I sent
this to each Supreme
(over)

Court Justice in 1984,
to ask their help, when
they had cases related
to protection of our
frail and disabled
citizens! Sandra Day
O'Connor wrote me a
lovely letter. She deli-
cated an adult Dure.

Care Center in Phoenix!
Laurelle O'Leary

Re: Public Policy Issues which might seem to have a bearing on the need for protection of the rights of the elderly and the disabled, thru Adult Day Care and other services.

From: Laurelle O'Leary, private citizen

Laurelle O'Leary
6421 Brookside Road
Kansas City, MO 64113

It would seem that the following areas of the rights of this group need further protection as follows:

- 1) The right of the elderly and disabled to remain in their own homes, or that of a family member, if feasible;
- 2) The right to protection from abuse and neglect (When communities and government fail to provide needed services, it would seem they contribute to unnecessary abuse and neglect!);
- 3) The right to "the least restrictive environment" as provided under the 14th Amendment of the Constitution (This now relates to the mentally ill, and would seem to encompass the needs of confused, frail elderly.);
- 4) The right to longevity, and freedom from irradicable infections (staph infections, etc.) frequently contracted in nursing homes (From the New England Journal of Medicine);
- 5) The right to freedom from over-sedation and restraint, as is necessary in caring for large numbers in nursing homes; i.e., the use of too much Valium contributes to heart deterioration;
- 6) The right to maintain dignity and self-worth, by the elderly being able to stretch their life-long savings, without the dehumanizing effect of impoverishment;
- 7) The right of a spouse or adult "child" to give care to the frail or disabled loved one, if he or she so desires; this cannot be done without alternatives available to assist the caring family member.

Since the enactment of Medicare, it is believed that the intent of that legislation was that the nursing homes be considered as a temporary adjunct, to reduce the length of hospital stays; however, since that time, the industry has grown to such a proportion, that it has perhaps, not intentionally, become a near monopoly, in many cases thwarting the establishment of other forms of care.

The question of anti-trust encroachment would seem to be a factor, since most nursing homes receive Federal funds.

Such a financial foundation enables the industry to advertise widely on television, radio, and the printed media, a resource that fledgling alternative services, such as Adult Day Care, do not have. However, in fairness to the nursing home industry, they have had thrust upon them many kinds of patients, including the numerous ones, who had been in state institutions for the mentally ill;

- 8) The right to some form of insurance coverage, as provided for many other catastrophic events in the lives of human beings, as is being urged by Senator John Heinz;

- 9) The right to protection from endangerment of life and limb, thru unnecessary falls, or accidental fires. Both the health care industry, which provides insurance, and the fire insurance industry would greatly benefit from better protection of frail citizens;
- 10) The right of the American taxpayer to be provided with less costly forms of care for our helpless citizens, thus reducing the amount of taxes the working citizen must pay;
- 11) The right to organized available services such as Adult Day Care, in order that family members are not forced to make inappropriate placement of their loved ones.

We have had much difficulty in trying to learn what the intent of the original Medicare Law was, and if it is being carried out in the above instances.

We are of the opinion that the Medicare Law should provide for more protective services to the frail elderly or disabled adult. This seems to be near the heart of the entire issue of how to provide needed care!

8-9-93

I prepared this, using
a formula the Natl. Inst
on Adult Day Care gave
me! The figures have
changed since there
are over 3000 centres
now! But the formula
was too conservative I
felt. The need is tee-
men ^{loves}laus! Laurelle O'Leary

ps. I am not an expert
but have had at least
4 courses in statistics,
including graduate
school, at Smith
College!!

LOL

Estimate of How States Rated in 1980 in Meeting Need for Adult Day Care Services for those over 65 (allowing for attendance by the disabled and handicapped, ages 18 - 65 at 20% of the total attendance)

Delaware	60% of need	
Hawaii	50% " "	
District of Columbia	43% " "	
Alabama	41% " "	
New Mexico	37% " "	
Rhode Island	35% " "	
Massachusetts	33.6% of need	65 programs in 1984 meeting 49.7% of need
New Hampshire	33.3% " "	
Vermont	27.3% " "	
Mississippi	26.4% " "	
Minnesota	23% of need	
Connecticut	21% " "	
Maryland	21% " "	35 programs in 1984 meeting 49% of need
Washington	19.2% of need	
Virginia	19.2% " "	
Nebraska	19% of need	5 " " " " " 1670 " "
Kansas	18.2% of need	16 programs in 1984 meeting 29% of need
Tennessee	18% of need	
Georgia	17% " "	
North Carolina	17% " "	
South Carolina	15.4% of need	
Arizona	14% of need	
North Dakota	14% " "	
Ohio	13.2% of need	
Illinois	13% of need	
South Dakota	11.7% of need	
Florida	11.2% of need	
California	10.5% " "	
Utah	10.5% " "	
New Jersey	10.3% " "	
Wisconsin	9.8% " "	
Kentucky	9.5% " "	
Pennsylvania	8.8% " "	
Iowa	8.7% " "	
Nevada	8.3% " "	
Louisiana	8.2% " "	
Texas	7.9% " "	
New York	7.5% " "	
Michigan	6.7% " "	
Idaho	6% of need	
Indiana	5% " "	
West Virginia	4.8% of need	
Missouri	4.3% " "	29 programs in 1984 meeting 26% of need
Oregon	3.7% " "	
Arkansas	3% of need	
Oklahoma	1.5% of need	
Colorado	0%	(need 45 programs)
Maine	0%	(need 26 programs)) No programs in 1980
Alaska	0%	(need 2 programs))
Montana	0%	(need 16 programs))
Wyoming	0%	(need 7 programs)) No programs at present

Utilizing 1980 statistics - 10.5% of estimated need met nationally

Utilizing 1984 estimates - 21.7% of estimated need being met nationally

8-9-93

Ms. Williams:

Isn't this exciting!!
I know from comments
the VA's Review Committee
here has made, when
they do their regular
on site inspections
of two of our Adult
Day Care Centers (over)

that they are highly
complementary of
the care of young
and older veterans
who attend AD Care!

And the best part
is they can live with
their families, instead
of a VA Hospital/Lobby

PHOTOCOPY
PRESERVATION

ALERT!!

NCOA/NIAD WANTS YOU TO KNOW THAT...

The Department of Veterans Affairs initiative to divert a portion of its Community Nursing Home (CNH) budget to other community-based long-term care services seems to be working!

Since January 1993, when Congress approved the shift of \$25 million from the CNH budget to Homemaker/Home Health Aide Services (H/HHA) and Contract Adult Day Health Care (CADHC), 47 VA medical centers have purchased homemaker services and 40 medical centers have established contract adult day health programs.

Seventy-three medical centers* now contract for ADHC. The number of VA facilities that purchase H/HHA services and contract for adult day health care is expected to increase as VA monies continue to be made available in FY '94.

The Department of Veterans Affairs long-range strategic plan calls for establishment of contracts for ADHC in all 172 medical centers. Encouragement and advocacy from the grassroots is just as important (if not more so). **If your adult day center is in a locale where the VA medical center currently does not contract for ADHC, you should approach/call the office of the Chief of Staff and seek to talk to the person who handles the H/HHA and CADHC programs at that hospital.** Local day care centers that have successfully endeavored to get VA medical centers motivated to contract with them found that perseverance paid off.

NCOA's National Institute on Adult Daycare is interested in learning about successes and problems you encounter. Send your "stories" to Betty Ransom at NCOA. Specific questions about the VA programs can be directed to: Mr. Daniel Schoeps at the VA central office in Washington, DC (Phone: 202/535-7530, Fax: 202/535-7006).

*For a list of medical centers that have CADHC, write to NIAD Program Manager Betty Ransom at NCOA, 409 3rd Street SW, 2nd Floor, Washington, DC 20024.

July 1993

INFORMATION ABOUT ADULT DAY CARE - GREATER KANSAS CITY AREA (1993)

	<u>Daily Rate</u>	<u>1/2 Daily Rate</u>	<u>Transportation</u>	<u>Hours</u>	<u>Payment Coverage by Outside Sources</u>	<u>Areas of Specialization</u>
Clinicare Adult Day Care 1017 N. 6th Kansas City, KS 66101 Phone: 621-5500 Dir: Peggy Tener, B.S.W.	\$32, \$35, \$38 + \$3 meal \$10 round trip transportation if desired.	2/3 daily rate + \$3 meal	Center owns its own van equipped for wheelchairs (My Co only)	7:30 a.m. - 5:30 p.m.	Mo. & Ks. Medicaid Scholarship Fund - Mo. & Ks. *Veterans Admin. - covers daily rate and transportation	Diabetes Arthritis Stroke Nutritionist available Alzheimers Developmental Disabilities Young Head Injuries
Grandview Manor 5301 Harry Truman Dr Grandview, MO 64030 Phone: 763-2855 Dir: Veda Mae Eder, R.N.	\$25	None	Salvation Army or Dial-A-Ride \$6 round trip	Any hours, daytime, including Sat. and Sun.	Mo. Medicaid	Alzheimers Incontinent patients Blind Any disabilities Min. Assistance Stroke Wheelchair
* Kensington Adult Day Care 11625 E. 15th Independence, MO 64052 Phone: 252-5319 Dir: Karen Brown, R.N.	\$26 to \$40 (depending on level of care) + \$3.80 meal	1/2 of daily rate + \$3.80 meal	Kensington transportation available \$4 each way	7:15 a.m. - 5:30 p.m.	Mo. Medicaid Private Pay *Veterans Admin. covers daily rate and transportation	Any disability No restrictions Wheelchair patients Incontinent patients
Life Care 7541 Switzer Overland Park, KS 66214 Phone: 631-2273 Dir: Tandy Reitmeyer, C.H.A.	\$28 - \$33	\$20 - \$25	Johnson County Special Svs.	7:30 a.m. - 6:00 p.m. 9 - 4 Sat.	Private Pay	Alzheimers Blind Parkinsons Wheelchair Dementia Incontinent patients Hand-fed
Little Sisters of the Poor 8745 James A. Reed Rd. Kansas City, MO 64138 Phone: 761-4744	What family is able to give.		Have a van, if needed - no charge	9:00 a.m. - 5:00 p.m. perhaps summer only	Must be low or no income	Must be ambulatory and alert
Palestine Adult Day Care 3325 Prospect Kansas City, MO Phone: 921-1263						
Seton Adult Day Care 2816 E. 23rd Kansas City, MO 64127 Phone: 231-0303 Dir: Ernestine Kennedy, B.S.	\$32	\$16	Seton has its own van - no charge	9:00 a.m. - 3:00 p.m.	Mo. Medicaid Private Pay MARC	Anyone over 55 Blind Disabled Wheelchair (Not incontinency)

* This center is in the old Columbian School, in Independence, which Pres. Harry Truman attended from the 3rd Grade on! I wish Pres. Clinton could visit it or Mrs. Clinton!! (OVER)

	<u>Daily Rate</u>	<u>1/2 Daily Rate</u>	<u>Transportation</u>	<u>Hours</u>	<u>Payment Coverage by Outside Sources</u>	<u>Areas of Specialization</u>
Shalom Geriatric ADC 7801 Holmes Kansas City, MO 64131 Phone: 333-7800 Dir: Roger Clements	\$27 includes meal	\$17 includes meal	Share-A-Fare Johnson County Special Svs.	7:00 a.m. - 5:00 p.m.	Mo. Medicaid Private Pay Sliding Scale United Way Title III	Alzheimer Stroke Other disabilities Wheelchair (No incontinency)
St. Joseph Adult Day Care 621 Carondelet Dr. Kansas City, MO 64114 Phone: 943-4747 Not open as of May 1993.	\$24 + \$3.50 lunch \$10 round trip if desired	\$14 - additional charge for meals and transportation	Center has own van - \$10 round trip Share-A-Fare Johnson County Special Svs. \$9	Full day; 1/2 day; Extended Day	Private Insurance Scholarship Fund Certification for Mo. Medicaid applied for	Accepts many diagnosis Limited incontinence Wheelchair Extended hours and bath available
For more information:						
Missouri Medicaid	899-2244					
Wyandotte County Medicaid	371-6700					
Johnson County Medicaid	782-6600					
Johnson County Special Svs.	782-2640					
Share-A-Fare	274-1803					



If you care for a sick or aging parent

explained the need to be careful with money, but he gets confused and disoriented. How can I help?

A. You, or someone you and your father trust, may wish to become your father's legal guardian.

Guardianship can be established for elderly people who can no longer make sound decisions or manage their finances.

As guardian, you have the power to invalidate contracts made by your father. This can protect him from signing or buying something he shouldn't.

However, once a guardianship is established, your father won't be able to have a checking or savings account, hire an attorney, or even vote.

Q. My mother has been doing quite well living alone, but lately she has been forgetting things—doctors appointments, social engagements, paying bills. I think it's time she moved into an assisted-living facility, but she's fiercely independent and refuses. Should I press the issue?

A. If your mother is not a threat to herself or to others, it's best to accept her wish to live alone, advises Marie Powers, editor of *Parent Care Advisor*.

Look for clues that indicate help is needed:

- large stacks of unopened bills and mail (or phone/electricity cut off)
- an empty refrigerator or one filled with moldy food
- calls from your parent's neighbors about unusual behavior or changes in her routine.

"You may just need to make small changes—perhaps some home-care assistance," Powers says (see

"Resources & Referrals").

Out-of-home alternatives include *custodial care*, for those who need help with personal care but not health care; *intermediate nursing care*, for those who need 24-hour supervision and some nursing care; *skilled nursing care*, for those who need 24-hour care and a registered nurse.

To assess what your mother actually needs, ask a geriatric-care manager to visit your mother. For a referral, call or write the National Association of Private Geriatric Care Managers (see "Resources & Referrals").

Q. My dad lives with us. We provide his meals and pay all his expenses. Can we claim him as a dependent, the way we do our children?

A. The Internal Revenue Service (IRS) says that you can claim a parent or any "qualifying relative" as a dependent and take the tax write-off that comes with it, provided you both meet certain criteria:

- You must provide more

than half of his/her support.

- The person you claim must be a U.S. citizen with a Social Security number.
- The dependent cannot be married and claimed as someone else's dependent.
- Lastly, your parent's gross income must not exceed \$2,350 (not including Social Security).

Q. My father keeps complaining about minor aches and pains, but the doctor says there isn't anything physically wrong. What could be the problem?

A. Your father might be suffering from depression. "Older adults are likely to experience 'life changes,' such as the loss of a spouse or declining health, that can bring on depression," says Powers.

"Care givers often mistake depression for an illness or assume symptoms are just part of aging."

But if depression is detected, older adults respond well to treatment. Warning signs include:

- loss of interest in usual activities
- appearing sad, irritable
- trouble sleeping
- a change in appetite
- lack of energy; fatigue
- lack of concentration
- slower motor skills
- talk of suicide, becoming a burden, or worthlessness.

—Christiane N. Brown

RESOURCES & REFERRALS

Home care assistance

- **National Association of Private Geriatric Care Managers**, 655 N. Alvernon, Suite 108, Tucson, AZ 85711; 602-881-8008. Send a self-addressed, stamped, business-size envelope for a free referral to a local geriatric-care manager.
- **Area Agency on Aging (AAA)**. Listed under "Aging, Dept." in the government section of your phone book.
- **Care Management: Arranging for Long Term Care** (booklet), AARP Fulfillment (D13803), P.O. Box 22796, Long Beach, CA 90801-5796.

Financial help

- **IRS publication #501, "Exemptions, Standard Deductions, and Filing Information."** How to claim a parent as a dependent. To order, call 800-829-3676.

Other sources

- For additional resources and referrals contact: Department of Social Services, Meals on Wheels, and senior centers (listed in the county or city section of your phone book).

After years of having your parents take care of you, there may come a time when you need to care for them. Reversing roles is difficult. Here are answers to common problems care givers face:

Q. My elderly mother lives with me and I spend all of my time caring for her. I'm cranky, tired, and snap at her for no reason. I can't cope. What can I do?

A. You're experiencing "care giver stress," explains Dorothy Howe, senior program specialist at AARP. "You must take time to care for yourself if you're to continue to care for her."

Look into community resources—including home health care, help with chores and meals, support groups, and more. Costs of services vary, but some are free, and a few are covered by Medicare (see "Resources & Referrals").

Adult day-care centers, geared for the elderly, are available up to seven days a week (about \$30 per day).

These centers offer many activities, including exercise, meals, and crafts. What's more, your mother can make new friends and get a change of scenery.

Q. A con artist recently persuaded my dad to write a large check for a nonexistent vacation home. I've

I know
Dorothy
Howe

8-9-93

Mrs. Williams—

Clarise Sheffield
is marketing director
of Dillons Food Stores
(Mo, ks, Okla, Texas) They
are part of Kroger—

Every year I
write her to put a
free PSA in their (over)

Sept. grocery ad
which goes into 900,
000 homes! It is
to honor National
Adult Day Care Week
(Sept 19-26th) The
10th!! She always
does this for us!

Laurelle Blessey

To: Elanise Sheffield
Mkt. Dir - Dillon Food Stores
Hutchinson, KS

6421 Brookside Rd.
Kansas City, Mo 64113
July 29, 1993
(816) 444-1241

(They should be recognized
some way for doing this!)

Dear Elanise:

Once again I come to you to ask your wonderful annual support of "my" special issue, Adult Day Care, by Dillon's Food Stores, by highlighting National Adult Day Care Week!

This year, I would like to ask that Dillon's "Welcome the recent national support of Adult Day Care, by the National Association for Home Care, which has embraced Adult Day Care as an important component of Home Care."

Please see their July 2, 1993 newsletter in which you will note that Judy Bellome, Executive Director of Clinicare of Kansas City, a non-profit Home Care Agency, which also has sponsored a wonderful Adult Day Care Center, since 1980, is the Board member of NAHC, who introduced the idea to her board!

This is the 10th National Adult Day Care Week, Sept 19th thru 26th! Many many thanks. To receive approval, could you call Judy after Aug 9th at (816) 753-0900! Sincerely,
Laurelle O'Leary

1-24-93

Ms. Williams -

Here is my great
friend! She introduced
Adult Day Care legisla-
tion in Missouri, and I
helped her!

I wish something
could be done to honor
her posthumously! On (over)

a national level!
She was a remarkable
lady!

Louella O'Leary

p.s. Maybe one of Pres.
Clinton's national
service awards or
programs. She did so
much for education!

THE BOARD OF REGENTS

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President

The Calloway family has requested that all contributions, in memory of Dr. DeVerne L. Calloway, be made to Harris-Stowe State College to establish the DeVerne L. Calloway Memorial Urban Education Scholarship Fund.

*Contributions may be sent to:
Harris-Stowe State College
c/o The DeVerne L. Calloway Memorial
Urban Education Scholarship Fund
3026 Laclede Avenue
St. Louis, Missouri 63103*

Memorial Service for Dr. DeVerne L. Calloway 1916 - 1993



*January 30, 1993 ~ 11:00 A.M.
Harris-Stowe State College
Main Auditorium*

The Honorable Dr. DeVerne Lee Calloway was the first black woman elected as a State Representative to the General Assembly of the State of Missouri. Hers has been a strong and influential voice raised continuously in the cause of justice and equality of opportunity for all mankind—without regard for race, gender, ethnicity, age, or physical handicap.

For well over twenty years, Dr. Calloway represented 81st District Missourians in the House of the Missouri General Assembly and provided there enlightened as well as forceful leadership on many of its important committees. She was particularly active as a State legislator in the areas of education, public welfare, and the rights of women and sponsored, as well as co-sponsored, many history-making bills designed to greatly improve these vital areas of human life. Among the bills which she either sponsored or co-sponsored were: Equal Pay for Equal Work and legislation which established the Missouri Commission on the Status of Women. This dynamic legislator was the first to sponsor a Fair Housing Law for Missouri and also spearheaded legislation for prison reform.

Dr. Calloway is a product of both a private school and the public schools of Memphis, Tennessee, graduating from the Booker T. Washington High School with highest honors. She has done graduate work at many institutions of higher learning, including Atlanta University and Northwestern University. She has also served as a classroom teacher, a U.S.O. volunteer, a Red Cross worker, and as an active participant in many public as well as private organizations concerned with the welfare and progress of human beings.

After retiring from nine terms in the Missouri House of Representatives, DeVerne Calloway was appointed by Governor Bond to the Board of Regents of Harris-Stowe State College—an institution which she had strongly and actively supported for entry into the State system of higher education. She served on this governing board for well over six years and retired as its Chairman in 1989. Throughout her long career as a State legislator, Dr. Calloway, together with her famous husband, Ernest Calloway, was deeply and productively active in many community service organizations; also served on the governing board of numerous organizations that have concerned themselves with human problems and needs.

Because of these activities and her outstanding service to the community, Dr. Calloway received many awards and recognitions among which are the following: listing by Ebony Magazine in its "Success Library: 1000 Successful Blacks," the 1975 Award of Appreciation given by the St. Louis Community College, citation by Harris-Stowe State College as a Doctorate of Humane Letters and a Golden Palm Laureate, and many others.

She is survived by her sister, Evelyn Lee Iles, and brother, Charles H. Lee, both of Memphis, Tennessee.

Prelude.....Harris-Stowe State College Jazz Ensemble

Presiding.....Rev. Dr. William Gillespie

Pastor, Cote Brillante Presbyterian Church

*ProcessionalMembers and Friends of
the Calloway Family*

Scripture Reading.....Rev. Dr. William Gillespie

Prayer.....Rev. Dr. William Gillespie

*Music by the Harris-Stowe State....Dr. Doris Wilson, Director
College Concert Chorale*

Tributes (3 minutes each).....

Dr. Henry Givens, Jr. - President Harris-Stowe State College

Presentation of Letter of Condolence from Governor Mel Carnahan - Dr. Henry Givens, Jr.

Mr. Fred Weathers - Friend and longtime Committeeman of the 18th Ward

*The Honorable William L. Clay, Sr. - Congressman, 1st Congressional District of Missouri -
(Congressman Clay is represented by Mrs. Pearl Evans, District Assistant)*

Presentation of Congressional Resolution

The Honorable Sue Shear - State Representative of the 83rd District

*Music by the Harris-Stowe State.....
College Concert Chorale*

Tributes (3 minutes each).....

The Honorable Paula Carter - Representative of the 61st District

Presentation of Missouri Senate Resolution

The Honorable Russell Goward - Representative of the 60th District

Presentation of Missouri House Resolution

Mr. Claude Brown - President, D.R.I.V.E. International Brotherhood of Teamsters

Mr. Lou Moye - President of the Coalition of Black Trade Unionists

Mrs. Olivia E. Calloway - Lifetime Friend and Confidante

Eulogy.....Rev. Dr. William Gillespie

Benediction.....Rev. Dr. William Gillespie

Recessional.....

Reception to follow in Room 004 on the College's lower level.

Harris-Stowe State College

Office of the President

3026 Laclede Avenue • St. Louis, Missouri 63103 • (314) 340-3380 • Fax: (314) 340-3399



July 15, 1993

Ms. Laurelle O'Leary
6421 Brookside Road
Kansas City, MO 64113

Dear Ms. O'Leary:

Many thanks for your letter dated February 9, 1993. The pressure of many highly important events and commitments at our college prevented my responding earlier -- as I certainly wanted to do so.

It was good to receive your letter and to learn how closely you were associated with her and in much of her work. The January 30, 1993 Memorial Service for Dr. DeVerne L. Calloway was Harris-Stowe State College's effort to honor her memory and to give her many friends and admirers an opportunity to join in that ceremony which was most impressive and exceptionally well-attended.

Enclosed are four copies of the Memorial Service Program. Dr. Calloway's sister's address is given below:

**Mrs. Evelyn Iles
2416 Perry Cove
Memphis, TN 38106**

I am sure you could obtain copies of articles in the St. Louis Post-Dispatch about Dr. Calloway. There were several which spoke highly of her many years of service in the Missouri General Assembly.

Many thanks also for the copies of articles you sent along with your letter on Dr. Calloway. We will add them to our archives.

Again, warm and sincere thanks for your letter and the materials you sent. In the event that the College plans any additional memorial events in honor of this great lady, we will certainly let you know.

Very sincerely,

A handwritten signature in cursive script, reading "Henry Givens, Jr.".

Henry Givens, Jr.
President

HG:ls

Enclosure: Four copies of the Memorial Service Program

THE KANSAS CITY STAR

Vol. 113, Friday, January 29, 1993, No. 134

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DeVerne Lee Calloway

In the death of DeVerne Calloway, Missouri's elderly lost a good friend.

A state representative from St. Louis from 1963 through 1982, she died Jan. 23 in Memphis, Tenn., of what apparently was a heart attack. The 76-year-old woman had suffered a stroke three years ago and had lived with a sister in her native Memphis since Christmas.

In a front-page story about her death, the *St. Louis Post-Dispatch* noted that she was the first black woman to serve in the Missouri Legislature and that she was a strong advocate for education, civil rights and social welfare. Acquaintances recalled her as an activist, a legislator who worked, a woman who made a personal commitment to issues she believed in. She helped get the Harris-Stowe Teachers College designated a state college, saving it from being closed. She later served on the institution's board of regents, and when her ailing husband needed her as a full-time caretaker in their home, attendance at college board meetings was one of the few obligations she continued to meet.

People in Kansas City will remember Rep.

Calloway as a champion of adult day care at a time when it was a brave, new concept and had few friends in Jefferson City. Particularly important were her sponsorship and other efforts in behalf of a bill to permit Medicaid payment for eligible individuals using licensed centers.

In the first few years, her early attempts to get the waiver for Missouri turned into educational sessions, as so often happens with bright ideas in this state. A bill co-sponsored by Rep. Calloway and former Rep. Jack Campbell of Kansas City was finally approved in April, 1983, extending Medicaid coverage for the important alternative to institutionalization. Missouri became the 10th state in the nation to do so.

It was one of Rep. Calloway's last official acts for Missouri. It was certainly a good one, just as she was an extraordinarily good person.

by Jean Haley

7-24-23

Ms. Williams-

Two more of Jean
Haleys superb editorials
on Health Care!

I have written
the Washington Post
Editors Group about
Syndicating her columns
(over)

It would be
such a boost for
Pres. and Mrs. Clintons
Health Care Plan!

Do you have
any influence with any
one at the Wash. Post?

Jean did not object
to requesting them!

Laurel Sherry

PHOTOCOPY
PRESERVATION

Opinion

THE KANSAS CITY STAR (part of Capital Cities)

WEDNESDAY, June 23, 1993

Aging mid-lifers are ill-prepared to meet future needs

Many have no savings, no assets and no pensions. But at least they're in pretty good physical shape. So far.

Many middle-aged Americans are more physically fit than they are financially fit. In fact, researchers indicate many are nearing retirement without the cushions they need for a comfortable old age.

Researchers say a lot of mid-lifers have no pensions, assets or health care insurance. The University of

JEAN HALEY

Michigan Institute for Social Research studied nearly 13,000 persons 50 years of age or older. The National Institute on Aging sponsored the study to collect facts on Americans nearing retirement age.

It was common for study participants to help take care of their aging parents and their children but feel insecure. Many also helped take care of their grandchildren. More than half of those surveyed believe they might lose their jobs within the year.

Parents have always expected to invest their income to rear families. Old age today, however, lasts many more years than it did a century ago or even 50 years ago.

Moreover, astronomical financial demands may be around the corner for every elderly person. One ac-

cident or one chronic disease can cost tens of thousands of dollars for hospital bills. Moving to a nursing home can cost \$25,000 to \$75,000 annually.

The research indicated two in five of today's middle-aged Americans will rely on Social Security for their income. They will have no pensions. About 20 percent of the couples reported virtually no assets. The median value of assets for those who have them is \$80,000.

While so many will have no savings to fall back on or pension to sustain them after they retire, about two-thirds of the 13,000 interviewed described their health as excellent or very good. Nearly three-fourths of them want to continue to work part-time after retirement rather than to take abrupt leave of their jobs.

If they maintain their health, they will help control their own medical bills. That ideal will be temporary at best. Increasing frailness accompanies even healthy aging. The older the age a person reaches, the greater the likelihood he or she will get a serious ailment. The very old are also more likely to be unable to take care of themselves in one or more kinds of activities required for independent daily living such as dressing or preparing meals.

Hired home care workers can fill the gap. As sickness or frailty progresses, the elder may need round-the-clock care in a nursing home. Both are expensive.

Data from the study intensifies the concern gerontologists and social service workers have expressed for

several decades. The country is unprepared for the aging of its population.

The percentage of Americans 65 and older has been increasing steadily since 1900. The rate of increase has also been accelerating since about 1950, a pace that will pick up as the Baby Boom generation reaches the traditional retirement age.

The oldest of that group, born from 1946 to 1964, will turn 65 in 2011 when 13.9 percent of the population will be 65 or older.

When the youngest Baby Boomers are 65 in 2029, they'll make up 21.8 percent of the population of the United States. Today, about 12.6 percent of the population is in that age group.

Such a large number of older persons will put pressure on many areas. Their needs are specialized, and they are different from those of families with young children, for example. Older people's housing needs change. They make different demands on commercial transportation services. They crowd into the health care system.

Age-adapted services, whether they're developed through private enterprise or public programs, ought to be in place. The country needs to do serious planning about how elder citizens are going to support themselves, particularly those the National Institute on Aging study identified as having no assets and no pension. It's almost too late for those in late middle age to help themselves.

7-14-93

K. L. Stoa

More grandparents are raising their kids' kids

Older people assuming full-time parental responsibility is great for the children and society, but also cause for concern.

The newest group seeking emergency help at Kansas City social service agencies is made up of grandparents with their grandchildren. They need food, clothing, utility aid. The children may be any age, but generally are younger than teen-agers.

Agencies have noticed the trend for at least a year. Considering that many of the older couples

JEAN HALEY

either have legal custody of their grandchildren or are seeking it, the situation likely will be a long-term one.

Professional helpers hear a variety of stories about why grandparents are falling back on emergency help.

Moms and dads have always helped a young couple here and there. Single parents who work have often turned to their folks for child care. But many in the new group have taken over from parents with drug problems.

Some of the parents are in jail. In some cases, one parent is incarcerated and the other has moved away, looking for a job closer to the prison. The children move in with their grandparents.

The common problem for grandparents who become parents the second time around is that of running out of money. With people in their late 50s and 60s going back to the business of raising children on their own wages or Social Security, many can't make ends meet.

"Some parents have a drug problem," said Jan Marcason, executive director of the Mid-America Assistance Coalition. "Some parents are just irresponsible. In some cases, the parents have died."

"These elderly people are on a fixed income and a lot of times, they are not in the best of health," she added, "but they're left with grandchildren and all that responsibility."

The trend is another indication of the rough time many children in the United States endure as the 20th century draws to a close.

But what social service agencies in the area say they're observing also illuminates a strong characteristic of older Americans: They care a great deal about children and are very involved in their own grandchildren's lives. In fact, their ties to their own grandchildren often give them protective feelings toward youth in general.

Such behavior refutes the stereotype of society's elderly at war with the young. It makes questionable the assumptions that older people always vote against school levies or any public program that primarily benefits children. Many seniors hate tax increases of all kinds as much as anyone else. Many older Americans, however, are giving of themselves generously.

Later generations should not label them as anti-

child individuals. They tutor and do volunteer work. They baby-sit. Many help with college tuition or pick up the bill for other special needs of their grandchildren.

Older people assuming full-time responsibility for grandchildren, however, is also reason for concern. While it's a blessing for the kids and society that family members are able and willing to pick up the pieces, it's not ideal. Seniors did their child-rearing. They shouldn't have to do it again.

"You know so many people look forward to being grandparents and seeing their grandchildren for short visits, the weekend or vacation visits but at their age, they shouldn't have to take on a full-time job," observed Geneva High, executive director of Lee's Summit Social Services.

"They're people young enough to manage physically but financially it's really a burden or we wouldn't be seeing them," she added. "It's people on Social Security or people on the edge. It's not the middle class because somehow they scrape by."

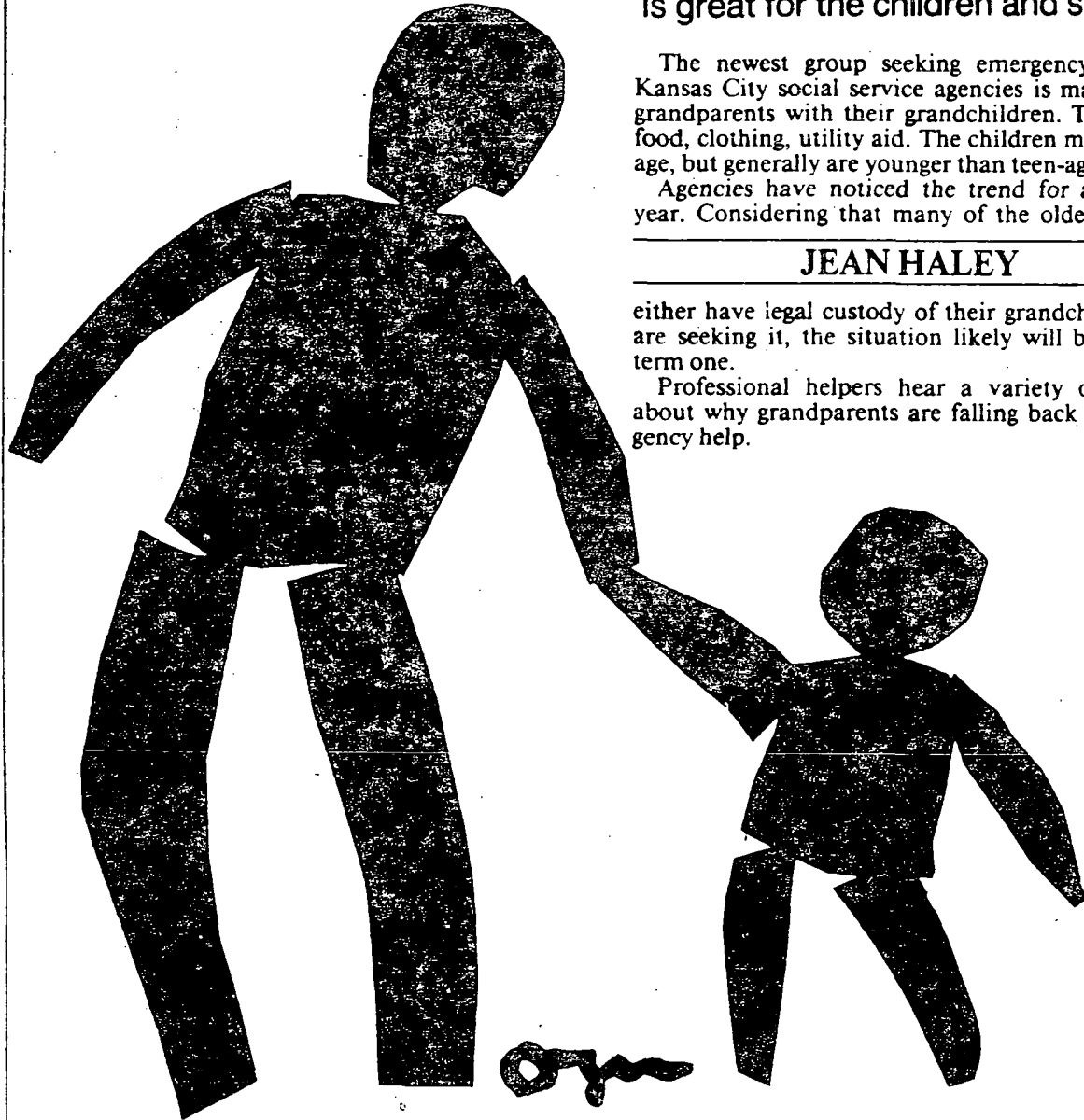
About eight to 12 families among the agency's 400 to 500 clients fit the grandparent/grandchild category, she said.

They visit the pantries for food. Sometimes they need help with utility bills. They try to stretch what they have to cover the other demands of growing youngsters including clothing and school supplies during the school year. In fact, grandparents need the same kinds of help any household with growing children needs.

A major difference between this group and their usual clients, social workers note, is that older people are often uncomfortable seeking assistance. It's the first time in many of their lives they've asked for help. They tend to ask for less than they really need.

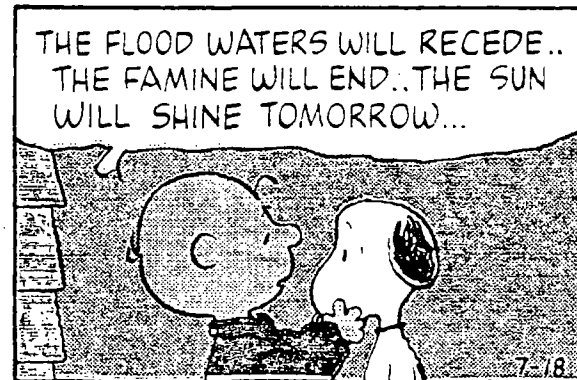
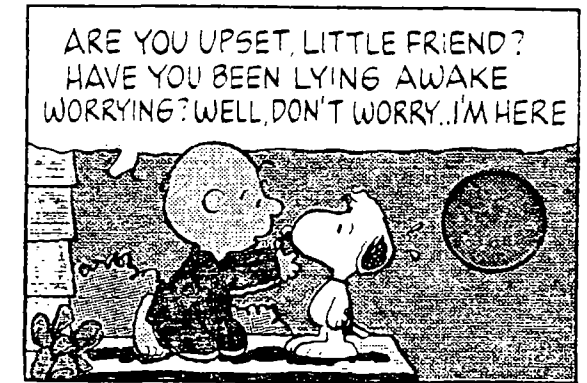
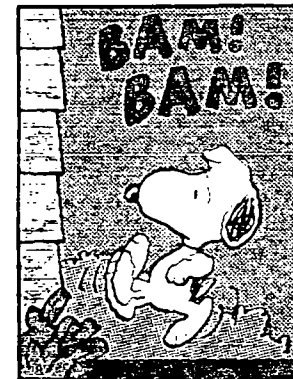
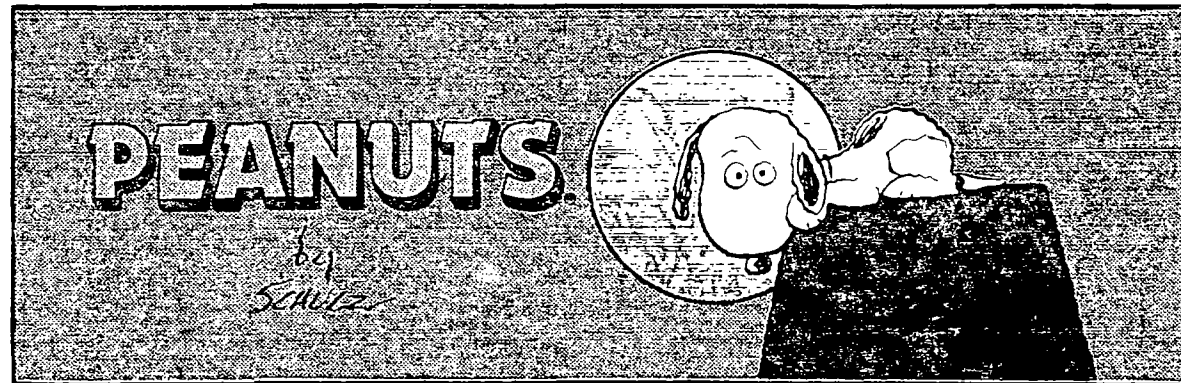
"They're people who probably would not be needing assistance if all of a sudden they didn't have additional mouths to feed, if they didn't need to be buying school supplies, school clothes," said Carol Bird Owsley, executive director of the Community Assistance Council of Hickman Mills, estimating they comprise 5 to 10 percent of the agency's caseload.

"Five years ago, we hardly had any," she added.



THE KANSAS CITY STAR.

SUNDAY, July 18, 1993



7-29-93

Ms. Williams-

This addresses the bewilderment of people who have to deal with all those, hospital, insurance, doctor bill print outs!

I heard Lou give a presentation! She brought a shopping (over)

bag, full of bills, a patient had brought her! It dramatized the problem. Wish she could be invited by a Congressional Committee to give such a presentation!

Laurelle O'Leary



The goal of the programs is to inform and educate the Sterling Club's 10,000 members about topics that are important to them. "We want them to know what's going on in health care and this is an excellent way for our members to stay abreast of the latest developments," says Jan Borgelt, senior services specialist with the Older Adult Resource Center.

Borgelt also provides health insurance counseling for people over 60 or their caregivers with bills from Saint Luke's Hospital and related physicians' bills. Borgelt assists with:

- Interpretation of "explanation of benefits"

- Helps complete supplemental insurance forms

- Investigates status of claims filed by Saint Luke's Hospital, *L.P. H.*

- Explains co-insurance

- Provides recordkeeping forms

"Sometimes people come to me with grocery bags or boxes full of medical bills and they don't know

where to begin," Borgelt says.

She starts by untangling the maze of bills and teaching the person how to keep track of their medical expenses. "Many of my clients don't like the idea that an unpaid bill is hanging over their head. For them a part of getting well is paying the bills. They don't need the stress of not knowing where they stand financially. I help them understand how the system works."

Borgelt helps to restore control over their bills by teaching them how to keep track of deductibles and read explanations of benefits, among other skills. Here are some of Borgelt's tips on how to keep track of mounting medical bills.

- Develop a system to keep track of your bills

- Know what your Medicare and secondary insurance covers

- Ask for help with bills and record-keeping

- Call the hospital and insurance companies if you have questions

- Keep accurate records

- Keep your originals—never send them to your insurance company

- Never throw anything away—it can often take months to settle an insurance claim

- Get satisfaction and know that your bills have been handled appropriately

Other Sterling Club benefits include limited valet parking, on-campus transportation, medication counseling, information and referral service, quarterly newsletter, physician referral service, membership in the Saint Luke's Hospital credit union, and a number of hospital discounts.

If you are 60 or over, you can take advantage of the benefits available to you by joining the Sterling Club of the Older Adult Resource Center. Simply call 932-5123 for your Sterling Club application. *(816)*

Ms. Williams — — 8-9-93

Another reason to
put a large tax on
cigarettes —

It is the struggling
Adult Day Care Centers
who are called upon
to take care of
these patients! (over)

Of course nursing
home and home
care also must
care for these
patients!

Laurelle O'Leary

The HIP Report

HELP FOR INCONTINENT PEOPLE

Promoting Quality Continence Care

Help For Incontinent People
Volume 11, Number 3

P.O. Box 544
Katherine F. Jeter, EdD, ET, Editor
Lisa L. Verdell, BS, Co-Editor

Union, South Carolina 29379
Annual Issue
Summer 1993

Cigarette Smoking and Incontinence in Women

Cigarette smoking and incontinence have been considered critical but separate health problems. However, health professionals who care for urinary incontinence in women have long thought that cigarette smoking is a contributing factor to stress incontinence and to the return of leakage after an incontinence operation.

Dr. Richard Bump, a urogynecologist from the Medical College of Virginia and his colleague, Dr. Donna McClish, studied 606 women. Of the 606 women, 322 were experiencing incontinence. Nearly half (156) had stress incontinence. (Stress incontinence refers to small amounts of urine leakage when coughing, sneezing, laughing, changing position, etc.) Motor incontinence was diagnosed in 121 of the participants. Dr. Bump defined motor incontinence as the loss of urine during testing that resulted from an unstable bladder or unstable urethral pressure (usually referred to as urge incontinence). The remaining 45 women had mixed incontinence. In this study mixed incontinence referred to symptoms of both stress and motor incontinence. In the study group there were 181 women who were smoking at the time, 76 were

former smokers and 349 had never smoked. Current smokers consumed an average of 1.28 packs of cigarettes daily. The average time the former smokers had quit smoking was 8.6 years.



When the *incontinent* women were compared with *continent* women, the *incontinent*

group was significantly heavier and had more children. There is general agreement that being overweight and delivering babies increase a woman's risk of experiencing some form of incontinence. However, the data from this study also showed a strong statistical relationship between cigarette smoking and urinary incontinence. There are several possible explanations for this. The most obvious is that smokers have stronger, more frequent and more violent coughs and the cough damages the urethral sphincter [yoo-REE-thrul SFINK-ter] muscles that keep the bladder closed. There is also some evidence that products of the tobacco smoke itself affect the way the bladder functions or affect the muscles and nerves that

are required for bladder control.

Interestingly, Dr. Bump's study did not show a decreased risk of incontinence in the group that had quit smoking. However, it is generally accepted that ending the smoking habit may certainly help reduce the severity of incontinence or prevent its recurrence after successful treatment.

This study has shown that women who smoke are more likely to have incontinence than women who do not smoke. Strategies to discourage women from starting to smoke or to encourage smoking women to stop smoking could significantly reduce incontinence. Since incontinence is such an embarrassing condition and one which women are humiliated by, knowing that bladder leakage is yet another consequence of smoking may discourage females from taking up the habit and may give them yet one more good reason to quit smoking.

This article was edited from a clinical study by Richard C. Bump, MD and Donna K. McClish PhD published in the November 1992 Journal of Obstetrics and Gynecology. For a reprint of the original article, write to Richard Bump, MD, Dept. Ob/Gyn, Box 34, MCV Station, Richmond, VA 23298.

8-4-73

Ms. Williams:

I am wondering
if Mrs. Clinton has seen
this. I have this policy
but I feel the pay-
ments for Adult Day
Care and Home Care
should equal what
Prudential pays Nursing
(over)

Dames. As you will
note they only pay
 $\frac{1}{2}$ + (\$25-35) for
Adult Day Care and
only cover the
equivalent of 2 yrs!
This encourages nursing
home care, I feel

PHOTOCOPY
PRESERVATION

I pay monthly:

\$107.50 N.H. -

Adult Day
Care ^{ins} etc

78.00 B.I. CR

32.00 Medicare

\$217.50 or |

\$2516⁰⁰ for insurance
annually
(over)

plus deductibles
medications, eye-
glasses, dental care

And I seem to
get nothing for it!

If long-term care
was included in Medicare
most people would be willing
to pay more Medicare for

PHOTOCOPY
PRESERVATION

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

AARP's Long Term Care Plan (Plan LL)

NEW 1991 PLAN

**Helps Pay for Home Health Care, Adult Day Care,
and Nursing Home Expenses Not Covered by
Medicare and Private Insurance Plans.**

• ***\$25.00 - \$35.00 per visit** for Home Health Care and Adult Day Care -- up to a lifetime maximum of 730 visits.

• ***\$50.00 per day** for Qualified Nursing Home Confinements -- for up to a lifetime maximum of 4 years (1,460 days).

- **Pays for ALL LEVELS** of Nursing Home Care ... Skilled, Intermediate and Custodial.

PLUS These Additional Features

- **New Individual Age Pricing** -- rates are based on your individual age at the

time your coverage becomes effective.

- **Rates are guaranteed** not to increase for at least 5 years for any reason.
- **Guaranteed Benefits Increase:** Per visit and daily benefits are compounded 5% annually -- with no corresponding rate increase for this benefit increase.
- **No prior nursing home stay required** to collect home health care or adult day care benefits.
- **No prior hospitalization required** to collect nursing home benefits.

For the earliest Effective Date, reply by the date on your Application.

AARP Group Health Insurance Program

—
Mrs. Williams—

8-9-93

This ear, nose
and throat Specialist
is highly regarded!

He is courageous
to come forward
among his professional
associates! L. O'Leary

UPCOMING EVENTS

.....

Older Adult Resource Center Saint Luke's Hospital of Kansas City

Sept. 16 WILL CLINIC AND CHARITABLE PLANNING

Do you have a will? What is probate? Who will manage your affairs when you can't? What is charitable planning and how would it benefit you? For answers to these important questions please join Saint Luke's William J. Moran, J.D., as he discusses these vexing but necessary issues.

Sept. 28 { THE MYSTERY OF MISSOURI MEDICAID

We've all heard about Medicare and how it works for us but we do not hear much about Medicaid until we need to use it. Learn about the Department of Family Services, what benefits may be available to you when you need them, and how Medicaid applies to nursing home costs.

Oct. 14 FITNESS FOR LIFE

Carol McKay, health promotion specialist from Saint Luke's Center for Health Enhancement, will discuss the benefits of keeping fit and ways to keep fit, especially during the winter months when you're feeling cooped up. Join Carol as she demonstrates great easy-to-do exercises and stretching techniques. Dress comfortably!!

Oct. 28 { BEAT THE BLUES!

Wintertime and the holidays are coming. For many people this is a time to celebrate; for others, the decrease in temperature, shorter daylight hours, and memories of the past can put a damper on our spirits. Maximize your mental health and enjoy the coming season! Join Dr. Scott Jones, director of the psychiatric day treatment program at Saint Luke's, as he discusses positive steps for maintaining mental wellness. Treatment options and other resources will be identified.

Time: All health talks are from 1:30 p.m. - 2:30 p.m.
Place: Spencer Center, 4400 Wornall, board room
Call: 932-5123 weekdays to reserve a space.

Please save this flier for future reference.

— 8-9-93

Ms. Williams -

Note the content
of this:

1) Contusion about
Medicaid

2) Dr. Scott Jones
Med Dir., St Luke's
Psychiatric Adult
(over)

Day Care Center
(all out patients)
but they don't take
Custodial type day
care patients! Their
Center is 1st class
and is co-sponsored
with Henninger's Voluntary

Nation's health care system's getting sicker

On July 16, Jerry Heaster wrote in his column that our health care system was the best in the world so why fix it? His apparent primary source of information was an article in the *American Spectator* magazine.

I wonder how he would reply to the following statistics:

In 1991 we spent \$738 billion for health care, or about 13 percent of GNP. The Commerce Department reported expenditures of \$840 billion in 1992, making it the fifth consecutive year of double-digit increase or 14 percent of GNP. Ex-Secretary of Health Louis Sullivan estimated that spending on health care would be \$1.6 trillion or 16.4 percent of GNP by the year 2000. This means that one-sixth of our GNP will be consumed by health costs, compared to one-sixteenth in 1965.

We spend more of our GNP on health care than any other major nation. But we do not have the lowest infant mortality, longest life expectancy or the highest percentage of consumer satisfaction.

If one develops a chronic illness, such as diabetes or heart disease, you become uninsurable unless you are fortunate enough to work for a large company. If you are laid off, too bad! No one will insure you. Insurance companies only want healthy customers. If you are a small business person and one of your employees develops a



JOHN OVERMYER

high-cost illness such as cancer, your already high premiums will skyrocket. We have not even mentioned the 35 million or so Americans who are totally uninsured.

It has been estimated that reform of our health care system could save as much as \$200 billion: 22 percent of those costs are administrative while the single-payer system in Canada spends 10 percent of its costs of health care on administration. Our present system rewards procedures and utilization of beds and services. *Consumer Reports*, in an excellent article last year, estimated that unnecessary services and utilization consumed \$130 billion extra.

Physicians are frustrated by overwhelming paperwork, confusing and differing fee structures by multiple insurance carriers. Most consumers do not know that the fees paid to doctors and hospitals vary with each insurance company and may even vary within a single company such as Blue Cross/Blue Shield which has several different programs.

Our wonderful health care system is ill and is rapidly worsening in terms of costs and access. I may not know all of the solutions, but I certainly know when something needs fixing.

Oscar T. Pinsker, M.D.
Prairie Village

Kansas City Star 8-8-93