

January 19, 1994

MEMORANDUM FOR THE RECORD:

Mail entitled "Too Late to Respond"
for the year 1993 was hand carried
to Management Records this date.

Eloise V. Buford

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PRESERVATION**

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TUFTS UNIVERSITY

School of Nutrition

Center on Hunger, Poverty
and Nutrition Policy

October 21, 1993

Maggie Williams
Chief of Staff to the First Lady
The White House
Washington, DC 20500

*luncheon
Capitol Hill,
Oct. 29
re: nutrition, health,
status, cognitive
development
in child*

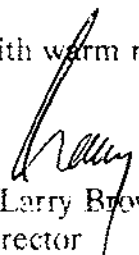
Dear Maggie:

I want to call your attention to the enclosed luncheon invitation on Capitol Hill on October 29, to discuss recent research findings on the link between nutrition, health status, and cognitive development in children.

This is the first of a series of luncheons to examine the policy relevance of this important body of evidence, and a number of Members, staff and Administration agency people will attend.

Because of the direct link to health status and the competitiveness of the workforce, someone from your office would be most welcome.

With warm regards


J. Larry Brown
Director

You are cordially invited to attend the first in a series of informal luncheons for members of Congress, key Administration officials and staff to learn about new research findings on the relationship between nutrition and cognitive development in children. During this first luncheon two experts will provide an overview of the scientific findings and explain their significance.

A discussion period to highlight policy relevant aspects
of this important body of recent research
will follow brief presentations by the experts.

Luncheon sponsored by Senator Patrick J. Leahy in collaboration with
the Center on Hunger, Poverty and Nutrition Policy, Tufts University.



WHEN: Friday, October 29th, 1993
12:00 p.m. to 2:00 p.m.

WHERE: United States Capitol
Senate Hearing Room SC-6

WHO: Ernesto Pollitt, Ph.D.
Professor of Human Development
University of California, Davis

Dr. Pollitt is a leading international researcher in the field of nutrition and cognitive development in children.

Deborah Frank, M.D.
Director, Failure to Thrive Clinic
Boston City Hospital

Dr. Frank is a practitioner and researcher who will describe the effects and treatment of undernutrition in children.

RSVP Center on Hunger, Poverty and Nutrition Policy, Laura Sherman
Tufts University School of Nutrition
617/627-3956 FAX: 617/627-3020

The Nutrition-Cognition Initiative is supported by a grant from Kraft General Foods,
as well as grants from Share Our Strength and the Hasbro Children's Foundation.



The Nutrition-Cognition Initiative
Safeguarding Child Health and American Productivity

Food For Thought

A Capitol Hill Luncheon



Parents' Choice

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Editor-in-Chief: Diana Huss Green
Managing Editor: Maggie Russell
Copy Editor: Elizabeth West

PARENTS' CHOICE is an operating nonprofit service organization initiated in Newton, Massachusetts in 1978. Parents' Choice magazine is published by Parents' Choice Foundation. Subscription/ Membership \$18/yr. Shipping Address: 1191 Chestnut Street, Newton, MA 02164. Phone (617) 965-5913 Fax (617) 965-4516

October 21, 1993

Ms. Margaret A. Williams
Chief of Staff to the First Lady
The White House
Washington, D.C. 20500

Dear Ms. Williams:

Thank you for your kind letter of August 11. I will certainly be back to you at an appropriate time.

Meanwhile, please know and pass on to all that there is wild applause here for Janet Reno's stand on violence in children's television.

Sincerely,

Diana Huss Green
President
Parents' Choice
Parents' Choice Foundation

DHG:bh

cc: **Janet Reno**
Peggy Charren

Since 1978 the nonprofit consumer guide to children's books/
videos/toys/audio/computer programs/television/magazines



Parents' Choice

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02168-0009

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Sidney Green, M.D., Harvard University School of Medicine
Bette Greene, Writer
Mary Howard, University of Alabama
Irving Kaufman, M.D., Smith College
Nancy Larrick, Writer
Betty Levin, Writer
Fran Litman, Wheelock College
Kenneth R. Manning, Massachusetts Institute of Technology
John McAleer, Boston College
Horace Newcomb, University of Texas
Marian Parry, Artist, Radcliffe College
Joy Renjilian-Burgy, Wellesley College
Claire Rosenfield, Brown University
Isabel Schon, Arizona State University
Dorothy Singer, Yale University
Virginia Tashjian, Librarian
Jane Yolen, Writer

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October 21, 1993

**The Honorable Janet Reno
Attorney General of the United States
Justice Department
10th Street and Constitution Avenue
Washington, D.C. 20530**

Dear Ms. Reno:

You did in one day what we have been working on since 1978. Three cheers for you! Parents are grateful for your strong stand on media violence. Even tie-in toy manufacturers had to have heard you.

Keep up the fine work.

If ever we can help please do not hesitate to let me know.

Sincerely,

**Diana Huss Green
President
Parents' Choice
Parents' Choice Foundation**

DHG:bh

enc.

cc: Margaret Williams ✓
Peggy Charren
The Honorable Robert Dole
The Honorable Edward Markey

Since 1978 the nonprofit consumer guide to children's books/
videos/toys/audio/computer programs/television/magazines



GOD BLESS AMERICA

Full Employment Legislation

"Angry, AMERICA, put on strength (in arm) of the LORD, Angry as
in ancient days in the generations of old. Art Thou not I that covered the
Heaven and slew the Dragon?" Psalm 11:4

9/21/93
Letter from Bro.
Harry B. Douglas,
of Grosse Pointe Baptist
Church, Flint, Mich.
asking for support
for members of Church

found
on clipboard
9/24/93

9/20/93

1303 SUNCREST DR
FLINT MICH 48504

HOME PH (313)-230-2474

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IN MICH 1-800-482-1455

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MS. MAGGIE WILLIAMS

THE WHITE HOUSE

CHIEF OF STAFF TO THE FIRST LADY

HILLARY RODHAM CLINTON

FAX 1-202-456-6244

MY VERY DEAR SISTER,

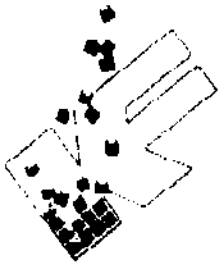
AVERY ALDRIDGE DD, LLD MINISTER, HAS 1000 MEMBERS AT FOSS
AVENUE BAPTIST CHURCH IN FLINT MICHIGAN. HE IS THE PRESIDENT,
WOLVERINE BAPTIST CONFERENCE OF MICHIGAN, WITH 2000 CHURCHES
AND 200,000 MEMBERS. (THE GUBERNATORIAL ELECTION WILL BE
INFLUENCED) FURTHER PASTOR ALDRIDGE IS THE VICE PRESIDENT
AND GENERAL COUNSELOR OF THE BAPTIST CONFERENCE USA, INC.,
WITH ITS 39,000 CHURCHES AND 7.5 MILLION MEMBERS. HE
SUPPORTED BILL CLINTON IN CAMPAIGN '92. NOW, WE NEED
YOUR SUPPORT TO HELP US, HELP AND KEEP HOPE ALIVE FOR
MILLIONS AFRICAN, HISPANIC AND NATIVE AMERICANS WHO DIE,
GO BLIND, AND LOSE LIMS, 4.6 TO 7.6 TIMES AS MUCH FROM
DIABETES, HIGH BLOOD PRESSURE, KIDNEY DISEASE, AND HEART
FAILURE, AS DO WHITE AMERICANS. FOR THE RICHEST LAND ON
THE FACE OF THE EARTH, TO CONTINUE TO LET THIS HAPPEN IS A
NATIONAL DISGRACE. PLEASE GIVE THIS MOST WORTHWHILE
"DIE OR DIE" PROJECT YOUR SUPPORT.

THANK YOU. PLEASE REPLY TO HOME OFFICE NUMBERS (H OR FAX)

BROTHER HARRY B. DOUGLAS JR.

P.S. MAGGIE THE ATTACHED
IS FOR YOUR INFORMATION.
WE WOULD BE GRATEFUL IF
YOU COULD SEND SOMEONE
TO THE MEETING?

[Handwritten signature]



National Kidney Foundation of Michigan, Inc.

Sept. 20, 1993

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J. Douglas Adair

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National Kidney Foundation

United Way of Michigan

MEMO

TO: Concerned Citizens

FROM: Harry Douglas -- Community Representative National Kidney Foundation of Michigan, Nancy Goff -- President, National Kidney Foundation Flint Chapter.

SUBJECT: Dial Health Care Workshop

This memo is to confirm your attendance. (Phone conversation confirmed 9-17-93). You are cordially invited to participate in The Flint Health Care Workshop development committee meeting on Thursday, September 23, 1993 at 4:30 p.m. at the Renal Clinical Conference room, 5th floor west, Hurley Medical Center, One Hurley Plaza, Flint, MI. (Renal kidney clinician - Nancy Goff) This meeting is the first to develop Pastor Avery Aldridge's idea of a workshop on **Prevention, Education, Early diagnosis, Monitoring, treatment, and Organ Donation related to Diabetes, High Blood Pressure, Kidney Disease and Heart Failure.** These four diseases are the major killers of African-American's of all ages.

The National Kidney Foundation of Michigan, (NKFM), Hurley Medical Center and Foss Avenue Baptist Church of Flint are ready to put on this important health care workshop in the Avery Aldridge Activity Center at a time and date to be determined. This is an all volunteer health care effort composed of the following: Foss Avenue Baptist Church, U.S. Congressmen -- Bob Carr, Dale Kildee and James Barcia, The State of Michigan Department of Public Health, State of Michigan Office of Minority Health, Hurley Medical Center Staff, Medical Equipment Vendors, Pharmaceutical Vendors, The Honorable Woodrow Stanley, Mayor, Flint MI and NKFM.

Please come and help us keep hope alive and help thousands of Americans who suffer kidney and related diseases

Thank you.

MAGGIE WE WANT TO BUILD
PILOT MODEL APPLICABLE TO
THE REST OF THE NATION

Handwritten signature: J. Douglas

DATE 9/14/93TO (202)456-6244
The White House - Office of The First LadyATTENTION Maggie Williams, Chief of StaffFROM Stephanie Wills, Secretary to Billy GrahamFAX NUMBER (704) 669-4220

We are sending a total of 2 pages, including this cover sheet. If you did not receive all pages, please call (704) 669-5550.

Billy Graham Evangelistic Association
Montreat, NC 28757

Billy Graham is out of town at the moment, but just called to dictate the following fax to The First Lady.

Thank you.

BILLY GRAHAM
MONTREAT, NORTH CAROLINA 28751
September 14, 1993

Fax to: Mrs. Hillary Rodham Clinton

From: Billy Graham

Dear Hillary,

Just a note to thank you for going to the Mayo Clinic this week. I believe it will be a tremendous experience. I think it is the most unique medical institution in the world. I've been going every year for over forty years, and they have saved my life several times. I believe what is being done at Mayo will make a great contribution to your thinking in helping change the medical situation in America.

Please tell Bill that he handled the White House Lawn meeting yesterday superbly!

I spent this past weekend with George and Barbara Bush in Kennebunkport. I know they deeply appreciated Bill mentioning George's name during his remarks.

With great Christian affection.

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CONGRESS SEP. 9/17
5-7pm

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*cordially invite you to a
reception honoring*

Congressman Sanford Bishop (2nd-GA)

Congresswoman Corrine Brown (3rd-FL)

Congressman Alcee Hastings (23rd-FL)

Congressman Earl Hilliard (7th-AL)

Congressman John Lewis (5th-GA)

Congresswoman Cynthia McKinney (11th-GA)

Congresswoman Carrie Meek (17th-FL)

Congressman Bennie Thompson (2nd-MS)

FRIDAY, SEPTEMBER 17, 1993

5 p.m.-7 p.m.

Grand Hyatt Hotel

Constitution A & B/Level 3B

Washington, DC

By Invitation Only

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MS MARGARET WILLIAMS
CHIEF OF STAFF TO THE FIRST LADY
THE WHITE HOUSE
WASHINGTON DC 20500

RECEIVED



2134 Wisconsin Avenue, N.W., Washington, D.C. 20007 • (202) 625-2552

September 3, 1993

OPEN HOUSE
SAT 9/18-4-7pm
SUN 9/19 1-4

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

Dear Ms. Williams:

Much excitement is being generated as African Eye Designer Studio prepares to showcase exquisite fashions from two of Africa's premier designers. We are very pleased that Alphadi (Niger) and Abraham (Liberia) are participating in this year's Congressional Black Caucus Spouses' Fashion Show.

In celebration of this occasion, African Eye is hosting two open house events at our Wisconsin Avenue location. Both of the designers will be present with their exclusively designed private collections.

Please join us on Saturday, September 18, 1993, 4 p.m. to 7 p.m., and/or Sunday, September 19, 1993, 1 p.m. to 4 p.m. There will be refreshments and a comfortable atmosphere in which you can shop, or just enjoy informal modeling among friends, in the warm ambience of our designer studio.

It will be a climactic closing to a wonderful week. We look forward to welcoming you.

Sincerely yours,

Mozella P. Ademiluyi
Mozella P. Ademiluyi
President

enclosures

OUR VISION OF CREATIVITY

By Mozella D. Ademiluyi



Mozella Perry Ademiluyi, co-owner, The African Eye. The other co-owners are her two sisters who are shown in the picture Katherine Adeniyi Jones and Shirley Perry Michael.

My sisters, Katherine Perry and Shirley Perry Michael and I have lived most of our years in Africa, and our experiences there continue to be our major influence. However, our lives were interspersed with Asian and European cultural influences, as well. As a result of all these interactions, we began to appreciate all of the world's peoples — our similarities and our differences. It is this blend of cultures that we bring to the African Eye Collection.

A major component of the African Eye Collection is our fashions created by African designers. Collectively, our eye perceives the world, and through fashion, we bring its elements together to offer a unique blend of African, Asian and European designs. Sleek, traditional Pakistani trousers coupled with a Spanish bolero jacket made of Nigerian handwoven cloth, for example, present a look that is at once chic and unique.

The fabrics burst with color, and boast individual style through texture and depth. The intricate beauty of our handwoven fabrics

— aso oke, akwete and kente, among them — comes with a history that dates back before the 15th Century.

African Eye fashions, handcrafts and home accessories interpret traditional ideas as contemporary, alternative forms of self expression. And, through our offerings, we also share knowledge that enhances our clientele's understanding and appreciation of the craftsmanship and cultural legacy of African people.

The continent of Africa has a history not yet fully told — traditions and beauty not yet fully appreciated. It possesses a great wealth of cultures, history and creative genius.

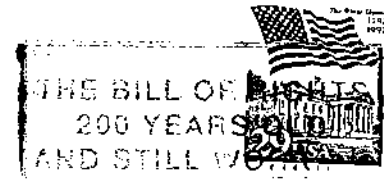
African Eye, Inc. offers these "Visions of Creativity" in the form of fashion, art and tradition in an ambience of warmth and hospitality.

We believe that what Africa offers is for all people, and we are proud to be part of the sharing.

Note: Ms. Ademiluyi is President of African Eye, Inc., located at 2134 Wisconsin Avenue, N.W. (Upper Georgetown). Phone 202-625-2552.



2134 Wisconsin Avenue, N.W., Washington, D.C. 20007



Ms. Maggie Williams
Chief of Staff for
Mrs. Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

**BROOKLYN LEGAL SERVICES CORPORATION A
EAST BROOKLYN OFFICE**

80 JAMAICA AVENUE
BROOKLYN, NY 11207
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718-345-3597

*Q- This lt. requests
MW to prepare or
prioritize their HRC
unit
(102793
over)*

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September 22, 1993

Maggie Williams
White House
1600 Pennsylvania Avenue
Washington, D. C. 20500

Dear Maggie:

As a sister Alumna of Trinity, I am writing to you to make a personal request.

I am an attorney on the staff of Brooklyn Legal Services, Corp A. On October 27, 1993, we are having our 25th Anniversary Dinner, and I understand that Hillary Rodham Clinton is invited to be the main guest speaker. Needless to say, it would be a meaningful affirmation to us as staff, to our community and to the Legal Services Programs if she were to accept our invitation. I would appreciate your giving our invitation priority when her October schedule is being finalized.

During the five years that I have been associated with Brooklyn Legal Services, Corp. A, I have been most impressed with the office's close relationship and involvement with the people of the Brooklyn communities we serve, the staff's caring concern for the poor and very often victimized people who come seeking our help, and the innovative approaches espoused by our attorneys and paralegals to meet the changing and compelling needs of our communities. In recent years, to name only a few activities, we have set up a Community Development Unit that has done the legal

**Serving the communities of Bushwick, Oceanhill-Brownsville,
East New York, Cypress Hills, Starrett City and Canarsie**

BROOKLYN LEGAL SERVICES CORP. "A"
EAST BROOKLYN OFFICE

work required to open a much needed medical facility in Brownsville; an Aids Unit that is handling cases and training staff of community based organizations on meeting the legal needs of the large and continually growing Aids population in our communities; and a Senior Citizen Unit that strives to prevent senior citizen homelessness through advocacy, community outreach at senior centers, and training of New York City Department For The Aging personnel.

Thank you for your attention to my request. Perhaps, you could find time in your schedule to attend our 25th Anniversary Dinner on Wednesday, October 27, 1993, with Hillary Rodham Clinton.

Sincerely,

Sr. Geraldine Kennedy, O.S.U., Esq.
Sister Geraldine Kennedy, O.S.U., Esq.

George V. Voinovich
GOVERNOR



COMMISSION ON MINORITY HEALTH

77 South High Street, Suite 745 Columbus, Ohio 43266-0377
(614) 466-4000

September 27, 1993

Margaret A. Williams
Assistant to the President &
Deputy Chief of Staff to the First Lady
Office of the First Lady
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Letter encouraging
you to encourage
HRC to be Keynote
Speaker at a Regional
Summit on Health
Care Reform, Nov. 5th

Dear Ms. Williams:

The Ohio Commission on Minority Health and the National Medical Association are cosponsoring a **Regional Summit on Health Care Reform**. This event will be held on **November 5 and 6** at the Greater Columbus Convention Center, 400 North High Street, Columbus, Ohio.

Doris Clanton, Assistant Counsel to Senator Glenn, suggested we contact you for help encouraging First Lady Hillary Rodham Clinton to serve as the keynote speaker at this **Regional Summit**. Enclosed you will find a copy of a letter of invitation we sent to Mrs. Clinton. Also enclosed is information that describes the Ohio Commission on Minority Health and the Summit concept in more detail.

The Summit will provide an ideal opportunity for her to discuss the Clinton Administration's health care reform initiatives before an influential audience of health care professionals, policy makers, governmental officials and minority health advocates in NMA Region IV. This region encompasses the Great Lakes states of Ohio, Illinois, Michigan, Indiana, Minnesota and Wisconsin.

In May, a broad cross section of minority health advocates met to discuss the effect health care reform would have on persons of color. Participants decided to take this reform message to minority citizens where they live to encourage them to get informed and involved in the national health care debate. NMA, the trade organization for African-American physicians, serves as the convener for the Intercultural Health Coalition. This national coalition is an ethnically diverse group of health and community organizations.

This **Regional Summit** is part of this continuum started last spring. During the **Summit**, we will convene a bi-partisan panel composed of members of Congress. In addition, there will be state planning caucuses and work groups for Health Providers; Civic and Community-Based Organizations; Churches and Civil Rights and Political Organizations.

Margaret A. Williams
September 27, 1993
Page 2

For additional information regarding this event, please do not hesitate to contact Commission Associate Director Rick Spencer or me at (614) 466-4000.

We believe the *Regional Summit on Health Care Reform* will be a milestone that will shape the future of health care reform in the United States. With your assistance, this regional meeting will gain national significance.

Thank you in advance for your consideration.

Sincerely,

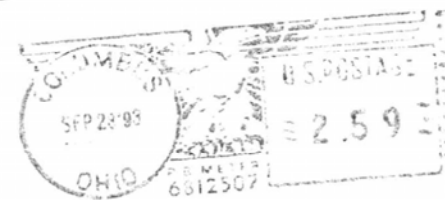
A handwritten signature in cursive script, reading "Cheryl A. Boyce".

Cheryl A. Boyce
Executive Director
Ohio Commission on Minority Health



The Ohio Commission On Minority Health

77 South High Street, Suite 745 Columbus, Ohio 43266-0377



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BY USSS
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Margaret A. Williams
Assistant to the President &
Deputy Chief of staff to the First Lady
Office of the First Lady
1600 Pennsylvania Ave., N.W.
Washington, D.C. 20500

George V. Voinovich
GOVERNOR



COMMISSION ON MINORITY HEALTH

77 South High Street, Suite 715 Columbus, Ohio 43266-0377
(614) 466-1000

September 13, 1993

Hillary Rodham Clinton, Esq.
Chairperson
President's Task Force on National
Health Care Reform
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

Dear Mrs. Clinton:

The Clinton Administration's vision for health care reform is exhilarating for those of us who believe access to acceptable health care is a right not a privilege.

With this vision in mind, the National Medical Association (NMA), on behalf of the Intercultural Health Coalition and the Ohio Commission on Minority Health, invites you to participate in the first ***Regional Summit on Health Care Reform*** by serving as the keynote speaker. This event will be held on **November 5 and 6 at the Greater Columbus Convention Center, 400 North High Street, Columbus, Ohio.**

Our agenda will remain flexible enough to accommodate your busy schedule during this two-day event. We would like for you to discuss the Clinton health care reform package and its effects on the poor, medically underserved and communities of color.

Please confirm your participation at your earliest convenience by contacting the Commission office at (614) 466-4000 or NMA at (202) 347-1895. We would appreciate adequate lead time to promote your appearance.

As you know, NMA is spearheading the mobilization of a national coalition of minority organizations around the issue of national health care reform. The Ohio Commission on Minority Health has joined NMA in shaping the future of this reform.

Earlier this year, NMA hosted *Summit '93: African American Prescription for Health*. A broad cross section of minority health advocates met to discuss the effects that health care reform would have on persons of color. Summit participants decided to take this reform message to minority citizens where they live to encourage them to get informed about and involved in the national health care debate.

During the regional Summit, we will convene a bi-partisan panel of federal and state lawmakers and recommend ways to improve the health status of minorities. We will convene sessions on *Access to Health Care and Universal Coverage; Serving the Urban Underserved; The Role of Health Promotion and Disease Prevention; Long-Term Care; Legal Issues: Tort Reform, Malpractice and Anti-Trust Laws; Violence as a Public Health Issue; and The Education and Training of Minority Health Care Providers.*

Page Two
Mrs. Clinton
September 13, 1993

African Americans, Hispanics, Asians and Native Americans represent an important constituency in implementing health care reform. This Summit will provide you with the ideal setting to advance the Clinton Administration's reform initiatives among an influential group of health care providers, minority health advocates, governmental officials and policy makers. The Summit provides an excellent opportunity to build a coalition among those who provide health care and those who are concerned with how those services will be delivered. Invited guests will come from NMA Region IV, which encompasses the states of Ohio, Michigan, Indiana, Illinois, Wisconsin and Minnesota.

After listening intently to your speech aired on C-Span regarding lack of access issues for women, it is apparent that you hold a special sensitivity to the issues of underserved populations. We know that you receive far more invitations than you could ever honor. We know how difficult it is to spend days and weekends away from home and family. We would not have the temerity to ask you to speak at this event if it were not critically important. The fact is that people of color are dying far too young and far too often for us not to aggressively pursue your attention. Access is an important issue, but so is acceptable delivery of services.

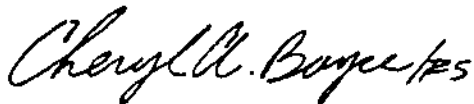
At this critical time in our history, our instincts tell us that this will be the last serious look at health reform in our lifetime. We need to hear from you, and you need to hear from us.

We sincerely hope that for all of us, you can spend the day attending the first *Regional Summit on Health Care Reform* in Columbus, Ohio on November 5 and 6.

Enclosed, you will find information that describes the Ohio Commission on Minority Health and the National Medical Association.

Thank you in advance for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Cheryl A. Boyce".

Cheryl A. Boyce
Executive Director
Ohio Commission on Minority Health

Rosemary A. Davis
Executive Vice President for Administrative Affairs
National Medical Association, Convener
Intercultural Health Coalition

SUMMIT '93

**AFRICAN AMERICAN PRESCRIPTION
FOR HEALTH**

SUMMIT POLICY PAPER

Washington Vista Hotel
Washington, D.C.
May 2-3, 1993





SUMMIT COALITION IDEOLOGY

"Summit 93: African American Prescription For Health" is an unprecedented collaboration of over fifty health and social service organizations. We have come together in a spirit of cooperation, putting aside narrow organizational agendas and personal interests.

As health and social service professionals, we have been closest to the myriad health problems plaguing our community. We have all battled the combined obstacles of inadequate resources and institutional racism. We have developed and continue to develop viable solutions and interventions addressing these challenges. Our expertise is based on "front-line" experience, service as health care providers, and managers of health care delivery systems. Thus, our recommendations for reforming the health care system are not academic exercises or theoretical abstractions.

A major outcome of "Summit 93" will be the creation of local coalitions of Summit Partners who are committed to improve the health status of all African Americans. The fruits of our efforts will benefit all citizens of the United States.

TABLE OF CONTENTS

	page
Executive Summary.....	1
Overview.....	3
Issues and Recommendations.....	6
Addendum: Additional Recommendations.....	15

SUMMIT '93
AFRICAN AMERICAN PRESCRIPTION FOR HEALTH

SUMMIT POLICY PAPER

Executive Summary

In the reform of the National Health Care System, it is essential that the unique health needs and challenges of the African American community are addressed. The factors which are preventing the adequate delivery of health care services to this community demand specific and immediate remedies.

This is a call to individuals and organizations to organize now to ensure that our health needs are met. We urge health providers and consumers to prepare for full participation in a reformed National Health Care System, no matter what form it ultimately takes. As self-determining health providers, consumers and advocates, we must be ready to make the individual and collective decisions that will foster disease prevention, health promotion and equity in health care delivery.

The Summit Planning Coalition has developed specific recommendations for immediate and on-going reforms, focused on the growing health crisis in our community and in the nation.

We seek universal health care without exception, but if it is to be a reality, health care insurance coverage must be extended to those who have been shut out of the health care system, particularly the underserved, the unemployed and the employed without health insurance. The Coalition strongly believes that all Americans not covered by employer-based health care insurance should be covered by a single unified federal health plan that combines Medicare, Medicaid and State-mandated benefits. The Coalition also affirms that health insurance coverage should include all diagnostic and therapeutic services, and should be independent of year-to-year budget fluctuations.

Furthermore, if universal health care is to become a reality, there must be additional federal support for the recruitment and retention of health care providers in the African American community. Many solutions are feasible, such as service-payback loans and more funding for Centers of Excellence in Minority Health.

Experience has shown health professionals that health promotion and disease prevention provide the most efficient use of the health care dollar. The Coalition recommends that health budgets reflect the importance of health promotion and disease prevention by ensuring that 20 percent of all governmental medical and health expenditures be used for those purposes.

Attention must be given to the inclusion of African American health professionals at each level of health care decision-making on reform. The Coalition recommends that a National Health Commission or Board be established, along with Regional Health Councils. These bodies would develop and implement health policy, while keeping in touch with the needs of the health consumer. The inclusion of African American health and social service professionals on the Board and the Councils as decision makers and staff will help ensure that existing obstacles to health care access for the unserved and underserved are identified and overcome.

Financing full access to a health care system that is responsive to the needs of all Americans presents an additional set of challenges. The Coalition recommends that they be met by the elimination of unnecessary bureaucracies; centralized handling of all reimbursement claims; and the

negotiation of the fees associated with the health care system through the National Health Board and the Regional Health Councils. The Summit planners also favor tort reform; the use of a "sin tax" on tobacco and alcohol products; a surcharge on goods produced abroad under the North American Free Trade Agreement (NAFTA); and other suggestions that would generate revenue for the National Health Care System.

In extending access to a reformed National Health Care System, the integrity of the system must be monitored to ensure that the health consumer is benefiting from the best possible health care. Guidelines will be needed for the efficient and equitable operation of that system in the delivery of health care. The Coalition recommends that quality assurance guidelines be developed by the National Health Board and that the Councils implement these guidelines through quality assurance programs.

Creative policies can be established to provide incentives in underserved urban and rural areas. Small business tax credits and banker incentives for loans to minority-owned and operated health care practices will reinforce community infrastructures and address unmet health needs. The health consumers in these areas, many of whom are African American, will also benefit from a national health system that covers everyone; is comprehensive in scope; and is affordable, accessible and prevention- and outcome-oriented.

Overview

The commitment of both the private and public sectors is necessary to solve the complex problems facing our society, not the least of which is the reform of the American health care system. If health care reform is to be viable, it must extend access to all Americans.

Those of us who serve the nation's African American community are closer than other health professionals to the problems of those who find the health care delivery system inaccessible. The combination of the high-risk nature of their ailments and the lack of financial resources and insurance make it difficult in many cases and impossible in others to benefit from a system that could offer them the health care they so badly need and deserve.

The ever-increasing cost of health care is staggering and the figures are sobering. In 1991, health care costs accounted for 12 percent of the gross domestic product (GDP). By 1992, that share had grown to 14 percent, and the Congressional Budget Office predicts that by the end of the decade, less than seven short years from now, health care will consume 18 percent of GDP.

What is even more alarming is the fact that as the cost of health care continues to escalate, more Americans have less access to systems that could help them afford health care. Approximately 16 percent of the American public is now without health insurance. The impact on the minority community is more severe than the figure indicates. While the vast majority of health insurance coverage is obtained through arrangements with employers and/or labor unions, unemployment in the minority community is consistently higher than in the general population. Additionally, in many minority families the head of the household may be employed, but employed in a position that offers very limited health coverage, if any at all.

More than 600 health maintenance organizations now exist, serving about 30 percent of the insured population. Growth projections indicate enrollment will reach 90 percent of all insured Americans by the year 2000. There will remain, however, a substantial shortfall in the delivery of health services if the problem is not immediately addressed. Without impacting the number of uninsured, there will simply be a shifting of the patient load from the sole practitioners to practitioner groups, while the proportion of the uninsured remains constant or increases.

There will also remain a shortfall in the delivery of health care services in the African American community, if the issue of shortages of African American health professionals in primary care and all other specialties are not addressed. It has become imperative that there be a response to this issue on a national level, with the government taking increased responsibility to support the recruitment, training and retention of African American health professionals.

African American health care professionals have been major providers of health care for the underserved, underrepresented and high-risk patient populations. But that same dedication to serving those most in need has begun to work to the detriment of the health care professional and ultimately to the detriment of those he or she serves. For it is by answering the medical requirements of those in the highest risk categories, that many African American health professionals have been excluded from panels of practitioners being organized as provider groups.

For example, those patients who have traditionally been served by African American physicians consistently discover that their own doctors are not included on the lists of preferred providers offered by their employers' plans. The cause of this exclusion is, in part, the high-risk nature of the patient population served by these physicians and the fear of the plan or health maintenance

organization of total financial collapse. Another factor is the often-complicated treatment required by this population. Beyond these financial considerations is also the very high probability that racism blocks full access to the nation's health care system for both African American health care consumers and health care providers.

The results are quite evident. The patient in the employer's plan is not free to choose the physician who has followed his or her medical history. The physician is forced to terminate a physician/patient relationship which, by the very definition of longitudinal care, best serves the patient both in terms of treatment and, most importantly, prevention. In addition, many of the high-risk patients, those most in need, find themselves with even more limited access to affordable health care. The concept of "community rating" must include a large enough universe and socio-economic cross section of the population to spread and thus diminish the risks.

In order to ensure a level playing field for providers and consumers alike, these African American health care professionals must be given the opportunity not only to participate as providers, but also as contractors empowered to organize their own physician (primary care/specialists) provider groups.

In keeping with the concept of the efficient delivery of health services through provider groups, the coalition strongly recommends that African American health care providers and patients have equal access to existing managed health care plans, including Medicare and Medicaid, through open enrollment periods. The criteria for exclusion and inclusion of physicians in provider groups should be designed to ensure the delivery of quality care and, at the same time, maximize equal access and affirmative action. We also see advocacy, community, church and other groups as important partners in a health care reform movement that engages consumers as active participants in health promotion and disease prevention.

While the concept of cost containment is valid and necessary, it should be structured so it neither limits nor reduces services to the patient population. Cost containment should be approached positively by focusing on wellness, prevention and the avoidance of unnecessary and expensive treatment. Here again, those health care professionals with the expertise in serving high-risk patient populations, the African American health care providers, should become an integral part of cost containment decisions by serving on councils, boards and commissions addressing the same. We also urge the inclusion of representatives of community-based organizations in decision making at all levels, in recognition of their role as advocates for consumers.

Cost containment is necessary in the establishment and operation of a national health policy. However, if cost containment works to limit or reduce services to certain segments of the population, the result will be an incomplete and ineffective health care system in which "equal access" becomes only an empty phrase with no practical substance. Cost containment must be attained, therefore, through a positive approach to equity and efficiency. This can best be accomplished through quality assurance measures that expand the concepts of wellness and prevention. The area of cost containment should be approached also through medical liability reform.

This forum is being convened to explore the health care issues having the greatest present and future impact on the African American community. Under the auspices of the National Medical Association, the Congressional Black Caucus Foundation and ten other national health care and advocacy organizations, Summit '93: African American Prescription for Health will also produce recommendations for gaining full access to the nation's health care system for the African American community.

To date, those other organizations adding their perspective to the issues of health care for the African American community are:

- The National Dental Association
- The National Black Nurses' Association
- The National Black Caucus of Health Workers
- The Association of Black Cardiologists
- The National Association for the Advancement of Colored People
- The National Urban League
- The Joint Center for Political and Economic Studies
- The Black Congress on Health, Law and Economics
- The National Association of Black County Officials
- The National Pharmaceutical Association

After thorough examination of the problems and challenges confronting African American health care providers and consumers, the Summit planners developed specific recommendations on effective means of bridging the gap which now exist between African American health care professionals and consumers and access to the health care system.

Summit '93: African American Prescription for Health affords an opportunity to expand this initial partnership to encompass many new Coalition Partners. Organizations attending the Summit will participate in an even broader consensus, as these recommendations are reviewed, expanded and refined. Through this process, the African American community expects to have significant impact on health care reform in the United States, for the benefit of our community and all who are unserved or underserved.

GUIDING PRINCIPLES FOR HEALTH CARE REFORM*

1

Universal coverage for all residents

- Every American is entitled to basic health service coverage.
- Every American is entitled to access to a benefit package of basic health care services.
- Every American is entitled to the highest quality of health care services, delivered by culturally-sensitive health care providers.

2

Affordable health services without financial barriers

- Access to the health care system should not be limited by a person's ability to pay for services which may be long-term and expensive.
- Access to the health care system should not be determined by whether a person is employed, unemployed, or under-employed.
- Access to the health care system should begin with an extensive program of health promotion and disease prevention.
- Access to the health care system is enhanced when patients are made active participants in the promotion of good health and the prevention of disease.

3

A national health program that includes a basic benefits package for all medical conditions

- A national health care program should provide basic benefits, incorporating diagnostic, therapeutic, and reasonable services for every medically necessary condition, including dental care, mental health, long-term care, and pharmaceutical products and services.
- A national health care program should be based on health promotion and disease prevention.

4

A national health care program that is accountable to the public

- A national health care program should be monitored by all levels of government to insure quality, access, and standards for cost.
- A national health care system should be accountable to the public by involving the public to insure that the system responds to community needs.
- A national health care system should clearly define the roles and relationships of public hospitals in the broad health care system.

5

Consumer and provider empowerment

- Health care consumers and health care providers must be involved in the design of any reformed health care system.
- Health care consumers and health care providers must be involved in the implementation of any reformed health care system.
- Health care consumers and health care providers must be involved in the decision-making and evaluation of a reformed health care system that promotes family-oriented, community-based care.

* Adopted by the Planning Coalition for Summit '93: African American Prescription for Health Intercultural Health Coalition

6**Assurance of high quality and efficiency, as well as availability, adaptability, and acceptability of the national health care program**

- Availability must include full and equal access to and participation in health care plans for all Americans, with the inclusion of health care providers who are culturally-sensitive.
- Adaptability of the national health care program must focus on the diverse and serious health care concerns of the nations' underserved population and the delivery of high quality health services to that population.
- Acceptability of the national health care program must be based on meeting the health care needs of all Americans.

7**A payment mechanisms to insure desired health outcomes**

- A payment mechanism for health care services should be efficient and provide incentives for prevention, primary care, and the continuity of care and service to the underserved.
- A payment mechanism for health care should place emphasis on health promotion and disease prevention.

8**A national health care program that supports education and training**

- A national health care system should provide incentives for the training of African American health professionals and other persons committed to serving underserved populations.
- A national health care system should provide additional incentives to historically black colleges and universities.

9**A national health care program that encompasses the principle of affirmative action**

- A national health care program must provide for full and equal access by all health care workers, consumers, and trainees.
- A national health care program must include the establishment of African American-owned and operated networks that provide health-related services.

10**Expansion of consumer education**

- Consumer education must focus on the individual, family, and community institutions.
- Consumer education must focus on health promotion and disease prevention.
- Consumer education must be responsive to cultural diversity in the American population.

11**Reform of malpractice insurance, tort procedures, and anti-trust laws**

- The delivery of affordable health care services should not be limited by the high cost of malpractice insurance.
- The delivery of affordable health care services should be enhanced by the reform of legal procedures which produces a system which is responsive both to the needs of the patient and the health care provider.

Please share this message with family friends, colleagues, neighbors, church members, public officials, and others!

Clinton Presidential Records Digital Records Marker

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

This marker identifies the place of a publication.

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

Moving From Vision Toward Victory



Phil Sparks —
Communications Consortium Media Center

- WANTS Mrs. Clinton to attend a
reception on Nov. 1 at National
Press Club for participants in the
Kellogg Community Partnership
Initiative —



October 19, 1993

Ms. Maggie Williams, Chief of Staff
Office of the First Lady
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Maggie:

We are writing to ask a personal favor regarding the First Lady, that, while benefiting the Communications Consortium, also makes good political sense. As you might remember from your days as a Board member of the Consortium, we work with the W.K. Kellogg Foundation of Battle Creek, Michigan on health issues.

Through the Community Partnerships Initiative, the Foundation has invested \$45 million in seven strategically located schools of medicine and nursing to encourage the education of more primary health care providers (see attached press kit). On Monday, November 1st, from 6:00-7:00 p.m., the Foundation is sponsoring a reception in the Main Lounge of the National Press Club for participants in the Kellogg Community Partnerships Initiative from Texas, Tennessee, Massachusetts, Hawaii, West Virginia, Michigan and Georgia and national health care policymakers, Members of Congress and others.

IS IT AT ALL POSSIBLE THAT THE FIRST LADY COULD DROP BY, FOR NO MORE THAN 20-30 MINUTES, THIS RECEPTION WHICH IS HOSTED BY THE CHAIRMAN OF THE KELLOGG FOUNDATION, RUSSELL MAWBY?

The political reason for an appearance is that the Foundation is building a network of health professionals, community activists and state policymakers who will work actively for the primary health care provisions of the Clinton plan. The role of the Communications Consortium in 1994 is to develop and help implement a strategic media plan to keep these issues in the health care debate.

This request comes as a sort of "we've never asked for anything before, but here's something that's really important."

Let's discuss.

Sincerely,

A handwritten signature in cursive script that reads "Kathy".

Kathy Bonk
Co-Director

A handwritten signature in cursive script that reads "Phil".

Phil Sparks
Co-Director

THE WHITE HOUSE
WASHINGTON

June 10, 1994

Stephen Gaskill
1317 F Street, N.W.
Suite 600
Washington, D.C. 20004

Dear Stephen:

Congratulations! It's good to know you are nearby. Welcome to the club. I couldn't ask for a nicer new member.

Sincerely,

Margaret A. Williams
Chief of Staff to the
First Lady

*too old
to
send*

THE WHITE HOUSE

WASHINGTON

June ¹⁰/₈, 1994

Stephen Gaskill
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Washington, D.C. 20004

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Sincerely,

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Chief of Staff to the
First Lady

THE WHITE HOUSE

WASHINGTON

Mr. Stephen Gaskill
1317 F Street, N.W.
Suite 600
Washington, DC 20004

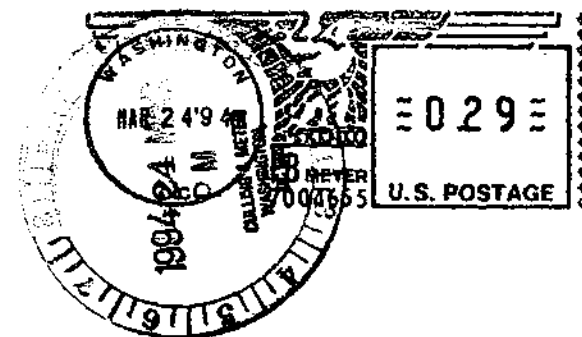
THE WEXLER GROUP

1317 F Street, N.W.

Suite 600

Washington, D.C. 20004

Maggie Williams
The White House
Washington, DC 20515



Stephen Gaskill
leaving Wexler Group
to join Dept of Labor

—
- Please type ltr.
on letterhead

- Also, give Evan
his new office address
& tel. no. for Maggie's
polodex

THE WEXLER GROUP

1317 F Street, N.W.

Suite 600

Washington, D.C. 20004

202-638-2121

202-638-7045 Telecopy

March 24, 1994

Stephen Gaskill

Senior Vice President

Maggie Williams
The White House
Washington, DC 20515

Dear Maggie: *L.A.G. e*

I just wanted you to know that I am leaving The Wexler Group to join the Clinton Administration. I have accepted a position at the Department of Labor that I will begin on March 30. I apologize for not calling you personally but this process has taken less than a week to play itself out, and there just wasn't time.

As you know, the President is committed to identifying and meeting the needs of the workforce that will take us into the 21st century. The Re-employment Act of 1994 is aimed at providing a uniform and coordinated set of services to dislocated workers, whether they need education to change their careers, a lead on job openings, or other services related to employment. This initiative is being run out of the Labor Department, and I am pleased to be managing the communications effort supporting the passage of this important legislation. (I have enclosed an article from today's Wall Street Journal that outlines what is at stake in this effort.)

I have enjoyed my years at The Wexler Group and the many and diverse issues on which I have worked for numerous clients -- it has been, truly, the ideal working experience and I will miss it and my colleagues tremendously.

If I am able to be of service to you in my new capacity, please let me know. I can be reached through the Department's Office of Public Affairs, Washington DC 20210 (phone: 202/219-8211).

Regards,

Steph.

enclosure

*Dear Stephen - It's
Congratulations. You
good to know you
are nearby. I
welcome to the
Washington area + let
me know if I can
do anything.
S.*

*I wouldn't ask for
you a new member -
Maggie*

CAPITAL JOURNAL

By GERALD F. SEIB

Clinton Attacks The Jobs Issue, But Isn't Alone

FOR THOSE WHO'D LIKE to step back from the Whitewater din for a moment and scope out a hot new issue, here's one: re-employment.

Re-employment is a new-wave term that simply means this: ditching the



existing unemployment system and replacing it with a new one that takes in workers who have lost their old jobs, trains them in new skills, and finds them work in new industries. With layoffs and downsizings continuing apace, this is one way to attack the

job worries that dog American workers even as the economy seems to be humming along.

So the Clinton administration is hot on the re-employment case. But its approach is flawed in one crucial respect. It doesn't really clean out the federal government's hopeless swamp of 154 job-training and education programs. And that has given a nice political opening to some smart Republicans and maverick Democrats who favor a more radical attack on the bureaucracy.

At first blush, re-employment may sound like one of those ideas only a Beltway policy wonk could love. Not so. Consider just one story about how it plays in the real America, where two million workers are displaced annually.

When President Clinton gave his State of the Union address in January, Stanley Greenberg, the pollster who has mastered the art of putting him in touch with every public mood, organized a group of Dayton, Ohio, voters to watch the speech. This Ohio group consisted of wavering Clinton supporters and Ross Perot voters—in other words, the pivotal middle-of-the-road constituency that holds the balance in U.S. politics today.

EACH OF THESE VOTERS was given a meter and told to move the dial up when they heard something they liked and down when they heard something they didn't like. To nobody's great surprise, the meters jumped the highest when Mr. Clinton mentioned the popular three-strikes-and-you're-out proposal to put repeat felons in prison for life.

But to the considerable surprise of some Clinton advisers, the meters jumped nearly as high when Mr. Clinton uttered the following passage: "We must literally transform our outdated unemployment system into a new re-employment system. The old unemployment system just sort of kept you going while you waited for your old job to come back. We've got to have a new system to move people into new and better jobs because most of those old jobs just don't come back."

Clinton political adviser Paul Begala now rates re-employment as one of a handful of key issues of this election year (the others being health care, crime and welfare). And though the development was virtually drowned out under waves of Whitewater coverage, the administration has just proposed the Re-employment Act of 1994, an ambitious, \$13 billion plan to revamp the nation's unemployment system.

The administration plan is path-breaking in many respects. It proposes to create "one-stop shopping" centers for the unemployed, where workers who have lost their jobs for any reason could go to get both benefits and help in searching for work. Perhaps more important, badly underskilled workers who have been permanently laid off could get long-term "re-employment insurance" to give them time to complete serious training programs, and grants to help pay for the training.

The administration proposal also would open the door to privatizing some of the unemployment system by allowing businesses to bid for the right to open and run the one-stop career centers for laid-off workers. Public-employee unions, predictably, hate that idea. But it excites the centrist Democrats over at the Democratic Leadership Council, whose think tank has just produced a paper gushing that the new system will inject "the dynamics of the marketplace into the job training system."

BUT THE CLINTON PLAN also pulls its punches in one crucial area. It would merge just six current federal training programs for dislocated workers, leaving the scores of other training programs to drag on.

Nobody can pretend the current system really connects trained workers with real jobs. By one estimate, the federal employment system's share of job placements in the U.S. has fallen by two-thirds since 1952. But some congressional baron or subcommittee has a stake in keeping alive each of the outdated training and education programs, and the administration decided it didn't want to battle all those forces just now.

But others aren't so shy. Kansas Republican Sen. Nancy Kassebaum, along with Democrat Bob Kerrey of Nebraska, has introduced legislation to "wipe the slate clean" by giving a new commission two years to figure out how to dismantle all existing programs or consolidate them into one system.

Down deep, this is what many Clintonites would like to do as well. Sen. Kassebaum may be doing them a favor by presenting what she calls "an opportunity that shouldn't be missed."

Request for family
to meet with
Maggie Apr 3 -
Apr 7.

file
"Too late
to respond"

James Devitt
1845 Summit Place, NW, #509
Washington, DC 20009
(202) 232-1351

March 15, 1994

Margaret Williams
The White House
Washington, DC 20500

Dear Maggie:

I know this is a trying time for you, so feel no obligation to respond to this request. As I indicated in January, my family is coming to Washington the first week in April (April 3 - April 7). They would of course like to meet you, if only briefly. But I know, as does most of America, the increasing rigors you are facing.

I will leave a message at your home the week before they arrive. If something can be arranged, please call me back either at work (328-5980) or at home (232-1351). We have only two prior commitments: Tuesday April 5, from 10 A.M. to 1 P.M. and from 7:30 P.M. to 11 P.M.

Take care of yourself.

Love always,

James

Find out if
they want to
tour a congressional
arrange a time
to meet with
them

Too late

THE WHITE HOUSE
WASHINGTON

June 6, 1994

Mr. Sam Agger
SJA International, Inc.
1133 Connecticut Avenue, NW
Washington, DC 20036

Dear Sam:

I am forwarding Marc Ullmann's resume to Mark Gearan, the President's Director of Communication. Mark will be making all media decisions relating to the President's trip in June.

As always, many thanks for your words of encouragement. I look forward to the time when we can have one of our very long lunches.

Sincerely,

Margaret A. Williams
Chief of Staff to the
First Lady

THE WHITE HOUSE

WASHINGTON

Mr. Sam Agger
SJA International, Inc.
1133 Connecticut Avenue, NW
Washington, DC 20036

THE WHITE HOUSE

WASHINGTON

31

May 20, 1994



Mr. Sam Agger
SJA International, Inc.
1133 Connecticut Avenue, NW
Washington, DC 20036

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Sincerely,

Margaret A.
~~Maggie~~ Williams
Chief of Staff to the
First Lady

THE WHITE HOUSE

WASHINGTON

May 17, 1994

Mr. Sam Agger
SJA International, Inc.
1133 Connecticut Avenue, NW
Washington, DC 20036

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Sincerely,

Margaret A.
Maggie Williams
Chief of Staff to the
First Lady

SJA INTERNATIONAL, INC.

1133 CONNECTICUT AVENUE NW, WASHINGTON, DC 20036

TELEPHONE (202) 223-4001
FAX (202) 457-6566

February 24, 1994

Ms. Margaret Williams
Chief of Staff
Office of the First Lady
Room 100 -- OEOB
Washington, D.C. 20050

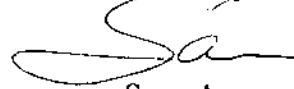


Dear Maggie:

A good friend of mine in France, Marc Ullmann, is a well-respected journalist and would be a great person to interview President Clinton in connection with this summer's 50th Anniversary events commemorating the Allied landing at Normandy. Mr. Ullman has suggested to me that he would like to interview President Clinton for *Paris Match*, an important French weekly. Mr. Ullmann's name has been put forward already in this context to Mr. Gergin by an associate of mine, Myer Rashish. Enclosed is a copy of Mr. Ullman's résumé for your review.

Off of this subject, I would like to visit you simply to say "hello". I have no particular agenda, but I am eager to see your face (to insure that a smile is there or to put one there if not).

Sincerely,



Sam Agger

enclosure



CURRICULUM

Marc ULLMANN was born in 1930 at Sainte Adresse, Seine-Maritime, France.

He studied Law and Political Sciences at the Paris University which he left before obtaining degrees.

1952-1955 : Worked as a journalist and trained in economic research

1955 : Joined the European Coal and Steel Community

1955-1957 : Press and Information Department

1957-1959 : Finance Department

1959-1960 : Hakness Fellow : Center for International Affairs
Harvard ; and First Boston Corporation, New York

1961 : Back to E.C.S.C. : in charge of the industrial loans
in the Finance Department

1962-1964 : Deputy Director of Studies, Atlantic Institute, Paris

1964-1976 : Joined "L'Express"

1964-1966 : Foreign Editor

1967-1976 : Deputy Chief Editor

Starting 1977 : Columnist and commentator, mostly in foreign and
economic affairs (weekly "Paris-Match" ;
radio station "RTL" ; daily "Le Télégramme", etc.

Also Chief Editor of "L'Observatoire de la Cofremca",
a review of sociological research.

fill
"to late
to respond"

Red Book - declines
request for auction
items - Tomorrow
if not, talk to Diane

Requests
Letter
3

Ri. Women's Bldg -
Want item donated
by H21 for
Silent auction
(Diane)

WOMEN'S BUILDING

79 Central Ave. Albany, NY 12206

December 9, 1994

Margaret Ann Williams
White House
Washington, DC 20500

Dear Ms. Williams:

The Women's Building in the Capital District of New York State has been flourishing in its new facility for 6 years! Women of the Capital District have a welcoming space where we can meet, network, and share information; a place where we can empower ourselves and each other to address personal and community needs. This 7,000-square-foot building owned and operated by and for women is one of only a few buildings of its kind in the country. We have enclosed a "herstory" for your information.

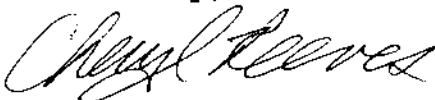
We are now planning our Seventh Annual Auction for February 1994. We invite you to lend your support to **The Women's Building** by donating an item to the auction, an event to raise money for our annual operating budget. Last year's auction was a great success, and we expect this year's to be even better.

We are soliciting items from well-known women across the country, as well as goods and services from local women and their businesses and organizations. In this way, the auction will celebrate women's achievements, support efforts for social change, and share information about women's endeavors.

In order to have your item in our catalog, please send it to the above address by January 21, 1994. To prove the authenticity of the item to the successful bidder, please sign and return the enclosed certificate.

We appreciate your continued support of women's issues. Your assistance with our auction will be a great boost to the success of the event, as well as the ongoing operation of **The Women's Building**.

Sincerely,



Cheryl Reeves
Auction Planning Committee

The Women's Building: A Herstory

Five years ago, in October 1987, the Women's Building became a reality when we moved into our present location at 79 Central Ave. This event marked the culmination of a 17 year long dream by women in the greater capitol area.

Pre-Women's Building Herstory

In the early 1970's, interest in a place operated by and for women began to gel as a result of a number of consciousness raising groups that formed in the area. The anti-war movement and its spur to political activism also encouraged more women to be cognizant of their rights and abilities.

The Women's Building Project

Always struggling for funds, the women's community received a much needed boost when, in 1982, the foundation Holding Our Own was formed with a substantial sum of money donated by a local feminist. Holding Our Own issued a grant of \$16,000 to set up a group that would raise money and search for a building that could be owned by women and could be used as a central gathering place.

The Tri-City Women's Center, which was founded in 1974, turned over its incorporated status as a non-profit organization to the group which became the Women's Building Project. With the news that a permanent space for women could become a reality, more women began putting energy into the new group. On a Saturday in 1984, a day-long community meeting resulted in the formation of several committees, such as programming and finance, staffed by fresh volunteers.

The groups first office was in the basement of the Friend's Meeting House on Madison Avenue. When that space proved too small, a storefront on lower Madison Avenue was rented as a meeting and office space. The concept of membership in the Women's Building Project was created to raise money. Other women were reached through a series of brunches. Three large conferences were held in 1985 and 1986. At the same time, a building search committee was checking possible sites. However, with rising property prices, the reality of actually owning a space seemed a long way off.

The Women's Building Becomes a Reality

In 1987, Holding Our Own agreed to provide the capital for a down payment on the building as long as the Women's Building Project agreed to make the mortgage payments and to make a commitment to ultimately raise the money needed for the renovations. In August of 1987, 79 Central Avenue was purchased. The location was chosen because of its proximity to neighborhoods with diverse economic and racial populations and its convenience to public transportation and because the building could be converted to be wheelchair accessible.

In October of 1987, the organization moved into the new building. At that point, the name of the organization was changed to The Women's Building. It took a lot of imagination to see the potential in the building because it looked like a dark, dingy warehouse. However, over the next three years, major renovation work transformed the interior from an empty storefront and storage area to an aesthetically pleasing collection of offices and meeting rooms. On February 4, 1989, a Grand Opening was held to celebrate the completion of the first phase of renovation and the welcoming of the first group of tenants.

The Women's Building provides space for women's programs and offers a secure home for organizations dealing with women's issues or offering services to the women's community at large. Through this, the building creates connections among such groups and ensures the availability of women-focused programming in a central location in the Capital Region.

THE WOMEN'S BUILDING

79 CENTRAL AVENUE

ALBANY, NY 12206

(518) 465-1597

I/we _____ certify
that I/we have donated the item described below to be used as part of a
fundraising auction to benefit the Women's Building in Albany, New York.

Description of item or service _____

Value (if applicable) _____

Signature

Date

WOMEN'S BUILDING
79 Central Ave.
Albany, NY 12206



Margaret Ann Williams
White House
Washington, DC 20500

THE WHITE HOUSE
WASHINGTON

February 8, 1994

Cheryl Reeves
Auction Planning Committee
Women's Building
79 Central Ave.
Albany, NY 12206

Dear Ms. Reeves:

Thank you very much for inviting me to provide an item for auction at your upcoming event. Your support means a great deal.

I am grateful for the important work that groups like yours are doing to help meet the challenges facing our nation. I regret that White House guidelines do not permit me to accomodate your request for an auction item.

I appreciate your interest and wish you much success with your event. Please do not hesitate to contact our office if we can be of assistance to you in the future.

Sincerely,

Margaret A. Williams
Chief of Staff to the First Lady

Diane - — 2/3

I had to redo
this letter because
of a typo. I couldn't
get Maggie to sign
it before she left.

— Evan

THE WHITE HOUSE

WASHINGTON

February 1, 1994

Cheryl Reeves
Auction Planning Committee
Women's Building
79 Central Ave.
Albany, NY 12206

Dear Ms. Reeves:

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Sincerely,


Margaret A. Williams
Chief of Staff to the First Lady

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THE WHITE HOUSE

WASHINGTON

Ms. Cheryl Reeves
Auction Planning Committee
Women's Building
79 Central Ave.
Albany, NY 12206

January 10, 1994

Cheryl Reeves
Auction Planning Committee
Women's Building
79 Central Ave.
Albany, NY 12206

Dear Ms. Reeves:

Thank you very much for inviting me to provide an item for auction at your upcoming event. Your support means a great deal.

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Sincerely,

Margaret A. Williams
Chief of Staff to the First Lady