THE WHITE HOUSE

WASHINGTON

January 4, 1995

Mr. James F. O'Donnell
412 South Main Street
St. Michael, Mn. 55376

Dear Ms. Williams:

Your words of support and encouragement meant so much to me during the past weeks. It was very kind of you to take the time to write as you did and I am grateful.

Please accept my thanks and best wishes.

Sincerely,

Margaret A. Williams
Chief of Staff
to the First Lady

Evan letter
Thank you for your comments
Maggie

FROM: JAMES O'DONNELL

RE: OPPORTUNITY FOR BLACK CANDIDATES FOR CONGRESS

412 South Main Street
St. Michael, Mn. 55376
December 21, 1995

Ms. Margaret Williams
Chief Of Staff
To The First Lady
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Ms. Williams:

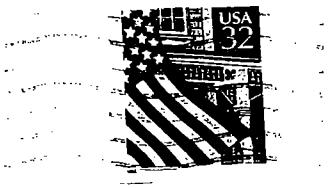
The American Black Community is showing indications of finally coming of age in its quest for equality. We hope that a good part of the motivation and resolve flows from an awareness of the evidence that the opportunity for progress in politics has never been, and probably never will be, greater. In 1996 there will be an opportunity to nominate Black Candidates for the U.S. Senate in fully a dozen States, six in open seat situations and an equal number against Republican incumbents.

Even in losing efforts, dramatic partial victories can be achieved in the very act of serving notice. If Black Leaders are proclaiming their resolve in a serious way, they will field candidates against vulnerable Democrats in a substantial number of primary races. In the South, primary challenges were once the customary practice. This tradition ought to be revived and challenges mounted against Bud Cramer, Sam Gibbons, Nancy Pelosi, Charlie Rose, Bill Hefner, Thomas Foglietta, John Bryant, Martin Frost and a host of other potentially vulnerable Members. A very serious effort ought also to be made to nominate Black Candidates for the House seats of numerous retiring Democrats, from Pat Schroeder, Sonny Montgomery and Harry Johnston to Gerry Studds, Joe Moakley and Robert Torricelli. The obvious reality is that only through primary challenges can the Membership of the Black Caucus, for the present moment, be enlarged.

Sincerely,

James F. O'Donnell

James F. O'Donnell
412 South Main Street
St. Michael, Mn. 55376



Ms. Margaret Williams
Chief Of Staff
To The First Lady
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

file O'Leary?

MARGARET A. WILLIAMS

Dear Mrs. O'Leary—
Many thanks for your letter. Always nice to hear from you. Thought you might like to have a copy of Mrs. Clinton's speech.

Maggie

Sent 9/11/95

Personal

6421 Brookside Rd
Kansas City, Mo 64113
August 23, 1995

Dear Ms. Williams -

A belated thank you for your lovely letter, related to my continued support for health care for all Americans.

The enclosed material, related to the passage of the Suffrage Ammendment, reflects my deep concern everyday of the need to reflect on and to continue to work for the rights of all women. On August 19th, last Saturday I awakened at 5:15 am, with the opening words, of what I have written, emblassoned in my mind. I decided to continue with my feelings, for my nieces and nephews. I decided to send a copy to the 75th Anniversary Committee for Womens Suffrage, and then decided to send you a copy, for Mrs. Clinton, which may be used in any way she might wish.

I am most concerned that the House of Representatives has held up approval permanently for more the statue of Susan B. Anthony, Elizabeth Cady Stanton, and Lucretia Mott from the basement of the

Capital to the Rotunda, for the 75th celebration, by August 26th!

Mrs. Clinton's personal support of this, would be greatly appreciated. Perhaps the meaning of Women's suffrage might be an interesting subject for her weekly column. It is wonderful and read by everyone I know!

I am also including a page from my mother's Woman's Diary in 1914.

You will also note a copy of a letter I wrote to Ms. Eric Segal, since I feel the President's program of Americorps is a superb idea! I just held off sending it to you, because I know you have had a very stressful summer testifying!

You will also note I may be a "movie" Star in my brief Role in Truman"

And last but not least, I think Mrs. Clinton would do a superb thing if she went to China, explaining that we too, in the U.S. have our short comings in the treatment of women.

Best wishes!

Sincerely, Lauralee O'Leary

About Town

By Hugh G. Hadley
A Member of the Staff

Tuesday, July 6, 1976 THE KANSAS CITY TIMES

Early Endeavors Bore Fruit

Back in 1911, when Mrs. Frank J. O'Leary was a 15-year-old schoolgirl in Washington, she was an ardent suffragette and a member of the Susan B. Anthony League. She was then Miss Mary Edna Heflin, neighbor of Meyer Davis, who was later to become a society orchestra leader, and sat across the aisle in history class from J. Edgar Hoover.

The movement for women's votes was in full flower and Mary Edna Heflin was proud to make a Belgian girl's costume and wear it in a parade in downtown Washington. It was several more years before the rights she paraded for more than 60 years ago were achieved in the 19th Amendment, but Mrs. O'Leary, widow of a widely known Kansas City lawyer, has done her share of voting since.

Registration and absentee voting procedures are in full swing now and women are pulling their weight, thanks in part to a high school girl's willingness to get involved.

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

About Town

By Hugh G. Hadley
A Member of the Staff

Thursday, July 8, 1976 THE KANSAS CITY TIMES

Report Greatly Exaggerated

It was indicated in this space Tuesday that Mrs. Frank J. O'Leary, who marched in women's suffrage parades in Washington in 1911 when she was a school girl, was the widow of a Kansas City lawyer. Mr. O'Leary is living at their home at 6421 Brookside and retains an active interest in his law practice. He will be 86 years old Sept. 17, Constitution Day. The couple was married in Washington after he ended Navy service in World War I. Mr. O'Leary taught courses on evidence at the University of Missouri-Kansas City School of Law and was active in bar groups. Mrs. O'Leary now is a patient at St. Luke's Hospital.

Mary Edna Deflin
(Mrs. Frank J. O'Leary)
1896-1976. Taken
as a bridesmaid about
1919, Washington D.C.

August 19, 1995

Today marks the 75th Anniversary of the day my mother dreamed of! Her right to vote, and the Right of all women to do the same. When I think, or try to imagine, how she must have felt that day in 1920, as she carried me in her sixth months of pregnancy, I can only wonder what her hopes might have been, had she known I was to be a female child.

She had come to Missouri, less than ten months before as a new bride, from Washington D.C., where even if she had chosen to stay, she could not have voted for the President of the United States. I can only imagine her elation on this day, so special in our history, and what it would mean to American women over 21, for all future generations to come! (The national voting age was lowered to 18, in 1971)

When she was eighteen, on the evening of her very special birthday, January 7, 1914, She entered in her Wanamaker Diary her very special disappointment, that even though she had attained this age, her dreams as a young woman, were barred from fulfillment. She wrote: "If the district would get equal Suffrage this year, I would be qualified to vote. Instead of attending a party tonight, I preferred to stay at home and do my lesson later, in that same diary that year, as a college freshman she wrote "And still we do not have the right to vote

I can only imagine how she must have felt, as a member of the Susan B. Anthony League, who had a few years earlier, at the age of fifteen, in 1911, she had, with her fellow Central High School classmates, made a special costumes, which she wore, to parade in front of the White House for what she and her friends felt was their birth-right. They marched in an orderly fashion, undeterred, She told me. "We marched straight ahead," she said.

How would she have felt, if she were here this morning? I can ask of surmise. She no doubt would have felt a pride in what she, in a small way, had done her part to achieve. She might have felt the pleasure of America, how grand-daughters, and great-grand-daughters had a little better life.

She might have felt, if she were aware (She would be ninety-nine) that Somehow the struggle was still on-going, that what a young woman's Right to vote meant; that a Symbolic barrier was dropped seventy-five years ago, but that, in spirit, equal opportunity under the law, to vote, did not insure equal treatment, under the Law. Or even equal opportunity to achieve, to develop as a human being, to contribute to Society.

Yes, she might feel, there were gains, many of which allowed her halt of our population, increased

options in seeking a life's work. But I think she would have been pained to know that organizations, such as her Church, in which she believed deeply, had not advanced in their own "role model", if you will, that only the male priest or bishop still has the dominant control over women's lives. I think she would have felt, that to truly live up to what you believe is Right, her Church, would be now have fully acknowledged by their actions, that women should have an equal place in guiding young lives. And that by that lack of direction for all the world to see, the women of the world, in varying degrees, still Remain Segregated, lacking in power, and as a Result still underestimated.

August 26th will come next week, when the final formal acceptance by Congress, ensured, by laws, American decisions, new papers, to create a new beginning.

And who would have thought, although notices had existed Seventy-five years ago, to do what America had Reluctantly done, that seventy-five years later, 50,000 women will unite in a distant boundary of the world, at Beijing, perhaps to assess their cumulative status. They will, we will hope, gain Strength from one another, just as the women of a generation

seventy-three years ago, gave strength to one another.

Yes, Mary Edna Heflin would be watching. And I am sure she is watching, from the best "seat in the house". She would be watching and praying.

Thank you Mary Edna, Thank you, Mother, for your Symbolism as a guiding light in my life, and as a young woman, for all women yet to come.

Your loving daughter,
Laurelle

Laurelle O'Leary
6421 Brookside Road
Kansas City, MO 64113
(816) 444-1241

January

WEDNESDAY 7

To-day I celebrated my eighteenth birthday. If the district would get equal suffrage this year I would be qualified to vote. — Instead of attending a party to-night I preferred to stay at home and do my lessons. Wasn't I good? Just finished (had 2 hrs. of drawing this afternoon). Lessons 10:45 got home 5:30 P.M.

THURSDAY 8

To-day hasn't been very exciting, only I was somewhat excited during English period, for I was afraid I should be called on to recite one of the quotations from Macbeth, neither of which I had not studied. Stayed after school to finish painting. Finished lessons, 10:10 A.M. I wrote one letter. Answer

2-23-95

I had a lovely per-
sonal reply from
Mr. Segal last
week.

LOL

6421 Brookside Rd.
Kansas City, Mo 64113
July 2, 1995
(816) 444-1241

Dear Mr. Segal,

I have just seen the local program, "City Watch", regarding AmeriCorp's services, to our local area communities, on both sides of the state line, embracing Missouri and Kansas.

Since the concept was suggested, nearly two years ago, it immediately captured my interest and imagination, as a former teacher, and counselor. Today's program attests to what would seem to be its success, both in its service to our communities, and to the lives of the members, who will go on, to further their educational goals.

My reason for writing is to support continuation of the program and to suggest two areas, which immediately came to mind, whose services to the communities, could possibly be extended, to supplement and strengthen current needs, and yet serve as a learning and laboratory experience for the members:

1) Assistance in Adult Day Care Centers, which provide care for frail and disabled adults, over age 18, while family members work, or who need relief from caregiving responsibilities.

2) Assistance in child-care centers, for working parents, or single-mothers, who may be on welfare, and wish to return to work. I have seen, first hand, the benefits of such creativity, as a young teacher during WW II, when I personally worked in a War Service Center, funded by the Lanham Act, one summer.

As the program highlighted, these young people will benefit, as they make career decisions, which will benefit them for a lifetime, as well as participating in a cost-effective program.

Regarding the possibility of expanding to serve in an Adult Day Care program, may I suggest your contacting the Samuel Rodgers Adult Day Care Center, the St. Joseph Hospital Intergenerational Center, and the Columbian Center, in Independence, which is house in the school, Paces. Tamman attended, from the third grade! If you wish any further information, please call me. Sincerely,

Lourelle O'Leary

c. Judy Ballome
c. Sen. Nancy Kassebaum
✓ c. Margaret Williams

8-23-95

I wanted to be in this because I am mentioned in David McCullaughs book (in the credits!)

And also because Pres. Truman was such an advocate for Health Care! It was fun!! LOL

Filmed at the Jacob L. Loose Mansion, at Sansom and Walnut, KC, Mo.
The Scene: The White House, with Gary Sinese as Pres. Truman, "Bess", "Margaret", members of the Cabinet, Senators, etc shortly after the bomb was dropped in August, 1945

To be first shown on HBO, Sept 9th at 8 EST!

Laurelle B'Leary

F. MAGELLAN PRODUCTIONS
"TRUMAN"
EXTRAS CAST LIST

DAY 34
MAY 12, 1995 - FRIDAY

SECRET SERVICE - FEATURED

2p DAVID MILLER 931-0031/756-1010

CONGRESSMEN

DAN SALEM 224-6699/229-2707
RICK DIMOND 639-0348/339-9270
2p TOM DEXTER 764-0151
JOE DERLETH 524-7464
JIM WILHOIT 341-6500/642-4970
PAUL WEBB 781-8950
RANO KRAUSE 761-2006/246-6175
✓TERRY FREEMAN HOGAN 455-0566/435-4150
ED LITCHFIELD 753-2667/753-2408
JERRY MAAG 741-5675

WAITERS

2p SEAN KAPLAN 9/842-3675
DOUG POWERS 473-3758/756-1610

SENATORS

1p ✓PHILLIP CHOLAK 478-3895
✓GERALD LISKA 358-6794

TRUMAN SENATORS - FEATURED

2p ROBERT JANESKI 9/272-5151
DOUG DOWELL 483-2341
DOUG MOORE 381-8888

ATTORNEY GENERAL - FEATURED

1p PATRICK HARTIGAN 523-0293

ASST. TO THE ATTORNEY GENERAL - FEATURED

1p ROBERT OLIVER 561-5828/362-9109

SENATORS WIVES

2p CAROL BARTA 471-1858/757-2244
MAXINE STITES 524-8188
LAURELLE O'LEARY 444-1241
JEAN LISKA 358-6294/482-5916
SUZANNE FLEMING

JOINT CHIEF OF STAFF - MARINE CORP.

1p ✓RAY ZACHOVICH (INVITED BACK)

I am standing behind Bess left shoulder. She is wearing a large fresh gardenia corsage. The butler brings something for the Trumans to drink, saying "I know you and the President don't like fruit juice!" Bess takes a sip and says "Ah, this has the kick of a Missouri mule!" We all toast her return from Independence. I am wearing a navy suit and large navy hat. Then the President steps forward expressing his hope for the "peaceful use of atomic energy." We raise our champagne glasses again

8-23-95

Ms. Williams,

In view of the President's concern about the use of tobacco by teens, I thought this Press Release from Harvard Medical School's Drs. Himmelstein and Woolhandler, would be of interest (pun)

Page 4's chart is especially enlightening.

I predict and <u>fear</u> that same day our health care system will be owned by <u>foreign</u> corporations. (ie. Roche, Pharmacia)

PNHP PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

332 South Michigan Avenue
Suite 500
Chicago, Illinois 60604
Telephone 312.554.0382
Fax 312.554.0383

HOLD FOR RELEASE UNTIL: July 7, 1995

The public should be told this !!
Lob

CONTACT: Steffie Woolhandler, M.D. (617) 498-1022
David Himmelstein, M.D. (617) 498-1032
Quentin Young, M.D. (312) 493-8212
Local Contact:

HEALTH INSURERS ARE MAJOR OWNERS OF TOBACCO STOCKS

PHYSICIANS WARN THAT FIRMS PLACE PROFIT ABOVE HEALTH

Cambridge, MA--Health insurance companies, the largest owners of for-profit HMOs, are also major shareholders in tobacco companies, according to an article published today in the medical journal Lancet. "The Tobacco-Health Insurance Connection" by Drs. J. Wesley Boyd, David U. Himmelstein, and Steffie Woolhandler of Harvard Medical School/Cambridge Hospital, analyzed data from tobacco companies' filings with the Securities and Exchange Commission.

According to the article, Prudential, the largest supplier of health insurance and the largest owner of for-profit HMO's in the U.S., owns a big share of 5 of the 6 largest tobacco companies. As of January 1, 1995, Prudential owns over $12 million of RJR Nabisco stock; $103 million of Philip Morris, almost $97 million of Loews (maker of Lorillard, Heritage, Kent, and Newport); and over $36 million of American Brands (makers of Lucky Strike, Carlton, and Benson & Hedges cigarettes). Travelers Insurance Company holds almost $52 million in American Brands' stock, and $37 million in RJR Nabisco. MetLife, which recently merged with Travelers to form the second largest health insurer, has over $15 million invested in RJR. Cigna Insurance owns $18 million in American Brands and $57 million in Philip Morris.

The bonds between tobacco and insurance companies transcend money: William H. Donaldson serves on the boards of both Aetna Insurance Comapany and Philip Morris. Recently, the investment bankers at Kohlberg Kravis Roberts (principal owner of RJR Nabisco) tried to add California's newly for-profit Blue Cross plan to their portfolio, but were outbid.

"Giant corporations are taking over health care. Our findings are a warning: they'll kill for profit. For-profit HMOs have abused thousands of Medicare and Medicaid patients; for-profit hospitals have literally kidnapped patients to fill their beds; and many seniors suffer in squalid nursing homes whose CEOs take home millions. Insurance companies' tobacco investments betray their lack of ethics," said Dr. Steffie Woolhandler, Harvard Medical School Associate Professor and National Spokesperson for Physicians for a National Health Program. "Yet both the President and Congressional Republicans push Medicare HMOs and other policies that place Americans' health care in these corporate hands. We need to make medicine a public service, not a business. We need a Canadian-style single-payer health care system."

Dr. J. Wesley Boyd, a psychiatrist at Cambridge Hospital who also teaches at Harvard's Divinity School, commented: "The corporate executives who run healthcare are employed by shareholders, not patients. The laws of the marketplace demand allegiance to profit over health, and the laws of the land require corporate officers to maximize shareholder's returns. For Prudential, concern for health runs a distant second to concern for profit. They urge us to 'get a piece of the rock.' A granite headstone perhaps?"

###

Physicians for a National Health Program is a nationwide organization with over 6,500 members, organized into 59 state and local chapters, which supports universal access to health care under a single-payer system. Dr. Quentin Young, an internist in Chicago, is the national coordinator of PNHP.

Commentary
The tobacco-health insurance connection

Prudential Insurance Company is the largest supplier of health insurance and the largest owner of for-profit health maintenance organisations (HMOs) in the USA. It also owns a big share of five of the six largest tobacco companies[1]. According to companies' filings with the U.S. Securities and Exchange Commission, at the beginning of 1995 Prudential owned over $12 million of RJR Nabisco stock; just over $100 million of Philip Morris; almost $97 million of stock in Loews (maker of Lorillard, Heritage, Kent, and Newport); over $36 million of American Brands (which makes Lucky Strike, Carlton, and Benson & Hedges cigarettes, among others); and $44,000 of stock in the Brooke Group (which owns Liggett). Even this small investment in Brooke placed Prudential among its top 10 institutional investors. All told, Prudential's tobacco investments amounted to at least $248 million; we could not ascertain their share in the other top cigarette producer, British-based Brown & Williamson, which doesn't file a stock ownership report with the Commission.

While Prudential's tobacco investments are uniquely large, they're not unique. Travelers Insurance Company held over $51 million in American Brands' stock, and $37 million in RJR Nabisco. MetLife (which recently merged with Travelers to form the second largest health insurer) had over $15 million invested in RJR. Cigna, another insurance giant, had invested almost $18 million in American Brands and $57 million in Philip Morris. Moreover, the bonds between tobacco and insurance companies transcend money: William H. Donaldson serves on the boards of both Aetna and Philip Morris. Recently, the investment bankers at Kohlberg Kravis Roberts (principal owner of RJR Nabisco) tried to add California's newly for-profit Blue Cross plan to their portfolio, but were outbid.

Why are the United States' largest health insurers and HMO owners so heavily invested in tobacco? The paranoid view is their strategy is a brilliant win-win financial ploy, much like a combination veterinarian/taxidermist who promises that "either way you get your dog back." From non-smokers, insurance firms collect premiums and pay few claims; from smokers, they collect even higher premiums, while profiting from the habit that kills. However, we suspect that Prudential's tobacco investment strategy is more amoral than immoral. Health insurers, and especially HMOs, are flooded with profits[2]. They have billions to invest, and tobacco, despite its recent bad press, remains a good investment. Each day 1000 U.S. smokers die from their addiction, but the industry recruits 1000 replacements daily, largely by promoting their wares to children[3,4] and to people in the third world[5,6].

Why should we care about insurers' intimate and substantial links to the tobacco industry? The U.S. is forging ahead with the world's first corporate-run, for-profit healthcare system. The government funded Medicare and Medicaid programmes are being subcontracted to for-profit HMOs. Blue Cross plans, formerly not-for-profit, are selling themselves to investors. A single firm now owns one-quarter of Florida's hospitals, and several university medical centres. The large drug firms have established "disease management" subsidiaries to subcontract with HMOs for the care of high-cost, chronic diseases such as depression and diabetes; one such company recently bought a half interest in a string of cancer clinics.

Naysayers have warned, generally unheeded, that corporations will subordinate patients' interests to shareholders'[7,8]. Pro-market theorist Milton Friedman has admonished corporate officials to shun any "social responsibility other than to make as much money for their shareholders as possible."[9] The insurance-tobacco connection suggests that health care firms take Friedman's admonishment to heart.

No doubt many individuals who lead healthcare firms have health as a concern, perhaps even a primary concern. But corporate executives are employed by shareholders, not patients. Ultimately, the laws of the market demand allegiance to profit over health, and the laws of the land require corporate officers to maximize shareholders' returns. Should such organizational imperatives govern healthcare?

Prudential's ubiquitous advertisements feature Gibraltar, urging us to "Get a piece of the rock." A granite headstone, perhaps?

J. Wesley Boyd, Ph.D., M.D., David U. Himmelstein, M.D., Steffie Woolhandler, M.D., M.P.H.
Departments of Psychiatry and Medicine, and The Center for National Health Program Studies, The Cambridge Hospital/Harvard Medical School, and The Department of Social Medicine, Harvard Medical School.

REFERENCES

1 Compact Disclosure Database, 1995. Disclosure Information Services, Bethesda, MD. All of the ownership information that follows is taken from this database.

2. Anders G. Money machines: HMOs pile up billions in cash, try to decide what to do with it. Wall Street Journal December 21, 1994:1.

3. Davis RM. Reducing youth access to smoking. JAMA 1991; 266: 3186-3188.

4. Pierce JP, Gilpin E, Burns DM, Whalen E, Rosbrook B, Shopland D, Johnson M. Does tobacco advertising target young people to start smoking? Evidence from California. JAMA 1991; 266: 3154-3158.

5. Taylor P. The smoke ring: tobacco, money and multinational politics. New York: Pantheon, 1984.

6. Mackay J. US tobacco export to the Third World: Third World War. National Cancer Institute Monographs 1992; 12:25-28.

7. Hart JT. Feasible socialism: the National Health Service, past, present and future. London: Socialist Health Association, 1994.

8. Salmon JW (ed.). The corporate transformation of health care. Amityville, NY: Baywood, 1994.

9. Friedman M. Capitalism and Freedom. Chicago: University of Chicago Press, 1962.

HEALTH INSURERS' TOBACCO STOCK:

HOLDINGS 1/1/95 - $ MILLIONS

	Prudential	MetLife/ Travelers	Cigna
RJR	$12.5	$54.0	$1.5
Philip Morris	$102.7	$176.9	$57.4
American Brands (Lucky Strike etc.)	$36.8	$51.4	$18.0
Loews (Kent etc.)	$96.9	$7.1	-

Source: SEC Filings and stock prices 1/1/95

THE WHITE HOUSE

WASHINGTON

January 27, 1995

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

Dear Ms. O'Leary:

Thank you for writing again to share your support and your paper on universal health care.

As you know, too many Americans cannot get the high-quality, affordable health care they need. At the same time, skyrocketing costs continue to imperil our nation's economic future. Our health care professionals and institutions are among the world's finest, but this is little comfort to the nearly 40 million Americans -- including close to 10 million children -- who have no health insurance and to the millions more who are in danger of losing their coverage.

Although Congress was unable to pass health reform legislation last session, I hope you share my pride in the progress we have made. Because of the active involvement of people like you, we began a bold discussion about how best to address the problems in our health care system. The President and Mrs. Clinton hope that they may continue to count on your support in the fight for meaningful health care reform.

Sincerely,

Maggie Williams

Maggie Williams
Assistant to the President
and Chief of Staff to
the First Lady

6421 Brookside Rd.
Kansas City, Mo. 64113
September 21, 1994

Dear Ms. Williams,

You may recall that I wrote you last year, regarding the Universal Health Care issue, mentioning that my nieces had attended Notre Dame de Sion with you. Your encouraging words have contributed to my desire to continue to support the very courageous efforts of President and Mrs. Clinton. I hope they will continue to fight on, for the passage of the Health Care bill in this session!

I am enclosing a Rough draft of a paper I wrote in July, for a class on health care reform, and hope to distribute it in some way to all members of Congress! I am wondering if you think Mrs. Clinton would find any of the ideas helpful. Morgan Guaranty, Inc is Kathleen (O'Leary) Morgan's publishing business, with her husband, Scott!!

I met Mrs. Clinton in August at the Health RIGHT hearing in the Longworth

Building, and told her my nieces had gone to school with you. She was very pleased to hear this. She may have told you. I also mentioned Adult Day Care and she was also very enthusiastic about the concept, as was Rep. Sara Gibbons who was with her!! Of course I was delighted!

You may be interested in knowing, that when I joined the Health Security Express in Kansas City, Val Halamandaris, President of the National Association of Home Care, and one of the three organizers of the trip, told me (and again on two other occasions) that it was an idea I gave him, when he was in Kansas City over eighteen months ago, on which the trip was based! I had shown him a picture of the Truman Home in Independence, where the Trumans and other family members were cared for at home, until they died!

I recall mentioning "that if the Health Care bill went anywhere (!!) this could be a wonderful photo-op for President and Mrs. Clinton!" I also suggested that the bill could be signed "at the old oak table" at the Truman Library, where the Medicare Bill was signed in 1965, by President Johnson! Unless they would prefer to do this in Arkansas, I said!

Yesterday, I sent a copy of my paper to Senator Mitchell and plan to do so, to Rep. Gibbons and others in the next few days, because of the short time element, if a bill is to pass, before Congress goes home for the elections.

Thank you for any assistance you can give, in getting my humble effort to anyone you would think would be interested!! Best wishes to you.

Sincerely,

Lawrence O'Leary

TO: ALL MEMBERS OF THE SENATE AND HOUSE OF REPRESENTATIVES
FROM: LAURELLE O'LEARY, 6421 Brookside Road, Kansas City, Mo. 64113, (816)444 1241

RE: SOME STATISTICAL CONSIDERATIONS AND CONCLUSIONS, WHICH COULD SERVE, AS A POINT OF FURTHER DEVELOPMENT, OR DEPARTURE, IN A COST EFFECTIVE SOLUTION TO FINANCING UNIVERSAL HEALTH CARE.

Note: The following paper was prepared for a class related to the current health reform issue, utilizing the most recent CBO Report of April, 1993. The writer would like to point out that the assembled material has been done in the best of faith, with the best information available. The professor for whom it was prepared on July 25, 1994, Dr. Charles Wheeler, states that the statistical information is sound.)

To: Dr.Charles Wheeler, M.D. and J.D. (and former Mayor of Kansas City, Missouri)
The Henry Block School of Business, University of Missouri at Kansas City

Re: New Federal Health Policy and the States

A review of published literature, concerning the Cost Effectiveness of an adapted Single Payer Plan, to a portion of the proposed national health care plan, (or to the whole), a few facts, implications and tentative conclusions.

FACTS AND FIGURES

In order to obtain tangible facts and figures related to the above, the most recent Congressional Budget Office Staff Memorandum, "Single Payer and All Payer Health Insurance Systems, Using Medicare's Payment Rates", April, 1993, was obtained from the CBO.

Also, ' Health Care State Rankings, 1993", published by Morgan Quitno, Inc., of Lawrence, Kansas, provided significant statistical material, which related well to the CBO Memorandum. To be accurate, in quoting both sources, designations of CBO and MQ are used.

1. How much does our total annual health care system currently cost?
   $900 billion (CB0)
2. How many people are served?
   260 billion (CB0)
3. Of these, how many are covered by private or employer paid health insurance?
   157 million (estimate)

4. What is the total amount of health care premiums paid by business?
   131 billion (MQ} paid annually by business or 15% of total annual health bill.
5. How many Americans are insured under the Medicare "single Payer System"?
   35 Million (MQ}
6. What is the cost of Medicare per year?
   $113 billion (MQ).
7. How many Americans receive care under the Medicaid System?
   28 million (MQ).
8. What is the total annual cost of Medicaid?
   $77 billion (MQ).
9. How many Americans, exclusive of the Medicare and Medicaid groups, have no health health insurance?
   4O million (recent CBS report).
10. What is the average annual cost per person in America for health care?
    $3500 (estimate) .
11. What are the annual administrative costs of the Medicare system, through private insurance companies, such as Blue Cross?
    2% or $2.28 billion (Health Care Financing Administration)
12. What are the annual administrative costs of the current health care system?
    20% to 25% (P.B.S. Candidates Forum 7-14-94) , or $180 billion to $250 billion per year.
13. Using the Medicare administrative figures of 2% for 260 million people, what would be the cost?
    $18 billion annually. (estimate)
14. Utilizing the figures in # 12 and #13, What would be the potential savings to the total health care system if a national program were administered, in the cooperative way Medicare and Blue Cross or other insurance companies carry out this function?
    Between $162 billion and $232 billion per year. (estimate)
15. Using the figures in #5, #7 and #9 and adding the 81 million people currently in danger of losing their insurance, as cited by the president, what is the total of American citizens at risk or uninsured, particularly the 35 million Medicare segment, who, except for 1 % (or 350,000) who have long term coverage , are not insured?
    Approximately 184 million Americans! (estimate -L.O'L.)
16. What is the present cost of nursing home care in the U.S.?
    $70 billion (Blue Cross Blue Shield).
17. What percentage of the current nursing home population in the U.S. (2 million people) is paid for by Medicaid?

78% (Administration on Aging and H.C.F.A.)

18. How many of these patients are improperly placed in nursing homes?
    Between 35% and 50% (Estimates by national health care authorities).
19. Would there be a savings if this group were paid for in other ways, such as home care and Adult Day Care?
    Yes, since the National Association of Home Care and the National Institute of Adult Day Care estimate patients can be served at home or in Adult Day Care Centers for one-half to two-thirds the cost of nursing home care.
20. What are the potential savings, using these estimates?
    $35 billion to $46 billion annually.
21. What is the percentage of health care costs said to be devoted to insurance company overhead, administrative costs, etc.?
    27% to 45% (Physicians for a National Health Plan) or an estimated $243 billion to $405 billion , if 260 million Americans were all insured under private insurance.
22. What are the total costs of hospital care annually?
    Unable to obtain this information from sources used.
23. What are the total costs annually of physicians care?
    Also unable to obtain from sources used.
24. Utilizing the estimate of potential savings under potential reduction of administrative costs (as in #12) and adding to this the ;potential savings in a different long term care system, which would emphasize Home and Community based care (as shown in #19, #20, #21) what could be saved?
    $180 to $250 billion (in Administrative costs)
    + $35 to $46 billion (If Home and Community based care was provided under the Plan for Universal Care.)
    = $215 to $296 billion could be saved
25. Currently, how many care givers are there, of the 33 million elderly, who live in their own homes, or in the homes of their children?
    7 million, which implies that 7 million Americans over the age of 65 are in need of some form of community based care, such as home care or Adult Day Care. (& 50% of these care givers are themselves over 65. (Womens' Day Magazine).
26. How many Americans under 65 are in need of long term care, which includes community based care?
    40% of the total of all disabled people needing specialized care (according to Senator Jay Rockefeller.)
27. Is there a conservative estimate of what it might cost to provide such coverage, for the 35 million people over 65, one fifth of whom, at any given time, would need assist-

ance such as Adult Day Care or Home Care?

a. Yes, based on a plan providing coverage of $600 a month (as contrasted with $3000 to $6000 a month in a nursing home) the insurance premiums would be approximately $23 a month, $276 per year per person, or 10.5 billion for 35 million people over 65. (Blue-Cross-Blue Shield).

b. If this same plan were administered under the same plan as Medicare, whose administrative costs are 2%, as contrasted with up to 40% in administrative costs under private insurance, the savings would be $4.2 billion on a total cost to the universal health care plan of $6.3 billion. (from Administrative Costs provided by Medicare and Physicians for a National Heal Plan -PNHP).

c. If the 35% of elderly already placed inappropriately in nursing homes because there are few cost-effective alternative services available which would enable them to remain at home, utilizing some of their own Savings to supplement such a plan, one is talking about immediate $16 billion savings yearly to the health care system (after the cost of community based care is subtracted.)

28. How much have total health care costs increased in the last ten years?
They have tripled. (MQ.)

29. What are the implications for American businesses for the next ten years?
They could probably triple again.

30. What is the average physician's annual income?
$141,000 (MQ.)

31. How much is spent annually on the average Medicare patient?
$3200.

IMPLICATIONS AND CONCLUSIONS

Because the average American, whom the writer talks to, (and shares opinions with, based on the information being made available, to form an informed opinion about the proposed universal health care plan), it was decided that good statistical information seemed missing, across the country. In short, it would be even more desirable, if many of the previously documented facts were made available to all of America. It would also be most helpful if such facts were distilled, by a reliable governmental source, such as the CBO or the GAO. It is said that the CBO is currently rushing to develop additional significant figures, with recommendations to the Executive and Congressional branches of our government.

Certainly, the President's goal of Universal One-Hundred Percent Coverage is a remarkable and superb objective for our nation. Attaining this goal would serve to unify this country, such as we saw during WW II, and perhaps following the Civil \War. The question is how this plan can be realized and financed. Hence, the writer's curiosity about what has been said about the possible

adoption of the format of the Medicare Single Payer administrative plan, which could be adapted in whole or in part.

Some considerations, well addressed by the CBO, are:

1. How would the nation deal with a so called "job loss" in the insurance industry? The CBO says that this should not be a problem since the insurance industry's expertise is being utilized in the Medicare program. Their present employees could administer a national plan.

2. The CBO is of the opinion that should a Single Payer plan be adopted in any way, physicians would experience a 13% loss in patient fees. However they feel that the profession would be so relieved, in not having to deal with hundreds of insurance company forms , and would experience a substantial increase in patient patronage, that they would be ahead in the long run.

3. The CBO estimates that hospital care would increase by 40%, and that they would have the most to gain. The writer is deeply concerned however that no responsible, unbiased group has looked into hospital profits of the now forming conglomerates and their CEOs ' salaries. To cite one CEO with a Master's Degree, in Kansas City, whose salary was $340,000 in 1992, points to the need to seriously look at this aspect. On a national level, according to Forbes Magazine issue of May 24, 1993, the two highest paid executives in this nation received salaries as follows for the previous year: Thomas Frist, MD. of HCA Hospital Corp. received $127 million, and Leon Hirsch of U.S. Surgical Co. received $75 million.

The salary of the President of the United States is $200,000. The writer's question is: Who is paying for the salaries of these CEO's? Of course, we are. My further question is: Why should the American taxpayer be asked to pay additional taxes and costly insurance premiums, until this aspect of health care costs is squarely evaluated and dealt with, namely exorbitant salaries and ;profits?

4. Last but not least, it is the opinion of the writer that much anxiety in this nation, being expended because of fear of losing health coverage, could, by being relieved, contribute to the better health of all Americans. Adequate coverage to address the greatest financial health care category, Home and Community based care, would extend the lives of the care-giving family members. After all, the illnesses which make long term care necessary are also pre-existing conditions, for which such Americans are excluded from current insurance coverage. This must be included in a national Health Plan.

Finally to quote from a young law professor presently enrolled in post-graduate Study at the Georgetown Law School, who is doing her thesis on "Pre-Existing Conditions and Human Rights Around the World":

"For a nation to fail to address it's citizens basic health needs, it is like punishing illness."

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.

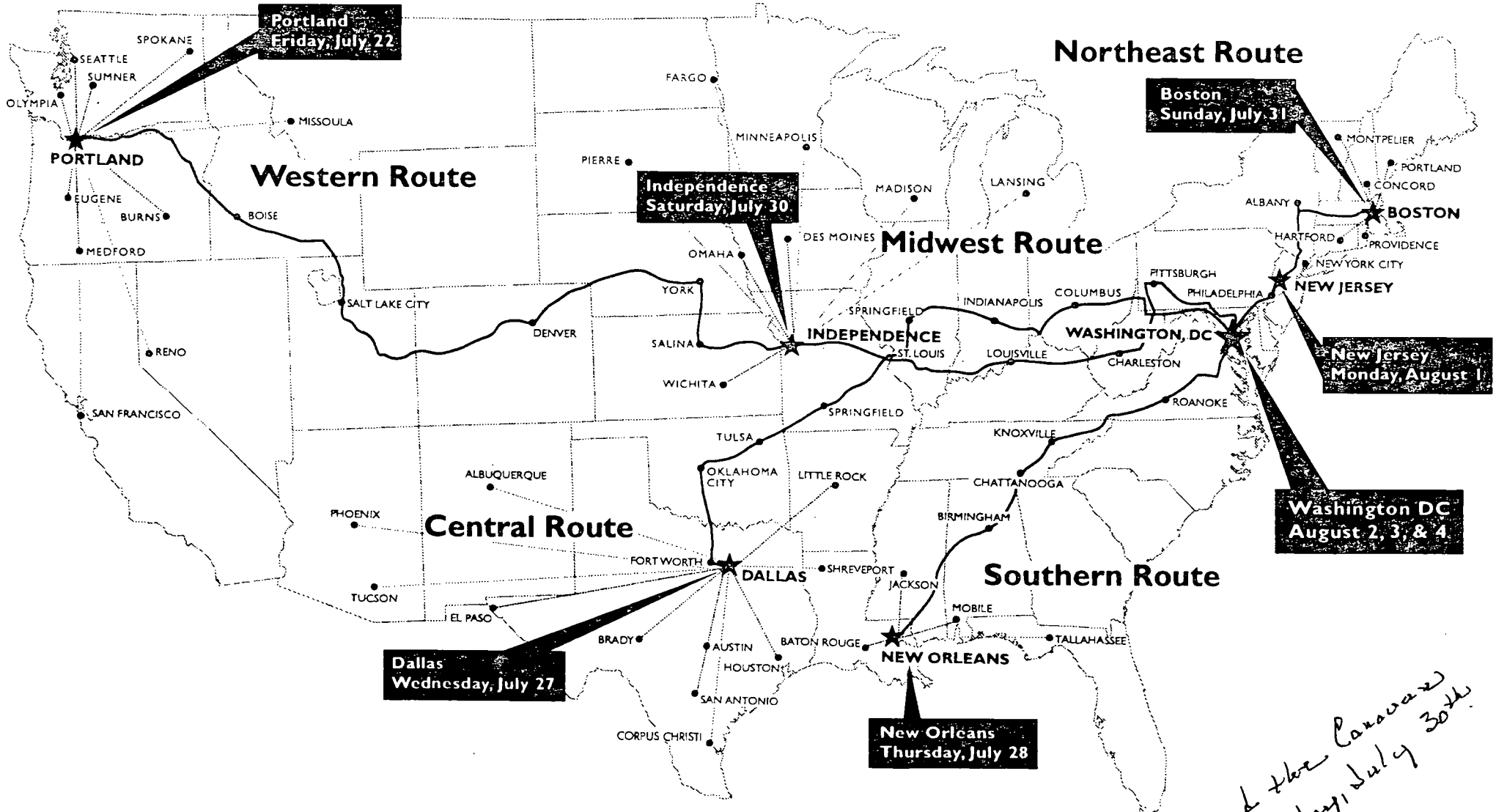
For many elderly, particularly those living alone or with a relative, adult day care is all it takes to keep the person in the community and out of a nursing home. Moreover, it has proven to be a cost effective alternative and is credited with helping maintain function and with keeping participants active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

HEALTH SECURITY EXPRESS – ROUTES



We joined the Caravan Saturday, July 30th

HEALTH CARE OPPONENTS TAKE NOTE

The Pitch
4-9-94

Dear Editor,

The campaign by opponents of basic health care proposals or programs for the American people has once again hit the high-pitch level. But lest the good people of Missouri be tempted to believe that practical steps for health care represent some newfangled notion, we hope that they will recall some comments from the *Memoirs by Harry S. Truman:*

"I have had some bitter disappointments as President, but the one that has troubled me most, in a personal way, has been the failure to defeat the organized opposition to a national compulsory health-insurance program."

President Truman's first public health insurance proposal was submitted to Congress in November of 1945 — nearly half a century ago. Between that time and the recent initiatives of the Clinton Administration, many other ideas have been put forward for the consideration of the American people. Should we not move ahead on this issue?

—*David P. McKnight*
Charlottesville, VA

April 12, 1949

My dear Ben:

Your letter of April first is most interesting. The main difficulty is that you start off with the wrong premise. Nobody is working for socialized medicine - all my Health Program calls for is an insurance plan that will enable people to pay doctor bills and receive hospital treatment when they need it.

I can't understand the rabid approach of the American Medical Association - they have distorted and misrepresented the whole program so that it will be necessary for me to go out and tell the people just exactly what we are asking for.

I am trying to fix it so the people in the middle income bracket can live as long as the very rich and very poor.

I am glad you wrote me because I think there are a lot of people like you who need straightening out on this subject.

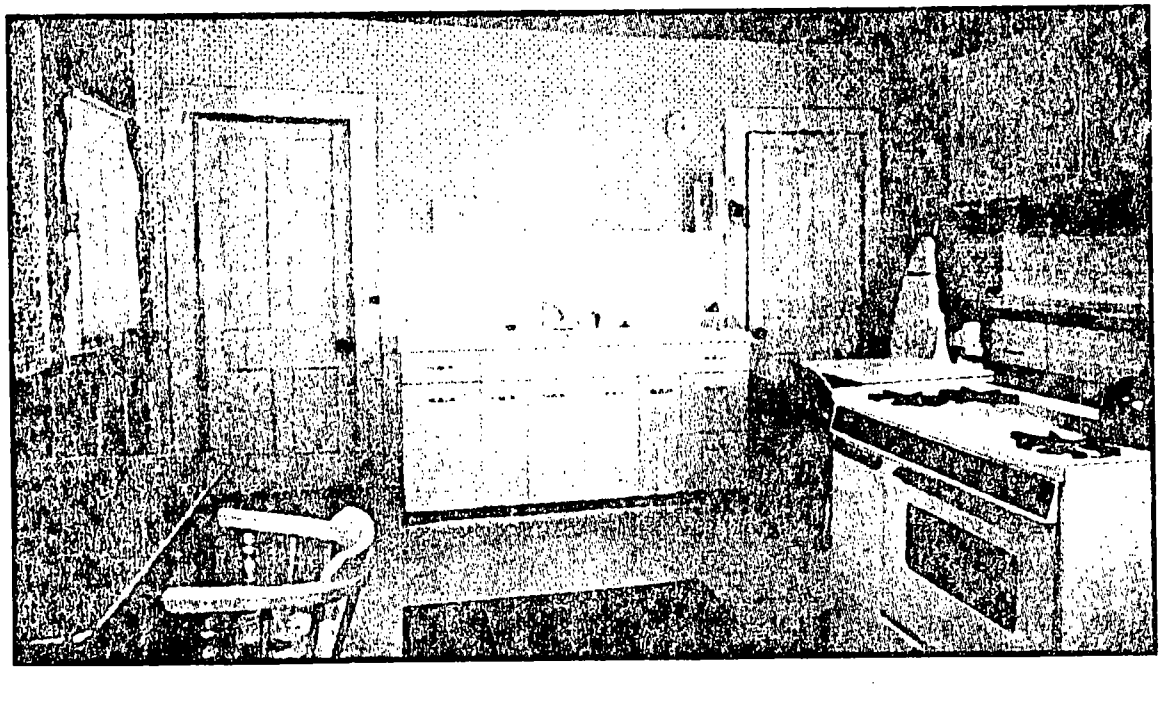
Sincerely yours,

Harry

Mr. Ben Turoff
Lees Summit
Missouri

Filed - H.S.T.-personal - T

Neil Johnson, former Assistant Archivist, at the Truman Library sent me this. It was Read by a Governor at the Rally in Independence.



Independence's favorite son, Harry Truman, is so popular largely because he lived the life of a common citizen after leaving the White House in 1953. The Truman home is not a mansion, but a traditional white house typical of many throughout America in the late 1800s and early 1900s. The kitchen is evidence of the simplicity of Truman's life in retirement. Read more about the Truman presidential library and home on pages 8 and 10.

This is the room, where members of Mrs. Truman's family were cared for, as were Bess and Harry! This is the photograph I gave to Uel Hale many years, 18 mo. ago, which gave him the idea for the

9-21-94

I have read, and followed with great interest, the President's plan for National Service to help students defray the costs of a college education.

As an educator, and having been on the Dean's staff at the University of Michigan, I feel this is a tremendous idea!

One "laboratory" setting for doing this, which could help students considering (over)

a career in health care, psychology, medicine, etc, might find assisting in the national movement, enabling people to stay at home, very helpful to them! It would help these programs too.

Jeannette O'Leary

The Washington Post

TUESDAY, JULY 19, 1994

HEALTH

This is an Intelligent forms of Care!! Lds

Getting Out

Seniors and Caregivers Benefit From Adult Day Care

Minna Gnueg, age 100, does hand flexibility routines during exercise session at a center in Prince George's County.

Getting Out

Seniors and Caregivers Benefit From Adult Day Care

Edith Demetro, above, practices tai chi during a class in the District's IONA adult center ta
Frazier, 89, and Aurnilda Holland, 80.

BY MARY BETH FRANKLIN

Jeanie Cuppett of Fort Washington, Md., one of six siblings who work and tend to their families, was looking for a place that would watch over her 73-year-old father after he had been hospitalized for depression. It was a sign outside a Prince George's County facility that gave her an answer.

"He had nothing to do. He didn't have anything to get up for," she said of her father's condition two years ago. "He gave up on life." James Church, who lived alone, had stopped eating and become withdrawn, resulting in a two-month hospitalization. He was released once his physical condition was stabilized, but doctors warned that he might regress to his prior state if left alone.

The sign Cuppett saw near her Oxon Hill home bore the name of the Crescent Cities Adult Medical Day Center. "The center was there, thank God, right up the street," she said. "I don't know what we would have done without it." It has revived her father, who continues to live alone. Church drives himself to and from the center five days a week.

What most people want for themselves and their loved ones is to remain in their homes as they grow older, rather than in an institution. That desire, coupled with the high cost of nursing home care, has spurred a growing trend in caring for the elderly and disabled: adult day care.

The problem is many people have never heard of the concept or don't realize that it is available in their community. Adult day care centers provide social and recreational programs, as well as health services, to mentally or physically impaired adults in a group setting at about one-third to one-half the cost of a nursing home.

Church's situation is unusual since he was able to live alone. In most adult day care centers, a large percentage of participants suffer from memory loss problems as a result of Alzheimer's disease or other forms of dementia. Louise Bousquin, director of the Lewinsville Day Health Care Center in McLean, said the large number of dementia patients reflects the needs of caregivers who find they can no longer care for their loved ones all by themselves.

BY CAROL GUZY—THE WASHINGTON POST

Brigitta Billings hugs one of the youngsters visiting a senior center as part of the Kids First of McLean program.

"It's a 24-hour-a-day duty," Bousquin said. "People who have dementia cannot be left alone. It's too dangerous," she said. "You can't reason with these people. That's when [caregiver] burnout occurs."

These centers differ from community recreation centers where healthy seniors can gather for bingo, book discussions or social programs. Adult day care offers a safe environment where physically frail or mentally confused elders participate in activities and therapies appropriate to their needs, receive nutritious meals and are monitored for an array of medical conditions. The participants return to their families, or in some cases their own homes, at night.

"It's truly the best-kept secret in the lexicon of long-term care," said Bonnie Walson, chairwoman of the National Institute on Adult Day Care, a membership group sponsored by the National Council on the Aging (NCOA). There are an estimated 3,000 adult day care centers around the country today, a 10-fold increase since 1978, according to the NCOA. More than two dozen are located in the Washington metropolitan area.

Most of the local adult day care centers are operated by private, nonprofit organizations. In addition, local governments in Arlington, Fairfax and Alexandria operate their own centers for Virginia residents.

"The numbers have grown exponentially, with about half of the centers being created in the past eight years," said Walson, also director of three adult day care centers in Columbus, Ohio. She attributes the growth to a recognition among consumers and service providers around the country that adult day care can keep physically or mentally impaired adults in the community longer and more cost-effectively than either nursing home or home-based care because services are provided in a congregate setting. Equally important, adult day care provides respite for family caregivers.

Walson points out that adult day care is not necessarily a substitute for nursing home care, but it can prevent the premature placement of a person in an institution until around-the-clock care is actually needed. The centers serve a large number of people with Alzheimer's disease and other forms of dementia, as well as people who are physically disabled as a result of strokes, arthritis, diabetes or other debilitating conditions. They also help elderly people who live alone and need companionship and stimulation. The average age of participants in local centers is between 78 and 81.

For Lois Wilcox of Springfield, the Lincolnia adult day care center has been "a godsend." She was working full time when she enrolled her husband James, who has Alzheimer's. "He didn't resist," she said. "He thought he was going to work every day. It gave him a sense of purpose."

Now that Wilcox has retired, her husband, who can no longer communicate and needs help with eating and personal care, continues to attend the center five days a week. "It has

See DAY CARE, Page 14

BY CAROL GUZY—THE WASHINGTON POST

Nan Tree, a former Broadway dancer who is a member of Arts for the Aging, comes to the center in McLean once a month to perform a storytelling dance.

DAY CARE, *From Page 12*

kept both of us to a point where we can cope as well as we can with this devastating disease," Wilcox said. "I would recommend it without question," she said. "Caregivers need a break. It enables you to be more loving, patient and kind."

Bill Benson, deputy assistant secretary for aging at the U.S. Department of Health and Human Services, called adult day care "a real critical option that should be available to older and disabled people and their families." He noted that President Clinton's health reform proposal calls for substantially expanding public funding for home and community-based long-term care programs. If the president's proposal is approved, "it means things like adult day care will take off," Benson told a recent national meeting of adult day care providers.

Without health care reform, he said, it is unclear where the money will come from to build new centers to meet the needs of the country's aging population, since state budgets are already stretched to the limit. There are more than 32 million Americans 65 or older today, representing nearly 13 percent of the population. That number is expected to more than double by the year 2030, when the last of the baby boomers turn 65, according to Census Bureau projections.

Because of those demographics, some people view adult day care as "the entrepreneurial venture of the future," said Donna Wagner, NCOA vice president for programs. "But there's not a lot of money to be made right now. The jury's still out as to whether any of these people can make a contribution to their own pocketbooks and to the quality of life of older people as well." Meanwhile, the NCOA's goal is to establish a national accreditation program for adult day care centers to replace the staggering array of licensing and certification requirements that vary from state to state, Wagner said.

NCOA developed national standards more than 10 years ago and recently updated them, but no nationwide enforcement mechanism exists to ensure quality control. Most adult day care programs are run by private nonprofit organizations. In some cases, government entities sponsor adult day care programs, as in Fairfax County, which boasts four model centers. But unless there is a new source of third-party funding, either in the form of expanded government support for services or increased use of private long-term care insurance, it is unlikely that adult day care services will flourish in the private for-profit market, industry experts agree.

While some newer private long-term care insurance policies provide benefits for adult day care, none of the facilities visited in the Washington area had any participants whose care was paid for by insurance. Several directors of local adult day care centers suggested that long-term care insurance is still so new and relatively expensive that the elderly in adult day care centers today can't take advantage of it. But, they said, it may be an option for future generations as coverage improves and policies become more affordable.

The Clinton health care reform proposals also call for standardizing private long-term health care policies to make them better values for consumers and to create tax incentives to encourage people to buy them. Greater use of private long-term care insurance would help to spread the risk among a larger pool of policyholders, reduce premiums and shift some of the explosive growth in long-term-care costs away from the public sector.

Medicare, the federal health care program for people 65 and older, does not cover adult day care costs or other long-term care expenses except in limited cases requiring skilled nursing home care following hospitalization. However, Medicaid, the joint federal-state health financing program for low-income people, can be used by Maryland, Virginia and District residents who are poor enough and sick enough to qualify for benefits to pay for adult day care in lieu of nursing home expenses.

One of the problems with long-term services like adult day care is that people don't know where to look for information, said Dorothy Howe, a senior program specialist with the American Association of Retired Persons. "People don't know there are those kinds of services in the community," Howe said. "They don't pay attention until they need them, and then they don't know where to look for help," she said.

Few adult day care centers advertise their services, and some don't list their numbers in telephone directories. They generally rely on referrals from Area Agencies on Aging, social workers, hospital discharge planners, physicians and word of mouth.

In Jeanie Cuppett's case, it was a sign that did it. James Church, her 75-year-old father, is one of the unofficial leaders at his center, helping to publish its monthly newsletter and contributing a poem to each issue. Despite his arthritis, he is more physically fit than many of the other participants and likes to help them get around.

Church is involved in the center's craft shop and recently launched a project to sand and paint wooden building blocks to donate to a local child care center. "I just like to come here," he said. "There's always something going on, and you have a chance to meet other people." ◻

Mary Beth Franklin, who writes on aging issues, lives in Falls Church.

Checklist

If you are considering adult day care for a family member:

- Visit the facility to see if it is clean, comfortable and a safe environment.
- Ask if it licensed or certified.
- Observe the staff. Do they interact with the participants and treat them with dignity? Ask about their qualifications.
- Consider your relative's needs; what programs and activities are available? Are meals nutritionally balanced and tailored to special diets? Is a plan of care developed for each person? How is it monitored? Ask about the center's hours.
- Ask about any eligibility requirements, such as age or residency, and cost. Is there a sliding fee, or will Medicaid cover any costs? Is there an additional fee for Alzheimer patients?

BY LAROK DUTY—THE WASHINGTON POST

night by Shabaka Jones-El. Dancing in the Lewinsville center in McLean, below, are Paul

BY ANNALISA ARIAS—THE WASHINGTON POST

Drawing pictures in the crafts room of the Crescent Cities Adult Day Care Center is Sonya Trallins.

BY JUANA ARIAS—THE WASHINGTON POST

A State-of-the-Art Facility

The Crescent Cities Adult Medical Day Center in Prince George's County is a state-of-the-art example of adult day care. Opened in September 1991, the facility is a bright window-filled one-story structure built on a wooded lot overlooking the Potomac River.

The main room is used for meals and group activities, such as "chair aerobics." There is a separate room for craft projects and another with comfortable chairs for resting or watching television. The bathrooms are wheelchair-accessible and fitted with handrails.

> "Coming here adds something you can't get at home. . . ."
>
> — Phyllis Plinzow of Silver Spring

A nurse is always on duty to monitor the participants' vital signs, dispense prescribed medications and alert family members and doctors to any significant changes in a patient's physical or mental condition. A social worker is available to help family members cope with the stress of care giving and to help them navigate through the maze of social programs when financial aid is needed.

A recreational therapist plans activities that include supervised outings to a local park, shopping center or movie and creating "memory bags" filled with photos and mementos to stimulate the memories of Alzheimer's patients.

The center is open from 7:30 a.m. to 6 p.m., Monday through Friday, and can serve up to 40 people at a time. The program costs $56 a day and includes transportation within a specified geographic area. Participants or their families pay for the service, or in some cases care is financed by Medicaid or the Veterans Administration (VA).

Other representative programs in the Washington metropolitan area:

■ **In Montgomery County,** up to 55 people per day attend the Misler Center for Jewish Senior Day Care in Rockville. The center, affiliated with the Jewish Council for the Aging and the Hebrew Home of Greater Washington, accepts people of all faiths and cultures. They range from those who are mentally alert but who have limited mobility to those who are more physically able but suffer from Alzheimer's disease or related mental disorders.

"Our goal is to maximize the strengths they still have, to improve their self-esteem and to make them feel productive," said Elaine Koblin, assistant director of the Misler Center. She said it is important for older

See GETTING OUT, Page 15

GETTING OUT, *From Page 13*

people to be among their peers, particularly if their friends have died or they have relocated from another area to live with their children. Seeing others with physical or mental impairments makes them realize they are not alone, she said.

"Coming here adds something you can't get staying at home—person-to-person contact, friends, something interesting to look forward to," said Phyllis Pinzow of Silver Spring, a 70-year-old stroke victim who comes to the center two days a week. She said she particularly enjoys the weekly discussion groups on current events and legal issues. Pinzow, who is often confined to a wheelchair and whose right arm is paralyzed, said the time she spends at the center is equally important to her husband, Leonard, who has taken over all the household duties since her stroke.

"I think this place is great," she said. "It's important for me to get outside stimulation, and the free time is important to him also."

The Misler Center is another example of adult day care at its best. The facility, located at the rear of the Ring House, an independent and assisted-living retirement complex in Rockville, is bright, cheerful and well-designed. Activities range from modified exercise classes and music and art therapy to field trips and discussion groups.

Wheelchair-accessible transportation is available from Montgomery County and Northwest Washington. A geriatric care nurse is always on staff.

The Misler Center program costs $50 a day, but a sliding fee scale can reduce costs for participants to as little as $5 a day, based on income. Various forms of funding are available, including Medicaid, VA and state and county grants.

■ **In the District,** the IONA Adult Day Health Center serves up to 26 participants per day. They enjoy music and art therapy, intergenerational activities with local schools, lectures and discussions, field trips, health monitoring and a hot noontime meal.

See GETTING OUT, Page 16

BY ANNA FLA KRAFT—THE WASHINGTON POST

Ora Drake, with hands upraised, works with a certified nurse assistant during an exercise class.

Adult Day Care Centers in the Washington Area

Most centers offer transportation as part of the daily fee or for a modest additional cost. Meals and snacks are included. The centers' top fees are listed, but many offer services for substantially reduced fees or for free because of reimbursements from Medicaid, the Veterans Administration, local grants and private scholarships. A few centers are open Saturdays.

District of Columbia

Center Care Day Treatment Program
2601 18th St. NE
Washington 20018
202-635-8296
Hours: 7:30 a.m.-5:30 p.m. Cost: Sliding scale

Downtown Cluster's Geriatric Day Care
900 Massachusetts Ave. NW
Washington 20001
202-347-7527
Hours: 8 a.m.-5:30 p.m. Cost: Sliding scale

Greater South East Community Center for Aging
1350 Southern Ave. SE
Washington 20032
202-574-8788
Hours: 8:30 a.m.-5 p.m. Cost: Sliding scale

IONA Adult Day Health Center
4900 Connecticut Ave. NW
Washington, D.C. 20008
202-895-0238
Hours: 7:30 a.m.-5:30 p.m. Cost: Sliding scale

Montgomery County

Bethesda Fellowship House
8015 Old Georgetown Rd.
Bethesda 20814
301-654-2077
Hours: 7:30 a.m.-5:30 p.m. Cost: $42

Holy Cross Adult Day Care Center
9805 Dameron Dr.
Silver Spring 20902
301-905-1878
Hours: 7:30 a.m.-6 p.m. Cost: $44-$52

Misler Center for Jewish Senior Day Care
1801 E. Jefferson St.
Rockville 20852
301-468-1740
Hours: 8 a.m.-6 p.m. Cost: $40-$50

Shady Grove Adventist Adult Day Care Program
9701 Medical Center Dr.
Rockville 20850
301-424-0960
Hours: 8 a.m.-5 p.m. Cost: $51

The Support Center
1010 Grandin Ave.
Rockville 20851
301-738-2250
Hours: 7:30 a.m.-5:30 p.m.; Saturday 8:30 a.m.-3:30 p.m. Cost: $51.11

Randolph Hills Medical Adult Day Care Center
4011 Randolph Rd.
Wheaton 20902
301-933-2500
Hours: 7:30 a.m.-6 p.m. Cost: $53

Winter Growth
15712 Peach Orchard Rd.
Silver Spring 20905
301-421-1201
Hours: 8:30 a.m.-3 p.m. Cost: $47
NOTE: Expected to move at the end of August to 18110 Prince Philip Dr., Olney, Md. 20832

Prince George's County

Adult Care Center of Bowie
3112 Belair Dr.
Bowie 20715
301-262-7010
Hours 7:30 a.m.-5 p.m., including Saturday. Cost: $54

Brentwood Adult Care Center
3601 Taylor St.
Brentwood, Md. 20722
301-699-0850
Hours: 7:30 a.m.-5 p.m.; Saturday 8 a.m.-4 p.m. Cost $51

Crescent Cities Adult Medical Day Center
7001 Oxon Hill Rd.
Oxon Hill, Md. 20745
301-567-1885
Hours: 7:30 a.m.-6 p.m. Cost: $56

Laurel Adult Care Center
116 St. Mary's Place
Laurel 20707
301-725-1172
Hours 7:30 a.m.-5 p.m. Cost: $51

University Fellowship Adult Day Care Center
3515 Campus Dr.
College Park 20740
301-422-7970
Hours: 7:30-a.m.-5 p.m. Cost: $51

Arlington County

Madison Adult Day Health Care Center
3829 N. Stafford St.
Arlington 22207
703-358-5340
Hours: 7:30 a.m.-5:30 p.m. Cost: $36
NOTE: Arlington residents only

Alexandria

Alexandria Adult Day Health Center
1108 Jefferson St.
Alexandria, Va. 22314
703-838-4224
Hours: 7:30 a.m.-5:30 p.m. Cost: $33
NOTE: city residents only

Fairfax County

Annandale Center
7200 Columbia Pike
Annandale 22003
703-750-3316
Hours: 7 a.m.-5:30 p.m. Cost: $35

Family Respite Center
Chesterbrook Presbyterian Church
2036 Westmoreland St.
Falls Church 22043
703-532-8899
Hours: 7:30 a.m.-5:30 p.m. Cost: $44

Leewood Adult Day Care Center
7120 Braddock Rd.
Annandale 22003
703-256-9770, Ext. 309
Hours: 7:30 a.m.-6 p.m.
Cost: $33

Lewinsville Center
1609 Great Falls St.
McLean 22101
703-734-1718
Hours: 7 a.m.-5:30 p.m.; alternate Saturdays, 10 a.m.-4 p.m.
Cost: $35

Lincolnia Center
4710 N. Chambliss St.
Alexandria 22312
703-914-0226
Hours: 7 a.m.-5:30 p.m.; alternate Saturdays, 10 a.m.-4 p.m.
Cost: $35

Mt. Vernon Center
8850 Richmond Hwy.
Alexandria 22309
703-799-1550
Hours: 7 a.m.-5:30 p.m.
Cost: $35

GETTING OUT, *From Page 15*

Transportation is available for Northwest D.C. residents. The center is located in the basement of St. Paul's Lutheran Church on Everett Street.

The daily fee is based on a participant's ability to pay, up to $60. Most participants receive some government aid, either from the D.C. Office on Aging, the VA or Medicaid. Participants or their care givers who can afford it are asked to make additional contributions that center director Julia Stephens said are essential to cover costs. "It's my job to make sure this organization is fiscally sound," she said. "We're not doing anybody any good if we close our doors" for lack of funds, she said.

Unlike the participants at its suburban counterparts, nearly half of IONA's live on their own or in group housing rather than with spouses or adult children. If it were not for the adult day care center, Stephens said, "most of these people would be at home, lonely and socially isolated." While some could survive on their own with the help of a home health aide, adult day care offers much more in a cost-effective way, she noted. "Here they get nursing services, professional social workers, recreation therapists, program assistants and meals," she said. "It's a more holistic approach."

Adult day care is an important service for care givers, Stephens said, giving them a needed break from the arduous task of caring for another person. "The best thing you can do in caring for an elder is to take care of yourself," she said, noting that many care givers often neglect their own health. "For that person, you are the difference between entering a nursing home and remaining independent and in the community."

■ **In Northern Virginia,** local governments shoulder most of the burden for providing adult day care facilities. Fairfax County has four centers: Annandale, Mt. Vernon, Lincolnia and Lewinsville. Arlington and Alexandria each have one center.

The local government-run Fairfax County facilities are as impressive as the private centers across the river, and their top fee of $35 a day is substantially less. Depending on income and eligibility for government aid such as Medicaid or VA benefits, some county residents pay as little as $5 a day.

The county centers offer an array of health, nutrition, therapeutic and social services; transportation is available for an additional $5 a day round trip, less in some cases.The centers are bright, well-equipped and attractively furnished. Nutritious meals are served in pleasant dining rooms, a nurse is always on duty and monthly field trips are planned.

The centers are open from 7 a.m. to 5:30 p.m. Monday through Friday, and alternate Saturdays from 10 a.m. to 4 p.m. at the Lewinsville and Lincolnia centers. Participants join in adapted sports, such as horseshoes, volleyball and bowling. There are dances and parties, games and discussions and visits from local schoolchildren and performance groups. The centers have craft rooms for art projects, space for gardening and quiet rooms for reading. Caged parakeets give the centers a homey touch and are part of the program's reliance on pet therapy.

As with many adult day care centers, the Fairfax County facilities have a high percentage of participants with memory disorders. The large proportion of dementia patients reflects the problems of care givers who desperately need a break from their 24-hour-a-day responsibility. Consequently, participants who are mentally alert but physically disabled may find it hard to fit in at first, said Louise Bousquin, director of the Lewinsville center. "Sometimes they feel this is beneath them," Bousquin said, noting that morning sessions usually begin with a group "reality check" that reminds the participants of the day of the week, the season, the weather and the location of the center. "We try to accommodate them with different program activities, such as listening to books on tape, puzzles and mentoring others," she said.

Laurie Young of Fairfax thinks the county program is good for her mother, Ruth Vaughn, a stroke victim. But it needs to be fine-tuned, she said. At 68, Vaughn is younger than many of the other participants at the Lincolnia center and more alert but not independent enough to be on her own or in a senior recreation center. Young said she is working with the staff to find projects her mother can do to feel more needed, perhaps helping with office work. "Overall, it's a good program," Young said. "If more people knew about adult day care, they would be more willing to bring a parent home to live with them," she added. ■

— Mary Beth Franklin

THE WHITE HOUSE

WASHINGTON

February 28, 1995

Ms. Opotowsky
E. Craig Sweeten Alumni Center
3533 Locust Walk
Philadelphia, PA 19104-6226

Dear Ms. Opotowsky:

Thank you for inviting me to participate in the Speaker's Roster for the Trustees' Council of Penn Women. Unfortunately both my schedule and the rules which govern participation by White House staff in outside speaking make it impossible for me to accept your offer.

Once again thank you for the offer and I would like you to know that I am looking forward to the Spring Meeting.

Sincerely,

Margaret A. Williams
Assistant to the President and
Chief of Staff for the First Lady

DRAFT

Dear Ms. Opotowsky:

Thank you for inviting me to participate in the Speaker's Roster for the Trustees' Council of Penn Women. Unfortunately both my schedule and the rules which govern participation by White House staff in outside speaking make it impossible for me to accept your offer.

Once again thank you for the offer and I would like you to know that I am looking forward to the Spring Meeting.

Sincerely,

Margaret Williams
Assistant to the President and
Chief of Staff for the First Lady

UNIVERSITY of PENNSYLVANIA

Trustees' Council of Penn Women
E. Craig Sweeten Alumni Center
3533 Locust Walk
Philadelphia, PA 19104-6226
215-898-7811

Marge
Please write and tell them I don't have time —
MBOL

MEMORANDUM

To: The Trustees' Council of Penn Women

From: Barbara Berger Opotowsky BBO

Date: January 30, 1995

Re: Speakers' Roster

The Trustees' Council is developing a Speakers' Roster to offer members of the Trustees' Council as speakers to the University community. As a group, we have a wide range of expertise. By making that expertise available to the University, we will assist the individual constituencies we meet with and also bring greater visibility to the Trustees' Council.

We plan to compile a list of those of us who are available to speak and include our areas of expertise and preferred topics. We will distribute the list to members of the University community including faculty representatives, deans, our membership, the Penn Club programming division, alumnae groups, etc., for use in planning classes and programs. We will also provide the Penn News Bureau with the Roster. Interested groups will contact you directly and you should feel free to accept or decline any particular invitation.

If you are interested in participating in the Speakers' Roster, please complete the enclosed form and return it by March 1st to Sharon Hardy, Trustees' Council of Penn Women, E. Craig Sweeten Alumni Center, 3533 Locust Walk, Philadelphia, PA 19104-6226. We plan to distribute our first Roster in the spring and update it annually.

I look forward to seeing you at the Spring Meeting.

TRUSTEES' COUNCIL OF PENN WOMEN
SPEAKERS' ROSTER SURVEY

Please indicate your interest in being in the 1995 Trustees' Council of Penn Women Speakers' Roster by returning this form to : Sharon Hardy, E. Craig Sweeten Alumni Center, 3533 Locust Walk, Philadelphia, PA 19104-6226.

I should be listed under the following category:

_____Advertising
_____Business
_____Career Issues
_____Communication
_____Community Development
_____Development
_____Education
_____Engineering
_____Financial Services
_____Health
_____Human Resources
_____Insurance
_____Law
_____Legislation, Lobbying
_____Marketing
_____Medicine
_____Not for Profit Institutions
_____Politics
_____Public Relations
_____Retailing
_____Other_____

I am presently prepared to speak on the following topics:

_____
_____
_____

I am interested in participating in:

On-campus presentations _____Yes _____No
Regional Presentations _____Yes _____No

_____
Name (Please Print)

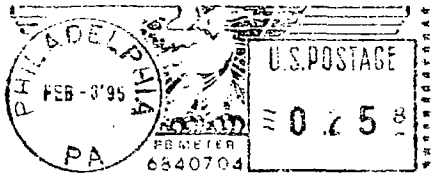
Trustees' Council of Penn Women
University of Pennsylvania

3533 Locust Walk
Philadelphia, PA 19104-6226

UNIVERSITY of PENNSYLVANIA

Trustees' Council of Penn Women
3533 Locust Walk
Philadelphia, PA 19104-6226

PRESORTED FIRST CLASS



Margaret A. Williams
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

THE WHITE HOUSE

WASHINGTON

January 4, 1996

Mr. Richard C. O'Rourke
24272 Lake Road
Bay Village, OH 44140

Dear Mr. O'Rourke:

Your words of support and encouragement meant so much to me during the past weeks. It was very kind of you to take the time to write as you did and I am grateful.

Please accept my thanks and best wishes.

Sincerely,

Margaret A. Williams
Chief of Staff
to the First Lady

Richard C. O'Rourke
Certified Public Accountant
24272 Lake Road
Bay Village, Ohio 44140
216-835-4857 FAX 216-892-8918

December 12, 1995

Ms. Margaret Williams
The White House

Dear Ms. Williams:

I'd like to take this opportunity to express my sympathy for the petty politics and childish antics that you have had to endure during these so-called "Whitewater" hearings. It is clear to any reasonable person that you have been honest and fully forthcoming in your testimony and that no amount of reason will change the behavior of political parasites like D'Amato, Faircloth and Chertoff. It would make me extremely happy to see you publicly lambast them and their lack of decency and ethics.

You clearly are a very dedicated and honest public servant and I, along with many, many others, am proud that the administration has been able to secure the services of someone with your integrity.

Ignore these pathetic little people and have a great holiday.

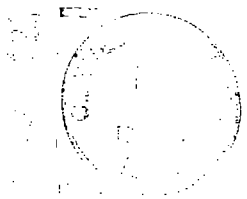
Very truly yours,

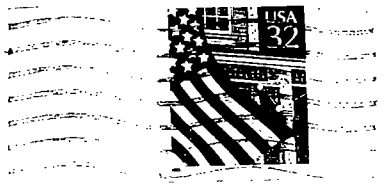
Richard C. O'Rourke

A Letter of Support
Concerning the hearings

Evan Please
Send Standard letter thanks
for ~~the~~ encouragement
then file
Personal

Richard C. O'Rourke
24272 Lake Road
Bay Village, OH 44140





Ms. Margaret Williams
The White House
1600 Pennsylvania Avenue
Washington, DC 20500