

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. schedule	Schedule for Hillary Rodham Clinton [partial] (3 pages)	04/22/1999	b(7)(E), b(6)
002. schedule	Schedule for Hillary Rodham Clinton [partial] (2 pages)	05/04/1999	b(6)
003. schedule	Schedule for Hillary Rodham Clinton [partial] (1 page)	08/23/1999	b(6)
004. bio	re: political event (4 pages)	n.d.	Personal Misfile
005. list	re: political event guests (6 pages)	08/28/1999	Personal Misfile
006. list	re: political event guests (5 pages)	08/27/1999	Personal Misfile
007. list	re: political events guests (9 pages)	08/28/1999	b(6)
008. chart	re: political event (1 page)	08/29/1999	Personal Misfile
009. chart	re: political event (1 page)	08/29/1999	Personal Misfile
010. list	re: political event guests (14 pages)	08/29/1999	Personal Misfile

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 18538

FOLDER TITLE:

HRC Healthcare Book #13: Health Reform [2]

2013-0534-S

rc1788

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Clinton Presidential Records Digital Records Marker

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This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

**4/22/99 Video:
Women's Health**

Divider Title: _____

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SCHEDULE FOR HILLARY RODHAM CLINTON

THURSDAY, APRIL 22, 1999

FINAL

WASHINGTON, D.C./ NIAGARA FALLS, NEW YORK/WASHINGTON, D.C.

TRAVELING PARTY: THE FIRST LADY
REPRESENTATIVE LAFALCE (D.C.- New York)
WHITNEY WILLIAMS
MARSHA BERRY
SHIRLEY SAGAWA
RALPH ALSWANG

(b)(7)e

00013

NIAGARA FALLS

LEAD ADVANCE: JULIE RENEHAN ROOM 204
HOWARD JOHNSON NIAGARA FALLS
716/285-5261 PHONE
716/285-8536 FAX
202/607-6207 CELL
WHCA SKYPAGER

NIAGARA FALLS

SITE ADVANCE: MICHELLE BARNETT

NIAGARA FALLS

PRESS LEAD: LARS ERICKSON

SCHEDULER: WENDY ARENDS
202/456-7007 PHONE
202/456-5340 FAX
202/518-8209 HOME
WHCA PAGER #4781

PREV RON The White House

10:00am MEETING
Residence
CLOSED PRESS/NO WH PHOTO

PARTICIPANTS:

The First Lady

(b)(6)

12:45pm- MEETING
2:15pm Residence
CLOSED PRESS/NO WH PHOTO

PARTICIPANTS:

The First Lady
Sidney Blumenthal
Tom Friedman

SCHEDULE FOR HILLARY RODHAM CLINTON
THURSDAY, APRIL 22, 1999
PAGE 2

2:15pm-
2:45pm

VIDEOS

Room 459, Old Executive Office Building
CLOSED PRESS/WH PHOTO

- American Cancer Society honoring Sidney Kimmel
- American Friends of the "Oasis of Peace" Dinner
- Baruch College's Distinguished Alumnus Tribute to Bernard Schwartz
- Brooklyn Children's Museum Centennial Celebration
- Kick-Off of the Kaiser Permanente's Women's Health Initiative
- Learning and the Brain: A Harvard University Science Center and Conference

2:50pm-
3:00pm

DROP-BY with East Village Elementary School
Presidential Hall
Old Executive Office Building
CLOSED PRESS/WH PHOTO

PARTICIPANTS: 60 students

3:05pm-
3:15pm

DROP-BY with Ambassador Benaissa
Map Room
CLOSED PRESS/WH PHOTO

PARTICIPANTS:

The First Lady
Ambassador Mohamed Benaissa
Laila Benaissa

3:20pm-
3:30pm

DROP-BY with Aren Almon
Map Room
CLOSED PRESS/WH PHOTO

PARTICIPANTS:

The First Lady
Aren Almon-Kok
Stanley Kok
Bella Kok
Eric Cote
Richard Eannaino

SCHEDULE FOR HILLARY RODHAM CLINTON
THURSDAY, APRIL 22, 1999
PAGE 3

3:30pm- **PRIVATE MEETING**
3:50pm Map Room
CLOSED PRESS/WH PHOTO

PARTICIPANTS:
The First Lady
Fatima Mernissi
Mahnaz Afkami
Melanne Verveer

3:55pm- **DROP-BY with Iris Chang**
4:05pm Map Room
CLOSED PRESS/WH PHOTO

PARTICIPANTS:
The First Lady
Iris Chang
Melanne Verveer
Diana Zuckerman

4:10pm- **DROP-BY with Goldman Prize winners**
4:20pm Map Room
CLOSED PRESS/WH PHOTO

PARTICIPANTS: 15 people

4:25pm- **DROP-BY with** (b)(6)
4:35pm Map Room
CLOSED PRESS/WH PHOTO

PARTICIPANTS:
The First Lady
(b)(6)
Margaret Whillock

SCHEDULE FOR HILLARY RODHAM CLINTON
THURSDAY, APRIL 22, 1999
PAGE 4

4:35pm- **DROP-BY** with the (b)(6)
4:40pm Map Room
CLOSED PRESS/WH PHOTO

PARTICIPANTS:
The First Lady

(b)(6)

4:40pm- **DROP-BY** with (b)(6)
4:45pm Map Room
CLOSED PRESS/WH PHOTO

PARTICIPANTS:
The First Lady

(b)(6)

4:45pm **DEPART** South Portico
VIA Motorcade
EN ROUTE Andrews Air Force Base
[Drive time: 30 minutes]

5:15pm **ARRIVE** Andrews Air Force Base

5:30pm **WHEELS UP** Andrews Air Force Base
EN ROUTE Niagara Falls International Airport,
Niagara Falls, New York
[Flight time: 1 hour]
[Meal: Dinner]

6:30pm **WHEELS DOWN** Niagara Falls International Airport,
Niagara Falls, New York
FBO: Tech Aviation
Phone: 716/236-2174
CLOSED PRESS/CLOSED PUBLIC

SCHEDULE FOR HILLARY RODHAM CLINTON
THURSDAY, APRIL 22, 1999
PAGE 5

GREETERS:

James Galie, Mayor of Niagara Falls

6:45pm

DEPART Niagara Falls International Airport
VIA Motorcade
EN ROUTE Niagara Falls Convention and Civic
Center
[Drive time: 15 minutes]

7:00pm

ARRIVE Niagara Falls Convention and Civic Center

GREETERS:

Thomas Hobart, Jr., President, New York State
United Teachers
Alan Lubin, Executive Vice President, New York
State United Teachers
Antonia Cortese, First Vice President, New York
State United Teachers
Dan Frasca, Controller, New York State United
Teachers
Sandy Feldman, President, AFT
Gigi Georges, AFT staff
Randi Weingarten, President, UFT
Walter Dunn, Vice President, New York State
United Teachers
Fred Nauman, Secretary-Treasurer, New York State
United Teachers

7:00pm

MEET AND GREET WITH LOCAL ELECTED OFFICIALS
Dressing Room B
Niagara Falls Convention and Civic Center
CLOSED PRESS/WH PHOTO

7:45pm-

8:30pm

RECEIVING LINE
Backstage Area
Niagara Falls Convention and Civic Center
CLOSED PRESS/WH PHOTO

PARTICIPANTS: 90 guests

SCHEDULE FOR HILLARY RODHAM CLINTON
THURSDAY, APRIL 22, 1999
PAGE 6

8:30pm- **ALBERT SHANKER AWARD FOR DISTINGUISHED SERVICE**
9:15pm Niagara Falls Convention and Civic Center
 HRC Hold: Dressing Room A
 Phone: 716/285-1916
 Fax: 716/286-4782
 Staff Hold: Dressing Room A
 OPEN PRESS/WH PHOTO

FORMAT:

- The First Lady is announced onto stage and proceeds to her seat.
- Thomas Hobart, Jr., President, New York State United Teachers, makes welcoming remarks and presents the First Lady with the Albert Shanker Award for Distinguished Service.
- The First Lady makes remarks.
- Upon conclusion, the First Lady has the option to work a ropeline.
- The First Lady departs.

PARTICIPANTS: 3500 guests

9:30pm **DEPART** Niagara Falls Convention and Civic Center
 VIA Motorcade
 EN ROUTE Niagara Falls International Airport
 [Drive time: 15 minutes]

9:45pm **ARRIVE** Niagara Falls International Airport

10:00pm **WHEELS UP** Niagara Falls International Airport,
 Niagara Falls, New York
 EN ROUTE Andrews Air Force Base, Washington, D.C.
 [Flight time: 1 hour]

11:00pm **ARRIVE** Andrews Air Force Base, Washington, D.C.

SCHEDULE FOR HILLARY RODHAM CLINTON
THURSDAY, APRIL 22, 1999
PAGE 7

11:10pm DEPART Andrews Air Force Base
 VIA Motorcade
 EN ROUTE South Portico
 [Drive time: 20 minutes]

11:30pm ARRIVE South Portico

RON The White House

April 21, 1999

VIDEOS

DATE:	April 22, 1999
TIME:	2:00 pm
LOCATION:	Old Executive Office Building
FROM:	Noa Meyer

I. PURPOSE

To record 5 videos

II. BACKGROUND

Learning and the Brain Conference

You have been asked to record a video for the "Learning and the Brain" conference taking place on May 7-8, 1999 at the campuses of Harvard University and MIT in Cambridge, Massachusetts.

The conference, the first in a series of three such events, is being organized by Public Information Resources, Inc. in coordination with national educational and scientific organizations including the American Association of School Administrators, the Dyslexia Research Laboratory at Beth Israel Deaconess Medical Center, and the Kosik Laboratory of Cellular Neurobiology at Harvard Medical School. This conference is a direct follow up to the White House Conference on Early Child Development and Learning hosted by you and the President in April 1997. It is a cross-disciplinary collaboration between educators and scientists that will introduce new and original scientific research to educators eager to translate these findings into classroom practice.

Your video will appear at the opening of the conference, on May 7 to an audience of 1500 education professionals and scientists. Anne Rosenfeld, Conference Director, will introduce your video, and it will be followed by remarks Harvard University's Dr. Jerome Kagan.

Brooklyn Children's Museum

You have been asked to record a video for the Brooklyn Children's Museum's centennial video. The Brooklyn Children's Museum opened in 1899 as the world's first Museum for Children. They serve an audience of 220,000 annually with another half million visiting their traveling exhibitions across North America. The video will debut at the Museum's Centennial gala on Thursday, May 6, at the new Brooklyn Marriott. There will be roughly 600-700 people in attendance. Senator Schumer will be participating in the gala.

Baruch College Tribute to Bernard Schwartz

You have been asked to record a video honoring Bernard Schwartz as the Baruch College Fund's Distinguished Alumnus. The dinner will take place on April 28 at the Plaza Hotel in New York City. There will be roughly 450 people in attendance, mostly friends and colleagues of Bernard Schwartz. Irwin Ingleman, Executive Vice President of Revlon will introduce your video at the beginning of the program.

American Cancer Society Dinner Honoring Sidney Kimmel

You have been asked to record a video for the American Cancer Society's dinner honoring Sidney Kimmel on May 3 at the Rainbow Room in New York. Over the years, the Sidney Kimmel Foundation has contributed nearly \$50 million to healthcare, the arts and educational institutions including the Holocaust Museum in Washington. Sidney was actively involved in the planning of the MARCH to fight cancer last September. He has also endowed the Kimmel Cancer Center of Jefferson Medical College in Philadelphia as well as the Sidney Kimmel cancer Center in San Diego. In New York City, he is a major supporter of Memorial Sloan-Kettering cancer Center.

Kaiser Permanente Women's Health Initiative

You have been asked to record a video for the gala kick-off of Kaiser Permanente's new Women's Health Initiative, to be held on May 4. The screening of the video comes after a month-long, five-workshop series entitled "Body in Balance," which will serve as the high-profile public launching of the Initiative. Speakers include Peggy Fleming as the keynote speaker focusing on breast health. One unique feature of Kaiser's program is that educational activities will be provided to patients in both Cantonese and Spanish to meet the needs of their culturally diverse membership. Now celebrating their 50th anniversary, Kaiser is one of the largest, most respected and most innovative managed health care organizations in the world, delivering quality service to nearly eight million members in California.

III. PARTICIPANTS

- The First Lady

IV. REMARKS

To be forwarded

V. PRESS

Closed press

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**5/4/99 Childhood
Asthma**

Divider Title: _____

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SCHEDULE FOR HILLARY RODHAM CLINTON
TUESDAY, MAY 4, 1999

FINAL

WASHINGTON, DC

DRAPER ELEMENTARY

LEAD ADVANCE: MICHELE KREISS
301/384-7118 PHONE

PRESS ADVANCE: TBD

SCHEDULER: EVAN RYAN
202/456-6751 PHONE
202/456-5340 FAX
202/483-0383 HOME
WHCA PAGER #4223

PREV RON The White House

11:05 am- DROP-BY with University of Florida Student
11:10 am Athletes
South Portico
CLOSED PRESS/WH PHOTO

PARTICIPANTS: 64 guests

CONTACT: Douglas Band 202/456-5113

11:10 am DEPART South Portico
EN ROUTE Draper Elementary School
[drive time: 20 minutes]

MOTORCADE MANIFEST

LIMO: THE FIRST LADY

STAFF VAN: ABEDIN, BERRY, JEFFERS, SHAMIR, TANDEN, WH PHOTO

11:30 am ARRIVE Draper Elementary School

GREETERS:

Dr. Sandra Coates, Principal
Nikita Johnson, Parent

(b)(6)

[002]

SCHEDULE FOR HILLARY RODHAM CLINTON
TUESDAY, MAY 4, 1999

PAGE 2

11:35 am- **HALLWAY PHOTOS**
11:40 am Hallway
 Draper Elementary School
 908 Wahler Place, SE
 Hold: First room on right
 Phone: 202/645-4255
 Fax: 202/645-3315
 CLOSED PRESS/WH PHOTO

PARTICIPANTS: 6 people (see briefing book)

11:40 am- **ASTHMA SCREENING**
11:55 am Room 145
 Draper Elementary School
 908 Wahler Place, SE
 Hold: First room on right
 Phone: 202/645-4255
 Fax: 202/645-3315
 POOL PRESS/WH PHOTO

-The First Lady visits briefly with students waiting to be screened who are coloring.

-The First Lady observes as a student is being screened.

-The First Lady sits with a student who is talking to a doctor.

PARTICIPANTS: 15 children/5 doctors

12:00 pm- **ASTHMA EVENT**
12:30 pm Auditorium
 Draper Elementary School
 908 Wahler Place, SE
 Hold: First room on right
 Phone: 202/645-4255
 Fax: 202/645-3315
 OPEN PRESS

FORMAT:

-Sandra Coates, Principal, announces the First Lady into the room.

-The First Lady proceeds onto stage.

SCHEDULE FOR HILLARY RODHAM CLINTON
TUESDAY, MAY 4, 1999

PAGE 3

-Dr. Coates introduces Eloise Brooks.

-Eloise Brooks, Deputy Superintendent of D.C. Schools, makes brief remarks and introduces Dr. Robert Miles, President of American College of Allergy, Asthma, and Immunology.

-Dr. Miles makes brief remarks and introduces Dr. Talal Ensouli, Allergist.

-Dr. Ensouli makes brief remarks and introduces Environmental Protection Agency Administrator Carol Browner.

-Administrator Browner makes remarks and introduces Nikita Johnson, parent.

-Nikita Johnson makes remarks and introduces the First Lady.

-The First Lady makes remarks.

-The First Lady departs.

PARTICIPANTS: 200 guests

CONTACT: Neera Tanden 202/456-6275

12:35 pm **DEPART** Draper Elementary School
 EN ROUTE The White House
 [drive time: 20 minutes]

MOTORCADE MANIFEST

LIMO: THE FIRST LADY

STAFF VAN: ABEDIN, BERRY, JEFFERS, SHAMIR, TANDEN, WH PHOTO

12:55 pm **ARRIVE** South Portico

1:00 pm- **VIDEOS**
1:30 pm Room 459
 Old Executive Office Building
 CLOSED PRESS/WH PHOTO

TAPING:

-Launch of the World Health Organization's 1999 Report

(b)(6) 50th Birthday Celebration

SCHEDULE FOR HILLARY RODHAM CLINTON
TUESDAY, MAY 4, 1999

PAGE 4

-The American Society of Colon and Rectal Surgeons
Conference
-Save the Children

CONTACT: Brenda Anders 202/456-5654

2:00 pm-
2:20 pm

BRIEFING
Oval Office
CLOSED PRESS/WH PHOTO

PARTICIPANTS:
The President
The First Lady
Gene Sperling

2:20 pm

PROCEED to Old Executive Office Building

2:25 pm-
2:30 pm

MEET & GREET
Hallway
Outside Presidential Hall
Old Executive Office Building
CLOSED PRESS/WH PHOTO

PARTICIPANTS: TBD

2:30 pm-
3:10 pm

CONSUMER FINANCIAL RIGHT TO KNOW EVENT
Presidential Hall
Old Executive Office Building
OPEN PRESS

FORMAT:

-The First Lady makes brief remarks and introduces
Secretary Robert Rubin.

-Secretary Robert Rubin makes brief remarks and
introduces Mari Frank.

-Mari Frank makes brief remarks and introduces the
President.

PARTICIPANTS: 100 guests expected.

SCHEDULE FOR HILLARY RODHAM CLINTON
TUESDAY, MAY 4, 1999

PAGE 5

4:00 pm- BRIEFING
4:10 pm Map Room
CLOSED PRESS/WH PHOTO

PARTICIPANTS:

The First Lady
Capricia Marshall
Shirley Sagawa

4:10 pm- MEET & GREET
4:20 pm Diplomatic Reception Room
CLOSED PRESS/WH PHOTO

PARTICIPANTS: 23 guests

4:25 pm PROCEED to the Pavilion

4:30 pm- SACAJAWEA COIN UNVEILING
5:00 pm Pavilion
OPEN PRESS

FORMAT:

-The First Lady is announced into the pavilion and proceeds to stage accompanied by event participants.

-The Tribal Color Guard presents the colors accompanied by dancers and a flag song by Eyabay.

-Zelda Tillman says the opening prayer.

-The First Lady makes welcoming remarks and introduces LaDonna Harris.

-LaDonna Harris makes remarks.

-The First Lady introduces Kevin Gover, Assistant Secretary of the Bureau of Indian Affairs.

-Kevin Gover makes remarks.

-The First Lady introduces Secretary Robert Rubin.

SCHEDULE FOR HILLARY RODHAM CLINTON
TUESDAY, MAY 4, 1999

PAGE 6

-Secretary Robert Rubin makes remarks and presents the coin, asking the Director of the Mint, the U.S. Treasurer, and the artists to join he and the First Lady for the unveiling.

-The First Lady introduces Joanne Shenandoah.

-Joanne Shenandoah sings a song.

-The First Lady makes closing remarks.

-The Tribal Color Guard lead the First Lady and event participants to the entry tent.

5:00 pm-
6:00 pm

ENTERTAINMENT BOOK INTERVIEW
Map Room
CLOSED PRESS/WH PHOTO

PARTICIPANTS:
The First Lady
Cheryl Merse
Capricia Marshall
Shirley Sagawa

CONTACT: Mary Ellen McGuire 202/456-2016

RON

The White House

WEATHER FORECAST FOR WASHINGTON, DC: Partly cloudy. Winds northeast at 5 to 10 knots. Low 51F. High 66F.

May 3, 1999

**PROMOTING THE ADMINISTRATION'S \$68 MILLION INITIATIVE TO ADDRESS
CHILDHOOD ASTHMA**

Date:	Tuesday, May 4, 1999
Time:	11:30 AM – 12:30 PM
Location:	Draper Elementary School Washington, D.C.
From:	Neera Tanden and Ruby Shamir

I. PURPOSE

To promote the Administration's \$68 million initiative to address research, treatment, and prevention of asthma, you will: (1) launch a private sector initiative that will bring free asthma screenings across the country, (2) unveil the Environmental Protection Agency's (EPA) new asthma public service campaign and (3) announce that legislation authorizing a portion of the President's agenda will be sent to the hill.

II. BACKGROUND

Overview

On Tuesday morning, you will visit Draper Elementary School to highlight the Administration's unprecedented \$68 million investment to combat childhood asthma. While there, you will tour a screening program conducted by the American College of Allergy, Asthma and Immunology (ACAAI) with a grant from Astra Pharmaceuticals, that provides free asthma screenings as part of the Nationwide Asthma Screening Program. You will also deliver remarks to an audience of 200 parents, children, teachers, and health professionals.

Background On Childhood Asthma

Over the past 15 years, the number of children afflicted with asthma has doubled to total about six million; in children under five the asthma rate has increased a dramatic 160% in that same period. Over 100,000 children are hospitalized each year because of asthma, making it the leading cause of hospitalization due to chronic illness for children at a cost of \$1.9 billion in medical expenses annually. Asthma is also one of the leading causes of school absenteeism, resulting in over 10 million missed school days each year. In addition, minority children are disproportionately affected by asthma. Although African American children under the age of 18 have only a slightly higher risk of actually having asthma than non-Hispanic white children, they experience a disproportionately higher rate of death from asthma attacks, over four times the rate for white children. Many children with asthma remain chronically impaired because they lack support systems that enable them to effectively manage their own disease or access sufficient medications or equipment.

Asthma Legislation

On Tuesday, the Department of Health and Human Services is sending to Congress legislation that will authorize the President's \$50 million initiative of competitive grants to states that identify and treat asthmatic children enrolled in the Medicaid and CHIP programs in accordance with new disease guidelines developed by the National Institutes of Health. The funding will also support new outreach and education efforts at the local level. This legislation is part of President Clinton's \$68 million children's asthma initiative – the largest federal investment to fight childhood asthma ever. The Administration's four-pronged approach to fighting asthma also includes: implementing school-based programs that teach children how to effectively manage their asthma; investing in research to determine environmental causes of asthma and developing new strategies to reduce children's exposure to asthma triggers; and conducting a new public information campaign to reduce exposure to asthma triggers.

Nationwide Asthma Screening Program

You will announce the kick off of the Nationwide Asthma Screening Program which is part of the American College of Allergy, Asthma and Immunology's (ACAAI) public education campaign to help the millions of adults and children who suffer from asthma to identify, understand and manage their disease. The screening consists of blowing into a tube and consulting with a physician. At this event you will visit with children who are doing both activities and talk with the doctors overseeing the screening. In all, there will be 15 children in the room being screened and five doctors.

Free screening programs for adults and children are taking place at over 200 sites nationwide on Tuesday, including shopping malls, schools, civic centers and health fairs. Since its inception in 1997, the Nationwide Asthma Screening Program has reached more than 11,000 adults and children, more than half of whom have been referred for a professional diagnosis. The Astra pharmaceutical company is underwriting the campaign.

EPA Public Service Announcements Campaign

To raise awareness of the dangers of second-hand smoke, you will also unveil EPA's new Public Service Announcements (PSA) campaign, the first, multi-year media campaign to protect children from exposure to second-hand smoke. A 1993 EPA study reported that exposure to second-hand smoke considerably worsens asthma for up to one million asthmatic children and second hand smoke is responsible for between 150,000 and 300,000 lower respiratory tract infections annually in infants and children under 18 months of age. In addition, second-hand smoke, a human carcinogen, is known to contribute to serious ear infections, and respiratory tract infections such as pneumonia and bronchitis, and is even said to double the risk of Sudden Infant Death Syndrome. Currently, about 15 million young children are regularly exposed to their parents second-hand smoke at home.

The PSA targets parents who smoke and urges them to go outside if they smoke. As part of its campaign, the EPA has established a grassroots network of about 1,000 partners including local chapters of the American Lung Association, the American Medical Association and others who will contact stations in their area to encourage local coverage.

Local Asthma Prevention Initiative

Washington D.C. has the highest rate of asthma in the nation – more than five percent of the District's residents have asthma, compared to less than two percent nationally. To address D.C.'s high childhood asthma rate a coalition of partners including the American Lung Association of the District of Columbia, the U.S. Centers for Disease Control and Prevention, the D.C. Department of Health, Howard University Hospital and others have created the Childhood Asthma Campaign. The goals of the campaign are to improve quality of life for asthmatic children, to reduce environmental conditions that aggravate asthma, and to address the barriers of health care access for children with asthma through the community based health services. The Childhood Asthma Campaign will be launched within Ward Six of the District – which had the highest asthma mortality rate in 1996 -- in May and will expand into Wards Seven and Eight at a later date.

Background on Draper Elementary School

Draper Elementary School, in Southeast D.C.'s Ward Eight, was chosen in part because seven percent of its students suffer from respiratory ailments. The school has approximately 500 students, 100% of whom are African American. In 1998, 49% of its students tested below basic skills levels on reading tests and 50% of its students tested below basic skills levels on math tests.

III. PARTICIPANTS

Greeters

- Dr. Sandra Coates, Draper Elementary School Principal
- Nikita Johnson, parent of Domonique Johnson, child with asthma
- Domonique Johnson, daughter of Nikita Johnson.

Speaking Program

- Dr. Sandra Coates, Draper Elementary School Principal
- Elois Brooks, Deputy Superintendent of the D.C. Schools
- Dr. Robert Miles, President of the American College of Allergy, Asthma and Immunology (ACAAI)
- Dr. Talal M. Nsouli, Chair of the District of Columbia chapter of the Nationwide Asthma Screening Program
- Carol Browner, EPA Administrator
- Nikita Johnson, parent of Domonique Johnson, child with asthma. Domonique is five years old and has suffered from severe asthma since she was two years old. She is treated with steroids.
- The First Lady

NOTE: Deputy Health and Human Services Secretary Kevin Thurm, and Irwin Redlener, President of the Children's Health Fund, will be in the audience.

IV. SEQUENCE OF EVENTS

- Dr. Sandra Coates greets you and leads you to a photo op in the hallway.
- Photo op with Elois Brooks, Deputy Superintendent of the D.C. Schools, Dr. Robert Miles, President of the American College of Allergy, Asthma and Immunology (ACAAI), Dr. Talal Nsouli, Allergist, Dr. John Winder, Chairman of the ACAAI, Catherine Kernan, Director of External Affairs for Astra Pharmaceuticals, and Irwin Redlener, President of the Children's Health Fund.
- Proceed to the asthma screening room, where Dr. Nsouli will walk you through as you visit the children being screened.
- Proceed to auditorium where Dr. Coates announces you onto the stage. Dr. Coates makes brief remarks and introduce Deputy Superintendent Brooks.
- Deputy Superintendent Brooks makes brief remarks and introduces Dr. Miles.
- Dr. Miles makes brief remarks and introduces Dr. Nsouli.
- Dr. Nsouli makes brief remarks and introduces Nikita Johnson
- Nikita Johnson makes brief remarks and introduces you.
- You make remarks and close the program.

V. PRESS PLAN

- Pool Press for asthma screening tour. Open Press for speaking program.

VI. REMARKS

- Provided by Laura Schiller

ASTHMA EVENT w/ FLOTUS

May 4, 1999

11 :45 - 12:30 PM

Draper Elementary School

908 Wahler Place, SE

Washington, DC 20032

202-645-3309

LIST OF ATTENDEES

- 1) Dennis Johnson, Children's Health Fund
- 2) Irwin Redlener, Children's Health Fund
- 3) Jane Lipscomb, American Association of Occupational Health Nurses
- 4) Ruth Quartey, NHLBI Ad Hoc Committee on Minority Populations
- 5) Carol Garvey, Department of Health and Human Services
- 6) Barbara Santamaria, Greater Baltimore Asthma Coalition
- 7) Charlotte Collins, National Association of Public Hospitals & Health Systems
- 8) Ernest Franck, American Lung Association
- 9) Norman Childs, American Lung Association
- 10) Morris Semiatin, American Lung Association
- 11) Carol Stroebe, Children's Environmental Health Network
- 12) Bud Ward, Environmental Health Center
- 13) Mohammad Akhter, American Public Health Association
- 14) Phillip Bouton, Environmental Health Policies and Programs
- 15) Darcy Steinberg, Association of State and Territorial Health Officials
- 16) Andrea Smith, Association of State and Territorial Health Officials
- 17) Mindy Criser, Association of State and Territorial Health Officials
- 18) Karen Harris, Physicians for Social Responsibility
- 19) Jounni Jaakkola, Children's Environmental Health & Disease Prevention Research
- 20) Mary Worstell, Asthma and Allergy Foundation of America
- 21) Maryanne Ellis, Asthma and Allergy Foundation of America
- 22) Libby Carter-Otuya, Asthma and Allergy Foundation of America
- 23) Mary Brasler, Asthma and Allergy Foundation of America
- 24) Gina Sheppard, Asthma and Allergy Foundation of America
- 25) Enobong Umoh, Asthma and Allergy Foundation of America
- 26) Janet Waldman, Asthma and Allergy Foundation of America
- 27) Susan Waldman, Asthma and Allergy Foundation of America
- 28) David Carl Waldman, Asthma and Allergy Foundation of America
- 29) Ernestine Holley, Maryland Chapter of the Asthma and Allergy Foundation of America
- 30) David Hawkins, National Resources Defense Council
- 31) Donna Johnson, DC Health and Hospital Public Benefit Corp.
- 32) Dr. Ronald David, DC Health and Hospital Public Benefit Corp.
- 33) Mary Pierney, DC Health and Hospital Public Benefit Corp.
- 34) Patrice Bickerson, DC Health and Hospital Public Benefit Corp.

- 35) John Fairman, DC Health and Hospital Public Benefit Corp.
- 36) Elaine Holland, American Academy of Pediatrics
- 37) Laurie Smith, American Academy of Pediatrics
- 38) Larry Gage, National Association of Public Hospitals & Health Systems

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**5/4/99 Video:
World Health Report**

Divider Title: _____

May 3, 1999

VIDEOS

DATE:	May 4, 1999
TIME:	1:00 pm
LOCATION:	Old Executive Office Building
FROM:	Noa Meyer

I. PURPOSE

To record 4 videos

II. BACKGROUND

Release of World Health Report

You have been asked to record a video for the press conference to release the World Health Report for 1999. The Report each year looks at the state of world health, analyses the problems and suggests possible solutions. As the last Report of the millennium, this year's Report looks ahead at what awaits us in the first decade of the 21st century in terms of the disease burden and the economics of health care. This is also Dr. Brundtland's first Report since she took over as Director-General of the WHO. The press conference will take place on May 11th at 9am EDT and be broadcast in Washington, Geneva and Maputo. The participants include Dr. Brundtland and Dr. Pascal Mocumbi, the Prime Minister of Mozambique.

Save the Children

You have been asked to record a video for Save the Children's first annual Women's Leadership Conference where "State of the World's Mothers," a new report issued by Save the Children will be featured. The event will take place on May 11th at the St. Regis Hotel in New York City at the organization's first annual Women's Leadership Conference, where more than 300 women leaders will gather to discuss the status of the world's mothers. Save the Children, one of the world's leading international child assistance organizations, is releasing the report to coincide with Mother's Day, as part of its larger effort to educate the world's citizens on the needs of children.

The American Society of Colon and Rectal Surgeons

You have been asked to record a video for the 100th Anniversary Convention of the American Society of Colon and Rectal Surgeons taking place at the Washington Hilton on May 1-6.

Billy Joel's 50th Birthday Greeting

You have been asked to record a video for Billy Joel's 50th birthday party celebration. 200 friends and family will be present to celebrate with him on May 8.

III. PARTICIPANTS

- The First Lady

IV. REMARKS

To be forwarded

V. PRESS

Closed press



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**6/7/99 Mental Health
Washington DC**

Divider Title: _____

SCHEDULE FOR HILLARY RODHAM CLINTON
MONDAY, JUNE 7, 1999
FINAL

WASHINGTON, D.C.

HOWARD UNIVERSITY

LEAD ADVANCE: FLO MCAFEE

DNC FUNDRAISER

LEAD ADVANCE: MICHELLE KRIESS

SCHEDULER: WENDY ARENDS
202/456-7007 PHONE
202/456-5340 FAX
202/518-8209 HOME
WHCA PAGER #4781

PREV RON The White House

8:30am ARRIVE at Elevator with Mrs. Gore for briefing

8:35am- MEET AND GREET

8:40am Blue Room
CLOSED PRESS/WH PHOTO

8:40am- MENTAL HEALTH CONFERENCE BREAKFAST

9:00am East Room
CLOSED PRESS/WH PHOTO

FORMAT:

-The First Lady and Mrs. Gore are announced into the East Room.

-The First Lady makes remarks and introduces Mrs. Gore.

-Mrs. Gore makes remarks.

-The First Lady and Mrs. Gore depart.

PARTICIPANTS: 500 guests

9:00am- DOWN TIME
11:35am

SCHEDULE FOR HILLARY RODHAM CLINTON

MONDAY, JUNE 7, 1999

PAGE 2

11:35am- BRIEFING [W/POTUS]
11:50am Oval Office
CLOSED PRESS/WH PHOTO

11:55am DEPART South Portico [W/POTUS]
VIA Motorcade
EN ROUTE Howard University
[Drive time: 15 minutes]

Note: This will be a joint motorcade with the Vice President and Mrs. Gore.

12:10pm ARRIVE Howard University

12:15pm- MEET AND GREET [W/POTUS]
12:20pm Reading Room
Howard University
CLOSED PRESS/WH PHOTO

PARTICIPANTS: 8 guests

12:20pm- HOLD
12:30pm

12:30pm- MENTAL HEALTH CONFERENCE [W/POTUS]
1:50pm Blackburn Auditorium
Howard University
OPEN PRESS/WH PHOTO

FORMAT:

-Off-stage announcement of the President and the First Lady, accompanied by the Vice President and Mrs. Gore.

-The President and the First Lady, the Vice President and Mrs. Gore proceed to the center head table and take their seats.

-Mrs. Gore makes brief opening remarks and leads the first group discussion.

-Upon conclusion, Mrs. Gore introduces the Vice President.

SCHEDULE FOR HILLARY RODHAM CLINTON
MONDAY, JUNE 7, 1999
PAGE 3

-The Vice President moves to the second discussion area located stage left.

-The Vice President makes brief remarks and leads the second group discussion.

-Upon conclusion, Mrs. Gore introduces the First Lady.

-The First Lady moves to the third discussion area located stage right.

-The First Lady makes brief remarks and leads the third group discussion.

-Upon conclusion, Mrs. Gore introduces the President.

-The President makes remarks from the podium and introduces Bob Chase, President, National Education Association.

-Bob Chase makes brief remarks and introduces Bill Vanderpoel, President, Echostar.

-Bill Vanderpoel makes brief remarks.

-The President makes concluding remarks.

-Upon conclusion, the President and the First Lady depart.

Note: The Vice President and Mrs. Gore will Participate in a meet and greet with 13 members of Congress upon conclusion of the program. The President and the First Lady have the option to participate in the meet and greet.

PARTICIPANTS: 550 guests

2:00pm

DEPART Howard University [W/POTUS]
VIA Motorcade
EN ROUTE South Portico
[Drive time: 15 minutes]

2:15pm

ARRIVE South Portico

SCHEDULE FOR HILLARY RODHAM CLINTON
MONDAY, JUNE 7, 1999
PAGE 4

2:20pm PROCEED to Room 450, Old Executive Office Building

2:25pm- MEET AND GREET
2:30pm Hallway
Old Executive Office Building
CLOSED PRESS/WH PHOTO

PARTICIPANTS: 17 guests

2:30pm- JUVENILE DIABETES EVENT
3:15pm Room 450
Old Executive Office Building
OPEN PRESS/WH PHOTO

FORMAT:

-The First Lady makes brief welcoming remarks and introduces Mary Tyler Moore.

-Mary Tyler Moore makes remarks and introduces Dr. Doug Melton, Chair, Department of Molecular and Cellular Biology, Harvard University.

-Dr. Melton makes remarks and introduces Samantha Ann Mandel.

-Samantha Ann Mandel makes remarks and introduces the First Lady.

-The First Lady makes remarks.

-Upon conclusion, Samantha Ann Mandel presents the First Lady with a gift.

-The First Lady departs.

PARTICIPANTS: 130 guests

3:25pm PROCEED to Diplomatic Reception Room

SCHEDULE FOR HILLARY RODHAM CLINTON

MONDAY, JUNE 7, 1999

PAGE 5

3:30pm- DROP-BY with Brandeis Women's Committee
3:45pm Diplomatic Reception Room
CLOSED PRESS/WH PHOTO

PARTICIPANTS: 30 guests

3:45pm- DROP-BY with Prince and Princess Hitachi of Japan
4:00pm Blue Room
CLOSED PRESS/WH PHOTO

PARTICIPANTS:

The First Lady
Prince Masahito Hitachi
Princess Hanako Hitachi
Ambassador Kunihiro Saito
Akiko Saito
David Rockefeller
Diana Rockefeller
Shigeaki Hazama, Chairman, Praemium Imperiale
Executive Committee
Ryuzo Sejima, Chairman, The Japan Art Association
Shigayo Ogata, The Japan Art Association
Linda Goetz, Chief of Staff, David Rockefeller
Alex Arvizu, NSC
Shirley Sagawa
Melanne Verveer

4:00pm- MIDDLE EAST TRIP MEETING
5:00pm Residence
CLOSED PRESS/NO WH PHOTO

PARTICIPANTS:

The First Lady
Huma Abedin
Marsha Berry
Kelly Craighead
Brenda Costello
Patti Solis Doyle
Missy Kincaid
Christy Macy
Capricia Marshall
Julie Mason
Evan Ryan
Laura Schiller
Melanne Verveer
Whitney Williams

SCHEDULE FOR HILLARY RODHAM CLINTON
MONDAY, JUNE 7, 1999
PAGE 6

5:30pm- STAFF MEETING
5:45pm Diplomatic Reception Room
CLOSED PRESS/WH PHOTO

6:20pm- MEETING [W/POTUS]
7:20pm Yellow Oval Room
CLOSED PRESS/WH PHOTO

7:30pm DEPART South Portico [W/POTUS]
VIA Motorcade
EN ROUTE Private Residence
[Drive time: 10 minutes]

7:40pm ARRIVE Private Residence

GREETERS:
Beth Dozoretz
Ron Dozoretz
Terry McAuliffe

7:45pm- MIX AND MINGLE [W/POTUS]
8:35pm First Floor
Private Residence
CLOSED PRESS/DNC PHOTO

PARTICIPANTS: 175 guests

8:40pm- DNC DINNER HONORING TERRY MCAULIFFE [W/POTUS]
9:50pm Outdoor Tent
Private Residence
PRINT REPORTER(REMARKS ONLY)/DNC PHOTO

FORMAT:

-The President and the First Lady proceed to separate head tables and dinner is served.

-Beth Dozoretz makes brief welcoming remarks and introduces Ann Richards.

-Ann Richards makes brief remarks and introduces Doug Sosnik.

-Doug Sosnik makes brief remarks and introduces Tony Coehlo.

SCHEDULE FOR HILLARY RODHAM CLINTON
MONDAY, JUNE 7, 1999
PAGE 7

-Tony Coehlo makes brief remarks and introduces Senator Thomas Daschle.

-Senator Daschle makes brief remarks and introduces Representative Gephardt.

-Representative Gephardt makes remarks and introduces the First Lady.

-The First Lady makes brief remarks and introduces the President.

-The President makes remarks and introduces Terry McAuliffe.

-Terry McAuliffe makes remarks.

-Upon conclusion, the President and the First Lady depart.

10:05pm

DEPART Private Residence [W/POTUS]
VIA Motorcade
EN ROUTE South Portico
[Drive time: 10 minutes]

10:15pm

ARRIVE South Portico

RON

The White House

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

June 7, 1999

REMARKS BY THE FIRST LADY
AT WHITE HOUSE CONFERENCE ON MENTAL HEALTH

Blackburn Auditorium
Howard University Washington, D.C.

2:32 P.M. EDT

MRS. CLINTON: Thank you. Thank you very much. Thank you. If I had any voice I would break into "You are the Sunshine of My Life," and dedicate it to Tipper. (Laughter.) But I'm delighted to be here, and so pleased not only to see this packed room with standing room only, but to know that nearly 6,000 sites around the country are sharing in this firsthand.

This is an historic conference, but it is more than that; it's a real signal to our nation that we must do whatever it takes not only to remove the stigma from mental illness, but to begin treating mental illness as the illness it is on a parity with other illnesses. And we have to understand more about the progress that has been made scientifically that has really led us to this point.

I don't believe that we could have had such a conference even 10 years ago, and I know we couldn't have had such a conference 25 or 30 years ago, when I was a young law student working at the Child Study Center at the Yale University and taking classes at the Med School and working at the Yale New Haven Hospital, and very interested in the intersection of mental illness and the law and in the development of children and other issues that we were only then just beginning to address. And we didn't have a lot of evidence to back up what we needed to know or how we should proceed with the treatment of a lot of the problems that we saw.

Well, today we know a lot more. And it is really our obligation and responsibility, therefore, to begin to act on that scientific knowledge. And I'm very pleased to be talking with a distinguished group of panelists about the science of mental health and mental illness.

We're happy to have with us Dr. Steven Hyman. He is a distinguished scientist who directs the National Institute of Mental Health, one of the institutes of the National Institutes of Health. And I want to start with Doctor Hyman.

Dr. Hyman, you have been dealing with some very difficult diseases that affect millions of people. We've already heard several mentioned—clinical depression, bipolar disorder, schizophrenia. What progress have we made in learning about these diseases in the last few years so that we understand them more scientifically, and, therefore, have a better idea of what to do about them?

DR. HYMAN: Well, Mrs. Clinton, the first thing that we've recognized is that the numbers are indeed enormous. More than 19 million Americans suffer from depression. More than 2

million children. More than 2 million Americans have schizophrenia. And the World Bank and the World Health Organization have recognized that depression is the leading cause of disability worldwide, including the United States.

We have also learned some very important facts about these illnesses, and if I can just encapsulate them briefly, it's that these are real illnesses of a real organ—the brain. Just like coronary artery disease is a disease of a real organ—the heart. We can make diagnoses, and these diseases are treatable.

In addition, we've learned that these diseases should be treated just like general medical disorders. If you have heart disease you would get not only medication, but also rehabilitation, dietary counseling, stress reduction. So it is with a mental illness. We've heard a lot already today about medication, but people need to get their medication in the context of appropriate psychotherapies and other psycho-social treatments. (Applause.)

MRS. CLINTON: So how then has these scientific discoveries changed the way that we as a society deal with mental illness? And following up on what you said, if we now know—if you as experts and practitioners know that we should treat mental illness as real and as treatable, as a disease of a bodily part, namely the brain, what does that mean for the kind of response that we should be looking to in society?

DR. HYMAN: You know, sometimes people think of science as something cold, but actually it has been an enormously liberating force for families and for people with mental illness. Not two decades ago, people were taught that dread diseases like autism or schizophrenia were due to some subtle character flaw in mothers. This idea, unfortunately, has been perpetuated by ignorance far too often. And, indeed, these ideas didn't help with treatments. And what they did do is they demoralized families who ultimately had to take care of these poor sick children.

So science has shown us some alternative ideas. For example, it's turned out that autism, schizophrenia, manic-depressive illness are incredibly genetic disorders. What this means is that genes have an awful lot to say about whether somebody has one of these illnesses. And I have to tell you that as the human genome project approaches completion, in the next few years, we're going to be discovering the genes that create vulnerability to these disorders.

Now, that's important because genes are the blueprints of cells and by understanding those blueprints, I think we're going to come up with treatments that we could not possibly have dreamt of.

The other thing, as you mentioned, is we're learning an enormous amount about how the brain is built and how the brain operates. I brought a few pictures—I don't know if we can project them, but I think pictures are worth an awful lot. You can see on the left the brain of a healthy person, and on the right the brain of someone with schizophrenia, given a cognitive task that requires planning and holding something in mind. The kind of task that a person with schizophrenia has difficulty with. And what you can see just looking at the red spots, that people with schizophrenia don't activate their brain in the same way as a person without this illness.

We also know—and I think this is really interesting if we could have the next slide—that our treatments work because they work on the brain. No one is surprised that medication works on the brain, but what we're learning is that psychotherapy also works on the brain. (Applause.) So what you can see in the lower two brain diagrams is that this is someone with an animal phobia—something that we can study relatively easily—before treatment. Now, after a cognitive behavioral treatment that exposes and desensitizes the person, you can see new spots of activity—they're shown in green—and they represent activation of our prefrontal cortex, a modern part of the brain—which is actually able to suppress some of the fear circuitry.

Now, I don't want to over-sell this, but ultimately we're going to understand how these treatments work in the brain.

And then, finally, I just want to show you a picture that is somewhat alarming, but what we see here on the left, someone with—a healthy person with a normal brain, and then on the right someone who has had severe depression for a long time. What you see outlined in red at the bottom is that a key structure acquired from memory—actually gets smaller, it deteriorates if depression is not treated.

Now, this is not so hopeless as it seems because we believe that with treatment these changes can be reversed. But I'm showing you these pictures again to remind us that these are real diseases of a real organ—the brain—that we can make diagnoses and that these should be treated just like general medical illnesses. (Applause.)

MRS. CLINTON: You know, this is very exciting to all of us, because I think we can, in our own memories, think of diseases that have gone through a process of first being just mysterious; and then myths and stigmas associated with them; and then finally, science being brought to bear, and then the better they're understood, the more diagnosable and treatable they become.

That's why I'm also very pleased that in July, under your leadership, the NIMH will launch a \$7.3 million landmark study to determine the nature of mental illness and treatments. This will be a study that will help us guide strategies and policies for the next century by collecting information on mental illness, including the prevalence and duration of it, as well as the types of treatments that are most commonly used.

NIMH will announce the launch of two new clinical trials, investing a total of \$61 million, to build effective treatments for those affected by mental illness. So we're taking this information and we're not just leaving it in a laboratory. We are attempting to use it to implement better policies and better treatment modalities.

And I would just underscore something that was said, and that is that as we learn more, through the human genome project, we have to be even more careful to guard against discrimination against both physical and mental illness. (Applause.)

I want to turn now to Dr. Koplewicz, who is an expert on mental health issues. He has shown me through the NYU Child Studies Center, and I know from firsthand experience and reports how he has brought to bear his extraordinary talent and experience on behalf of children as a child psychiatrist.

And I would like to ask you, you've worked with children and families on so many of these issues, what steps can we take to demystify mental illness?

DR. KOPLEWICZ: It's hard to believe that until 20 years ago we still believed that inadequate parenting and bad childhood traumas were the cause of psychiatric illness in children. And in fact, even though we know better today, that antiquated way of thinking is still out there, so that people who wouldn't dream of blaming parents for other types of disease, like their child's diabetes or asthma, still embrace the notion that somehow absent fathers, working mothers, over-permissive parents are the cause of psychiatric illness in children.

And the only way we can change that is through more public awareness. I mean, essentially, these are no-fault brain disorders. And as Dr. Hyman pointed out, these diseases are physiological, they respond to medicine. They're familial, they run in families. And they have a predictable onset and course. And as we learn more about this, it really becomes necessary for us to do three things.

We have to learn the costs of untreated mental illness, which really is lost school days, lost work days, dropout, marital distress, and also lost opportunity cost—executives and leaders who are quietly depressed and who aren't functioning at full capacity.

The second thing we have to do is we have to educate kids as early as middle school about mental illness. They learn about AIDS, they learn about seatbelts, but they have to learn about depression anxiety. And we have to educate their parents also.

And the third part is that you need a national public awareness campaign, so that Americans have to understand depression the way they understand heart disease. And the only way that happens is that when you have recognizable national leaders, moral leaders, role models like Tipper Gore, like Mike Wallace, who come out and acknowledge that they have a psychiatric illness, it makes it so much easier for the average citizen then to accept that maybe their child or maybe themselves or maybe another relative might be suffering also.

MRS. CLINTON: I think that's so right. I remember when Betty Ford went public with her breast cancer. And to the best of my memory, that was the first time anyone in a position like that had, and what a difference that made.

Let me ask you, do children have particular needs, though, when it comes to mental illness, so that we can't just talk about mental illness generally, we do need to talk specifically about children's needs.

DR. KOPLEWICZ: Right. Well, as we all know, kids are not little adults, their brains are different. But child psychiatry has really lagged behind in many ways. I mean, there are three major problems—one is access. It is really a problem because there are 6,000 child and adolescent psychiatrists in the whole country. Pediatricians get very little training about mental health. And in many states across the United States Medicaid does not pay, forcing parents or forcing school officials or school teachers, so that treating a child is much more complex.

The next issue is research—not only basic epidemiology, treatment, prevention—in many ways we lag behind. And while the funding has increased dramatically in the last six years, it's still out of whack when you consider the impact and how common these child psychiatric illnesses are in society. So compared to childhood cancer, we really are not dedicating nearly enough funds for the research of child mental health.

And the last part again, of course, is that it's the stigma. The stigma is worse for kids. Let me remind you, teenagers are never volunteering to be customers for mental health services. So parents not only feel bad about themselves, many people are telling them they've done something wrong and then the kid doesn't want to go on top of that. So those things are much more difficult for children, adolescents, than for adults.

MRS. CLINTON: Well, I think that part of what we we've got to do, though, is reflect how we can both identify and get help to children who need it, whether or not they want it or are willing to accept it. I think all of us have the tragedy at Littleton in mind, and we also know of the other school shootings; and in the ones that don't get as much publicity, there may have been signs, there may have been some way that we could have intervened and prevented.

So what can we do to intervene early, before mental illness causes a child to be violent to others or, as we see increasingly, to be a victim of suicide, which is a leading cause of death of young people?

DR. KOPLEWICZ: I mean, the real tragedy of Littleton is that—and in these other recent incidents of school violence—is that they're most probably preventable. Normal children just don't snap and go out on a shooting spree. Children who commit violent crimes almost

always have histories of violence, depression or other mental health problems. And, unfortunately, schools and parents ignore psychiatric illness.

The problem is that we have never really looked at the underlying cause of all this violence, which is childhood psychiatric illness, which is a tremendous problem -- 12 percent of the population under the age of 18 -- that's about 8 million children, teenagers, in the United States today—have a diagnosable psychiatric illness. And that means that about 2 million children have depression, teenagers have depression.

And not all of them are going out to shoot someone, but they're certainly more at risk and they're certainly suffering and at risk for hurting themselves or others. And the problem is that while teachers ignore it and parents ignore it very often, unless we have a national public awareness campaign, unless we dedicate ourselves to child mental health the way we have to other mental health issues, it becomes really quite impossible for us to address this problem. So that someday, if teachers, pediatricians, if family practitioners were more aware of mental health warning signs for children, adolescence, that's the first step.

And, frankly, with public awareness, I think we have reached the point with a focus that mending of broken bones should be the same as getting help for emotional distress. It should be just as acceptable. It should be just as expected. Because, you see, if we don't do that, I think what happens, these kids lose out on schooling, making friends, and at the end of the day they lose out on happiness that we expect for all of our children. (Applause.)

* * * * *

MRS. CLINTON: I really want to thank you not only for coming forward, as you have in the past and again today, but for putting your energies behind this issue in the Congress and using your own personal experience to really make a difference, and I know that it will continue to do that.

I want to thank our three panelists and really not only thank them, but all of you who work on the issue of mental health and mental illness, and particularly the scientific research that we're learning so much more about. And, hopefully, this conference and the work that is being done because of it will get that word out to many, many Americans, and maybe they'll say, well, you know, I heard Dr. Hyman or I saw the pictures or I listened to the Congresswoman or whatever it might be. And for that, we're very grateful, and especially to you, Tipper. So, back to you. (Applause.)



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THE WHITE HOUSE
WASHINGTON

TO: MRS. CLINTON AND MRS. GORE
WHAT: MENTAL HEALTH CONFERENCE BREAKFAST
WHEN: MONDAY, JUNE 7, 1999
WHERE: EAST ROOM
NOTES: 450 GUESTS/CLOSED PRESS/BUSINESS ATTIRE
FROM: CAPRICIA PENA VIC MARSHALL, LAURA SCHWARTZ

8:30 a.m. MRS. CLINTON AND MRS. GORE arrive at Elevator for briefing.
Contact: Audry Haines, Neera Tanden

8:35 a.m. MRS. CLINTON AND MRS. GORE proceed to the Blue Room to meet
with approximately 12 conference attendees.

8:40 a.m. MRS. CLINTON AND MRS. GORE are announced into the East Room.

PROGRAM BEGINS

MRS. CLINTON makes remarks and introduces MRS. GORE.

MRS. GORE makes remarks.

8:55 a.m. MRS. CLINTON AND MRS. GORE depart.

Clinton Presidential Records Digital Records Marker

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**6/7/99: DRUG
COVERAGE TO MEDICARE**

Divider Title: _____

Copyright 1999 The Buffalo News
The Buffalo News

June 8, 1999, Tuesday, CITY EDITION

SECTION: NEWS, Pg. 1A

LENGTH: 666 words

HEADLINE: CLINTON WILL PROPOSE ADDING DRUG COVERAGE TO MEDICARE

BYLINE: From News Wire Services

DATELINE: WASHINGTON

BODY:

President Clinton, who proposed expanded mental-health benefits Monday at a White House conference, plans later this month to propose changing the Medicare program to offer prescription drug coverage to all beneficiaries.

Under the president's plan, senior citizens and disabled Medicare beneficiaries would pay a monthly premium to cover part of the cost of the new drug benefits, according to administration officials.

The out-of-pocket charge, which the administration has not pinpointed yet, would be less than the average \$ 90 a month that many retirees now pay for private coverage.

"We are working on a benefit that is both meaningful and affordable to both the beneficiaries and the program," said Chris Jennings, White House domestic-policy adviser.

The president's Medicare proposal and Monday's conference on mental health are seen as part of an administration effort to revamp the nation's health-care system on a piecemeal basis after the nation rejected an ambitious effort by Clinton and first lady **Hillary Rodham Clinton** to overhaul the system five years ago.

At the mental-health conference, the Clintons fervently urged insurers to offer coverage for disorders of the mind equal to coverage for the rest of the body -- while rejecting the industry's contention that "parity" would drive up premiums for all.

"It is high time that our health plans treat all Americans equally," the president said. "Government can and must lead the way to meet this challenge."

"We must do whatever it takes," Mrs. Clinton stated.

Setting the standard, Clinton directed the Federal Employees Health Benefits Program, the nation's largest private insurer, to provide full parity by 2001 to its 9 million beneficiaries.

Expanding mental-health benefits is only one of an array of administration initiatives that would bring far-reaching changes to the nation's health-care system.

The White House also wants to strengthen the rights of managed-care patients, enroll early retirees in Medicare, expand coverage to children, protect privacy of health records, provide tax credits for long-term care and improve nursing home quality, to name a few matters under consideration.

"What was being done all at once is being addressed one at a time, in piecemeal and incremental fashion," said Dr. Bernard S. Arons, a government physician who helped draft Clinton's Health Security

Act in 1993-94.

The president will unveil his Medicare prescription drug proposal this month as an alternative to a plan unveiled in March by an advisory commission. Jennings said Clinton's proposal, first mentioned in his State of the Union message in January, has yet to be finalized.

Administration officials are looking for ways to make the new benefit affordable without imposing government price controls on drugs, possibly by hiring companies to help negotiate the best prices and manage the program.

Beneficiaries of Medicare, which serves 39 million elderly or disabled people, now pay a \$ 45.50 monthly premium for coverage that doesn't include drugs. Many beneficiaries now pay for prescription drug coverage under private insurance, known as Medigap, to plug the gaps in Medicare.

Under Clinton's plan, employers who now offer drug benefits to retirees would be allowed to buy Medicare drug coverage.

In addition, the government would encourage competition among private health maintenance organizations by requiring them to bid for the right to enroll Medicare beneficiaries.

The costs of Medicare drug coverage are daunting. One government estimate found that adding even a modest benefit, such as paying 75 percent of drug bills, would cost Medicare at least \$ 20 billion a year.

Clinton has proposed using about \$ 700 billion in income tax surpluses over the next 15 years to boost Medicare's finances and pay for drug coverage. The administration contends that adding a prescription drug benefit could save Medicare money by reducing the need for hospital care.

GRAPHIC: Photos by Associated Press; Tipper Gore cheers as President Clinton arrives to start the **White House conference on mental health** at Howard University Monday.; Newsman Mike Wallace discusses his past bouts of depression with Tipper Gore as **Hillary Rodham Clinton** and John Wong listen during the **White House conference on mental health** Monday.

LANGUAGE: ENGLISH

LOAD-DATE: June 10, 1999

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The Deseret News (Salt Lake City, UT)

June 8, 1999, Tuesday

SECTION: WIRE; Pg. A02

LENGTH: 416 words

HEADLINE: A united front on mental health

BYLINE: By Melinda Henneberger New York Times News Service

BODY:

WASHINGTON -- The Gores and Clintons shared a stage for two hours at the **White House Conference on Mental Health** on Monday and took turns interviewing people who have struggled with mental illness as a patient, parent or researcher.

"This is the last great stigma of the 20th century that we need to make sure ends here and now," said Tipper Gore, who ran the show. She recently revealed that she had been clinically depressed after her son, Albert, nearly died when he was hit by a car in 1989 when he was 6. "I was not myself," she said of her own experience, until she sought medical help, including medication. "I'm happy to say that it worked."

President Clinton asked Congress on Monday to ensure that Americans with mental illness get the same insurance benefits for treating depression as they do for treating physical ailments like asthma, and announced that the federal government would now make sure that employees are covered for mental illness just as they are for any other malady. On Monday, the government sent a letter to 285 participating health plans telling them they must comply.

The president also announced that 1,000 schools would get free satellite programming on dealing with students prone to violence and announced several other programs for mentally ill homeless people, elderly people and young American Indians.

"It's been too long since we've come together over something this real that touches so many of us," he said, and he praised the Gores by saying that while most politicians talk about family values, "no couple in public life has ever done remotely as much to try and figure out how to help families."

Tipper Gore, the president's mental health adviser, bounded onto the stage as if pumped for a political rally, giving the thumbs-up and even jumping a little at one point.

Sitting side by side for two hours, the family dynamic between the Clintons and the Gores, at a time when Al Gore has been portrayed as competing with **Hillary Clinton** as campaign season approaches, ranged from supportive to adoring.

Each nodded attentively at the others' remarks, and Tipper Gore introduced **Hillary Clinton** by saying that when it came to shedding light on new research about how the brain works, "no one could do that any better than the sunshine of all our lives, our first lady, **Hillary Rodham Clinton**."

The first lady returned the compliment by saying, "If I had any voice, I'd break into 'You Are the Sunshine of My Life' and dedicate it to Tipper."

LANGUAGE: ENGLISH

LOAD-DATE: June 8, 1999

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Los Angeles Times

View Related Topics

June 8, 1999, Tuesday, Home Edition

SECTION: Part A; Page 4; National Desk

LENGTH: 901 words

HEADLINE: CLINTONS PIECING TOGETHER REFORMS IN HEALTH CARE;
SOCIAL SERVICES: LATEST MOVE IS TO URGE INSURERS TO OFFER EQUAL COVERAGE
FOR MENTAL AND PHYSICAL DISORDERS. PRESIDENT STARTS WITH LARGEST PRIVATE
CARRIER.

BYLINE: EDWIN CHEN, TIMES STAFF WRITER

DATELINE: WASHINGTON

BODY:

Although the nation roundly rejected their ambitious bid to revamp America's health care system five years ago, Bill and **Hillary** Rodham **Clinton** are back at it, churning out narrower health care proposals that, put together, are almost as sweeping.

From universal prescription drug coverage for the aged to their newest initiative--expanded mental health benefits--the president and the first lady seem to have a solution for every perceived health problem.

On Monday the Clintons convened the first-ever **White House conference on mental health** and both fervently urged insurers to offer coverage for disorders of the mind equal to coverage for the rest of the body--while rejecting the industry's contention that "parity" would drive up premiums for all.

"We must do whatever it takes," declared Mrs. Clinton.

"It is high time that our health plans treat all Americans equally," the president added. "Government can and must lead the way to meet this challenge."

Setting the standard, Clinton directed the Federal Employees Health Benefits Program, the nation's largest private insurer, to provide full parity by 2001 to its 9 million beneficiaries.

Hailing the fact that mental illness no long carries the stigma it once did, the president added: "Attitudes are fine, but treatment matters most."

Expanding mental health benefits is only one of an array of administration initiatives that would bring far-reaching changes to the nation's health care system.

List Includes Patients' Rights, Child Programs

The White House also wants to strengthen the rights of managed care patients, enroll early retirees in Medicare, expand coverage to children, protect privacy of health records, provide tax credits for long-term care and improve nursing home quality, to name a few of its initiatives.

"What was being done all at once is being addressed one at a time, in piecemeal and incremental fashion," said Dr. Bernard S. Arons, a government physician who helped draft Clinton's controversial 1,342-page "Health Security Act" in 1993-94.

"There's a tremendous amount of activity," added Rep. Rosa L. DeLauro (D-Conn.). "The problems didn't go away just because Congress didn't act."

Although it was a Democratic-controlled Congress in 1994 that killed the massive health care reform plan produced by Mrs. Clinton's task force, most Democrats today are more in sync with the Clintons on an array of health care issues.

Thus even though Congress is now under GOP control, some of the administration's proposals could pass--especially with health care costs again on the rise, at an annual rate of 9% this year, along with the steady increase in the number of uninsured Americans, now estimated at 43.5 million people.

But other initiatives, such as Medicare reform, remain longshots at best.

The Clintons' health care agenda says a lot not only about the domestic business that the president has in mind for his remaining 17 months--but also what his wife is considering in her likely Senate race in New York.

For the president, it is a matter of legacy. For the first lady, it is no less personal. By championing health issues, however, she will be reminding voters of her role in what was the president's most spectacular failure.

In addition to calling for mental health parity, the president on Monday also announced an array of new initiatives to improve public awareness and care of mental illness, including \$ 61 million to fund new National Institute of Mental Health clinical studies to find more effective treatments.

Tipper Gore Chairs Conference

The daylong mental health conference was chaired by Tipper Gore, wife of the vice president. She disclosed recently that she was treated for depression 10 years ago after the couple's only son was struck by a car and nearly died.

That both Clintons spoke passionately about mental health was no surprise to activists like Ron Pollock, head of Families USA, an organization that promotes universal health insurance coverage.

"This is an area where the president has the deepest set of convictions," Pollock said. "He knows that there's a lot that remains to be done."

In his remarks at the conference, Clinton conceded--but only in part--that medical insurers have a legitimate concern that providing parity for mental health will "send costs and premiums skyrocketing."

But he added: "Now there may be arguments to be made at the margins on both sides of these issues. But I believe that providing parity is something we can do at reasonable cost, benefit millions of Americans and, over the long run, have a healthier country and lower health care costs."

The president also urged Congress to conduct hearings on the issue of parity in coverage, saying that 24 states and numerous businesses "have begun" to provide such parity and that their overall costs are "not notably increasing."

One of the administration's biggest fights may come over revamping Medicare, the health insurance program for the elderly and the disabled.

John Podesta, the White House chief of staff, said on Sunday that the president intends to propose that all 39 million Medicare recipients be made eligible for coverage for outpatient prescription drugs--a costly tab that seniors now must pay themselves.

To be eligible, however, beneficiaries would have to pay an as-yet unspecified monthly premium,

Podesta said.

GRAPHIC: PHOTO: (A2) MENTAL HEALTH CONFERENCE: Tipper Gore chaired the White House meeting. Above, she gets a hug from President Clinton. **PHOTOGRAPHER:** Associated Press

LANGUAGE: English

LOAD-DATE: June 8, 1999

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TALKING IT OVER

HILLARY RODHAM CLINTON

June 9, 1999

Mike Wallace is an award-winning journalist whose career has spanned nearly 60 years. As co-editor and host of "60 Minutes," he is a visitor in many American homes every Sunday night.

While raising three children, working and going to college, Lynn Rivers won a seat on her local school board. In 1992, she graduated from law school, and two years later, she ran for Congress from Michigan, becoming one of only 13 freshman Democrats elected that year.

Tipper Gore, of course, is not only the wife of the Vice President, the mother of four and about to become a grandmother; she is also the President's Mental Health Adviser.

You might be surprised to learn that each of these well-respected individuals has suffered from some form of mental illness. Many years ago, Mike Wallace found himself embroiled in a long and difficult libel trial in federal court. But at the same time, he says, "I was on trial for my life." Although he found himself feeling "lower than a snake's belly," his own physician failed to offer any treatment beyond encouraging words. It wasn't until he ended up in the hospital that he was diagnosed with clinical depression.

Lynn Rivers says that the day she was diagnosed with bipolar disorder was the best day of her life. "It was only then," she explains, "that I understood that my pattern of manic activity, followed by debilitating depression, was not just some sort of character flaw or defect but caused by a biologically based disease that could be treated." Today, thanks to proper medication, Rep. Rivers functions normally, although she says, "I'm probably more aware than others of the need to monitor my health."

Some time after her son was injured in a near-fatal car accident, Tipper Gore found herself feeling low enough to seek help. She remembers, "I went to a mental-health professional, and I said, 'I'm not here as a friend this time. I'm not here as a volunteer for the cause. I'm here because I need some help.' And I was diagnosed with clinical depression." She, too, has been successfully treated with medication.

Consider these facts: At some point in their lives, 51 million Americans will experience a mental-health issue -- ranging from depression and anorexia to schizophrenia and bipolar disorder. But, primarily because of the stigma and shame associated with mental illness, only one in five will seek treatment. Depression, the leading cause of disability worldwide, afflicts more than 19 million people in this country alone -- 2 million of them children.

Mental illness is not something that happens only to other people. It touches all of us. Yet, although research, diagnosis and treatment have opened many new doors, the stigma persists.

This week, in an effort to fight this stigma, Tipper Gore chaired the first-ever

White House Conference on Mental Health. There, along with Mike Wallace, Lynn Rivers and over 500 other advocates and patients, Tipper, the President, the Vice President and I announced steps to break down the myths and misperceptions surrounding mental illness, highlight new treatments and encourage Americans to get the help they need. The President's proposals would strive to put mental illness on a par with physical illness, improve research and expand community responses.

For more than six years, this administration has worked to widen the circle of opportunity for every American. But the hard truth is that, in too many places, mental illness is still misunderstood and feared.

We need to listen carefully to the words of Dr. Stephen Hyman, director of the National Institute of Mental Health, when he says, "These are real illnesses of a real organ -- the brain. We can make diagnoses, and these diseases are treatable."

Moreover, it is time to start adding up the costs of not treating mental illness. Researchers estimate that lost school days and workdays, violent behavior, marital distress and missed opportunities could mean tens of billions of dollars for America each year. Although insurance companies and businesses have resisted treating mental illness as physical illness, several companies and states are beginning to recognize that maintaining good mental health is actually good business.

Bank One, which has over 90,000 employees worldwide, started offering its employees comprehensive mental-health care and watched as its direct costs for treating mental-health concerns decreased by 60 percent between 1991 and 1995. The state of Ohio has incurred no extra costs since it began providing full mental-health parity for its employees.

I want to thank Mike Wallace, Lynn Rivers and Tipper Gore for having the courage to share their stories with the nation and the world. They remind us that with proper intervention and treatment, mental illness can be managed and its victims can lead normal and productive lives. In Tipper's words: "Mental illness is the last, great stigma of the 20th century. We need to make sure it ends here and now."

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April 29, 1997

Talking it Over

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**7/27/99 Medicare &
Women / DC**

Divider Title: _____

THE WHITE HOUSE
WASHINGTON

99 JUL 26 4:41 PM

July 26, 1999

MEDICARE AND WOMEN EVENT

DATE: July 27, 1999
LOCATION: Presidential Hall
BRIEFING TIME: 9:35am – 9:55am
EVENT TIME: 10:00am – 10:50am
FROM: Bruce Reed, Gene Sperling, Mary Beth Cahill,
Chris Jennings

I. PURPOSE

To join the Older Women's League (OWL) in releasing a report entitled "*Medicare: Why Women Care*," which includes a new analysis documenting why strengthening and modernizing Medicare is particularly important to women of all ages.

II. BACKGROUND

Today, in your remarks you will:

UNVEIL A NEW REPORT BY THE OLDER WOMEN'S LEAGUE. Nearly 60 percent of Medicare beneficiaries are women and this proportion rises with age – over 4 in 5 people over age 100 are women. Moreover, older women tend to have more chronic illness and lower incomes, making Medicare even more important as a health and financial safety net. Since it was created in 1965, Medicare has contributed to lengthening older women's lives by 20 percent and reducing their poverty rate dramatically. Yet, the 21st century brings with it challenges that will affect all beneficiaries.

Key findings of the report include:

- **In the next 30 years, the number of Medicare beneficiaries will double – most of them will be women.** In 2035 alone, there will be nearly 40 million elderly women and fewer than 34 million older men. This large enrollment increase is a major factor in the projected exhaustion date of the Medicare trust fund by 2015 and in the need for more revenue to avoid devastating cuts to the program.

- **Total prescription drug spending for women on Medicare averages \$1,200 – nearly 20 percent more than that of men.** Moreover, like all beneficiaries, about three-fourths of women have coverage that is inadequate, unstable, and declining. Of those women without drug coverage, fully 50 percent have income above 150 percent of poverty (about \$12,750 for a single, \$17,000 for a couple), despite older women's lower average income.
- **Medicare's preventive benefits are underused by older women.** Financial and information barriers prevent older women from using critical preventive services. In recent years, just 1 in 7 women have taken advantage of Medicare-covered mammograms.

Other key findings include:

MEDICARE, A SOURCE OF FINANCIAL AND HEALTH CARE SECURITY FOR OLDER WOMEN, IS AT RISK.

- **Most elderly Americans covered by Medicare are women.** Twenty out of the 34 million elderly Americans covered by Medicare are women, who comprise nearly 3 out of 5 older Americans. The proportion of the elderly who are women rises with age; about 71 percent of people age 85 or older are women. Eighty-three percent of centenarians are women; in fact, the number of women age 100 or older will double in the next 10 years.
- **New revenue is necessary to ensure that the Medicare trust fund is solvent when women in the baby boom generation retire.** Since most women turning 65 today are expected to live through 2018, the projected insolvency of the Medicare Trust Fund will occur within their lifetime.
- **Women have greater health care needs and lower income.** Older women are more likely to need Medicare's health care services. About 73 percent have two or more chronic illnesses compared to 65 percent of men. Women's incomes are lower than men's incomes, and they must stretch fewer financial resources over longer lives. Seven out of 10 Medicare beneficiaries living below poverty are women. The increased likelihood that women will live alone in their later years places them at increased risk of poverty.

WOMEN FACE GREATER COST BURDENS – AND BARRIERS TO HEALTH CARE – BECAUSE OF MEDICARE BENEFIT LIMITATIONS. As important as Medicare coverage is to women, its benefits are outdated.

- **Higher out-of-pocket health spending.** The combination of greater health problems and lower income results in women on Medicare spending 22 percent of their income on health care compared to 17 percent for men. Lower income women spend an even greater share of their limited incomes on health care – 53 percent for the poorest.

- **Total prescription drug spending averages \$1,200 for women on Medicare – 20 percent more than that of men.** Older women tend to have more chronic illnesses that require medication to manage.
- **For most women, existing coverage is unstable, unaffordable and declining.** Medigap routinely increase premiums with age – at age 85, premium for a Medigap plan with drug coverage up to \$1,250 costs from \$300 to \$400 per month -- \$3,600 to \$4,800 per year. This discriminates against women, who comprise nearly three-fourths of people in this age group. It also charges more at a time where income has declined.
- **About 7.3 million women on Medicare have no coverage to help pay for their prescription drug costs.** Despite their lower average income, fully half of these women without drug coverage have income above 150 percent of poverty, underscoring the importance of drug coverage for people of all age groups.
- **Out-of-pocket payments for preventive services also constitute a barrier to health.** In recent years, just one in seven women without supplemental insurance used Medicare-covered mammograms. One study found that in 1993, only 37 percent of Medicare beneficiaries without supplemental insurance had Pap smears, compared with 59 percent of women who had supplemental insurance.

EMPHASIZE GREATER PROBLEMS FACING RURAL BENEFICIARIES IN ACCESSING PRESCRIPTION DRUG COVERAGE. In an event later today, the Vice President will release new facts on the challenges facing rural beneficiaries. Although one in four of all Medicare beneficiaries live in rural areas, over one in three (34 percent) of those lacking drug coverage live in rural America. In fact, nearly half of all rural beneficiaries lack drug coverage compared to 34 percent of all beneficiaries. This reflects the lower access to Medicare managed care and retiree health coverage for these beneficiaries. The Vice President will also release information documenting that lack of access to prescription drug coverage occurs throughout the income spectrum – 45 percent of rural beneficiaries with income above \$50,000 lack prescription drug coverage compared to 25 percent of all beneficiaries.

HIGHLIGHT THE IMPORTANCE OF INVESTING IN THE FUTURE OF THE MEDICARE PROGRAM. Today, you, the First Lady and the Vice President will underscore the fact that there will not be a debate about how to strengthen Medicare or how to provide a prescription drug benefit if all of the surplus is invested in a large tax cut. You will state your strong belief that the Congress and the American public face an important decision: to invest in a stronger Medicare program for our mothers and grandmothers or give away the entire surplus on a risky and irresponsible tax scheme.

III. PARTICIPANTS

Briefing Participants:

Secretary Donna Shalala

Bruce Reed

Gene Sperling

Mary Beth Cahill

Chris Jennings

Jeanne Lambrew

June Shih

Event Participants:

The First Lady

Secretary Donna Shalala

Judy Cato

Judy Cato, 60, receives health insurance through her employer, but is worried about the stability of her coverage especially as she reaches retirement age. In addition to worrying about the health care needs of both herself and her husband, Judy is the primary caregiver to her 80 year-old mother who has lived with her family for three years. Her mother's prescription drug costs are approximately \$300 monthly, and without the daily needs assistance Judy provides she would not be able to make it alone. Joan is employed as a site manager for Council House, a housing facility for low-income seniors. She has one daughter and one grandson.

IV. PRESS PLAN

Open Press.

V. SEQUENCE OF EVENTS

- YOU and the First Lady will be announced, accompanied by Sec. Shalala and Judy Cato, onto the stage.
- Secretary Shalala will make remarks and introduce the First Lady.
- The First Lady will make remarks and introduce Judy Cato.
- Judy Cato will make remarks and introduce YOU.
- YOU will make remarks, work a ropeline, and depart.

VI. REMARKS

To be provided by speechwriting.

PRESIDENT CLINTON'S PLAN TO MODERNIZE AND STRENGTHEN MEDICARE FOR THE 21st CENTURY

June 29, 1999

Today, President Clinton unveiled his plan to modernize and strengthen the Medicare program to prepare it for the health, demographic, and financing challenges it faces in the 21st Century. This historic initiative would: (1) make Medicare more competitive and efficient; (2) modernize and reform Medicare's benefits, including the provision of a long-overdue prescription drug benefit and cost sharing protections for preventive benefits; and (3) make an unprecedented long-term financing commitment to the program that would extend the life of the Medicare Trust Fund until 2027. The President called on the Congress to work with him to reach a bipartisan consensus on needed reforms this year.

MAKING MEDICARE MORE COMPETITIVE AND EFFICIENT. Since taking office, President Clinton has worked to pass and implement Medicare reforms that, coupled with the strong economy and the Administration's aggressive anti-fraud and abuse enforcement efforts, have saved hundreds of billions of dollars and helped to extend the life of the Medicare trust fund from 1999 through 2015. Building on this success, his plan:

- **Gives traditional Medicare new private sector purchasing and quality improvement tools.** The President's proposal would make the traditional fee-for-service program more competitive through the use of market-oriented purchasing and quality improvement tools to improve care and constrain costs. It would provide new or broader authority for competitive pricing, incentives for beneficiaries to use physicians who provide high quality care at reasonable costs, coordinating care for beneficiaries with chronic illnesses, and other best-practice private sector purchasing mechanisms. Savings: \$25 billion over 10 years.
- **Extends competition to Medicare managed care plans by establishing a "Competitive Defined Benefit" while maintaining a viable traditional program.** The Competitive Defined Benefit (CDB) proposal would, for the first time, inject true price competition among managed care plans in Medicare. Plans would be paid for covering Medicare's defined benefits, including a new subsidized drug benefit, and would compete over cost and quality. Price competition would make it easier for beneficiaries to make informed choices about their plan options and would, over time, save money for both beneficiaries and the program. The CDB would do so by providing beneficiaries with 75 cents of every dollar of savings that result from choosing lower cost plans. Beneficiaries opting to stay in the traditional fee-for-service program would be able to do so without an increase in premiums. Savings: \$8 billion over 10 years, starting in 2003.
- **Constrains out-year program growth, but more moderately than the BBA 1997.** To ensure that program growth does not significantly increase after most of the Medicare provisions of the BBA expire in 2003, the proposal includes out-year policies that protect against a return to unsustainable growth rates, but have been developed to be more modest than those included in the BBA of 1997. This proposal would reduce average annual Medicare spending growth from 4.9 percent to 4.3 percent per beneficiary between 2002 and 2009. Savings: \$39 billion over 10 years (including interactions and premium offsets).

- **Takes administrative and legislative action to smooth out the Balanced Budget Act (BBA) of 1997 provider payment reductions.** The proposal includes a provider set-aside designed to smooth out provisions in the BBA that may be affecting Medicare beneficiaries' access to quality services. The Administration will work with Congress, outside groups, and experts to identify real access problems and the appropriate policy solutions. The plan also includes a number of administrative actions that are designed to moderate the impact of the BBA 1997 on some health care providers' ability to deliver quality services to beneficiaries. Cost: \$7.5 billion over 10 years.

MODERNIZING MEDICARE'S BENEFITS. The current Medicare benefit package does not include all the services needed to treat health problems facing the elderly and people with disabilities. The President's plan would take strong new steps to ensure that Medicare beneficiaries can access affordable prescription drug and preventive services that have become essential elements of high-quality medicine. It also would address excess utilization and waste associated with first-dollar coverage of clinical lab services and reforms the current Medigap market. Finally, it integrates the President's Medicare Buy-In proposal to provide an affordable coverage option for vulnerable Americans between the ages of 55 and 65. His plan:

- **Establishes a new voluntary Medicare "Part D" prescription drug benefit that is affordable and available to all beneficiaries.** The historic outpatient prescription drug benefit would:
 - Have no deductible and pay for half of the beneficiary's drug costs from the first prescription filled each year up to \$5,000 in spending (\$2,500 in Medicare payments) when fully phased-in by 2008.
 - Ensure beneficiaries a discount similar to that offered by many employer sponsored plans (estimated to be, on average, over 10 percent) for each prescription purchased – even after the \$5,000 limit is reached.
 - Cost about \$24 per month beginning in 2002 (when the benefit starts at a \$2,000 cap) and \$44 per month when fully phased-in by 2008. (This is one-half to one-third of the typical cost of private Medigap premiums.)
 - Ensure that beneficiaries with incomes below 135 percent of poverty (\$11,000/\$17,000 single/couples) would not pay premiums or cost sharing. Those with incomes between 135 and 150 percent of poverty would receive premium assistance as well.
 - Provide financial incentives for employers to retain their retiree health coverage if they provide a prescription drug benefit to retirees that was at least equivalent to the new Medicare outpatient drug benefit. This approach would save money for the program because the subsidy given would be generous enough for employers to maintain coverage yet lower than the Medicare subsidies for traditional participants.

Most Medicare beneficiaries will choose this new prescription drug option because of its attractiveness and affordability. Because older and disabled Americans rely so heavily on medications, about 31 million beneficiaries would benefit from this coverage each year. Cost: \$118 billion over 10 years, beginning in 2002.

- **Eliminates all cost sharing for all preventive benefits in Medicare and institutes a major health promotion education campaign.** This proposal would cost \$3 billion over 10 years and would:
 - Eliminate existing copayments and the deductible for every preventive service covered by Medicare, including colorectal cancer screening, bone mass measurements, pelvic exams, prostate cancer screening, diabetes self management benefits, and mammographies.
 - Initiate a three-year demonstration project to provide cost-effective smoking cessation services to Medicare beneficiaries.
 - Launch a new, nationwide health promotion education campaign targeted to all Americans over the age of 50.
- **Rationalizes cost sharing.** To help pay for the new prescription drug and preventive benefits, the President's plan would save \$11 billion over 10 years by rationalizing the current cost sharing requirements for Medicare by:
 - Adding a 20 percent copayment for clinical laboratory services. The modest lab copayment would help prevent overuse, reduce fraud, and has been advocated by the Medicare Payment Advisory Commission.
 - Indexing the Part B deductible for inflation. The Part B deductible index would guard against the program assuming a growing amount of Part B costs because, over time, inflation decreases the amount of the deductible in real terms. Compared to average annual Part B per capita costs, the deductible has fallen from 43 percent in 1967 to about 3 percent in 1999, according to CBO.
- **Reforms Medigap.** The President's plan would reform private insurance policies that supplement Medicare (Medigap) by: (1) working with the National Association of Insurance Commissioners to add a new lower-cost option with low copayments and to revise existing plans to conform with the President's proposals to strengthen Medicare; (2) directing the Secretary of HHS to determine the feasibility and advisability of reforms to improve supplemental cost sharing in Medicare, including a Medigap-like plan offered by the traditional Medicare program and steps to make it easier for beneficiaries to compare the cost and quality of private Medigap options; (3) providing easier access to Medigap if a beneficiary is in an HMO that withdraws from Medicare; and (4) expand the initial six month open enrollment period in Medigap to include individuals with disabilities and end stage renal disease (ESRD).
- **Includes the President's Medicare Buy-In proposal.** The plan includes the President's proposal to offer any American between the ages of 62-65 the choice to buy into the Medicare program for approximately \$300-per month if they agree to pay a small risk adjusted payment once they become eligible for traditional Medicare at age 65. Displaced workers between 55-62 who had involuntarily lost their jobs and insurance could buy in at a slightly higher premium (approximately \$400). And retirees over age 55 who had been promised health care in their retirement years would be provided access to "COBRA" continuation coverage if their old firm reneged on their commitment. The \$1.4 billion cost is offset in the President's FY 2000 budget.

STRENGTHENING MEDICARE'S FINANCING FOR THE 21ST CENTURY. The Medicare plan the President is proposing would strengthen the program and make it more competitive and efficient. However, no amount of policy-sound savings would be sufficient to address the fact that the elderly population will double from almost 40 million today to 80 million over the next three decades. Every respected expert in the nation recognizes that additional financing will be necessary to maintain basic services and quality for any length of time. Because of this and his strong belief that the baby boom generation should not pass along its inevitable Medicare financing crisis to its children, the President has proposed that a significant portion of the surplus be dedicated to strengthening the program. Specifically, his plan:

- **Extends the life of the Trust Fund until at least 2027.** Dedicating 15 percent of the surplus (\$794 billion over 15 years) to Medicare not only assures the financial health of the Trust Fund through at least 2027, but it will also eliminate the need for future excessive cuts and radical restructuring that would be inevitable in the absence of these resources.
- **Responsibly finances the new prescription drug benefit through savings and a modest amount from the surplus.** The new drug benefit would cost about \$118 billion over 10 years. It would be fully financed by:
 - Savings from competition and efficiency. About 60 percent of the \$118 billion Federal cost of the new Medicare prescription drug benefit would be offset through these savings.
 - Dedicating a small fraction of the surplus. About 40 percent, or \$45.5 billion, of the surplus allocated to Medicare would be used to help finance the benefit. To put this amount in context, it is:
 - Less than one eighth of the amount of the surplus dedicated for Medicare (2 percent of the entire surplus); and
 - Less than the reduction in the Medicare baseline spending between January and June, 1999.

Policy experts advising the Congress (MedPAC, CBO, and the Medicare Trustees) have consistently underscored their belief that much of the recent decline in Medicare spending beyond initial projections is due to our success in combating fraud and waste. Reinvesting the savings that can be reasonably attributed to our anti-fraud and waste activities into a new prescription drug benefit is completely consistent with the past actions of the Congress and the Administration utilizing such savings for programmatic improvements.

PRESIDENT'S PLAN TO STRENGTHEN AND MODERNIZE MEDICARE FOR THE 21st CENTURY

- **Goals for Reform:**

- Make Medicare More Competitive and Efficient
- Modernize Medicare's Benefits
- Strengthen Medicare's Financing for the 21st Century

- **Reduces Medicare spending by \$72 billion over 10 years.** About half of these savings come from innovative proposals to adopt successful private sector tools and competition. As a result of these policies, Medicare growth per beneficiary from 2003 to 2009 would slow from 4.9 percent to 4.3 percent.

- **Adds an optional prescription drug benefit.** This benefit would cost \$118 billion over 10 years. This cost is only about 5 percent of total Medicare spending in 2009.

- Over 60 percent of the costs are offset by the proposal's savings.
- The remaining \$45.5 billion would come from the Medicare allocation of the surplus. This amount is one-eighth of the \$374 billion over 10 years dedicated to Medicare, and less than 2 percent of the overall surplus.

- **Extends the life of the Medicare trust fund for a quarter of a century, to at least 2027.** The President's plan would dedicate 15 percent of the surplus to strengthen Medicare. This amount, when combined with the offset for the drug benefit and Part A savings, would extend the life of the Medicare Trust Fund for a quarter century, through at least 2027. This is the best prognosis for Medicare since the program was created.

PRESIDENT'S PROPOSAL

(Dollars in Billions, Trustees' Baseline)

00-04 00-09

COMPETITION & EFFICIENCY

Medicare Modernization	-5	-25
Competition	-0	-8
Provider Savings	-4	-39*
Provider Set-Aside	+4	+7.5

Total	-5	-64.5
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MODERNIZING BENEFITS

Prescription Drug Benefit	+29	+118
Cost Sharing Changes	-2	-8

Total	+27	+110
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DEDICATING FINANCING

Contribution to Solvency	-28	-328.5**
Surplus for Drug Benefit	-22	-45.5

Surplus Allocation	-50	-374
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* Includes \$5.7 billion in interactions/premium offset

** Does not count toward package

MEDICARE AND WOMEN

Early 7 in 10 Medicare beneficiaries with incomes below the poverty level are women.



As a partner program to Social Security, Medicare provides a health and financial safety net for virtually all older Americans and for many with disabilities who are under 65. Though Medicare covers both women and men, more than half of the nearly 40 million beneficiaries are women.

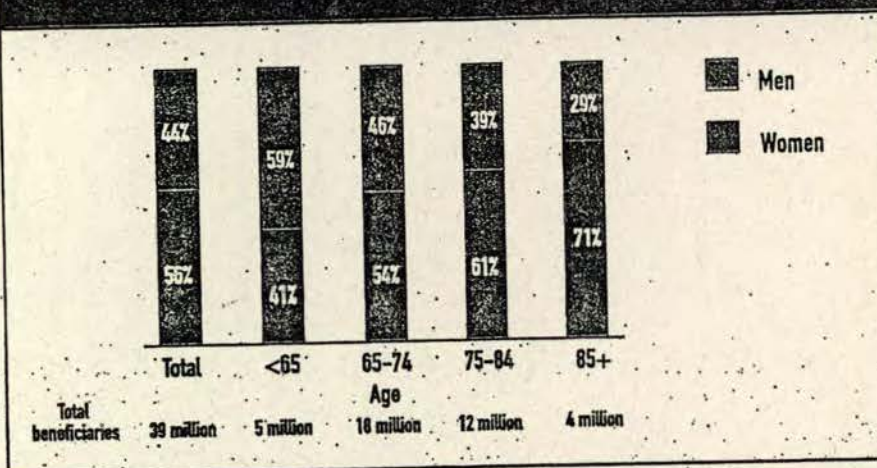
Women's life expectancy at birth, on average, is 79—seven years longer than men's. They, therefore, rely on Medicare for more years than men, and are disproportionately represented among beneficiaries 85 and older (Figure 1). Compared with men, older women are three times likelier to be widowed and far more apt to live alone. Among women 85 and older, out of five are widowed; more than 43 percent live alone.

Health and Long-Term Care Needs

Given their longer life span, women are likelier than men to live with multiple chronic conditions and certain health problems (Figure 2). A greater share report having often disabling conditions, such as arthritis, hypertension, urinary incontinence, and osteoporosis.

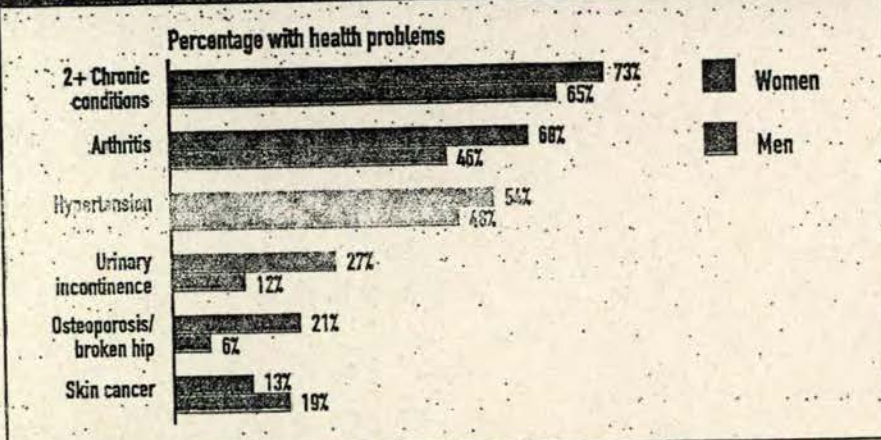
Also compared with men, women are more likely to have functional impairments and long-term care needs. Of the 6 million beneficiaries with functional limitations—measured as needing assistance with one or more activities of daily living (ADL) such as eating or bathing—two-thirds (65 percent) are women. One-third (34 percent) of women 65 to 74 report functional limitations, as do 82 percent of women 85 and older.

Figure 1 More than half of all Medicare beneficiaries are women



SOURCE: Urban Institute analysis of the Medicare Current Beneficiary Survey, 1996.

Figure 2 Women on Medicare are likelier than men to have many health problems



NOTE: Minimal differences (<4%) between genders were reported for heart disease, diabetes, pulmonary disease, strokes, and mental disorders.
SOURCE: Medicare Current Beneficiary Survey, 1996.

Given their disproportionately low incomes and their greater long-term care needs, women on Medicare are more likely than men to rely on Medicaid.

Women are therefore more likely than men to use long-term care services: two-thirds of all Medicare beneficiaries who receive home health services and three-quarters of all nursing home residents are female. Policies affecting

users of these services thus have a disproportionate impact on women.

Poverty

Women are especially hard-hit by changes in policies and programs

that affect poor Medicare beneficiaries. Not only do they have higher poverty rates than their male counterparts—nearly 7 in 10 with incomes below poverty are women—but disparities increase with age (Figure 3). Of all female beneficiaries, 17 percent have incomes below the federal poverty level (\$7,740 for an individual in 1996), compared with 11 percent of men. Half have incomes below twice the poverty level (\$15,480 for an individual), compared with 39 percent of men. Nearly two-thirds (62 percent) of all women 85 and older have incomes below twice the poverty rate, compared with 53 percent of all men in this age group.

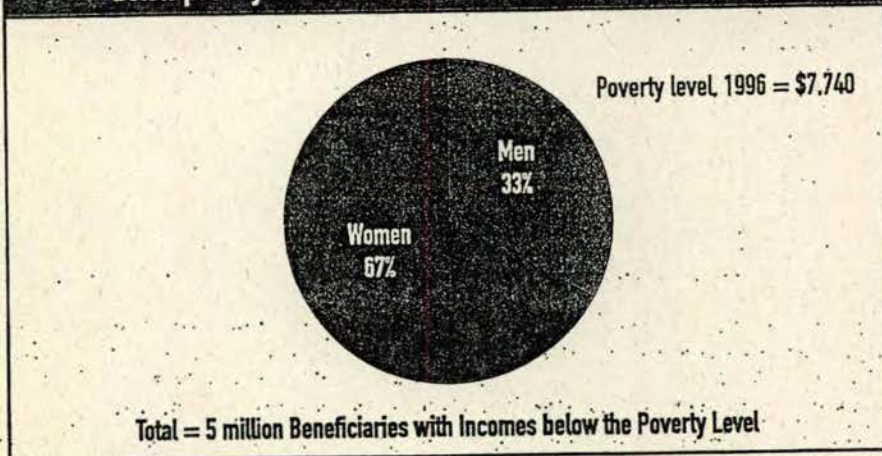
Compounding the financial difficulties of living in poverty, women with low incomes are, on average, in worse health than those who are better-off financially. Of all poor female Medicare beneficiaries, 43 percent report being in fair or poor health, compared with 20 percent of those with incomes above 200 percent of poverty (Figure 4).

Insurance Coverage

While Medicare provides coverage for basic acute care services, it has high cost-sharing requirements and does not cover outpatient prescription drugs. Consequently, most beneficiaries have public or private supplemental insurance to fill in the gaps in Medicare's benefit package. Like their male counterparts, 60 percent of all female beneficiaries have private supplemental insurance. In 1995, 33 percent had employer-sponsored retiree health benefits (versus 36 percent of men) and 27 percent had individually purchased Medigap policies (versus 23 percent of men). A growing share of

Figure 3

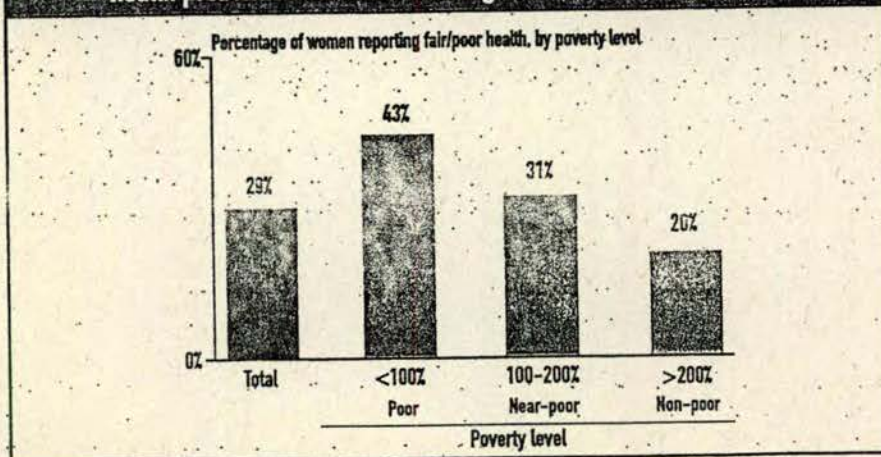
Seven of 10 Medicare beneficiaries with incomes below poverty are women



SOURCE: Urban Institute analysis of the Current Population Survey of noninstitutionalized population, 1997.

Figure 4

Poor women on Medicare have higher rates of health problems than those with higher incomes



SOURCE: Urban Institute analysis of Medicare Current Beneficiary Survey, 1995.

beneficiaries (9 percent for both men and women in 1995) are enrolling in Medicare HMOs for supplemental benefits.

Given their disproportionately low incomes and their greater long-term care needs, female Medicare beneficiaries are more likely than males to rely on Medicaid, the federal/state health program that provides health and long-term care coverage for the poor. Nearly 17 percent of women rely on Medicaid to fill in Medicare's gaps, compared with 11 percent of men. Despite Medicaid's protections for the very poor, nearly 10 million female Medicare beneficiaries with incomes below twice the poverty level are not on Medicaid. This group is especially vulnerable to financial burdens in the event of a serious, high-cost illness.

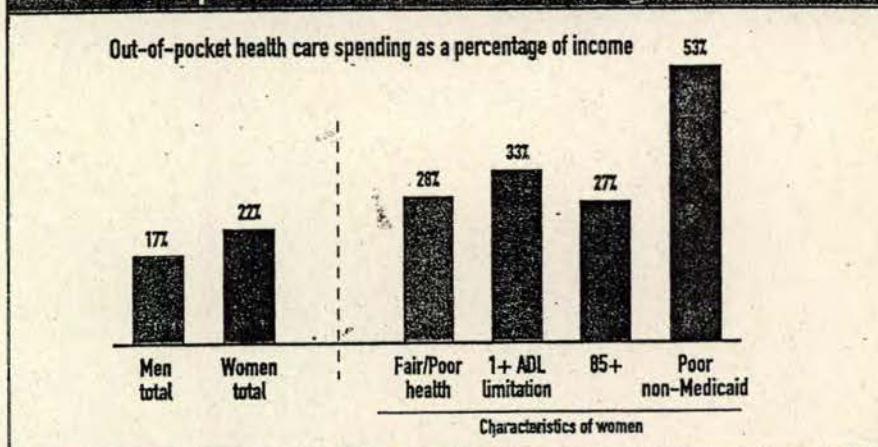
Out-of-Pocket Spending

Because Medicare provides basic rather than comprehensive coverage, many beneficiaries face high-out-of-pocket health care expenses. Women, on average, devote a greater share of their income to health care than men. In 1998, women spent 22 percent of their incomes for health care, compared with 17 percent for men (Figure 5). These figures mask the fact that the most vulnerable spent a significantly larger share of their incomes for health care: women 85 and older spent 27 percent of their incomes, on average, for health. Those with ADL impairments spent a third of their incomes on medical care. But the financial burden was highest for poor women without Medicaid, whose health care spending consumed over half of their income.

That traditional Medicare does not cover outpatient prescription drugs

Figure 5

Women on Medicare have significant out-of-pocket health care costs



NOTE: Excludes beneficiaries enrolled in Medicare HMO's, the under-65 disabled, and those in long-term care facilities. ADL = activity of daily living, such as eating or bathing.
SOURCE: AARP Public Policy Institute analysis using the Medicare Benefits Simulation Model, 1998.

exposes many beneficiaries to high out-of-pocket costs. Most women on Medicare—17 million—use prescription drugs regularly. More than a quarter (29 percent) of women spend over \$50 a month for their medications, according to the Kaiser/Commonwealth 1997 Survey of Medicare Beneficiaries.

Issues for Women

Women are major stakeholders in the debate over Medicare's future. Given their higher rates of poverty, multiple chronic conditions, and long-term care needs, adequate health insurance is especially important as women grow older. Policies that improve financial protections for the poor and near-poor would provide relief for all low-income beneficiaries, the majority of whom are women. Likewise, policies that expand access to outpatient prescription drugs and long-term care would help fill coverage gaps that drive up out-of-pocket spending for women. Conversely, policies that erode coverage or that shift costs to beneficiaries could adversely affect women, especially those with low incomes.

Understanding the full implications of proposed reforms for aging women will be an essential component of efforts to preserve and protect Medicare for future generations.

Q: Why do you believe your prescription drug estimates and your overall Medicare savings projections are accurate?

A: The independent career actuary worked extremely hard to ensure that his drug cost estimates were as accurate and as realistic as possible. In fact, in many cases, we would argue that he was extremely conservative. For example, the actuary's office assumed that utilization would actually double as a result of the new drug benefit, an assumption which exceeds most analysts' expectations and projections. In addition, our estimates did not include savings associated with the reduced hospitalizations which would be the result of the provision and correct utilization of prescription drugs.

Message Sent To: _____

Q: Yesterday, CBO testified that the Administration had grossly underestimated the cost of the new prescription drug benefit in the President's Medicare reform proposal by as much as \$50 billion. What is your response?

A: The Administration's economic team and the HCFA Actuary did a thorough and careful analysis in developing a cost estimate for the President's plan. We stand by our estimates. The Medicare Actuary is the same independent and respected career expert who has been cited repeatedly by Republicans in the past for his estimates on the Medicare Trust Fund. The Clinton Administration's health and economic forecasts have been consistently more conservative than actual experience. Because of our history of conservative budget estimates, we are comfortable with our estimates and stand behind them.

Q: CBO suggests that their estimates of the cost of the prescription drug benefit are based on new information supplied by HCFA. What are the specific reasons why you think their estimates are inaccurate?

A: First of all, we don't believe that the motivations and professionalism of CBO's career staff should be called into question. Having said this, we do not agree with a number of the assumptions included in the current CBO estimate presented to the Finance Committee.

Specifically, CBO only assumes about \$4 billion (compared to \$25 billion) in savings for the Administration's proposal to provide new market based purchasing tools for Medicare to use within the fee-for-service program. CBO Director Crippen indicated the Administration proposal had great potential to achieve significant savings. However, CBO scored our proposal to achieve less than 20 percent of our projected savings because it made an assumption that the Congress would never give the Medicare program this authority. We believe that is not a policy driven conclusion.

In addition, their drug cost assumptions are higher than any projections that the Health Care Financing Administration (HCFA) has produced. While CBO has suggested that their numbers are based on HCFA's projections, the early year cost forecasts exceed any estimate the Administration has produced.

Q: The President keeps saying that CBO is less accurate than the Administration's forecasting. Can you give an example of when the Congressional Budget Office was less accurate in a Medicare estimate than the Medicare actuary and more conservative than actual experience?

A: Absolutely. In 1997, when Congress and the Administration were working on the most significant changes to the Medicare program since its enactment in 1965, the Medicare actuary projected that the Medicare savings package would achieve more savings than CBO did. As it turned out, the baseline spending for the Medicare program was billions of dollars

less than the projections of either CBO or the Administration. As such, the Medicare actuary's projection was more accurate than the CBO estimate but significantly more conservative than actual experience.

Message Sent To: _____

Public Papers of the Presidents

March 13, 1998

CITE: 34 Weekly Comp. Pres. Doc. 431

LENGTH: 1714 words

HEADLINE: Executive Order 13078 -- Increasing Employment of Adults With Disabilities

HIGHLIGHT:

NOTE: This Executive order will be published in the Federal Register on March 18.

BODY:

By the authority vested in me as President by the Constitution and the laws of the United States of America, and in order to increase the employment of adults with disabilities to a rate that is as close as possible to the employment rate of the general adult population and to support the goals articulated in the findings and purpose section of the Americans with Disabilities Act of 1990, it is hereby ordered as follows:

Section 1. Establishment of National Task Force on Employment of Adults with Disabilities.

(a) There is established the "National Task Force on Employment of Adults with Disabilities" ("Task Force"). The Task Force shall comprise the Secretary of Labor, Secretary of Education, Secretary of Veterans Affairs, Secretary of Health and Human Services, Commissioner of Social Security, Secretary of the Treasury, Secretary of Commerce, Secretary of Transportation, Director of the Office of Personnel Management, Administrator of the Small Business Administration, the Chair of the Equal Employment Opportunity Commission, the Chairperson of the National Council on Disability, the Chair of the President's Committee on Employment of People with Disabilities, and such other senior executive branch officials as may be determined by the Chair of the Task Force.

(b) The Secretary of Labor shall be the Chair of the Task Force; the Chair of the President's Committee on Employment of People with Disabilities shall be the Vice Chair of the Task Force.

(c) The purpose of the Task Force is to create a coordinated and aggressive national policy to bring adults with disabilities into gainful employment at a rate that is as close as possible to that of the general adult population.

The Task Force shall develop and recommend to the President, through the Chair of the Task Force, a coordinated Federal policy to reduce employment barriers for persons with disabilities. Policy recommendations may cover such areas as discrimination, reasonable accommodations, inadequate access to health care, lack of consumer-driven, long-term supports and services, transportation, accessible and integrated housing, telecommunications, assistive technology, community services, child care, education, vocational rehabilitation, training services, job retention, on-the-job supports, and economic incentives to work. Specifically, the Task Force shall:

(1) analyze the existing programs and policies of Task Force member agencies to determine what changes, modifications, and innovations may be necessary to remove barriers to work faced by people with disabilities;

(2) develop and recommend options to address health insurance coverage as a barrier to employment for people with disabilities;

(3) subject to the availability of appropriations, analyze State and private disability systems (e.g., workers' compensation, unemployment insurance, private insurance, and State mental health and mental retardation systems) and their effect on Federal programs and employment of adults with disabilities;

(4) consider statistical and data analysis, cost data, research, and policy studies on public subsidies, employment, employment discrimination, and rates of return-to-work for individuals with disabilities;

(5) evaluate and, where appropriate, co-ordinate and collaborate on, research and demonstration priorities of Task Force member agencies related to employment of adults with disabilities;

(6) evaluate whether Federal studies related to employment and training can, and should, include a statistically significant sample of adults with disabilities;

(7) subject to the availability of appropriations, analyze youth programs related to employment (e.g., Employment and Training Administration programs, special education, vocational rehabilitation, school-to-work transition, vocational education, and Social Security Administration work incentives and other programs, as may be determined by the Chair and Vice Chair of the Task Force) and the outcomes of those programs for young people with disabilities;

(8) evaluate whether a single governmental entity or program should be established to provide computer and electronic accommodations for Federal employees with disabilities;

(9) consult with the President's Committee on Mental Retardation on policies to increase the employment of people with mental retardation and cognitive disabilities; and

(10) recommend to the President any additional steps that can be taken to advance the employment of adults with disabilities, including legislative proposals, regulatory changes, and program and budget initiatives.

(d)(1) The members of the Task Force shall make the activities and initiatives set forth in this order a high priority within their respective agencies within the levels provided in the President's budget.

(2) The Task Force shall issue its first report to the President by November 15, 1998. The Task Force shall issue a report to the President on November 15, 1999, November 15, 2000, and a final report on July 26, 2002, the 10th anniversary of the initial implementation of the employment provisions of the Americans with Disabilities Act of 1990. The reports shall describe the actions taken by, and progress of, each member of the Task Force in carrying out this order. The Task Force shall terminate 30 days after submitting its final report.

(e) As used herein, an adult with a disability is a person with a physical or mental impairment that substantially limits at least one major life activity.

Sec. 2. Specific activities by Task Force members and other agencies.

(a) To ensure that the Federal Government is a model employer of adults with disabilities, by November 15, 1998, the Office of Personnel Management, the Department of Labor, and the Equal Employment Opportunity Commission shall submit to the Task Force a review of Federal Government personnel laws, regulations, and policies and, as appropriate, shall recommend or implement changes necessary to improve Federal employment policy for adults with disabilities. This review shall include personnel practices and actions such as: hiring, promotion, benefits, retirement, workers' compensation, retention, accessible facilities, job accommodations, layoffs, and reductions in force.

(b) The Departments of Justice, Labor, Education, and Health and Human Services shall report to the Task Force by November 15, 1998, on their work with the States and others to ensure that the Personal Responsibility and Work Opportunity Reconciliation Act is carried out in accordance with section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, so that individuals with disabilities and their families can realize the full promise of welfare reform by having an equal opportunity for employment.

(c) The Departments of Education, Labor, Commerce, and Health and Human Services, the Small Business Administration, and the President's Committee on Employment of People with Disabilities shall work together and report to the Task Force by November 15, 1998, on their work to develop small business and entrepreneurial opportunities for adults with disabilities and strategies for assisting low-income adults, including those with disabilities to create small businesses and micro-enterprises. These same agencies, in consultation with the Committee for Purchase from People Who Are Blind or Severely Disabled, shall assess the impact of the Randolph-Sheppard Act vending program and the Javits-Wagner-O'Day Act on employment and small business opportunities for people with disabilities.

(d) The Departments of Transportation and Housing and Urban Development shall report to the Task Force by November 15, 1998, on their examination of their programs to see if they can be used to create new work incentives and to remove barriers to work for adults with disabilities.

(e) The Departments of Justice, Education, and Labor, the Equal Employment Opportunity Commission, and the Social Security Administration shall work together and report to the Task Force by November 15, 1998, on their work to propose remedies to the prevention of people with disabilities from successfully exercising their employment rights under the Americans with Disabilities Act of 1990 because of the receipt of monetary benefits based on their disability and lack of gainful employment.

(f) The Bureau of Labor Statistics of the Department of Labor and the Census Bureau of the Department of Commerce, in cooperation with the Departments of Education and Health and Human Services, the National Council on Disability, and the President's Committee on Employment of People with Disabilities shall design and implement a statistically reliable and accurate method to measure the employment rate of adults with more disabilities as soon as possible, but not later than the date of termination of the Task Force. Data derived from this

methodology shall be published on as frequent a basis as possible.

(g) All executive agencies that are not members of the Task Force shall: (1) coordinate and cooperate with the Task Force; and (2) review their programs and policies to ensure that they are being conducted and delivered in a manner that facilitates and promotes the employment of adults with disabilities. Each agency shall file a report with the Task Force on the results of its review on November 15, 1998.

Sec. 3. Cooperation. All efforts taken by executive departments and agencies under sections 1 and 2 of this order shall, as appropriate, further partnerships and cooperation with public and private sector employers, organizations that represent people with disabilities, organized labor, veteran service organizations, and State and local governments, whenever such partnerships and cooperation are possible and would promote the employment and gainful economic activities of individuals with disabilities.

Sec. 4. Judicial Review. This order does not create any right or benefit, substantive or procedural, enforceable at law by a party against the United States, its agencies, its officers, or any person.

William J. Clinton

The White House,
March 13, 1998

[Filed with the Office of the Federal Register, 8:45 a.m., March 17, 1998]

LANGUAGE: ENGLISH

LOAD-DATE: April 10, 1998

Public Papers of the Presidents

August 7, 1998

CITE: 34 Weekly Comp. Pres. Doc. 1584

LENGTH: 2130 words

HEADLINE: Remarks on Signing the Workforce Investment Act of 1998

BODY:

Thank you very much, and good morning. Thank you very much, Mr. Antosy, to Benny Hernandez, examples of what we come here to celebrate and enhance today. Thank you, Secretary Herman, for your leadership on this bill which was so essential to its passage. Chairman Goodling, Senator DeWine, Congressman Clay, Congressman McKeon, Congressman Kildee, many other Members of the House Representatives who are here. To Senator Jeffords and others who are not here, who, along with Senator DeWine, worked on the passage in the Senate.

I'd also like to thank the representatives of the National Association of Counties and other local groups who are here. And I will say more about all of you in a moment.

Bombing Incidents in Africa

I hope you will understand why I feel the need to comment on the fact that early this morning bombs exploded outside two of our American Embassies in Africa. An explosion in Nairobi, Kenya, killed and wounded scores of people. We have reports that several Americans are among the dead. Another explosion in Dar es Salaam, Tanzania, also caused many casualties. At this time, there are no reports that any Americans were killed in that attack, although our Embassy appears to have been the target.

Both explosions caused large-scale damage to our Embassies and to surrounding buildings, as you may have already seen from the pictures coming in. Though the attacks appear to have been coordinated, no one has yet claimed responsibility for them.

As I speak, we have dispatched Defense Department and State Department-led emergency response teams to the region. The teams include medical personnel, disaster relief experts, criminal investigators, counter-terrorism specialists. We have taken appropriate security measures at our Embassies and military facilities throughout the region and around the world.

These acts of terrorist violence are abhorrent; they are inhuman. We will use all the means at our disposal to bring those responsible to justice, no matter what or how long it takes. Let me say to the thousands and thousands of hard-working men and women from the State Department and from our other Government agencies who serve us abroad in these embassies, the work you do every day is vital to our security and prosperity. Your well-being is, therefore, vital to us, and we will do everything we can to assure that you can serve in safety.

To the families and loved ones of the American and African victims of these cowardly attacks, you are in our thoughts and prayers. Out of respect for those who lost their lives, I have ordered that the American flag be flown at

halfstaff at all Government buildings here at home and around the world. We are determined to get answers and justice.

Thank you very much.

Now, we are here to do something very important for America's long-term future today. I mentioned the Congressmen and Senators who played a leading role who are here. I'd like to also acknowledge those who are out there whose names I have, and if I make a mistake, stand up and be recognized. [Laughter] If I say you're here and you're not, just let it go. [Laughter]

In addition to Senator DeWine, and Chairman Goodling and Mr. Clay and Mr. McKeon, Mr. Kildee, we have here Congressman Barrett, Congressman Chaka Fattah, Representative Sheila Jackson Lee, Representative Dennis Kucinich, Representative Carrie Meek, Representative Dan Miller, Representative Patsy Mink, Representative Louis Stokes, Representative Steve LaTourette, Representative George Brown, Representative Paul Kanjorski, Congressman Bruce Vento, Congressman Donald Payne, and Congressman Tim Roemer with his own version of America's future in his lap. [Laughter]

I'd also like to thank, again, Alexis Herman and Erskine Bowles and all the people on my staff for their role in this. But one person above all who has been with me since 1991 and who shared my dream and consolidating this blizzard of Government programs into one grant that we could give a person who was unemployed or underemployed so that they could decide, as Mr. Antosy did, what to do with the help we were giving them on the theory that they would know their own best interest and be able to pursue it, and that is Gene Sperling, who has worked on this for years and years. This is -- his heart is in this bill. And I want to thank him as well as all the staff people in Congress.

As Secretary Herman said, this bill fulfills principles for reform of our work force training program that I outlined in my first campaign for President over 6 years ago, and that the Vice President set out in our National Performance Review. It is a model of what we should be doing, and also the way we did it is a model of how our Government ought to work. It was a truly bipartisan, American effort.

This morning, we received some more good news about our economy. Even though the latest economic reports shows the effects of the now settled GM strike, we still see that over the past year wages have risen at more than twice the rate of inflation, the fastest real wage growth for ordinary Americans in 20 years. This past month our unemployment rate held firm, in spite of the GM strike, at 4 1/2 percent. For nearly a quarter century, not once had our Nation's unemployment rate gone below 5 percent; it's now been below 5 percent for 13 months in a row. We have low unemployment, low inflation, strong growth, and higher wages.

But to maintain this momentum we must continue to change and move forward. Over the long run, in the face of daily new challenges in the global marketplace, we simply must press forward with the economic strategy outlined 5 1/2 years ago: fiscal discipline, expanded trade, investment in our people and communities. To maintain fiscal discipline, we must save every penny of our surplus until we save the Social Security system. To maintain exports, we must immediately support the international efforts to stabilize our customers in Asia to reform and lift their economies. In recent weeks we have clearly seen that the crisis in Asia is having an impact on our economy. You can talk to any

American grain farmer who will tell you that. For our economy to remain strong, therefore, we must pay our dues to the International Monetary Fund. To invest in our people we have to give all our people access to world-class education and training, beginning with our children before their school years and ending with people who have access to education throughout a lifetime.

The story Mr. Antosy told is a moving and heartening story. There are a lot of people in his position. In a dynamic global economy, more and more people, even if they stay with the same employer, will have to change the nature of their work several times over the course of a lifetime. It is, therefore, very important that every person who is willing to work hard to make the most of his or her own life should be able to become the success stories we celebrate with Benny Hernandez and James Antosy.

Therefore, we have to do more than we have been doing, even though we have been making progress. The vast majority of corporate managers say the number one prerequisite for continued prosperity is finding a way to fill all our high-skill jobs.

I'm telling you today, there are -- even with the unemployment rate as low as it is, there are hundreds of thousands of jobs which are going begging that are high-wage, high-skill jobs, undermining the ability of our free enterprise economy to maximize its benefits to all our people to reach into all the urban neighborhoods and the rural communities and the places that it has not yet reached. Therefore, giving all Americans the tools they need to learn for a lifetime is critical to our ability to continue to grow.

We are making progress in building an America where every 8-year-old can read, every 12-year-old can log onto the Internet, every 18-year-old can go on to college. And today we celebrate a big step forward in making sure that every adult can keep on learning for a lifetime, where no disadvantaged child, no displaced worker, no welfare parent, no one willing to learn and work is left behind.

This is the crowning jewel of a lifetime learning agenda -- the Work Force Investment Act to give all our workers opportunities for growth and advancement. It, as Mr. Goodling said and Mr. Clay said in specifying what was in the bill, has many things that will help millions of workers enhance our Nation's competitive age.

Let me just mention some of the things that are most important to me. It empowers workers, not Government programs, by offering training grants directly to them, so they can choose for themselves what kind of training they want and where they want to get it. There was a time, decades ago, when Congress actually needed to pass specified training programs with specific purposes and mechanisms to implement them. But that time has long since passed. Almost every American is within driving distance of a community college or some other mechanism of advanced training. And almost every American has more than enough sense to decide what is in his or her best interest, given a little good helpful advice on the available alternatives.

The law streamlines and consolidates a tangle of training programs, therefore, into a single, commonsense system. And it also expands our successful model of One-Stop Career Centers so people don't have to trot around to one different agency after another when they find themselves in the position that Mr. Antosy found himself in. It enhances accountability for tough

performance standards for States and communities and training providers, even as it gives more flexibility to the States to develop innovative ways to serve our working people better.

It helps to create opportunities for disadvantaged youth. And I think that is terribly important. Everybody is concerned about the juvenile crime rate; we need to be concerned, therefore, about the number of juveniles that are out here on the street, out of school, not doing what could be done to give them a more constructive future.

And finally, it does two more things that I think are quite important. It has a real emphasis on helping people with disabilities prepare for employment, and it gives adults who need it literacy support to move ahead. You cannot train for a lot of these programs if you cannot read at an adequate level. And I think that is terribly important.

What all this amounts to is that we get to celebrate Labor Day a month early this year. At long last, we're giving our workers the tools they need to move quickly to 21st century jobs, higher incomes, and brighter futures. I thank all those on this stage, all those in this audience, and those who could not be here who have worked and waited for this day.

Let me also say that just a couple of minutes ago I had the chance to sign another bill that helps all Americans share in our prosperity, the Credit Union Membership Access Act. Credit unions serve a vital and unique purpose; they make sure financial services and credit are available to people of modest means. The law I signed strengthens them, helps them to withstand hard economic times, clarifies who can join, and ensures that those who are in credit unions now won't ever get locked out. It will help extend greater credit to those who need it most. It is also good for our economy.

Both these bills are bipartisan bills. They passed with overwhelming bipartisan majorities. They show what can happen when we can put our differences aside and put progress ahead of partisanship and people ahead of politics. That's a good thing because our plate is still full. In the few days remaining in this legislative session, we must still work together to save Social Security first, secure funding for the International Monetary Fund to stabilize our own economic growth, to pass a strong Patients' Bill of Rights, a very crowded education agenda built on excellence and opportunity, and an important element of our environmental agenda to preserve our environment and grow the economy.

We can do all these things. And as we see today on this very happy occasion, when we do it, we strengthen our country and the future of the children over there with Congressman Roemer and all the others like them throughout America.

Thank you very much.

NOTE: The President spoke at 11:04 a.m. in the Rose Garden at the White House. In his remarks, he referred to job training beneficiary James Antosy, who introduced the President; and ex-gangmember Benny Hernandez, currently a successful college student. H.R. 1385, approved August 7, was assigned Public Law No. 105-220.

LANGUAGE: ENGLISH

Draft 7/26/99

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**PRESIDENT WILLIAM J. CLINTON
REMARKS ON WOMEN AND MEDICARE
THE WHITE HOUSE
JULY 27, 1999**

Good morning. Today, after listening to Judith speak about her mother and her family, I am reminded that the aging of America is a challenge that we are truly blessed and lucky to have. It is what I like to call a high-class problem. Americans are living longer. And America is richer for it. Older Americans are leading more active lives and making important contributions to our communities well into retirement. Our children are enjoying the love and wise counsel of their grandparents long into adulthood. I know I would have loved to have my mother still with me in my retirement years.

On the eve of the 21st Century, the health and vitality of America's seniors is in no small part due to Medicare. Everyone here knows the difference Medicare has made in the lives of older Americans and their families. For 34 years, Medicare has protected the health of our seniors, enriched the lives of the disabled, and eased the financial burden on families as they cared for their loved ones. For millions of American women, Medicare has been the lifeline to a dignified retirement. As the report released today by the Older Women's League so convincingly tells us, a strong and modern Medicare system is vital to the health and future of America's women -- to our grandmothers, mothers, wives, sisters and daughters.

First, a strong and modern Medicare system is critical to women because, very simply, the majority of Medicare beneficiaries -- twenty of the 34 million Americans currently enrolled -- are women. *[point to chart]* This is so because the majority of Americans 65 and older -- three out of every five -- are women. But what's more, as we grow older, so does the proportion of women. Nearly three-fourths of all Americans who reach the age of 85 are women. And 4 out of 5 centenarians -- Americans lucky enough to witness the breadth of an entire century -- are women.

Second, without Medicare, the doors to hospitals and doctors' offices, to basic medical treatment and good health, would be closed to millions of older women. Throughout their lives, women's incomes have always lagged behind those of men -- a gap underscored in retirement through smaller pensions and Social Security checks. Even as they must make ends meet on smaller incomes, women must meet greater health care needs than men. Nearly three-fourths of older women have two or more chronic illnesses compared to just 65 percent of older men. For these women, Medicare has truly meant the difference between a healthy retirement and one clouded by untreated illness and poverty.

But as we know, the clock is ticking on this critical institution's ability to serve America's women and families into the next century. With our people living longer than ever, and the retirement of the Baby Boom generation rapidly approaching, the Medicare Trust Fund will become insolvent by 2015. At the same time, Medicare's benefits -- which have not changed

significantly since 1965 -- have failed to keep pace with the rapidly changing world of modern medicine.

There are some who say that strengthening Medicare is a challenge that we can still afford to put off toward later years. To them I say, look at Judith Cato and her mother. Like millions of women in the same situation, affording prescription drugs is a very immediate challenge. The typical 65-year old woman retiring this year can expect to see the ripe old age of 84. That's 19 more years of retirement. But if we do not act soon, the Medicare Trust Fund will expire in 16 years.

We must act now. Over the past six and a half years, we have managed to transform a sick deficit economy into an economy that is the picture of fiscal health. In 1993, the budget deficit was projected to be \$290 billion. Today, we have an unprecedented surplus of \$99 billion. We've balanced the budget, cut unnecessary spending, expanded our investments in education and training. As a result, we have the longest peacetime expansion in history, with 19 million new jobs and the lowest minority unemployment rates ever recorded.

We cannot afford to miss this unprecedented opportunity to strengthen and modernize Medicare for the 21st Century. My plan would secure Medicare by dedicating over \$370 billion of our budget surplus over the next 10 years to extending the life of the Trust Fund to the year 2027. We will keep Medicare costs low even as we improve quality by introducing the most effective private sector innovations into the program. And we will promote competition by giving seniors the chance to choose between lower-cost Medicare managed plans and the traditional program.

Strengthening Medicare is important, but so is modernizing its benefits. Over the past thirty years, a medical revolution has transformed health care with prescription drugs that have supplanted some surgeries, lengthened and improved the quality of life. As the OWL study shows, women have borne the greatest cost of this pharmaceutical revolution. According to this chart, women spend \$1,200 a year on prescription drugs, almost 20 percent more than men. As many of you know, my plan will help seniors afford the prescription drugs that have become essential to modern medicine.

I am committed to providing an optional prescription drug benefit to all Medicare beneficiaries. Affording prescription drugs is a challenge not just for poor women, but for middle income women as well. Half of all middle class women -- those who make at least \$12,700 a year, or with their husbands make \$17,000 -- have no prescription drug coverage at all. [show chart]. Women who have tried to buy extra drug coverage through private Medigap policies have had to cope with escalating premiums as they grow older. Anyone who says that America's seniors must bear these burdens in retirement is simply out of touch and out of date.

Finally, my plan will also eliminate the last barrier between seniors and preventive screenings-- tests for breast cancer, colon cancer, prostate cancer, diabetes, and osteoporosis -- that can help save their lives. For too many seniors on fixed incomes -- especially low-income women -- the cost of a modest copayment is simply prohibitive. Last year, just one in seven

women took advantage of the mammograms covered by Medicare. To encourage more people to take advantage of this benefit, my plan will waive the deductible and all co-payments.

I call on Congress to move forward on this plan – and seize the historic opportunity we have to ensure that Medicare truly serves our mothers, grandmothers, sisters, wives and all Americans well into the 21st Century. By dedicating the surplus first to Social Security and Medicare, we can strengthen these programs without walking away from our vital commitments to education, to law enforcement, to biomedical research, to national defense, to the environment. Under my plan, we could actually free America from its debt for the first time since 1835 – and still have funds left over for a substantial tax cut – one targeted toward retirement savings, long term care, and child care.

Regrettably, there are some in Congress who have voted to squander this historic opportunity to prepare for the aging of America. Last week, the House of Representatives passed an irresponsible tax bill that would spend our surplus without devoting a dime toward boosting the solvency of Medicare. What's more, the Republican tax cuts won't go into full effect until the year 2010, draining the most resources just as the baby boomers begin retiring, Medicare nears insolvency, and Social Security begins to feel new strains. This week, the Senate will consider a similar bill. These bills are skewed toward the special interests. They do not protect our national interests. They are unacceptable.

I have made it very clear that I will not accept any bill that undermines our ability to save Social Security and strengthen Medicare. I ask the Senate and the House to work with me to honor this fundamental obligation to the future. We must make certain there are enough resources for Medicare, for Social Security, and for education, for law enforcement and the environment before we embark on a tax scheme that could squeeze out vital priorities in years to come. First things first.

The aging of America is an important challenge for our nation. It tests our commitment to our parents who deserve high quality health care after a lifetime of hard work. It tests our commitment to our children who should not be burdened with the cost of bailing out Medicare just as they are raising their own families. It tests our foresight -- our ability to recognize and fulfill our duties and obligations to the future. It is a test I am confident we, the American people, can pass.

FIRST LADY HILLARY RODHAM CLINTON

WOMEN'S MEDICARE EVENT

THE WHITE HOUSE

JULY 27, 1999

Thank you, Secretary Shalala. Good morning, and welcome to the White House. I want to thank all of you for being here – as we come together to talk about one of the most urgent challenges our nation faces today: saving and preserving Medicare.

I want to acknowledge the many people here today who have done so much over the years to help us meet our obligations to each other, and to the next generation: members of the Older Women's League; the American Association of University Women, and those of you who represent women's and seniors groups and Medicare advocates across the country.

We've all come here this morning because our nation is engaged in a critical debate about America's future. We're living in a time of great prosperity – and of almost unparalleled opportunities for progress for all Americans. And we should all take pride in what we have been able to accomplish together over the past six and a half years. But the question before us now is how do we take advantage of this historic opportunity to take on some of the tough challenges that lie ahead? How do we strengthen -- rather than weaken -- our fundamental commitments not only to our parents and grand parents – but to future generations as well?

One of the most critical challenges facing America today – and an issue that touches all of us – is the urgent need to protect and preserve Medicare. Unless we act now – current projections say the Medicare Trust Fund will be insolvent in 2015. While this is a major concern for all Americans, we're here today to spotlight those who have the greatest stake in a strong and healthy Medicare program: America's women.

As the Henry Kaiser Family Foundation and OWL have reminded us again and again, women simply live longer than men. And while that means we have more years to cherish our mothers and grandmothers, it also means they are more likely to suffer from multiple and chronic illnesses, and have greater long term needs. Four out of five of America's elderly women are widowed – and almost half live out their days alone. And not surprisingly, elderly women are much more likely to be poor. Nearly seven in 10 Medicare beneficiaries living in poverty are women.

For all of these reasons – further supported by new data that the President will talk about in a few minutes -- women rely on Medicare more than men, and are more vulnerable to changes in its policies.

Over the past six years – and as recently as a few weeks ago – I’ve spoken with women around the country about their concerns about the future. Women living alone, who worry about who’s going to care for them when they can no longer live independently. Women with limited incomes, who are struggling to pay for their prescription drugs, or who don’t think they can afford to go to regular check ups or screening tests for osteoporosis or breast cancer. Women who are taking care of their aging or disabled parents, and who rely on Medicare to help them meet these new family responsibilities.

I’m sure that each one of us here today has similar stories to tell. We have with us today a devoted daughter – Mary Lee Di Spirito – whose mother came to live with her in Virginia after her father died. As her mother became increasingly frail, Mary Lee stopped working -- to care for her mother full time. Like so many elderly women today, Mary Lee’s mother suffered from multiple health problems. And while she had a Medicare and Medigap policy – it didn’t cover prescription drugs. Because her mother’s sole source of income was a monthly \$800 Social Security check – Mary Lee and her family paid \$4500 a year – in out of pocket expenses for prescription drugs. An amount that would have depleted half of her mother’s yearly income.

Mary Lee's mother passed away last November. But her valiant efforts to care for her mother – often under very difficult circumstances – are a vivid reminder of why we must act now to protect and preserve Medicare.

And we must make that commitment not only to our own parents and grandparents – but to those in this generation who have been their caretakers – and who will soon begin to age, or become disabled, themselves.

Because if we don't invest in our nation's priorities – and dedicate the necessary funds to save and modernize Medicare – then women like Mary Lee and her mother will be at even greater risk than they are today. If we don't save and modernize Medicare – then women will continue to struggle to pay for outpatient prescription drugs. And that problem will only get worse -- as medical advances increasingly rely on drug treatments that even today are beyond the means of most ordinary citizens. If we don't save and modernize Medicare – then women will continue to skip regular screenings and check ups that would enhance their quality of life and reduce Medicare's long-term costs.

And perhaps most importantly, if we don't take advantage of this time of prosperity that we have worked so hard to achieve – then we will look back at our generation as having missed a unique opportunity to make responsible decisions – and will instead have run the risk of becoming the burden to our own children that we never wanted to be.

That's why I believe that to meet these critical challenges, we must take a responsible and balanced approach to tax cuts. Only then will we be able to meet our obligations to America's elderly and disabled, and extend the life of the Trust Fund for the next quarter century. Only then will we be able to modernize the benefit package to include prescription drugs and preventive care; and support our teaching hospitals that are so critical to serving America's poor and elderly. And only then will we be able to sustain and expand the investments we are making now – in our schools, in our environment, in our cities -- that are so vital to our nation's future prosperity.

As we continue to debate these critical issues in the halls of Congress – and around our kitchen tables – let's never forget the human dimension of what we stand for, and what we fight for, and who we're seeking to protect and support.

I want to introduce someone who knows first hand the challenges of caring for an aging mother – at a time when her daughter hadn't yet left home. She knows what's at stake for women in this debate over the future of Medicare. She also represents the millions of women who would benefit if we act now to strengthen and modernize Medicare. It is my pleasure to introduce to you Judith Cato.

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

July 27, 1999

**REMARKS BY THE PRESIDENT AND THE FIRST LADY
ON WOMEN AND MEDICARE**

Presidential Hall

10:24 A.M. EDT

MRS. CLINTON: Thank you very much. And I want to thank Secretary Shalala, who has been a strong voice and strong force on behalf of issues that affect how we live and what kind of country we are.

I want to thank all of you for being here, as we come together to talk about one of most important challenges our nation faces today -- saving and preserving Medicare. I want to acknowledge the many people here who have done so much over the years to help us meet our obligations to each other and to the next generation -- members of the Older Women's League, the American Association of University Women, and those of you who represent women's and seniors' groups and Medicare advocates from one end of our country to the other.

We've come here today because our nation is engaged in a critical debate about America's future. We're living in a time of great prosperity and blessings, and of almost unparalleled opportunities for progress for all of our citizens. And we should all take pride in what we have been able to accomplish together over the last six and a half years. But the question before us now is how do we take advantage of this historic opportunity to take on some of the tough challenges our nation faces? How do we strengthen, rather than weaken, our fundamental commitments not only to our parents and our grandparents, but to future generations as well?

And that brings me to an issue that touches all of us, the urgent need to protect and preserve Medicare. Unless we act now, current projections say the Medicare trust fund will be insolvent in the year 2015, which is not very long at all. While this is a major concern for all of us, we're here today to spotlight those who have the greatest stake in a strong and healthy Medicare program, and that is America's women.

As the Henry Kaiser Family Foundation and OWL have reminded us again and again, women simply live longer than men. Now, we hope that is one gender gap that will eventually be closed, but it is the fact. And it is the fact as we project out into the 21st century. Now, that means we have more years to cherish our mothers and our grandmothers, but it also means that they and we are more likely to suffer from multiple and chronic illnesses and have greater long-term care needs. Four out of five of America's elderly women are widowed and almost half live out their days alone. And, not surprisingly, elderly women are much more likely to be poor. Nearly 7 in 10 Medicare beneficiaries living in poverty are women.

For all these reasons, supported by new data that the President will talk about in a few minutes, women rely more on Medicare than men and are, therefore, more vulnerable to changes in Medicare policies.

Over the past six and a half years, and as recently as a few weeks ago, I've spoken with women around the country about their concerns about the future: Women living alone who worry about who's going to care for them when they can no longer live independently; women with limited incomes who are struggling to pay for their prescription drugs, who don't think they can afford to get regular check-ups or get screening tests for osteoporosis, or breast cancer; women who, in their 60s and their 70s, are taking care of their aging or disabled parents, and who rely on Medicare to help them meet their family responsibilities.

I'm sure each of us here today has a story to tell. And we have with us just one example of a devoted daughter: Mary Lee DiSpirito, whose mother came to live with her in Virginia after her father died. As her mother became increasingly frail, Mary Lee had to stop working to care for her mother full-time. Like so many elderly women today, Mary Lee's mother suffered from multiple health problems. And while she had Medicare, and even a Medigap policy, it did not cover prescription drugs.

Because her mother's sole source of income was a monthly \$800 Social Security check, Mary Lee and her family paid \$4,500 a year in out-of-pocket expenses for prescription drugs -- an amount that would have -- if her mother had been alone, without a devoted daughter and family -- would have depleted half of her mother's yearly income. Mary Lee's mother passed away last November. But her valiant efforts to care for her mother, often under very difficult circumstances, are a vivid reminder of why we must act now to protect and preserve Medicare. I'd like to ask Mary Lee to stand up, because she is emblematic, and symbolic, of women throughout our country. (Applause.)

We owe Mary Lee and all of us the commitment that goes not only to our parents and our grandparents, but to those of us in this generation who are the caretakers who will soon begin to age, may become disabled or chronically ill ourselves. And we owe it to our children and eventually our children's children -- because if we don't invest in our nation's priorities and dedicate the necessary funds to save and modernize Medicare, countless women, like Mary Lee and all of us, and her mother and ours, will be at even greater risk than they are today.

If we don't save and modernize Medicare, then women will continue to struggle to pay for out-patient prescription drugs, and the problem will only get worse as medical advances increasingly rely on drug treatments that even today are beyond the means of most ordinary citizens. If we don't save and modernize Medicare, then women will continue to skip regular screenings and check-ups that would enhance the quality of their lives and reduce Medicare's long-term costs.

And perhaps most importantly, if we don't take advantage of this time of prosperity that we have worked so hard to achieve, then we will look back at our generation as having missed a unique opportunity to make responsible decisions and we will instead have run the risk of becoming a great burden to our own children that none of us ever wanted to be.

That's why I believe that to meet these critical challenges we must take a responsible and balanced approach to tax cuts. Only then will we be able to meet our obligations to America's elderly and disabled, and extend the life of the trust fund for the next quarter century. Only then will we be able to modernize the benefit package to include prescription drugs and preventive care, and support the teaching hospitals that are so critical to serving America's poor and elderly. And only then will we be able to sustain and expand the investments we are making now in our schools, in our environment, in our cities and our country that are so critical to our future prosperity.

So, as we continue to debate these critical issues, not only in the halls of Congress, but around our kitchen tables -- let's not forget the human dimension of what we stand for and we fight for, and what we are seeking to protect and support. Sometimes these debates have a way of making our eyes glaze over as hundreds of billions of dollars are talked about. So let's remember to keep a human face on this debate. (Applause.)

And I want to introduce someone who will add to our understanding and make sure we keep that human dimension, just as Mary Lee has, someone who knows firsthand the challenges of caring for an aging mother at a time when her own daughter had not even yet left home. She knows what's at stake for women in this debate over the future of Medicare. She also represents millions of women who would benefit if we act now to strengthen and modernize Medicare. So it is my great pleasure to introduce Judith Cato. (Applause.)

* * * * *

THE PRESIDENT: Well, I must say that Judith did such a good job, there's hardly anything left to say. (Laughter.) Thank you very much for being here, and we welcome your daughter here.

I want to thank Secretary Shalala, and acknowledge the presence in the audience of Deborah Briceland Betts, the Executive Director of the Older Women's League; the people here from the Henry Kaiser Family Foundation, and the other representatives of women's groups, senior women's groups, and Medicare advocates. Hillary and Secretary Shalala and I are delighted to welcome you to the White House today, and we thank you for your interest in this critical issue.

We are here to discuss what I have repeatedly called a high-class problem: the American people are living longer, especially women. And it is a high-class problem because we have this surplus today, and a projected surplus for several years into the future, which will enable us to deal with the challenge of people living longer and spending more money on Medicare, and then the retirement of the baby boomers, which will put additional pressure on Medicare and on Social Security.

It is a high-class problem, but we don't want it to turn into a nightmare because we walked away from it when we could have dealt with it and we had the money to deal with it -- when we had the time to deal with it, and we knew good and well we ought to deal with it. So, again I say I thank you for being here, and I hope today we can get out some information which will persuade the American people and members of the Congress that the approach I have recommended for the future is the right one.

For 34 years now, Medicare has protected the health of our seniors -- it has enriched the lives of the disabled, it has eased the financial burdens on families as they cared for their loved ones. For millions of American women, in particular, Medicare has been the lifeline to a dignified retirement.

As the report released today by the Older Women's League so clearly tells us, a strong and modern Medicare system is absolutely vital to the health and future of America's women. First it is critical because the majority of beneficiaries quite simply are women. Listen to this: 20 of the 34 million Americans currently enrolled in Medicare are women. I think we've got a chart that says that. But look here: 41 million -- 41 percent of the people in this country on Medicare over 65 are men; 59 percent are women.

And, of course, as time goes on, the percentages get better or worse, depending on the perspective. (Laughter.) Twenty-nine percent of the people over 85 are men, 71 percent are women; 17 percent of people over 100 are men, 83 percent are women. You may think those numbers are insubstantial, but Americans over 80 are the fastest growing population

group in the United States, and I'm sure that most of us hope to be among them some day. So this is very important.

Second, without Medicare the doors to hospitals and doctor's offices to basic medical treatment and good health would actually be closed to millions of older women. Throughout their lives, women's incomes have always lagged behind those of men, a gap underscored in retirement through smaller pensions and Social Security checks. So even as they must make ends meet on smaller incomes, women must meet greater health care needs. Nearly three-fourths of older women have two or more chronic illnesses, compared to just 65 percent of older men. For these women, Medicare has truly meant the difference between a healthy retirement and one clouded by uncertainty, untreated illness and poverty.

Now, as you have just heard, the clock is ticking on Medicare's ability to meet the needs of our seniors in the next century. People living longer than ever, the retirement of the baby boom approaching, the Medicare trust fund will become insolvent by 2015. Now, you may think that's a good ways away, but let me tell you, when I took office, Medicare was supposed to become insolvent this year. And we took a lot of very strong steps to stop it from happening.

But we have taken all the easy steps, and some that, arguably, have gone too far. Everywhere I go, people say, you know, the therapy services have been cut back too much, or the inner-city hospitals with big teaching loads or the teaching hospitals generally -- not just in the big urban centers -- everywhere I go, people talk to me about this. So it should be obvious to everyone, there are no longer any easy ways to lengthen the life of the Medicare trust fund -- just as people are living longer and accessing it more. So that is problem one.

Problem two is that Medicare's benefits have not changed significantly since 1965, although the world of modern medicine has changed dramatically. There are some who really believe we can afford to put off this until later. I disagree. To them I say, listen to Judith Cato's story. Like millions of women in the same situation, affording prescription drugs for herself is right around the corner, and for her mother is today.

The typical 65-year-old woman retiring this year can expect to live to be 84. That's 19 more years of retirement. But if we don't act soon, the Medicare trust fund will expire in 16 years. Over the past six and a half years, we have managed to transform an economy burdened by an unconscionable deficit of \$290 billion to an economy that today is the picture of fiscal health, with a surplus of \$99 billion and a large projected surplus over the next decade. We've done this by balancing the budget, cutting unnecessary spending, expanding our investments in education and training, expanding our trade abroad; all of it bringing interest rates down and getting investment up and giving us a remarkable period of economic growth -- the longest peacetime expansion in our history; nearly 19 million new jobs and the lowest minority unemployment and the highest home ownership ever recorded.

The question is, what are we doing to do with this? We know what one plan is -- you have talked about it. The majority in Congress say, well, let's approve a big tax cut now and worry about Medicare and extending the life of the Social Security trust fund, scheduled to run out of money in a little more than 30 years -- let's worry about that later.

One of my bright staff members said, it's kind of like a family sitting around the kitchen table saying, you know, we have always wanted to plan a really fancy vacation to Europe -- let's just do it and blow the works, and when we get home, we'll figure out whether we can pay the mortgage, the car payment and send the kids to college. (Laughter.)

You're laughing, but you know, it's not just a question of the size of the tax cut. Why are we even discussing it before we decide what it takes to save and strengthen Medicare, and what it takes to save Social Security, and what we have to invest in the education of our children,

the defense of our nation, the protection of our environment. Why don't we ask ourselves what it is we have to do before we ask ourselves what it is we would like to do?

Now, so what do I think we have to do? Here's what I think we should do. I think, first of all, my plan would secure Medicare by dedicating over \$320 billion of our budget surplus for 10 years, to extend the life of the trust fund from 2015 to 2027. That would be the longest projected life we've had on the trust fund in many years. But we have not been this financially healthy in many years, nor have we faced the challenge of so many people retiring and living so long ever before. So we need to know it's going to be all right for a good while.

Secondly, we will introduce more modern mechanisms of competition to improve quality, but to control costs as well as we can, as private sector innovations have done. We will give seniors the chance to choose between lower-cost Medicare managed-care plans and the traditional program, but we will not support changes that would force them to move from one to the other.

I also believe it's important to modernize benefits and, over the long run, the economical thing to do. Over the last 30 years, a medical revolution has transformed health care, and in many cases prescription drugs now supplant what used to be routinely dealt with with surgeries. They have lengthened and improved the quality of life.

As the Older Women's League study shows, women have borne the greatest cost of this pharmaceutical revolution. According to the next chart, women spend \$1,200 a year on prescription drugs, on average -- about 20 percent more than men. Now, as you have already heard, our plan will help seniors to afford the prescription drugs that have become essential to modern medicine. The plan is completely voluntary, but available to all Medicare beneficiaries.

This is a challenge, I might add, not just for poor women. It is also a challenge for middle-class women as well. Look at the next chart. Half of all middle-class women -- that is, for seniors, those who make at least \$12,700 a year or, with couples, \$17,000 a year -- have no prescription drug coverage at all. So among those who have no coverage, a quarter are below the poverty line, a quarter are between 100 and 150 percent of poverty, half are over 150 percent of the poverty line -- although, if your drug bills are big enough, it doesn't take long to get down below the poverty line again.

Women who have tried to buy extra coverage through private Medigap policies have to cope with escalating premiums as they get older. That's one of the great ironies of these Medigap policies that -- I keep hearing about, you know, we don't really need this because of Medigap. They get more and more and more expensive as you get older and older and older and less and less and less able to come up with the money to pay for them.

Now, I think anybody that says we don't need to do this is out of touch with people's real lives and out of date. I'd also like to point out that our plan would eliminate the last barrier between seniors and preventive screenings -- tests for breast cancer, colon cancer, prostate cancer, diabetes and osteoporosis -- that can help save their lives. For too many seniors on fixed incomes, especially low-income women, the cost of the modest co-payment is prohibitive. Last year, for example -- listen to this -- just one in seven women took advantage of the mammograms covered by Medicare.

So what we want to do is to eliminate the deductible and the co-payments for the preventive screenings -- (applause) -- and we pay for it by introducing a modest co-pay on lab tests that are frequently overused, ones that have been identified, and by indexing to inflation the modest Part B premium, which will be much less burdensome because it's more broadly spread in a smaller amount of money. But the people who need these preventive screenings, this will save lives.

Consider the irony of this. Every condition I just outlined, we pay for the doctor benefits, we pay for the hospital benefits, but we don't want to let people get the preventive screenings that will keep them from spending that money in the first place -- keep them healthy and keep them alive. This is a good thing to do.

Now, this is a good plan. It is a responsible plan. And it is important that we deal with the Medicare challenge now, while we have the funds and the prosperity to do so. I have proposed to dedicate the Social Security portion of the surplus to Social Security, but also to lengthen the life of the trust fund by taking the interest savings we'll have, because this will allow us to pay the debt down, and putting it into the Social Security trust fund, so it will last longer. So we'll have at least over 50 years of life on the Social Security trust fund. (Applause.)

And as I said, I proposed to put over \$320 million in Medicare. There's not a single expert on this program who believes that we can stabilize the fund and lengthen the life of it and deal with the coming demographic challenges without more money. No one who has looked into this believes it. And I think this is very, very important, because if the tax cut being pushed by the congressional majority, which includes vast benefits for people in my income group and higher -- who have done quite well in the stock market, thank you very much -- (laughter) -- and are not clamoring for it, and are worried that it will destabilize the economy -- even today, there are stories in the paper that if we have a big tax cut, with the economy growing as fast as it is, it might stimulate inflation, which would cause increases in interest rates, which would take away all the economic benefits of the tax cuts in higher interest rates.

So I say to you, I do not believe that is the wise thing to do. I think first we should say, let's save Social Security and Medicare; let's add this responsible prescription drug benefit; let's decide the commitments that we ought to make -- to give our children good education, to keep our streets safe, to biomedical research, to national defense, to the environment -- and then let's decide what we can afford in a tax cut. Let's do first things first.

In addition, another benefit of my plan not present in any other one is that if my proposal were to pass the Congress, in about 15 years we would actually be out of debt as a nation, for the first time since 1835. (Applause.)

Now, the significance of that for older Americans is quite important. Why? Because if we are out of debt, it means we will have long-term prosperity, lower interest rates -- which means lower costs for business borrowing, more investment, more jobs, higher incomes, and for families, lower home mortgages, car payments, credit card payments and college loan payments. That amounts to a very big tax cut over 10 or 15 years, getting this country out of debt, making us less vulnerable to the vagaries of the international financial system, securing the long-term economic stability for the young people here in the audience and throughout our country.

Believe it or not, we can do all that and still have a fairly sizable tax cut. I propose to let people use it for retirement savings, for long-term care, for child care. But the point I want to make today is not so much what we spend it on, but how much it can be, and in what order we are doing this. We did not get to this moment of prosperity by figuring out how to eat our cake, and then looking around for the vegetables. (Laughter.) That's not how we got here. We got here -- and a lot of members of Congress lost their jobs over it because we took the tough decisions in 1993 to get the deficit down, to bring interest rates down, and to do it without having to give up on obligations to education and to our other important national priorities.

So here we are with this opportunity of a lifetime to deal with this, and I think we ought to do it. Now, I regret that, as all of you know, the congressional majority appears to have a

different philosophy. Look what happened -- last week, in the House of Representatives, they passed an irresponsible tax bill that would spend our surplus, it wouldn't devote a dime -- not a dime -- not one dime to extending the solvency of Medicare. And interestingly enough, these tax cuts are worded so that they won't go into full effect until the year 2010, just when the baby boomers start to retire. And in the second 10 years, they'll cost way over twice as much as they did in the first 10 years.

Now -- so the whole impact of them will hit us right between the eyes as the baby boomers retire, Medicare nears insolvency, Social Security starts to show strains.

This week, the Senate is going to take up a similar bill. They also, I might say, as all the analysis -- I don't know if you've had -- I don't want to take time today to do this, but if you haven't seen the analysis of the bills, you ought to, because they're standing up there saying if we don't give this money back to you -- "they" -- i.e., me and my allies in Congress -- will spend it on "their" friends.

Well, Judith is my friend. (Laughter and applause.) It sounds so great: "we want to give it back to you, they're going to spend it on their friends." We want to spend it on saving Social Security and Medicare, educating our children, paying down the national debt and getting us out of debt, to help our friends, the American people.

They tickle me, you know, these guys. They were fighting the patients' bill of rights several days ago and they said, oh, these Democrats, all they do is stand up and tell stories, we're talking about something besides stories. Well, I don't know about you, but the older I get the more it seems to me like life is just a collection of stories. (Laughter.) And people are pretty important -- a lot more important than statistics.

And I'm telling you, I've been at this business a long time. This country may never have an opportunity like this. And they're spending it on their friends. (Laughter and applause.) And, ironically, their friends are better off under our plan because the stock market has more than tripled -- their friends have done very well under our plan. We have had an economic policy that has been non-discriminatory, benefiting Republicans and Democrats, alike. (Laughter.)

Look, today I want you to read the papers today. They point out that the Congress, the majority, has begun resorting now to accounting gimmicks, because they've approved such a big tax cut they can't meet the fundamental obligations of government without beginning, right now, to spend the surplus. And they don't want to acknowledge that, so they've resorted to accounting gimmicks to disguise the fact that they're dipping into the surplus. They can't live within the budget limits we set in 1997 -- I told you, we all know we cut Medicare too much in '97; we're going to have to fix it. A lot of you know it. A lot of you deal with these programs and these health care providers.

But they want to give the illusion they're living within the budget limits, nothing has to be done, and they can have this tax cut. I'm telling you what's going to happen. If this tax cut were to become law, it would mean huge cuts in education, huge cuts in the environment, huge cuts in medical research, huge cuts in health care, and huge cuts in national defense -- or, if they didn't do that, we would see -- balloon the deficit again, just like we did in the 12 years before I took office, when the national debt quadrupled.

We tried it that way; it didn't work very well. Why are we going down the same road we tried before, when we have a road that we have tried for six and a half years that has brought us to this point? Why would we reverse course instead of building on what we've done and going beyond it? It is a big mistake, and it's wrong. It's not just wrong for the seniors. It's not just wrong for the women of this country. It's wrong for all Americans. It is not the right thing to do.

Now, it also -- it will take away the single best opportunity any of us will ever have in our lifetimes to save Social Security for the baby boomers, to save and strengthen Medicare, and to get us out of debt for the first time since 1835 -- to give the young people in this room a chance at a generation of prosperity. And I don't believe any thinking person, once they understand what the real numbers are -- let's get out of the rhetoric here, who's going to give it to whose friends and all that. What are the numbers? This is an arithmetic problem.

You know, I told people when I got elected President -- I'd come from a state with fairly straightforward values and ways of doing things, and I thought we ought to have a radical new idea in Washington -- we'd bring basic arithmetic back to the budget. (Laughter.) And basic arithmetic has worked pretty well. This doesn't add up.

And so I ask you to help me send the word to the Congress that let's do first things first. Let's fix Medicare. The women of America especially need it. (Applause.)

You know, we have to work together. Every time we get in one of these fights people throw their hands up. But there's normally a process that goes on here. When we were doing welfare reform I vetoed two bills because it took away the mandate of health care and nutrition for children. We finally got a welfare reform that I thought was right, it carried by big majorities in both parties, in both Houses -- we have the lowest welfare rolls in 30 years. And we did it in an election year.

Then the next year we did the Balanced Budget Act and it has worked superbly. The only problem with it is that the Medicare cuts were too burdensome on certain groups, and we're trying to fix that. But I can tell you that if this tax cut passes there will be breathtaking cuts in every area of our national life that you would believe is important, over and above what it would do to totally rob us of any chance to stabilize and improve Medicare and save it for the baby boom generation.

We have big tests as a country: How are we going to deal with the aging of America? How are we going to give all of our kids a world-class education, especially since more and more of them come from families whose first language is not English? Those of us who expect to be alive in 20 years, or hope to be, better hope we do a good job of educating those kids.

How are we going to deal with all these other challenges? How are we going to bring economic opportunity to people who still haven't felt it? How are we going to stabilize the economy so that we'll still be growing even better 10, 15, 20 years from now? These are big challenges. But they are high-class problems in the sense that nations rarely get these opportunities. Once in a lifetime you get a chance to stand up with your country in good shape, bring people together, look down the road and say, yes, these are big challenges and we're going to check them off -- one, two, three, four -- because we have the money and the vision to deal with them.

So my appeal today is that we not get into a big fight, we just go back to basic arithmetic. These tax bills the majority is pushing could not get the support of their own members if we had a chart up on the wall that says, here is what we have to spend just to stay where we are today in education, defense, the environment, medical research; here's what every expert says it takes to stabilize Medicare; here is the interest savings you ought to be putting into the Social Security trust fund; here is what we have to do to fix health care. They agree we have to do some more for veterans care. They agree with these things -- the numbers don't add up. We cannot take the vacation without paying the home mortgage, the car payment, and the college loan bill. We can't do it. We can't eat the cake until the vegetables and the soup are out of the way. And we cannot defy the basic laws of arithmetic.

And contrary to some of the debate, we cannot forget the stories. This is about how millions upon millions upon millions of Americans will live. Will they live in dignity and health, or will they live in want and insecurity, imposing unconscionable burdens on their children,

and limiting their children's ability to raise their grandchildren?

Or will we use this moment to build a more prosperous, more just, more decent society? This is about way more than drugs and trips to the doctor. This is about what kind of people we are and whether we can look beyond today to the tomorrow we all want for all of us.

Thank you. (Applause.)

END 11:06 A.M. EDT



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THE WHITE HOUSE
WASHINGTON

99 JUL 28 4:41:58

July 26, 1999

MEDICARE AND WOMEN EVENT

DATE: July 27, 1999
LOCATION: Presidential Hall
BRIEFING TIME: 9:35am – 9:55am
EVENT TIME: 10:00am – 10:50am
FROM: Bruce Reed, Gene Sperling, Mary Beth Cahill,
Chris Jennings

I. PURPOSE

To join the Older Women's League (OWL) in releasing a report entitled "*Medicare: Why Women Care*," which includes a new analysis documenting why strengthening and modernizing Medicare is particularly important to women of all ages.

II. BACKGROUND

Today, in your remarks you will:

UNVEIL A NEW REPORT BY THE OLDER WOMEN'S LEAGUE. Nearly 60 percent of Medicare beneficiaries are women and this proportion rises with age – over 4 in 5 people over age 100 are women. Moreover, older women tend to have more chronic illness and lower incomes, making Medicare even more important as a health and financial safety net. Since it was created in 1965, Medicare has contributed to lengthening older women's lives by 20 percent and reducing their poverty rate dramatically. Yet, the 21st century brings with it challenges that will affect all beneficiaries.

Key findings of the report include:

- **In the next 30 years, the number of Medicare beneficiaries will double – most of them will be women.** In 2035 alone, there will be nearly 40 million elderly women and fewer than 34 million older men. This large enrollment increase is a major factor in the projected exhaustion date of the Medicare trust fund by 2015 and in the need for more revenue to avoid devastating cuts to the program.

- **Total prescription drug spending for women on Medicare averages \$1,200 – nearly 20 percent more than that of men.** Moreover, like all beneficiaries, about three-fourths of women have coverage that is inadequate, unstable, and declining. Of those women without drug coverage, fully 50 percent have income above 150 percent of poverty (about \$12,750 for a single, \$17,000 for a couple), despite older women's lower average income.
- **Medicare's preventive benefits are underused by older women.** Financial and information barriers prevent older women from using critical preventive services. In recent years, just 1 in 7 women have taken advantage of Medicare-covered mammograms.

Other key findings include:

MEDICARE, A SOURCE OF FINANCIAL AND HEALTH CARE SECURITY FOR OLDER WOMEN, IS AT RISK.

- **Most elderly Americans covered by Medicare are women.** Twenty out of the 34 million elderly Americans covered by Medicare are women, who comprise nearly 3 out of 5 older Americans. The proportion of the elderly who are women rises with age; about 71 percent of people age 85 or older are women. Eighty-three percent of centenarians are women; in fact, the number of women age 100 or older will double in the next 10 years.
- **New revenue is necessary to ensure that the Medicare trust fund is solvent when women in the baby boom generation retire.** Since most women turning 65 today are expected to live through 2018, the projected insolvency of the Medicare Trust Fund will occur within their lifetime.
- **Women have greater health care needs and lower income.** Older women are more likely to need Medicare's health care services. About 73 percent have two or more chronic illnesses compared to 65 percent of men. Women's incomes are lower than men's incomes, and they must stretch fewer financial resources over longer lives. Seven out of 10 Medicare beneficiaries living below poverty are women. The increased likelihood that women will live alone in their later years places them at increased risk of poverty.

WOMEN FACE GREATER COST BURDENS – AND BARRIERS TO HEALTH CARE – BECAUSE OF MEDICARE BENEFIT LIMITATIONS. As important as Medicare coverage is to women, its benefits are outdated.

- **Higher out-of-pocket health spending.** The combination of greater health problems and lower income results in women on Medicare spending 22 percent of their income on health care compared to 17 percent for men. Lower income women spend an even greater share of their limited incomes on health care – 53 percent for the poorest.

- **Total prescription drug spending averages \$1,200 for women on Medicare – 20 percent more than that of men.** Older women tend to have more chronic illnesses that require medication to manage.
- **For most women, existing coverage is unstable, unaffordable and declining.** Medigap routinely increase premiums with age – at age 85, premium for a Medigap plan with drug coverage up to \$1,250 costs from \$300 to \$400 per month -- \$3,600 to \$4,800 per year. This discriminates against women, who comprise nearly three-fourths of people in this age group. It also charges more at a time where income has declined.
- **About 7.3 million women on Medicare have no coverage to help pay for their prescription drug costs.** Despite their lower average income, fully half of these women without drug coverage have income above 150 percent of poverty, underscoring the importance of drug coverage for people of all age groups.
- **Out-of-pocket payments for preventive services also constitute a barrier to health.** In recent years, just one in seven women without supplemental insurance used Medicare-covered mammograms. One study found that in 1993, only 37 percent of Medicare beneficiaries without supplemental insurance had Pap smears, compared with 59 percent of women who had supplemental insurance.

EMPHASIZE GREATER PROBLEMS FACING RURAL BENEFICIARIES IN ACCESSING PRESCRIPTION DRUG COVERAGE. In an event later today, the Vice President will release new facts on the challenges facing rural beneficiaries. Although one in four of all Medicare beneficiaries live in rural areas, over one in three (34 percent) of those lacking drug coverage live in rural America. In fact, nearly half of all rural beneficiaries lack drug coverage compared to 34 percent of all beneficiaries. This reflects the lower access to Medicare managed care and retiree health coverage for these beneficiaries. The Vice President will also release information documenting that lack of access to prescription drug coverage occurs throughout the income spectrum – 45 percent of rural beneficiaries with income above \$50,000 lack prescription drug coverage compared to 25 percent of all beneficiaries.

HIGHLIGHT THE IMPORTANCE OF INVESTING IN THE FUTURE OF THE MEDICARE PROGRAM. Today, you, the First Lady and the Vice President will underscore the fact that there will not be a debate about how to strengthen Medicare or how to provide a prescription drug benefit if all of the surplus is invested in a large tax cut. You will state your strong belief that the Congress and the American public face an important decision: to invest in a stronger Medicare program for our mothers and grandmothers or give away the entire surplus on a risky and irresponsible tax scheme.

III. PARTICIPANTS

Briefing Participants:

Secretary Donna Shalala

Bruce Reed

Gene Sperling

Mary Beth Cahill

Chris Jennings

Jeanne Lambrew

June Shih

Event Participants:

The First Lady

Secretary Donna Shalala

Judy Cato

Judy Cato, 60, receives health insurance through her employer, but is worried about the stability of her coverage especially as she reaches retirement age. In addition to worrying about the health care needs of both herself and her husband, Judy is the primary caregiver to her 80 year-old mother who has lived with her family for three years. Her mother's prescription drug costs are approximately \$300 monthly, and without the daily needs assistance Judy provides she would not be able to make it alone. Joan is employed as a site manager for Council House, a housing facility for low-income seniors. She has one daughter and one grandson.

IV. PRESS PLAN

Open Press.

V. SEQUENCE OF EVENTS

- YOU and the First Lady will be announced, accompanied by Sec. Shalala and Judy Cato, onto the stage.
- Secretary Shalala will make remarks and introduce the First Lady.
- The First Lady will make remarks and introduce Judy Cato.
- Judy Cato will make remarks and introduce YOU.
- YOU will make remarks, work a ropeline, and depart.

VI. REMARKS

To be provided by speechwriting.

PRESIDENT CLINTON'S PLAN TO MODERNIZE AND STRENGTHEN MEDICARE FOR THE 21st CENTURY

June 29, 1999

Today, President Clinton unveiled his plan to modernize and strengthen the Medicare program to prepare it for the health, demographic, and financing challenges it faces in the 21st Century. This historic initiative would: (1) make Medicare more competitive and efficient; (2) modernize and reform Medicare's benefits, including the provision of a long-overdue prescription drug benefit and cost sharing protections for preventive benefits; and (3) make an unprecedented long-term financing commitment to the program that would extend the life of the Medicare Trust Fund until 2027. The President called on the Congress to work with him to reach a bipartisan consensus on needed reforms this year.

MAKING MEDICARE MORE COMPETITIVE AND EFFICIENT. Since taking office, President Clinton has worked to pass and implement Medicare reforms that, coupled with the strong economy and the Administration's aggressive anti-fraud and abuse enforcement efforts, have saved hundreds of billions of dollars and helped to extend the life of the Medicare trust fund from 1999 through 2015. Building on this success, his plan:

- **Gives traditional Medicare new private sector purchasing and quality improvement tools.** The President's proposal would make the traditional fee-for-service program more competitive through the use of market-oriented purchasing and quality improvement tools to improve care and constrain costs. It would provide new or broader authority for competitive pricing, incentives for beneficiaries to use physicians who provide high quality care at reasonable costs, coordinating care for beneficiaries with chronic illnesses, and other best-practice private sector purchasing mechanisms. Savings: \$25 billion over 10 years.
- **Extends competition to Medicare managed care plans by establishing a "Competitive Defined Benefit" while maintaining a viable traditional program.** The Competitive Defined Benefit (CDB) proposal would, for the first time, inject true price competition among managed care plans in Medicare. Plans would be paid for covering Medicare's defined benefits, including a new subsidized drug benefit, and would compete over cost and quality. Price competition would make it easier for beneficiaries to make informed choices about their plan options and would, over time, save money for both beneficiaries and the program. The CDB would do so by providing beneficiaries with 75 cents of every dollar of savings that result from choosing lower cost plans. Beneficiaries opting to stay in the traditional fee-for-service program would be able to do so without an increase in premiums. Savings: \$8 billion over 10 years, starting in 2003.
- **Constrains out-year program growth, but more moderately than the BBA 1997.** To ensure that program growth does not significantly increase after most of the Medicare provisions of the BBA expire in 2003, the proposal includes out-year policies that protect against a return to unsustainable growth rates, but have been developed to be more modest than those included in the BBA of 1997. This proposal would reduce average annual Medicare spending growth from 4.9 percent to 4.3 percent per beneficiary between 2002 and 2009. Savings: \$39 billion over 10 years (including interactions and premium offsets).

- **Takes administrative and legislative action to smooth out the Balanced Budget Act (BBA) of 1997 provider payment reductions.** The proposal includes a provider set-aside designed to smooth out provisions in the BBA that may be affecting Medicare beneficiaries' access to quality services. The Administration will work with Congress, outside groups, and experts to identify real access problems and the appropriate policy solutions. The plan also includes a number of administrative actions that are designed to moderate the impact of the BBA 1997 on some health care providers' ability to deliver quality services to beneficiaries. Cost: \$7.5 billion over 10 years.

MODERNIZING MEDICARE'S BENEFITS. The current Medicare benefit package does not include all the services needed to treat health problems facing the elderly and people with disabilities. The President's plan would take strong new steps to ensure that Medicare beneficiaries can access affordable prescription drug and preventive services that have become essential elements of high-quality medicine. It also would address excess utilization and waste associated with first-dollar coverage of clinical lab services and reforms the current Medigap market. Finally, it integrates the President's Medicare Buy-In proposal to provide an affordable coverage option for vulnerable Americans between the ages of 55 and 65. His plan:

- **Establishes a new voluntary Medicare "Part D" prescription drug benefit that is affordable and available to all beneficiaries.** The historic outpatient prescription drug benefit would:
 - Have no deductible and pay for half of the beneficiary's drug costs from the first prescription filled each year up to \$5,000 in spending (\$2,500 in Medicare payments) when fully phased-in by 2008.
 - Ensure beneficiaries a discount similar to that offered by many employer sponsored plans (estimated to be, on average, over 10 percent) for each prescription purchased – even after the \$5,000 limit is reached.
 - Cost about \$24 per month beginning in 2002 (when the benefit starts at a \$2,000 cap) and \$44 per month when fully phased-in by 2008. (This is one-half to one-third of the typical cost of private Medigap premiums.)
 - Ensure that beneficiaries with incomes below 135 percent of poverty (\$11,000/\$17,000 single/couples) would not pay premiums or cost sharing. Those with incomes between 135 and 150 percent of poverty would receive premium assistance as well.
 - Provide financial incentives for employers to retain their retiree health coverage if they provide a prescription drug benefit to retirees that was at least equivalent to the new Medicare outpatient drug benefit. This approach would save money for the program because the subsidy given would be generous enough for employers to maintain coverage yet lower than the Medicare subsidies for traditional participants.

Most Medicare beneficiaries will choose this new prescription drug option because of its attractiveness and affordability. Because older and disabled Americans rely so heavily on medications, about 31 million beneficiaries would benefit from this coverage each year. Cost: \$118 billion over 10 years, beginning in 2002.

- **Eliminates all cost sharing for all preventive benefits in Medicare and institutes a major health promotion education campaign.** This proposal would cost \$3 billion over 10 years and would:
 - Eliminate existing copayments and the deductible for every preventive service covered by Medicare, including colorectal cancer screening, bone mass measurements, pelvic exams, prostate cancer screening, diabetes self management benefits, and mammographies.
 - Initiate a three-year demonstration project to provide cost-effective smoking cessation services to Medicare beneficiaries.
 - Launch a new, nationwide health promotion education campaign targeted to all Americans over the age of 50.
- **Rationalizes cost sharing.** To help pay for the new prescription drug and preventive benefits, the President's plan would save \$11 billion over 10 years by rationalizing the current cost sharing requirements for Medicare by:
 - Adding a 20 percent copayment for clinical laboratory services. The modest lab copayment would help prevent overuse, reduce fraud, and has been advocated by the Medicare Payment Advisory Commission.
 - Indexing the Part B deductible for inflation. The Part B deductible index would guard against the program assuming a growing amount of Part B costs because, over time, inflation decreases the amount of the deductible in real terms. Compared to average annual Part B per capita costs, the deductible has fallen from 43 percent in 1967 to about 3 percent in 1999, according to CBO.
- **Reforms Medigap.** The President's plan would reform private insurance policies that supplement Medicare (Medigap) by: (1) working with the National Association of Insurance Commissioners to add a new lower-cost option with low copayments and to revise existing plans to conform with the President's proposals to strengthen Medicare; (2) directing the Secretary of HHS to determine the feasibility and advisability of reforms to improve supplemental cost sharing in Medicare, including a Medigap-like plan offered by the traditional Medicare program and steps to make it easier for beneficiaries to compare the cost and quality of private Medigap options; (3) providing easier access to Medigap if a beneficiary is in an HMO that withdraws from Medicare; and (4) expand the initial six month open enrollment period in Medigap to include individuals with disabilities and end stage renal disease (ESRD).
- **Includes the President's Medicare Buy-In proposal.** The plan includes the President's proposal to offer any American between the ages of 62-65 the choice to buy into the Medicare program for approximately \$300-per month if they agree to pay a small risk adjusted payment once they become eligible for traditional Medicare at age 65. Displaced workers between 55-62 who had involuntarily lost their jobs and insurance could buy in at a slightly higher premium (approximately \$400). And retirees over age 55 who had been promised health care in their retirement years would be provided access to "COBRA" continuation coverage if their old firm reneged on their commitment. The \$1.4 billion cost is offset in the President's FY 2000 budget.

STRENGTHENING MEDICARE'S FINANCING FOR THE 21ST CENTURY. The Medicare plan the President is proposing would strengthen the program and make it more competitive and efficient. However, no amount of policy-sound savings would be sufficient to address the fact that the elderly population will double from almost 40 million today to 80 million over the next three decades. Every respected expert in the nation recognizes that additional financing will be necessary to maintain basic services and quality for any length of time. Because of this and his strong belief that the baby boom generation should not pass along its inevitable Medicare financing crisis to its children, the President has proposed that a significant portion of the surplus be dedicated to strengthening the program. Specifically, his plan:

- **Extends the life of the Trust Fund until at least 2027.** Dedicating 15 percent of the surplus (\$794 billion over 15 years) to Medicare not only assures the financial health of the Trust Fund through at least 2027, but it will also eliminate the need for future excessive cuts and radical restructuring that would be inevitable in the absence of these resources.
- **Responsibly finances the new prescription drug benefit through savings and a modest amount from the surplus.** The new drug benefit would cost about \$118 billion over 10 years. It would be fully financed by:
 - Savings from competition and efficiency. About 60 percent of the \$118 billion Federal cost of the new Medicare prescription drug benefit would be offset through these savings.
 - Dedicating a small fraction of the surplus. About 40 percent, or \$45.5 billion, of the surplus allocated to Medicare would be used to help finance the benefit. To put this amount in context, it is:
 - Less than one eighth of the amount of the surplus dedicated for Medicare (2 percent of the entire surplus); and
 - Less than the reduction in the Medicare baseline spending between January and June, 1999.

Policy experts advising the Congress (MedPAC, CBO, and the Medicare Trustees) have consistently underscored their belief that much of the recent decline in Medicare spending beyond initial projections is due to our success in combating fraud and waste. Reinvesting the savings that can be reasonably attributed to our anti-fraud and waste activities into a new prescription drug benefit is completely consistent with the past actions of the Congress and the Administration utilizing such savings for programmatic improvements.

PRESIDENT'S PLAN TO STRENGTHEN AND MODERNIZE MEDICARE FOR THE 21st CENTURY

- **Goals for Reform:**

- Make Medicare More Competitive and Efficient
- Modernize Medicare's Benefits
- Strengthen Medicare's Financing for the 21st Century

- **Reduces Medicare spending by \$72 billion over 10 years.** About half of these savings come from innovative proposals to adopt successful private sector tools and competition. As a result of these policies, Medicare growth per beneficiary from 2003 to 2009 would slow from 4.9 percent to 4.3 percent.

- **Adds an optional prescription drug benefit.** This benefit would cost \$118 billion over 10 years. This cost is only about 5 percent of total Medicare spending in 2009.

- Over 60 percent of the costs are offset by the proposal's savings.
- The remaining \$45.5 billion would come from the Medicare allocation of the surplus. This amount is one-eighth of the \$374 billion over 10 years dedicated to Medicare, and less than 2 percent of the overall surplus.

- **Extends the life of the Medicare trust fund for a quarter of a century, to at least 2027.** The President's plan would dedicate 15 percent of the surplus to strengthen Medicare. This amount, when combined with the offset for the drug benefit and Part A savings, would extend the life of the Medicare Trust Fund for a quarter century, through at least 2027. This is the best prognosis for Medicare since the program was created.

PRESIDENT'S PROPOSAL

(Dollars in Billions, Trustees' Baseline)

00-04 00-09

COMPETITION & EFFICIENCY

Medicare Modernization	-5	-25
Competition	-0	-8
Provider Savings	-4	-39*
Provider Set-Aside	+4	+7.5

Total	-5	-64.5
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MODERNIZING BENEFITS

Prescription Drug Benefit	+29	+118
Cost Sharing Changes	-2	-8

Total	+27	+110
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DEDICATING FINANCING

Contribution to Solvency	-28	-328.5**
Surplus for Drug Benefit	-22	-45.5

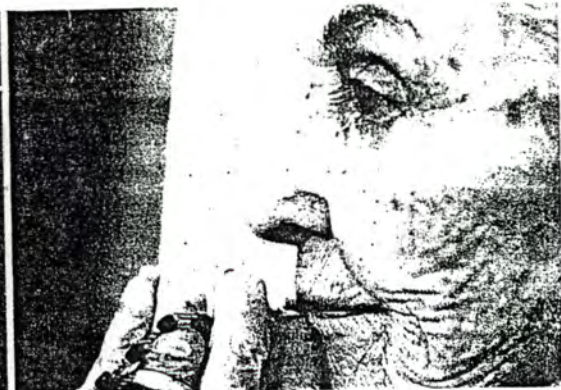
Surplus Allocation	-50	-374
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* Includes \$5.7 billion in interactions/premium offset

** Does not count toward package

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MEDICARE AND WOMEN



Nearly 7 in 10 Medicare beneficiaries with incomes below the poverty level are women.

As a partner program to Social Security, Medicare provides a health and financial safety net for virtually all older Americans and for many with disabilities who are under 65. Though Medicare covers both women and men, more than half of the nearly 40 million beneficiaries are women.

Women's life expectancy at birth, on average, is 79—seven years longer than men's. They, therefore, rely on Medicare for more years than men, and are disproportionately represented among beneficiaries 85 and older (Figure 1). Compared with men, older women are three times likelier to be widowed and far more apt to live alone. Among women 85 and older, one out of five are widowed; more than 43 percent live alone.

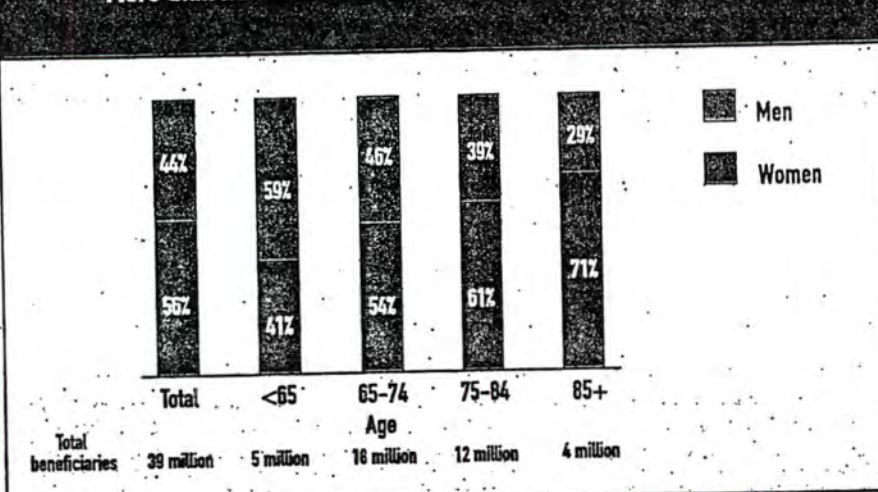
Health and Long-Term Care Needs

Given their longer life span, women are likelier than men to live with multiple chronic conditions and certain health problems (Figure 2). A greater share report having often disabling conditions, such as arthritis, hypertension, urinary incontinence, and osteoporosis.

Also compared with men, women are more likely to have functional impairments and long-term care needs. Of the 6 million beneficiaries with functional limitations—measured as needing assistance with one or more activities of daily living (ADL)—such as eating or bathing—two-thirds (65 percent) are women. One-third (34 percent) of women 65 to 74 report functional limitations, as do 82 percent of women 85 and older.

Figure 1

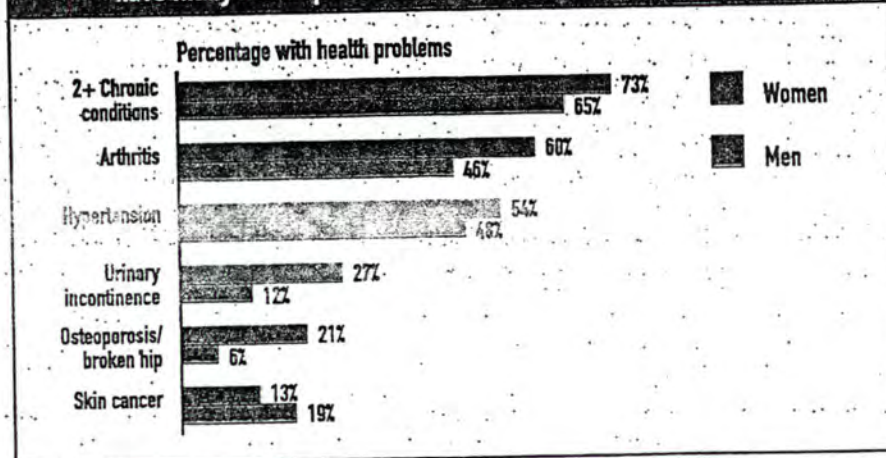
More than half of all Medicare beneficiaries are women



SOURCE: Urban Institute analysis of the Medicare Current Beneficiary Survey, 1996.

Figure 2

Women on Medicare are likelier than men to have many health problems



NOTE: Minimal differences (<4%) between genders were reported for heart disease, diabetes, pulmonary disease, strokes, and mental disorders.

SOURCE: Medicare Current Beneficiary Survey, 1996.

Given their disproportionately low incomes and their greater long-term care needs, women on Medicare are more likely than men to rely on Medicaid.

Women are therefore more likely than men to use long-term care services: two-thirds of all Medicare beneficiaries who receive home health services and three-quarters of all nursing home residents are female. Policies affecting

users of these services thus have a disproportionate impact on women.

Poverty

Women are especially hard-hit by changes in policies and programs

that affect poor Medicare beneficiaries. Not only do they have higher poverty rates than their male counterparts—nearly 7 in 10 with incomes below poverty are women—but disparities increase with age (Figure 3). Of all female beneficiaries, 17 percent have incomes below the federal poverty level (\$7,740 for an individual in 1996), compared with 11 percent of men. Half have incomes below twice the poverty level (\$15,480 for an individual), compared with 39 percent of men. Nearly two-thirds (62 percent) of all women 85 and older have incomes below twice the poverty rate, compared with 53 percent of all men in this age group.

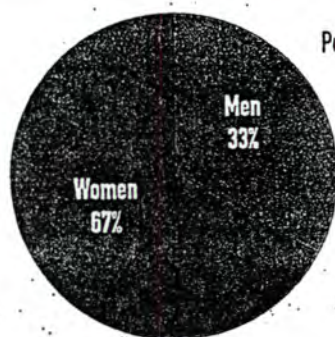
Compounding the financial difficulties of living in poverty, women with low incomes are, on average, in worse health than those who are better-off financially. Of all poor female Medicare beneficiaries, 43 percent report being in fair or poor health, compared with 20 percent of those with incomes above 200 percent of poverty (Figure 4).

Insurance Coverage

While Medicare provides coverage for basic acute care services, it has high cost-sharing requirements and does not cover outpatient prescription drugs. Consequently, most beneficiaries have public or private supplemental insurance to fill in the gaps in Medicare's benefit package. Like their male counterparts, 60 percent of all female beneficiaries have private supplemental insurance. In 1995, 33 percent had employer-sponsored retiree health benefits (versus 36 percent of men) and 27 percent had individually purchased Medigap policies (versus 23 percent of men). A growing share of

Figure 3

Seven of 10 Medicare beneficiaries with incomes below poverty are women



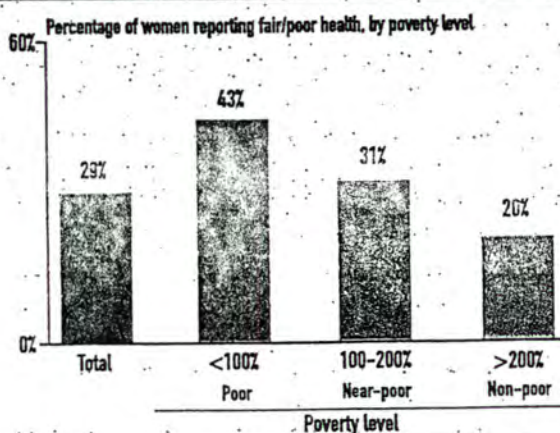
Poverty level, 1996 = \$7,740

Total = 5 million Beneficiaries with Incomes below the Poverty Level

SOURCE: Urban Institute analysis of the Current Population Survey of noninstitutionalized population, 1997.

Figure 4

Poor women on Medicare have higher rates of health problems than those with higher incomes



SOURCE: Urban Institute analysis of Medicare Current Beneficiary Survey, 1995.

beneficiaries (9 percent for both men and women in 1995) are enrolling in Medicare HMOs for supplemental benefits.

Given their disproportionately low incomes and their greater long-term care needs, female Medicare beneficiaries are more likely than males to rely on Medicaid, the federal/state health program that provides health and long-term care coverage for the poor. Nearly 17 percent of women rely on Medicaid to fill in Medicare's gaps, compared with 11 percent of men. Despite Medicaid's protections for the very poor, nearly 10 million female Medicare beneficiaries with incomes below twice the poverty level are not on Medicaid. This group is especially vulnerable to financial burdens in the event of a serious, high-cost illness.

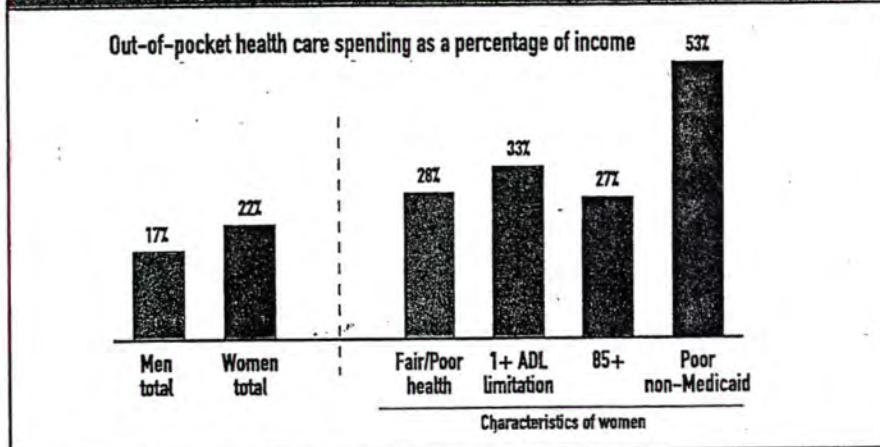
Out-of-Pocket Spending

Because Medicare provides basic rather than comprehensive coverage, many beneficiaries face high-out-of-pocket health care expenses. Women, on average, devote a greater share of their income to health care than men. In 1998, women spent 22 percent of their incomes for health care, compared with 17 percent for men (Figure 5). These figures mask the fact that the most vulnerable spent a significantly larger share of their incomes for health care: women 85 and older spent 27 percent of their incomes, on average, for health. Those with ADL impairments spent a third of their incomes on medical care. But the financial burden was highest for poor women without Medicaid, whose health care spending consumed over half of their income.

That traditional Medicare does not cover outpatient prescription drugs

Figure 5

Women on Medicare have significant out-of-pocket health care costs



NOTE: Excludes beneficiaries enrolled in Medicare HMO's, the under-65 disabled, and those in long-term care facilities. ADL = activity of daily living, such as eating or bathing.
SOURCE: AARP Public Policy Institute analysis using the Medicare Benefits Simulation Model, 1998.

exposes many beneficiaries to high out-of-pocket costs. Most women on Medicare—17 million—use prescription drugs regularly. More than a quarter (29 percent) of women spend over \$50 a month for their medications, according to the Kaiser/Commonwealth 1997 Survey of Medicare Beneficiaries.

Issues for Women

Women are major stakeholders in the debate over Medicare's future. Given their higher rates of poverty, multiple chronic conditions, and long-term care needs, adequate health insurance is especially important as women grow older. Policies that improve financial protections for the poor and near-poor would provide relief for all low-income beneficiaries, the majority of whom are women. Likewise, policies that expand access to outpatient prescription drugs and long-term care would help fill coverage gaps that drive up out-of-pocket spending for women. Conversely, policies that erode coverage or that shift costs to beneficiaries could adversely affect women, especially those with low incomes.

Understanding the full implications of proposed reforms for aging women will be an essential component of efforts to preserve and protect Medicare for future generations.

Q: Why do you believe your prescription drug estimates and your overall Medicare savings projections are accurate?

A: The independent career actuary worked extremely hard to ensure that his drug cost estimates were as accurate and as realistic as possible. In fact, in many cases, we would argue that he was extremely conservative. For example, the actuary's office assumed that utilization would actually double as a result of the new drug benefit, an assumption which exceeds most analysts' expectations and projections. In addition, our estimates did not include savings associated with the reduced hospitalizations which would be the result of the provision and correct utilization of prescription drugs.

Message Sent To: _____

Q: Yesterday, CBO testified that the Administration had grossly underestimated the cost of the new prescription drug benefit in the President's Medicare reform proposal by as much as \$50 billion. What is your response?

A: The Administration's economic team and the HCFA Actuary did a thorough and careful analysis in developing a cost estimate for the President's plan. We stand by our estimates. The Medicare Actuary is the same independent and respected career expert who has been cited repeatedly by Republicans in the past for his estimates on the Medicare Trust Fund. The Clinton Administration's health and economic forecasts have been consistently more conservative than actual experience. Because of our history of conservative budget estimates, we are comfortable with our estimates and stand behind them.

Q: CBO suggests that their estimates of the cost of the prescription drug benefit are based on new information supplied by HCFA. What are the specific reasons why you think their estimates are inaccurate?

A: First of all, we don't believe that the motivations and professionalism of CBO's career staff should be called into question. Having said this, we do not agree with a number of the assumptions included in the current CBO estimate presented to the Finance Committee.

Specifically, CBO only assumes about \$4 billion (compared to \$25 billion) in savings for the Administration's proposal to provide new market based purchasing tools for Medicare to use within the fee-for-service program. CBO Director Crippen indicated the Administration proposal had great potential to achieve significant savings. However, CBO scored our proposal to achieve less than 20 percent of our projected savings because it made an assumption that the Congress would never give the Medicare program this authority. We believe that is not a policy driven conclusion.

In addition, their drug cost assumptions are higher than any projections that the Health Care Financing Administration (HCFA) has produced. While CBO has suggested that their numbers are based on HCFA's projections, the early year cost forecasts exceed any estimate the Administration has produced.

Q: The President keeps saying that CBO is less accurate than the Administration's forecasting. Can you give an example of when the Congressional Budget Office was less accurate in a Medicare estimate than the Medicare actuary and more conservative than actual experience?

A: Absolutely. In 1997, when Congress and the Administration were working on the most significant changes to the Medicare program since its enactment in 1965, the Medicare actuary projected that the Medicare savings package would achieve more savings than CBO did. As it turned out, the baseline spending for the Medicare program was billions of dollars

less than the projections of either CBO or the Administration. As such, the Medicare actuary's projection was more accurate than the CBO estimate but significantly more conservative than actual experience.

Message Sent To: _____

Public Papers of the Presidents

March 13, 1998

CITE: 34 Weekly Comp. Pres. Doc. 431

LENGTH: 1714 words

HEADLINE: Executive Order 13078 -- Increasing Employment of Adults With Disabilities

HIGHLIGHT:

NOTE: This Executive order will be published in the Federal Register on March 18.

BODY:

By the authority vested in me as President by the Constitution and the laws of the United States of America, and in order to increase the employment of adults with disabilities to a rate that is as close as possible to the employment rate of the general adult population and to support the goals articulated in the findings and purpose section of the Americans with Disabilities Act of 1990, it is hereby ordered as follows:

Section 1. Establishment of National Task Force on Employment of Adults with Disabilities.

(a) There is established the "National Task Force on Employment of Adults with Disabilities" ("Task Force"). The Task Force shall comprise the Secretary of Labor, Secretary of Education, Secretary of Veterans Affairs, Secretary of Health and Human Services, Commissioner of Social Security, Secretary of the Treasury, Secretary of Commerce, Secretary of Transportation, Director of the Office of Personnel Management, Administrator of the Small Business Administration, the Chair of the Equal Employment Opportunity Commission, the Chairperson of the National Council on Disability, the Chair of the President's Committee on Employment of People with Disabilities, and such other senior executive branch officials as may be determined by the Chair of the Task Force.

(b) The Secretary of Labor shall be the Chair of the Task Force; the Chair of the President's Committee on Employment of People with Disabilities shall be the Vice Chair of the Task Force.

(c) The purpose of the Task Force is to create a coordinated and aggressive national policy to bring adults with disabilities into gainful employment at a rate that is as close as possible to that of the general adult population.

The Task Force shall develop and recommend to the President, through the Chair of the Task Force, a coordinated Federal policy to reduce employment barriers for persons with disabilities. Policy recommendations may cover such areas as discrimination, reasonable accommodations, inadequate access to health care, lack of consumer-driven, long-term supports and services, transportation, accessible and integrated housing, telecommunications, assistive technology, community services, child care, education, vocational rehabilitation, training services, job retention, on-the-job supports, and economic incentives to work. Specifically, the Task Force shall:

(1) analyze the existing programs and policies of Task Force member agencies to determine what changes, modifications, and innovations may be necessary to remove barriers to work faced by people with disabilities;

(2) develop and recommend options to address health insurance coverage as a barrier to employment for people with disabilities;

(3) subject to the availability of appropriations, analyze State and private disability systems (e.g., workers' compensation, unemployment insurance, private insurance, and State mental health and mental retardation systems) and their effect on Federal programs and employment of adults with disabilities;

(4) consider statistical and data analysis, cost data, research, and policy studies on public subsidies, employment, employment discrimination, and rates of return-to-work for individuals with disabilities;

(5) evaluate and, where appropriate, co-ordinate and collaborate on, research and demonstration priorities of Task Force member agencies related to employment of adults with disabilities;

(6) evaluate whether Federal studies related to employment and training can, and should, include a statistically significant sample of adults with disabilities;

(7) subject to the availability of appropriations, analyze youth programs related to employment (e.g., Employment and Training Administration programs, special education, vocational rehabilitation, school-to-work transition, vocational education, and Social Security Administration work incentives and other programs, as may be determined by the Chair and Vice Chair of the Task Force) and the outcomes of those programs for young people with disabilities;

(8) evaluate whether a single governmental entity or program should be established to provide computer and electronic accommodations for Federal employees with disabilities;

(9) consult with the President's Committee on Mental Retardation on policies to increase the employment of people with mental retardation and cognitive disabilities; and

(10) recommend to the President any additional steps that can be taken to advance the employment of adults with disabilities, including legislative proposals, regulatory changes, and program and budget initiatives.

(d)(1) The members of the Task Force shall make the activities and initiatives set forth in this order a high priority within their respective agencies within the levels provided in the President's budget.

(2) The Task Force shall issue its first report to the President by November 15, 1998. The Task Force shall issue a report to the President on November 15, 1999, November 15, 2000, and a final report on July 26, 2002, the 10th anniversary of the initial implementation of the employment provisions of the Americans with Disabilities Act of 1990. The reports shall describe the actions taken by, and progress of, each member of the Task Force in carrying out this order. The Task Force shall terminate 30 days after submitting its final report.

(e) As used herein, an adult with a disability is a person with a physical or mental impairment that substantially limits at least one major life activity.

Sec. 2. Specific activities by Task Force members and other agencies.

(a) To ensure that the Federal Government is a model employer of adults with disabilities, by November 15, 1998, the Office of Personnel Management, the Department of Labor, and the Equal Employment Opportunity Commission shall submit to the Task Force a review of Federal Government personnel laws, regulations, and policies and, as appropriate, shall recommend or implement changes necessary to improve Federal employment policy for adults with disabilities. This review shall include personnel practices and actions such as: hiring, promotion, benefits, retirement, workers' compensation, retention, accessible facilities, job accommodations, layoffs, and reductions in force.

(b) The Departments of Justice, Labor, Education, and Health and Human Services shall report to the Task Force by November 15, 1998, on their work with the States and others to ensure that the Personal Responsibility and Work Opportunity Reconciliation Act is carried out in accordance with section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, so that individuals with disabilities and their families can realize the full promise of welfare reform by having an equal opportunity for employment.

(c) The Departments of Education, Labor, Commerce, and Health and Human Services, the Small Business Administration, and the President's Committee on Employment of People with Disabilities shall work together and report to the Task Force by November 15, 1998, on their work to develop small business and entrepreneurial opportunities for adults with disabilities and strategies for assisting low-income adults, including those with disabilities to create small businesses and micro-enterprises. These same agencies, in consultation with the Committee for Purchase from People Who Are Blind or Severely Disabled, shall assess the impact of the Randolph-Sheppard Act vending program and the Javits-Wagner-O'Day Act on employment and small business opportunities for people with disabilities.

(d) The Departments of Transportation and Housing and Urban Development shall report to the Task Force by November 15, 1998, on their examination of their programs to see if they can be used to create new work incentives and to remove barriers to work for adults with disabilities.

(e) The Departments of Justice, Education, and Labor, the Equal Employment Opportunity Commission, and the Social Security Administration shall work together and report to the Task Force by November 15, 1998, on their work to propose remedies to the prevention of people with disabilities from successfully exercising their employment rights under the Americans with Disabilities Act of 1990 because of the receipt of monetary benefits based on their disability and lack of gainful employment.

(f) The Bureau of Labor Statistics of the Department of Labor and the Census Bureau of the Department of Commerce, in cooperation with the Departments of Education and Health and Human Services, the National Council on Disability, and the President's Committee on Employment of People with Disabilities shall design and implement a statistically reliable and accurate method to measure the employment rate of adults with more disabilities as soon as possible, but not later than the date of termination of the Task Force. Data derived from this

methodology shall be published on as frequent a basis as possible.

(g) All executive agencies that are not members of the Task Force shall: (1) coordinate and cooperate with the Task Force; and (2) review their programs and policies to ensure that they are being conducted and delivered in a manner that facilitates and promotes the employment of adults with disabilities. Each agency shall file a report with the Task Force on the results of its review on November 15, 1998.

Sec. 3. Cooperation. All efforts taken by executive departments and agencies under sections 1 and 2 of this order shall, as appropriate, further partnerships and cooperation with public and private sector employers, organizations that represent people with disabilities, organized labor, veteran service organizations, and State and local governments, whenever such partnerships and cooperation are possible and would promote the employment and gainful economic activities of individuals with disabilities.

Sec. 4. Judicial Review. This order does not create any right or benefit, substantive or procedural, enforceable at law by a party against the United States, its agencies, its officers, or any person.

William J. Clinton

The White House,
March 13, 1998

[Filed with the Office of the Federal Register, 8:45 a.m., March 17, 1998]

LANGUAGE: ENGLISH

LOAD-DATE: April 10, 1998

Public Papers of the Presidents

August 7, 1998

CITE: 34 Weekly Comp. Pres. Doc. 1584

LENGTH: 2130 words

HEADLINE: Remarks on Signing the Workforce Investment Act of 1998

BODY:

Thank you very much, and good morning. Thank you very much, Mr. Antosy, to Benny Hernandez, examples of what we come here to celebrate and enhance today. Thank you, Secretary Herman, for your leadership on this bill which was so essential to its passage. Chairman Goodling, Senator DeWine, Congressman Clay, Congressman McKeon, Congressman Kildee, many other Members of the House Representatives who are here. To Senator Jeffords and others who are not here, who, along with Senator DeWine, worked on the passage in the Senate.

I'd also like to thank the representatives of the National Association of Counties and other local groups who are here. And I will say more about all of you in a moment.

Bombing Incidents in Africa

I hope you will understand why I feel the need to comment on the fact that early this morning bombs exploded outside two of our American Embassies in Africa. An explosion in Nairobi, Kenya, killed and wounded scores of people. We have reports that several Americans are among the dead. Another explosion in Dar es Salaam, Tanzania, also caused many casualties. At this time, there are no reports that any Americans were killed in that attack, although our Embassy appears to have been the target.

Both explosions caused large-scale damage to our Embassies and to surrounding buildings, as you may have already seen from the pictures coming in. Though the attacks appear to have been coordinated, no one has yet claimed responsibility for them.

As I speak, we have dispatched Defense Department and State Department-led emergency response teams to the region. The teams include medical personnel, disaster relief experts, criminal investigators, counter-terrorism specialists. We have taken appropriate security measures at our Embassies and military facilities throughout the region and around the world.

These acts of terrorist violence are abhorrent; they are inhuman. We will use all the means at our disposal to bring those responsible to justice, no matter what or how long it takes. Let me say to the thousands and thousands of hard-working men and women from the State Department and from our other Government agencies who serve us abroad in these embassies, the work you do every day is vital to our security and prosperity. Your well-being is, therefore, vital to us, and we will do everything we can to assure that you can serve in safety.

To the families and loved ones of the American and African victims of these cowardly attacks, you are in our thoughts and prayers. Out of respect for those who lost their lives, I have ordered that the American flag be flown at

halfstaff at all Government buildings here at home and around the world. We are determined to get answers and justice.

Thank you very much.

Now, we are here to do something very important for America's long-term future today. I mentioned the Congressmen and Senators who played a leading role who are here. I'd like to also acknowledge those who are out there whose names I have, and if I make a mistake, stand up and be recognized. [Laughter] If I say you're here and you're not, just let it go. [Laughter]

In addition to Senator DeWine, and Chairman Goodling and Mr. Clay and Mr. McKeon, Mr. Kildee, we have here Congressman Barrett, Congressman Chaka Fattah, Representative Sheila Jackson Lee, Representative Dennis Kucinich, Representative Carrie Meek, Representative Dan Miller, Representative Patsy Mink, Representative Louis Stokes, Representative Steve LaTourette, Representative George Brown, Representative Paul Kanjorski, Congressman Bruce Vento, Congressman Donald Payne, and Congressman Tim Roemer with his own version of America's future in his lap. [Laughter]

I'd also like to thank, again, Alexis Herman and Erskine Bowles and all the people on my staff for their role in this. But one person above all who has been with me since 1991 and who shared my dream and consolidating this blizzard of Government programs into one grant that we could give a person who was unemployed or underemployed so that they could decide, as Mr. Antosy did, what to do with the help we were giving them on the theory that they would know their own best interest and be able to pursue it, and that is Gene Sperling, who has worked on this for years and years. This is -- his heart is in this bill. And I want to thank him as well as all the staff people in Congress.

As Secretary Herman said, this bill fulfills principles for reform of our work force training program that I outlined in my first campaign for President over 6 years ago, and that the Vice President set out in our National Performance Review. It is a model of what we should be doing, and also the way we did it is a model of how our Government ought to work. It was a truly bipartisan, American effort.

This morning, we received some more good news about our economy. Even though the latest economic reports shows the effects of the now settled GM strike, we still see that over the past year wages have risen at more than twice the rate of inflation, the fastest real wage growth for ordinary Americans in 20 years. This past month our unemployment rate held firm, in spite of the GM strike, at 4 1/2 percent. For nearly a quarter century, not once had our Nation's unemployment rate gone below 5 percent; it's now been below 5 percent for 13 months in a row. We have low unemployment, low inflation, strong growth, and higher wages.

But to maintain this momentum we must continue to change and move forward. Over the long run, in the face of daily new challenges in the global marketplace, we simply must press forward with the economic strategy outlined 5 1/2 years ago: fiscal discipline, expanded trade, investment in our people and communities. To maintain fiscal discipline, we must save every penny of our surplus until we save the Social Security system. To maintain exports, we must immediately support the international efforts to stabilize our customers in Asia to reform and lift their economies. In recent weeks we have clearly seen that the crisis in Asia is having an impact on our economy. You can talk to any

American grain farmer who will tell you that. For our economy to remain strong, therefore, we must pay our dues to the International Monetary Fund. To invest in our people we have to give all our people access to world-class education and training, beginning with our children before their school years and ending with people who have access to education throughout a lifetime.

The story Mr. Antosy told is a moving and heartening story. There are a lot of people in his position. In a dynamic global economy, more and more people, even if they stay with the same employer, will have to change the nature of their work several times over the course of a lifetime. It is, therefore, very important that every person who is willing to work hard to make the most of his or her own life should be able to become the success stories we celebrate with Benny Hernandez and James Antosy.

Therefore, we have to do more than we have been doing, even though we have been making progress. The vast majority of corporate managers say the number one prerequisite for continued prosperity is finding a way to fill all our high-skill jobs.

I'm telling you today, there are -- even with the unemployment rate as low as it is, there are hundreds of thousands of jobs which are going begging that are high-wage, high-skill jobs, undermining the ability of our free enterprise economy to maximize its benefits to all our people to reach into all the urban neighborhoods and the rural communities and the places that it has not yet reached. Therefore, giving all Americans the tools they need to learn for a lifetime is critical to our ability to continue to grow.

We are making progress in building an America where every 8-year-old can read, every 12-year-old can log onto the Internet, every 18-year-old can go on to college. And today we celebrate a big step forward in making sure that every adult can keep on learning for a lifetime, where no disadvantaged child, no displaced worker, no welfare parent, no one willing to learn and work is left behind.

This is the crowning jewel of a lifetime learning agenda -- the Work Force Investment Act to give all our workers opportunities for growth and advancement. It, as Mr. Goodling said and Mr. Clay said in specifying what was in the bill, has many things that will help millions of workers enhance our Nation's competitive age.

Let me just mention some of the things that are most important to me. It empowers workers, not Government programs, by offering training grants directly to them, so they can choose for themselves what kind of training they want and where they want to get it. There was a time, decades ago, when Congress actually needed to pass specified training programs with specific purposes and mechanisms to implement them. But that time has long since passed. Almost every American is within driving distance of a community college or some other mechanism of advanced training. And almost every American has more than enough sense to decide what is in his or her best interest, given a little good helpful advice on the available alternatives.

The law streamlines and consolidates a tangle of training programs, therefore, into a single, commonsense system. And it also expands our successful model of One-Stop Career Centers so people don't have to trot around to one different agency after another when they find themselves in the position that Mr. Antosy found himself in. It enhances accountability for tough

performance standards for States and communities and training providers, even as it gives more flexibility to the States to develop innovative ways to serve our working people better.

It helps to create opportunities for disadvantaged youth. And I think that is terribly important. Everybody is concerned about the juvenile crime rate; we need to be concerned, therefore, about the number of juveniles that are out here on the street, out of school, not doing what could be done to give them a more constructive future.

And finally, it does two more things that I think are quite important. It has a real emphasis on helping people with disabilities prepare for employment, and it gives adults who need it literacy support to move ahead. You cannot train for a lot of these programs if you cannot read at an adequate level. And I think that is terribly important.

What all this amounts to is that we get to celebrate Labor Day a month early this year. At long last, we're giving our workers the tools they need to move quickly to 21st century jobs, higher incomes, and brighter futures. I thank all those on this stage, all those in this audience, and those who could not be here who have worked and waited for this day.

Let me also say that just a couple of minutes ago I had the chance to sign another bill that helps all Americans share in our prosperity, the Credit Union Membership Access Act. Credit unions serve a vital and unique purpose; they make sure financial services and credit are available to people of modest means. The law I signed strengthens them, helps them to withstand hard economic times, clarifies who can join, and ensures that those who are in credit unions now won't ever get locked out. It will help extend greater credit to those who need it most. It is also good for our economy.

Both these bills are bipartisan bills. They passed with overwhelming bipartisan majorities. They show what can happen when we can put our differences aside and put progress ahead of partisanship and people ahead of politics. That's a good thing because our plate is still full. In the few days remaining in this legislative session, we must still work together to save Social Security first, secure funding for the International Monetary Fund to stabilize our own economic growth, to pass a strong Patients' Bill of Rights, a very crowded education agenda built on excellence and opportunity, and an important element of our environmental agenda to preserve our environment and grow the economy.

We can do all these things. And as we see today on this very happy occasion, when we do it, we strengthen our country and the future of the children over there with Congressman Roemer and all the others like them throughout America.

Thank you very much.

NOTE: The President spoke at 11:04 a.m. in the Rose Garden at the White House. In his remarks, he referred to job training beneficiary James Antosy, who introduced the President; and ex-gangmember Benny Hernandez, currently a successful college student. H.R. 1385, approved August 7, was assigned Public Law No. 105-220.

LANGUAGE: ENGLISH

Draft 7/26/99
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**PRESIDENT WILLIAM J. CLINTON
REMARKS ON WOMEN AND MEDICARE
THE WHITE HOUSE
JULY 27, 1999**

Good morning. Today, after listening to Judith speak about her mother and her family, I am reminded that the aging of America is a challenge that we are truly blessed and lucky to have. It is what I like to call a high-class problem. Americans are living longer. And America is richer for it. Older Americans are leading more active lives and making important contributions to our communities well into retirement. Our children are enjoying the love and wise counsel of their grandparents long into adulthood. I know I would have loved to have my mother still with me in my retirement years.

On the eve of the 21st Century, the health and vitality of America's seniors is in no small part due to Medicare. Everyone here knows the difference Medicare has made in the lives of older Americans and their families. For 34 years, Medicare has protected the health of our seniors, enriched the lives of the disabled, and eased the financial burden on families as they cared for their loved ones. For millions of American women, Medicare has been the lifeline to a dignified retirement. As the report released today by the Older Women's League so convincingly tells us, a strong and modern Medicare system is vital to the health and future of America's women -- to our grandmothers, mothers, wives, sisters and daughters.

First, a strong and modern Medicare system is critical to women because, very simply, the majority of Medicare beneficiaries -- twenty of the 34 million Americans currently enrolled -- are women. *[point to chart]* This is so because the majority of Americans 65 and older -- three out of every five -- are women. But what's more, as we grow older, so does the proportion of women. Nearly three-fourths of all Americans who reach the age of 85 are women. And 4 out of 5 centenarians -- Americans lucky enough to witness the breadth of an entire century -- are women.

Second, without Medicare, the doors to hospitals and doctors' offices, to basic medical treatment and good health, would be closed to millions of older women. Throughout their lives, women's incomes have always lagged behind those of men -- a gap underscored in retirement through smaller pensions and Social Security checks. Even as they must make ends meet on smaller incomes, women must meet greater health care needs than men. Nearly three-fourths of older women have two or more chronic illnesses compared to just 65 percent of older men. For these women, Medicare has truly meant the difference between a healthy retirement and one clouded by untreated illness and poverty.

But as we know, the clock is ticking on this critical institution's ability to serve America's women and families into the next century. With our people living longer than ever, and the retirement of the Baby Boom generation rapidly approaching, the Medicare Trust Fund will become insolvent by 2015. At the same time, Medicare's benefits -- which have not changed

significantly since 1965 -- have failed to keep pace with the rapidly changing world of modern medicine.

There are some who say that strengthening Medicare is a challenge that we can still afford to put off toward later years. To them I say, look at Judith Cato and her mother. Like millions of women in the same situation, affording prescription drugs is a very immediate challenge. The typical 65-year old woman retiring this year can expect to see the ripe old age of 84. That's 19 more years of retirement. But if we do not act soon, the Medicare Trust Fund will expire in 16 years.

We must act now. Over the past six and a half years, we have managed to transform a sick deficit economy into an economy that is the picture of fiscal health. In 1993, the budget deficit was projected to be \$290 billion. Today, we have an unprecedented surplus of \$99 billion. We've balanced the budget, cut unnecessary spending, expanded our investments in education and training. As a result, we have the longest peacetime expansion in history, with 19 million new jobs and the lowest minority unemployment rates ever recorded.

We cannot afford to miss this unprecedented opportunity to strengthen and modernize Medicare for the 21st Century. My plan would secure Medicare by dedicating over \$370 billion of our budget surplus over the next 10 years to extending the life of the Trust Fund to the year 2027. We will keep Medicare costs low even as we improve quality by introducing the most effective private sector innovations into the program. And we will promote competition by giving seniors the chance to choose between lower-cost Medicare managed plans and the traditional program.

Strengthening Medicare is important, but so is modernizing its benefits. Over the past thirty years, a medical revolution has transformed health care with prescription drugs that have supplanted some surgeries, lengthened and improved the quality of life. As the OWL study shows, women have borne the greatest cost of this pharmaceutical revolution. According to this chart, women spend \$1,200 a year on prescription drugs, almost 20 percent more than men. As many of you know, my plan will help seniors afford the prescription drugs that have become essential to modern medicine.

I am committed to providing an optional prescription drug benefit to all Medicare beneficiaries. Affording prescription drugs is a challenge not just for poor women, but for middle income women as well. Half of all middle class women -- those who make at least \$12,700 a year, or with their husbands make \$17,000 -- have no prescription drug coverage at all. [show chart]. Women who have tried to buy extra drug coverage through private Medigap policies have had to cope with escalating premiums as they grow older. Anyone who says that America's seniors must bear these burdens in retirement is simply out of touch and out of date.

Finally, my plan will also eliminate the last barrier between seniors and preventive screenings-- tests for breast cancer, colon cancer, prostate cancer, diabetes, and osteoporosis -- that can help save their lives. For too many seniors on fixed incomes -- especially low-income women -- the cost of a modest copayment is simply prohibitive. Last year, just one in seven

women took advantage of the mammograms covered by Medicare. To encourage more people to take advantage of this benefit, my plan will waive the deductible and all co-payments.

I call on Congress to move forward on this plan – and seize the historic opportunity we have to ensure that Medicare truly serves our mothers, grandmothers, sisters, wives and all Americans well into the 21st Century. By dedicating the surplus first to Social Security and Medicare, we can strengthen these programs without walking away from our vital commitments to education, to law enforcement, to biomedical research, to national defense, to the environment. Under my plan, we could actually free America from its debt for the first time since 1835 – and still have funds left over for a substantial tax cut – one targeted toward retirement savings, long term care, and child care.

Regrettably, there are some in Congress who have voted to squander this historic opportunity to prepare for the aging of America. Last week, the House of Representatives passed an irresponsible tax bill that would spend our surplus without devoting a dime toward boosting the solvency of Medicare. What's more, the Republican tax cuts won't go into full effect until the year 2010, draining the most resources just as the baby boomers begin retiring, Medicare nears insolvency, and Social Security begins to feel new strains. This week, the Senate will consider a similar bill. These bills are skewed toward the special interests. They do not protect our national interests. They are unacceptable.

I have made it very clear that I will not accept any bill that undermines our ability to save Social Security and strengthen Medicare. I ask the Senate and the House to work with me to honor this fundamental obligation to the future. We must make certain there are enough resources for Medicare, for Social Security, and for education, for law enforcement and the environment before we embark on a tax scheme that could squeeze out vital priorities in years to come. First things first.

The aging of America is an important challenge for our nation. It tests our commitment to our parents who deserve high quality health care after a lifetime of hard work. It tests our commitment to our children who should not be burdened with the cost of bailing out Medicare just as they are raising their own families. It tests our foresight -- our ability to recognize and fulfill our duties and obligations to the future. It is a test I am confident we, the American people, can pass.

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AP Online

July 28, 1999; Wednesday 17:57 Eastern Time

SECTION: Washington - general news

LENGTH: 366 words

HEADLINE: GOP **Women** Counter Tax Cut Criticism

DATELINE: WASHINGTON

BODY:

Republican **women** in Congress sent an angry letter to President Clinton on Wednesday taking issue with administration assertions that tax cuts proposed by Republicans could hurt **women**.

"In your misleading attempt to alarm **women**, you also are missing the critical facts about the realities **women** face today," wrote 12 female House members and one senator, Sen. Kay Bailey Hutchinson of Texas.

"**Women** are starting businesses at twice the rate of men and making 80 percent of all consumer decisions for families. As a result, **women** rely on tax relief more than men do," according to the letter.

At public events on Tuesday, the president, first lady **Hillary** Rodham **Clinton** and Vice President Al Gore charged that a \$792 billion Republican tax cut proposal could hurt **women** by using up government surpluses the administration wants for **Medicare**.

The administration cited a study showing that **women** rely more on **Medicare** the nation's health insurance program for the elderly and disabled than men do because **women**, on average, live longer and have lower incomes than men.

In their letter, the lawmakers listed parts of the GOP tax proposal they said could particularly help **women**. One would let people over age 50 contribute more to tax-exempt retirement savings plans. **Women** are more likely to fall behind on contributions when they are younger and take time off from work to rear children.

"We are working to do all this with respect for **women** so they can keep more of their hard earned dollars to gain independence and control their own future," said Rep. Jennifer Dunn, R-Wash.

The letter also noted that Republicans have committed to setting aside \$2 trillion in surpluses expected to come from Social Security taxes over the next decade in order to help shore up federal retirement programs.

In addition to Hutchinson and Dunn, the lawmakers signing the letter were Reps. Mary Bono of California, Nancy Johnson of Connecticut, Tillie Fowler of Florida, Judy Biggert of Illinois, Anne Northup of Kentucky, Jo Ann Emerson of Missouri, Heather Wilson of New Mexico, Sue Myrick of North Carolina, Deborah Pryce of Ohio, Kay Granger of Texas, and Barbara Cubin of Wyoming.

LANGUAGE: ENGLISH

LOAD-DATE: July 28, 1999

FOCUSTM

Search: General News;women and medicare and hillary w/2 clinton

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The Arkansas Democrat-Gazette

July 28, 1999, Wednesday

SECTION: NEWS; Pg. A8

LENGTH: 707 words

HEADLINE: First lady stresses topics important to potential N.Y. voting blocs

BYLINE: STEWART M. POWELL, HEARST NEWSPAPERS

BODY:

WASHINGTON -- First lady **Hillary Rodham Clinton** capitalized on her White House role Tuesday to showcase support for **women**, the poor and Jewish voters -- all potentially important constituencies in her possible Senate campaign from New York.

The first lady had four public appearances across the nation's capital in barely 10 hours that set the stage for resumption of her summer-long, campaign-style "listening tour" across New York on Thursday. The first lady's Washington whirlwind also appeared designed in part to steal some of the thunder from her most likely Republican rival for the Senate seat being vacated by retiring Sen. Daniel Patrick Moynihan, a Democrat.

Hillary Clinton, with no more public events on her schedule before she leaves for New York on Thursday, let her rapid-fire appearances here mark the end of a self-imposed moratorium on campaign activities after the death of John F. Kennedy Jr., his wife, Carolyn Bessette Kennedy, and her sister, Lauren Bessette.

Hillary Clinton plans to return to the Empire State for a third campaign-related foray since creating a campaign fund-raising committee July 6. She plans visits to Elmira, Bath and Ithaca before returning to Washington on Saturday.

The first lady, appearing twice with President Clinton at the White House, struck the partisan themes of a prospective Senate candidate.

She challenged the Republican leadership in Congress to enact the Clinton administration's proposed overhaul of **Medicare**, where she said changes are needed to provide better health care to elderly **women**, who make up 60 percent of the nearly 40 million people on **Medicare**.

Later, during an East Room appearance to celebrate the 25th anniversary of the Legal Services Corp., **Hillary Clinton** warned that "we again face a challenge from those in Congress who are working to slash" a \$ 300 million-a-year federal program that recruits 150,000 volunteer lawyers nationwide to provide representation for civil suits by the poor, regardless of ability to pay.

Noting that nearly half the 40 million Americans in poverty are children, she said expanded efforts are needed to make sure that the poor have legal representation to obtain child support, health care for children, adequate housing, nursing home care and protection from physical abuse.

Without the help of Legal Services Corp.'s 258 legal aid programs across the country, "many of those children and their parents would have no place to turn," said **Hillary Clinton**, who served as chairman of the organization from 1978 to 1980 while her husband was governor of Arkansas.

Also Tuesday the first lady:

Presided over the National Jewish Democratic Council's presentation of a humanitarian award to honor former Democratic Party Chairman Steve Grossman and his wife, Barbara.

Received the Henrietta Szold Humanitarian Award from the 87-year-old Hadassah Jewish **women's** organization for her efforts on behalf of issues "critical to **women** and families."

In a speech to the National Jewish Democratic Council on Tuesday night, stressed that the United States must stand by Israel as that nation takes risks to secure peace in the Middle East.

Hillary Clinton stepped up her campaign-related activities a day after the release of a Zogby New York poll of 709 likely voters in the state showing the first lady continuing to trail Giuliani in a hypothetical Senate contest.

The survey, completed July 19 and released Monday, showed Giuliani leading **Hillary Clinton** 49 percent to 39 percent overall in a general election contest. Giuliani's 10 percentage point edge was double his advantage in a Zogby survey completed in May.

But the same survey underscored the first lady's intent to appeal to **women**, who favored her over Giuliani 44 percent to 42 percent, according to the Zogby survey.

Women, the poor and Jewish voters proved valuable sources of Democratic support for Charles Schumer in his 1998 upset of the incumbent Republican senator, Alfonse D'Amato.

Schumer defeated D'Amato, 55 percent to 45 percent. The Democrat carried 59 percent of the **women's** vote, 59 percent of the vote of those with incomes of less than \$ 15,000 and 76 percent of the Jewish vote, according to exit polls.

Photo: **Hillary Clinton**

LANGUAGE: ENGLISH

LOAD-DATE: August 4, 1999

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Search: General News;women and medicare and hillary w/2 clinton

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July 28, 1999

LENGTH: 1260 words

HEADLINE: THE WHITE HOUSE

Admin highlights importance of plan to strengthen and modernize **Medicare** for **women**

BODY:

Today, at the White House, President Clinton and First Lady **Hillary Rodham Clinton** will join the Older **Women's** League (OWL) in releasing a report entitled "**Medicare: Why Women Care**," which includes a new analysis documenting why strengthening and modernizing **Medicare** is particularly important to **women** of all ages. The President and the First Lady will also underscore the importance of taking advantage of the historic opportunity to dedicate a significant portion of the surplus to secure the life of the **Medicare** trust fund for a quarter century. In releasing this report, OWL states its strong support for the President's vision of dedicating the surplus to strengthen **Medicare**, adding a prescription drug benefit, and improving preventive services.

The Vice President will later join the Democratic leadership on Capitol Hill and release a new analysis on the greater challenges that beneficiaries in rural America face in accessing prescription drug coverage. He will point out that, although representing less than one-fourth of the **Medicare** population, beneficiaries living in rural areas account for greater than one in three of all beneficiaries lacking prescription drug coverage. Today, the Clinton-Gore Administration:

UNVEILS A NEW REPORT BY THE OLDER WOMEN'S LEAGUE. Nearly 60 percent of **Medicare** beneficiaries are **women** and this proportion rises with age - more than 4 in 5 people over age 100 are **women**. Moreover, older **women** tend to have more chronic illness and lower incomes, making **Medicare** even more important as a health and financial safety net. Since it was created in 1965, **Medicare** has contributed to lengthening older **women's** lives by 20 percent and reducing their poverty rate dramatically. Yet the 21st century brings with it challenges that will affect all beneficiaries.

Key findings of the report include:

* In the next 30 years, the number of **Medicare** beneficiaries will double - most of them will be **women**. In 2035 alone, there will be nearly 40 million elderly **women** and fewer than 34 million older men. This large enrollment increase is a major factor in the projected exhaustion date of 2015 for the **Medicare** trust fund, and in the need for more revenue to avoid devastating cuts to the program.

* Total prescription drug spending for **women** on **Medicare** averages \$1,200 - nearly 20 percent more than for men. Moreover, like all beneficiaries, about three-fourths of **women** have coverage that is inadequate, unstable, and declining. Of those **women** without drug coverage, fully 50 percent have income above 150 percent of poverty (about \$12,750 for a single person, \$17,000 for a couple), despite older **women's** lower average income.

* **Medicare's** preventive benefits are underused by older **women**. Financial and information barriers prevent older **women** from using critical preventive services. For example, in recent years, just 1 in 7 **women** have taken advantage of **Medicare**-covered mammograms.

Other key findings include:

Medicare, A source of financial AND health care security for older **women**, is at risk.

* Most elderly Americans covered by **Medicare** are **women**. Of the 34 million elderly Americans

covered by **Medicare**, 20 million are **women**, who comprise nearly 3 out of 5 older Americans. The proportion of the elderly who are **women** rises with age; about 71 percent of people age 85 or older are **women**. Eighty-three percent of centenarians are **women**; in fact, the number of **women** age 100 or older will double in the next 10 years.

* New revenue is necessary to ensure that the **Medicare** trust fund is solvent when **women** in the baby boom generation retire. Since most **women** turning 65 today are expected to live through 2018, the projected insolvency of the **Medicare** Trust Fund will occur within their lifetimes.

* **Women** have greater health care needs and lower income. Older **women** are more likely to need **Medicare's** health care services. About 73 percent have two or more chronic illnesses compared to 65 percent of men. **Women's** incomes are lower than men's incomes, and they must stretch fewer financial resources over longer lives. Seven out of 10 **Medicare** beneficiaries living below poverty are **women**. The increased likelihood that **women** will live alone in their later years places them at increased risk of poverty.

Women face greater cost burdens - and barriers to health care - because of **Medicare** benefit limitations. As important as **Medicare** coverage is to **women**, its benefits are outdated.

* Higher out-of-pocket health spending. The combination of greater health problems and lower income causes **women** on **Medicare** to spend 22 percent of their income on health care compared to 17 percent for men. Lower-income **women** spend an even greater share of their limited incomes on health care - 53 percent for the poorest.

* Total prescription drug spending averages \$1,200 for **women** on **Medicare** - nearly 20 percent more than that of men. Older **women** tend to have more chronic illnesses that require medication to manage.

* For most **women**, existing coverage is unstable, unaffordable, and declining. Medigap routinely increases premiums with age - at age 85, the premium for a Medigap plan with drug coverage up to \$1,250 costs from \$300 to \$400 per month - \$3,600 to \$4,800 per year. This discriminates against **women**, who comprise nearly three-fourths of people in this age group. It also charges more at a time where income has declined.

* About 7.3 million **women** on **Medicare** have no coverage to help pay for their prescription drug costs. Despite their lower average income, fully half of these **women** without drug coverage have income above 150 percent of poverty, underscoring the importance of drug coverage for people of all age groups.

* Out-of-pocket payments for preventive services also constitute a barrier to health. In recent years, just one in seven **women** without supplemental insurance used **Medicare**-covered mammograms. One study found that in 1993, only 37 percent of **Medicare** beneficiaries without supplemental insurance had Pap smears, compared with 59 percent of **women** who had supplemental insurance.

EMPHASIZES GREATER PROBLEMS FACING RURAL BENEFICIARIES IN ACCESSING PRESCRIPTION DRUG COVERAGE. The Vice President also will release new facts on the challenges facing rural beneficiaries. Although one in four of all **Medicare** beneficiaries live in rural areas, more than one in three (34 percent) of those lacking drug coverage live in rural America. In fact, nearly half of all rural beneficiaries lack drug coverage compared to 34 percent of all beneficiaries. This reflects the reduced access to **Medicare**, managed care and retiree health coverage for these beneficiaries. The Vice President also will release information documenting that lack of access to prescription drug coverage occurs throughout the income spectrum - 45 percent of rural beneficiaries with income above \$50,000 lack prescription drug coverage compared to 25 percent of all beneficiaries.

HIGHLIGHTS THE IMPORTANCE OF INVESTING IN THE FUTURE OF THE **MEDICARE** PROGRAM. Today, the President, Vice President and First Lady will underscore the fact that there will not be a debate about how to strengthen **Medicare** or how to provide a prescription drug benefit if all of the surplus is invested in a large tax cut. They stated their strong belief that the Congress and the

American public face an important decision: to invest in a stronger **Medicare** program for our mothers and grandmothers or give away the entire surplus on a risky and irresponsible tax scheme.

LANGUAGE: English

LOAD-DATE: July 29, 1999

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Search: General News;women and medicare and hillary w/2 clinton

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TALKING IT OVER

HILLARY RODHAM CLINTON

July 28, 1999

No one should be forced to choose between health care and a job, but that is exactly what happens to millions of people with disabilities in this country every day.

Joann Elliot worked as a food-service worker at St. Elizabeth's Hospital here in Washington for 20 years. She loved her job, but in 1991, a massive stroke left her paralyzed on her left side. Now, she needs a wheelchair to get around and help with bathing, dressing and completing other day-to-day activities.

Because she had to give up her job, Joann receives Social Security Disability Insurance, Medicare and Medicaid to cover her personal-care assistant, prescriptions, special equipment, therapy and some transportation. But she wants to go back to work. "I don't like staying at home," she explains. "I want to get out and be productive."

Here's the problem: If Joann finds a job -- even a low-paying one -- she'll lose her Medicaid benefits -- the very health care coverage that she needs to be able to go to work. Karen Moore, who is a wheelchair user, was thrilled when she found a job as a dispatcher for the River Cities, S.D., Transit System. When she began working full-time, Karen found that she needed less medical care, made new friends and was able to reduce her SSDI benefits.

But like Joann, she also found herself in a Catch-22. She depends on an attendant to get ready for work every day, but lost coverage for that care once she went to work. "I believe in contributing for these services," she says, "but the current arrangement makes it impossible for me to continue working."

After David Robar sustained a spinal-cord injury in 1990, he learned the same unfortunate lesson. Determined to return to work, he managed to finish his degree in business administration, but when he began looking for a job, he found that he would have to give up his health care benefits. "If I were to pay for my personal attendant services out of pocket," he says, "it would cost me more than I would make working full-time."

Today, millions of Americans live with disabilities and can bring enormous energy and creativity to our workforce. Studies show that the vast majority wants to work, yet 75 percent of them are unemployed. Too often, they find themselves in the same boat as David, Karen and Joann: If they find a job, they stand to lose the very benefits that allow them to go to work in the first place.

Nine years ago this week, the Americans with Disabilities Act became law, opening doors in the same way that the Civil Rights Act did three decades ago. Whereas, at one time, we presumed that a disability meant a lifetime of dependence, now, we know that those with disabilities want to -- and can -- lead independent lives and contribute to our nation's prosperity.

I am proud of the steps this Administration has taken to integrate people with disabilities into the workplace. Last year, my husband created a National Task

Force on Employment of Adults with Disabilities. He has implemented new regulations that increase the amount of income that those with disabilities can earn while still receiving critical benefits; taken steps to remove federal hiring barriers for people with mental illness; and ordered the development of a plan for the federal government to hire more people with disabilities.

But while these actions have been a source of hope to Americans with disabilities, a major obstacle to employment remains: Most Medicare and Medicaid benefits are limited to those too disabled to work. That is why, this week, as we celebrate the anniversary of the ADA, my husband has urged Congress to pass legislation that would provide new health care options and employment assistance so that people with disabilities can work.

Last year, when we celebrated the anniversary of the ADA, the President promised to work with Senators Jeffords and Kennedy to achieve this goal. In his State of the Union Address in January, he urged Congress to make this legislation a top priority, and he included full funding for it in the budget he sent to Congress. In June, by an overwhelming bipartisan vote of 99-0, the Senate passed a bill. But the full House has yet to act.

In many ways, work helps build our self-respect as well as our nation's economy. But although our nation is enjoying its lowest unemployment in a generation, too many Americans with disabilities cannot participate because of the barriers that still stand.

Ignoring the potential of these citizens is not only a missed opportunity for them, it is a missed opportunity for the entire country. Let's celebrate the anniversary of the ADA by opening the doors of opportunity for millions of Americans even wider, so that no American has to choose between going to work and paying medical bills ever again.

To find out more about Hillary Rodham Clinton and read her past columns, visit the Creators Syndicate web page at www.creators.com.

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Talking it Over

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TALKING IT OVER

HILLARY RODHAM CLINTON

September 8, 1999

Twenty years ago, no one had ever heard of the human immunodeficiency virus. Yet, today, it is the fourth leading cause of death worldwide. In sub-Saharan Africa, AIDS is the leading cause of death, killing 5,500 people and infecting 11,000 new victims each day. In our own country, we learned just last week that the rate of HIV infections is no longer declining. Despite these grim statistics, though, there is cause for optimism.

Last year, on World AIDS Day, my husband spoke about the growing tragedy of children orphaned by AIDS, and directed his Office of National AIDS Policy to lead a fact-finding mission to Africa. What they found is a human, economic, political and social catastrophe that touches each and every one of us. If we don't take steps to stop it today, what we are witnessing in Africa will most likely be repeated in India, Southeast Asia and the Newly Independent States of the former Soviet Union.

Although AIDS kills indiscriminately, the disease is stalking women and young people in Africa disproportionately. More than half of all new HIV infections are among women, shattering families and placing extraordinary burdens on the villages that have been the backbone of the child-rearing tradition. In addition to isolation and stigma, the destruction of families threatens child welfare in unprecedented ways. In many places, one-quarter of the children are living with an HIV-positive parent, and are destined to be orphaned by the end of this year. Over the course of the next decade, more than 40 million children will lose one or both parents to AIDS.

An entire generation of Africa's children is in jeopardy.

AIDS is not only causing unfathomable human suffering, it is also wiping out decades of progress on a host of development objectives. Life expectancy in Zimbabwe has dropped by an unbelievable 25 years. In the coming decade, child mortality will triple. In the Ivory Coast, one teacher per day dies of HIV/AIDS. And despite steady advances in access to education, a rapidly increasing number of children, particularly girls, is dropping out of school to work or care for dying parents. Far too few are finding their way back. In Zambia, 100,000 children, most orphaned by AIDS, are living on the streets of Lusaka. In an effort to survive, many are forced into crime, sex and drug operations, and we can only assume that HIV is spreading rapidly among them.

Not surprisingly, this extraordinary level of human devastation is jeopardizing economic growth and threatening political stability. Over the course of the next 20 years, it is predicted that AIDS will reduce the economies of sub-Saharan Africa by as much as 25 percent.

AIDS is not just an African problem. It is a worldwide problem, and it is time to act.

Our efforts in this area must be part of our overall development policy. Leadership, combined with sustained investment, has made, and can continue to make, an extraordinary difference. Uganda's President Yoweri Museveni

SCHEDULE FOR HILLARY RODHAM CLINTON
MONDAY, AUGUST 23, 1999

FINAL

MARTHA'S VINEYARD, MA

VINEYARD

LEAD ADVANCE: ROB ROSEN
 STAFF OFFICE 31-220
 202/607-6204 CELL
 WHCA PAGER #4540

SCHEDULER: HUMA ABEDIN
 202/456-2587 PHONE
 202/456-6244 FAX
 202/625-0097 HOME
 WHCA PAGER #4403

PREV RON Private Residence, Martha's Vineyard

6:30pm DEPART Private Residence
 VIA Presidential Motorcade
 EN ROUTE Farm Neck Golf Course
 [Drive time:15 minutes]

6:45pm ARRIVE Farm Neck Golf Course

GREETERS:

- Mike Wallace
- Louis Sullivan
- Charles Harff
- Tim Sweet

6:55pm- DROP-BY MARTHA'S VINEYARD HOSPITAL EVENT
7:25pm Tent
 POOL PRESS/WH PHOTO

- Off-stage announcement of the President, accompanied by Mike Wallace and Louis Sullivan.
- Mike Wallace, CBS, makes brief remarks and introduces Louis Sullivan.
- Louis Sullivan, Former Secretary, Health and Human Services, makes brief remarks and introduces the President.
- The President makes remarks and then works a ropeline.
- Upon conclusion, the President and HRC depart.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. schedule	Schedule for Hillary Rodham Clinton [partial] (1 page)	08/23/1999	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 18538

FOLDER TITLE:

HRC Healthcare Book #13: Health Reform [2]

2013-0534-S

rc1788

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

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RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

SCHEDULE FOR HILLARY RODHAM CLINTON
MONDAY, AUGUST 23, 1999

PAGE 2

PARTICIPANTS: Approx. 450 guests.

7:30pm

DEPART Farm Neck Golf Course
VIA Presidential Motorcade
EN ROUTE Private Residence
[Drive time: 15 minutes]

7:45pm

ARRIVE Private Residence

RON

Private Residence, Martha's Vineyard

(b)(6)

[003]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. bio	re: political event (4 pages)	n.d.	Personal Misfile

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 18538

FOLDER TITLE:

HRC Healthcare Book #13: Health Reform [2]

2013-0534-S

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RESTRICTION CODES

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

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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
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Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. list	re: political event guests (6 pages)	08/28/1999	Personal Misfile

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 18538

FOLDER TITLE:

HRC Healthcare Book #13: Health Reform [2]

2013-0534-S

rc1788

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
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Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. list	re: political event guests (5 pages)	08/27/1999	Personal Misfile

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 18538

FOLDER TITLE:

HRC Healthcare Book #13: Health Reform [2]

2013-0534-S

rc1788

RESTRICTION CODES

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Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. list	re: political events guests (9 pages)	08/28/1999	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 18538

FOLDER TITLE:

HRC Healthcare Book #13: Health Reform [2]

2013-0534-S

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. chart	re: political event (1 page)	08/29/1999	Personal Misfile

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 18538

FOLDER TITLE:

HRC Healthcare Book #13: Health Reform [2]

2013-0534-S

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Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
010. list	re: political event guests (14 pages)	08/29/1999	Personal Misfile

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 18538

FOLDER TITLE:

HRC Healthcare Book #13: Health Reform [2]

2013-0534-S

rc1788

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TABLE OF CONTENTS

Saturday, August 28, 1999

MARTHA'S VINEYARD, MASSACHUSETTS

Radio Address

Event Memo	Tab A
Remarks	Tab B
Actuality Scripts	Tab C
Drunk Driving	
Earthquake Relief	

THE HAMPTONS, NEW YORK

DNC Summer Lawn Party and Reception

Event Memo	Tab D
Talking Points	Tab E

DNC Dinner

Event Memo	Tab F
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Saxophone Club Reception

Event Memo	Tab G
Talking Points	Tab H

New York Background

Political Background (including hot issues)	Tab I
Accomplishments	Tab J

TABLE OF CONTENTS

Sunday, August 29, 1999

HAMPTONS, NEW YORK

DNC Meet and Greet, Mix-and-Mingle and Dinner

Event Memo

Tab K

Talking Points

Tab L

Saturday, August 28, 1999

**SCHEDULE OF THE PRESIDENT
FOR
SATURDAY, AUGUST 28, 1999**

Final Schedule

SCHEDULING DIRECTOR:

STEPHANIE STREETT

HOME: 202-332-5651

OFFICE: 202-456-2823

WHCA PAGER: 4824

PRESS DESK:

KAREN BURCHARD

HOME: 703-243-3656

OFFICE: 202-456-7193

WHCA PAGER: 4769

**TRIP COORDINATOR:
(MARTHA'S VINEYARD)**

JULIE EDDY

HOME: 202-546-3838

OFFICE: 202-456-5330

WHCA PAGER: 4560

**TRIP COORDINATOR:
(HAMPTONS, NEW YORK)**

HEATHER DAVIS

HOME: 202-887-5457

OFFICE: 202-456-5330

WHCA PAGER: 4736

**ADVANCE LEAD:
(MARTHA'S VINEYARD, MASS)**

ROB ROSEN

CELL PHONE: 202-607-6204

STAFF OFFICE: 31-220

PAGER: 4540

**ADVANCE LEAD:
(HAMPTONS, NEW YORK)**

CHERI STOCKHAM

CELL PHONE: 202-607-6205

STAFF OFFICE: 29-220

PAGER: 4143

WEATHER:

MARTHA'S VINEYARD, MASS
Thunderstorms. High 79. Low 68.
HAMPTONS, NEW YORK
Haze. High 82. Low 71.

Saturday, August 28, 1999

**SCHEDULE OF THE PRESIDENT
FOR
SATURDAY, AUGUST 28, 1999
*Final Schedule***

9:40	am	THE PRESIDENT and The First Lady depart Private Residence via motorcade en route Edgartown School [drive time: 15 minutes]
9:55	am	THE PRESIDENT and The First Lady arrive Edgartown School
10:06 11:00	am- am	BRIEFING AND RADIO ADDRESS EVENT EDGARTOWN SCHOOL Remarks: Jordan Tamagni Staff Contact: Megan Moloney
TBD		THE PRESIDENT and The First Lady depart Edgartown School via motorcade en route Martha's Vineyard Airport [drive time: 15 minutes]
TBD		THE PRESIDENT and The First Lady arrive Martha's Vineyard Airport
TBD		THE PRESIDENT and The First Lady depart Martha's Vineyard Airport via Air Force One en route Westchester County Airport [flight time: 40 minutes]
4:25	pm (T)	THE PRESIDENT and the First Lady depart Westchester County Airport via Air Force One en route Francis S. Gabreski Airport [flight time: 30 minutes]
4:55	pm	THE PRESIDENT and The First Lady arrive Francis S. Gabreski Airport Greeters: Colonel Bobby Brittain, Wing Commander Karen Brittain Colonel James Seattini
5:10	pm	THE PRESIDENT and The First Lady depart Francis S. Gabreski Airport via Marine One en route East Hampton Airport [flight time: 20 minutes]

August 27, 1999 (7:37 PM)

Saturday, August 28, 1999

5:30 pm **THE PRESIDENT** and the First Lady arrive East Hampton Airport

5:40 pm **THE PRESIDENT** and the First Lady depart East Hampton Airport via motorcade en route Private Residence
[drive time: 10 minutes]

5:50 pm **THE PRESIDENT** and The First Lady arrive Private Residence

Greeters: Liz Robbins
Doug Johnson
Robin Johnson
Tanya Johnson
Samatha Bryla
Tom Bryla

6:00 pm-
7:05 pm

DNC RECEPTION
OUTDOOR TENT
Private Residence
Remarks: Josh Gottheimer
Staff Contact: Minyon Moore
Event Coordinator: Heather Davis
PRINT REPORTER (REMARKS ONLY)

Note: There will be approximately 300 guests in attendance.

- **The President** and the First Lady are announced onto stage and proceed to their seats.
- Phoebe Snow, pianist, performs two songs.
- Governor Roy Romer, General Chair, Democratic National Committee, makes brief remarks and introduces Senator Robert Torricelli.
- Senator Robert Torricelli makes brief remarks and introduces the First Lady.
- The First Lady makes remarks and introduces **the President**.
- **The President** makes remarks.
- **The President** and the First Lady work a ropeline and depart.

7:10 pm **THE PRESIDENT** and The First Lady depart Private Residence via motorcade en route Private Residence
[drive time: 5 minutes]

August 27, 1999 (7:37 PM)

Saturday, August 28, 1999

7:15 pm **THE PRESIDENT** and The First Lady arrive Private Residence

Greeters: Susan Patricof
Alan Patricof

7:20 pm-
8:40 pm

DNC DINNER
BACKYARD TENT
Private Residence
Staff Contact: Minyon Moore
Event Coordinator: Heather Davis
CLOSED PRESS

Note: There will be approximately 50 guests in attendance.

-- The President and the First Lady mix and mingle with
guests and proceed through a buffet line.

-- The President and the First Lady depart.

8:45 pm **THE PRESIDENT** and The First Lady depart Private Residence via
motorcade en route East Hampton Executive Terminal
[drive time: 15 minutes]

9:00 pm **THE PRESIDENT** and The First Lady arrive East Hampton Executive
Terminal

Greeters: Dan Chasen, Vice President Finance, Society General
Barbara Layton, Owner, Babbettes Restaurant

9:05 pm-
9:25 pm

PHOTO RECEIVING LINE
OUTDOOR TENT
East Hampton Executive Terminal
Staff Contact: Minyon Moore
Event Coordinator: Heather Davis
CLOSED PRESS

Note: There will be approximately 60 guests in attendance.

August 27, 1999 (7:37 PM)

Saturday, August 28, 1999

9:30 pm-
10:45 pm

**SAXOPHONE CLUB EVENT
HANGAR**

East Hampton Executive Terminal

Remarks: Josh Gottheimer

Staff Contact: Minyon Moore

Event Coordinator: Heather Davis

EXPANDED POOL PRESS

Note: There will be approximately 800-1000 guests in attendance.

- Jon Stewart announces the **President** and the First Lady onto stage
- **The President** and the First Lady proceed to their seats on stage, and Wyclef Jean performs one song.
- Joe Andrew, Chair, Democratic National Committee makes brief remarks and introduces Representative Michael Forbes.
- Representative Michael Forbes makes brief remarks.
- Joe Andrew introduces Judith Hope.
- Judith Hope, Event Chair, makes brief remarks and introduces the First Lady.
- The First Lady makes remarks and introduces the **President**.
- **The President** makes remarks.
- **The President** and the First Lady work a ropeline and depart.

10:50 pm

THE PRESIDENT and The First Lady depart East Hampton Executive Terminal via motorcade en route Private Residence
[drive time: 10 minutes]

11:00 pm

THE PRESIDENT and the First Lady arrive Private Residence

BC/HRC RON

**PRIVATE RESIDENCE
HAMPTONS, NEW YORK**

August 27, 1999 (7:37 PM)

Sunday, August 29, 1999

**SCHEDULE OF THE PRESIDENT
FOR
SUNDAY, AUGUST 29, 1999**

Final Schedule

SCHEDULING DIRECTOR:

STEPHANIE STREETT

HOME: 202-332-5651

OFFICE: 202-456-2823

WHCA PAGER: 4824

PRESS DESK:

KAREN BURCHARD

HOME: 703-243-3656

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OFFICE: 202-456-5330

WHCA PAGER: 4736

ADVANCE LEAD:

CHERI STOCKHAM

CELL PHONE: 202-607-6205

STAFF OFFICE: 29-220

PAGER: 4143

WEATHER:

HAMPTONS, NEW YORK

Sunny. High 82. Low 71.

Sunday, August 29, 1999

**SCHEDULE OF THE PRESIDENT
FOR
SUNDAY, AUGUST 29, 1999
*Final Schedule***

MORNING DOWN

12:30	pm	THE PRESIDENT departs Private Residence via motorcade en route South Fork Country Club [drive time: 15 minutes]
12:45	pm	THE PRESIDENT arrives South Fork Country Club
1:00 TBD	pm-	GOLF SOUTH FORK COUNTRY CLUB
TBD		THE PRESIDENT departs South Fork Country Club via motorcade en route Private Residence [drive time: 15 minutes]
TBD		THE PRESIDENT arrives Private Residence
6:00	pm	THE PRESIDENT and The First Lady depart Private Residence via motorcade en route Private Residence [drive time: 30 minutes]
6:30	pm	THE PRESIDENT and The First Lady arrive Private Residence Greeters: Craig Hatkoff Jane Rosenthal Robert De Niro
6:35 7:05	pm- pm	DNC MIX AND MINGLE TERRACE Private Residence Staff Contact: Minyon Moore Event Coordinator: Heather Davis CLOSED PRESS

Note: There will be approximately 100 guests in attendance.

August 27, 1999 (7:37 PM)

Sunday, August 29, 1999

7:10 pm-
8:20 pm

DNC DINNER
OUTDOOR TENT
Private Residence
Remarks: Josh Gottheimer
Staff Contact: Minyon Moore
Event Coordinator: Heather Davis
PRINT REPORTER (REMARKS ONLY)

Note: There will be approximately 100 guests in attendance.

Note: The program begins after dessert.

- Upon conclusion of dinner, Jon Bon Jovi and Ritchie Sambora perform.
- Joe Andrew, Chairman, Democratic National Committee, makes opening remarks and introduces Craig Hatkoff.
- Craig Hatkoff makes brief remarks and introduces the First Lady.
- The First Lady makes remarks and introduces the President.
- The President makes remarks.
- The President and the First Lady depart.

8:30 pm

THE PRESIDENT and The First Lady depart Private Residence via motorcade en route Private Residence
[drive time: 30 minutes]

9:00 pm

THE PRESIDENT and The First Lady arrive Private Residence

DOWN FOR THE EVENING

BC/HRC RON

PRIVATE RESIDENCE
HAMPTONS, NEW YORK

August 27, 1999 (7:37 PM)