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Correspondence

N-Z

1994

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DRAFTkmb

June 10, 1994

Dr. Horoshi Nakajima
Director-General
World Health Organization
1211 Geneva
27 - Switzerland

DEC

Dear Dr. Nakajima:

Mrs. Clinton has asked me to thank you for your kind note and invitation to the meeting of the World Health Organization's Global Commission on Women's Health. Unfortunately, Mrs. Clinton will not be able to attend. She extends her sincere regrets and best wishes for a successful meeting.

Thank you again for writing.

Sincerely yours,

Melanne Verveer
Deputy Chief of Staff
to the First Lady



*P15 do a request
note*

Téléphone Central/Exchange: 791.21.11
Direct: 791.2524

Mrs Hillary Rodham Clinton
The White House
Avenue Pennsylvania
Washington, D.C. 20520

In reply please refer to : DGH/W3/455/2

Prière de rappeler la référence:

27 May 1994

Madam,

Your leadership in health care reform in the United States of America has led me to hope that you would honour the World Health Organization's Global Commission on Women's Health by participating in its second meeting in Washington. Dates under consideration for the meeting are 8 to 12 August or 29 September to 5 October, 1994. The dates can be adjusted to enable you either to address a session or meet with the members, at your convenience.

The World Health Organization (WHO), the lead agency of the United Nations in international health work, established this Commission on Women's Health in 1993. It is composed of eminent women and men from many countries, industrialized and developing, who have been closely associated in one way or another with the improvement of women's health. In addition to offering policy guidance and advocacy for women's health, the Commission will play a significant role in shaping the health agendas for many international events leading up to and including the Fourth World Conference on Women, Beijing, 1995.

The Commission's agenda converges with the priorities of the United States Administration, particularly in its deep concern for improving the health of the most disadvantaged and underserved women in our communities. Your participation in the next meeting of the Commission would be an inspiration to many countries who are struggling with the challenge of providing health services to all their people.

Please accept, Madam, the assurance of my highest esteem and consideration.

A handwritten signature in black ink, appearing to read 'H. Nakajima'.

Hiroshi Nakajima, M.D., Ph.D.
Director-General

cc: The Secretary of State, Attn: IO/T, Department of State, Washington, D.C.
The Director, Office of International Health, Department of Health
and Human Services, Washington, D.C.
United States Mission to the United Nations Office and other International
Organizations at Geneva, Attn: International Health Attaché, Chambésy

... Encl: 2 - Charter and Membership of the Global Commission on Women's Health

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM GENERAL MATTERS

WOMEN, HEALTH AND DEVELOPMENT

The Forty-fifth World Health Assembly,

Recalling that the WHO Constitution declares that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being", which evidently includes the half of the global population that are women;

Recognizing that women's health means their health throughout their entire life-span, and not only their reproductive health;

Acknowledging that there has been improvement in some parameters relating to the health and development of women, due in large measure to the accomplishments of women themselves and active interest groups;

Recalling that many resolutions over the years have called for action in areas such as women's education, research on the social as well as biological factors affecting men and women, safe motherhood and income-generating opportunities for women, the most recent being resolution WHA44.42 on "Women, health and development";

Noting with great dismay the lack of feedback on results of the implementation of these resolutions; the lack of adequate sex-specific data; and the fact that there is insufficient knowledge of the specific consequences of diseases for women;

Taking into consideration the report of the Technical Discussions on "Women, health and development" held in conjunction with the Forty-fifth World Health Assembly,

1. URGES Member States:

(1) to establish a system for reporting on the extent to which key elements of existing resolutions have been implemented, the gaps in implementation that still remain, the reasons for these gaps, and what assistance is needed for implementation;

(2) to implement steps in their ministries of health and health-sector institutions equivalent to those that the Director-General is requested below to implement within WHO, and to include at least one woman in their delegations to the World Health Assembly;

2. REQUESTS the Director-General, in order to ensure that women's health is treated with the greatest attention and urgency:

- (1) to utilize existing mechanisms within WHO, at global and regional levels, more effectively and fully, for ensuring that the Organization's current programmes, as well as the Ninth General Programme of Work, give proper attention to matters affecting women's health in all areas;
- (2) to ensure that an appropriate portion of the resources of each programme area is allocated to those matters;
- (3) to examine WHO policy and programme initiatives in order to determine whether they might have any adverse effect on the situation of women;
- (4) to facilitate the above measures by strengthening WHO's focal point for women, health and development in such a way as to ensure that it can operate effectively across programme lines;
- (5) to ratify the decision of the Forty-second World Health Assembly in resolution WHA42.13 to maintain the target of 30% for the proportion of all professional and higher-graded posts in established offices to be occupied by women;

3. FURTHER REQUESTS the Director-General:

(1) to establish in 1992 a Global Commission on Women's Health, consisting of political, scientific and professional leaders throughout the world, the largest number of whom would be women, with due respect to equitable geographical representation, and who would serve in their personal capacities, the terms of reference of which would include:

- (a) producing an agenda for action on women's health;
 - (b) making policy-makers aware of women's health issues by using sex-specific, disaggregated data on women's socioeconomic and health conditions;
 - (c) advocating the promotion of women's health issues within all development plans, using all forms of mass media;
 - (d) providing a forum for consultation and dialogue with women's organizations, women's health advocacy groups, and others who represent the mobilization of women, from the grassroots to the highest political levels;
- (2) to support the work of the Global Commission by advocating and facilitating its participation in: the world conference on human rights in 1993; the international conference on population and development in 1994; and the fourth world conference on women in 1995; and to report to those conferences;
- (3) to further support the work of the Global Commission in such areas as:
- (a) mobilizing the necessary resources;
 - (b) establishing standards and criteria to permit regular monitoring of women's health status;
 - (c) advising on action to ensure adequate attention to women's concerns in the activities of the health sector and other development sectors at all levels, including contributions to existing mechanisms such as the United Nations Commission on the Status of Women, and to the development of legislation to protect the health of vulnerable women and children in times of armed conflict;
 - (d) enhancing coordination and cooperation within the United Nations system for women's health;

(e) monitoring the overall progress made in implementing key elements of past resolutions and strategies affecting women's health, using sex-specific data;

(4) to submit a report on the implementation of this resolution to the Forty-eighth World Health Assembly in 1995.

Thirteenth plenary meeting, 14 May 1992
A45/VR/13

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WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE

GLOBAL COMMISSION ON WOMEN'S HEALTH

1. Dr Sadiqah Al Awadi
Director
Medical Genetics Centre
Safat 13041, Koweït
2. Dr Berit Austveg
Adviser, Dept. of Multilateral
Development Corporation
Norwegian Agency for International
Development
N - 0032 Oslo
3. Professor Hussein K. Bahaa El-din
Minister of Education
Ministry of Education
Cairo, Egypt
4. Dr Carmen Barroso
Director, Population Program
McArthur Foundation
Chicago, IL 60603-5285
United States of America
5. Dame Nita Barrow
Governor General
St Michael, Barbados
6. Mrs Catherine Bertini
Executive Director
World Food Programme
I-00145 Rome
7. Ms Ela Bhatt
Founder, Self-Employed Women's
Association (SEWA)
Ahmedabad, India
8. Mrs Benazir Bhutto
Prime Minister of the Islamic Republic of
Pakistan
Islamabad, Pakistan
9. Dr Susan J. Blumenthal
Deputy Assistant Secretary of Women's
Health
Department of Health and Human Services
Washington, D.C. 20201
United States of America
10. Ms Janet de Merode
Director
Population, Health and Nutrition Department
World Bank
Washington, D.C. 20433
United States of America
11. Mr Ibrahima Fall
Assistant Secretary-General for
Human Rights
Centre for Human Rights
CH-1211 Geneva 10
12. Senator Pat Giles
48A Randell Street
Northbridge, WA 6865
Australia
13. Mrs J.C. Kadandara
Deputy Secretary
Health Support Services
Ministry of Health
Harare, Zimbabwe
14. Dr Maureen Law
Director General
Health Sciences Division
International Development
Research Centre (IDRC)
Ottawa, Canada K1G 3H9
15. Dr Veronique Lawson
Minister of Public Health
Cotonou, Benin

16. Mrs Florence Manguyu
President Elect
Medical Women's International Association
Nairobi, Kenya
17. Dr Nafsiah Mboi
Member of Parliament
Republic of Indonesia
Jakarta, Indonesia
18. Mrs Gertrude Mongella
Secretary-General
Fourth World Conference on Women
United Nations
New York, N.Y. 10017
United States of America
19. Mrs Ana Milena Muñoz de Gaviria
Palacio presidencial de Nariño
Santafé de Bogotá, Colombia
20. Dr Hiroko Minami
President, College of Nursing, Art
and Science
Akashi City, Hyogo-ka 673
Japan
21. Mrs Sadako Ogata
High Commissioner
Office of the United Nations High
Commissioner for Refugees
CH-1202 Geneva
22. Dr Claes Ortendahl
Director-General
The National Board of Health and Welfare
S-106 30 Stockholm
23. Dr S. Radwan
Director, Development and Technical
Cooperation Department
International Labour Organisation
CH-1211 Geneva 19
24. Mrs Nana Konadu Agyeman-Rawlings
President, 31st December Women's
Movement
Accra, Ghana
25. Dr Patricia Rosenfield
Program Chair
Strengthening Human Resources in
Developing Countries
Carnegie Corporation of New York
New York, N.Y. 10022
United States of America
26. Dr Nafis Sadik
Executive Director
United Nations Population Fund
New York, N.Y. 10017
United States of America
27. Mrs Leticia Ramos-Shahani
Senator
House of Senate
Manila, Philippines
28. Dr James Sherry
Chief, Health Cluster, H-10F
United Nations Children's Fund
New York, N.Y. 10017
United States of America
29. Dr Marjorie Thorpe
Director (a.i.)
United Nations Development Fund for
Women (UNIFEM)
New York, N.Y. 10017
United States of America
30. Mrs Eva Wallstam
Director, Health Division
Swedish International Development
Authority
S-105 25 Stockholm
31. Dr Muhammad Yunus
Managing Director
Grameen Bank
Dhaka 1216, Bangladesh
32. Dr Normunds Zemvaldis
State Minister of Health
Ministry of Welfare of Latvia
Riga LV 1331
Latvia

THE WHITE HOUSE
WASHINGTON

June 13, 1994

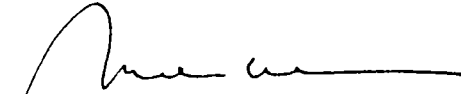
Dr. Horoshi Nakajima
Director-General
World Health Organization
1211 Geneva
27 - Switzerland

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Thank you again for writing.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE WHITE HOUSE
WASHINGTON

May 5, 1994

Mrs. Edith Nairn
6618 Hardy Avenue
Rayton, MO 64133-5236

Dear Mrs. Nairn:

Mrs. Clinton wanted me to thank you very much for writing to her about the mailing on health care reform which you shared with her. There is a lot of misinformation being circulated about the President's health care reform plan. The mailing you sent to Mrs. Clinton is an example of such misinformation.

The President's health care reform proposal responds directly to the needs of the American people and the need to provide all our citizens with health care security. At some point during the year, 58 million Americans go without insurance, and 2 million Americans lose their insurance each month.

In an effort to give all Americans the health security they deserve, the President wants to strengthen what's right about our health care system and fix what doesn't work. The President's proposal would work the following way:

Guaranteed private insurance. Every American will be guaranteed, affordable private comprehensive insurance coverage that can never be taken away.

Choice. All Americans will have the right to choose their own doctor and health plan. It will be the individual, not the employer or insurance company, who will make this important decision.

Outlaw unfair insurance practices. It will be illegal for insurance companies to: drop coverage or cut benefits; increase rates because of sickness; use lifetime limits to cut off benefits; or charge older people more than the young. This will make it possible for all Americans to obtain dependable and affordable insurance.

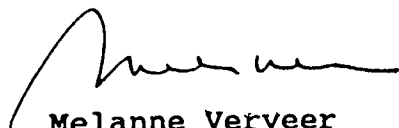
Preserve Medicare. Older Americans have a right to depend on Medicare and choose their own doctor. The President will protect and strengthen Medicare by covering prescription drugs and providing new options for long-term care in the home and the community.

Health benefits guaranteed at work. Every job should come with health benefits. The government will provide discounts for small businesses and help cover the unemployed.

This nation now has an historic opportunity to reform our health care system to make it work for all of us. Mrs. Clinton thanks you for your support and for sharing your concerns. I have enclosed a fact sheet and an article which I believe may be helpful to you.

Thank you again for writing.

Sincerely yours,

A handwritten signature in dark ink, appearing to read 'Melanne Verveer', with a stylized, flowing script.

Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE WHITE HOUSE

WASHINGTON

February 1, 1995

National Women's Business Council
409 Third Street, S.W.
Suite 5850
Washington, D.C. 20024

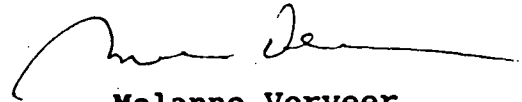
Dear Friends:

Thank you for sending me a copy of the NWBC 1994 Annual Report. You have every right to be proud of the results you have achieved this past year.

Your success in serving as an advocate on behalf of women entrepreneurs has had a significant impact in ensuring that the needs of women business owners are part of the debate on public policy issues.

Thank you again for the report and good luck in the important work you do.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

NWBC

National Women's Business Council



WASHINGTON, D.C. OFFICE
409 THIRD STREET, S. W.
SUITE 5850
WASHINGTON, D.C. 20024
202/205-3850 FAX: 202/205-6825

January 6, 1995

Melanne Verveer
Deputy Chief of Staff to the First Lady
Office of the First Lady
OEOB - Room 100
Washington, DC 20500

Dear Ms. Verveer:

The National Women's Business Council (NWBC) is pleased to submit its 1994 Annual Report. This has been a year of great achievement for the Council, the results of which are proudly recorded in this document.

The NWBC set an ambitious agenda for 1994 and was pleased that several of our policy recommendations were enacted into law or promulgated through new rules and regulations. Significant progress was made on the NWBC's two priority issues -- expanding business opportunities and increasing financing options for women business owners.

Throughout its tenure, the NWBC has worked to ensure that the unique needs of women business owners were considered as part of the debate on public policy issues. The success of our mission this year was due in great measure to the participation and support of a strong network of women business owners and their advocates. We are gratified that our efforts have resulted in the establishment within the federal system of a solid foundation for advocacy on behalf of women business owners. The contributions made by women entrepreneurs to the revitalization of the economy may not yet be fully realized, but the importance of the role they play in Washington, D.C. and in their own communities is vital.

The National Women's Business Council, established by the Women's Business Ownership Act of 1988, was directed by Congress to review the status of women business owners and make annual policy recommendations to the President and Congress. With the enactment this year of Public Law 103-403, Congress has commissioned a newly restructured National Women's Business Council to assume an even greater advocacy role on behalf of women entrepreneurs. Together with its public sector counterpart, the Interagency Committee on Women's Business Enterprise, the interests of the women's business owner constituency, too long ignored, will be well represented.

We welcome any questions or comments you may have. Please feel free to contact the National Women's Business Council at (202) 205-3850. Thank you.

NATIONAL WOMEN'S BUSINESS COUNCIL

Enclosure

THE WHITE HOUSE
WASHINGTON

May 11, 1994

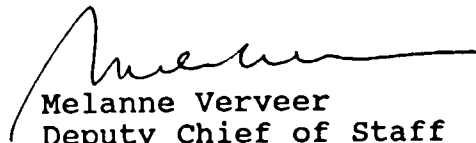
Mr. & Mrs. Magdalena and Thomas Naylor
RR1, Box 1272A
Stockbridge Road
Charlotte, VT 05445

Dear Mr. and Mrs. Naylor:

Mrs. Clinton wanted me to write and thank you for the autographed copy of your book, **The Search for Meaning**. It is a topic that interests her greatly and she looks forward to having the chance to reflect on your views.

Thanks again and best wishes.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE WHITE HOUSE
WASHINGTON

February 24, 1994

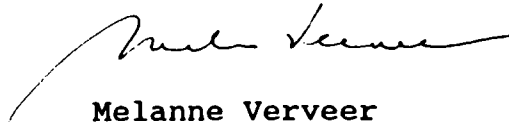
Mr. Ronnie Neumann
1091 Mill Creek Dr.
Buffalo Grove, IL 60089

Dear Mr. Neumann:

Thank you for your letter regarding the importance of preventive medicine, including exercise and nutrition. We appreciate hearing your views on this important subject. Your views are very helpful as we work to achieve lasting, meaningful health care reform in this country.

Thank you again for sharing your experience in this area.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE WHITE HOUSE
WASHINGTON

June 28, 1994

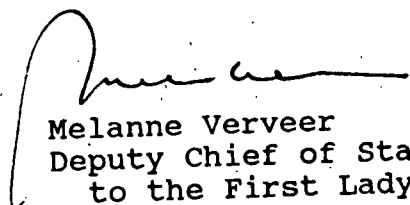
Edward Nielsen, M.H.S.
Executive Vice President
Pennsylvania Academy
of Family Physicians
5600 Derry Street
Harrisburg, PA 17111

Dear Mr. Nielsen:

Mrs. Clinton is grateful for your participation in the health reform policy briefing and more particularly for bringing forward the concerns of family physicians and the need for the Administration to respond more adequately. She has forwarded your recommendations to the appropriate staff.

Thank you also for your continued efforts to help achieve lasting, meaningful health care reform for this country.

Sincerely,


Melanne Verveer
Deputy Chief of Staff
to the First Lady

*original letter
to Don Barnett
7/6/94*

*cc: Lynn
Marilyn
Ira*



PENNSYLVANIA ACADEMY OF FAMILY PHYSICIANS

May 20, 1994

Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

PAM MAY 25 1994

RE: Follow-up proposal to
Health Care Briefing
Thursday, May 12, 1994
Old Executive Office Building

Dear Mrs. Clinton:

My sincere thanks for your invitation to participate in last week's health reform policy briefing held at the Old Executive Office Building, Thursday morning, May 12. The purpose of this letter is to follow-up a discussion that I had with several of your key staff, including Ira Magaziner, Marilyn Yager and Dr. Irwin Redlener. More specifically, I am proposing a solution to what I perceive to be a significant problem: the increasing skepticism and declining trust of family physicians in the health reform process and proposals currently before the Congress, including the Health Security Act.

In addition to your presentation to the providers attending the briefing, I was impressed with Ira Magaziner's articulate command of the issues facing primary care providers in a reformed health system. Indeed, Mr. Magaziner speaks well to many issues facing Pennsylvania's family physicians in the May 9 issue of *Medical Economics*.

In the May 12 briefing, Mr. Magaziner spent considerable time fielding questions from the group. I queried Mr. Magaziner regarding what I believe to be a unique window of opportunity to deliver a clear message to primary care providers, nationally and state by state, about the intent of the Health Security Act to build the future delivery system on primary care. **I have found proponents of the Health Security Act too often understating the importance and role of primary care providers, family physicians being at the hub of this group.** This tendency to under-state the importance of primary care has led many, many family physicians to be skeptical about the Administration's intentions with the Health Security Act, especially in context of the "fear-mongering" inherent to many advertisements and mailings family physicians receive daily.

My proposal is relatively simple and is based on one premise: **the "hassle factor" borne by family physicians is taking an enormous toll on the supply of family physicians, to the extent that virtually all health reform proposals are tainted with skepticism and an increasing reluctance to support any plans, despite how well-intended they might be.** I believe the challenge facing the Administration and the Congress is a communications challenge, at this point. Mr. Magaziner seemed to bear this point out when he commented about his frustration regarding the misunderstanding too many primary care providers have about the Health Security Act.

The Administration could gain much-needed support from both national and state primary care provider organizations if it chose to take on the "hassle factor" now, regardless of how health reform proceeds in the Congressional mark-up sessions and committee hearings. The scenario could play out in the following way:

- With considerable advance notice and public relations, President and Mrs. Clinton, along with leaders of the American Academy of Family Physicians, pediatricians, internists, other primary care provider organizations, private sector insurers (if possible) and the Department of Health and Human Services **announce a major Administration initiative, "Partnerships for Health," which convenes a task force or working group to develop strategies and solutions to reduce the adversarial nature of the relationship between providers, insurers and government, specifically to solve the unnecessary hassles providers face in delivering health care services to patients.** This group could address both current problems and those that would need to be addressed in a reformed health delivery system.

The message? The Administration acknowledges that primary care is the critical element of any meaningful reform, yet it is at risk now because of the inordinate number of unnecessary hassles being promulgated in an adversarial relationship between patients, payers and providers.

- In a series (4-6) of briefings similar to last week's gathering, **regional groupings of representatives of state primary care provider organizations would be brought to the White House to hear specific messages from the President, Mrs. Clinton and key staff about primary care, the task force's design and work plan, and the Health Security Act, as well as create a solution-oriented dialogue that leaves participants with a sense of hope and motivation, rather than skepticism and inertia.** These individuals would be asked to work in their states to develop support for reforms, consistent with the principles in many of our organizational positions, and the Health Security Act.

The benefit? Directly addressing what seems to be a major cause for skepticism and inertia among primary care providers: the hassle factors that impede health care delivery. One result of this initiative, if successfully managed, is the enlistment of a cadre of professional provider organizations dedicated to national and state reform, working with you now on the "hassle factor." Another result is the clear and compelling message being delivered to all primary care providers that the Clinton Administration is willing to pursue "primary care friendly reforms" now, while also working toward systemic reforms through the Health Security Act.

- Based on the work of the "Partnerships for Health" task force, **periodic and highly publicized updates on the tangible results of such an initiative would be communicated from the White House to the media and key organizations,** for them to communicate to their membership.

While this proposal is admittedly simplistic in design, I would argue that the needs of family physicians and their counterparts across our nation are not as complicated as some would posit. Indeed, what I hear from the overwhelming number of Pennsylvania family physicians is the burning desire to return to the clinical practice of family medicine, not the increasing demand to assume more administrative duties in order to respond to clearly unnecessary hassles and paperwork.

I hope that you give this idea your serious consideration. Should there be any way in which I might further elaborate on how this idea might work, I will be available at your convenience. Again, my thanks for your thoughtful invitation to join you and your staff last week. I look forward to continuing this important dialogue on health reform.

Sincerely,



Edward Nielsen, M.H.S.
Executive Vice President

xc: Ira Magaziner
Marilyn Yager

THE WHITE HOUSE

WASHINGTON

January 24, 1995

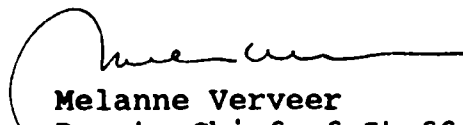
Her Majesty
Queen Noor al-Hussein al-Hashimi
Jordan

Dear Your Majesty:

Enclosed are some photos from Mrs. Clinton's visit to Jordan which we thought you might enjoy. We would be grateful if you could have them distributed to the individuals who appear in the photos.

Thank you again for your wonderful hospitality and best wishes. It was such a memorable visit.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE WHITE HOUSE

WASHINGTON

February 21, 1994

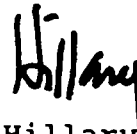
Mr. Edmond F. Notebaert
President & Chief Executive Officer
Children's Hospital of Philadelphia
34th Street & Civic Center Boulevard
Philadelphia, Pennsylvania 19104

Dear Mr. Notebaert:

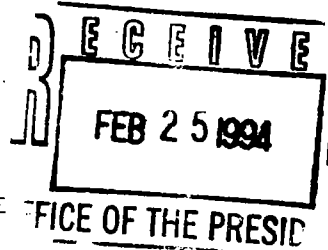
Thank you for making my visit to Children's Hospital of Philadelphia such a pleasurable and enriching one. The lovely plate you gave me depicting the hospital is a perfect reminder of a great trip and the great work you are doing for children and their families. I appreciate your thoughtfulness and look forward to seeing you again soon.

With warm personal regards, I remain

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Hillary", written in a cursive, flowing style.

Hillary Rodham Clinton



THE WHITE HOUSE OFFICE OF THE PRESIDENT

February 21, 1994

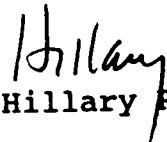
Dr. Edmond F. Notebaert
President & CEO
Children's Hospital
of Philadelphia
34th Street & Civic Center Blvd.
Philadelphia, Pennsylvania 19104

Dear Dr. Notebaert:

Thank you for making my visit to CHOP
such a pleasureable and enriching one.
The lovely plate you gave to me depicting
the hospital is a perfect reminder of a
great trip and the great work you are
doing for children and their families. I
appreciate your thoughtfulness and look
forward to seeing you again soon.

With warm personal regards, I remain

Sincerely yours,


Hillary Rodham Clinton

THE WHITE HOUSE
WASHINGTON

May 2, 1994

Ms. Lin E. Noyes
Family Respite Center
2036 Westmoreland Street
Falls Church, VA 22043

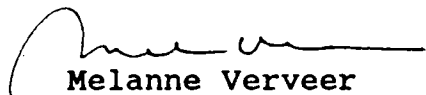
Dear Ms. Noyes:

Mrs. Clinton thanks you for your kind note and for your invitation to your 10th Anniversary celebration this summer. I have passed the invitation along to Mrs. Clinton's scheduler, where it will be considered.

Your support of Mrs. Clinton's work on health care reform is so appreciated. Mrs. Clinton appreciated the opportunity to address the national Alzheimer's Conference. Her words about your health center were heartfelt and well deserved. She recognizes your hard work in providing quality care on behalf of Alzheimer's patients and their families.

Thank you again for writing and thank you for caring.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

Text of Nurses Hr.

Thank you for contacting the First Lady. She apologizes for the delay in responding to your letter, but there has been an overwhelming amount of mail coming into this office, especially on the topic of health care reform. Mrs. Clinton appreciates hearing your thoughts, and is pleased to have the opportunity to respond to your concerns.

Mrs. Clinton has always believed that nurses and nurse practitioners are critical to successful health care reform. She is very aware that nurses make daily differences in the lives of individuals and communities. The Administration recognizes that the critical component to making health care reform work lies with those on the front lines -- the health care providers -- nurses.

Nurses help keep families healthy and can help save money in health care costs down the road. Whether by using the "teaching moment" during a routine clinic visit to ask about a child's immunization status or by asking other important questions, the nurse's expertise as a primary provider is essential.

Health care reform will reduce the professional barriers for nurses and cut the paperwork that forces them to spend as much time at a desk as a bedside. Additionally, the President's health care reform will:

- ° Increase nurses' roles in providing primary, preventative, mental health and long-term care. Advanced practice nurses will play a crucial role in guaranteeing that every American receives high-quality care. Nurses in community and primary care settings will see people when they first need care.

- ° Reduce barriers and move toward a level playing field among health professionals. Nurses will be able to contribute on the basis of their skills and work to the full scope of their training. Nurses will work in partnership with other health providers to ensure high-quality care.

- ° Cut paperwork so that nurses can concentrate on providing care to patients -- not filling out forms.

- ° Provide incentives for nurses to work in underserved rural and urban areas.

- ° Rely on nurses to provide home-based and community care for older Americans, persons with disabilities, the chronically ill and other vulnerable populations, such as the mentally ill and children with special needs.

The President is committed to providing affordable, quality health care to every American. Nurses will play a pivotal role in making that happen.

The Administration looks forward to working with the nursing

community to promote health care reform. Thank you again for writing to the First Lady, and thank you for caring.

1015515

Ms. Margaret Jergensen, RN
6200 Autumn Crest Circle
Colorado Springs, Colorado 80919

1015536

Mrs. Monica Hrovath, RN BSN CEN
437 Pacific Avenue
Pittsburgh, Pennsylvania 15221-4011

1015554

Ms. Lynn Garner
3607 Willow Ct.
Louisville, Kentucky 40299

1015572

Ms. Elizabeth Materkuiski
3072 S. Quince Way
Denver, Colorado 80231

1015576

Jodie Steblay, RN
Box 1860
Glenwood Springs, Colorado 81602

1015582

Ms. Mary Jo Vanas, RN
2970 Zephyr Drive
Colorado Springs, Colorado 80920

1015585

Mr. Jean Bell, RN
1973 Summernight Terrace
Colorado Springs, Colorado 80909

1015587

Ms. Dorothy A. Ford
Shiprock PHS, Box # 160
Shiprock, New Mexico 87420

→ These are the Nurses who received the
"nurses" letter (text attached)

Quarum.

1015595

Ms. Blanca A. Conrad, RN
1200 Malony Street
Bryette, Colorado 80026

1015603

Ms. Lucia M. Morritt, RN BSN CCRN
12191 Magnolia Way
Brighton, Colorado 80601

1015608

Ms. Janie Spears Carter
2768 E. 124th Circle
Denver, Colorado 80241

1015615

Ms. Deborah R Floersch
1218 Auburn Drive
Colorado Springs, Colorado 80909

1015623

Marie Winter, RN
Box 581
New Wilmington, Pennsylvania 16142

1015627

Ms. Ruth E. Corbin, RN
32 Orchard Drive
Herminie, Pennsylvania 15637

1015644

Ms. Judy Andro, RN
4779 White Rock #8
Boulder, Colorado 80301

1015649

Ms. Becky M. Hamill, RN
CCO Memorial Hospital
1400 E. Boulder
Colorado Springs, Colorado 80909

1015656
Mr. David J. Kyle
187 Township Drive
Personville, Tennessee 37075

1015663
Mr. William Verno, Jr.
7114 Oak Valley Drive
Colorado Springs, Colorado 80919-3409

1015683
Ms. Laree Deies
Hamot Medical Center
201 State Street
Erie, Pennsylvania 16550

1015694
Ms. Laree Depies
Hamot Medical Center
201 State Street
Erie, Pennsylvania 16550

1015703
Jacqueline A. Petryk
Oakhill Ct., #167
Toledo, Ohio 43614

1015713
Ms. Myrna Mathews, RN
1650 Cook St., #2
Denver, Colorado 80206

1015725
Ms. Kathleen M. George, RN
2656 West 38th Street
Royal Villa Apts., 3C
Erie, Pennsylvania 16506

1015738
Mr. R. W. "Bob" DeMasters
2705 Concord Street
Colorado Springs, Colorado 80907-6125

1015770

Ms. Nancy Whitted, RN
800 Pine Trail Drive
Beland, Mississippi 39157

1015798

Ms. Rebecca A. Tomaich
13781 E. Richthofen
#P-208
Aurora, Colorado 80011

1015828

Ms. Jennifer A. James, RN
40 Wildrose Lane
Levittown, Pennsylvania 19055

1015836

Ms. Chester Harper, RN
8900 Brockington Lot 18
North Little Rock, Arkansas 72120

1015857

Marvin L. Weinstock
500 Rt. 1 Twp. 71
Somerset, Ohio 43783

1015883

Mr. Walt Speelern
2406 Churchill Downs
Florissant, Missouri 63033

1015898

Ms. Norma J. Hillam, RN
Friends
2806 Hayman Terrace
Colorado Springs, Colorado 80910

1015914

Mr. Dan Cornelius
3118 Dwight Street
Chattanooga, Tennessee 37406

1015934

Ms. Alice Pekarek, RN
2062 Spruce Road
Green, Colorado 80439

1015939

Ms. Chris Aldrich, RN
P.O. Box 162
Mc Calla, Alabama 35111

1015951

Ms. Barbara T. Ginter, RN
2355 Norwich Drive
Colorado Springs, Colorado 80920

1015956

Ms. Sharon Myers-Durbin, RN
3527 Anchorage Street
Hemet, California 92545

1015964

My Newman
2 Rimview Drive, #B
Colorado Springs, Colorado 80919

1015970

Ms. Bonnie Wallack, RN
5710 South Green Oaks Dr.
Littleton, Colorado 80121-1337

1015972

Ms. Catherine DelBene, RN
25 Cherokee Drive
Girard, Ohio 44420

1015978

Mr. Tom C. Coats, RN
10324 Cailano Place
Richmond, Virginia 23233

1037507

Ms. Cathy Fresch, RN

501 Ferndale Place

Westview, Pennsylvania 16415

1037522

Ms. Marion Borgese, Rn

Johns Hopkins Children's Hospital

600 North Wolfe Street

NICU-CMSC 2

Baltimore, Maryland 21205

1015990
Emergency Services Staff
Willy Pederson, Director
Sta Hospital
Louisville, Colorado 80027

1015993
Ms. M. K. Miller
715 Federal Drive
Sharon, Pennsylvania 16146

1015997
Ms. Carpenter
2708 South C Street
Elwood, Indiana 46036

1016000
Ms. Margaret Ioio
1000 Coopers Creek Road
Bryson City, North Carolina 28713

1016003
Cindy Preboyne
9 Bedford Street
Johnstown, Pennsylvania 15904

1016007
Ms. Frances Bateman
1500 Elizabeth Street
West Monroe, Louisiana 71291

1016008
Ms. Millie Truitt, RN
9955 King Court
Westminster, Colorado 80030

1037503
Ms. Cathy Fresch, RN
5171 Ferndale Place
Fairview, Pennsylvania 16415

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THE WHITE HOUSE
WASHINGTON

April 8, 1994

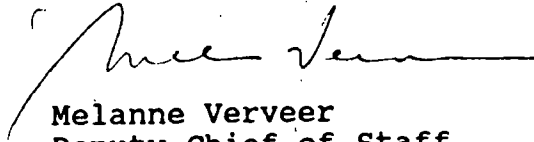
Mr. Robert Oates
Co-Director, Policy Development
Institute of Science, Technology, and Public Policy
Maharishi International University
1000 North 4th Street
Fairfield, Iowa 52556

Dear Mr. Oates:

Thank you for your letter and for sharing your thoughts on health care reform. Ensuring cost savings through prevention is an important factor in any successful reform approach and I appreciate your reflections.

Thanks again for writing and for your efforts to ensure health care reform in this country. Best wishes.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE WHITE HOUSE

WASHINGTON

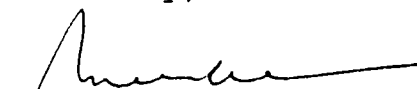
June 15, 1994

Mr. Jack I. Osias
129 Edwards Rd.
Cheshire, CT 06410

Mr. Osias:

Thank you for sending a copy of the Seniors Coalition **BAD MEDICINE: A Special Report on the Clinton Health Care Plan**. As you know, the President is working diligently to ensure that quality health care is available for all citizens of the United States and your support for his plan is greatly appreciated. It was good of you to keep us informed of the misinformation campaign against the President's plan.

Sincerely,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE WHITE HOUSE

WASHINGTON

January 31, 1995

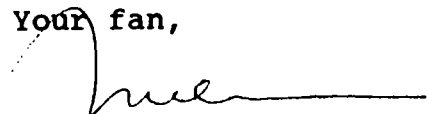
Mr. Brian O'Connell
Independent Sector
1828 L Street, N.W.
Washington, DC 20036

Dear Brian:

Thank you so much for sending me a copy of People Power. It is a fitting tribute to your years of service as a model citizen in the voluntary sector. I look forward to reading it and benefitting from your wisdom and experience.

I want to wish you all the best and hope you will stay in touch. We need more people like you!

Your fan,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE WHITE HOUSE

WASHINGTON

January 12, 1995

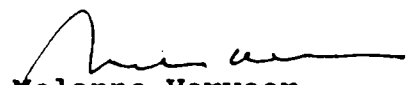
His Eminence John Cardinal O'Connor
Archbishop of New York
1011 First Avenue
New York, NY 10022

Dear Cardinal O'Connor:

Mrs. Clinton thought you would enjoy having these photos. She very much appreciated the opportunity to meet with you and is grateful to you for adjusting your schedule on such short notice.

Since I hadn't seen you since my days at the USCC, it was a personal pleasure to see you again. We wish you a New Year filled with God's blessings.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE WHITE HOUSE
WASHINGTON

November 1, 1994

Ms. Geraldine M. Otremba
Director, Office of Congressional Relations
Office of the Librarian
Library of Congress
LM 611
Washington, DC 20540-1000

Dear Gerry:

Congratulations and best wishes on your new position with the Library of Congress. After the outstanding job you did at the Kennedy Center, I know you will be up to the challenges offered by the Library. They are fortunate to have someone with your skills and talents. It sounds like a perfect match!

With best wishes,

Sincerely yours,

Stay in touch


Melanne Verveer
Deputy Chief of Staff
to the First Lady

The John F. Kennedy Center for the Performing Arts

WASHINGTON, D.C. 20566-0001
202 416-8000
FAX 202 416-8205

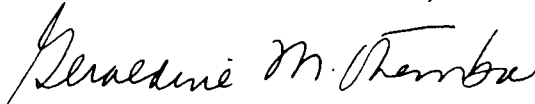
September 16, 1994

Dear Friend,

I will be leaving my position at Kennedy Center on October 7, 1994 to become Director of Congressional Relations for the Library of Congress. My new address and telephone number are enclosed, effective October 11th. Kennedy Center has afforded me unparalleled opportunities in the 19 years that I have served the institution. With the major reauthorization of Kennedy Center and also its education program in place, I look forward to a challenging array of issues at the Library of Congress. I have long been fascinated with cutting edge information and technology issues -- I think I have found the perfect place to pursue them.

Thank you for all your help in the past. I look forward to seeing you soon.

Sincerely,



Geraldine M. Otremba
Associate Managing Director
Government Liaison

The John F. Kennedy Center for the Performing Arts

WASHINGTON, D.C. 20566-0001
202 416-8000
FAX 202 416-8205

As of October 11, 1994, Gerry's new address and phone number will be:

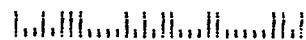
Ms. Geraldine M. Otremba
Director, Office of Congressional Relations
Office of the Librarian
Library of Congress
LM 611
Washington, DC 20540-1000

(202)707-6577

The John F. Kennedy Center
for the Performing Arts

Melanne
Deputy

Melanne S. Verveer
Deputy Assistant to the President & Deputy Chief of Staff
to the First Lady
The White House
Washington, DC 20500



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Divider Title: _____

mailed
7/27/94

THE WHITE HOUSE

WASHINGTON

July 21, 1994

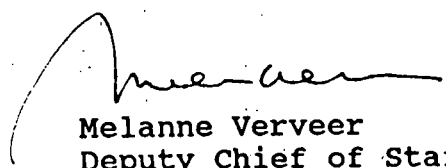
Cheseceilua Parker
231 W. Olive Street #3
Inglewood, CA 90301

Dear Ms. Parker:

Ms. Capricia Marshall asked me to respond to your moving letter which is an especially strong personal testament for why this country so desperately needs health care reform. We have forwarded your letter to the appropriate office dealing with SSI Medical.

Our thoughts are with you, and so many Americans like you, as we work to create lasting, meaningful health care reform for the citizens of this country. You are an inspiration and we extend our prayers and best wishes for an improvement in your condition.

Sincerely,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

CHESECEILUA PARKER
231 W. Olive Street #3
Inglewood, CA 90301
310/672-1138

The White House
First Lady Hillary Clinton
Washington D. C.

Dear First Lady:

I am writing this long awaited letter to you out of dire desperation. I am a 46 year old Black American female residing presently in Inglewood, California. I have two lovely children, the oldest is presently a Research Analyst at NIH, with the intentions of attending Howard University's Graduate School. The youngest, my son hopes to attend USC, School of Cinema. My intentions were to write you in September; I reconsidered and thought that I could independently get an amicable medical coverage resolution. I am a oncologist patient at a county facility in Los Angeles; I am no longer employed where I had private coverage during the initial onset of this disease. Subsequently, I had a partial mastectomy in August of 1992; I have learned from my oncologist who is the director of King Drew Medical Center's Breast Clinic that the carcinogenic condition has returned to the quadrant left breast area. I had applied for SSI Medical approximately two years ago, and was denied. The denial not only negatively impacted my hopes for cancer treatment, but my physicians also submitted supportive documentation for; severe hypertension since the onset of my subaracnoid cerebral aneurysm, and as well as, depression and anxiety consequently needing psychological and neurological therapy. I appealed and was denied the re-examination decision which was based on the Department of SSI's medical examiner report. I was told at this time by a SSI claims examiner that the cancer had been arrested and my prognosis were, favorable, and that my psychological conditions were stable to return to work and therefore the appropriate action was denial.

My Oncologist (Dr. Tomi Evans, Director of Breast Clinic, King Drew hospital); feels a need to continue assistance and is also compelled to follow up at a private facility where she is also on staff to treat the breast area that has the cancer. This recent decision is because of my recent mammogram showing invasive cancerous cells in the breast area. The county facility does not have the type of Radiation implant to follow up with the prognosis of Dr. Evans and her colleagues. She also felt that since I would be requiring anesthesia, I could have a dual surgery; I have hemorrhaging fibroid in the uterus on both sides. was diagnosed in 1974 at the Mayo Clinic of New York with cancer cells of the uterus. Although she and her colleagues, strongly suggest this decision of follow up at a private facility. It is virtually impossible at this time because I do not have medical coverage and was denied it as of March 4, 1994. The examiner left a message at my home and I quote, "Ms. Parker we are forced to adopt the decision of SSI in their decision of denial, although the cancer has returned, it had also returned during the initial denial, so we must go along with their decision". This is far from the truth.

The denial was prior to the recent return of the cancer. My oncologist is cooperative and a humanitarian, she is willing to support me in every way to have this necessary procedure done not only to save my breast, but also to save my life. First Lady, I am devastated. I have worked hard all of my life. I know of individuals who have never worked yet, receive medical benefits and do not have a diagnosis of a systemic disease. These individuals have never used their social security card, yet the system has made provisions. It is apparent that the system is perpetuating a situation where substance abusers can easily and frequently solicit financial/medical assistance. However, honest individuals who have contracted a deadly disease such as cancer and being diagnosed repeatedly are unable to receive assistance to have a second opinion. I do not speak in anger; I love our country, and there is only so much one administration can do to correct years of negligent and corrupt practice of medical abuse. My concern, First lady, lies in the fact that it is inevitable that if a concerted effort is not carried out to correct the existing protocols for State medical decisions, the ramifications will be undeniably unbearable. I believe that we will be creating a new Frankenstein in the medical arena. Without my being presumptuous, I would like to suggest that a task force or some type of special committee has become necessary to offset the type of dilemma I have described. It is in my opinion that the staff hierarchy from the external contracted medical doctors to the clerks who mail the decision are not qualified to make medical decision for today's existing diseases and complaints. I believe that it is not only necessary to retrain these employees with protocols that are conducive to today's medical diagnosis, but also make provisions with a paradigm for new guidelines. I have grave concerns for human life when a Medical clerical examiner informs me that I have been denied because my type of cancer in the breast area has a good success rate. I don't think that you can tell that to a dear friend of mine who past last year who also had a diagnosis of breast cancer, and was likewise denied benefits.

In conclusion, I make it an effort to remain optimistic in spite of my circumstances. I volunteer with recalcitrant teenagers in south Central Los Angeles. It is sometimes difficult for me to keep a facade with them and exaggerate the social issues. Especially, when I have to explain situations where unethical conditions are perpetuated and supported in our society. It appears that a substance abuser will qualify for Social Security Disability before a person who is diagnosed with cancer or congenital cardiac conditions will be considered. This type of practice has got to stop. If at all within your many attempts to address issues as such, please consider my plea. I thank you for your effort and assistance in this matter. I wholeheartedly congratulate President Clinton in his efforts in the provision of the Health Plan for all Americans, not because of my present need, but also for other fellow American's. President Clinton has my blessing and love, I applaud him. In my prayers I also pray that the country dismiss the need for sensationalism and let the White Water Saga, be past history, President Clinton's preoccupation is necessary in domestic and international affairs and should not be intense with stroking the beast.

Respectfully submitted,

Cheseceilua Parker

THE WHITE HOUSE
WASHINGTON

January 31, 1994

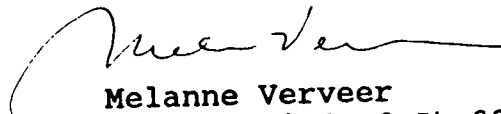
Ms. Joy Panagides
Chair, Church & Society
Bradley Hills Presbyterian Church
6601 Bradley Boulevard
Bethesda, MD 20817

Dear Ms. Panagides:

Mrs. Clinton was pleased to hear from you. She was delighted to receive the **Just Who** book of poems and photographs. It is a touching collection, and reflects the challenges faced by those working in community medicine. Your input is helpful as we continue our efforts to achieve lasting, meaningful health care reform in this country.

Thank you again for writing and for your support of the Administration's efforts.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE WHITE HOUSE

WASHINGTON

September 29, 1994

Mr. Alan Patricof
Patricof & Co.
445 Park Avenue
New York, NY 10022

Dear Mr. Patricof:

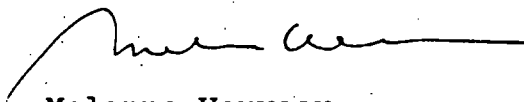
Mrs. Clinton asked me to thank you for your recent note attaching the article from Inc. Magazine. She greatly appreciates hearing from her friends.

Judy Wicks as a small business owner does indeed make a cogent argument for health care financed through an employer-employee partnership, much as the President proposed. Her own experience underscores the compelling need for health care reform.

The President is committed to improving health care in this nation, and we are confident that he will achieve this important goal to benefit all Americans.

Thank you again for sharing Ms. Wicks' article.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

F A X

Patricof & Co
445 Park Avenue New York NY 10022 Tel: 1-212-753-6300

FAX: 1-212-319-6155

TO: The First Lady
Hillary Rodham Clinton

FAX #: 202 395-4198

FROM: Alan Patricof
DATE: June 8, 1994

I thought the attached article which appeared in this month's Inc. Magazine says more to set the record straight than any other article I have read about the need for an appropriate healthcare program in this country. It sounds like Judy Wicks, the writer, would be a good spokeswoman for the cause, particularly from the perspective of a small business person.

Jennifer -
He's an FOH/FOB

Will

THE INFLATION
YOU CAN LIVE

HOW MUCH
IS YOUR

SALES TAX
PAY IN LINE?

How to Make
Your Employee
Survey Pay Off

How to Spot Loan
Scams Before
You Get Burned

THE MAGAZINE FOR GROWING COMPANIES

DO PARTNERSHIPS ALWAYS HAVE TO FAIL? SIX TRUE CONFESSIONS

Are You Ready for a Partner?
(Is a Partner Ready for You?)
Take This Test First....

TV HOME SHOPPING: Small
Companies Hit the Small Screen

GROWTH BY ACQUISITION?
A Cautionary Tale

JUNE 1994/\$3.00



WOULDN'T YOUR BEST FRIEND BE THE
PERFECT PARTNER? DOUG FOREMAN
THOUGHT SO, TOO. (SEE PAGE 10)

Why Us?

That was my first reaction to the idea of having businesses—especially small businesses—fund the nation's health care. Then I ran the numbers for my company' • By Judy Wicks

As a restaurant owner who loves the business, I'm getting tired of having our employees say to us, "It's time for me to go out and get a real job." Why aren't jobs in the restaurant business considered real jobs? Ask employees, and the most likely response will be "Health-insurance benefits."

Take Keith, a young man who walked into my restaurant a few years ago looking for a job as a waiter. Keith was a little rough around the edges at first, but after he had several months of training and experience, customers were requesting him. He learned the job of making people feel cared for and happy. His cheerful suggestions gave him a high average check per customer, while his efficiency got those tables turned for a third seating, with just the right timing to keep customers from feeling rushed.

Before long Keith became one of the top salespeople in a company grossing \$3.6 million. He got good tips. Everyone was happy. And then the other day Keith showed me pictures of his young daughter and explained that a second child was on the way. I knew what was coming next, because I had heard it so often during my 22 years in the business: "Time for me to go out and get a real job." Keith is now headed for a big hotel chain where he can get full health-insurance benefits for his family, something we could never afford to offer.

My restaurant, the White Dog Cafe, in Philadelphia, employs 96 people, including the staff of our adjoining gift shop, the Black Cat. Like many small businesses, we're providing just what the economy needs. We employ lots of people; many are low-skilled and at entry level. But as in other restaurants, profit margins are slim, and the concept of providing health insurance for all just doesn't compute. It's not that we don't want to do so. We believe that all our staff should be covered, but under the current system we can afford to cover only 15 people.

When I heard that the Clinton health-care-reform plan mandated that all employers provide health insurance, my first reaction was, "Why us?" We're already burdened with the enormous task of collecting income and sales taxes, matching social security, and paying unemployment taxes and workers' compensation, let alone city, state, and federal

business taxes and property taxes—the list seems endless.

Then I thought of Keith and how most of our staff members are not covered by health insurance. Jeannie, one of our cooks, insures her two children under a welfare plan, but she does not qualify herself because she works. She is typical of the people not covered by health insurance: employees of small businesses who can't afford coverage for themselves and whose employers don't provide it. Eighty-eight percent of people with private insurance are covered through the workplace; the majority of those not covered live in families headed by working people like Jeannie and Keith.

It's no secret that most business organizations, including the National Restaurant Association, have come out against the Clinton plan. I've been hearing wild stories about how a pizza would cost \$37 if the plan were passed and how the restaurant industry would be forced to lay off more than 800,000 workers. So I decided to take a closer look to find out exactly how the plan would affect the White Dog Cafe.

Through a formula that takes into consideration the number of employees in a business and the average wage earned, the proposed plan caps the amount a small business must pay at 3.5% to 7.9% of total payroll. We currently pay an average of around \$30,000 in annual health insurance to cover 15 employees. Under the Clinton plan, in which our cap would be set at 3.5% of payroll, our costs would increase to around \$60,000 to insure all 96 employees. The additional \$30,000 expense could be covered by increasing our prices by less than 1%. Covering all 96 employees under the current system, even with a 20% employee contribution, would cost us \$140,000. Opponents of the plan call it a new payroll tax; I call it a bargain. Here's an opportunity to insure all our employees

at an affordable rate, something we cannot do under the present system. We increase our capacity to attract and maintain valuable employees. I can see some sense in big-business opposition to the plan, but how can small businesses not see the benefit?

Our office spends hours researching health-plan options, and we know that as a small business we cannot get the same rates that are available to large companies. Some sort of purchasing-alliance system would give us a competitive bargain-



Judy Wicks agrees with Hillary Rodham Clinton.

Judy Wicks is the co-owner of the White Dog Cafe, in Philadelphia.

Mind of the Manager

position and eliminate the hours we spend not only in researching plans but also in collecting employee contributions, both of which would be handled by the alliances. We currently offer two health-plan options to our employees; the proposed plan would offer three. Another thing our office hates to do is send checks for workers' compensation insurance, which cost us more than \$50,000 last year, to provide medical coverage for a few minor cuts and burns. The Clinton plan suggests transferring the financial responsibility for all medical benefits, including those under workers' comp and auto insurance, to the new universal health system.

Under the current system, we cannot change insurers for a better plan, because one of our employees with a preexisting health condition would lose his coverage (something we're not willing to let happen). The Clinton plan prohibits insurance companies from refusing or dropping coverage because of poor health. That is an experience many employers with a small employee pool have run up against and one of the main reasons we all

I've been hearing wild stories about how a pizza would cost \$37 if the Clinton plan were passed and how the restaurant industry would be forced to lay off more than 800,000 workers.

seem to be in agreement that universal coverage is the fair and practical solution. The argument is about who's going to pay, but the way I see it, we're all going to pay one way or the other—either through the government with increased taxes or through the workplace with increased prices. Currently, we small-business people are paying for generous full-coverage health benefits for government workers through the taxes we pay, and we're paying for those same benefits for big-business employees through the consumer

prices we pay. So why shouldn't our employees get the same coverage?

Small companies like mine would greatly benefit by offering health insurance to all employees, because it would make us more competitive with big business in the labor market. For so long, restaurant workers have been like second-class citizens in this economy. The fact of the matter is, unlike other industries, we small restaurants have never charged our customers what it really costs to run our businesses, which should include the cost of health insurance for all our workers. And the proposed plan presents an opportunity to provide full health-care coverage for all our employees at such a low cost that we would have to raise prices only slightly. All restaurants could make that increase without losing business; after all, we're not an industry that is losing its customers to Mexico.

Right now our worry is more about losing our best workers to big companies. I want to be able to call Keith up and say, "Come back to the White Dog. We have a real job for you." ■

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THE WHITE HOUSE

WASHINGTON

June 29, 1994

Michael A. Pavlovich, Pharm.D.
3625 N. Van Ness Blvd.
Fresno, CA 93704

Dear Mr. Pavlovich:

Mrs. Clinton thanks you for your participation at the White House briefing on health care reform and for the information you provided delineating your concerns and ideas as a practicing pharmacist and leader of the California Pharmacists Association.

Your reflections were very helpful and especially important as we work to achieve lasting, meaningful health reform for this country.

Sincerely,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE WHITE HOUSE
WASHINGTON

September 30, 1994

Mr. Waldemar Pawlak
Prime Minister of Poland

Dear Mr. Prime Minister:

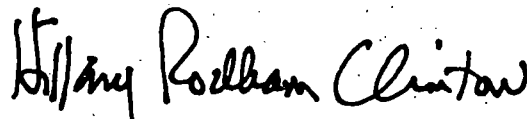
I am writing to follow up on our conversation about the need for affordable housing in Poland. In the United States we have found that government alone cannot adequately address the housing demands that exist in many parts of our country. As I mentioned to you, non-profit organizations, with charitable missions, have a long history of helping to address unmet housing needs. One such organization is Habitat for Humanity, whose mission "Building houses in partnership with God's people in need." Habitat for Humanity provides consulting assistance to local governments, as well as hands-on assistance to communities.

Since 1992, Habitat for Humanity International has been working in Poland. Enclosed is a background memorandum from Habitat for Humanity International outlining its objectives and capabilities. Last year, officials of Habitat for Humanity International in Poland met with several Polish mayors to discuss the housing situation in their communities. They would be pleased to meet with you to discuss further how their organization can help develop a plan to address the specific housing demands in your nation.

There can be nothing more critical to family stability, as well as to the health of a nation, than secure housing. Please accept my best wishes to you in this important endeavor. Do not hesitate to contact me if I can be of further assistance.

With best regards, I am,

Sincerely yours,



Hillary Rodham Clinton



Habitat for Humanity International

Thomas L. Jones, Managing Director
The Washington Office

1511 K Street, N.W. Suite 605 Washington DC USA 20005
phone (202)628-9171 fax (202)628-9169

HABITAT FOR HUMANITY INTERNATIONAL, INC.

- Habitat for Humanity International, Inc. (HFHI) works in approximately 1100 communities around the USA and in 42 other countries around the world.
- HFHI is listed as the USA's 17th largest home builder and the largest non-profit home builder in the USA according to the National Association of Home Builders.
- HFHI seeks 1. To eliminate poverty housing and 2. To make a decent place to live a matter of public consciousness.
- HFHI sells houses to low income families via a not for profit and interest free loan.
- Families are required to participate in the building of their own house and those of their neighbors (called sweat-equity).
- House payments are re-invested in the construction of houses for other eligible families.
- HFHI seeks to make the most efficient and responsible use possible of funds contributed to it's use.
- HFHI is constantly seeking methods by which to provide a better house at a lower cost.
- This effort leads HFH to partner with thousands of volunteers, churches, companies and agencies around the USA and internationally.
- HFHI is dedicated to making all of its activities environmentally suitable.
- HFHI is dedicated to building a house that will empower the homeowner towards a more economic, social, and political responsibility.

Building houses in partnership with God's people in need



Habitat for Humanity International

Thomas L. Jones, Managing Director
The Washington Office

1511 K Street, N.W. Suite 605 Washington DC USA 20005
phone (202)628-9171 fax (202)628-9169

The ultimate goal of Habitat for Humanity is to eliminate poverty housing and homelessness from the face of the earth by building basic but adequate housing. Furthermore, all our words and actions are for the purpose of putting shelter on the hearts and minds of people in such a way that poverty housing and homelessness become socially, politically and religiously unacceptable in our nation and world.

- Millard Fuller, Founder and President
Habitat for Humanity International, Inc.

HABITAT FOR HUMANITY INTERNATIONAL, INC.

Poland - Homes of Hope

Habitat for Humanity International approved the first Habitat affiliate in Poland on April 1, 1992. This affiliate is located in the community of Gliwice, in the District of Silesia. The Habitat Local Committee consists of 23 people and includes Christians from four denominations: Catholic, Lutheran, Baptist and Methodist.

As of July 1994 construction began of five homes sites in Gliwice. Tentative completion date is scheduled for January 1995.

The leader of the Habitat initiative in Poland is Dr. Adam Krol, a professor of civil engineering at Silesia Technological University in Gliwice. Information on Habitat's program in Poland and the steps necessary for affiliation may be obtained from him at:

Dr. Adam Krol
ul Jaskolcza 9
Gliwice 44-100
POLAND
Tel & FAX: (48) 32-324416

or

Mr. David Gifford, Area Director Europe/NIS
Habitat for Humanity International
11 Chestnut Way
Market Deeping
Lincolnshire PE6 8LP
UK
Tel: (44) 733-370505
FAX: (44) 733-370960

Building houses in partnership with God's people in need

Polish Delegation¹

- City Board of Gdynia
Franciszka Cegielska M. Sc. Eng. - Mayor
Al. Marsz. J. Pitsudskiego 52/54
81-963 GDYNIA - POLAND
tel: 20-36-15
FAX: 21-67-64
- mgr Zygmunt Łukaszczyk
PREZYDENT MIASTA
44-240 Zory
Al. Wojska Polskiego 25
tel: 36/34-11-45
FAX: 36/34-24-38
- dr inż. LESZEK BOBRZYK
PREZYDENT MIASTA LUBLINA
Ratusz
Plac. Wt. Lokietka 1
20-950 LUBLIN
tel: 226-26

Adres prywatny:
ul. Wyzynna 49,5
20-560 LUBLIN
tel: 56-58-42
- SZCZECIN MUNICIPAL GOVERNMENT
Piotr Mync
Deputy Mayor
Pl. Armii Krajowej 1
70-456 Szczecin
tel: 225302
FAX: 222340
- JACEK MAY
Vice-Mayor of the City of Poznan
17, Kolegiacki Square
60-967 Poznan
tel: 525-522
785-317
FAX: 529275
- Mr. Jerzy Bieławski - City of Poznan (no address given).

¹ This group of gentlemen visited Habitat for Humanity affiliate projects in Florida and Georgia and met with Habitat representatives in December of 1993.



A decent house in a decent community for God's people in need



What is Habitat for Humanity International?

Founded in 1976 by Linda and Millard Fuller, Habitat for Humanity International is an ecumenical, Christian housing ministry that seeks to eliminate poverty housing from the world and to make decent shelter a matter of conscience and action. By having needy and affluent people work together in equal partnership, Habitat builds new relationships and a sense of community as well as new housing.

How does it work?

Through volunteer labor, management expertise, and tax-deductible donations of money and materials, Habitat builds and rehabilitates homes with the help of the homeowners. Houses are sold at no profit to partner families, and no-interest mortgages are issued over a fixed period. Costs of homes differ relative to location, labor, land and materials. Currently, a Habitat house in the United States costs homeowners an average of approximately \$35,000, while houses in developing countries range from about \$500 - \$3,000. Small monthly mortgage payments, including taxes and insurance, are repaid over 7 to 20 years and deposited into a revolving "Fund for Humanity" which supports the construction of more houses.

Who controls and manages Habitat for Humanity International?

An ecumenical board of 29 people meets three times a year to determine policy and monitor operations in conjunction with a larger Board of Advisors. Primarily dependent upon volunteer labor, Habitat for Humanity's international headquarters operates with an administrative staff, assisted by a core group of paid clerical and support people and supplemented by long- and short-term volunteers. Each Habitat for Humanity affiliate and sponsored project is managed by a local volunteer board.

How does the partnership with homeowners work?

Habitat is not a giveaway program, but is a joint venture in which those who benefit from the housing ministry are involved in the work at various levels. Each homeowner family is required to invest "sweat equity" hours into the construction of their home. This reduces the cost of the house, increases the pride of ownership among family members, and fosters the development of positive relationships with other persons.

How are the partner families selected?

Families apply to local Habitat projects. A family selection committee chooses homeowners based on their level of need, their willingness to become partners in the program, and their ability to repay the loan. Every project follows a non-discriminatory policy of family selection. Neither race nor religion is a factor in choosing the families to receive Habitat houses.

How does Habitat work with the government?

Habitat does not accept government money for construction of new houses, renovation or repair of existing houses, or the general operating expenses of projects. Habitat does, however, accept funds for the acquisition of streets, utilities, land, or old houses needing rehabilitation, provided those funds have no provisions attached which would violate Habitat's principles.

Where does Habitat for Humanity Operate?

Habitat for Humanity International is growing rapidly. In the United States there are hundreds of affiliated projects, covering all 50 states, and there are more than 100 other projects in over 40 countries.

What is the difference between a sponsored and an affiliate project?

Sponsorship means that Habitat for Humanity International takes full responsibility for funding and for securing Habitat volunteers for the project. At this time, there are Habitat sponsored projects on six continents. Affiliated projects are locally operated, independent, non-profit organizations which are responsible for their own fund-raising, publicity, volunteer recruitment and staffing. The international headquarters offers advice and assistance to all projects.

How are donations distributed and used?

Donations are distributed as designated by the donor. All gifts received by the international headquarters, designated for a specific project area, are forwarded to that area. Any undesignated gifts are used where needed overseas and for administrative expenses. An audited financial statement is available upon request.

Does Habitat for Humanity have other programs?

Yes. They are: Covenant Church Program, which involves churches and synagogues in contributing financially and prayerfully to Habitat; Campus Chapters program, which involves educational institutions of all types in Habitat's work; International Day of Prayer and Action for Human Habitat, observed under Habitat for Humanity sponsorship the third Sunday of September every year; Habitat for Homeless Humanity, which assists affiliated projects in addressing the homeless problem through networking, cooperation, and partnership with other organizations; House-Raising Week Worldwide, which each summer focuses on Habitat construction during a single week; The Jimmy Carter Work Project, a week-long blitz-building program conducted every summer in a different city, is the focal point of House-Raising Week Worldwide. Another project is the Global Village program, which sends volunteer work camps overseas, at the participants' expense, for two- and three-week periods to help at Habitat sponsored projects.

How does a Habitat for Humanity project get started?

Habitat for Humanity is a grass-roots movement. Anyone who wants to explore the possibility of eliminating poverty housing in his or her community is encouraged to contact Habitat's international headquarters for information. Printed materials are available.

How can I become a volunteer?

Volunteer information and applications are available from the international headquarters. Habitat needs volunteers to work in U.S. projects as well as at headquarters. We also need partners to work in developing countries, making at least a three-year commitment which includes a period of training at international headquarters. Experience with a local affiliate or a campus chapter is highly desirable for people interested in applying for volunteer service with international headquarters.

How else can I help?

Spread the word! Provide individual and group prayer support. Give slide presentations, raise money, distribute Habitat for Humanity literature to friends. Invite friends, church groups, business, civic organizations, and fraternal benefit societies to a Habitat for Humanity presentation or speech. Contact the Speakers Bureau at Habitat for Humanity's international headquarters and arrange speakers on Habitat topics for audiences around the United States and Canada. And, of course, you can send a check either as a gift or a no-interest loan.

How can I learn more about Habitat for Humanity International?

All Habitat for Humanity International materials, including books, brochures, slide shows, video and audio cassettes are listed in our catalog "Sharing Habitat." Request to be placed on the mailing list for Habitat World, the official Habitat newspaper which is published bimonthly. All materials can be ordered from: Habitat for Humanity International, 121 Habitat Street, Americus, Georgia 31709-3498, Habitat helpline (912)924-6935, Ext. 550, FAX (912)924-6541.

THE WHITE HOUSE

WASHINGTON

December 20, 1994

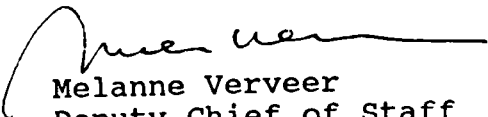
Dr. Shmual Penchas
Director General
Hadassah Medical Organization
Professor of Health Administration
Hebrew University
Jerusalem, Israel

Dear Dr. Penchas:

Mrs. Clinton asked me to thank you for writing and for sending a copy of the Netanyahu Report on health care. It lends much-needed perspective to our own nation's struggle to reform health care.

Thanks again for writing. Mrs. Clinton enjoyed having the opportunity to meet you in October. Best wishes.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

SHMUEL PENCHAS M.D., M.Sc., D.I.C.
Director General
Hadassah Medical Organization
Professor of Health Administration
Hebrew University-Hadassah School of Medicine
Jerusalem, Israel



November 1, 1994

Mrs. Hilary Clinton
The White House
Washington, D.C.
U.S.A.

Dear Mrs. Clinton,

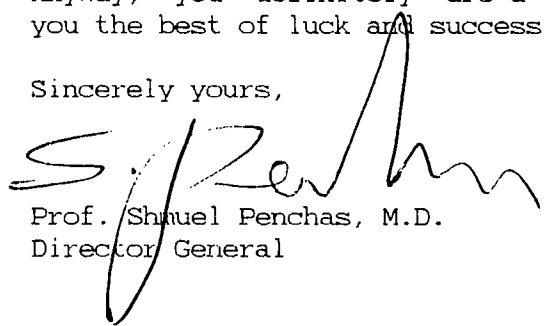
It was really a personal pleasure to have the opportunity to meet with you at Mrs. Weizman's luncheon in your honour. I was sorry that the circumstances did not allow even the most minimal of a semi-private dialogue.

That is why I am writing to you. On March 2, 1992 I sent to your husband, to the Governor's Mansion in Arkansas, the English translation of the Netanyahu Report on health care, which I was very much involved with. Having spent such a great deal of time and effort on health care, reading the summary of this report, pages 5-19, would be worth your while. After Prometheus (or J. Robert Oppenheimer?) delivered to us God's fire, it is unnecessary to try and invent fire again and again. On the assumption that the original material has been mislaid, I am enclosing a second copy.

Being married to a North Dakotan lady, I maintain a second home in Edina, Minnesota. I find myself frequently in the States and am absolutely ready and willing to come to you whenever and spend half an hour on health care reform. Having spent all of my own life in and around health care, I promise you that you might find an outsider's view refreshing and to the point.

Anyway, you definitely are a great lady to meet at close quarters and I wish you the best of luck and success. My wife Mia is a staunch Democrat anyhow.

Sincerely yours,


Prof. Shmuel Penchas, M.D.
Director General

encl.

SP/pf

3/CLINTON

mailed
7/27/94

THE WHITE HOUSE

WASHINGTON

July 5, 1994

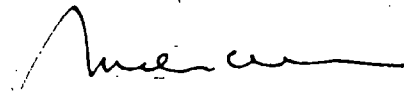
Mr. Fritz Petersohn PLS
The BSC Group
425 Summer Street
Boston, MA 02210

Dear Mr. Petersohn:

Mrs. Clinton asked me to thank you for your letter and for providing her with a copy of "The Economist - A Survey of Germany".

Best wishes in your endeavors.

Sincerely,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE WHITE HOUSE
WASHINGTON

October 20, 1994

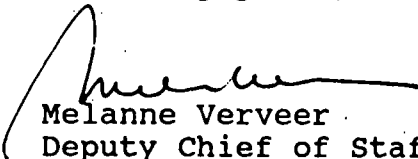
Mr. Philip Phibbs
President Emeritus
The University of Puget Sound
4622 North Verde
Tacoma, WA 98407

Dear Mr. Phibbs:

Mrs. Clinton asked me to thank you for writing. I am forwarding your inquiry about the Presidential appointments to the National Commission on Independent Higher Education to the Department of Education for further review.

Thanks also for your recommendations for the Commission. Best wishes.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE WHITE HOUSE

WASHINGTON

January 4, 1995

The Hon. Thomas R. Pickering
Ambassador to the Russian Federation
Moscow, Russia

Dear Ambassador Pickering,

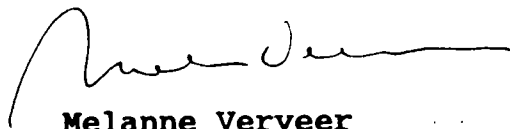
This past September, during the Yeltsin State Visit, Mrs. Clinton accompanied Mrs. Yeltsin and Yevgeni Sidorov, the Russian Minister of Culture, to the John F. Kennedy Center for the Performing Arts. Mrs. Pickering also joined us for the outing. During our discussions there, James D. Wolfensohn, Chairman of the Kennedy Center, spoke about the Heritage Lottery Fund as an effective institution which supports cultural activities. Mrs. Yeltsin was very interested in learning about innovative ways in which the arts are being funded.

The Heritage Lottery Fund is funded in large part by the United Kingdom National Lottery, which dedicates a portion of its revenues to the Fund. The purpose of the Heritage Lottery Fund is to provide financial assistance for capital projects which safeguard and enhance public access to land, buildings, items and collections considered of interest to the local, regional and national heritage of the United Kingdom. Although the Heritage Lottery Fund does not finance other cultural projects, a similar project could easily do so, as was done in Australia where an opera house lottery raised funds for performances.

Enclosed are two copies of material about this project, one for Mrs. Yeltsin and another for Mr. Sidorov. Please advise them that Mr. Wolfensohn is willing to be of assistance in discussing this and other areas of arts administration and funding. If they wish, they may follow up through our office or directly with Mr. Wolfensohn. Thank you for your assistance in forwarding this information.

Mrs. Clinton sends her best to you and Mrs. Pickering. It was wonderful to see you both again during the Yeltsin visit. We wish you a very happy new year.

Sincerely yours,



Melanne Verveer
Deputy Assistant to the
President and Deputy Chief of
Staff to the First Lady

The John F. Kennedy Center for the Performing Arts

JAMES D. WOLFENSOHN
CHAIRMAN

WASHINGTON, D.C. 20566-0001
202 416-8010
FAX 202 416-8018

December 19, 1994

Mrs. Hillary Rodham Clinton
The White House
Washington, DC 20500-2000

My dear Hillary —

Heritage
Lottery Fund

You will recall that when we had lunch with Mrs. Yeltsin I mentioned to you the British project of the Heritage Lottery Fund. [The purpose of this lottery is to provide financial assistance for capital projects which safeguard and enhance public access of land, buildings, items and collections considered of interest to the local, regional and national heritage of the United Kingdom. Although it does not extend to other cultural projects, it could easily do so as it was done in Australia where an opera house lottery raised funds for performance.]

This most recent initiative in the United Kingdom is run by my friend, Lord Jacob Rothschild, who has sent me the enclosed materials. I thought that you would find them to be of interest and, if you or any one of your staff is keen to pursue the matter further, I would hope that you will get in touch with me.

Rather than sending a copy of the materials directly to Mrs. Yeltsin, I have enclosed a second set of materials which you may care to send on to her. You could refer her to me for any additional information.

With warmest wishes,

As ever,



James D. Wolfensohn

JDW/ejg

THE WHITE HOUSE
WASHINGTON

August 10, 1994

Millie-
FYI

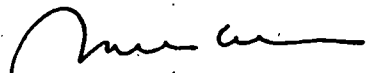
Ms. Mary ann Wambach Pillman
VMC - Behavioral Healthcare Services
100 S. Greenleaf
Gurnee, IL 60031-3378

Dear Ms. Pillman:

Mrs. Clinton asked me to thank you for writing and sharing the information about your Employee Assistance Program. We appreciate your advice and interest as we continue our efforts to achieve lasting, meaningful health care reform in this country.

Thank you again for writing and best wishes.

Sincerely yours,


Melanne Verveer
Deputy Chief of Staff
to the First Lady

--
4/20/94 letter from Mary ann Wambach Pillman, enclosing info about VMC Behavioral Healthcare Services, the company with which she works. They are presently providing Employee Assistance Programs for 320,000 U.S. Postal Service employees, as well as private companies. She and the owner, Mary Vasquez, request opportunity to present program to an appropriate representative.

See
✓ Direct to *Denny Kean* for review/response
per HRC R

April 20, 1994

Hillary Rodham Clinton
The White House
Washington, D.C. 20500-2000

Dear Hillary,

I am enclosing information about VMC and the services which the company provides to Private and Federal establishments. VMC is working diligently with 320,000 United States Postal Service employees, as well as private companies all over the United States. Employee Assistance Programs provide numerous services to the concerns of employees, and conceivably a concern of your staff.

Mary Vasquez, the sole owner of VMC and I would like to request an opportunity to present this program to an appropriate representative.

Best regards,

Mary ann

Mary ann Wambach Pillman
Enclosure

THE WHITE HOUSE
WASHINGTON

November 2, 1994

Ms. Carol Porter, R.N.
Kid-Care, Inc.
4504 Old Yale
Houston, TX 77018

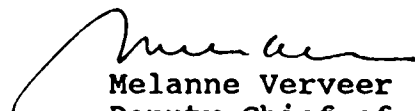
Dear Ms. Porter:

Thank you for sending the impressive materials about your organization and the valuable service you are providing to needy children and their parents. I have shared this information with Mrs. Clinton. The First Lady applauds your dedication, commitment and resourcefulness.

Feeding our hungry children is so important; no child should have to go without basic sustenance.

Best wishes to you and your husband in your continued efforts to bring community awareness and support to the plight of needy children.

Sincerely yours,


Melanne Verveer
Deputy Chief of Staff
to the First Lady

bcc: Patti

Can you guys call her for
the information material?
We don't have anymore.

THE WHITE HOUSE
WASHINGTON

November 2, 1994

Ms. Carol Porter, R.N.
Kid-Care, Inc.
4504 Old Yale
Houston, TX 77018

Dear Ms. Porter:

Thank you for sending the impressive materials about your organization and the valuable service you are providing to needy children and their parents. I have shared this information with Mrs. Clinton. The First Lady applauds your dedication, commitment and resourcefulness.

Feeding our hungry children is so important, no child should have to go without basic sustenance.

Best wishes to you and your husband in your continued efforts to bring community awareness and support to the plight of needy children.

Sincerely yours,

Melanne Verveer
Deputy Chief of Staff
to the First Lady



Hurt Porter
Carol Porter, R.N.

October 6, 1994

R
from MV

Dear Mickey:

I hope you received
this fax I sent.

I found out today
that we are mentioned
in the October issue of
Upscale Magazine.

Third World conditions exist
among our children. A meal
or wheel for children can
make the difference between
survival for many.

Having Mrs Clinton know
about our organization is a
direct answer to prayer.

Best Regards
Hurt Porter
(713) 694-1519

THE WHITE HOUSE

WASHINGTON

February 1, 1995

Prof. Lev M. Portnoi
1st Aeroportovskaya 6, ap. 196
125319 Moscow
Russia

Dear Prof. Portnoi:

Mr. Kurt Weishaupt, Chairman of the Board of Gift of Life, Inc., has forwarded your letter to our office. Your proposal for a low cost government operated screening program for diagnosing tumors is very interesting and is obviously proving to be of great benefit. The Clinton Administration is committed to promoting preventive medicine as a way both to improve the health of Americans and as a method of cost containment in the health care system.

Thank you for your suggestions. It is helpful to know how other nations have addressed some of their health care needs.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

cc: Mr. Kurt Weishaupt

R from MV

Committee for Reorganisation
of Health System in USA

Prof. **Lev M. Portnoi**
1st Aeroportovskaya 6, ap. 196
125319 Moscow
Russia

What encouraged me to write this letter was the decision of President Mr. Clinton on reorganisation of public health system in USA aimed at lessening the dramatic differences in the scope and quality of medical assistance that is given to people of different walks.

It is common knowledge that the level of medical aid rendered to about 35% of US population is relatively low. At the same time, it is quite evident that the principle of equality in this field is infeasible under the existing conditions.

In this connection I dare propose a way to solve this problem. My proposal is based on the radical revision of the existing concept of screening in medicine. It is known that the dominant form of medical help to population in western countries, USA included, is insurance medicine, while in Russia, for several decades, governmental medicine was the only form of health service. But if the two systems are given an unprejudiced estimation, one must admit that both positive and negative features could be found in either of them. Therefore, any attempt to improve the existing health system in your country should be based on the principle of making the most of the two systems, i.e., utilizing the positive and rejecting the negative aspects in each system.

During many years, my colleagues and I worked hard to develop special screening programs for diagnosing tumors. These programs feature the following:

- high percentage of detected pathologies;
- formation of risk groups on the basis of a reasonable minimum of risk factors;
- maximum use of inexpensive but effective tools for constructing diagnostic models.

Our experience in applying these programs to practical medicine has demonstrated their high efficiency. We examined more than 200 000 patients and revealed more than 3000 tumors and many nontumor diseases which required differentiation from tumors.

These programs are intended for use in governmental health system.

The results of our studies show that this is an effective and inexpensive way to control cancer, the pathology that comes only next to cardiovascular diseases in the total structure of morbidity and mortality.

The following should be noted:

1. The proposed screening scheme combines high diagnostic effectiveness and economic efficiency, the two major factors that are decisive for efficiency of any screening program. Nonobservance of these two requirements impairs efficiency of active screening in current social programs aimed at increasing the scope and quality of medical assistance to the low-income groups of population in your country.

2. It is our firm conviction that the principle underlying our 'oncological screening' is applicable to many other pathologies.

3. The proposed method of improving medical assistance is especially effective in industrially developed countries where the inevitable minimal investments present no special problem.

High cost of medical help, of diagnostic procedures in particular, is the main factor that impedes improvement of medical assistance given to the low-income groups of population in any country, including USA.

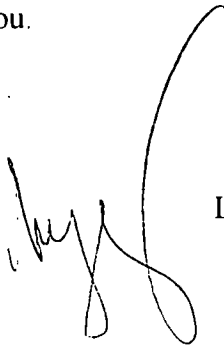
Although one cannot but appreciate the advances made in medicine owing to developments in science and technology, it is necessary to note that there exist certain disadvantages which are associated with the use of expensive diagnostic techniques.

All these aspects were considered properly during working out our screening program for detection of tumor and nontumor pathologies. The diagnostic models were developed for inexpensive but effective diagnostic tools. According to our program, expensive procedures are only conducted for strict indications. Using this approach, we diagnosed effectively many common tumors such as colorectal cancer, cancer of the lungs, stomach, and the mammary glands, which make about 40% of all tumor pathologies. This is a convincing proof of validity of our method.

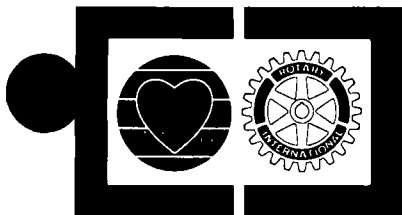
I understand that mass-scale diagnostic examinations are hardly practicable, but it is also quite evident that today it is impossible to control effectively cancer morbidity and mortality without effective screening.

Your Administration now gives much attention to the governmental solution of many important medical problems, and this encouraged us to send you this letter, which we dare hope may be of certain interest to you.

Yours very truly

A handwritten signature in black ink, appearing to read 'Leo Portnoi', with a long, sweeping flourish extending upwards and to the right.

Leo Portnoi



Gift of Life, Inc.

P.O. Box 9
390 Plandome Road
Manhasset, Long Island, N.Y. 11030

Administrator
Eileen Weiss

Consultant
Frank Regnante

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Locust Valley RC

Joseph Vulpis
Glen Head RC

Joseph Zabatta
Valley Stream RC

* Past Presidents

December 15, 1994

Ms. Nicole Rabner
The Office of the First Lady
The White House
Washington, D.C.

Dear Ms. Rabner:

A friend of mine in Russia has sent me a letter, which I'm enclosing herewith, and has asked me to transfer it to our First Lady, Mrs. Hillary Rodham Clinton.

I hope that the contents will be of interest to the First Lady and, if she so desires, she can contact Mr. Portnoi direct.

If I can be of any assistance in this matter, I will be completely at your disposal.

Thanking you in advance and with kindest regards, I remain,

Sincerely yours,

Kurt Weishaupt
Chairman of the Board

KW:pc
enc.

INTERNATIONAL HUMANITARIAN AWARD

Harriet Hodges 1983 • Nancy Reagan 1984 • William E. Skelton 1985 • Jerry Lewis 1986 • Danny Thomas 1987 • Sally Struthers 1988
Royce Abbey 1989 • Alan King 1990 • Elliott Gould 1991 • Gavin MacLeod and Chad Everett 1992 • Dr. Frank Field and Storm Field 1993

Gift of Life, Inc. is a nonprofit, tax exempt corporation administered by participating Rotarians of District 7250 for the purpose of providing open-heart surgery to needy children throughout the world.

THE WHITE HOUSE
WASHINGTON

May 24, 1994

Mr. Earl A. Powell III
National Gallery of Art
Washington, D.C. 20565

Dear Mr. Powell:

Thank you for the two beautiful art books, American Naive Paintings and National Gallery of Art which you sent over last week. Both volumes attest to the extraordinary diversity shown in the Gallery's collection. The President and I will certainly enjoy these outstanding volumes for years to come.

The President and I both very much enjoyed the Andrew W. Mellon dinner. It is always inspiring to be among such wonderful friends of the arts. Thank you for a wonderful evening.

With best regards, I remain,

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

Sent
2/18/94

THE WHITE HOUSE
WASHINGTON

July 18, 1994

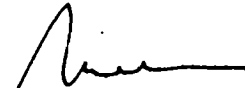
Mr. Earl A. Powell III
Office of the Director
National Gallery of Art
Washington DC 20565

Dear Mr. ~~Powell~~ Powell:

Thank you for providing us with a copy of the National Gallery of Art Annual Report for fiscal year 1993. You have done a superb job in bringing the National Gallery's national arts treasures to the attention of greater numbers of the public during your first year as director.

Best wishes for another successful year.

Sincerely,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE WHITE HOUSE
WASHINGTON

file

February 17, 1994

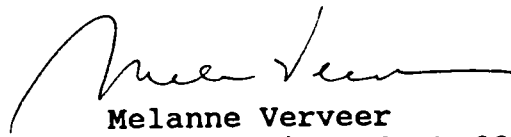
Ms. Christina Ann Princely
The Great Spirit Center
Post Office Box 3390
Redondo Beach, CA 90277

Dear Ms. Princely:

Mrs. Clinton thanks you very much for your recent letter and the video tapes you shared with us. We appreciate your interest in having the First Lady and the President visit the Great Spirit Center. Unfortunately, she is unable to commit to an event at this time. Your invitation has been forwarded to Mrs. Clinton's scheduling office where it will receive consideration.

Thank you again for sharing the material on your center. We regret we cannot provide further assistance. Please accept our best wishes for success in your important work.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

Clinton Presidential Records Digital Records Marker

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Q

Divider Title: _____

THE WHITE HOUSE
WASHINGTON

May 17, 1994

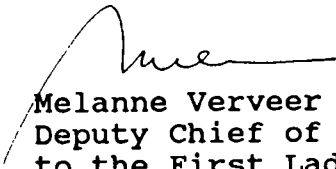
Ms. Lois Quam
1622 Hague Avenue
St. Paul, MN 55104

Dear Lois:

Thank you so much for writing, sending the photo and for all the excellent materials. It was good to hear the trip to South Dakota received such a warm response. You were partially responsible, as always! We also enjoyed our visit there.

It was great to see you again. I hope your husband's campaign is going well; it sounds like it's all but a done deal. You'll both be terrific. Best wishes.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

*Lois, thank so
much for keeping
us informed. The
struggle goes on!*

National Symphony Orchestra Association

THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS



THOMAS J. QUIGLEY
PRESIDENT

LEONARD SLATKIN
MUSIC DIRECTOR DESIGNATE

WASHINGTON, D.C. 20566-0002
202 416-8071
FAX 202 416-8076

January 26, 1995

*photo
sent
2/7/95*

Ms. Melanne Verver
Deputy Assistant to the President
and Deputy Chief of Staff to the First Lady
The White House
Washington, D.C. 20500

Dear Melanne:

It was great to see you again after the NSO concert on January 17th. I'm delighted that you and the First Lady were able to attend that particular concert and to meet Mr. Slatkin afterward.

As President of the National Symphony Orchestra Association I want to express my appreciation to you for the role I assume you played in arranging for the First Lady to attend the concert and to linger afterward at the reception for Mr. Slatkin. It meant a lot to those of us who are supporting the Orchestra and to Mr. Slatkin and the musicians as well.

I've taken the liberty of writing to the First Lady and thanking her for her attendance at the concert. I've invited her to return some Friday or Saturday evening with Chelsea and if Chelsea prefers, with some of her friends.

Of course, we'd even more pleased if the First Lady and the President were to find a free evening on a Thursday, Friday, Saturday or Tuesday and decide to join us.

Best regards and thanks for your continuing interest in the Orchestra.

Sincerely,

Thomas J. Quigley

TJQ:ahf

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R

Divider Title: _____

THE WHITE HOUSE
WASHINGTON

May 25, 1994

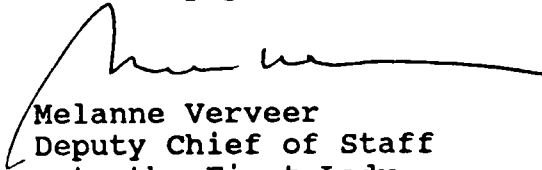
W. Parkman Rankin, Ph.D.
Arizona State University
Walter Cronkite School of
Journalism and Telecommunication
Tempe, Arizona 85287-1305

Dear Dr. Rankin,

Thank you for your letter, the photographs of your Awards Banquet and your kind invitation. I enjoyed our conversation. Hopefully, someday I will get a chance to visit your fine institution.

Best wishes.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE WHITE HOUSE

WASHINGTON

June 23, 1994

Ms. Susan Rappaport
National Peace Garden
806 15th Street, NW
Washington, DC 20005

Dear Ms. Rappaport:

Thank you for the information you sent through Anne Bartley regarding the National Peace Garden.

This project is an enormous and admirable undertaking. Best wishes for continued success in your important work.

Sincerely yours,

Hillary Rodham Clinton
Hillary Rodham Clinton



Honorary Co-Chairs
Susan Eisenhower
Kathleen Kennedy Townsend

May 5, 1994

Mrs. Hillary Rodham Clinton
Office of the First Lady
The White House, Washington, DC

Dear Mrs. Clinton:

We are staunch supporters and admirers of what you and your husband are achieving in Washington. We wish you the very best. I am writing this letter because I saw your photograph in the Post accepting the Indian Peace Statue and was assured of your interest in encouraging initiatives for peace in this nation.

Enclosed is a booklet that explains the vision of the National Peace Garden, the first monument in Washington to celebrate and encourage peace in the world and in our home communities. The photographs link the Garden with the most beloved monuments in Washington and emphasize the seriousness of its purpose.

We presently have many memorials commemorating past wars and branches of the armed services, and more are being planned. We feel strongly that it is essential to honor the men and women who have sacrificed their lives for our nation, yet we must also emphasize, especially to our young people, that peaceful resolution and efforts to bring peace to our troubled local and world community also deserve to be recognized and celebrated.

As we witness the continuing threats to the stability of our own communities and others around the world, it is increasingly clear that it will take all of us, working together to find the solutions and reverse current trends. This new monument in the form of a ten acre public garden could play an important role in defining new directions for our country and its communities.

The Garden will not change any of the existing activities that are currently available to the local community on Hains Point. On the contrary, it will enlarge the possibilities of that windswept site by adding trees, benches, paths, intriguing spaces, beauty and inspiration.

We have been concentrating on legislation, site and design. Now that those elements are in place, we need support in the highest offices in our nation.

We hope that you will give us some of your time to discuss specific ways you might help.

Sincerely yours,

Susan Rappaport

cc: Mrs. Tipper Gore



Honorary Co-Chairs
Susan Eisenhower
Kathleen Kennedy Townsend

May 6, 1994

Ms. Ann Bartley
Assistant to the Deputy Chief of Staff
Office of the First Lady
The White House
Washington, DC

Dear Ann,

Would you kindly arrange for Mrs. Clinton to receive the enclosed material on the National Peace Garden. It is a project dear to my heart; in fact I have been chairman of its board for more than two years.

This is a Garden for our children and for future generations. There are many memorials that commemorate sacrifices made by our citizens in wars that preserved our nation, and rightly so, yet there is no monument to recognize and encourage heroic efforts to bring peace to the world.

I feel that this monument will be the most important monument in our era and hope that it will be built within President Clinton's time in the White House.

Please read our material and see how much groundwork has already been laid - enabling legislation, a unique and generous site on National Park Service land, a design that will transform Hains Point into an exciting and beautiful public park which does not change any of the existing activities that are currently available.

If you have any questions about this material, please contact Jill Lucas, our executive director.

Sincerely yours,

Susan Rappaport

Susan Rappaport

*Naty
pls draft
bkk & note -*

THE WHITE HOUSE

WASHINGTON

October 10, 1994

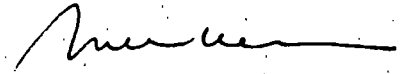
Ms. Loren Renz
Vice President for Research
The Foundation Center
79 Fifth Avenue
New York, NY 10003

Dear Ms. Renz:

Thank you for writing and for sending a copy of The Foundation Center's 1993 study of foundation and corporate arts funding. Your findings were most interesting and highlight the significant role the private sector plays in arts funding. I looked forward to receiving the study after Ella discussed it with me.

Thanks again and best wishes.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE WHITE HOUSE
WASHINGTON

May 24, 1994

The Honorable Vicki Reynolds
Mayor of Beverly Hills
Beverly Hills, California 90210

Dear Mayor Reynolds:

Thank you so much for presenting me with the key to your beautiful city. It was a pleasure meeting you.

I thought you might enjoy having the enclosed photograph. I greatly appreciate your thoughtfulness.

You have my best wishes for the important work that you do.

Sincerely yours,


Hillary Rodham Clinton

THE WHITE HOUSE

WASHINGTON

April 4, 1994

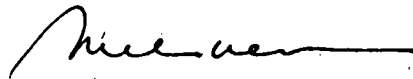
Mr. Boris Reznik
Head of Pediatric Facility
Odessa Pirigov's Medical Institute
Vorobiov str., 3
Academician
Odessa 270031
UKRAINE

Dear Mr. Reznik:

Mrs. Clinton thanks you for your letter and congratulates you on your efforts to improve the health of children in the Ukraine. She has long been an advocate for children in this country and appreciates your important actions to develop contacts with physicians and hospitals in the United States to address children's health needs. Children are our most valuable resource and we must work to give all the world's people a healthy start in life.

We understand how difficult this task is and how much more there is to do. We wish you every success in your work.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE WHITE HOUSE

WASHINGTON

February 13, 1995

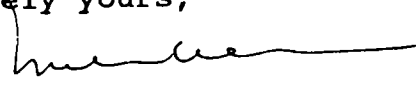
Dr. Constance W. Rice
Chair
Women's Leadership: Toward a
Balanced Society
Pier 69
P.O. Box 1209
Seattle, WA 98111

Dear Dr. Rice:

Thank you for writing and inviting Mrs. Clinton to speak at the Northwest International Women's Conference in Seattle. Mrs. Clinton very much regrets that she was unable to attend and she has heard that the Conference was a great success.

Thank you again for writing and best wishes.

Sincerely yours,


Melanne Verveer
Deputy Chief of Staff
to the First Lady



WOMEN'S
LEADERSHIP:
TOWARD
A BALANCED
SOCIETY

PIER 88
P.O. Box 17009
SEATTLE, WA 98111
USA
206 728 3532
FAX 206 728 3225

January 25, 1995

Regret

Mrs. Hillary Rodham Clinton
The White House
Washington, D.C. 20500

Atten: Maggie Williams

Dear Mrs. Clinton:

We have so wanted you to be a part of this groundbreaking experience, and have only until now believed it might be possible due to a conversation Dr. Jean Houston had with Maggie Williams yesterday.

We hope that your calendar will permit your participation as our Conference Banquet Speaker on Saturday, February 4, 1995. Our speakers represent women leaders throughout the world, and it is only fitting that you be our "spotlight" speaker. You epitomize what Women's Leadership: Toward A Balanced Society" is all about.

The topic on which we invite you to speak is "Families and Our Global Future." We believe your ideas on this subject are beautifully aligned with the themes of this Conference, and we are most anxious for the audience of well over 1000 women and men to hear you present them.

You will see on the enclosed program the dynamic group of distinguished presenters who will be taking part in this significant event. We hope you will wish to contribute to this statement about how women and men in partnership can build a better world.

Please let us know as soon as possible if you will be able to accept our invitation by faxing your response to me at (206) 587-3883.

With Sincere Regards,

Constance

Constance W. Rice, Ph.D.
Chair

cc: Liz A. Thomas, Program Chair
Dee Dickinson, Program Vice Chair

A Forum For Global Leadership - Seattle '95

Presented by

The Northwest International Women's Conference

Washington State Convention & Trade Center

February 3-5, 1995



INTERNATIONAL
WOMEN'S
CONFERENCE

Theme:	Women's Leadership: Toward A Balanced Society	
Balanced Society Definition:	When both women and men cooperate fully in leadership decisions, a balanced society with economic stability and social equity will be achieved.	
Mission:	To contribute to the transformation of society by integrating women's values and ways of leading into leadership.	
Women's Ways of Leading:	Synthesized in part from <u>The Chalice and The Blade</u> by Riane Eisler and <u>In a Different Voice</u> by Carol Gilligan. • Recognize that people are the most important factor in any issue • Champion the win/win model of living and working which promotes cooperation, collaboration and consensus • Encourage self-empowerment, nurturing and self-reliance • Emphasize that individual rights and responsibility to one's community are equally important • Invest in the next generation by using a long-range perspective • Practice an interdisciplinary approach to life which values the relationship of mind, body and spirit	
Goal:	To educate, encourage and support women to accept leadership challenges and to encourage both men and women to act for the common good, learn from one another and affirm the positive qualities women bring to leadership.	
Scope:	This conference is a catalyst for change. Over 2,000 participants, primarily from Washington, Oregon, Idaho, Alaska and British Columbia, will attend. A Young Women's Forum, comprised of 200 people ages 17 to 29, is an integral component.	
Conference Agenda Strategies:	Days 1 and 2	Creating the Vision Igniting a Change in Thinking New Ways of Doing and Working Attitude Shift---Making a Commitment Skills Building to Match the New Ways
	Day 3	A Call To Action! How To Be Change Agents In Your Sphere(s) of Influence How Do You/We Get There From Here?

Conference Focus: Peace, Social Justice and the Environment
Children, Youth, Families and Violence
Economic Self-Sufficiency and Global Development

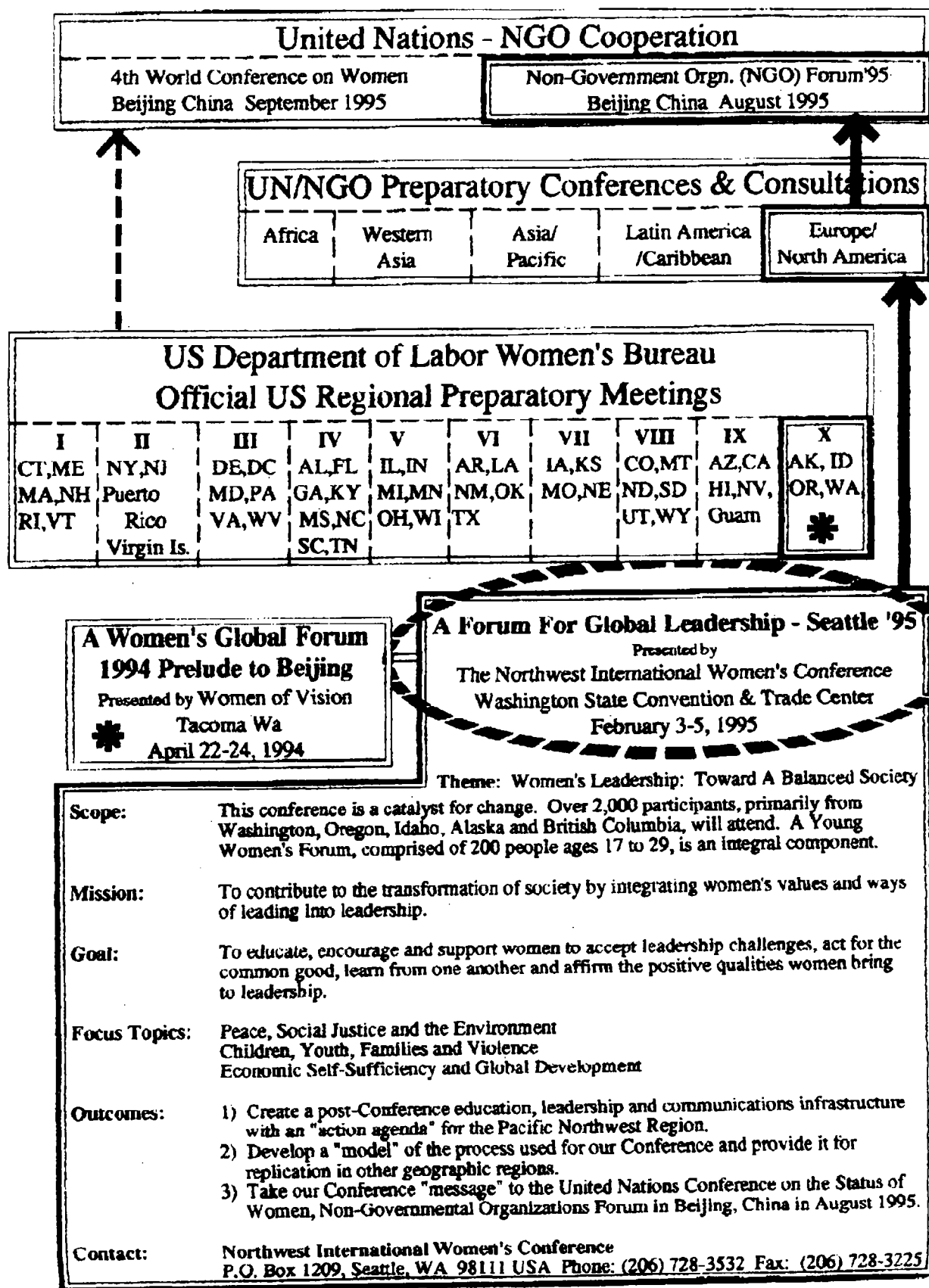
Conference Outcomes:

- 1) Create a post-Conference education, leadership and communications infrastructure with an "action agenda" for the Pacific Northwest Region.
- 2) Develop a "model" of process used for our Conference and provide it for replication in other geographic regions.
- 3) Take our Conference "message" to the United Nations Conference on the Status of Women - Non-Governmental Organizations Forum in Beijing, China in August, 1995.

Important Feature: International speakers brought from many different countries to share their stories with us . . . People who have used their own unique, inclusive leadership style to address concerns in their cultures. As the world shrinks, we feel a need to connect with those around the globe who hold the same values and are incorporating them into their work and community.

Status: Federal tax identification number 91-1595015

The Northwest International Women's Conference
P.O. Box 1209, Seattle, Washington 98111, USA
Phone: (206) 728-3532 Fax: (206) 728-3225



A Forum for Global Leadership - Seattle '95

Presented by
The Northwest International Women's Conference

Board Roster

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Pam Eakes	Executive Director	Mothers Against Violence
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A Forum for Global Leadership - Seattle '95

Presented by
The Northwest International Women's Conference

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Lare	Consultant	Lare & Associates
Shirley Mac Staten	Executive Director	International Women's Choir

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Kuldip Gill		
Ann Ironsides	Program Director Public Affairs	Center for Continuing Educ.
Gwen Murchie	President	Murchie's Tea & Coffee Ltd.
Dr. Marsha Trew	Director, Women's Students Office	Univ. of British Columbia

A Forum for Global Leadership - Seattle '95

Presented by
The Northwest International Women's Conference

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Frances Malone	Public Relations/Community Affairs	The Seattle Times
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Paige Miller	Commissioner	Port of Seattle
Susan Mochizuki	Executive Director	Japan America Society
Assunta Ng	Publisher	Northwest Asian Weekly
Mildred Ollee Ed.D.	VP - Student Services	Seattle Central Com. College
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R. Y. Woodhouse Ph.D.	President & CEO	Urban League, Metro. Seattle
Tsering Yuthok	Office of International Relations	City of Seattle
<i>Executive Director</i>		
Karen M. Anderson	Executive Loan Program	The Boeing Company

Revised: 9/08/94

Friday, February 3, 1995

Creating the Vision — Igniting a Change in Thinking

- 9:00 a.m. **Registration**
- 10:00 a.m. **Welcome:** "People Get Ready — A Change is Coming"
Dr. Constance Rice
- 10:30 a.m. **Keynote:** "The Vision of A Balanced Society" Dr. Maya Angelou
(Co-sponsored by SAFECO Insurance Companies & U.S. Bank)
- 11:30 a.m. **Luncheon Liftoff:**
Supatra Masdit, Thailand, Beijing NGO Forum Convener
Gracia Hillman, Bureau of Global Affairs,
U.S. Department of State
- 12:40 p.m. **Break**
- 1:15 p.m. **"Creating Hope for the Future"** Alene Morris
- 1:30 p.m. **"Women's Leadership of the World-Wide Family"**
Dr. Jean Houston, U.S. & Mary D'Souza, India
(Co-sponsored by Burlington Resources & The Junior League of Seattle)
- 2:30 p.m. **A Healing Stretch:** Dr. Jean Houston
- 2:45 p.m. **Opinion-Makers' Forum:** "A Reality Check: Political, Economic and
Cultural Barriers to a Balanced Society"
Charlayne Hunter-Gault, Moderator
Efua Dorkenoo, Ghana
Dr. Nawal El Saadawi, Egypt
Dr. Martha Krebs, U.S.
Senator Hsiu-Lien Annette Lu, Taiwan
Congresswoman Alicia Siciliano, Argentina
(Co-sponsored by The Port of Seattle)
- 4:00 p.m. **Small Group Table Conversations:** "Old Ways-New Ways: Igniting A
Change In Thinking"
With Facilitated Dialogue and a Synthesis of the Day
- 5:30 p.m. **Free Time Dine-Around:** Young women meet mentors
- 6:00 p.m. **Young Women's Forum Reception**

Saturday, February 4, 1995

Shifting Attitudes — Making a Commitment

- 7:30 a.m. **Continental Breakfast**
(Co-sponsored by Starbucks Coffee Company)
- 8:30 a.m. **Workshops & Dialogues: "How To Make a Difference"**
Select one. (See following pages for descriptions and room numbers)
(Co-sponsored by SeaFirst Bank)
- 10:15 a.m. **Workshops & Dialogues: "How To Make a Difference"**
Select one. (See following pages for descriptions and room numbers)
or
Young Women's Forum: "The Changing Roles of Women"
Tabitha Soren, Moderator
Dr. Shamita Das DasGupta & Sayantani DasGupta
P. Catlin Fullwood & Sansi Fullwood
(Co-sponsored by Microsoft Corporation)
- 12:00 p.m. **Luncheon Speaker: "Achieving A Balanced Society Through Economic Independence"**
The Honorable Elizabeth Cull, Deputy Premier and Minister of Finance and Corporate Relations, British Columbia
(Co-sponsored by ARCO)
- 1:15 p.m. **Break**
- 2:00 p.m. **Panel: "How Are Women and Men Taking on Global Poverty"**
Betsy Rosenbaum Schneier, Moderator
Vera Borissova Dakova, Bulgaria
Jacqueline Lefthand Bull-Delahunt, Lakota Sioux Nation
Salvador Munoz, El Salvador
Lee Schumacher, World Credit Union
- 3:30 p.m. **Small Group Table Conversations: "New Ways: An Attitude Shift and Skills Building"** (With Facilitated Dialogue)
- 5:30 p.m. **Free Time: Explore**
- 7:00 p.m. **Conference Banquet: "Families and Our Global Future"**

Greeting Video: U.S. Senator Patty Murray
Special Viewing: "Women's Leadership Video Project" Laura Liswood
(Co-sponsored by Key Bank)

Sunday, February 5, 1995

A Call to Action

- 8:00 a.m. **Continental Breakfast**
(Co-sponsored by Starbucks Coffee Company)
- 8:30 a.m. **Conference Outcomes:** Post-conference opportunities to connect
Create the legacy
Beijing Networking
- 9:30 a.m. **Featured Speaker:** "Global Change Through Spiritual Development"
Dr. Chung H. Kyung, Korea
- 10:30 a.m. **A Healing Stretch:** Vi Hilbert, Upper Skagit Tribe
- 10:45 a.m. **Peacemakers' Dialogue:** "How to Be A Change Agent Within Your Spheres of Influence"
Peter Blomquist, Moderator
Dr. Rosalie Bertell, Canada
Mairiad Corrigan Maguire, Northern Ireland
(Co-sponsored by Kongsgaard-Goldman Foundation)
- 12:00 p.m. **Seattle-Style Luncheon:** "A Tribute to Our Peacemakers"
Augustine McCaffrey, NIWC Board Member
and "Giraffe Awards"
Dee Dickinson, NIWC Boardmember
Ann Medlock, Founder, Giraffe Project

"The U.S. - Beijing Connection"
Karen Nussbaum, U.S. Women's Bureau, Department of Labor
(Co-sponsored by U S WEST)
- 1:40 p.m. **Break**
- 2:15 p.m. **Small Group Table Conversations:** "How Do We Get There From Here?"
Action Steps to Transformational Leadership"
Dr. Bev Forbes & Alene Moris with facilitated dialogue
- 3:15 p.m. **Conference Farewell**

A Forum for Global Leadership - Seattle '95

Presented by
The Northwest International Women's Conference

Board Roster (continued)

Idaho Members

Dianne Allen

Director of Education

Coeur d'Alene Tribe

Susan Hensley

Chief Counsel

U.S. West Communications

Mary S. Hobson

Priscilla Ruiz-Goldman

Jaiue Springer

Betsy Thomas

Director Women's Center

University of Idaho

Oregon Members

Judith Armatta

Attorney

Oregon Coalition Against
 Domestic & Sexual Violence

Dr. Carole E. Davis

Kathleen Curtis Dotten

Bonnie Hayes

Addie Jean Haynes

Norma Paulus

Laurie Wimmer

Deputy Superintendent

President

Chair

President

Supt. of Public Education

Executive Director

Salem Keizer Public Schools

Dotten & Associates

Washington County Commissn

Portland Chapter of Links

Oregon Dept of Education

Oregon Commission for Women

The Vision

This conference is meant to be a catalyst for change which will contribute to the transformation of society by encouraging the integration of women's values and ways of leading into leadership.

Late in 1991 four women gathered together in Seattle. They wondered if there was any way they could inspire women to accept greater leadership responsibility. Their idea was to educate people on the concept of both women and men cooperating fully in leadership decisions. It was also important, they thought, to affirm the positive qualities and skills women can bring to any leadership activity.

The idea of creating a gathering where women leaders from around the world would bring their stories, experiences, skills and expertise to our region seemed appealing. Focus groups were developed to ask women from diverse backgrounds if the concept was sound. They said "yes" to a regional conference which profiles international speakers ... "yes," women bring needed skills to leadership ... "yes," our world would be a better place for everyone if women contributed more fully to the issues our societies face.

Over the next three years, people from Washington, Alaska, Idaho, Oregon, and British Columbia worked together to create a once-in-a-lifetime conference. A structure was created, a board constituted and committees organized. Funds were raised and an estimated 60,000 person hours were volunteered by nearly 500 women and men to develop a unique three-day event.

The vision is to educate, encourage and support women to accept leadership challenges and to encourage both men and women to act for the common good, learn from one another, and affirm the positive qualities women bring to leadership. Bringing about balance by adding women's ways to the leadership arena increases the likelihood of a more balanced society. Our conviction is that when both women and men cooperate fully in leadership decisions, a balanced society with economic stability and social equity will be achieved.

This is our vision: That the Northwest International Women's Conference will not only be a catalyst for change which inspires women and men to work together, but also a model which caring people in other regions can use to create their own event.

Conference Overview

Day One

Day One is about igniting a change, about creating the tension between the vision and reality. Dr. Maya Angelou is our keynote speaker who will energize us around "the Vision of a Balanced Society." Her passion and vitality will be inspirational. Following Dr. Angelou will be Dr. Jean Houston, an internationally-known philosopher and personal transformation specialist, who will address women's leadership, values and ways. She will be joined by her colleague Mary D'Souza, an organization transformation consultant.

The Opinion-Makers Forum will offer a "reality check." This panel discussion, led by Charlayne Hunter-Gault of the MacNeil-Lehrer report will examine what it takes to achieve a balanced society. Outstanding women panelists will share their experiences, and help us to learn what is out-of-balance in our society, and where we must focus change efforts. Following the panel is small group discussion at each of the tables.

Day Two

Day Two's theme is shifting attitudes and making a commitment. It might be viewed as a day of disequilibrium, as participants, stimulated by a wealth of topics, search for their own niche. The morning workshops and dialogues will allow for more intimate interaction, and feature a special session, moderated by MTV's Tabitha Soren, on "The Changing Roles of Women."

The Luncheon address by Elizabeth Cull, British Columbia's Deputy Premier and Minister of Finance and Corporate Relations will focus on women's economic independence, one of the clearest steps toward a balanced society. A panel of speakers addressing "global poverty" will follow, exploring the barriers to providing "enough" for everyone. This panel provides a natural segway into the banquet topic "Families and Our Global Future." We will also view Laura Liswood's video on "Women's Leadership" in which she interviews all living current and former female heads of state.

Day Three

Day Three is a call to action. The first sessions provide opportunities for many people to form post-conference connections on more personal levels. Dr. Chung Kyung will provide the morning address and nurture our spirits. Spiritual development is a way we gain the courage to change and learn to bring compassion to change efforts. The theme of courage will reverberate in the Peacemakers Dialogue, highlighted by Nobel Peace Prize recipient Mairead Corrigan Maguire of Northern Ireland and Dr. Rosalie Bertell of the Women's International Peace University. A tribute segment to change agents will follow.

The final small group table conversation will follow inspirational remarks by Dr. Bev Forbes and Alene Morris, internationally-known motivational speakers, designed to help each participant leave the conference with some action plan for change which incorporates women's ways and the partnership model. This may be by valuing their own perspectives more, it may be by reaching out to others in a special way, it may be by trying new ways to balance masculine energy with feminine values.

The Conference will close with a celebration led by the Conference Chair, Dr. Constance W. Rice.

THE WHITE HOUSE
WASHINGTON

September 13, 1994

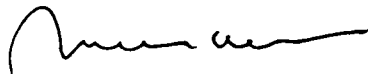
Mr. Cory L. Richards
Vice President for Public Policy
Alan Guttmacher Institute
1120 Connecticut Avenue, NW
Suite 460
Washington, DC 20036

Dear Mr. Richards:

Thank you for writing and for sending the informational factsheets prepared by the Alan Guttmacher Institute. As the international community works in Cairo to reach a consensus on development and population control, the publications and research of groups like yours are most helpful.

Thanks again for the information and best wishes.

Best wishes,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

**The Alan
Guttmacher
Institute**
New York and Washington



Thanks

August 11, 1994

A Not-for-Profit Corporation
for Reproductive Health
Research, Policy Analysis
and Public Education

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Melanne Verveer
Deputy Assistant to the President
and Deputy Chief of Staff to the
First Lady
1600 Pennsylvania Ave NW
Washington, DC 20500

Dear Ms. Verveer:

From September 5-13, representatives of the world's nations will gather in Cairo for the third decennial United Nations-sponsored International Conference on Population and Development. Official government delegations -- the U.S. delegation will be led by Vice-President Albert Gore, Jr. and Undersecretary of State for Global Affairs Tim Wirth -- with the active participation and input of representatives of nongovernmental organizations from all over the world, will agree on a Program of Action that will help guide the population programs of the United Nations and national governments into the next century. A primary component of the emerging international consensus is the need for universal access to high quality, voluntary family planning and reproductive health services, within the context of sustainable development efforts and with an emphasis on enhancing the status of women.

The Alan Guttmacher Institute has prepared the enclosed factsheets which we hope will be helpful both during the Cairo conference itself and to U.S. policymakers, post-Cairo, as they assess funding and policy priorities for international development assistance. The factsheets, entitled "Women, Families and the Future," summarize key aspects of reproductive behavior related to changing social, cultural and economic trends in Latin America and the Caribbean; Sub-Saharan Africa; and North Africa, and the Middle East and Asia. They also present new estimates of the need for family planning services in each of the regions and make recommendations for policy, research and program.

I hope you find this information useful. Please feel free to call Susan Cohen, Senior Public Policy Associate on my staff, at 202-296-4012 for any further information.

Sincerely yours,

Cory Richards
Cory L. Richards
Vice President for Public Policy

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Women, Families and the Future

**The
Alan
Guttmacher
Institute**
New York and Washington



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Research, Policy Analysis
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Women and Reproductive Health in North Africa and the Middle East, and in Asia

The Context of Women's Lives

The countries of the two regions discussed here—North Africa and the Middle East, and Asia—represent almost every possible point along the development scale, going from the very poorest to the more economically advanced. Similarly, the general status of women in these two regions, as well as their reproductive health and reproductive behavior, also vary widely. For example, the maternal mortality rate of women in North Africa and the Middle East is estimated to be 151 deaths per 100,000 live births, while in East Asia and the Pacific, it is 195, and in South Asia, it is as high as 444.¹ Women's likelihood of dying from pregnancy-related causes or suffering from sterility is exacerbated by the practice of clandestine abortion in many countries, and by the practice of female genital mutilation in some countries in North Africa. In North Africa and the Middle East, the infant mortality rate (IMR) ranges from 29 deaths per 1,000 live births in Jordan to 101 in Sudan; in Asia, the IMR is as low as 18 per 1,000 live births in Sri Lanka, and as high as 97 in Pakistan.²

Despite these widely differing settings, certain common social and cultural features link many of these countries both within and between the two regions. Among these are traditional values that reward universal marriage, childbearing within marriage, and large families. These same values tend to stigmatize non-marital sexual relationships and to accord women status mainly in terms of their role as mothers, particularly as mothers of boy children. In addition, all the countries of North Africa and the Middle East are strongly influenced by Muslim values and practices, as are Indonesia and Pakistan in Asia. Finally, some countries in each of these two regions (Egypt, Morocco, Tunisia, Indonesia, Thailand, China and India) have strong official population policies. Thus, the unevenness of the pace of change in women's reproductive health and practices in these two regions is closely related to each country's standing in terms of a cluster of related factors: the degree of economic and social change that is occurring; the influence of traditional and religious value systems; and the strength of government policies and programs in support of family planning and demographic change.

This fact sheet is one of a series of three. The other two, each of which covers only a single region, present similar information for countries in Sub-Saharan Africa; and for countries in Latin America and the Caribbean. The present fact sheet is also slightly different be-

cause for two additional countries—China and India—it summarizes information that was not obtained from a DHS survey. Despite the less extensive information available for China and India, these two countries are included because of their extremely large population size and their importance in the Asia region.

The Data Sources

For most of the developing world, reliable information is not available about many aspects of women's reproductive health (the number of women dying from pregnancy-related causes, undergoing induced abortions, experiencing infertility, or suffering from sexually transmitted diseases, for example). Equally hard to find is reliable information of any kind about men.

In the absence of more comprehensive data on reproductive health, this fact sheet is based on sources of national-level data that contain quantitative information about some more specific but more limited aspects of women's reproductive attitudes and practices: their childbearing aspirations, family size, family formation, and contraceptive use; and their practice of induced abortion. For most of the countries discussed here, the source for all aspects of reproduction other than abortion is the Demographic and Health Surveys (DHS), an international research effort that was begun in 1984. The first two cycles of the DHS project covered five countries in North Africa and the Middle East, and four countries in Asia. Almost all of the surveys sampled only ever-married women aged 15-49. However, the proportion of women who have never been married is available from the DHS household survey. For this fact sheet, The Alan Guttmacher Institute (AGI) drew on data from the published DHS reports and carried out special analyses of the DHS data.

The information on induced abortion comes from estimates made by the World Health Organization of the number of clandestine abortions performed annually in each of the developing world's major sub-regions;³ and from 1990 AGI statistics on the number of abortions carried out in countries where the procedure is legal.⁴

The estimates for China are based on the 1987 Fertility Survey and the 1988 2/1000 sample survey.⁵ The data for India come from the 1988-1989 Third All-India Survey: Family Planning Practices in India.⁶ DHS surveys were fielded in 1991 in most states of India. However, the survey results are not yet available. Because China and India are both such vast countries, the national-level indicators shown here obviously conceal wide variations that exist at the local level. This caveat should be borne in mind when interpreting the findings for both China and India.

Data for the United States come from special analyses by the AGI of the 1988 National Survey of Family Growth, carried out by the National Center for Health Statistics of the Department of Health and Human Services.

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Women, Families and the Future

**The
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New York and Washington



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Women and Reproductive Health in Latin America and the Caribbean

The Context of Women's Lives

Social and economic conditions in Latin America and the Caribbean have changed dramatically over the past 25 years, and women's aspirations and childbearing patterns have changed with them. By 1991, the life expectancy of the average woman was 71 years, compared with 63 years in 1970.¹ And, even though the rates are still unacceptably high, in that same period the regional infant mortality rate declined from 82 deaths to 44 per 1,000 live births,² and the number of women dying as a result of pregnancy dropped to about 162 per 100,000 live births by 1988.³ However, women's pregnancy-related health risks are still great: a recent study by The Alan Guttmacher Institute (AGI), based largely on government health statistics, showed that every year about 800,000 women in the region experience complications from clandestine abortions and are treated for those problems in government or private hospitals and clinics.⁴

Women's childbearing decisions are being influenced by changing global, regional and local economic conditions. Throughout the 1980s, the level of external debt for most countries in the region soared, structural adjustment policies imposed by the international lending institutions reduced living standards for most poor families, and average annual inflation in some countries hit rates as high as 400%.⁵ While the importance of the agricultural sector declined and levels of male unemployment rose, women's entry into the labor force (especially in the rapidly growing service sector) increased. These broad economic trends have made it increasingly difficult for couples to have large families or for mothers to stay at home to take care of their children.

More general societal changes are also influencing women's reproductive decisions. Women themselves are better educated than in the past: About 83% of women can read and write,⁶ some 75% have had four or more years of schooling, and approximately 20% have completed 10 or more years of education.⁷ They are also more likely than in the past to be living in towns and cities: By 1991, 72% of the population was living in urban areas, as compared with 57% in 1970.⁸ In addition, throughout the 1970s, a rapidly growing number of households became exposed to the powerful influences of the mass media (the number of television sets for every 1,000 people in the region went from 32 to 138 between 1965 and 1985), and newspapers, magazines, popular music and television began to offer the

population at large, but especially young people, images of modernization, expectations of an improved quality of life, and aspirations toward greater social mobility.

This fact sheet summarizes a number of key aspects of reproductive behavior in Latin America and the Caribbean that are related to these changing social, cultural and economic trends. It also presents some new estimates of the need for family planning, using data from the Demographic and Health Surveys. This fact sheet is one of a series of three. The other two present similar information for countries in Sub-Saharan Africa; and for countries in North Africa and the Middle East, and in Asia.

The Data Sources

For most of the developing world, reliable information is not available about many aspects of women's reproductive health (the number of women dying from pregnancy-related causes, having induced abortions, experiencing infertility, or suffering from sexually transmitted diseases, for example). The little that is known or estimated in these areas comes mostly from small-scale studies of women in a single hospital or limited geographic area of a particular country. Equally hard to find is reliable information of any kind about men.

In the absence of more comprehensive data on reproductive health, this fact sheet is based on sources of national-level data that contain quantitative information about some more specific but more limited aspects of women's reproductive attitudes and practices: their childbearing aspirations, family size, family formation, and contraceptive use; and their practice of induced abortion. The source for all these aspects of reproduction other than abortion is the Demographic and Health Surveys (DHS), an international research effort that was begun in 1984. The first two cycles of the DHS project covered 11 countries in Latin America and the Caribbean. The surveys sampled all women aged 15-49 (15-44 in Brazil and Guatemala) in nine Latin American and two Caribbean countries. For this fact sheet, The Alan Guttmacher Institute (AGI) drew on data from the published DHS reports and carried out special analyses of the DHS data. Because some DHS surveys in Latin America and the Caribbean were fielded as early as 1985, while others were as recent as 1991/1992, the information is not equally current for all countries. This fact should be borne in mind when comparisons among countries are made.

The information on induced abortion comes from two sources: a study designed to estimate levels of induced abortion that was carried out by AGI in Brazil, Chile, Colombia, the Dominican Republic, Mexico, and Peru,⁹ and estimates made by the World Health Organization of the number of clandestine abortions performed annually in each of the developing world's major sub-regions.¹⁰

Data for the United States come from special analyses by the AGI of the 1988 National Survey of Family Growth, carried out by the National Center for Health Statistics of the Department of Health and Human Services.

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Women, Families and the Future

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Women and Reproductive Health in Sub-Saharan Africa

The Context of Women's Lives

For Sub-Saharan women, as for many women throughout the world, having children is a central and largely unquestioned part of life. Even so, the extent and timing of childbearing is strongly influenced by social, cultural and economic factors that are both specific to the region and changing over time. Compared with many other developing regions of the world, much of Sub-Saharan Africa is still in the early stages of development. Only 29% of the population lives in urban areas,¹ and despite some gains in the last 20–30 years, the educational levels of women are still low (62% of women cannot read or write,² 50% have less than four years of schooling, and only 10%, approximately, complete 10 or more years of schooling³). Female life expectancy is still poor (52 years in 1991⁴), maternal mortality rates are extraordinarily high (each year an estimated 686 women die per 100,000 live births⁵), and both infant and under-five death rates are high (104 and 175 per 1,000 live births, respectively⁶). Moreover, the region has experienced much slower rates of economic growth than other parts of the developing world, and even the loss of some earlier gains, in the wake of persistent economic, political, environmental and climatic instability.

Despite, or perhaps because of, these many problems, children are still valued as security in old age and for the contribution they make to a family's income and potential for survival, especially in rural areas. All these factors influence women's fertility preferences. However, the very concept of childbearing preferences is alien to some women in the region who do not know or believe that they have any choice in the matter. On the other hand, traditional practices (such as breastfeeding and postpartum abstinence) that influence the pace of childbearing are widely known, and the benefits of spacing pregnancies to allow the mother to recover her strength, to breastfeed the baby and to enable it to grow strong, have always been widely recognized.

The general health conditions of many millions of Sub-Saharan women—especially those living in rural areas with poor or no access to health services—are also extremely bad. Special surveys in many countries of the region show that most women of childbearing age have poor nutritional status,⁷ and many suffer from endemic infectious diseases.⁸ Women's health status is also compromised by sexually transmitted diseases (including HIV/AIDS), by

disabilities resulting from complicated deliveries (exacerbated in some parts of the region by female genital mutilation), and by the complications of unsafe induced abortions. To compound these health problems, many women bear onerous responsibilities for growing the family's food supply, marketing their produce, preparing and cooking the family's meals, and taking care of a large number of young children. In addition many women of reproductive age are often pregnant or breastfeeding, and these conditions further deplete their physical reserves.

This fact sheet summarizes a number of key aspects of women's reproductive behavior and reproductive health that are related to the social, cultural and economic conditions prevailing in this region. It also presents some new estimates of the need for family planning among the women of Sub-Saharan Africa, using data from the Demographic and Health Surveys. The fact sheet is one of a series of three. The other two present similar information for countries in North Africa and the Middle East, and in Asia; and for countries in Latin America and the Caribbean.

The Data Sources

For most of the developing world, reliable information is not available about many aspects of women's reproductive health (the number of women dying from pregnancy-related causes, having induced abortions, experiencing infertility, or suffering from sexually transmitted diseases, for example). The little that is known or estimated in these areas comes mostly from small-scale studies of women in a single hospital or limited geographic area of a particular country. Equally hard to find is reliable information of any kind about men.

In the absence of more comprehensive data on reproductive health, this fact sheet is based on sources of national-level data that contain quantitative information about some more specific but more limited aspects of women's reproductive attitudes and practices: their childbearing aspirations, family size, family formation, and contraceptive use; and their practice of induced abortion. The source for all these aspects of reproduction other than abortion is the Demographic and Health Surveys (DHS), an international research effort that was begun in 1984. The first two cycles of the DHS project covered 16 countries in Sub-Saharan Africa. The surveys sampled all women aged 15–49. For this fact sheet, The Alan Guttmacher Institute (AGI) drew on data from published DHS reports and carried out special analyses of the DHS data. Because some surveys in Sub-Saharan Africa were fielded as early as 1986, while others were as recent as 1992, the information is not equally current for all countries. This fact should be borne in mind when comparisons among countries are made.

The information on induced abortion comes from estimates made by the World Health Organization of the number of clandestine abortions performed annually in each of the developing world's major sub-regions.⁹

Data for the United States come from special analyses by the AGI of the 1988 National Survey of Family Growth, carried out by the National Center for Health Statistics of the Department of Health and Human Services.

THE WHITE HOUSE
WASHINGTON

December 14, 1994

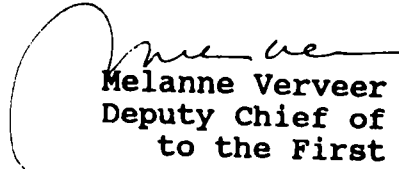
Mr. John W. Robbins
13859 Stonebrook Ct.
Clifton, VA 22024

Dear Mr. Robbins:

Mrs. Clinton asked me to thank you for your supportive comments about her hopes for the future of our country and our children. We all need to work together to achieve these goals.

Thank you again for writing, and best wishes for a happy holiday.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

R

December 2, 1994

The First Lady
Hillary Rodham Clinton
1600 Pennsylvania Avenue, NW
Washington, DC 20500

TOTAL PAGES 1

Dear Hillary,

A recent article in *The Washington Times* by Paul Bedard (11/30/94) stated you expressed three wishes for the future: for the end of racism; "a level of personal satisfaction and opportunity in the lives of all our citizens; and a hope for "our children that they have the kind of country we took for granted."

Earlier in the article you state, "...this should not be about personalities and I don't think it should be about sideshows. I think it ought to be how we work together for our country."

If you are serious with these statements, please meet with me. I too want to help our country.

We can end racism. The violence can be overcome. Prosperity can be the future. The solution is in using the Logic of Love.

I have written you several times before and explained who I am. Please do not ignore me.

The Dream is Now!

For the sake of the nation and the future of our children we need to meet as soon as possible, before Christmas. This is the ideal season for healing the wounded heart and lives of Americans, to bring hope and a new national spirit.

In the children's poem, Humpty Dumpty, all the kings men could not put him together again. But, the Creator could.

Merry Christmas to you -- the FIRST PARENTS -- of America.

Please respond in some way.

Respectfully,



John W. Robbins

13859 Stonebrook Ct.
Clifton, VA 22024
703/818-7111
703/818-9458 (fax)

THE WHITE HOUSE

WASHINGTON

August 15, 1994

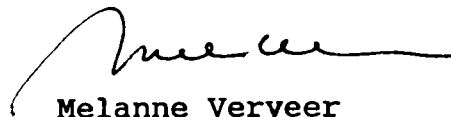
Ms. Jill R. Rodensteiner
Editor in Chief
Washington University
Journal of Urban and Contemporary Law
Campus Box 1120
One Brookings Drive
St. Louis, MO 63130-4899

Dear Ms. Rodensteiner:

Mrs. Clinton asked me to thank you for sending her a copy of the Washington University Journal of Urban and Contemporary Law -- Summer 1994, which featured a symposium on health care reform. We are pleased that the First Lady was able to participate in this project.

The health care reform debate is extremely important to our nation and your institution has admirably worked to advance the issue. Thank you and best wishes.

Sincerely yours,



Melanne Verveer
Deputy Chief of Staff
to the First Lady

Journal of Urban and Contemporary Law
School of Law

July 11, 1994

Mrs. Hillary Rodham Clinton
c/o Ms. Nicole Rabner
Office of the First Lady, Rm. 100 OEOB
The White House
Washington, D.C. 20500

*Pls. send thank you
for books*

Dear Mrs. Clinton,

You should soon be receiving reprints of your address at Washington University and copies of the entire health care symposium printed in the *Washington University Journal of Urban and Contemporary Law*.

If you are interested in more copies of the entire symposium, please do not hesitate to call. I want to thank you for allowing us to reprint your speech as part of our health care issue. It was the perfect means of introducing the other discussions on health care reform.

With all good wishes,

Sincerely yours,



Jill R. Bodensteiner
Editor in Chief

Washington University Journal of Urban and Contemporary Law



Volume 46

Summer 1994

A SYMPOSIUM ON HEALTH CARE REFORM—PERSPECTIVES IN THE
1990s

Hillary Rodham Clinton
Gail R. Wilensky
Jackson Hole Group
Herschel V. Sellers III
Leo van der Reis, M.D.

ARTICLES

NATIONAL HEALTH CARE REFORM:
WELFARISM OUT OF CONTEXT

Roberta M. Berry

FEDERAL TAX TREATMENT OF HEALTH
CARE EXPENDITURES: IS IT PART
OF THE HEALTH CARE PROBLEM?

Paul J. Donahue

NOTES

RECENT DEVELOPMENTS

COMMENTS

ADDRESS

HEALTH CARE REFORM: “BECOMING THE NATION WE SHOULD BE”

HILLARY RODHAM CLINTON*

[Editor's Note: First Lady Hillary Rodham Clinton spoke before an assembly of the students, faculty, and administration of Washington University on March 15, 1994. The following are edited excerpts of her address.]

...
It is exciting for me to have a chance to visit with you about what is happening with health care reform, and what the real attempt that the President is making would mean to you and the various constituencies of people represented here. Because this is an historic opportunity.

Health care reform in our country goes back a number of decades. Some have argued that the very first proposal was made by Theodore Roosevelt as part of his platform when he first ran for President, and then renewed when he ran again. Franklin Roosevelt talked about [health care as] being the other part of social security. And President Harry Truman was one of the most passionate advocates on behalf of health care reform.

I have gone back and read the speeches that President Truman gave in 1945, and 1946, and 1947. They could be made today. He identified the problem of how to provide high quality health

* First Lady of the United States. B.A., Wellesley College; J.D., Yale Law School. Ms. Clinton heads the President's Task Force on National Health Care Reform.

care to all Americans at an affordable cost. And Truman argued passionately, but unsuccessfully, that the country should move toward providing guaranteed health coverage to all of our people.

And then we had the changes in the 1960s to provide Medicare for Americans over 65, and to provide Medicaid for people who were too poor to provide for themselves. President Nixon recommended comprehensive health care that was built on the employer-based system, the system by which most of us who are insured receive our insurance benefits.

We have tried to address this issue many times in the past under presidential leadership of both Democrats and Republicans, but we have never been able to resolve what has to be one of the most important questions for any society: How do we fairly allocate our health care resources so that every citizen is guaranteed that their health care needs will be met?

This time the historic opportunity is calling us. How can we, as the richest country in the world, be the only one of our industrialized competitors who have not figured out how to provide health care to every one of its citizens?

This time we have enough support in the medical community that recognizes what the needs are; enough support in the business community that primarily pays the bills; enough support from leaders, like your mayor, and state governments around the country who also bear a huge part of the economic burden; enough support in Congress; and a President who wants to get the job done. This could not be a more timely meeting for me to give you some sense of exactly what the President's approach would mean in your lives.

There are five major features to the President's proposal for health care reform. The first is guaranteed private insurance for every American, with comprehensive benefits that stress primary and preventative health care, as well as care for our most acute medical needs.

The President has not proposed a government health care system. He has proposed building on the public/private system we have in our country today, but making sure that we guarantee private health insurance for all of us.

The second major point is to eliminate insurance practices that discriminate against Americans. And there are a number of these. Some Americans are unable to obtain insurance at any price because of what are called "pre-existing conditions." Most Americans with pre-existing conditions — and there are over eighty million of us — can get insurance, but at a very high price. What the President wants to do is eliminate pre-existing conditions so that all of us, no matter whether we have ever been sick before or have any kind of ailment, will be eligible

for insurance at an affordable price. That is one of the keys to the President's approach.

And I would add, in this great university with its extraordinary medical system, that it is especially important we do that sooner instead of later. I was recently at the National Institutes of Health with the new head of that institute, Dr. Harold Varmus — who some of you may know is a Nobel Prize winner in science — and he was explaining, along with his colleagues, that at the rate by which we are learning about the human gene system every year, and as we are discovering the genes that we believe are responsible for a number of medical conditions, pretty soon all of us will know we have pre-existing conditions because of our genetic makeup. So if we do not reform the insurance industry very soon, none of us will be eligible for insurance because our gene makeup will make us ineligible.

There is another insurance practice that the President wants eliminated, and that is what is called "life-time limits." If you read the fine print in most insurance policies you will discover that after you have reached a certain level of insurance coverage, you are no longer eligible under your policy for further reimbursement. Some policies have life-time limits as low as \$50,000, others as high as \$1 million, but those limits come into effect when you need your insurance the most. I have sat and talked with families who often to their surprise discover in the midst of a medical emergency that their insurance has run out because they have reached their limit.

The President wants to eliminate life-time limits. There is no reason you should be worrying about your coverage when you need it most in your lives.

The third practice that the President's proposal eliminates is discriminating against older people in favor of younger people. If you are young, as many of our students are today, it may seem like a good deal that insurance would be much cheaper for you at twenty-five than at fifty-five. The problem is most of you will be fifty-five some day, and in the present system the cost of caring for young people is so much less that many insurance companies want only to insure healthy young people, often leaving older people out of the insurance market altogether. This is another discriminatory practice that the President's proposal would eliminate.

So we will do away with pre-existing conditions, life-time limits, and age discrimination, all of which will make insurance more affordable for everyone.

The third point is that the President's approach guarantees choice of doctor and choice of health plan. This has been an issue that has probably received more misinformation than any other. In the current market place, there is a lot of confusion

about what kinds of choice will be available to you as a consumer.

In fact, as we are here today, choice is diminishing for most Americans. Americans are being told by their employers, who buy their insurance for them, or by their insurance companies if they buy directly, what doctors they can see and what hospitals they can use.

In my discussion earlier today, I talked with a representative of the children's hospital here. Most children's hospitals that I have visited throughout the country are finding the same thing: more and more insurance policies are eliminating them from being available for use by patients. Why? Because the children's hospitals, which see very sick children and chronically ill children, are expensive. They have to be in order to have the concentration of specialists and technology necessary. But many insurance policies are saying you cannot choose to go to a children's hospital, just as they are saying you cannot choose to go to a university hospital or an academic health center, because they are more expensive. They have to be more expensive because of the services they offer.

Under the current way health care is both being organized and developing, fewer and fewer Americans are being given choice. That choice is made by somebody else for you. Under the President's approach, you will choose your health plan. Not your employer, not your insurance company, and not a government bureaucrat. It will be your choice, and you will make it every year. What will be guaranteed is that in your area, all of the physicians will be able to join the health plans that they choose to join, so you will be able to choose among them.

Additionally, every health plan will be required to offer what is called a "point of service" option. In other words, if you are in a health plan and you develop a problem where the specialist is in another health plan, you will be permitted to go to that other health plan.

The real danger for choice is the status quo, because if we do not reform our system, more and more of you will be told that you cannot use a certain doctor or you cannot use a certain hospital. It is the President's approach that guarantees your freedom of choice for a doctor and health plan. If you value that, you need to support this reform.

The fourth important point is that the President's approach preserves and improves Medicare for Americans over the age of sixty-five. The Medicare program has been a godsend for older Americans, who when it was passed in the 1960s were often the poorest of all Americans, and were often deprived opportunities for health care for financial reasons. Medicare has provided a base level of medical care for our older Americans.

But there are two features that most people I talk with say are missing, and will be included in the President's approach. The first is prescription drug costs, which are often much too high for older Americans on fixed incomes to be able to afford. What we find is that many older Americans do not take their prescriptions, do not get them refilled, and often end up being hospitalized because they could not maintain themselves on the medication. Medicare pays for the hospitalization; we think it is time Medicare starts paying for prescription drug coverage for older Americans too.

The second big problem for older Americans in the Medicare program is that there is no support for alternatives to nursing home care. We do not help people who want to keep their relatives in their own home. We want to start providing long-term care options, so that families will be able to take care of their own relatives. They will not be forced to put their family members in nursing homes if they can take care of them at home with a little bit of help. It is the right thing to do, but it is also the economically smart decision to make.

Nursing homes are very expensive. Providing a home health aide, providing adult day care, and giving some respite care to the full-time caretaker of an Alzheimer's patient are all much cheaper than putting the person in a nursing home. So let's start giving alternatives that will enable older people to live with dignity, and not make the nursing home the only place where we take care of older people with medical problems.

The fifth point that I want to stress is that Americans will be guaranteed their health care coverage through their place of employment, the way most of us get our insurance today.

... We need to guarantee health care coverage to every American, because until every one is covered, none of us is secure. ... Every one of us in this room, with the exception of those of you who already are eligible for Medicare, cannot know whether this time next month or next year you will be insurable at the same rate and for the same services that you are today. None of us under the age of sixty-five has that security.

If you believe, as we do, that all of us should [have that security], there are only three ways to pay for it. You can have what is called a "single payer system," which means you eliminate private insurance and raise the tax to substitute for premiums, and you fund the health insurance system that way. And there are many people who support that approach. The single payer approach guarantees that every American would have health care coverage.

The President rejected that approach in its means, although he agrees with the goal, because he believed we should keep the public/private mixture that has served our country well. We

should build on what works and fix what is broken. We should not eliminate private insurance, but we should extend it to everyone.

. . . There are only two ways to [maintain the public/private mixture]. There is an approach called the "individual mandate," which, like auto insurance, would require each of you to go into the market place and buy your own insurance. That, at least on paper, would get us universal coverage, but only if you could enforce that individual obligation.

There are several problems with this approach. One is that we don't want to encourage employers who currently provide insurance to stop doing so. And, if we pass a law which said it is an individual responsibility, there are employers — how many it would be difficult to predict — who will say one of two things to themselves. "Well, then, I no longer have to do this, because the individual is required to do it." Or, they might say, "Well, what I will do is drop my low wage employees, because the government is going to subsidize them on the individual responsibility, and I will only provide insurance for people of professional or managerial standing." Neither of these would work very well.

What the President believes is that we ought to take [advantage of] our employer/employee system. This is what some Presidents who have come before him have proposed. Each has looked at what works. Social Security is an employer/employee based system. Medicare is paid for by an employer/employee contribution. Let's extend health care to every one in the work place, building on the employer/employee shared responsibility.

How do we make sure that this is done fairly? There are several considerations that we have looked at carefully. First, for most businesses that currently insure, your cost will go down, because you will no longer be paying in your premium for businesses that do not insure and for individuals who get taken care of at our hospitals but cannot pay for themselves. Those costs have to be shifted to somebody, and they usually are shifted to those of us with insurance.

Secondly, even if you are a small business and you currently insure, you are now being discriminated against in the insurance market. You pay anywhere from thirty-five to forty percent more for your insurance than a big business or a government does when it buys insurance. So we can lower the cost for even small businesses by making everybody share the cost more fairly.

If you have never paid for insurance for yourself, and you have never contributed for your employees, then yes, it is going to cost something. But you have had a free ride on our medical system. If we go down any street in St. Louis or the surrounding towns here in the county, we could point out the businesses

that insure and the businesses that don't. But when someone working at the business that does not insure gets sick, they go to the same hospital and get taken care of. The doctors are there for them, but they don't pay for it. It is being paid for by those who currently, and in the past, have insured.

So if we provide discounts to small businesses, and if we provide subsidies to low wage workers, then we can make insurance affordable for even those who have never insured themselves in the past. Once everybody is in the system, we can begin to get costs under control. Trying to control costs in a system where everybody is not in it is like holding on to a balloon in one part, [only to have] it pop out somewhere else. Everybody being in the system means the cost can be lowered for everyone, because there will be no place to shift cost and make somebody else pay for the health care of another person's employee or another individual.

Guaranteeing private insurance, eliminating unfair insurance practices, guaranteeing choice of doctor and health plan, preserving and improving Medicare, and guaranteeing insurance at the work place through shared responsibility by employers and employees — these are the major points of the President's plan.

An additional point I would add . . . is the awareness that the President has of the important work done by the academic health centers: the research that is done; the application of that research through clinical practice; the education and training of physicians, nurses, and other allied personnel. This system that we have built up has features that have to be strengthened and protected. In the President's approach, there will be guaranteed funding for academic health centers because of the important functions they perform for the entire system.

There will also be a requirement that health plans contract with those health centers, so that those health centers will not be eliminated from the provision of health care in an effort to control costs. They will become centers of excellence so that we will have places in every region where only the services that can be provided at that level of complexity will be available. So we will preserve and strengthen our academic health centers.

This debate, as we move forward, will be filled with all kinds of arguments, many of them engaged in very good faith, by people who see the problem and know that it has to be solved but have different points of view. That is what the congressional process is for. And I am very encouraged when I see the kind of work that is going on now in the Congress, often behind the scenes, in the Committees and the Subcommittees, where Republicans and Democrats of good faith are working toward solutions and coming together to hammer out differences.

But there will always be extremes in these debates, and there will always be interest groups who, frankly, have profited from

the status quo and do not want reform to occur. It will be our task as citizens to keep the debate as honest as possible, to ask the hard questions, to say: how will this affect me? Me as a mother, me as a patient, me as a physician, me as a nurse? How will this change make our health care system work better?

I am very optimistic about where we are in this debate, because I do believe that there are enough people in the country who understand what is at stake. But it has to be a debate in which you are engaged. And I would ask you to follow it closely, to ask what the motive or the agenda of the person speaking is, so you can cut through the rhetoric to try to find out what is really being advocated, to follow it closely in the Congress, to stay in touch with your members of Congress, to give them the benefit of your thinking.

This is not just a debate about how we are going to finance health care. It is bigger than that. It is a debate about what kind of a country we are and intend to be.

In the meeting I was just at, there was a medical student who said she had worked in a clinic last summer where she had taken care of a lot of people who were falling through the cracks: homeless people, runaway teenagers, undocumented workers, the recently unemployed. She wanted to know what would happen to those people. That is one of the right questions.

Yesterday in Denver, I visited a National Guard unit that was set up in one of the poorest, toughest sections of Denver. We are finally using our National Guard resources for taking care of our own people in situations other than disasters, and I wanted to see it firsthand. And I was led through with a lot of very exciting news from the people who were with me, the doctors and the nurses, about what they had seen in just a week — the people who had flooded in seeking help.

And while I was there, I met a man who got a pair of glasses for the first time in years. I met a young Down's syndrome boy who is 10 years old. He was there with his grandmother. They had just lost their Medicaid card, were no longer eligible under some change in rules, and she had brought him to the only place that she thought he could get medical care — a National Guard MASH unit. I visited with the doctors and nurses who were so pleased to be there answering the unmet health needs.

This is not just about those people, but it is about how we treat them and how we think about them. At bottom, it is about us. . . . None of us can predict the state of our health; no one knows when the accident may occur. Then we will ask the right questions: how will we take care of each other? How will we better use our resources? How will we build on what is the finest health care system in the world? By fixing the financing system that is distorting it.

What I hope is that at the end of this debate, I can go back to the literally hundreds and hundreds of Americans who have shared their stories with me — the people who have told me what it feels like to be the mother of a chronically ill child whose insurance runs out, or to be a small business owner who can't afford insurance and has to tell her son not to go out for sports this year because she is afraid he might get hurt, or the woman whose husband could afford insurance for himself and their four children but didn't insure her because he couldn't afford it, and she got pregnant again and now she wonders whether she can afford anesthetic when she gives birth because it would be the equivalent of a house payment for them. Or the woman who had a breast exam and they found a lump, and she was referred to someone and was told that because she didn't have insurance they wouldn't [conduct a] biopsy, but would just watch it.

I have so many stories, it is like a movie in my head, the people who I see — and I want to be able to go back to them, and I want to go back to the medical student I talked to today, and tell her and tell them that we have now provided health care coverage for every American, and that we have taken a step toward becoming the nation we should be.