Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	To Sherry Lansing from Maggie Williams re: movie (1 page)	10/26/94	b(6)
001b. memo	To the First Lady from Ann Stock re: guest (1 page)	09/28/94	b(6)
001c. note	Handwritten note (1 page)	n.d.	b(6)
001d. memo	To Capricia Marshall from Jack Valenti re: draft (2 pages)	n.d.	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Maggie Williams (Correspondence)
OA/Box Number: 17604

FOLDER TITLE:
[Correspondence from 1994]: L

2013-0359-S
ry1325

RESTRICTION CODES

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

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

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THE WHITE HOUSE

WASHINGTON

August 10, 1994

Ms. Peg Langhammer
Executive Director
Rhode Island Rape Crisis Center
Suite 205
300 Richmond Street
Providence, Rhode Island 02903-4222

Dear Ms. Langhammer:

Thank you for your kind letter asking the First Lady to serve as the honorary chair for the Rhode Island Rape Crisis Center's 1994 gala. Mrs. Clinton very much appreciates your invitation.

Although the First Lady is grateful for the important work that organizations like yours are doing, I regret that her official commitments prevent her from serving as your honorary chair at this time.

I know that Mrs. Clinton would want me to convey her appreciation for your thoughtfulness, along with her best wishes. Please do not hesitate to contact our office if we can be of assistance to you.

Sincerely yours,

Margaret A. Williams
Chief of Staff
for the First Lady

rape crisis center, *n.*, a place where all Rhode Islanders can receive confidential support, advocacy and information about sexual assault.

Alice/Stacy
no per
Evelyn
8/9/94

July 21, 1994

Mrs. Hillary Rodham Clinton
First Lady
The White House
Office of Scheduling and Advance
1600 Pennsylvania Avenue, N.W.
OEOB Room 185 1/2
Washington, DC 20500

Dear Madame First Lady:

On behalf of the Board of Directors of the Rhode Island Rape Crisis Center, I am writing to invite you to join us at our annual gala fundraiser as Honorary Chairperson this fall. We have tentatively reserved several dates for the event, as we know how busy your schedule is. Those dates are Friday, October 21; Saturday, October 22; and Saturday, October 29, 1994.

In past years, 250-300 individuals have attended the gala. All of the State general officers, including the State Attorney General, will be invited and are expected to attend. Your presence and participation would clearly be the highlight of the evening.

The Rhode Island Rape Crisis Center, Inc., is the **sole agency in the state** organized specifically to deal with issues of sexual assault as a community concern. Its purpose is to provide advocacy and counseling to victims of sexual assault and their families through both crisis intervention and follow-up services, and to educate the community in awareness so that the incidence of rape will decrease. The Center was established in 1973 by a group of women concerned about the increasing problem of sexual assault and the lack of services and information available to victims and the public.

In just twenty-one years, the RI Rape Crisis Center has grown from an agency with three part-time staff, to one with over twenty staff members. Its budget has grown from $42,000 to just under $1 million. The Center's scope of services has expanded to include:

- **24-Hour, Statewide Hotline**: The RI Rape Crisis Center offers a 24-hour, statewide hotline. Collect calls are accepted. Local counselor/advocates are available to provide confidential support, information, and advocacy on the phone, at the police station, at the hospital, or in court to both adult and child victims of sexual assault.

300 Richmond Street, Suite 205, Providence, Rhode Island 02903-4222
401 421-4100 Fax 401 454-5565

- **Legal Advocacy:** The Center provides a court advocacy program for adult and child sexual assault survivors. Trained volunteers and staff are available to accompany victims to court and related interviews, provide information about the criminal justice process and ongoing emotional support, make referrals, and act as liaisons with police and the Department of the Attorney General.

- **Individual and Group Counseling:** The RI Rape Crisis Center provides counseling services to survivors of sexual assault, child sexual abuse, and incest, and to their significant others. Individual, group, and family counseling are available on a sliding-scale fee basis. Services are available for both adults and children. In addition, a referral network has been established for appropriate recommendations to be made for clients.

- **Building Bridges: A Partnership Against Violence:** In the fall of 1992, the RI Rape Crisis Center, in collaboration with Women's Resource Center of South County, and Sojourner House of Woonsocket, two of the state's shelters for battered women, launched **"Building Bridges: A Partnership Against Violence."** This unique program was designed to provide individual and group counseling to victims of domestic violence who are also victims of childhood sexual abuse. Funding for the program was provided by the United Way of Southeastern New England, through its Critical Issues Fund, and by The Rhode Island Foundation.

- **Child Assault Prevention Program (CAPP):** The RI Rape Crisis Center offers the CAPP program to teach children how to recognize and protect themselves against potentially dangerous or abusive situations. Age-appropriate CAPP workshops are available for pre-school, elementary, junior high, and high school student. The program also provides accompanying workshops for parents and school personnel.

- **Juvenile Offender and Victimization Prevention Program:** A new component of the Child Assault Prevention Program was offered this spring for students in grades 4 through 8, their teachers, and parents. Topics covered include the incidence of sexual and physical abuse, assault prevention techniques, peer support against violence, and the identification of, and intervention with juvenile offenders.

- **Public Education:** The Center has trained speakers available to speak to any community group on issues of sexual assault, child sexual abuse, and incest. Topics for presentations and in-service trainings include myths and facts, date and acquaintance rape, medical and legal issues, prevention, assertiveness training, sexual harassment, and the politics of rape. The Speakers' Bureau adapts its presentations to suit the needs of specific audiences.

- **The RI Children's Advocacy Center:** Operating out of the RI Rape Crisis Center's Providence location, the Children's Advocacy Center serves as a facility where

children who are the victims of sexual and/or violent physical abuse, and their non-offending family members, can go for the purpose of evaluation, evidence gathering, and counseling.

The purpose of the program is to provide the child victim and non-offending parent/guardian with interviewing, evaluation, and treatment services at a neutral location in a comfortable environment; to prevent further trauma to the child caused by multiple interviews and contacts with responding professionals; to enhance interagency and case coordination, communication, and cooperation; to hold more offenders accountable through improved prosecution of child abuse cases; and to enhance and refine professional skills needed in responding to sexual and physical abuse cases through training.

The formation of the Children's Advocacy Center is the result of several years of work by the Attorney General's Task Force on Sexual and Violent Physical Abuse of Children. Based on a national model, it has been a multidisciplinary team effort involving prosecutors, police, medical personnel, mental health professionals, and human service providers. Plans are in the works to expand the program throughout the state during the next year.

In 1993, the RI Rape Crisis Center received 1,425 reports of sexual assault. Sixty-nine percent of these assaults involved children under the age of 18; fifty-three percent were under the age of 14.

As in the past, all funds generated by the gala help support the Center's many programs. In addition, and perhaps even more important, the event increases public awareness of the issue of sexual assault, and of the resources and services available at the RI Rape Crisis Center.

Again, we would be honored if you could join us this year. If there are dates other than those mentioned above which better fit your schedule, please let me know.

I look forward to hearing from you.

Sincerely,

Peg Langhammer
Executive Director

rape crisis center, *n.*, a place where all Rhode Islanders can receive confidential support, advocacy and information about sexual assault.

FACSIMILE COVER PAGE

TO: NAME: Wendy Towber

FIRM: White House

CITY: Washington, DC

FACSIMILE PHONE NO: 202-456-5199

FROM: Peg Langhammer, Executive Director

RHODE ISLAND RAPE CRISIS CENTER

Date: July 21, 1994 Time: 1:55pm

Total Number of Pages 4 Including this Cover Page

If you do not receive all papers as transmitted, please advise by telephone number (401) 421-4100 or by fax to our machine at the number below.

300 Richmond Street, Suite 205, Providence, Rhode Island 02903
401 421-4100 Fax 401 454-5565

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Maggie Williams (Correspondence)
OA/Box Number: 17604

FOLDER TITLE:
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OA/Box Number: 17604

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THE WHITE HOUSE

WASHINGTON

February 1, 1994

Mr. Mark B. Leeds
NVA Communications Chair
P.O. Box 23434
Waco, TX 76702

Dear Mr. Leeds:

Thank you very much for your letter requesting guidance on health care and related issues, and expressing appreciation for the First Lady's efforts. I apologize for the delay in sending you a response. We have received thousands of wonderful, constructive letters from concerned citizens. I appreciate your taking the time to make your ideas heard.

At this point, the Health Care Task Force and the health care reform working groups have terminated. I will forward your correspondence to the Office of Domestic Policy, room 410, Old Executive Office Building.

Thank you for your patience and support of the Clinton Administration.

Sincerely,

Maggie Williams
Chief of Staff to the First Lady

Health Care Correspondence

NVA NATIONAL VIATICAL ASSOCIATION

P.O. BOX 23434 WACO, TEXAS 76702 (817) 772-3888 FAX (817) 772-6626

January 5, 1994

Ms. Maggie Williams, Chief of Staff to
Mrs. Hillary Rodham Clinton
THE WHITE HOUSE
1600 Pennsylvania Avenue
Washington, DC 20500 via FAX: 202-456-2461

Dear Ms. Williams,

We write to request your help and guidance on health care and related issues, and to express our appreciation for Mrs. Rodham Clinton's concern and leadership vis-a-vis health care reform. Controlling runaway costs, providing security to every American family, while maintaining quality medical care and preserving basic choices is so vital to the American people.

We have parallel concerns for AIDS victims, cancer victims and others that are terminally ill. In 1993 the viatical settlement industry paid about $200 million in lump sums of cash to Persons With AIDs (PWA) and other terminally ill individuals, to be used as they saw fit for health care, medications, food, rent, etc., over the remaining 12-24 months of life. Life insurance companies, through accelerated/living benefits programs, paid under $50 million to PWA in '93, to individuals with 3-6 months of remaining life. Through policy cancellations by insurers of terminally ill persons that can no longer afford coverage and miss premiums, the major life insurers save $3 billion (yes, billion!!) a year. Those PWA become destitute and are then cared for at taxpayer expense, so what was once a personal benefit paid for by the individual and an obligation of the life insurance company, is thusly transferred to the public to fund. In most cases, and as can be documented by The National Association of Persons With AIDS and other groups representing minorities, women's interests, seniors and others, the viatical option or choice is the only alternative for terminally-ill persons, short of less generous offers (if any) from insurers and the awful choice of exhausting a lifetime's savings and ultimate poverty. As may be expected the life insurance lobbies at the federal and state levels are inclined to hamper or remove the competitive threat posed by viatical firms, to protect that $3 billion windfall.

We seek to alert Mrs. Rodham Clinton to this matter and enlist the administration's support as part of the overall health care reform. Relatedly, when PWA lose their jobs and group health coverages, the problem is aggravated and the viatical option needlessly precluded. We welcome discussing these concerns and pledge our support for reform.

Mark B. Leeds, NVA Communications Chair MBL: mlf
212-819-0769

THE WHITE HOUSE

WASHINGTON

January 12, 1994

Martin B. Leon, M.D.
Washington Cardiology Center, P.C.
110 Irving Street, N.W.
Suite 4B1
Washington, DC 20010

Dear Dr. Leon:

Thank you for your letter welcoming Mrs. Clinton to participate in the Transcatheter Cardiovascular Therapeutics, Sixth Annual Symposium in February. Your kind invitation is greatly appreciated. I have forwarded your correspondence to the Scheduling Office.

Again, thank you for your invitation.

Sincerely,

Maggie Williams (DL)

Margaret A. Williams
Chief of Staff to the First Lady

WASHINGTON CARDIOLOGY CENTER, P.C.

Kenneth M. Kent, M.D.
Martin B. Leon, M.D.
Augusto D. Pichard, M.D.
Lowell F. Satler, M.D.

Chester E. Clark, M.D.
Mun. K. Hong, M.D.
Gary S. Mintz, M.D.
Jeffery J. Popma, M.D.
S. Chiu Wong, M.D.

December 20, 1993

Ms. Maggie Williams
Chief of Staff
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Ms. Williams:

We have recently sent the attached letter to Ms. Clinton requesting her participation at TCT-VI, the Transcatheter Cardiovascular Therapeutics, Sixth Annual Symposium, to be held at the DC Convention Center in Washington, February 24-26, 1994.

We are currently planning to devote a portion of this year's meeting to the healthcare reform policy and would be very honored if she would attend. This is currently the largest teaching symposium in interventional cardiology in the world. Over the several years, each symposium has been attended by more than 1,500 physician registrants, key representatives from industry, academia, and the FDA.

I hope that you will strongly consider our invitation to Ms. Clinton to join us. Should her schedule not permit her attending, we would be honored if another Administration representative would join us. We will leave to your office's discretion, the length of the discussion, its format, and the specific date and time of the meeting.

Thank you for your consideration and I am hopeful that her schedule might permit her participation or that of a key administration spokesperson.

Sincerely,

Martin B. Leon, M.D.
Director
Cardiovascular Research

Main Office 110 Irving Street, N.W., Suite 4B1 Washington, DC 20010 **(202) 877-5975 Fax: (202) 877-3339**
Takoma Park Office 7620 Carroll Avenue, Suite 200 Takoma Park, MD 20912 **(202) 877-5975**

WASHINGTON CARDIOLOGY CENTER, P.C.

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S. Chiu Wong, M.D.

December 20, 1993

Mrs. Hillary Rodham Clinton
Reform Delivery Room
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mrs. Clinton:

I represent a group of academic and clinical interventionalists in Washington, DC. We currently direct the largest teaching symposium in interventional cardiology in the world. Over the last several years, each symposium has been attended by more than 1,500 physician registrants, key representatives from industry, academia, and the FDA.

This year, we would like to cordially invite you to speak at TCT-VI, the Transcatheter Cardiovascular Therapeutics, Sixth Annual Symposium, to be held in Washington, February 24-26, 1994. We are currently planning to devote a portion of this year's meeting to the healthcare reform policy and would be very honored if you would attend. This would provide you with a wonderful forum to meet and interact with important physician constituents who will be in the critical position of enacting many of your innovative policies.

I hope that you will strongly consider our invitation and will help us to provide an avenue for active discourse amongst our colleagues in the medical community, during TCT-VI in February. We will leave to your discretion, the length of the discussion, its format, and the specific date and time of the meeting.

Thank you for your interest and I am hopeful that your schedule might permit the active participation of a key administration spokesperson.

Sincerely,

Martin B. Leon, M.D.
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The White House
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Sincerely,

MBL

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Director
Cardiovascular Research

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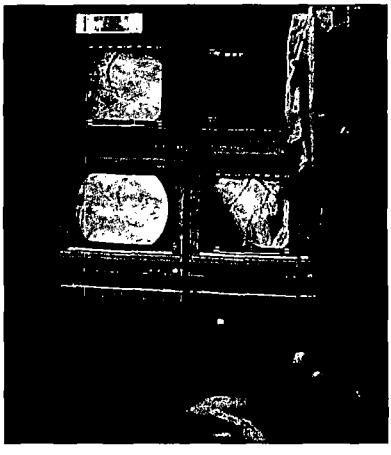
DOCTORS HAVE USED A BALLOON, A DRILL, AND A LASER TO CLEAR JULIUS WALKER'S ARTERIES. HERE'S THE LATEST ON HOW DOCTORS ARE TREATING HEART DISEASE.

Mending a Heart



JULIUS WALKER WAS IN LIBERIA and finding it one of his hardest postings with the State Department. He was spending much of his time as *charge d'affaires*, running the embassy in lieu of an ambassador. This included maintaining the US presence during a military coup in 1980. Through that particularly tense period, soldiers repeatedly threatened Walker's life as he tried to cross blockades to attend meetings demanded by the renegade government.

One year later, a few weeks away from leaving Liberia—he would return to Washington briefly, on his way to becoming ambassador in Upper Volta—Walker was finding a few moments to relax. That's when he first felt the pain.

"I was lying in bed, reading, when this pain came in my chest and ran out my elbows," he remembers. "It wasn't strong but was terribly annoying."

His wife called the embassy's doctor. After several electrocardiograms, the doctor told him it was merely indigestion. But just to be sure, he suggested that Walker see a cardiologist when stateside.

Back in DC, Walker failed a treadmill test, much to his surprise. Dr. William Battle then sent him to Georgetown University Hospital for an arteriogram. The X-ray revealed massive heart disease.

All three of Walker's coronary arteries were critically clogged by fatty blockages. Starved for the oxygen and nutrients brought by blood coming from the lungs, his heart was swollen to twice its natural size.

At age 54, with hardly any warning, Walker was primed for a fatal heart attack or stroke.

By Laura Elliott

PHOTOGRAPHS BY STEPHEN SPARTANA

d in those history lessons, his efforts to
ngton bureaucrat to the hills of West
e playing, and his pale-blue suits, and
is zeroing in on the Annoying Hall of

crime-wracked society we live in, but if
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news, we could be driven to criminal
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OLLIE NORTH. If you thought the distinguished US Naval Academy graduate was smug testifying before a congressional committee on the Iran-contra affair, just wait until he's a United States senator.

HERBERT "THE HAIR" HAFT. One could argue that Herb Haft needs
n ego , but he'd better beware of small
mergency landings.

l her a "shareholder activist" or a
stly she's a woman who can make an
eting seem like a forced march through

cuddly, and leopards do change their
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n it takes Herb Haft to spray his hair is
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Vith his Poindexter glasses and quiet
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at's annoying enough, but what's worse
chell is the most fiercely partisan Senate

rnalists have to make their way in the
Newsweek and *Washington Week in*
But if he could just be less obvious

ite swamis have to make their way in
equires lots of exposure. But Hess, of
n, seems to be everywhere at once,

sometimes without stopping to think. Remember when he declared the Clinton administration DOA before it had even taken over?

JOHN BANZHAF. This George Washington University law professor was going to be the next Ralph Nader, as if one weren't enough. Instead he turned into Nader-Lite.

JONATHAN YARDLEY. Technically a Baltimoron, the one-time Pulitzer recipient qualifies by virtue of his self-righteous ramblings in the *Post*. Yardley knows what he likes—and likes what he knows.

TOM CLANCY. Even before the Cold War ended, robbing him of his best material, Clancy's techno-thrillers had become formula fiction—and the great man himself had become a clear and present bore.

THE BOX. No doubt about it, Jack Kent Cooke's box at RFK is the place to watch the Skins. But the obligatory TV shots of this collection of hangers-on and celebrities can make you yearn for another Bud Lite commercial.

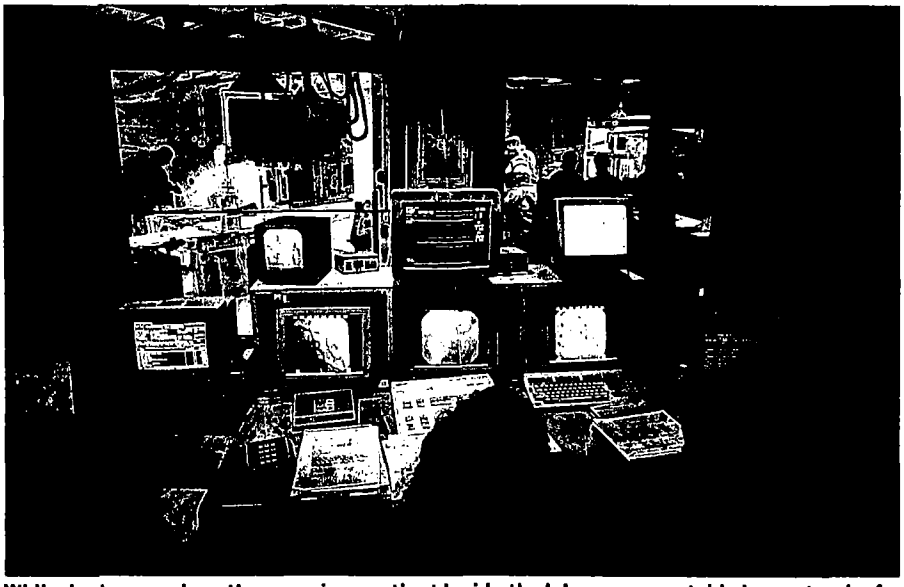
DON & MIKE. In the Land of the Incredibly Obnoxious, all roads lead to WJFK-FM's afternoon hosts, Don Geronimo and Mike O'Meara, whose humor makes the Three Stooges seem like a trio of Noel Cowards.

METER MAIDS. Last, a group prize to those intrepid DC parking-ticket writers. Basic services may go undelivered in the District, children may go hungry, potholes unfilled. But let your car sit a minute too long and these DC public servants will be over it like a cheap suit. Congratulations.

Evelyn Y. Davis: *She's a CEO's worst nightmare.*

TOM WOLFF

Kept alive by the latest in cardiac care, Julius Walker exercises by taking brisk walks with his dogs, Toto and Boccie. Doctors used monitors like the ones at left to watch their work as they cleared Walker's clogged bypass grafts.

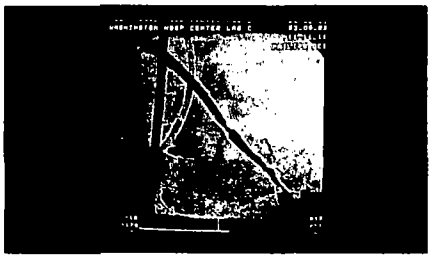


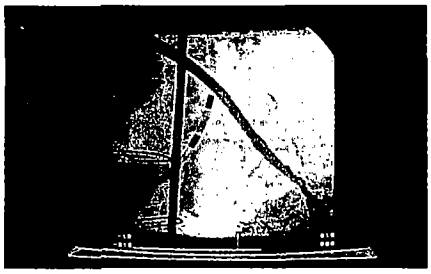
While doctors work on the conscious patient inside the lab, a nurse outside keeps track of vital signs and records each step of the procedure.

quires a continuum of care: medication, surgery, or catheter-based procedures to open individual blockages. CVD remains the number-one killer of American men and women, despite an overall decline and increased awareness of the preventive benefits of exercise, low-fat diets, and lowering cholesterol counts and blood pressure.

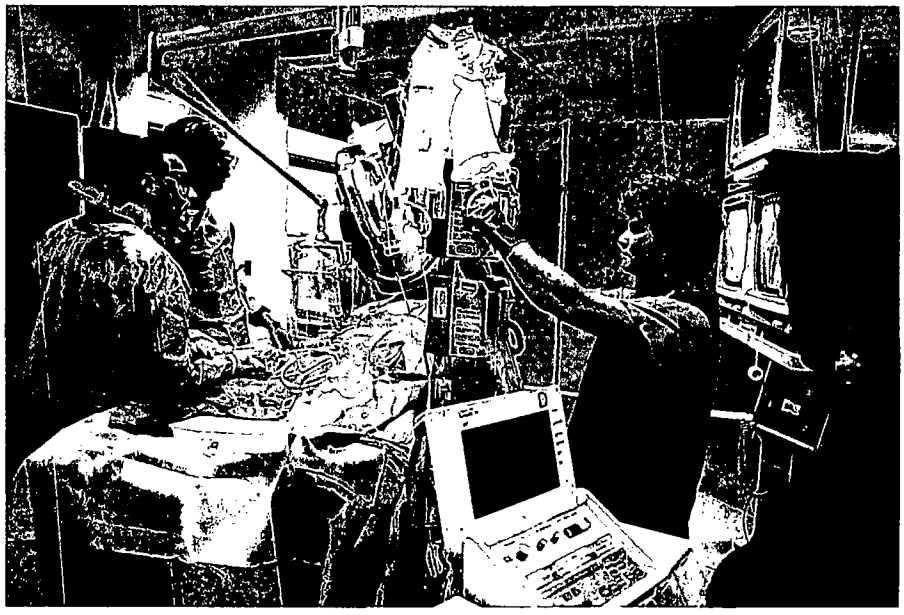
Medicine continues to improve the treatment of heart disease. And much of the research into the latest coronary procedure, called atherectomy—in which a minuscule, *Fantastic Voyage*-like device

The doctor inflates the balloon catheter, threaded from the groin to the heart.





(Top) An artery is pinched closed by a one-third-inch blockage that could cause a heart attack. After treatment, blood flows evenly through the opened vessel.



After extraction atherectomy, in which fatty deposits in blood vessels are broken up with a tiny drill and sucked out, doctors often use a balloon catheter to flatten remaining plaque.

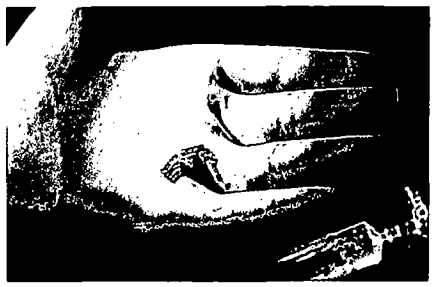
A FEW DAYS LATER, DOCTORS PERformed open-heart surgery. Three vein grafts were "harvested" from Walker's leg. They were attached to the aorta at his heart, then curved down like tiny hoses to the heart's lower half, providing new channels that bypassed the plugs in his arteries.

Because doctors created these detours before a heart attack, Walker did not sustain the muscle damage that would have weakened his heart's ability to contract. Refueled, his heart quickly came down to a healthy size and vigorously pumped blood to the rest of his body.

For eight years Walker lived on this manmade coronary system without any chest pain. While in Upper Volta (it's now Burkina Faso), he watched his blood pressure. Escorted by embassy marines, he took brisk 5 AM walks. He remained a robust, enthusiastic man who didn't worry much about his health. Like most bypass patients, he hoped he was fixed for life.

Then, one day in 1989, Walker couldn't catch his breath while walking his miniature Scottie dogs. He headed back to the cardiologist. The vein grafts implanted during the 1981 bypass were beginning to shut down.

NO REPAIR TO THE HEART LASTS FOREVer. Most bypass vein grafts like Walker's develop problems of their own within ten years. Cardiovascular disease (CVD) is a progressive illness that typically re-



Tiny metallic devices called stents are implanted in collapsing vessels and work like scaffolding to prop them open.

PHOTOGRAPHS BY STEPHEN SPARIANA

snakes through arteries to obliterate blockages—is taking place here, at cardiac facilities such as the one at Washington Hospital Center.

Julius Walker's medical odyssey is not unusual. It parallels cardiology's stepping-stone advancements. After his bypass grafts began their predictable degeneration, he would need six sometimes highly experimental procedures within four years to stay alive. His vessels would be blown, burned, and drilled open, and propped up with tiny scaffolds. His cardiovascular system became a roadmap to science's search for a way to keep a broken heart beating.

WALKER'S PROBLEMS BEGAN WITH atherosclerosis, a buildup of plaque in the circulatory system, which, to some extent, happens to everyone. The process begins in our youth with the emergence of "fatty streaks," thin layers of cholesterol clinging to the interior walls of veins and arteries. As the years pass, more fat and minerals may build up on these streaks, accumulating layer upon layer like scales in household plumbing.

Like most heart patients, Walker had three unchangeable risk factors—a family history of heart disease, male gender, and increasing age—which sped up this inevitable process.

He also had a lifestyle that increased his potential for trouble: a sedentary, high-stress job with a regular diet of reception buffets and state dinners.

"It was very difficult for my father to have a fat-free diet even after his bypass," says Julius Walker's son, New York actor Stewart Walker. "Life as a diplomat required going to parties, often two or three functions a night, where there was nothing but rich food. Those parties were just as much a part of his work as going to the office—and eating what's there is a sign of respect for the people you're dealing with."

JULY 1989: TESTS REVEALED THAT ONE of Julius Walker's 1981 bypass grafts was totally closed; another was open and flowing well; and the third had a substantial narrowing at its aortic origin. This final graft supplied the left anterior descending artery (LAD), an all-important vessel that funnels blood to almost half the heart's muscle and to the walls separating its right and left chambers. LAD blockages are nicknamed "widow-makers" by medical personnel. This blockage had to be opened.

Dr. Kenneth Kent, a former NIH cardiologist who was the third person to perform a balloon angioplasty in this country, used the technique on Walker at Georgetown University Hospital, where he was then director of the catheterization lab.

During angioplasty, a spaghetti-thin plastic catheter is threaded through a patient's femoral artery in the groin to the heart. Through that catheter passes a smaller catheter with a deflated, miniature balloon on its tip. When the balloon reaches the blockage, it is inflated, flattening the plaque against the vessel wall to create a larger opening or "lumen." Cardiologists liked to think of the balloon as having the effect of a snowplow flattening soft, new-fallen snow.

Angioplasty was devised in the late 1970s to help less-severe cases of coronary disease. After bypass surgery had been introduced in 1967 at the Cleveland Clinic by Dr. Rene Favaloro, thousands of patients who would have died slow, house-bound deaths were able to lead productive, pain-free lives. Bypass surgery remains a lifesaving procedure for people with closures in all three coronary vessels. Almost 400,000 such operations are performed each year in the United States.

WALKER'S PROBLEMS BEGAN WITH ATHEROSCLEROSIS, A BUILDUP OF PLAQUE IN THE CIRCULATORY SYSTEM, WHICH TO SOME EXTENT HAPPENS TO EVERYONE.

But bypasses are expensive—averaging $40,000—and painful. Surgeons must cut open a patient's chest and split and pull apart his ribs to reach the heart. Saphenous veins must be taken from the legs, or internal mammary arteries from the chest—which statistically seem to last longer than veins—to make the grafts. Recuperation takes weeks. And the risks and complications increase with each repeat bypass.

With angioplasty, patients are up and about within days, even hours, of the procedure. The cost averages $14,000.

"Most narrowings are less than one third of an inch in length in vessels that are only three millimeters in diameter," says Dr. Marty Leon. He is director of cardiovascular research at Washington Cardiology Center, a private practice that performs most of the cutting-edge atherectomies at Washington Hospital Center. "To have to go through the invasion and convalescence of a four-to-six-hour bypass surgery for that is excessive. Our job with catheter-based procedures is to intervene before there is so much disease that bypass surgery is necessary. It's far easier on the patient."

Still, balloons are not perfect. Of the blockages they do fix, one out of three recur within six months. Inflating the balloon can sometimes bruise or crack a vessel's inner walls, weakening it. And there are certain conditions for which balloons have proven ineffective.

Plaque, it turns out, is rarely like soft, new-fallen snow. "We're coming to understand that it's more like slush or ice, with rocks hidden in it," says Dr. Gus Pichard, director of the Washington Hospital Center's "cath lab." Instead, it's generally calcified, mottled with clots, and jagged or lopsided.

Balloons can't squish bone-hard calcium. They might shove clots downstream, causing a heart attack, and they can't exert even pressure in blockages that are thicker on one side of the vessel. They also don't fare well in vein grafts, which are wider than coronary arteries, have a different molecular makeup, and produce a more gelatinous plaque. These are all conditions probably better attacked by atherectomy drills, shavers, and lasers.

Julius Walker was not an ideal candidate for balloon angioplasty, since his blockages were in fat-filled vein grafts. But in July 1989, he was dependent on a science still defining itself. His only other options were another bypass or a regimen of medicine that would treat his symptoms but not their cause.

In his post-angioplasty writeup of Walker's case, Dr. Kenneth Kent rued the fact that he couldn't use a stent, a tiny metallic tubing implanted to hold open collapsing vessels, or any of the new atherectomy devices designed to cut away plaque. It would be three months before the FDA would allow their use even for limited clinical trials in vein grafts such as Walker's.

ONE YEAR LATER, IN JULY 1990, Kent's fears—that Walker's angioplasty would be only a temporary fix—came true. This time his symptoms were far worse. The stitch in his chest became a crushing soreness within a few days. He could barely breathe.

By the time Walker was admitted to Washington Hospital Center, where Kent had teamed with Leon, Pichard, and Dr. Lowell Satler, another research cardiologist, the same LAD-bypass graft that had been opened by balloon the previous summer had collapsed. The front half of Walker's heart

was receiving virtually no blood. A massive coronary could occur any moment.

Leon, Pichard, and Satler injected Urokinase, a $386-a-dose enzyme that dissolves clots, directly into Walker's graft. Then they dilated it with another balloon to force open a small, temporary channel. "It was a nondefinitive solution," says Leon, "to stabilize an unstable situation."

They sent Walker home with a blood-thinning medication, Coumadin, and told him to come back in a few weeks. Then his body would be ready to undergo one of the newer atherectomies the team had begun testing for the Food and Drug Administration.

SITTING IN HIS ANTIQUE-FILLED HOME IN DC's Friendship Heights, Walker doesn't like talking about his heart condition. After a bypass and six other lab procedures, the details have become blurred. He'd rather discuss children, his Scottie dogs, the African trinkets on the tables, and the needlepoint pillows he makes to keep from feeling idle while he watches television.

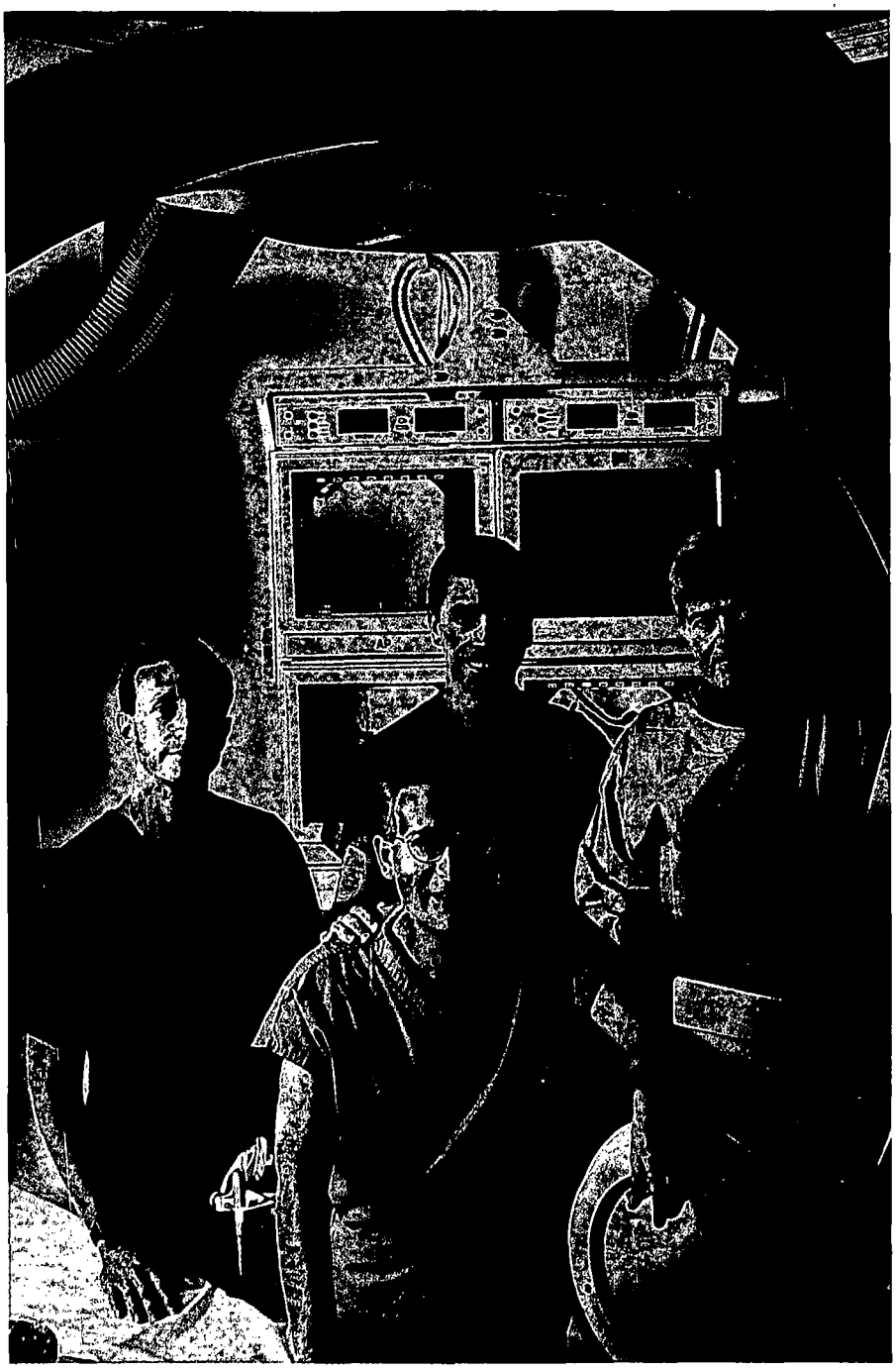
A soft-spoken, 66-year-old man with courtly manners, Walker still gently flirts with Savannah, his wife of 37 years. They met in Washington, when he came from Texas to join the foreign service. He proposed to her on their second date, married her three months later.

"Yes, only three months," she says.

"Seemed like a long time to me," he replies, making her laugh shyly.

Being able to make up his mind quickly kept him from fearing the experimental techniques recommended by Dr. Leon, Walker says. Perhaps his time as a diplomat in unstable countries helped prepare him, too. "You do have to keep loose and adjust to changing situations."

He fiddles with his Mickey Mouse watch before adding that a sense of humor helps. Walker liked that about the cardiology team that treated him. "They're a bunch of kids, and act like it, too," he says. "They perform terribly serious, stressful work on you, but without any feeling of impending doom."



The team that performs most of the atherectomies at the Washington Hospital Center: Drs. Lowell Satler, Gus Pichard, Kenny Kent, and Marty Leon (seated).

EVEN SO, THE ATMOSPHERE IN WASHington Hospital Center's five cath labs is businesslike. Three are divided in half, so that a million-dollar X-ray machine needed for the shadowy angiograms that locate blockages can swing from one patient to another. While the first patient is being worked on, the second is behind a sliding wall being prepped. The giant X-ray machine swings, and the team of nurses and technicians enters quickly.

Such clockwork transitions allow the unit to perform up to 50 catheterizations—half diagnostic and half therapeutic—a day. That comes to about 3,500 angioplasties/atherectomies a year, one of the highest volumes of any hospital in the world.

The lab design is the work of Dr. Gus Pichard, the Chilean-born cardiologist who has been director of the cath labs since 1983. Upbeat and gregarious, he delights in giving visitors a tour of the labs and the supply room, where there are hundreds of catheters ranging in price from $350 to $1,000, and in diameter from .66 millimeter to 3.3 millimeters. They have names like Road Runner, Sherpa, Edge, Hockey Stick, and Shadow.

Just outside each lab sits a bank of monitors watched by a nurse. One screen displays details of a patient's medical history. Another has colored lines charting the patient's vital signs; green for the heartbeat, orange for blood pressure.

Next to them are screens that look into the workings of the patient's heart. One is frozen, the initial shot of a nasty blockage, showing a shriveled artery that looks like a dead grapevine. The adjacent screen's picture undulates with the heart's contractions. The doctor shoots an iodine-based dye through the catheter to get another look. A little puff of smoky film starts at the aorta and then shoots through, illuminating the

PHOTOGRAPH BY STEPHEN SPARTANA

lacework of coronary arteries on the monitor as suddenly as a lightning bolt across a night sky, from origin to tiniest fingers.

Inside the lab, the medical team watches a similar row of screens. It was these monitors that most fascinated Walker as he was rolled in on a narrow table for his atherectomy in October 1990. As all patients are, Walker was awake throughout.

"That big camera looks right through you, so you see the wires snake around inside," says Walker. "You can feel down here at your groin, up through your leg, their twisting and pushing things. Then you hear the doctors say, 'No, it needs to go more into the mmmmmm,' so then the wire backs up and makes another run, showing up over there. It's great fun to watch."

Noticing his listener's grimace, Walker smiles and says, "Oh, they give you happy pills. It's much more interesting than looking at the ceiling."

OCTOBER 1990: WALKER'S LAD-BYPASS graft had renarrowed by 95 percent. The blockage was unusually long, several centimeters in length, and filled with a cottage-cheese-like plaque. It looked on the angiogram to contain residual blood clots, despite Walker's taking the blood-thinning medication for several weeks.

That information told Dr. Leon that trying to compress the material with a balloon again would be useless, perhaps even dangerous; it might knock a clot downstream, leading to a heart attack or emergency surgery. Instead, Leon would need to use an atherectomy device that could cut, drill, or suction out the material.

He had several to choose from. Washington Hospital Center was then one of only ten sites selected by the FDA to test these tiny drills in vein grafts as well as in "native," or original, coronary arteries.

The directional atherectomy device shaves plaque with a motorized blade in a tiny stainless-steel capsule. The rotational atherectomy uses a diamond-chip tip that spins at 200,000 rpm to drill through hard calcium. The excimer laser shoots ultraviolet light to vaporize plaque in tight closures.

Leon decided that the safest approach for Walker's situation, given the blood clots, was a fourth tool, the extraction atherectomy. The FDA approved its general use just this summer. The front-end cutting device rotates relatively slowly, at 750 rpm, and has a vacuum to suck the cut-up plaque back down the catheter. "The problem with other devices that are not front-end cutting is that they must first go through the blockage to scrape," says Leon. "If you have soft, friable debris, you may break off large pieces of it."

Having such a diverse toolbox available was lucky for Walker. "That's what is really unique about our group," says Satler, 39. "Most institutions may have one or two devices and use them on all patients because that's the best they have. We have a variety, so we can really target the treatment to suit the need. It's like screwdrivers. If what you really need is a Phillips head, you can still take a regular screwdriver and eventually unscrew the screws. But it's hard and clumsy, and you strip the screws."

Being involved in so many FDA trials and advising manufacturers on the design of fledgling technologies has earned the team of Leon, Kent, Pichard, and Satler a high-visibility profile. Three out of four of their patients are referred from other cardiologists who do interventional procesures as well, Pichard says. Each winter they teach a symposium with live procedures that is beamed by satellite to countries as far away as Japan.

They also get some criticism from a still-skeptical medical community. Across the nation, probably as few as 35,000 atherectomies are done a year, compared with 300,000 balloon angioplasties. That's largely because half of the devices weren't FDA-approved or available to most cardiologists until this summer. The fact that the Washington Cardiology Center performs almost 1,000 atherectomies and stent procedures a year has caused a few area doctors, with less experience in atherectomy, to wonder if the team might too often choose the newer technology over other treatments, such as medication or surgery.

The first conclusive comparison of atherectomy and balloon angioplasty was published in the *New England Journal of Medicine* in July. The 1988-91 study found that while directional atherectomy did produce larger artery openings and had a 9-percent higher success rate in keeping arteries clear, it also had a higher rate of complications and cost, on average, $1,300 more.

"They're wrong," says Kent, who was involved in the study. "It wasn't a good test, because we weren't doing atherectomies very well then." He explains that medical trials typically take about three years to complete. "During that time, technology and our skills improve, yet the test is still gauging earlier methods."

"I've been in medicine long enough to remember when bypass surgery and those who performed it were wildly controversial," says cardiologist Sander Mendelson, who also serves on Washington Hospital Center's bioethics committee. "Now bypass is universally accepted. This kind of debate is entirely healthy and traditional in medicine.

"Cardiac care is an area where definitive knowledge is not there yet. We must treat on the basis of incomplete knowledge. That's life. You can't freeze patients for a few years until all the data are in. You have to do something for real human beings who are sitting in front of you today."

> "THEN YOU HEAR THE DOCTORS SAY, 'NO, IT NEEDS TO GO MORE INTO THE MMMMMM,' SO THEN THE WIRE BACKS UP AND MAKES ANOTHER RUN, SHOWING UP OVER THERE. IT'S GREAT FUN TO WATCH."

JULIUS WALKER DIDN'T WORRY that the extraction atherectomy was experimental. He knew he couldn't breathe easily or walk far, and he didn't want his chest split open for another bypass if he could help it. He was calm as he was wheeled into the lab for his third catheter-based treatment.

Leon numbed Walker's groin area and inserted a catheter, slipping it up through his femoral vein and the right side of his heart, into his pulmonary artery. That was for a pacemaker monitor to give instant readings on changes in his heart pressure and fluid levels. It also had a tiny contact electrode in case Walker's heartbeat slowed or stopped.

Then Leon threaded another guide catheter up the femoral artery, leaving it perched in the aorta where it connected with the clogged bypass graft. Through it would pass the tiny extraction drill.

An intense 43-year-old man who spent seven years overseeing NIH's research into stents, lasers, and atherectomies, Leon still has a warm manner with patients. He explained to Walker that he was going to slip a Teflon-coated wire, thinner than a cat's whisker, through the catheter to serve as a support and guide for the extraction cutter. Asked how he could see to do it, Leon pointed to the angiogram monitor. "Don't worry," he joked. "I'll try to keep it from coming out your ear."

Walker watched the screen as he saw the tiny wire snake its way down through the

Continued on page 93

EVERY MORNING, WASHINGTON WAKES UP TO NEWS OF MORE CRIMES AND TRAGEDIES. EVERY NIGHT, CHIP FORTE GETS IT ALL ON FILM.

WAIT UNTIL DARK

THE PONTIAC FIREBIRD HAS JUMPED THE CURB, its front end resting against a telephone pole, windshield wipers still moving in the predawn drizzle. The driver is dead, a gunshot wound to the head. Chip Forte takes out his camera and starts shooting.

When the police open the car door, revealing the body sprawled across the seat, Forte puts down his camera.

"They don't need to see that," he says, referring to TV viewers who will be watching this over breakfast.

Welcome to the graveyard shift, a beat that Forte, an independent news cameraman, has staked out as his own.

Forte has been chasing shootings, stabbings, fires, and traffic accidents from midnight to dawn for more than ten years, providing footage for local stations and national networks that don't employ overnight camera crews.

Unlike competitors, most of whom have come and gone, Forte doesn't show much gore. "You don't have to show a body close up," he says. "A body under a blood-soaked sheet is enough."

This discretion has earned Forte a kind of insider status with police and fire officials, as well as with news editors.

"One freelancer used to send us really gruesome stuff," WJLA assignment editor Diane Boozer recalls, describing footage of a man decapitated in a Beltway accident. "Chip would never do that."

One night in 1992, Forte was listening to his bank of police, fire, and ambulance scanners when he heard a dispatcher report a mugging on Capitol Hill. Using what colleagues call "an uncanny sense for the big story," he raced to the scene to discover Michigan Congressman Bob Traxler lying dazed and bloody on the sidewalk.

Forte sold that footage to the networks. Although he could get more money from a single buyer looking for an exclusive, he prefers to make his work available at a standard rate to all of his Teleforte Communications subscribers. One station puts the price at $200.

A bachelor who works seven nights a week, he drives around in a four-wheel-drive truck that's a mobile newsroom, including video monitor and editing equipment.

He says the competition was more cutthroat when he started, but now a new threat looms. "People are coming out of the woodwork with their home video cameras—everybody's a newsman," says US Park Police Lieutenant John Harasek, who keeps them at bay while investigating crime scenes.

Forte has an edge here. "Everybody knows 'Chip the TV guy,' and he gets away with more than anybody else does," says the *Post's* Brian Mooar, who is Forte's partner in crime-watching, although the two compete for scoops.

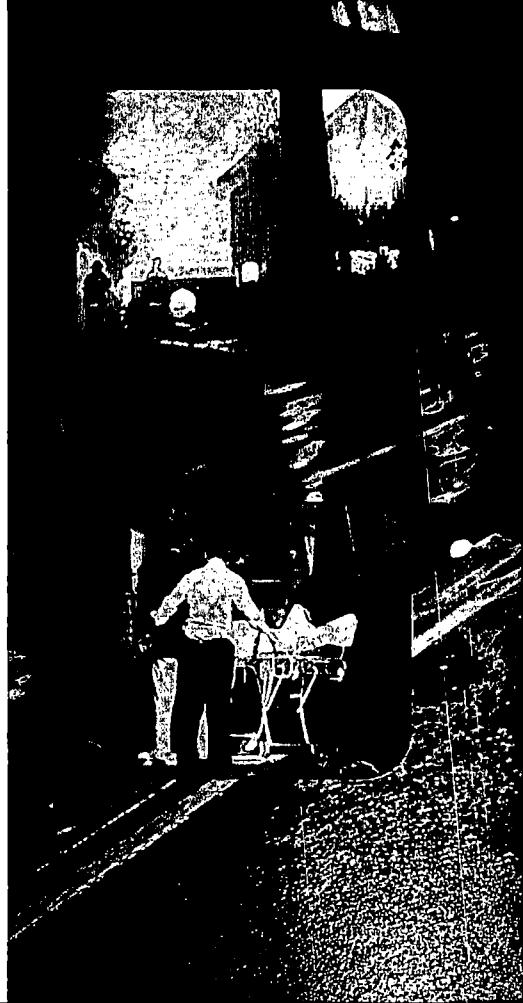
The police give Forte many of his tips, but he also gets them from tow-truck operators, doughnut makers, and newspaper-delivery drivers, who don't seem to think of taking the story back to their own newsrooms.

This camaraderie gives Forte as much satisfaction as a good scoop, even if it's Marlene Cooke in a paddy wagon. "That's just another story," he says, unimpressed with the excitement over Mrs. Cooke's wild night in September on the streets of Georgetown.

Forte's idea of a "real story" unfolded one night when he spotted plumes of smoke and thought he had a fire of major proportions. When he reached the scene, he found a group of off-duty police officers preparing a big barbecue to raise charity funds—at 5 AM.

Forte asked the department to issue a statement on the barbecue—as an example of the unsung devotion of the local police—and he delivered the package to TV stations in time for the morning broadcasts.

—GRETCHEN COOK



Mending a Heart

Continued from page 73

web of his coronary arteries. Torquing it from Walker's groin, almost three feet away from the target, Leon wiggled the wire through the microscopic hole left by the blockage. Walker's steady heartbeat made the job as hard as threading a needle in a rowboat at high tide.

Leon pressed the X-ray machine's foot pedal and flushed in dye to make sure he had the wire where he wanted it. Walker felt heat rip through his chest and out his fingertips.

Now it was time for the extraction device. This was where the skill of the support team was vital. "This device needs to be set up and monitored very carefully," says Satler, "because the flush system can clog up without the operator knowing it. It continues to spin, but it's not aspirating. The debris might be going downstream—into the heart—instead of out."

Walker heard the device churn. It sounded like a mouse-sized dental drill. After a few minutes, Leon withdrew it. He pumped in more dye to see the results. Because Walker's vein graft was 4 millimeters wide and the device only 2.5 millimeters wide, Leon needed to complement it with a balloon to compress the thin sheath of plaque that remained.

Walker watched the extraction drill disappear from the screen and come out his groin. A balloon catheter was slipped in over the wire and went up and into place. Inflated, the balloon looked like a tiny stringbean in his heart. Leon pumped it open with dye several times and then withdrew it. The graft was wide open, and blood rushed through.

Walker took a deep breath. "I felt the difference immediately," he says.

In a little over an hour, Walker was on his way to a recovery room. The most frustrating thing for him was to lie still for six hours with a lead weight on his groin to prevent hemorrhaging from the catheter entry holes. He felt so good he wanted to get up and take a walk.

AS IT DOES IN A THIRD OF SUCH cases, Walker's LAD graft reclosed again six months later. Leon felt he could have prevented the "restenosis" had he been able to insert a stent, a tiny, honeycombed, stainless-steel tube, at the time of the extraction procedure. The stent would have braced open the walls of the vessel. But because of the presence of blood clots in Walker's plaque, it would have been dangerous to do so.

"One of the drawbacks to stents," says Leon, "is that they sometimes cause blood clots to grow around them. They are foreign objects, and the body reactes against them. So you cannot put a stent in if you detect already existing clotting. Stents also require patients to be on blood thinners, which can precipitate bleeding in other locations, like the groin. Patients have to stay in the hospital for five days, on average, to ensure there are no complications."

But why would plaque regrow within six months in the graft, when it took years to accumulate in the first place?

Cardiologists don't know the whole answer. Part of the buildup is scar tissue in response to jostlings caused by the treatment. Part of it might be what they call "recoil." With balloon angioplasty, the artery or vein is forced farther open than it would be in its natural state, like a small bubble in a glass tube. Perhaps the flattened plaque simply plumps up again while the naturally elastic vessel walls shrink back in on themselves.

Leon and his colleagues believe that stents, regardless of their drawbacks, are particularly effective against recoil. Because Walker had remained on Coumadin and been taking an aspirin a day since his extraction atherectomy six months earlier, his blood was free of clots. Now a $1,200 stent could be implanted safely. In April 1991, Leon put one into Walker's graft.

For nearly two years, Walker lived, walked, taught at the Foreign Service Institute, and traveled without any breathing or heart problems at all.

JANUARY 1993: WALKER had new troubles. The bypass graft that had been open when Leon began treating Walker in 1990 was developing problems of its own. This second graft, connecting the aorta to the heart's left circumflex artery, had a 90-percent narrowing.

A stent seemed the logical treatment, since Walker had had such success with it before, but FDA restrictions prevented Leon from using it. "We had done our quota of 600 patients in the FDA's vein-graft stent study, so the trial use had been stopped," says Leon. "Here's the only technique that has allowed this man a long, symptom-free period, but the FDA says we're not allowed to put it in."

Leon decided to get creative. He did have access to a larger stent that the FDA had approved for use in leg arteries. "This was a vessel originally from the leg," he says with a shrug and a laugh, "so we decided to use it in an off-label, nonapproved indication. The FDA can't restrict off-label use if a physician's judgment indicates it."

Getting Good Heart Care

Hospitals Where You Can Go for Help

MOST HOSPITALS OFFER cardiac care, but their capabilities vary. Some have specialties within cardiac medicine. For instance, Georgetown University Hospital offers a broad range of treatment in pediatric cardiology, and George Washington University Hospital has launched a program dedicated to research and treatment of women's cardiovascular problems. To be considered among the "centers of excellence" by the National Cardiovascular Network, a hospital must:

- **perform more than 500 open-heart surgeries a year;**
- **perform more than 500 coronary angioplasties a year;**
- **have an operative mortality rate of less than 5 percent for open-heart procedures;**
- **have an operative mortality rate of less than 1.5 percent for balloon angioplasties;**
- **have on staff at least two heart surgeons who perform 150 or more open-heart surgeries a year;**
- **have at least one physician who performs 150 or more angioplasties a year;**
- **have additional physicians on staff who perform at least 75 open-heart surgeries or angioplasties a year.**

Fewer than 100 centers across the nation qualify. They include:

- **Washington Heart at Washington Hospital Center (202/877-7321);**
- **Virginia Heart Center, Fairfax Hospital (703/698-3691);**
- **Washington Adventist Hospital (301/891-7600).**

Other area cardiac-care centers also can handle coronary angioplasty, atherectomy, and angiograms, as well as surgical procedures including pacemaker implants, valve replacements, coronary bypasses, and open-heart procedures. For more information about them, contact:

- **George Washington University Hospital, Division of Cardiology (202/994-1000);**
- **Georgetown University Hospital, Division of Cardiology (202/687-5050);**
- **Howard University Hospital, Cardiovascular Center (202/865-6100);**
- **Arlington Hospital, Heart Center (703/558-5000);**
- **Alexandria Hospital, Cardiovascular Services (703/379-3000);**
- **Johns Hopkins Medical Institutions, Division of Cardiology and Cardiac Surgery (410/955-5000);**
- **St. Joseph's Hospital, Keelty Heart Center (410/337-1000).**

—SARA SWITZER

Leon inserted a "biliary" stent, .004 inches thick, to shore up this newly collapsing graft. It was Walker's fifth interventional treatment, but he wasn't discouraged. "What's the alternative?" he says with a smile that seems to add, "I'm still here, aren't I?"

THIS PAST SUMMER, WALKER again felt pressure in his chest. In the angiogram, Leon could see that the second stent was clean, but that the first one, placed in the LAD graft in April 1991, was badly narrowed. But he couldn't see how or with what. For that knowledge he would need a new diagnostic tool: an intravascular ultrasound.

Leon threaded a very small catheter into Walker's heart and its LAD bypass. Emitting ultrasonic waves, the device gave Leon a three-dimensional picture of the graft's inside wall. From that, Leon could see that the obstruction was not a result of recoil, but of a delayed growth of new tissue on the stent's edges and within the slots of its honeycomb, something he had hoped wouldn't happen. Leon couldn't use a cutting device for fear of damaging the stent itself. He would need a laser instead.

The excimer laser has a cobra-head design, with 220 fibers on its 2.2-millimeter crown. Each fiber emits a beam that melts fatty molecules into gas and water. Leon would fire it only briefly because of the mass of gas bubbles generated by the fat dissolving. Shooting 60 ultraviolet pulses over 3 seconds, the laser sounded like a tiny Gatling gun firing in Walker's heart.

Leon withdrew the laser and again inserted the ultrasound. Noticing a dangling fragment in the ultrasound image, he again used the laser. Then he forced the stent farther open with one of his largest balloons. Finally, he rechecked all his work with ultrasound. "Clean as a whistle in there," he told Walker.

THAT WAS SIX MONTHS AGO, and so far Walker feels fine. He spent the fall in two former Soviet republics, Kazakhstan and Belarus, advising new diplomats on how Washington works. Each day he takes an aspirin, Coumadin, a calcium-channel blocker, and a Beta-blocker to lower his heart rate and blood pressure and to keep his blood slick. He makes bran muffins from scratch, has sworn off red meat, and still is not discouraged by his troubles of the heart.

Walker and Leon have discussed his needing another bypass operation if his grafts continue to degenerate. As to why Walker's LAD graft has repeatedly narrowed at the same spot, cardiology doesn't have a good answer. Walker may have a hyperactive internal scarring response, akin to that of some people who produce keloids, abnormally large scars, when their skin is cut.

Or it may have to do with a biological function that somehow keeps cardiovascular disease very focal in its attacks on vessels. "Mechanical engineers will tell you that in tortuous conduits, there are certain stresses and angle points that are more prone to developing narrowing," says Leon. "But those are engineering explanations for a biologic process. It's like asking why someone gets cancer in a certain spot. Someday we may know, but now it's conjecture.

"We'd like to increase our knowledge in home runs, but it's more incremental than that. You take a treatment or device and refine, refine, refine, so that over the years the differences made are large.

"The important thing to remember about Ambassador Walker," Leon concludes, "is that his native coronaries are all closed near their origins. If he didn't have access to bypass surgery or these interventional techniques of ours, he would have been dead several times over. Yet his heart muscle has been preserved. He has excellent heart function. For the past twelve years, he's lived a normal life, being very productive in his work, with almost no coronary arteries of his own."

Julius Walker smiles at the suggestion that he's a kind of bionic man. He prefers to liken himself to an old car. "You repair it. You can't make it new again, or really get it back to the condition it once was. But you do the best you can."

Right now, if you ask him, the mechanics are doing a pretty good job. □

How to Save Your Heart

What to Do If You Feel That Dull Pain

CARDIOVASCULAR DISEASE CLAIMS nearly a million American lives each year—and a fifth of those victims are younger than 65.

The major warning sign is a dull pain or tightness that may spread from the center of the chest into the upper left arm or jaw. Some people mistake it for indigestion. Rarely is the pain severe. If the discomfort recurs regularly after exercise, during cold weather, following a heavy meal, or in times of stress, see your doctor quickly. Coronary disease brought on by fatty build-up in blood vessels is usually well advanced by the time the first symptoms appear.

Three risk factors—a family history of heart disease; male gender; and advancing age—increase the chances of cardiovascular disease. But even women as young as 35 can be at risk. Your doctor can determine your risk level—and can suggest preventive steps—with the help of a blood-cholesterol reading; a lipid profile (it measures low-density lipoprotein, the "bad" cholesterol most likely to cause problems); a treadmill test, to measure heart rate under stress; and an electrocardiogram. Cardiologists suggest that people—even as young as 40—with a family history of cardiovascular disease have these tests done before developing any symptoms.

While such factors as gender and heredity can't be controlled, you can do something about other risks, such as lack of exercise, high cholesterol level, high blood pressure, obesity, and smoking.

Changing the way you cook and eat can lower both cholesterol level and blood pressure. Don't eat fried foods. Trim off fat from meats. Choose pasta, very lean meat, poultry, or fish as a main course, and choose dairy products, like skim milk, that contain a low percentage of fat.

Half of all heart-disease deaths result from heart attacks. Studies show that one of every five heart-attack deaths could have been prevented if victims had dialed 911 at the first sign of trouble. The major symptom of a heart attack is often a pressure, squeezing, or pain in the center of the chest that lasts longer than a few moments. The pain may spread to the shoulders, neck, or arms, and be accompanied by fainting, dizziness, sweating, nausea, or shortness of breath. This can mean that blood flow to the heart has been seriously reduced, which begins to damage heart muscle within minutes.

Fast attention usually enables doctors to head off permanent damage to the heart. But clot-dissolving drugs, such as streptokinase, must be administered quickly to be effective. If they are received within an hour of the first symptoms, the risk of dying is cut in half.

If you think you might be having a heart attack, call 911 and the nearest hospital emergency room immediately. And chew an aspirin tablet, unless another medical condition prevents it. The anti-clotting factor in aspirin aids blood flow.

Cardiovascular disease is the number-one killer of women as well as men. Post-menopausal women are at the greatest risk, although studies show that women smokers who use oral contraceptives are up to 39 times more likely to have a heart attack than those who do neither.

For more information, call the American Heart Association, 800/242-8721.

—SARA SWITZER

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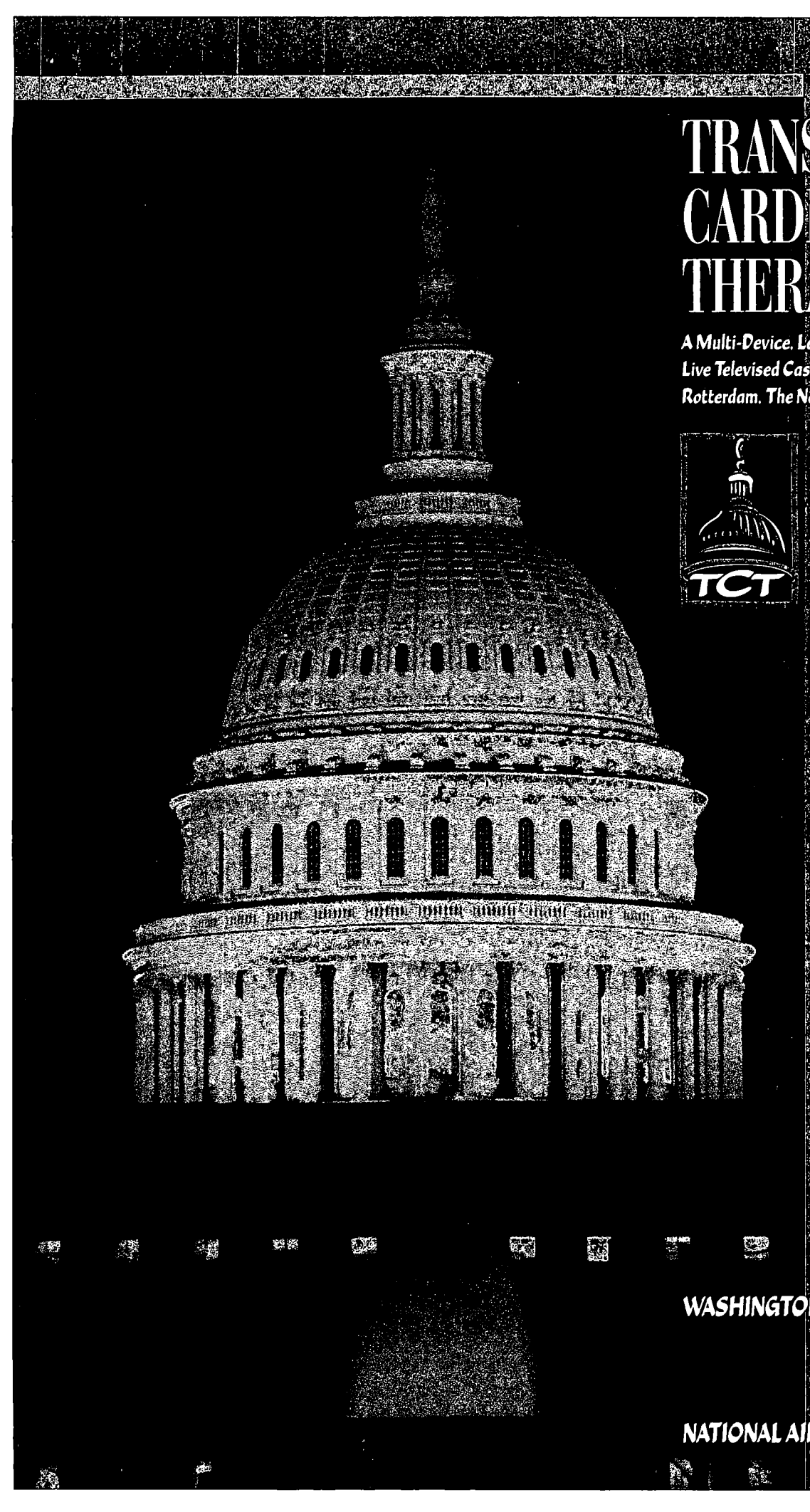

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TCT

SIXTH ANNUAL SYMPOSIUM

THURSDAY, FEBRUARY 24 - SUNDAY, FEBRUARY 27, 1994

PRESENTED BY:
Washington Cardiology Center
and Washington Hospital Center

COURSE DIRECTORS:
Martin B. Leon, M.D.
Kenneth M. Kent, M.D.
Augusto D. Pichard, M.D.
Lowell F. Satler, M.D.

COURSE CO-DIRECTORS:
Jeffrey J. Popma, M.D.
Gary S. Mintz, M.D.

FEATURED GUEST MODERATORS:
Donald S. Baim, M.D.
David R. Holmes, M.D.
Eric J. Topol, M.D.

New Location:
WASHINGTON CONVENTION CENTER
Washington, D.C.

Gala Reception
NATIONAL AIR AND SPACE MUSEUM
Washington, D.C.

THE WHITE HOUSE

WASHINGTON

April 8, 1994

Dr. Tobe Levin Freifrau von Gleichen
Martin-Luther StraBe 35
60389 Frankfurt am Main
Germany

Dear Dr. Levin Freifrau von Gleichen:

Thank you for your letter of March 22, 1994. Your Kind invitation for Mrs. Clinton to be the guest of honor at a dinner sponsored by the Hessischer Kreis is greatly appreciated.

I have forwarded your correspondence to the First Lady's Scheduling Office.

Sincerely,

Margaret A. Williams
Chief of Staff to the
First Lady

Diane
Response from me and Memo to
Patty

Dr. Tobe Levin Freifrau von Gleichen
c/o University of Maryland University College European Division
FKT BSB Abrams Education Center
Unit 25754 Box 3
APO AE 09242
Tel: +49 69 45 96 60
Fax: +49 69 46 40 69

22 March 1994

Ms. Maggie Williams
Assistant to the President and Chief Aide to Hillary Rodham Clinton
The White House
1600 Pennsylvania Ave. NW
Washington, DC 20500

Dear Ms. Williams,

At your earliest convenience, would you please give the enclosed invitation to Hillary Rodham Clinton?

Aware that she will soon be spending some time in Germany, I am writing to ask if she would be our guest of honor at a dinner sponsored by the Hessischer Kreis (Hessian Circle), a group of business and professional leaders described on the second of the following two pages. Among Americans who have addressed us are Edward Kennedy and Henry Kissinger; I would more than welcome the vibrant, progressive voice of Hillary Rodham Clinton.

I appreciate your help.

Sincerely,

Tobe Levin

The Hessischer Kreis

c/o Dr. Tobe Levin Freifrau von Gleichen
Martin-Luther Straße 35
60389 Frankfurt am Main
Germany
Tel: +49 69 45 96 60
Fax: +49 69 46 40 69

21 March 1994

Dear Hillary Rodham Clinton,

Your advocacy for health and educational reform has won you an enthusiastic following in Germany.

On your forthcoming visit to this country, would you consider addressing the Hessischer Kreis (Hessian Circle) in Frankfurt? If your schedule permits, let us welcome you into our forum for discussion and debate on pressing contemporary issues.

Sponsored by the top German political and social institutions and corporations, the Hessischer Kreis, now in its fourth decade, has developed into a diverse forum for leaders from all strata of German society, gathering together CEOs, trade union and student representatives, ambassadors, generals, television producers, authors, intellectuals, and editors who invite speakers of international renown. Recent guests have included Helmut Kohl, Shimon Peres, Henry Kissinger and even the Dalai Lama. A speech usually lasts about forty minutes and is followed by discussion after dinner, moderated by the group's founder, the Baron Gleichen, who draws the members into lively debate. The enclosed documentation gives you a more detailed picture.

Normally, we propose a general theme. For instance, based on your extensive advocacy for health care reform, you might want to address aspects of the campaign to extend coverage to all US citizens. Having studied the situation in France, you might also enjoy discussion comparing the French with the German systems. After dinner, our guests, among them many CEOs of US and German firms, will be happy to explore with you our corporate contribution to a successful German health care partnership. But of course we would be equally receptive should you prefer another topic closer to your heart.

As an American lecturing for the University of Maryland University College, European Division, and an activist in the international women's studies movement, I would feel more than privileged to hear you speak in Frankfurt. Since you would also be only the third female to address the Hessischer Kreis, you would be pioneering women's access to that level of influence represented by its members. A sponsor of our gathering will be University of Maryland University College, European Division, which annually offers courses to 40,000 US service personnel and family members overseas. If you wish media coverage, you would therefore touch not only a German but also an American audience.

As Germany undergoes dramatic transformations, the Hessischer Kreis would like to present clear progressive voices. Your work, both public and private, demonstrates an inspiring ideal.

Please join our movers and shakers for dinner, and include us in your itinerary during a forthcoming visit to Germany.

Sincerely,

Tobe Levin

Hessischer Kreis

Known throughout Germany, the Hessischer Kreis (Hessian Circle) offers a forum to opinion-makers from all strata of society. Launched in the 1950s, the circle initiates gatherings by inviting two hundred members to enjoy dinner while listening to a speaker of national or international standing. A forty minute talk precedes the meal; lively discussion follows it. Although meetings are private, the press will be invited if both guest and host desire their attendance. The director, Kurt Freiherr (Baron) von Gleichen, serves as moderator. Gisela Leicher takes charge of coordination and planning.

Guests have included

Norbert Blüm (German Labor Minister)
Birgit Breuel (CEO, Treuhand)
Edgar Bronfman (CEO, Seagram's)
Mangosuthu Buthelezi (Zulu Chieftain)
Jacques Calvet (CEO, Peugeot)
Dalai Lama (Tibetan Religious Leader)
Hans-Dietrich Genscher (Foreign Minister)
Günther Grass (Author)
Otto von Habsburg (European Parliament)
Edward Heath (Prime Minister)
Kenneth D. Kuanda (President, Zambia)
Edward Kennedy (Senator)
Henry Kissinger (Secretary of State)
Helmut Kohl (Chancellor)
Shimon Peres (Foreign Minister)
Edzard Reuter (CEO, Mercedes Benz)
Helmut Schmidt (Chancellor)
Léopold Senghor (President, Sénégal)
Rita Süßmuth (Bundestag President)
Edward Teller (Nuclear Physicist)
Franz Vranitzky (Chancellor)

Hosts have included Adam Opel, AEG, American Express, Allianz, Bundesbank, Citibank, Commerzbank, Degussa, Deutsche Bank, Dresdner Bank, Dyckerhoff, the European Business School, Fina, Frankfurter Allgemeine Zeitung, Flughafen (Airport) Frankfurt, Henkell, Heraeus, Hessische Landesregierung (Government, State of Hesse), Hoechst, Holtzmann, Lufthansa, Lurgi, M.A.N. Roland, Mercedes, E. Merck, Metallgesellschaft, Nestlé, Pirelli, Quandt, Siemens, Stadt Frankfurt/Main (Municipal Government), Telenorma, Teves, Tishman Speyer, VDO, Wella, ZDF (German Television).

Director and Moderator: Kurt Freiherr (Baron) von Gleichen.
Organization and Planning: Gisela Leicher.
Rüsterstraße 1, 60325 Frankfurt am Main, Germany
Telephone and Fax + 49 69 72 09 17.

THE WHITE HOUSE

WASHINGTON

May 13, 1994

Ms. Natanya Levioff
2410 North 53rd Street
Philadelphia, PA 19131

Dear Ms. Levioff:

Thank you for your letter of February 15, expressing personal interest in working with the Clinton Administration and serving the public.

My apologies for the delay in responding. I am sure you can imagine the large volume of mail received at the First Lady's Office. We are trying to answer each and every letter.

I have forwarded your resume to the White House Personnel Office.

Sincerely,

Diane G. Limo

Diane G. Limo
Special Assistant/Office Manager
Office of the First Lady

705 Walnut Avenue
Syracuse, NY 13210
February 15, 1994

Ms. Margaret Williams
17th and Pennsylvania Avenue
Washington D. C., 20500

Dear Ms. Williams:

As a current intern in a congressional district office, I am seeking further opportunities to work on Capitol Hill. Since attending The Presidential Classroom in January, 1990 when I was a senior in high school, I knew the Hill was where I wanted to build my career.

I have worked effectively in many different capacities and at many different levels. I am a quick learner, versatile in my abilities, and creative in solving problems. I am also dependable, and I see a job through to its completion. My job experiences have drawn on these characteristics. Here are some examples: finding research articles and sending them to a doctor overseas in time to write his/her article for a medical journal; coordinating a wrestling tournament of 160 competitors; and being responsible for peoples' safety as a lifeguard this past summer.

Politics is people oriented, and I am interested in a job where I will be working both for and with people. I believe one person can make a difference, and if I could help solve a problem that a constituent might have, or help with a piece of legislation that could make the difference to a large amount of people, I would find that most satisfying.

I am planning to be in Washington during the week of March 7-11, 1994. I would like the opportunity to meet with you, and would appreciate any help or advice you could give me. I look forward to hearing from you. Thank you.

Sincerely,

Natanya Levioff

Natanya Levioff

705 Walnut Avenue
Syracuse, NY 13210,
(315) 423-0903

2410 N. 53rd Street
Philadelphia, PA 19131
(215) 473-9013

EDUCATION:

Syracuse University, Syracuse, NY
Major: Political Science, Minor: History
GPA: 3.1
Bachelor of Arts May, 1994

HONORS:

Moot Court, Best Advocate, Spring 1993
Dean's List, Spring 1993
Academic and Athletic Scholarships

EXPERIENCE:

Syracuse, NY

U.S. Congressman James Walsh **Spring 1994**
Local Internship

- Aid staff in expediting constituent casework
- Miscellaneous office responsibilities including; answering phones, clipping news articles and mailings

Syracuse, NY

Syracuse University **1990 - 1994**

Varsity Wrestling Team 1/91 - 4/94: Senior Manager
- Coordinated 1993 'Cuse Classic Tournament
- Ongoing responsibilities include; maintaining statistics, videotaping and photography

Recreational Services 9/91-4/92, 1/93-4/93: Supervisor
London Centre, England 8/92-12/92: Office Responsibilities
Carrier Dome 9/90-4/91: Catering, Concessions and Novelties

Philadelphia, PA

Current Science **1989 - 1991**

- Researched medical articles for international clientele
- Maintained computer records, mailing lists for marketing and subscriptions departments
- Miscellaneous office responsibilities included receptionist duties, proof reading and mailings

COMPUTER:

MS Word, Lotus 1-2-3, Word Perfect, Word Star and Paradox

ACTIVITIES:

Student Government Association: Recorder of the Assembly
Syracuse University Equestrian Team: Treasurer
WJPZ Radio: Newscaster, member of the Morning Crew
Alpha Chi Omega Sorority: Recording Secretary, Co-Chairperson for National Philanthropy
Summer Employment: Lifeguard and Riding Camp Counselor
Study Abroad: London, Fall 1992; traveled to France, Italy, Wales, Belgium, Scotland and throughout England

THE WHITE HOUSE
WASHINGTON

September 23, 1994

Mr. Larry Dan Lewis
Glennon Park Apartments
Apt. 75A
124 North Hardesty
Kansas City, MO 64123

Dear Mr. Lewis,

Thank you for your thoughtful and warm comments. Words of spiritual encouragement are always welcomed by the Clinton Administration.

Enclosed are the photos and biographies of the Clintons, that you requested.

Sincerely,

Margaret A. Williams
Chief of Staff to the
First Lady

Mr. Larry Dan Lewis
Glennon Park Apartments
Apt. 75A
124 North Hardesty
Kansas City, MO 64123

Send Thank you for encouragement & bio + pictures of Clintons

July 29, 1994

Dear Margaret Williams (Wonderful Chief of Staff to First Lady, Mrs. Clinton, Assistant to the President Bill Clinton)

Watch you on hearings in apt-tv channel 19 and many other congressman and _____ and their RTC hearings. to very thankful for chief of staff to First Lady Hillary Clinton and Assistant to President Bill Clinton. Your doing an wonderful and excellent job as always. Would you please wonderful Margaret Williams-- send me biography about the Clintons and picture of you.

(Request for biography about Clintons and a picture of the Clintons and you)

Thanks.

Love,

Larry

Note/Letter of encouragement transcribed

THE WHITE HOUSE

WASHINGTON

February 1, 1994

Mr. David S. Liederman
Executive Director
Child Welfare League of America, Inc.
440 First Street, NW, Suite 310
Washington, DC 20001-2085

Dear Mr. Liederman:

Thank you for your letter of December 6, 1993. Your kind invitation to Mrs. Clinton to speak at your conference in Washington on April 13 is greatly appreciated. I have forwarded your correspondence to the Scheduling Office.

Again, thank you for your invitation.

Sincerely,

Margaret A. Williams
Chief of Staff to the First Lady

CHILD WELFARE LEAGUE OF AMERICA

Dear Ms. Williams,

I understand that Ann Jordan spoke to you about the First Lady speaking briefly at our national conference in April. She asked me to follow-up with a formal request to you (attached).

I realize the demand on the First Lady's time is enormous but as you know first-hand the people who attend the League conference are on the "front lines" and would be greatly uplifted by hearing from Hillary.

I appreciate your help on this one.

All the Best

David

Child Welfare League of America, Inc.
440 First Street, NW, Suite 310, Washington, DC 20001-2085 • 202/638-2952 • FAX 202/638-4004

December 6, 1993

Hillary Rodham Clinton
The First Lady
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mrs. Clinton:

We would be very grateful if you could spend a few minutes with over 1,000 other friends of children at the Child Welfare League of America's annual conference on Wednesday morning, April 13, 1994, as they prepare to go to the Hill to discuss critical issues affecting children and families with their Members of Congress. The conference is being held at the Grand Hyatt Hotel.

During our morning plenary we will also be presenting ten $10,000 scholarships to outstanding child welfare workers from around the country to enable them to earn their M.S.W. degree. I know the winners would be thrilled if you could present the scholarship awards to them.

The theme of this year's conference is "Children '94: Ensuring Health and Security for America's Children." Surgeon General Joycelyn Elders will open the conference on Tuesday which will feature a day-long symposium on health care reform and its impact on the child welfare system. The conference will also highlight model programs and practices that will help child welfare workers and administrators meet the needs of over two million children and their families served by our member agencies.

I do hope that you will be able to join us and share your vision and spirit.

Sincerely,

David S. Liederman
Executive Director

Warm Regards + Thanks for all you are doing —