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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	re: patient information [Personally Identifiable Information] (1 page)	08/29/1994	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Melanne Verveer
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FOLDER TITLE:
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2013-0534-S
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RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE WHITE HOUSE
WASHINGTON

January 29, 1997

H.E. Edward Elliot Elson
Ambassador of the United States of America
Copenhagen

Dear Mr. Ambassador:

Thank you for your letter and for forwarding Baron Wedell-Weddellsborg's invitation to the First Lady to christen "Amalienberg" in September.

Regrettably, she will be unable to accept this kind invitation. Please express her gratitude for his thoughtfulness. We will also send a letter to him under separate cover.

Best wishes.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

Regards
best to you

Edward Elliott Elson

Ambassador of the United States of America
Copenhagen

January 22, 1997

Dear Melanne:

Baron Ebbe Wedell-Wedellsborg, who issued the enclosed invitation to the First Lady, is not only an especial friend of mine, but a great friend of the United States. It was Ebbe who ordered the first ships in 50 years to be built by a foreign company at an American shipyard. He did so on my initiative and, subsequently, received a letter of appreciation from the President. If the First Lady is able to participate in the christening of the ships, terrific, but if she is not, I know he would appreciate a response thanking him for his graciousness.

You are great!

Ever,

Enclosure:
Letter of invitation from Baron Ebbe Wedell-Wedellsborg

Clinton Presidential Records
Digital Records Marker

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

Divider Title: **F**

THE WHITE HOUSE
WASHINGTON

April 7, 1997

Ms. Elizabeth Fine
3531 Porter Street, NW
Washington, DC 20016

Dear Elizabeth:

Thank you for your letter and resume which I am sharing with friends and colleagues. I have confidence that something will come your way.

Thanks for writing and best wishes.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

March 31, 1997

Ms. Elizabeth Fine
3531 Porter Street, NW
Washington, DC 20016

Dear Elizabeth:

Thank you for your letter and resume which I ~~have forwarded to the Office of Presidential Personnel. I am certain it will receive full consideration~~ am sharing with friends & colleagues & have confidence that something perfect will come your way.

Thanks for writing and best wished.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

Elizabeth R. Fine
3531 Porter Street, N.W.
Washington, D.C. 20016
(202)364-4283

January 8, 1997

Melanne Verveer
Deputy Chief of Staff to the First Lady
The White House
Washington, D.C. 20500

Dear Melanne,

It was great to see you on election night, and it was so much fun to be back in Little Rock. As I may have mentioned to you, I am planning to return to the workforce after a temporary – and very enjoyable – sabbatical. I would love to talk to you about any possibilities in the Administration and I have attached my resume. As always, thank you for your help.

Warmly,

Elizabeth Fine

ELIZABETH R. FINE
3531 Porter Street, N.W.
Washington, D.C. 20016
(202) 364-4283

PROFESSIONAL EXPERIENCE

1994-1996	U.S. Department of Justice: Served as Assistant to the Attorney General, Counsel to the Deputy Attorney General and Counselor to the Commissioner of the Immigration and Naturalization Service. Responsibilities included policy development, speechwriting, communications, legislative work, and liaison with the White House on a range of issues including law enforcement, crime and immigration. Appointed to the Senior Executive Service.
January - May 1993	Special Counsel to the President: Advised the President and the White House Counsel on the suitability and fitness of individuals for senior administration positions.
November 1992-January 1993	Associate Counsel to the Presidential Transition: Responsible for preparing confidential background materials for the President-Elect on candidates for the Cabinet and for other senior administration positions.
May - November 1992	Clinton-Gore 1992 Presidential Campaign: Interviewed and vetted prospective vice presidential candidates, and served as point person on key policy issues relating to the Candidate's record as Governor of Arkansas.
1989-1992	Counsel to the House Judiciary Subcommittee on Intellectual Property and Judicial Administration: Prepared hearings, legislation, and legislative reports, and assisted Members of the Subcommittee and the public on matters within the Subcommittee's jurisdiction, including intellectual property and prisons.
1987-1992	Fellow and Staff Attorney, Georgetown University Law Center's Institute for Public Representation: Federal court and administrative practice in communications, immigration, environmental policy and employment law. Responsibilities included supervising a team of law students working in the legal clinic.

Admitted to practice in New York, the District of Columbia and Massachusetts

EDUCATION

1982	Brown University, B.A. 1982 with Honors in International Economic Development
1987	New York University School of Law, J.D. Ann Petluck Poses Memorial Prize for outstanding work in a clinical course Jurisprudence Award for outstanding work in the Urban Law Clinic Colloquium Editor, *Review of Law and Social Change*
1989	L.LM. in Advocacy, Georgetown University Law Center

OTHER ACTIVITIES

Board member and officer, Lutheran Social Services of the National Capital Area, 1993- present
Member, Adas Israel Gan Hayeled Preschool Steering Committee 1996-1997; Women's Bar Association; and Lawyers at Home.

Elizabeth R. Fine
3531 Porter St. N.W.
Washinton, D.C. 20016

WASHINGTON, DC 200
PM
11 JAN
1991

Hon. Melanne Verveer
Deputy Chief of Staff
to the First Lady
The White House
Washington, D.C. 20500

THE WHITE HOUSE
WASHINGTON

May 1, 1997

Ms. Anne Focke
110 Cherry Street
#302
Seattle, WA 98104

Dear Anne:

Thank you for your letter and for "Financial support for Artists," which I have shared with colleagues here. It was great to hear from you again. It's always a challenging time for the arts - so it seems.

Thanks for writing and best wishes in all you do.

Sincerely,

Melanne Verveer
Chief of Staff to
the First Lady

It's been so long since I've been in touch. Hoping to hear your continuing commitment to the arts.

ANNE FOCKE 110 CHERRY STREET #302 SEATTLE WA 98104 206-343-0769 afocke@artswire.org

April 22, 1997

Melanne Verveer
Office of the First Lady
Old Executive Office Bldg., Rm 100
Washington D.C. 20500

Dear Melanne,

This study is circulating a bit, and I thought you might find it interesting.

Switching hats quickly, if you ever have an interest in writing again for the *Grantmakers in the Arts Newsletter*, I hope you'll let me know.

Sincerely,

Anne Focke

Financial Support for artists

THE WHITE HOUSE
WASHINGTON

April 21, 1997

Mr. Donald Fowler
2725 Devine Street
Columbia, SC 29205

Dear Don:

Thank you for your letter and for forwarding Badri Johnson's thoughtful letter. We will send her a reply.

Thanks for writing and best wishes.

Sincerely,

Melanne Verveer
Chief of Staff to
the First Lady

THE WHITE HOUSE
WASHINGTON

February 19, 1997

Ms. Diane Frankel
Office of the Director
Institute of Museum Services
1100 Pennsylvania Avenue, NW
Room 510
Washington, DC 20506

Dear ~~Ms. Frankel~~ Diane:

On behalf of the First Lady, thank you for your thoughtful note and for a copy of the IMS publication, which highlighted Chicago's Children's Museum among so many other remarkable institutions.

Thanks for all you do. I hope to see you before too long.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

It was wonderful to see you in Chicago. I hope we have a meeting scheduled.

IMS
Institute of Museum Services
Office of the Director

2.11.97

Dear Mrs. Clinton:

Enclosed is a copy of a book the IMS published profiling the program between The Chicago Children's Museum and The Robert Taylor Homes. I think you might find it interesting before you address in Chicago. Everyone at The Children's Museum is so pleased that you will be speaking there.

It is a wonderful museum for children and families throughout Chicago.

Sincerely,
Diane Frankel

1100 Pennsylvania Avenue, N.W., Room 510 • Washington, D.C. 20506

THE WHITE HOUSE

WASHINGTON

February 5, 1997

Ms. Marilyn Flanzbaum, President
Mr. Stanley Stone, Executive Vice President
The Jewish Federation of Central New Jersey
843 St. Georges Avenue
Roselle, NJ 07203-2626

Dear Ms. Herman & Mr. Shapiro:

Thank you for your letter regarding legal immigrant and refugee provisions in the welfare reform law. As the President said when he signed the law, he strongly objects to some of the provisions that have nothing to do with welfare reform, such as the provision that penalizes legal immigrants if they become disabled and require medical assistance through no fault of their own. The President's FY98 Budget, that will be released this week, while balancing the budget will still contain funds and propose changes consistent with the promises he made when he signed the welfare reform law. The President is fully committed to these proposed changes.

We are gratified by the recent statements of some Republican and Democratic governors calling for restoration of benefits for legal immigrants and we are hopeful that Congress will support such modifications.

Best wishes.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

JEWISH FEDERATION OF CENTRAL NEW JERSEY

843 ST. GEORGES AVENUE
ROSELLE, NJ 07203-2626
(908) 298-8200
FAX (908) 298-8220
edCentralNJ@cjf.nolli.com

SOMERSET DIVISION
125 WASHINGTON VALLEY ROAD
WARREN, NJ 07059
(908) 764-8900
FAX (908) 764-0058

December 10, 1996

Ms. Melanie Verveer, Deputy Asst. to the President
Deputy Chief of Staff
Office of the First Lady
The White House
1600 Pennsylvania Ave.
Washington, DC 20500

Dear Ms. Verveer:

The recently approved welfare reform bill contains provisions which are far too harsh in the treatment of legal immigrants and refugees. As you recall, the President said that he would seek corrective action in the upcoming Administration 's budget proposal for the next fiscal year.

We urge the Administration to include the following in its budget proposal:

a) Exempt from the statute's restrictions legal immigrants who become disabled after entering the U.S.

b) Exempt legal immigrants from the SSI and Food Stamp bar.

c) Exempt refugees and asylees from any bars.

d) Eliminate the five year bar on medicaid for future legal immigrants.

We thank you very much and look forward to a positve response to our request.

Sincerely,

Marilyn Flanzbaum
President

Stanley Stone
Executive Vice President

THE WHITE HOUSE
WASHINGTON

January 14, 1997

Dr. Thomas Foley, Jr & Dr. Warren Groupe
1160 Fox Chapel Road
Pittsburgh, PA 15238-2016

Dear Dr. Foley & Dr. Groupe:

Thank you very much for your letter to the First Lady. We are grateful to you for sharing your views on the future of the United States Agency for International Development. Mrs. Clinton has been a strong supporter of USAID's important contributions and has highlighted the agency's work at home and abroad.

We are grateful for your interest and for the important work you do to help children in need.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

January 7, 1997

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

Dear Ms. Verveer:

I am enclosing with this mailing a letter that Dr. Warren E. Grupe and I have written to Mrs. Clinton. I would be most grateful if you would deliver it to her personally so that she will have an opportunity to read it early this month.

Dr. Grupe and I met recently with Ambassador Raymond Flynn about global humanitarian assistance programs. We discussed the future of the United States Agency for International Development. Ambassador Flynn advised that we write to Mrs. Clinton about our concerns for the future of the Agency, and he suggested that we contact you to be assured that the letter reaches Mrs. Clinton in a timely manner.

Thank you very much for your assistance in this request, and please accept my very best wishes for a very Happy New Year.

Sincerely yours,

Thomas P. Foley, Jr. M.D.
1160 Fox Chapel Road
Pittsburgh, PA 15238-2016

January 7, 1997

Hillary Rodham Clinton
The White House
Washington, DC 20500

Dear Mrs. Clinton:

We are very concerned about the future of the US Agency for International Development. Although most everyone has been deeply disappointed over the ineffectiveness of USAID programs in recent years, the Agency retains great potential for constructive humanitarian activities. Were it to be redirected to address contemporary world needs and reorganized under visionary leadership, USAID can once more enhance the image and strengthen the global effectiveness of the United States. A pervasive practice of compassion and inclusion remains sound policy, particularly if the United States is to retain credibility and persuasiveness as a world leader.

Very recently, we asked the highly respected and experienced Ambassador to the Vatican, Raymond L. Flynn, if he would come to Pittsburgh to meet with us about our humanitarian programs and give us the benefit of his extensive international experience and expertise. He is widely recognized as a friend of the needy and poor in the United States and abroad.

It is feared that there is a very real possibility that, during the next session of Congress, USAID could be eliminated or its functions absorbed by the US Department of State. Many of us in the health care field believe that such a decision would be as much a tragedy for future US foreign policy as it would be for those unable to move toward a greater potential alone. Ambassador Flynn advised us to contact you about our concerns and activities.

A consortium of health care professionals with expertise in international health issues will be promulgating a proposal which would transform USAID into a creative and productive agency to meet the foreign policy challenges of the 21st Century. Together with other interested citizens, we will be promoting that concept to a broad constituency, which includes the appropriate members of Congress.

From our contact with you during humanitarian programs in Belarus, Russia and Kazakhstan, we know that you share a very sincere interest in the welfare of the world's citizens, particularly children, and that you appreciate the bidirectional value of well conceived and well implemented humanitarian assistance. We would appreciate an opportunity to share this proposal with you at your earliest convenience.

Sincerely yours,

Thomas P. Foley, Jr. MD
1160 Fox Chapel Road
Pittsburgh, PA 15238-2016

Warren E. Grupe, MD
350 Barracks Hill
Charlottesville, VA 22901-8845

cc: Erskine Bowles
Chief of Staff
The White House

Melanne Verveer
Deputy Chief of Staff
to the First Lady

University of Pittsburgh

Thomas P. Foley, Jr., M.D.
PROFESSOR OF PEDIATRICS
DIRECTOR, DIVISION OF ENDOCRINOLOGY
CHILDREN'S HOSPITAL OF PITTSBURGH

ONE CHILDREN'S PLACE
3705 FIFTH AVENUE AT DESOTO STREET
PITTSBURGH, PA 15213-2583
(412) 692-5176 FAX: (412) 692-5834

HOME TEL: 412 963 9640
HOME FAX: 412 963 0963

Thor P. Foley, Jr., MD
1160 ox Chapel Road
Pittsburgh, PA 15238-2016

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

THE WHITE HOUSE
WASHINGTON

April 1, 1997

Dr. Julie Fisher
Yale University
Program on Non-Profit Organizations
88 Trumball Street
P.O. Box 208253
New Haven, CT 06520-8253

Dear Dr. Fisher:

Thank you for your letter and extensive information on Trickle Up. We appreciate your sending us materials on the important work that is being done to assist low income people through this program. What a wonderful record the micro-enterprise projects have established.

Thanks for writing and best wishes in your much needed efforts.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

Yale University

Program on Non-Profit Organizations
88 Trumbull Street
P.O. Box 208253
New Haven, CT 06520-8253

Telephone
203 432-2121
FAX:
203 432-7798

February 28, 1997

Ms. Melanne Verveer
The White House
Room 100
Old Executive Office Building
Washington ,DC 20500

Dear Ms. Verveer:

You may remember that I sent a copy of my book *The Road from Rio* to the First Lady in 1995, before her trip to Asia, and you sent me a very nice thank you letter.

I have been very pleased to note that Mrs. Cllinton's recent support for microcredit has significantly increased public interest in the topic. My husband and I have just completed a field evaluation in Ecuador and Guatemala of a different approach to microenterprise development, which might be called micro venture capital. Trickle Up, in conjunction with local partner agencies, provides $100 seed capital grants which do not have to be repaid. Whereas microcredit reaches poor people, Trickle Up can also reach the poorest of the poor, who, because they are on the edge of survival, may even be afraid to take out a loan.

Amazingly, we found that 90% of a random sample of 2 and 3 year-old microenterprises in both countries are still in business.

I enclose a copy of our report, as well as Trickle Up's annual report for 1995. Please let me know if there is anything else I can do to support Mrs. Clinton's interest in this important topic.

Sincerely,

Julie Fisher

Julie E. Fisher, PhD
Scholar in Residence

THE WHITE HOUSE
WASHINGTON

April 1, 1997

Dr. Gloria Jo Floyd
Executive Chair
Leadership Alumnae Texas Association
3500 Jefferson Street
Suite 210
Austin, TX 78731

Dear Dr. Floyd:

On behalf of the First Lady, thank you for your letter, for reiterating your invitation to the Annual Anethaeum on May 8 and for providing us with an exact date and time.

Patti Solis Doyle, Director of Scheduling for the First Lady, will inform you as soon as a decision is made.

Thanks for writing and best wishes.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

LEADERSHIP T·E·X·A·S ALUMNAE ASSOCIATION

A PROGRAM OF THE FOUNDATION FOR WOMEN'S RESOURCES

March 5, 1997

Mrs. Hillary Rodham Clinton
The First Lady
OEOB, Room 100
Washington, DC 20500

Re: May 8 -9, 1997 (San Antonio, Texas) Follow-up

Dear Mrs. Clinton,

Texans statewide are extremely excited about our invitation to you to be in San Antonio during our Annual Athenaeum and Recognition event held May 8 -9, 1997.

As shared we would be honored to have you participate in any part of this event as a speaker. Our preferred time for you to speak would be on the evening of May 8, 1997 during our First LTAA Hall of Fame Recognition Event occurring between the hours of 6:00 p.m. and 10:00 p.m. Our statewide group of outstanding women leaders, also, would like for you to be the First Honorary Inductee into our LTAA Hall of Fame.

This event will be spectacular, open to the public, promoted statewide, with a magnificent array of interspersed performing artist (mariachis, dancers, soloist, etc.) and held in the Majestic Theatre, one of the nation's best.

Statewide elected officials, public officials, women's groups, business leaders and related groups are being invited to the event.

We have extremely high quality event partners who are committed to making the program one of the more significant events in Texas in 1997. Our honorary chairs for the event include former Governor Ann Richards.

Again, I want to say thank you in advance for consideration given to this event. I am sure that as we honor one Leadership Texas Woman from each of our 14 regions statewide that evening that the highlight of each person's night would be to hear you speak and accept the First LTAA Honorary Hall of Fame Award.

Our entire group commends you and President Clinton for the impact you have had on our nation and world.

I look forward to your positive reply and thank you for the gracious correspondence from your staff to date.

Blessings,

Dr. Gloria Jo Floyd

Gloria Jo Floyd Ph.D.
Executive Chair

PS: Please note that we would be honored to aid in coordination of any other event or activity you would like to have accomplished while in our city and state.

cc Melanne Verveer, Deputy Chief of Staff to the First Lady
Patti Solis Doyle, Director of Scheduling to the First Lady
Cristina Weiss, Athenaeum Chair

THE WHITE HOUSE
WASHINGTON

February 24, 1997

Mr. Alexander Forger
President
Legal Services Corporation
750 1st Street, NE 11th Floor
Washington, DC 20002-4250

Dear Alex:

Thank you for your letter and for your reflections on a better strategy for gaining greater support for LSC.

Thank you too for your wonderful leadership, commitment and dedication. Although you leave the job, I know you don't leave the cause. I have been fortunate to work with you and I hope we'll be able to count on your advice and assistance in the months ahead. Again, many thanks.

Thank you for writing and best wishes.

Sincerely,

We'll miss you, but owe you a great debt.

Melanne Verveer
Deputy Chief of Staff
to the First Lady

LEGAL SERVICES CORPORATION
750 1st St., NE, 11th Fl., Washington, D.C. 20002-4250
(202) 336-8800 *Fax (202) 336-8959*

Alexander D. Forger
President

Writer's Direct Telephone
(202) 336-8820

February 12, 1997

Melanne Verveer
Deputy Assistant to the President and
Deputy Chief of Staff to the First Lady
Office of the First Lady
The White House
Room 100 OEOB
Washington, D.C. 20500-2000

Dear Melanne:

As I contemplate my next life -- returning to the "real world", in the words of Congressman Stenholm last week -- I continue to believe it important to seek to mobilize community support for a federally funded legal services program. As we all know, we must reach beyond our traditional, albeit critical, constituency of bench and bar, to a broader cross-section of the public. I was much encouraged by the Stark County (Ohio) poll last fall showing that even in conservative voting areas people were aware of legal services and, moreover, voiced their opposition (by 2-1) to the Congressional cuts in the program. I truly believe that the overwhelming number in the nation are of the view that those without financial means should have some assistance in resolving their legal problems. Even those immediately above the poverty level experience difficulty themselves in obtaining access to the judicial system, and thus can readily identify with the plight of those who are without resources.

As you know, I have made efforts to attract corporate support (while being careful to observe lobbying restrictions) without any significant success. For many business and community leaders (and many in Congress as well) there is no apparent benefit to be derived in taking a role in this cause. Yet they are ubiquitous in the world of fine arts and performing arts and their support both in private fundraising and in behalf of government funding is quite visible and effective.

I am seeking a context in which these or comparable groups of people can be motivated to expand their interests -- and hopefully their influence -- to the justice arena. And this is why I keep playing my broken record in urging a high profile of Administration support, thus to create

a backdrop or environment to which they can relate. While I understand from the last meeting of the Administration's Support Team that our best strategy with Congress is to keep a low profile, higher visibility may be worth the risk if greater public understanding, and hence support, could result.

Surely this strategy is not being employed in respect of federal funding of the arts, and there must be persuasive reasons for this. The President spoke eloquently and passionately in support of the arts in his State of the Union message and received a burst of applause in response. Congress and the world at large can have no doubt tat this is a high Administration priority. Because NEA and LSC have always been bracketed together, as if Siamese twins, in the rhetoric of our common adversaries (the most recent linkage being pushed by the Christian Coalition in their current "Samaritan"initiative) it may appear to some that one stands in greater favor than the other.

Hence, going forward, it might be useful to review our strategy. Perhaps in light of the arts initiative a change is already being considered -- or there may nonetheless be persuasive reasons why we should continue on the original course.

Were the approach to change it surely would fit readily with the concern for those in poverty whom the President identified at the recent Prayer Breakfast as the first of those in the breach deserving of our help. At LSC we are trying our best to do just that --helping families deal with everyday problems that frequently interfere with their ability to obtain or retain employment, housing and medical care, so as to enable them to move out of poverty.

By the time you receive this letter I probably shall have completed my term at LSC and returned to New York. I thank you for our constant support and patience and wish you well in the many important tasks you perform. Should you have any words of counsel or advice forme as to how best to carry on the mission in my life hereafter, I would of course be very pleased to hear from you.

Sincerely, and with gratitude,

Alexander D. Forger
President

THE WHITE HOUSE
WASHINGTON

April 21, 1997

Mr. Donald Fowler
2725 Devine Street
Columbia, SC 29205

Dear Don:

Thank you for your letter and for forwarding Badri Johnson's thoughtful letter. We will send her a reply.

Thanks for writing and best wishes.

Sincerely,

Melanne Verveer
Chief of Staff to
the First Lady

Donald L. Fowler

P

29 Mar 94

To: Melanne Verveer

From: Don Fowler DLF

Melanne, Badri Johnson is one of the first ladies whom I met during my entire tour in Washington. Please note the underlined portions of the attached letter. A letter or token of acknowledgement from the First Lady would mean a great deal to her. Badri is a successful business woman who, with her husband Floyd, have been devoted supporters of the President and the First Lady. She could be helpful in many ways.

Thanks you for your consideration. Best wishes.

Badri N. Johnson
1726 East Iowa Avenue
Saint Paul, Minnesota 55106

March 19, 1997

Dear Mr. and Mrs. Fowler;

I was so looking forward to hearing from you and finally your letter of March 8, 1997 arrived. Floyd and I were overjoyed to hear that Mrs. Fowler is doing better and is on the road to full recovery.

When I wrote to you last, I did not wish to distress you any further by mentioning the aftermath of the fund raising problems the Republicans are putting the President, the First Lady, the Vice President and yourself through; however, since you alluded to it in your above-mentioned letter, I thought it behooves me to mention that shortly after the White House released the names of the people who were at the White House "coffee with the President", I had three or four telephone calls from different reporters. I am enclosing a copy of one of the articles which appeared in the St. Paul Pioneer Press despite the fact that I begged the reporter not to write about me. The other articles are about the same with some variation.

One of the reporters asked me if you had been present at the "coffee with the President" gathering. I told him that I had no idea as I had never met Mr. Fowler and that everyone except the President were unknown to me. Another reporter asked me if the Vice President had called me. I quickly replied that he had not and went on to add that I wish he had because I love these people and feel a certain affinity with them and will help them in any way I can. I also went on to chastise him for making trouble. He never bothered me again.

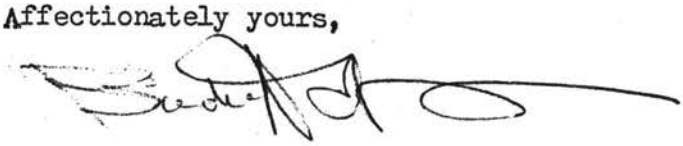
I am sure, Mr. Fowler, that all this hullabaloo will blow over soon without any real damage to the President, Vice President and yourself. Believe me when I tell you that the American people on the whole are not and do not care about this subject. The economy is good, unemployment is very low, the average people are doing okay, and they all know that this is some kind of revenge on the Republican side for losing the White House, and they are going to lose it again four years from now. We have a president who has brought us peace and prosperity. People are happy. The President has enemies which is natural. Which emperor, which king, which president and leader has not had enemies in the history of the universe? So, please do not worry too much. Everything will be okay. I am a bit of a seer.

By the way, a few days ago Mark Thomann called me and we had a nice telephone chat. He mentioned that there is a possibility of him coming to the Twin Cities for a couple of days. I invited him to dinner at our home if he comes.

Please stay in touch and please let me know if there is anything I can do for the President and the First Lady. I truly love them very much. I wish I was one of the ladies who accompanies the First Lady on her trips abroad. I would give anything for such a privilege and honor, and I think I can be of service to her.

Thank you again for your letter.

Affectionately yours,



THE WHITE HOUSE
WASHINGTON

January 27, 1997

Patricia & Aubrey Frawley
19 Rylin Lane
Palm Coast, Fl 32164

Dear Friends:

We have received your moving letter and on behalf of the First Lady, we would like to convey our deepest sympathy to you and your family.

The President is working to address the health issues confronted by our Gulf War veterans. It will not bring back those who are gone, but hopefully it will make a positive difference for those veterans still encountering health problems.

Thank you for caring. Best wishes.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

January 11, 1997

Patricia V. Frawley
19 Rylin Lane
Palm Coast Fl 32164
904-437-6282

Dear Mrs Clinton,

This letter has been written to inform you that the Persian Gulf Syndrome does exist. My husband Richard died November 14, 1996 after serving in the Gulf. He returned from the Gulf and informed me he was ill, thereafter he retired. It began with falling, lack of normal balance, lung problems. As time passed he was on oxygen all the time. Wheelchair-bound and numerous hospital stays from pneumonia. He suffered daily knowing what caused this horrific illness and no one would admit this wrong and try to do the right thing by helping our own people.

We were a family that had a life and a future. Richard was a person that had hopes and believed in what he was doing when he went to the Gulf for his country, to return to die a horrible slow death, that was caused by the Persian Gulf War. On his death bed he begged me to never let this go, to always know that we are right and to let the government simply dismiss this is criminal. Yes, I promised him that I would never give up, and we will get to the bottom of this cover-up and make those that have kept the secret answerable for all that suffered at the hands of a madman and our country that will not assist their own.

The enclosed video will introduce you to Richard. The first part is Richard on the last ship to the Gulf. Second part is Richard's deposition taken in the hospital. The third is one week before he died, nothing to compare to the hours before he died. He struggled to breathe, morphine had to be given every hour for pain. His body shut down slowly, he begged me to help him. I held his hand and told him to let go, he had suffered enough, but it wasn't time, he lingered; gasping so hard the bed would rattle with each breath. He was a fighter, he had hope to the end. His fight ended November 14. 1996 at 9:25am.

My fight began. Please take the time to review the video, and ask yourself what will happen the next time we aid another fallen government or starving children or to establish some vague justice in a country that doesn't want us there at all. The choices our government makes for one concerns all of us. Please ask questions and expect answers; the next victim could be someone you love.

Sincerely,

Patricia & Aubrey

Patricia and Aubrey Frawley

Enclosures
cc: Oprah Winfrey
Geraldo Rivera
The Pentagon
The White House
Channel 2 News
Channel 6 News
Channel 9 News
Honarable Jesse Brown

JOHN E. KAYE D.O.
1702 RIDGEWOOD AVENUE
HOLLY HILL, FLORIDA 32117
PHONE 677-5415

FEBRUARY 12, 1996

RE: RICHARD FRAWLEY
SS#: 373-34-8025

TO WHOM IT MAY CONCERN:

MR. FRAWLEY HAS REGRESSED FROM A HEALTHY, VIBRANT, HEALTHY, BOISTERIOUS MAN IN 1991 TO BEING BED FAST AND WHEELCHAIR BOUND AS OF THIS DATE. HE IS UNABLE TO BREATH WITHOUT OXYGEN AT ALL TIMES. HE HAS A CENTRAL NERVOUS SYSTEM DISORDER THAT CAUSES EXTREME WEAKNESS WITH SHAKING IN BOTH ARMS AND HANDS, DIAGNOSED WITH PRIMARY LATERAL SCLEROSIS.

I AM NOT CERTAIN AS TO WHAT CAUSED THIS RAPID DETERIORATION AFTER SERVING IN THE PERSIAN GULF ARENA. BUT THE FACT REMAINS HE HAS DETERIORATED TO THIS POINT AND I CONSIDER HIS CONDITION TO BE TERMINAL.

SINCERELY,

JOHN E. KAYE, D.O.

· *Diplomat of the American Board of Neurology & Psychiatry*
By Appointment Only

Ultrasonography, Electromyography, Electroencephalography, MRI, Computerized Tomography.

Alyn L. Benezette, D.O.

1430 Mason Avenue
Daytona Beach, Florida 32117
(904) 274-2000

November 10, 1995

John Salisbury
Staff Attorney
US Department of Transportation
Maritime Administration
400 Seventh Street S.W
Washington, DC 205590

RE: FRAWLEY, RICHARD

Richard Frawley has been under my care for progressive weakness. His symptoms reportedly began after he was in the Persian Gulf as an engineer on a merchant marine ship involved in transporting materials for the Persian Gulf War. He has developed a progressive generalized weakness that has left him wheelchair bound. This disorder has effected his cognitive function as well.

He has profound weakness of the cranial nerves which effects his ability to swallow and talk. He also has profound weakness of the upper and lower extremities to such a degree that he requires assistance with activities of daily living.

He has remained alert and fairly oriented despite this disorder, but he has evidence of pseudo bulbar behavior with profound emotional lability.

His neurologic examination is most consistent with a degenerative disease of the spinal cord known as primary lateral sclerosis. There is no known cause for this disorder. Although I have no experience in diagnosing or treating patient's with Gulf War Syndrome, Richard Frawley certainly meets the criteria of symptoms seen in this disorder.

If you have any further questions regarding this case, please feel free to contact me at my office.

Respectfully

Alyn L. Benezette, D.O.

Alyn L. Benezette, D.O.

ALB/dpf

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	re: patient information [Personally Identifiable Information] (1 page)	08/29/1994	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 14386

FOLDER TITLE:
[Binder - Melanne Verveer 1997 Correspondence A-G] [3]

2013-0534-S
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RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE WHITE HOUSE
WASHINGTON

February 19, 1997

Ms. Helen French
Rt. 5, Box 21
Waynesboro, VA 22980

Dear Ms. French:

Thank you for your letter and for information on the MERCI program. I have shared your letter with appropriate administration officials.

Thank you for writing and best wishes in your important work.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

Helen French RN, BSN,CNOR
Rt. 5, Box 21
Waynesboro, Va. 22980
540 / 942-4820 (H)
804 / 970-4307 (Pager)
hmf2e @ galen.med.virginia.edu.
http: // galen. med. virginia.edu / ~hmf2e merci.html

January 18, 1997

Dear Ms.Verveer,

Happy New Year. May the new year bring happiness and good health to you and yours.

I am taking the opportunity to share with you some information on my MERCI program, which I founded in 1992 at the University of Virginia Health Science Center, a 600 bed tertiary hospital. (see enclosed synoptic information). *MERC*I stands for Medical Equipment Recovery of Clean Inventory.

As one who has been an operating room nurse for over 23 years, and active in many facets of healthcare, I would like to humbly propose that a pilot project, such as the one I began at UVA, be considered in the state of Virginia and later expanded to VA hospitals everywhere. The process/solution is simple but effective.

As a medical waste management expert, I am well informed about all the aspects of medical waste management.

This particular program has proven itself. The program's main strength's are the revenue savings, the humanitarian aspect, the conservation aspect, and the environmental aspect. It has been a win win situation for all. I have processed 55,000 plus pounds (27.5 + tons) of clean medical supplies since 1992 and have diverted them to many appropriate

avenues of use.

If this administration is interested in such a program which is practical and inexpensive,

I would be happy to set up such a program in the state of Virginia.

Warm regards,

Helen French

NARRATIVE DESCRIPTON

Helen French, RN, BSN, CNOR

Helen French earned her Associate Degree in Nursing from Piedmont Virginia Community College in Charlottesville, Virginia and her Bachelor of Science-Nursing from the University of Virginia in Charlottesville, Virginia. She also maintains her CNOR certification from the Association of Operating Room Nurses.

Helen's responsibilities as a Clinician 111 in the operating room at the University of Virginia are multifaceted. Some of her roles in the operating room are, Clinical Manager Team Specialist, OR preceptor, Generalist as well as a specialist in ophthalmology and urology. Besides being the founder of the University of Virginia program MERCI which has diverted over 55,000 pounds of clean medical supplies to missions, she sits on committees such as the UVA Hazardous Materials Subcommittee, the UVA Committee for Employee Benefits and the OR Quality Assurance Committee. Helen is the Legislative Chairman of the Jefferson Chapter of AORN and has won two national legislative awards from AORN. She is the secretary for the UVA School of Nursing Alumni Association and Publicity chairman for Virginia Nurses Association District #7. Helen is also a journal reviewer for AORN.

Helen has published an article in the *AORN Journal* on medical supply recycling and has spoken at numerous conferences on this topic.

Association of Operating Room Nurses, Inc.
2170 South Parker Road, Suite 300, Denver, Colorado 80231-5711 (303) 755-6300 or (303) 755-6304

August 13, 1996

[redacted] Helen French, RN, BSN, CNOR
University of Virginia Health Sciences Center
Charlottesville, VA 22908

Dear Ms. French:

The AORN Center for Perioperative Education is pleased that you and Ms. Darryl Kuperstock have agreed to present at the Pre-Congress continuing education activity at the Anaheim Convention Center in Anaheim, California, Saturday, April 5, 1997. Your presentation, **"Decreasing Waste, Increasing Profit, Uplifting Humanity Through Recycling: MERCI & REMEDY,"** is scheduled for **Saturday, 5 April, 1997, 1:30 to 4:30 p.m.**, with an unscheduled ten minute break.

DECREASING WASTE, INCREASING PROFIT, UPLIFTING HUMANITY THROUGH RECYCLING:MERCI & REMEDY
Helen French, RN, BSN, CNOR

References

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Infectious Waste Management Regulations, Commonwealth of Virginia, Department of Waste Management, VR 672-40-01 (May 2, 1990).

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Rutala, W & Mayhall, G, "Medical Waste, Infection Control and Hospital Epidemiology", *JAMA*, 13:38-48 (January 1992).

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The Public Health Implications of Medical Waste : A Report To Congress (Washington, DC: Agency for Toxic Substances & Disease Registry, US Department of Health and Human services, 3.6 (1990).

Christian Relief Services

Eugene L. Krizek
President

November 13, 1996

Helen French
Route 5, Box 21
Waynesboro, VA 22980

Dear Mrs. French,

Hello, I hope that all is well with you. I greatly appreciated receiving the materials from you concerning the medical supply recovery program you have organized. I sincerely hope that we will be able to work together in the future with donations of medical supplies and equipment. Currently, we have requests for supplies and equipment from Bosnia, Colombia, Uganda, Mozambique, Ethiopia, Guinea-Bissau, Lithuania and Latvia which we are trying to fill. I am unsure as to how I should go about accessing your program in regards to these requests. Our organization has many items to send but would like to supplement these with other donations. Please let me know if I should send a request with the list or exactly what I should do.

You had asked for the total weight of the two containers of medical supplies and equipment donated by MERCI for Lithuania. The total weight was 84,261 pounds. I am enclosing herewith a fax I received today from Dr. J. Pundzius from the Kaunas Medical Academy Hospital thanking our organization for the donation. You may have already been notified that the items were received, but I thought you might like to have this confirmation that the supplies and equipment you collected were indeed received in Lithuania and are already starting to be used.

Has your local Rotary Club made any decisions about supporting the Rotary Club in Vilnius? I would like to ask other clubs to assist the club in Vilnius if they are not planning to be involved. Please have them call me if they need more information or have made a decision on this.

Thank you for your assistance with all of these things. You are remarkable for the efforts you've made to collect these items, and in essence, singlehandedly change the way your hospital thinks! I think it's wonderful! Best wishes for your continued success, I look forward to working with you in the future.

Sincerely,

Jennifer Patterson

Jennifer G. Patterson
Director of Fulfillment

Encl.

Americans Helping Americans®
Running Strong for American Indian Youth®
International Relief and Rescue

8815 Telegraph Road • Lorton, Virginia 22079 • (703) 550-2472 • FAX (703) 550-2473 • Internet: crserv@access.digex.net
www.christianrelief.org

UNIVERSITY OF VIRGINIA
HEALTH SCIENCES CENTER
OFFICE OF THE VICE PRESIDENT AND PROVOST

January 25, 1996

Helen French, RN, BSN, CNOR
Box 297

Dear Helen,

Thank you for your letter and the update on the MERCI project. The figures, the savings, and the redirection of usable goods, not to mention the decreased discards into landfills, is truly astounding. Words cannot express how much I admire and appreciate your efforts and the results.

I most strongly urge you to continue this outstanding effort, teach it to others, and expand it throughout the Health Sciences Center. If you need any assistance from me or the administration, please let me know.

Warmest regards.

With sincere appreciation,

Robert W. Cantrell, M.D.
Vice President and Provost
for Health Sciences

RWC/cf

cc: Michael J. Halseth

HEALTH SCIENCES CENTER BOX 179 CHARLOTTESVILLE, VIRGINIA 22908
804-924-2444 FAX 804-982-1102

1995-1996

Sheet1

	WEIGHT IN POUNDS		WEIGHT IN TONS	% OF TOTAL
-Linen	17313.0		8.66	0.83%
-Scrap Film	0.0		0.00	0.00%
-Clean Medical Supplies	18965.0		9.48	0.91%
-Silverchips	0.0		0.00	0.00%
Parking & Transportation:				
-Batteries	0.0		0.00	0.00%
-Oil	0.0		0.00	0.00%
-Misc Scrap Metals	0.0		0.00	0.00%
-Chemicals	0.0		0.00	0.00%
FM-UVa:				
-Toner Cartridges	28600.0		14.30	1.37%
-Paper delivered by depts	0.0		0.00	0.00%
-Surplus Wood	0.0		0.00	0.00%
-Wood Pallets	637280.0		318.64	30.58%
-Copper	2792.0		1.40	0.13%
-Brass	131.0		0.07	0.01%
-Tin	18150.0		9.08	0.87%
-Iron	146854.0		73.43	7.05%
-Steel	14391.0		7.20	0.69%
-Aluminum (cans-delivered)	9499.0		4.75	0.46%
-Aluminum (non-can)	928.0		0.46	0.04%
-Misc Scrap Metals	273977.0		136.99	13.15%
-Auto Batteries	600.0		0.30	0.03%
-Coffee Grounds	1341.0		0.67	0.06%
-Oil/grease	0.0		0.00	0.00%
-Wood Chip/Sawdust	206000.0		103.00	9.89%
-Brush & Leaves composting	707000.0		353.50	33.93%
SPECIAL MATERIALS:	2083821.0		tons=	1041.91

UNIVERSITY & AREA RECYCLING TOTALS FOR 1995

Aluminum :	31627.0		15.81	0.70%
Cardboard :	739981.0		369.99	16.34%
Plastic :	4245.0		2.12	0.09%
Clear Glass :	95060.0		47.53	2.10%
Green Glass :	0.0		0.00	0.00%
Brown Glass :	0.0		0.00	0.00%
Revenue Paper :	446666.0	####	223.33	9.86%

THE WHITE HOUSE

WASHINGTON

February 5, 1997

Mr. Ernest Fruehauf, President
Mr. Ira Goldberg, Executive Director
Jewish Federation
2939 Jewett Avenue
Highland, IN 46322-2250

Dear Mr. Fruehauf & Mr. Goldberg:

Thank you for your letter regarding legal immigrant and refugee provisions in the welfare reform law. As the President said when he signed the law, he strongly objects to some of the provisions that have nothing to do with welfare reform, such as the provision that penalizes legal immigrants if they become disabled and require medical assistance through no fault of their own. The President's FY98 Budget, that will be released this week, while balancing the budget will still contain funds and propose changes consistent with the promises he made when he signed the welfare reform law. The President is fully committed to these proposed changes.

We are gratified by the recent statements of some Republican and Democratic governors calling for restoration of benefits for legal immigrants and we are hopeful that Congress will support such modifications.

Best wishes.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

JEWISH FEDERATION
Serving the Illiana Region

2939 Jewett Avenue,
Highland, IN 46322-1618
Tel: (219) 972-2250
Fax: (219) 972-4779

December 12, 1996

Ms. Melanne Verveer
Deputy Chief of Staff to First Lady
OEOB
Washington, D.C.

Dear Ms. Verveer,

We are writing as the leaders of the Jewish Federation of Northwest Indiana which represents the Jewish community in our two county area.

As citizens of this great country, The Welfare Reform statute concerns us greatly. After all, this nation was founded on immigration and the contributions of immigrants, and as members of the human family we are concerned about the welfare of the refugees and immigrants who come to our shores.

As President Clinton said, the Welfare Reform statute's treatment of refugees and legal immigrants is too harsh. He promised to fix these provisions particularly as these apply to legal immigrants. The Administration has the power to meet this commitment through their FY 1998 budget proposals. We therefore urge the Administration to include the following fixes in their budget proposal:

1) Exempting legal immigrants who become disabled after entering the United States from the statute's restrictions;

2) Exempting elderly legal immigrants from the SSI and Food Stamp bar;

3) Exempting refugees and asylees from any bars until citizenship;

4) Eliminating the five year bar on Medicaid for future legal immigrants.

Your efforts on behalf of those in need of protection and assistance is important to us all. Thank you.

Sincerely,

Ernest Fruehauf
President

Ira Goldberg
Executive Director

We are One — One People, One Destiny!

Clinton Presidential Records
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Divider Title: **G**

THE WHITE HOUSE
WASHINGTON

April 1, 1997

Ms. Felice Gaer
Director
The American Jewish Committee
The Jacob Blaustein Building
165 East 56 Street
New York, NY 10022-2746

Dear ~~Ms. Gaer:~~ Felice

On behalf of the First Lady, thank you for your letter and invitation to address the annual meeting of the American Jewish Committee on May 7, 1997.

Regrettably, the First Lady will be travelling at that time and, therefore, unable to accept your kind invitation.

Best wishes.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

(R)

Regret will be in L.A.

The Jacob Blaustein Institute
for the Advancement of Human Rights
THE AMERICAN JEWISH COMMITTEE

March 5, 1997

The Jacob Blaustein Building
165 East 56 Street
New York, NY 10022-2746
(212) 751-4000 - FAX (212) 751-4017

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

Dear Mrs. Clinton,

I am writing to invite you to address a special anniversary dinner at the annual meeting of the American Jewish Committee on Wednesday evening, May 7, 1997 in Washington, D.C. On that occasion, in recognition of the 25th anniversary year of the AJC's Jacob Blaustein Institute for the Advancement of Human Rights, we wish to honor your remarkable leadership in making women's human rights a primary concern of the international community.

Your presence would provide an important affirmation of the importance of including women's rights in the advancement of international human rights. At the same event, our Institute also hopes to recognize your success in focusing attention on the rights of the child, best illustrated by the Convention being signed during President Clinton's first term.

Your remarks will reach an influential and activist audience that is deeply interested in fighting discrimination and intolerance here in the United States as well as abroad. Moreover, you would help energize AJC leaders and members from throughout the U.S. to actively support early U.S. ratification of the CEDAW, which the American Jewish Committee strongly endorses.

Through its Jacob Blaustein Institute, AJC has been a leader in efforts to build and strengthen international mechanisms to advance women's international human rights. For example, we helped found the Washington Working Group on Human Rights of Women and initiated advocacy on prosecuting gender specific crimes at the war crimes tribunals on ex-Yugoslavia and Rwanda. As you may recall, I was a member of the U.S. delegation in Beijing, and I know only too well the enormous impact your leadership, your speech in Beijing, and your continuing support has had on the human rights of women.

The Institute carries on the vision and work of industrialist Jacob Blaustein who was National Treasurer of the Democratic Party in 1948, and a lifelong example of how private sector entrepreneurs can devote their time and talents as volunteers to improve civic society in the U.S. He was a fervent supporter of international human rights, was present at the San Francisco founding conference, and widely associated with initiating support for a UN High Commissioner for Human Rights.

The meeting in May will be attended by as many as a thousand AJC civic leaders from all parts of the United States, including the 32 cities in which we have offices. Additionally, there will be other human rights and women's rights leaders, members of the diplomatic corps, the Congress and representatives of more than 35 Jewish communities abroad.

In past years the American Jewish Committee's Annual Meeting has been addressed by distinguished educators, theologians, jurists and legislators who have championed peace, freedom and human dignity. These have included United States officials, foreign ministers, civil rights leaders and Supreme Court Justices, among them President Clinton, Vaclav Havel, Justice Ruth Bader Ginsberg, Helen Suzman, and Justice Thurgood Marshall. At AJC's Annual Meeting last year in Washington, along with the Foreign Ministers of Argentina, Germany, Oman & Qatar, both Tony Lake and Sandy Berger discussed foreign affairs. In the year before that, both President Clinton and Senator Dole addressed the Annual Meeting.

Since its creation in 1906, the American Jewish Committee's members have had a deep engagement in world events and have called upon the U.S. Congress and President to ensure a safer world based on strong American leadership and multi-national cooperation. During the 51st General Assembly session, AJC leaders met with 25 visiting foreign ministers and heads of state. Seven U.S. Ambassadors to the United Nations Commission on Human Rights, one U.S. Ambassador to the UN in New York and one to the UN in Geneva have been selected from our organizations' senior ranks.

At the dinner, we will also honor Blaustein Institute Council member Professor Thomas Buergenthal, who is probably America's top international human rights specialist. He was one of the youngest survivors of the Auschwitz death camp, (a child 9 years old at the time) and has been appointed a member of the UN's three-person Committee on Truth (on El Salvador), the UN Human Rights Committee and former President of the Inter-American Court of Human Rights. Among other persons associated with the Institute who will attend are Elena Bonner, widow of Soviet Nobel laureate Andrei Sakharov and Jerome Shestack, president-elect of the American Bar Association.

I do hope that you will accept our invitation and I look forward to your reply.

With all best wishes,

Sincerely,

Felice

Felice D. Gaer
Director

THE WHITE HOUSE
WASHINGTON

April 22, 1997

Ms. Meg Gardinier
International Catholic Child Bureau North America
866 United Nations Plaza
Suite 529
New York, NY 10017

Dear Ms. Gardinier:

Thank you very much for your thoughtful letter and the information on the **International Catholic Child Bureau.** The work being done on behalf of children is most impressive and much needed in the many ways you are engaged to help exploited children around the globe. Thank you for sending us the useful information on your vital work.

Best wishes in your important work.

Sincerely,

Melanne Verveer
Chief of Staff to
the First Lady

International Catholic Child Bureau
Bureau International Catholique de l'Enfance
Oficina Internacional Católica de la Infancia

ICCB/North America, Inc.
866 United Nations Plaza
Suite 529
(48th St. & 1st Ave.)
New York, NY 10017 USA
Tel: (212) 355-3992
Fax: (212) 754-4674

24 March 1997

Mrs. Melanne Verveer
Office of the First Lady
The White House
Washington, DC 20009

Dear Mrs. Verveer:

I am writing to you at the suggestion of Maria Riley, O.P. from the Center of Concern. She is a member of the ICCB working group on follow-up to the U.N. Fourth World Women's Conference in Beijing and thought that you may be interested in our mission and programs.

The **International Catholic Child Bureau (ICCB)** was created in Europe after World War II to complement the work of relief-based organizations by addressing the psychological, social and spiritual needs of children affected by war. For nearly 50 years, the ICCB has been working to meet these often forgotten needs in the lives of exploited children worldwide: refugee children and children affected by armed conflict, street children, disabled children, children in conflict with the law, sexually exploited children, and children who suffer from drug abuse.

The ICCB cares for children by developing pilot projects at the local level for specific populations of children. Following an evaluation, we translate these findings into policies at the regional, national and international levels. For example, the ICCB was instrumental in drafting the U.N. Convention on the Rights of the Child -- a treaty which has been ratified by 190 countries including the Holy See.

The ICCB headquarters are in Geneva, Switzerland with small regional or national offices in Asia, Africa, North and South America, and Western Europe.

The ICCB office for North Americawas established in 1984 for the purpose of developing pilot projects, advocating for children at the United Nations and its related agencies, networking with national child-related organizations and fundraising for national and global projects. To better describe our initiatives in the U.S., I enclose the following materials for your review:

(1) Two recent issues of our newsletter, ICCB News:

"The UN Convention on the Rights of the Child: A Call for Global Solidarity through Local Action." The purpose of this newsletter is analyze the relationship of the treaty to Catholic social teaching and urge U.S. Catholics to support ratification.

"Spirituality and AIDS." This newsletter is the outcome of our research project on the unmet and on-going spiritual needs of children infected or affected by AIDS.

"Resilience and Spirituality." This newsletter is an expansion of our on-going project which examines the links between spirituality and child resilience -- the capacity of a child to overcome adversity.

(2) Children and Prostitution summarizes the lessons ICCB has learned about the sexual exploitation of children and strategies for their recovery.

(3) The ICCB brochure, "Beyond Beijing...Into the New Millennium." This brochure describes the activities of national Catholic organizations to poverty, violence and the girl child. It was prepared by our board member, Donna Hanson, who chairs the ICCB sub-committee on this topic.

I hope that this letter and accompanying materials provides a satisfactory introduction to the work of our organization. If you should need more information, please contact either our New York or headquarters office: 63, rue de Lausanne, 1202 Geneva Switzerland.

Thank you for your careful consideration of our materials.

Sincerely,

Meg Gardinier

Meg Gardinier
ICCB/North America

cc: M. Riley, O.P.
D. Hanson

THE WHITE HOUSE
WASHINGTON

February 12, 1997

Mr. Michael Gerhardt
Office of the Dean
School of Law
Case Western Reserve University
11075 East Boulevard
Cleveland, OH 44106-7148

Dear Michael:

Thank you for your good wishes and thoughtful letter. It was wonderful to see you.

All the best in your important work.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

CASE WESTERN RESERVE UNIVERSITY

January 28, 1997

Ms. Melanne Verveer,
Chief of Staff
Office of the First Lady
The White House
Washington, D.C. 20500

Dear Melanne:

Congratulations on your new appointment! I cannot say that I am terribly surprised, given the First Lady's excellent judgment and your outstanding service to this administration. I know that you will do both her and the nation proud, and I wish you the best in this extraordinarily important undertaking.

Thanks for meeting with me during my trip earlier this month to Washington. I am happy to report that I am (almost completely) ambulatory again.

Very truly yours,

Michael J. Gerhardt
Dean

MJG/slb
dean3\verveer1.ltr

P.S. I gave Bill Marshall your instructions on his duty to keep you posted on my sojourns to Washington. I know the two of you will enjoy getting better acquainted and will take great care of the First Couple.

Case Western Reserve University
School of Law
Office of the Dean
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THE WHITE HOUSE
WASHINGTON

January 15, 1997

Mr. Peter Goldberg
President & Chief Executive Officer
Family Services America, Inc.
11700 West Lake Park Drive
Park Place
Milwaukee, WI 53224

Dear Peter:

Thank you for your letter inviting the First Lady to present the keynote address to the "Transitions '97: Children and Families in a Changing World" on March 17, 1997.

We have forwarded your request to Patti Solis Doyle, Director of Scheduling for the First Lady, to determine if the First Lady's participation will be possible.

Thanks for writing and best wishes.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

FSA

January 9, 1996

Melanne Verveer
Deputy Assistant to the President
Office of the First Lady
The White House
Washington, D.C. 20500

Dear Melanne:

Enclosed for your information and use is a copy of a letter to the First Lady inviting her to keynote the policy conference, "Transitions '97: Children and Families in a Changing World." The boards and members of both the National Association of Homes and Services for Children and Family Service America, who jointly sponsor this conference here in Washington, would be thrilled to hear from Mrs. Clinton as the country's foremost advocate for families and children.

The point of my letter is to ask your assistance in helping us to secure a place on the First Lady's schedule to keynote this conference on March 17 at the Marriott at Metro Center, 12th and H Streets, NW, in downtown Washington. I believe this would be a most appropriate setting for a major statement from her on children and families.

Please contact Ron Field, senior vice president for public policy in our Washington office, if you need any additional information. He can be reached at (202) 347-1124.

Thanks for whatever help you can give.

Best wishes for the New Year,

Peter Goldberg

Peter B. Goldberg
President & Chief Executive Officer

enclosures

11700 West Lake Park Drive Park Place Milwaukee, WI 53224 (414) 359-1040 Fax (414) 359-1074
Families Strengthen America
Washington, D.C.

THE WHITE HOUSE
WASHINGTON

March 31, 1997

Dr. Cathy Gorn
Executive Director
National History Day
University of Maryland
0119 Cecil Hall
College Park, MD 20742

Dear Dr. Gorn:

Thank you for your letter and invitation to the First Lady to speak at the National History Day Awards Ceremony on June 19, 1997.

Regrettably, Mrs. Clinton will be unable to accept your kind invitation.

Thank you for writing and best wishes for a successful event.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

March 31, 1997

Dr. Cathy Gorn
Executive Director
National History Day
University of Maryland
0119 Cecil Hall
College Park, MD 20742

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Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

NATIONAL HISTORY DAY

PROMOTING THE STUDY OF HISTORY IN THE SCHOOLS

March 17, 1997

Melanne Verveer
Deputy Chief of Staff
Office of the First Lady
The White House
Washington, D.C.

Dear Ms. Verveer:

Malcolm Richardson and Ellen McCulloch-Lovell suggested we send the enclosed letter to Mrs. Clinton, inviting her to speak at the National History Day Awards Ceremony on Thursday, June 19, 1997. The ceremony is the culminating event of our national competition for elementary and secondary school students. More than 5,000 students, teachers and parents will gather in the Cole Field House at the University of Maryland at College Park for the ceremony to hear the winners announced.

National History Day is recognized as an "exemplary program" in the recent report of the President's Committee on the Arts and Humanities, *Creative America*. National History Day is a highly regarded, national program that encourages students in grades six through twelve to learn history through the excitement of original research. The program is similar to science fairs, engaging students in extensive research, analysis and creative expression. More than 500,000 students and 40,000 teachers participate nationwide each year.

We sincerely hope that Mrs. Clinton might be willing to recognize the important achievements of the students who participate in National History Day by delivering a short keynote address at the Awards Ceremony. (If her busy schedule will not allow this, perhaps she might be willing to tape a special message to the students or meet with some of the winners in the Rose Garden?)

I hope that you and Mrs. Clinton agree that it is time to honor the students and teachers who excel in the humanities. Thank you for your time and consideration of our request.

Sincerely,

Cathy Gorn, Ph.D.
Executive Director

cc: Ellen McCulloch-Lovell
Malcolm Richardson

University of Maryland, 0119 Cecil Hall, College Park, Maryland 20742
PHONE: 301-314-9739 • FACSIMILE: 301-314-9767

NATIONAL HISTORY DAY

PROMOTING THE STUDY OF HISTORY IN THE SCHOOLS

March 17, 1997

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

Dear Mrs. Clinton:

On behalf of the Board of Trustees of National History Day and at the suggestion of Ellen McCulloch-Lovell and Malcolm Richardson of the President's Committee on the Arts and the Humanities, I would like to invite you to be our honored guest and speaker at the Awards Ceremony of the 1997 National History Day competition. The program, which encourages, evaluates and recognizes superior historical scholarship by our nation's young people, will take place on Thursday, June 19, 1997 at 9:00 a.m. at the University of Maryland at College Park. Ms. McCulloch-Lovell and Mr. Richardson believe that because of your strong interest in and support for the humanities, you would be very interested in the work that National History Day is doing to foster academic growth and excellence among our nation's youth.

As you know, National History Day was featured in the President's Committee's recent report, *Creative America*, as an "exemplary program" for elementary and secondary school students and teachers across the country. National History Day is making a difference in the education of more than 500,000 students across the country every year by giving them the opportunity to apply their curiosity and creativity to historical study. From large urban school systems to small rural communities History Day is reaching out to change the perception that history is "boring" and irrelevant to American youth and providing elementary and secondary school students with appropriate educational opportunities and challenges that empower them with skills to become contributing citizens in our nation's communities.

National History Day is a highly regarded and academically challenging program involving more than 500,000 students and 40,000 teachers annually nationwide. The program's goal is to promote the study of history by engaging students and teachers in the excitement of historical inquiry and creative presentation. Students make history come alive as their research leads to imaginative exhibits, original performances, media presentations, and papers which are evaluated by historians, educators, and professionals in related fields. The National History Day program reinforces classroom teaching by rewarding students of all abilities for their scholarship, individual

University of Maryland, 0119 Cecil Hall, College Park, Maryland 20742
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initiative, and cooperative learning. Students in each category compete in local, state, and national competitions held each spring.

We would be honored if you would be able to join us for the national Awards Ceremony where we will recognize the students and teachers who participated this year and reward the students' outstanding scholarship. There will be more than 5,000 students, teachers, and parents from every state and the District of Columbia at the ceremony will take place on Thursday morning, June 19, 1997 in the Cole Field House of the University of Maryland at College Park. (If your busy schedule will not allow for your participation in our Awards Ceremony, perhaps you will consider taping a video message to the students?)

On behalf of all those associated with the National History Day program nationwide, I want to thank you for your support of the humanities, education and young people. Your leadership provides the inspiration we need to continue to foster scholarship and creativity in our nation's schools.

I sincerely hope that you will be able to join us in honoring some of our nation's brightest students.

Sincerely,

Cathy Gorn, Ph.D.
Executive Director

cc: Ellen McCulloch-Lovell
Malcolm Richardson

NATIONAL HISTORY DAY
PROMOTING THE STUDY OF HISTORY IN THE SCHOOLS
University of Maryland
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College Park, MD 20742

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Melanne Verveer
Deputy Chief of Staff
Office of the First Lady
The White House
Washington, D.C. 20500

THE WHITE HOUSE
WASHINGTON

January 29, 1997

Marcia Greenberger
Ann Kolker
National Women's Law Center
11 Dupont Circle, NW
Suite 800
Washington, DC 20036

Dear Marcia & Ann:

Thank you for your letter and for Congress, the Administration and Women's Health: Accomplishments and Setbacks in 1996, and a Look Ahead". The report will be very helpful.

All the best.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

OVER 20 YEARS ADVANCING WOMEN'S RIGHTS

NATIONAL WOMEN'S LAW CENTER

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Marcia D. Greenberger
Co-Presidents
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*Affiliations listed for identification purposes only.

January 17, 1997

Ms. Melanne Verveer
Deputy Chief of Staff to the
First Lady
Office of the First Lady
Old Executive Office Building
Room 100
Washington, D.C. 20502

Dear Melanne:

The National Women's Law Center, a legal and public organization that has been worked with the Administration on a range of key women's issues, has just released the enclosed report on women's health issues. The report "Congress, the Administraton and Women's Health: Accomplishments and Setbacks in 1996, and a Look Ahead," reviews federal policy developments in five key areas: insurance coverage; reproductive health; prevention; health care for low-income women; and research. It also previews issues expected to be salient in the coming year.

As you know, as a result of several major initiatives advanced by the Administration, there were important gains for women's health, particularly in the areas of expanded insurance coverage, access to medical abortion, prevention and research. However, these gains were tempered by setbacks on reproductive health affecting women dependent on government health care and the increased health risks that low-income women may face as a result of changes in the welfare system. That low-income women's health was not more adversly effected was due in no small part to the excellent efforts of the Administration to protect Medicaid from drastic cutbacks.

In 1997, we anticipate increased challenges to moving a positive agenda for women's health forward, as we face both a Senate that many expect to be more conservative than last year, and the first anti-choice majority in both the Senate and House since Roe v. Wade was decided. As we approach these challenges, we look forward to working again with the Administration to continue to advance women's health, and to protect the gains made to date.

If you have any questions about the enclosed report or would like to discuss further women's health initiatives that the Administration is preparing, please contact us at (202)-588-5180.

Sincerely Yours,

Marcia

Marcia D. Greenberger
Co-President

Ann

Ann Kolker
Public Policy Director

NATIONAL WOMEN'S LAW CENTER

CONGRESS, THE ADMINISTRATION AND WOMEN'S HEALTH: ACCOMPLISHMENTS AND SETBACKS IN 1996, AND A LOOK AHEAD

SUMMARY

1996: A YEAR OF QUALIFIED ADVANCES

A review of federal policy developments during 1996 in five key areas -- insurance coverage, reproductive health, prevention, health care for low-income women and research -- shows that women made important gains on expanded insurance coverage and more resources for health prevention and research. Women experienced both significant progress and setbacks on reproductive health. And, at a time when the safety net of programs serving low-income populations unraveled, the central health program for poor women was maintained, although poor immigrant and certain disabled women's health services were cut back by changes in welfare law.

1. **Insurance Coverage Expanded.** Women can expect improved insurance coverage as a result of a number of discrete steps taken in the Kennedy-Kassebaum Health Insurance Portability and Accountability Act and several measures guaranteeing minimum benefit levels. These improvements are:

- Portability Provided for Many Workers
- Pre-Existing Conditions No Longer Basis for Denial of Insurance Coverage
- Pre-Existing Conditions Exclusion Improved for Victims of Domestic Violence
- Increased Protection for Individuals Denied Coverage Based on Genetic Information
- Minimum Maternity Stay Guaranteed
- Progress Toward Mental Health Parity

2. **Reproductive Health: Progress and Setbacks.** On reproductive health there was significant progress on Administration-led initiatives to improve dramatically women's access to abortion and contraceptive services, as the FDA took major steps forward toward approval of both RU-486 and the morning after pill. In sharp contrast, there were serious setbacks on Congressional-led initiatives affecting reproductive health, as women who receive their health insurance from a variety of government programs were denied abortion coverage. Developments occurred on the following issues:

- FDA Advances on Approval of RU-486 (Mifepristone)
- FDA Progress on Emergency Contraception

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- Abortion Coverage Restricted for Women Insured Under Government Programs
- Family Planning Services Assaulted, with Domestic Family Planning Saved, but International Program Cut Severely

3. **Preventive Health Improved.** Women's preventive health got an important boost especially from FDA regulations designed to reduce teen smoking and from an improved cancer screening program. Key provisions include:

- FDA Restrictions on Teens' Access to Cigarettes and Advertising Targeted to Young People
- Breast and Cervical Cancer Screening Improved

4. **Low-Income Women Escaped Targeted Major Health Setbacks.** Although low-income individuals suffered a tremendous setback when the entitlement to welfare ended, with the attendant risk of harm to their overall health, health programs serving low-income individuals, particularly Medicaid, for the most part escaped dramatic cutbacks. Medicaid remains an entitlement and federal eligibility guidelines in effect in July, 1996, continue to apply -- thus assuring that those most in need will still receive Medicaid. Some Medicaid cuts were enacted, however; and at the same time, there were small increases in other health programs targeted to the poor.

- Medicaid Services Cut to Legal Immigrants Already in the Country and to Legal Immigrants Arriving After Enactment of the Welfare Bill
- Medicaid Services Cut to Women Disabled Because of Alcohol or Substance Abuse
- Small Increases to Maternal and Child Health and Social Services Block Grants

5. **Research: Mixed Record.** The outcome of activity on the research agenda was mixed.

- Breast Cancer Research Increased
- Osteoporosis Research Increased
- Research Involving Human Embryos Restricted

1997: A YEAR OFFERING OPPORTUNITY FOR PROGRESS AND DANGERS OF RETREAT

Significant turnover in both the House and Senate and a solidly anti-choice majority now controlling the Senate as well as the House may well increase the challenges for progress on the women's health agenda in the coming year. The continuation of strong leadership at HHS however, offers promise that Administration-led initiatives will continue to help women improve their health and stave off efforts to weaken critical health programs. Against this backdrop, the issues and debates on women's health in the coming year will continue to build on progress made and areas of concern addressed in 1996.

1. **Incremental Steps Ensuring Broader Insurance Coverage.** Policy makers and advocates are expected to press for initiatives that expand insurance coverage, such as:

- Helping Families Purchase Health Insurance for Their Children
- Helping the Jobless Continue Coverage
- Permitting the Uninsured to Purchase Medicaid Coverage
- Helping Small Business Purchase Health Coverage
- Guaranteeing Hospital Stays for Mastectomies
- Expanding Protections Against Genetic Discrimination
- Additional Steps Toward Mental Health Parity

2. **High Profile Battles Over Reproductive Health.** With Congress planning a vote on international family planning very early in the session, final FDA approval of mifepristone still pending and reconsideration of abortion restrictions discussed last year certain, high profile battles over reproductive health issues are expected to continue. The agenda is shaping up in the following way:

- Family Planning: Efforts to Restore Funds for International Program and Increased Focus on Domestic Programs
- FDA Action on Medical Abortion
- Late-Term Abortion Procedure Bans backed by Abortion Opponents and Lifting Restrictions in Federal Health Programs supported by Pro-Choice Proponents

3. **Steps Forward in Preventive Services.** Several measures designed to expand preventive services are under consideration. They include:

- Expanding Screening Mammography
- Expanding Access to Osteoporosis Assessments
- Improving Safety of Pregnancy and Childbirth
- Reducing Teen Pregnancy

4. **Medicaid Changes.** Congressional policy makers are expected to continue their efforts to cut back the Medicaid program, with a host of proposals designed to allow states to reduce their financial commitment and give them more flexibility in eligibility and benefits decisions. There may be proposals to restore Medicaid for legal immigrants as well.

5. **FDA Reform.** Because FDA reform ultimately stalled last year, it is expected to be a congressional priority in 1997. Ensuring that FDA standards that protect the safety and efficacy of contraceptive drugs and devices, psychotropic drugs, and other products used disproportionately by women are not compromised in any reform effort will be a priority for women's health advocates. Key issues of concern to women include: reducing the number of clinical trials necessary for FDA approval, speeding up timetables for approval and permitting pharmaceutical companies to promote off-label use.

Women's health advocates expect many challenges in the year ahead from an agenda that is varied and far reaching. However far attention to women's health needs has come in recent years, there is not only much unfinished business but even past gains may not be secure.

NATIONAL WOMEN'S LAW CENTER

CONGRESS, THE ADMINISTRATION AND WOMEN'S HEALTH: ACCOMPLISHMENTS AND SETBACKS IN 1996, AND A LOOK AHEAD

A Report by the

NATIONAL WOMEN'S LAW CENTER

December 1996

11 Dupont Circle, NW • Suite 800 • Washington, DC 20036 • (202) 588-5180 • FAX (202) 588-5185

NATIONAL WOMEN'S LAW CENTER

CONGRESS, THE ADMINISTRATION AND WOMEN'S HEALTH: ACCOMPLISHMENTS AND SETBACKS IN 1996, AND A LOOK AHEAD

Increasingly, a national spotlight has illuminated the barriers and inequities that women face in meeting their health care needs, and these well-documented inadequacies are now part of the public record. The scarcity of research dollars devoted to diseases and conditions that disproportionately affect women, the failure of many health plans to cover preventive services, the vulnerability of women covered as dependents through family relationships that could change illustrate a long list of problems in health care that have a particularly harsh effect on women. Some policy-makers, mindful that important women's health concerns have been shortchanged or neglected, made efforts to address some of those concerns during the past year. The results have been mixed. There have been some important improvements in policies and programs affecting women's health, but women's access to important reproductive health services has suffered.

This report discusses women's health initiatives that have been enacted or adopted at the federal level during the past year, and previews health initiatives affecting women that are likely to be on the national agenda in 1997. It examines five key areas: insurance coverage; reproductive health; prevention; health care for low-income women; and research. The report reviews the progress and setbacks that have occurred in the past year and discusses proposals that bear watching as women's health advocates, Congress and the Administration set their priorities for the coming year.

1996: A YEAR OF QUALIFIED ADVANCES

Several overarching forces shaped the activity on health issues important to women this past year. First, as to the gains, by the middle of the summer, modest improvements in insurance coverage benefitting women and some progress on research emerged in Congress. Also, the Administration, with strong leadership at HHS, successfully offered important initiatives to improve women's health in general and their reproductive health in particular. At the same time, however, women suffered losses due to strong anti-choice forces in Congress who pressed their priorities -- which resulted in diminished access to some abortion services, and a ban on government-funded research involving human embryos. Finally, the status quo generally prevailed despite Congressionally-initiated pressure to limit Medicaid, which was ultimately staved off. However, cuts on health care provided to immigrant and disabled women, and overall threats to health status which could result from welfare reform were retreats. In short, the competing forces affecting women's health resulted in advancements on many issues, continuation of the status quo on several and setbacks on others.

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INSURANCE COVERAGE EXPANDED

In a number of key areas important to women there were small but significant improvements in the scope of insurance coverage. The measures adopted began the process of setting a national standard that helps to ensure that for women who already have health insurance, their coverage will not lapse if they change jobs or have a pre-existing condition, and that certain critical benefits, such as maternity care and mental health coverage, cannot be arbitrarily limited.

1. Portability Provided for Many Workers

One of the most important advances was passage of the Kennedy-Kassebaum Health Insurance Portability and Accountability Act of 1996, guaranteeing portability of health insurance for already insured workers who change jobs, as long as the new employer also offers health insurance. The practical effect of this new law is that previously insured individuals cannot be denied health coverage by a new employer, or if they purchase individual insurance. With women in and out of the labor market because of family responsibilities more than men, and job and career changes more common for workers today than in decades past, this provision is very beneficial to women. As is the case with many other aspects of the Kennedy-Kassebaum law, this provision becomes effective on July 1, 1997.

Previously insured workers who move to a firm that does not offer insurance, who become self-employed, or who for other reasons want to purchase an individual policy, are guaranteed portability as well - but under more limited circumstances than individuals moving to an employer-sponsored plan. For example, to be assured of qualifying for an individual policy, an individual must have had group coverage for at least 18 months, exhausted COBRA coverage, if available, and not be eligible for Medicare, Medicaid or other coverage. In addition, states are allowed to set the terms and conditions of individual policies, as long as they require insurers to offer a choice of policies and bar exclusions based on pre-existing conditions. If the states do not have their own mechanism for regulating the individual insurance market, then federal standards apply. Nothing prohibits insurance companies from charging exorbitant rates for individual policies, however. As a result, it will continue to be difficult for women who leave the job market to start their own businesses or to work for small firms that do not offer benefits at all to purchase individual policies.

2. Pre-Existing Conditions No Longer Basis for Denial of Insurance Coverage

One common reason that new employees have difficulty obtaining coverage when they change jobs is that insurance companies have refused to cover people with pre-existing

conditions. *Under the Kennedy-Kassebaum law, it will be unlawful for employers - those providing self-funded plans as well as those providing traditional, commercial insurance - to deny coverage to new workers with pre-existing conditions.* A pre-existing condition is defined as a condition for which medical advice, care or treatment was sought in the previous six months. For pregnant women or women who have suffered from breast cancer, mental illness, domestic violence or a myriad of other conditions, this federal ban on the common insurance practice of excluding individuals with pre-existing conditions is a tremendous improvement. In addition, newborns with medical problems cannot be subjected to the pre-existing condition exclusion if they are enrolled in a health plan within 30 days of birth.

However, this new law has provisions which limit its usefulness in certain situations. For example:

- An employer can deny insurance coverage for the pre-existing condition for up to 12 months, if the condition has not been previously covered by any kind of insurance -- group or individual, Medicare, Medicaid or other. However, once an individual has been excluded from coverage for 12 months, no additional exclusion time can be imposed. Moreover, individuals who have already been covered for the condition must get "credit" for the months they have already been insured. The practical effect of this credit is that already insured individuals will not be subject to a 12-month wait. If, however, an individual has been without insurance for more than 63 days, any previous coverage would not count as credit, and the exclusion period could be imposed.

- Nothing in the law prevents an insurer from raising rates for a group which includes one or more individuals with pre-existing conditions.

3. Pre-Existing Conditions Exclusion Improved for Victims of Domestic Violence

Victims of domestic violence have sometimes been poorly treated by insurance companies who refuse coverage on the grounds that the abuse is a pre-existing condition. A provision in the Kennedy-Kassebaum law offers help to these women. *The definition of pre-existing condition in Kennedy-Kassebaum clarifies that victims of domestic violence cannot be treated differently from others with pre-existing conditions.* Thus, insurance companies cannot impose exclusions beyond twelve months and other limitations described above - a minimum assurance that women suffering injuries from domestic abuse will not be more disadvantaged than others with pre-existing conditions. While advocates had sought protection against insurance companies treatment of domestic violence as a pre-existing condition at all, this provision improves upon the current situation.

4. Increased Protection for Individuals Denied Coverage Based on Genetic Information

Recent discoveries about genetic linkages to breast cancer have resulted in some women being denied health insurance coverage if the insurance carrier requested and used information about the applicant's genetic background. *A provision in the Kennedy-*

Kassebaum law offers some protection to women whose applications have been rejected or who have been charged more for coverage because of genetic information indicating they are at high risk. The language defining "pre-existing condition" explicitly states that genetic information is not a pre-existing condition, and hence not grounds for denying coverage.

5. **Minimum Maternity Stay Guaranteed**

Another improvement is the Newborns' and Mothers' Health Protection Act of 1996, which requires insurance companies to permit new mothers and their newborns up to 48 hours in the hospital for a normal delivery and up to 96 hours for a caesarean section. Passed in response to the growing practice, especially among HMO's, of discharging new mothers and newborns soon after birth, the legislation becomes effective January 1, 1998.

- The law applies to a variety of health plans -- employer provided, union and other group plans, as well as self-insured plans.

- Women insured under Medicaid are not explicitly covered. Some states however, are expected to cover them when contracting with private insurers to provide managed care.

- States with laws or policies similar to the federal requirement, or that allow physicians to comply with guidelines established by The American College of Obstetricians and Gynecologists, the Academy of Pediatricians, or other established professional groups may continue to follow these standards.

- The Secretary of HHS must appoint a panel composed of practitioners, hospitals, employers, consumers and others to examine a range of issues related to hospital stays and post-natal care, and report its findings to Congress at specified intervals.

6. **Progress Toward Mental Health Parity**

Although rejecting a provision that would have required complete parity for mental and physical health benefits, Congress took a step in that direction with passage of the Parity in The Application of Certain Limits to Mental Health Benefits Amendments which prohibits insurance companies from imposing higher annual or lifetime cost limits on mental health benefits than on medical and surgical health benefits. If a health plan does not have annual or lifetime limits for medical and surgical health, it may not have such limits for mental health. With women suffering from clinical depression at higher rates than men and incurring higher out-of-pocket costs for all mental health services than men, this new requirement may be especially beneficial to women with chronic or severe mental illness. The law, effective January 1, 1998, has some serious limitations, however:

- Health plans may still impose disparate restrictions on mental and physical health services -- such as higher co-pays and deductibles for mental health.

- Businesses with fewer than 50 employees are exempt from the requirement altogether.

- An exemption will also be granted to any business that experiences a premium increase of more than one percent when implementing the requirement.

REPRODUCTIVE HEALTH: PROGRESS AND SETBACKS

On reproductive health there were steps backward as well as forward. A sharp contrast emerged between FDA developments regarding drugs that have the potential to dramatically improve women's access to abortion and other reproductive health services and congressional initiatives sharply reducing access to abortion and family planning services, particularly for women dependent on government health care programs.

1. Important Advances on RU-486 (Mifepristone)

In a long-awaited step that could significantly increase access to abortion services, the Food and Drug Administration (FDA) on September 18, gave conditional approval for RU-486, known in this country by its generic name, mifepristone -- an abortifacient drug that may be used as an alternative to surgical abortion. Declaring that substantial clinical data demonstrate that mifepristone is safe and effective when used in combination with another already approved drug, misoprostol, the FDA informed the Population Council, which submitted the New Drug Application for mifepristone, that once FDA addresses issues relating to labeling and manufacturing, the final approval will be granted. At that point dissemination to physicians can begin. The Population Council has stated that it hopes mifepristone will be on the market in 1997. The availability of the first FDA-approved method of medical abortion has enormous potential health benefits for American women.

- Mifepristone will eliminate the need for surgery for women choosing to use it, an important health advantage for some women.

- Use of mifepristone can take place in the privacy of a physician's office, rather than at a clinic. Thus, women will be spared the trauma of harassment, blockades and outright violence that have occurred at so many clinics around the country.

- With mifepristone available, the number of physicians willing to provide abortion services is likely to increase. A recent survey by the Kaiser Family Foundation found that one-third of Ob/Gyns who do not now perform abortions, often because of clinic violence, harassment and limited training opportunities, would be willing to do so if they could prescribe mifepristone.[1]

2. **Emergency Contraception More Accessible**

The FDA also advanced access to reproductive health services earlier this year when the agency's Reproductive Health Drugs Advisory Committee, on June 28, determined that use of certain oral contraceptives for post-coital emergency contraception -- so called "morning after pills," -- is safe and effective. Taken up to 72 hours after unprotected intercourse, or after contraception has failed, emergency contraception protects against pregnancy by blocking the implementation of the fertilized egg. The agency plans to promulgate a notice in the Federal Register soon announcing its findings, along with instructions on its use. FDA's imprimatur on the use of certain oral contraceptives as an emergency contraceptive has important benefits for women's health.

- Currently emergency contraception is used in some hospital emergency rooms, and college health and family planning clinics. However, the FDA action will help to heighten awareness of this important method.

- Drug companies which manufacture oral contraceptives have been reluctant to seek FDA permission to re-label the pills for use on an emergency basis, with threatened reprisals from anti-abortion forces. More widespread use of emergency contraception will help additional women prevent unplanned pregnancies. Experts have estimated that approximately two million unplanned pregnancies could be averted each year with more widespread use of emergency contraception. Advocates are hopeful that the action of the FDA Advisory Committee will now encourage drug manufacturers to apply for re-labeling -- a measure that would also increase the numbers of women, providers and others aware of this approach to contraception.

3. **Abortion Coverage Restricted for Women Insured Under Government Programs**

Reproductive health issues addressed by the Congress suffered a serious setback -- with the sharpest cutback targeted to women who receive their health insurance from government programs. As a result of a range of restrictive measures initially passed in the first half of the 104th Congress and re-affirmed in the second half, access to abortion coverage has been severely limited -- even to women only partially supported by federal funds or where funds for the service are provided by the women themselves. These bans were imposed on appropriations bills, which are revisited on an annual basis. The following programs are prohibited from providing abortion coverage during the current fiscal year:

- Military Service Members Stationed Overseas

Until Congress repealed it, Defense Department policy permitted servicewomen or female dependents of servicemen stationed overseas to obtain abortions at U.S. military medical facilities, if they paid for the procedure themselves. Because medical facilities overseas often do not meet American sanitation and other standards, it is essential for women serving their country overseas to have access to U.S. military medical facilities regardless of

the kind of procedure they are seeking, but the 104th Congress banned use of these facilities for abortions. The self-pay policy, which had been in effect throughout most of the 1980's, was rescinded by a DOD official at the very end of the Reagan era, was restored in 1993, but repealed in 1995, with the repeal reaffirmed this past summer.

- Medicaid Recipients

After many years of funding abortions for Medicaid recipients only when the woman's life was in danger, in 1993 the Medicaid program relaxed slightly the abortion ban to permit funding in cases of rape or incest as well. Congress re-affirmed this restriction again this past year.

- District of Columbia Medicaid Recipients

Low-income women in the District of Columbia are prohibited from obtaining abortion services under Medicaid, even though funding for D.C.'s Medicaid program comes from locally-raised tax dollars. Consistent with the version of the Hyde amendment to the Medicaid program adopted in 1993, the ban has a very limited exception if the life of the woman is at stake, or if the pregnancy arises from rape or incest. The congressional ban on the D.C. government's use of its own locally-raised tax dollars for abortion services was first imposed in the appropriation for the District of Columbia in 1988, repealed in 1993, and re-imposed in 1995 and 1996.

- Federal Employees

Women who work for the federal government are also prohibited from obtaining abortion coverage, except in case of life endangerment, rape or incest, if they or their spouse are insured through the Federal Employees Health Benefits Program (FEHBP). Despite the fact that women and their families working for the federal government pay a portion of their health care premiums themselves, and the federal contribution is considered an earned benefit, Congress stripped federal workers of the right to select a health plan covering abortion services. This ban was first enacted in 1983, repealed in 1993, and re-imposed in both 1995 and 1996.

- Women in Federal Prison

Women incarcerated in federal prison, whose health care is provided by the Bureau of Prisons, are also denied coverage for abortion services, except when the life of the women is in jeopardy or the pregnancy resulted from rape. Under this restrictive policy, an inmate may be escorted to the abortion provider, but she must pay for the abortion itself. Congress first approved this ban in 1986, repealed it in 1993, and re-imposed it in 1995 and 1996.

4. Family Planning Services Assaulted

Anti-abortion advocates in the 104th Congress attempted to dismantle both domestic and international family planning programs, but the results of these efforts were mixed. Ultimately, the domestic family planning program was preserved and funding increased slightly in 1996. Funding for international family planning was reduced dramatically, however, severely threatening the efficacy of the program.

- Domestic Family Planning Slightly Increased

Title X of the Public Health Service Act, the only federal program devoted solely to family planning, was threatened with extinction in 1995, but survived an attempt by the House Appropriations Committee to eliminate it. This year, Title X received a modest $5.86 million dollar increase over last year, bringing its funding up to $198.45 million. Abortion opponents sought to impose a federal parental notice requirement on the provision of contraceptive, STD screening and other Title X-provided services to teenagers, but this effort failed. Instead, the measure contains a provision requiring clinics receiving Title X funds to certify that they encourage parents to participate in a young woman's decision to seek family planning services -- a provision supported by women's health and pro-choice advocates.

In contrast, the Adolescent Family Life Program (AFLA), an abstinence only education program, received a significant funding increase -- from $7.7 to over $14 million. Providing demonstration grants to public and non-profit groups which promote abstinence only, AFLA specifically prohibits projects from using funds for family planning or from providing linkages to family planning programs. The new welfare law also designates that AFLA funds must be spent for abstinence only education. Despite the fact that researchers who have evaluated AFLA have strong reservations about the program's efficacy in helping to reduce teen pregnancy, resources for this program nearly doubled this past year -- in contrast to only a modest increase for Title X.

- International Family Planning Cut Severely

One of the most devastating blows to reproductive health services was to the international family planning program, administered by the Agency for International Development (AID). International family planning initiatives have been shown to reduce dramatically maternal mortality, including deaths from self-induced and illegal abortions, especially in developing countries. But these widely accepted findings did not persuade a majority in the House, who succeeded in securing dramatic cuts to AID's international population assistance program. The House did, however, drop its insistence on reinstating the Mexico City Policy -- which would have barred agencies and foreign governments that offer abortion services with non-U.S funds from receiving any U.S. aid for family planning. The dramatic cuts were first enacted in 1995, and continued cuts in 1996 exacerbated the problem considerably.

- The current funding level for international family planning is $385 million, a slight increase over the last year, but a 30 percent drop from 1995 and a much greater cut than other development assistance programs received.

- There is also a nine-month moratorium on the release of the funds. Normally available at the beginning of the fiscal year beginning on October 1, funds will not be available until July 1, 1997. Once available, funds will be metered out at 8% a month -- adding further instability to funded projects.

- There is a one-shot opportunity early in the new Congress to mitigate somewhat the severity of these cuts, in a procedure spelled out in detail and described below on p. 15. If certain conditions are met, the Congress could vote to release the funds at an earlier date.

PREVENTIVE HEALTH IMPROVED

Increased awareness of the importance of prevention in improving women's overall health and in reducing costs associated with diseases that have developed or spread, has resulted in more prevention-focused women's health initiatives. This last year, the Administration's efforts to reduce teen smoking dominated the agenda.

1. New Efforts to Curtail Smoking Among Adolescents Proposed

One of the most high-profile prevention initiatives undertaken in 1996 was promulgation by the FDA, on August 28, of regulations designed to reduce teen smoking. *With smoking the single greatest cause of preventable deaths, deaths from lung cancer now surpassing deaths from breast cancer among women, and smoking uptake increasing faster among adolescent girls than among any other group, the stakes for women in FDA's regulations to reduce teen smoking are extremely high.* Formally called "Regulations Restricting the Sale and Distribution of Cigarettes and Smokeless Tobacco to Protect Children and Adolescents," these regulations are designed to reduce the number of young people who take up smoking and ultimately to improve their health. For the most part, they become effective in a year -- August 28, 1997. Summarized below are key provisions of the FDA regulations of special importance to women.

Teen access to cigarettes will be restricted by:

- banning altogether the sale of single cigarettes and small packets, often called "kiddie packs." Numerous studies have shown that these cheap ways of obtaining cigarettes are particularly appealing to young people.

- prohibiting the distribution of free samples - another easy source of cigarettes often used by young people.

- restricting self-service displays and vending machines to clubs, bars, worksites and other places which prohibit access by young people and which enforce that prohibition. Numerous studies have shown that vending machines are one of the principal ways that young people purchase cigarettes.

Advertising targeted to young people will be restricted by:

- prohibiting billboards advertising tobacco products within 1,000 feet of a school or public play ground.

- banning promotional products such as t-shirts and hats with cigarette brand names or logos (although corporate names can be used).

- banning brand-name sponsorship of sports and other events (although corporate names can be used). The message that smoking is "cool" and accompanies athletic prowess is especially damaging to the growing number of young women who aspire to be athletes themselves, and/or who look to sports figures as heros or mentors.

- limiting cigarette advertising in magazines with significant youth readership -- over 15% or over 2 million minors -- to black and white text only ads. This restriction has particular relevance for young women, who are often attracted to smoking by ads depicting svelte, glamorous women in bathing suits -- a picture which implies that smoking will help them stay thin.

2. **Breast and Cervical Cancer Screening Improved**

This program, administered through the Centers for Disease Control (CDC), provides funds to states and communities to help low-income women obtain mammography and Pap smears -- services that help to detect breast and cervical cancer at an early stage, when survival rates are highest and treatment costs lowest. Funding for this long underfunded program was raised to $139.6 million, a $15 million dollar increase over last year -- when it received a 25% boost over the previous year.

LOW-INCOME WOMEN ESCAPED TARGETED HEALTH SETBACKS

As 1996 began, health coverage for low-income women was in an extremely perilous state, because of enormous pressure from both the Congress and governors across the country to block grant Medicaid, end the entitlement, reduce spending and give states wide latitude in determining eligibility and services. Because of adamant opposition from the Administration and a broad-based coalition of advocates, Medicaid was not dismantled, and the worst fears that low-income women with health problems could, in some states, have nowhere to go for treatment, were not realized.

Even though the welfare bill ended the formal link between Medicaid and public assistance -- which had guaranteed Medicaid to anyone receiving Aid to Families with Dependent Children -- eligibility for Medicaid remains as it is under current law: income eligibility guidelines for Medicaid in effect when the welfare bill passed will continue to apply, even if the woman and her children are no longer eligible for cash assistance. Other groups of poor women -- especially immigrant and certain disabled women -- did suffer added hardships under the welfare bill, however. The measure denies them public benefits, including Medicaid, leaving them extremely vulnerable if they have or develop health problems.

However, several other programs serving low-income women, the maternal and child health and social services block grants, received very small funding increases.

1. **Medicaid Cuts in Services**

- Legal Immigrants Already in the Country Cut

Beginning January 1, 1997, states have the option of denying Medicaid and other public benefits to legal immigrants, except those who are refugees, veterans or seeking political asylum, who were already in the country on August 22, 1996 -- the date of enactment of the welfare law. Some states, including California, are dropping legal immigrants from Medicaid. Even prenatal care is being denied, although emergency medical services, which includes care needed during labor and delivery, must be provided.

- Legal Immigrants Arriving After Enactment of the Welfare Bill Cut

States must bar most legal immigrants entering the country after August 22, 1996 from receiving Medicaid for at least five years from the date they enter the country. However, as with legal immigrants already in the country, emergency medical care, which includes labor and delivery, cannot be denied.

- Women Disabled Because of Alcohol or Substance Abuse Cut

Another provision in a related law prohibits disabled individuals who have an alcoholism or drug problem that contributes to their disability, even if the problem is only one factor affecting their illness, from qualifying for Supplemental Security Income benefits (SSI). And as a result of losing their eligibility for SSI, these individuals also lose their Medicaid coverage. This is a particular problem for women with mental illness, who are more likely than similarly situated men to experience multiple problems, including drug or alcohol addiction.

2. **Other Targeted Programs - Small Increases**

- Maternal and Child Health Block Grant

The Maternal and Child Health (MCH) Block Grant Program provides funds to states and to academic and community institutions to improve health outcomes for high-risk women and infants by addressing pediatric AIDS, infant mortality and other conditions affecting vulnerable women. For the coming year, the MCH block grant will receive $681 million dollars, a very small increase of $2.8 million over the previous year.

- Social Services Block Grant

This fairly open-ended block grant allows states to spend funds for a range of social services, including family planning. It is slated to receive $2.5 billion -- an increase of $119 million over last year -- although even with this increase, the funding level is $300 million below the 1995 level.

RESEARCH AGENDA: MIXED RECORD

Responding to concerns expressed by women's health advocates, health professionals and others about the lack of adequate research on conditions disproportionately affecting women, policy-makers have stepped up their efforts to redress this problem by increasing funding for several research initiatives. At the same time, when research on human embryos was involved, anti-abortion forces curtailed research efforts.

1. **Breast Cancer Research Increased**

The most important increase in funding for breast cancer research comes as a part of the appropriation for the Department of Defense (DOD), which for several years has been conducting research on this disease that continues to kill over 40,000 women each year. This year the Defense Department will receive $137 million for breast cancer research, up from $100 million last year. Of this amount, $100 million must be spent on peer-reviewed research, which advocates believe is the most likely to yield constructive results.

The National Institutes of Health also supports important breast cancer research. But because funds are not earmarked for specific diseases, it is not possible to determine precisely how much will be spent on breast or other cancer research. Overall, NIH received a funding increase of $820 million, bringing its funding level to $12.75 billion. This increase could, but is not required to, result in additional funds dedicated to breast cancer research. However, one aspect of this disease that is certain to receive more resources is its genetic basis. *In late October, the Administration directed the Defense Department and NIH, working collaboratively, to dedicate $30 million to new research on the genetic basis of breast cancer.*

2. **Osteoporosis Research Increased**

Research on osteoporosis, a bone-thinning disease that to a great degree affects women, is also carried out at NIH. But as with breast cancer research, funds are not specifically earmarked for this purpose. Under the auspices of the Defense Department, however, $10 million will be spent specifically on bone research -- an endeavor that is expected to enhance the understanding of osteoporosis. This funding represents a 100 percent increase over two years in Defense Department funds dedicated to research -- a promising step for osteoporosis research.

3. **Research Involving Human Embryos Restricted**

Research on human embryos involves using embryos, created but never used during infertility treatments, for study of a broad array of conditions -- from genetic disease, to infertility, to cancer. Embryos used are no more than fourteen days old and cannot be created specifically for research purposes. *Even though embryo research is subject to many legal and ethical safeguards, and despite the promise it holds for breakthroughs on many pressing women's health concerns such as infertility and pregnancy loss, anti-abortion leaders successfully prohibited any federally-supported research from using early-stage human embryos created in the course of infertility treatment.* The restriction is effective for one year, as it was included in the annual appropriation for HHS.

1997: A YEAR OFFERING OPPORTUNITY FOR PROGRESS AND DANGERS OF RETREAT

With the landscape in 1997 similar to last year's, except that a solidly anti-choice majority now prevails in the Senate as well as the House, the issues and debates facing women's health advocates are likely to be fairly similar to those which emerged last year. More incremental steps that ensure broader insurance coverage are possible. So, too, high profile battles over reproductive health issues and continued assaults on programs serving low-income women are expected. It is, of course, too early to know for certain exactly which initiatives will receive serious consideration in the coming year. However, there are a number of proposals already being discussed by public policy leaders. Below is a preliminary look at what is in store for women's health in 1997.

INCREMENTAL STEPS ENSURING BROADER INSURANCE COVERAGE

The proposals being discussed aim to continue the process, started under the Kennedy-Kassebaum and Maternity Stay laws, of helping already insured people maintain or improve their health insurance coverage, or begin the process of helping the uninsured obtain insurance. Although the most recent census survey found the number of uninsured relatively unchanged in the past year at just over 40 million Americans,[2] this figure remains staggeringly high and puts many women and families at grave risk. Specific suggestions include:

1. **Helping Families Purchase Health Insurance for Their Children**

In recent years, there has been a startling increase in the number of uninsured children: in 1996, the percentage of children without private health insurance reached the highest level in eight years -- about 35 percent.[3] With children generally less expensive to insure than adults and growing alarm among many policy-makers about the high number of uninsured children, proposals aimed at helping families purchase insurance for their children are attractive to many. One approach that will be offered will provide federal funds for states to subsidize low-income families who want to purchase a health insurance policy for their children. Another more limited approach being discussed envisions granting a tax credit to low-income families that purchase a children's health policy.

2. **Helping the Jobless Continue Coverage**

Another approach to helping workers and their families being considered is a federal subsidy to help workers "between jobs" retain their health insurance for a specified time, while they look for a new job. Like unemployment insurance, the extended health coverage would help tide workers over during a transition from one job to another. Depending on the specifics of the proposal, it could help several million individuals retain insurance coverage while between jobs.

3. **Permitting the Uninsured to Purchase Medicaid Coverage**

A disproportionate share of the uninsured are poor, or near poor. For women this is an acute problem: two-thirds of uninsured women have incomes below 200% of the poverty level.[4] A provision subsidizing low-income individuals, on a sliding scale basis, to purchase Medicaid coverage could help many of those most in need obtain health insurance.

4. **Helping Small Business Purchase Health Coverage**

Health insurance policies are generally much more costly for small businesses (under 100) than for larger ones, and small businesses have much lower coverage rates than larger establishments. One proposal being suggested would permit small firms to form voluntary purchasing cooperatives and buy into the Federal Employees Health Benefits Program. This has the potential to help many individuals who work in small businesses obtain health coverage.

5. **Guaranteeing Hospital Stays for Mastectomies**

Just as limitations on private insurance coverage of hospital stays for new mothers and their newborns raised concerns among medical professionals, patients and public policy-makers, recent reports that insurance companies are restricting hospital stays for women who have had mastectomies are generating similar concerns. Women and their doctors have begun to speak out about the risks of premature dismissal. Congressional policy-makers are

poised to press for a federal standard -- at least 48 hours in the hospital -- that insurance companies must meet to ensure that women undergoing this increasingly common procedure get safe and appropriate care.

6. **Expanding Protections Against Genetic Discrimination**

Building on the provision passed last year limiting the practice of some insurance companies of denying coverage to individuals with a genetic pre-disposition to a disease or condition, policy-makers are expected to propose additional protections and applications. Specific improvements likely to be offered include: assuring that genetic discrimination is prohibited under all insurance plans, not just the group plans covered by the Kennedy-Kassebaum bill; protecting the confidentiality of medical records; providing a private right of action; and prohibiting health plans from requiring individuals to take genetic tests.

7. **Additional Steps Toward Mental Health Parity**

Efforts to continue to reduce the disparities between the physical and mental health benefits offered by private insurers are likely to continue. Some proposals will certainly require full parity, along the lines of the proposal that passed the Senate in April of last year, but was ultimately scaled back. Others proposals will continue the incremental approach.

HIGH PROFILE BATTLES OVER REPRODUCTIVE HEALTH

There are several major, and very different challenges ahead on reproductive health issues. The first vote on reproductive health and possibly the first vote of the 105th Congress will be on family planning -- with a high profile debate anticipated. Equally heated debates around the "Partial Birth Abortion Ban Act", FDA approval of mifepristone and efforts to restore coverage of abortion services in federally-supported health programs are also anticipated.

1. **Family Planning Programs**.

Family planning programs are expected to receive prominent attention in the coming year, in part because of the schedule already set for re-consideration of last year's cuts to the international family planning program, and in part because of the importance of government funding to programs serving low-income women.

- **Partial Restoration of International Family Planning Funds**.

In a compromise on the very steep cuts in international family planning programs forged in the last days of the 104th Congress, the Administration and Congress will have an opportunity to re-visit these cuts early in 1997, following a specified procedure. The President must submit a report to the Congress with findings that the cuts have had a negative impact on the program, by February 1, 1997. Then Congress must develop a

resolution that articulates the President's findings. The Resolution cannot be amended, and must be voted up or down, by February 28, 1997. If the Resolution is approved by both Houses, then funding for the international family planning program can be released on March 1, instead of waiting until July 1, but still only at the rate of 8% a month. Since this is nearly certain to be the first vote on a reproductive health issue by the new Congress, it will be watched very closely by women's health and pro-choice advocates.

- **Uncertain Course for Domestic Family Planning**

Since the Title X family program is subject to an annual appropriation, and comes up each year as part of the Labor-HHS appropriation, this program is likely to receive prominent attention as well. It is too early to say at this point whether the debate will focus on a significant funding increase or continued attempts to eviscerate the program. In addition, advocates will be looking for other forums in which family planning services can be expanded.

2. Progress on Medical Abortion

Pending at the FDA is final approval of mifepristone and a green light to the U.S. manufacturer and distributor that marketing can begin. The Population Council, which is working on issues such as labeling and other issues that FDA still needs information on, has indicated that it expects mifepristone to be available in this country in 1997.

Farther down the road at the FDA is review of data from the clinical trials currently being conducted by Planned Parenthood on another abortifacient drug, methotrexate. This drug has been approved to treat certain cancers, rheumatoid arthritis, and psoriasis, and has been successful in treating ectopic pregnancy, as well. But its safety and efficacy as an abortifacient have not been clinically established. The clinical trials are just beginning at Planned Parenthood sites across the country. Thus, while no official submission to the FDA is expected in 1997, another approach to medical abortion is in the pipeline.

3. Efforts to Restrict Late-Term Abortion Procedures or Impose Other Limitations

Last year, the issue of late-term abortion received a great deal of attention, and Congress is expected to revisit the issue again this year. The focus of the debate in the 104th Congress was a bill called the "Partial Birth Abortion Bill Act" which sought to ban a certain abortion procedure, called an Intact D & E, (ID&E) sometimes used in late abortions. Although the bill passed in both the House and Senate, it was ultimately vetoed by the President because it lacked an exception for circumstances when a woman's health is endangered -- an issue likely to be debated extensively when anti-abortion leaders bring this bill up in the coming year. Indeed, with the Senate as well as the House now controlled by an anti-choice majority, there may be attempts to extend such a ban to other procedures, or to cut back on the right as guaranteed by the Constitution in other ways.

4. **Lifting Abortion Restrictions in Federally Supported Health Programs**

When consideration of the appropriations bills containing abortion restrictions begins in the new Congress, repeal of these restrictions will be a high priority for pro-choice advocates. In the course of the annual appropriations process, each of the following abortion coverage issues is expected to be addressed:

- *The ban on military women and dependents of servicemen stationed overseas using military medical facilities for abortion services, even when they pay for the procedure themselves.* This restriction is part of both the DOD appropriation and authorizing bills, and will come up in both contexts.

- *The ban prohibiting the District of Columbia government from using its own tax dollars for abortions for low-income women.* The appropriation for the District of Columbia, which receives an annual federal payment, contains this restriction.

- *The restriction which prohibits the Federal Employees Health Benefit Program from covering abortion services.* This restriction will come up in the context of the Treasury, Postal and General Government Appropriation, which includes the Office of Personnel Management, the agency that administers the Benefit Program.

- *The Hyde Amendment which bars Medicaid from covering abortions, except when the life of the woman is endangered, or the pregnancy is the result of rape or incest.* This restriction, or a more restrictive version of it, will come up in the context of the appropriation for the Department of Health and Human Services.

- *The restriction which bars the health program serving women in federal prisons from covering abortion services.* This provision comes up in the context of the State, Commerce and Justice appropriation.

SMALL STEPS FORWARD IN PREVENTIVE SERVICES

While efforts to improve screening for breast and other cancers of particular concern to women are expected to continue, several new areas are emerging and are likely to be addressed in the coming year.

1. **Expanding Screening Mammography**

Despite widespread public education efforts about the importance of screening mammograms, some women, even those with health insurance, are still unable to obtain them -- either because their insurance does not cover preventive care or because of the cost of deductibles and co-pays. For example, a recent survey of Medicare recipients showed that only slightly more than one-third of eligible women obtained a mammogram the first two years that Medicare coverage became available, although the rate was significantly higher for

women who also had a supplemental insurance policy that picked up the out-of-pocket costs.[5] *To begin to address the problem of women deterred from obtaining mamograms because of cost, a measure requiring Medicare to provide screening mammograms without co-pays or deductibles may be introduced.*

2. **Expanding Access to Osteoporosis Assessments**

Improved tools for identifying women at risk for osteoporosis have made early detection of this debilitating disease that disproportionately affects older women more feasible. However, many at-risk women are unable to benefit from one of the most reliable measurements -- a bone density test -- because Medicare coverage of this test varies from carrier to carrier. *Legislation to standardize coverage for bone density tests under Medicare will be introduced in the 105th Congress.*

3. **Improving Safety of Pregnancy and Childbirth**

Despite dramatic improvements in maternal mortality and morbidity in recent decades, complications from pregnancy continue to threaten maternal health: in the period from 1979-1990, over 4,000 American women died from pregnancy and related complications, and it is estimated that one-fourth of all deliveries are associated with a serious problem.[6]

To help expand public awareness of this often unrecognized problem of pregnancy-related complications and begin the process of addressing it, the Safe Motherhood Act, initially introduced late in the 104th Congress by Congresswoman Patricia Schroeder, will be re-submitted. The measure calls for the Centers for Disease Control (CDC) to refine and improve data collection on pregnancy-related mortality and morbidity and directs CDC and the National Institute for Child and Health Development (NICHD) to develop a blueprint for reducing maternal mortality and morbidity.

4. **Reducing Teen Pregnancy**

Although teen pregnancy rates have gradually begun to decline in the last several years, the United States still has the highest teen pregnancy rate of any industrialized country. *In addition to other public and private initiatives underway, including the National Campaign to Prevent Teen Pregnancy, at least one legislative initiative is expected next year, the Teenage Pregnancy Reduction Act.* Among other things, the measure directs HHS to evaluate a wide range of programs designed to reduce teen pregnancy, and to identify factors contributing to the program's success and ways of replicating programs with proven effectiveness. In addition, the bill establishes a clearinghouse for information about these programs and other information needs.

PROTECTING MEDICAID FROM ASSAULTS

By and large, while welfare reform put basic income supports at great risk, last year health programs serving low-income women were spared the punishing cuts proposed by congressional leaders early in the session. But what this outcome bodes for the coming year is uncertain. Much will depend on the assessments made by the congressional leadership about how extensively they want to press for cuts and changes proposed but not enacted last year, the pressures on the federal budget, and the success or difficulty that the states have dealing with their new responsibilities to low-income women under the new welfare law.

1. Protecting Medicaid

While the effort last year to convert Medicaid to a block grant was not successful, governors and others are expected to continue to press for more state flexibility in running the program. But with the recent Congressional Budget Office report that the rate of Medicaid spending has declined significantly - last year Medicaid's growth rate was only 3.3% -- there may be less pressure than there was last year at this time to cut deeply, block grant or overhaul the program entirely. Although no specific bills have been advanced yet, many concrete proposals to give the states more leeway in setting standards for individuals served and benefits covered are expected early in the session. These are likely to take the form of allowing states to set a cap on expenditures made for each individual, reduce the state match, impose cost sharing requirements on beneficiaries, eliminate the right of recipients to sue in federal court, or scale back benefits. Advocates for the poor are very wary of these proposals - which would limit health services to individuals already harmed by the new welfare law.

2. Restoring Medicaid for Immigrant Women

By early 1997, in many states immigrants who were legal residents before the welfare bill passed, as well as new, legal immigrants, will be denied Medicaid altogether. Health professionals have begun to speak out publicly about the dangers of this stricture, particularly as it applies to prenatal care for pregnant women. Some in Congress and the Administration have also expressed deep concern, but no proposals to ease the restrictions on the receipt of Medicaid by legal aliens have yet to be advanced. One issue awaiting resolution is whether legal immigrants, who have lost SSI benefits, will still be eligible for Medicaid.

FDA REFORM

One issue that has begun to command more attention from women's health advocates is the safety and efficacy of drugs and devices being developed to treat health conditions that disproportionatley affect women, or of products that have different effects on women and men. Last year the congressional leadership in both the House and Senate advanced FDA reform proposals to streamline the agency and speed up FDA's approval process -- proposals that as drafted, could have discarded FDA safeguards important for women's health. No

floor action was taken last year on these measures, but the issues they raise are certain to surface in the 105th Congress. With contraceptive drugs and devices, abortifacients and psychotropic drugs all under FDA's purview, adequate research, clinical testing and close monitoring of these products are critical to women's health.

Because of the tremendous stake women have in a strong and thorough FDA, several aspects of FDA reform that could compromise women's health are of special concern.

1. **Reducing the Number of Clinical Trials Necessary for FDA Approval**

Currently FDA requires that applications for drug approval include data from at least two clinical trials. This requirement for two trials is critically important to women because it helps to ensure that women are adequately represented in the population being tested -- a concern born from the many years in which women were either excluded, or included on a limited basis, in clinical trials, and data about the effect of many drugs and devices on women was simply not collected. *Under some versions of FDA reform, only one clinical trial would be required -- a proposal of deep concern to women's health advocates who favor increasing, not decreasing the opportunities for researchers, policy experts and others to assess the impact on women of newly-developed health products.*

2. **Speeding Up Timetables for Approvals**

Another troubling proposal would require the FDA to approve drugs and devices within a speeded up time period, and under some versions, then defer to approval by a foreign government, if FDA fails to meet the deadline. Most of the momentum for these speeded-up timetables has come from the charge that the FDA takes too long to review New Drug Applications (NDAs), hence delaying approval of beneficial drugs often available in other countries. However, a recent study by the General Accounting Office (GAO) found that the FDA improved its approval time considerably between 1987 and 1994, from an average of 33 months to 19 months.[7] Some believe that the data from the GAO study removes the impetus for the fast track proposal that could provide an opening for inadequately tested drugs to come on the market. But others are expected to keep the speeded-up time-frames provision in their proposals to be introduced in the 105th Congress.

On the specific issue of deference to European approvals, experts who have monitored drug approvals are concerned that FDA standards are the highest in the world, and that reliance on approvals of other foreign governments could still permit drugs that have dangerous side effects on women to be used here. FDA refused approval of Thalidomide, a sleeping pill approved in Germany, England and other countries for use by pregnant women which later proved to cause severe birth defects. There are fertility drugs, oral contraceptives and others also approved in Europe under less stringent standards that eventually were withdrawn because of adverse side effects.

3. **Permitting Pharmaceutical Companies to Promote Off-Label Use**

The FDA does not currently prohibit physicians from prescribing drugs that have been approved for one use for another condition. However, the agency does prohibit pharmaceutical companies from disseminating information about their products for non-approved or "off-label" use -- on the grounds that because they have a vested interest in the product, the company will not present balanced information on the drug's safety and efficacy in treating a condition for which FDA approval has not yet been granted.

One prominent provision of FDA reform proposals is to allow companies to distribute information to physicians about use of a product for an off-label use. This change could have drastic consequences for women's health. As discussed above, only recently have clinical trials begun to fully include women and the gender difference in results is just beginning to be examined. Indeed, clinical testing of many drugs already on the market has been done without regard to possible effects on women. Thus, any proposal that reduces the opportunity to understand a drug's effect on women would exacerbate this problem even more, and would needlessly open the door to adverse effects that could be identified in a clinical trial.

* * * *

In sum, women's health advocates can expect to face many challenges in the coming year. From efforts to reverse setbacks suffered, especially in the area of reproductive health, to opportunities to move forward and continue the process of guaranteeing certain critical health benefits, expanding the availability of medical abortion and ensuring the safety and efficacy of drugs and devices used by women, the agenda facing women's health advocates is varied and far-reaching. Women's health advocates know that however far they have come in recent years, there is much unfinished business, and that even their past gains are subject to attack.

The National Women's Law Center is a non-profit organization that has been working since 1972 to advance and protect women's legal rights. The Center focuses on major policy areas of importance to women and their families including child support, employment, education, reproductive rights and health, child and adult dependent care, public assistance, tax reform, and social security-with special attention given to the concerns of low income women.

END NOTES

1. The Henry J. Kaiser Foundation, 1995 Kaiser Family Foundation Survey on Mifepristone: Knowledge and Attitudes Among Obstetrician-Gynecologists (July, 1996).

2. Employee Benefit Research Institute, Sources of Health Insurance and Characteristics of the Uninsured. Issue Brief Number 179 (Nov. 1996.)

3. U.S. General Accounting Office, Health Insurance for Children: Private Insurance Continues to Decline (June, 1996).

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5. The Commonwealth Fund Commission on Women's Health, Prevention and Women's Health: A Shared Responsibility (Sept. 1996).

6. Department of Health and Human Services, Report on the Status of Safe Motherhood in the United States Today (June, 1996).

7. U.S. General Accounting Office, FDA Drug Approval: Review Time Has Decreased in Recent Years (Oct. 1995).

THE WHITE HOUSE
WASHINGTON

February 26, 1997

Fr. Joseph F. Girzone
8 Lessome Lane
Altamont, NY 12009

Dear Fr. Girzone:

Thank you for your thoughtful letter and books which I have given to the First Lady. I so enjoyed meeting with you last week at the dinner.

Thank you for thinking of us and best wishes.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

Fr. Joseph F. Girzone
8 Leesome Lane
Altamont, NY 12009

(R)

February 13, 1997

Dear Melanne,

I enjoyed meeting you last Wednesday evening. I appreciate your kindness.

Enclosed are the books I promised to send for Mrs. Clinton. There is also one enclosed for yourself. I hope you enjoy it.

May you and your very special work be blessed in many happy ways.

Sincerely,

Joe

THE WHITE HOUSE

WASHINGTON

March 11, 1997

Mr. Colin Greer
The New World Foundation
100 East 85th Street
New York, NY 10028

Dear Colin:

Thank you for your letter and "We Won't Tolerate Hate," which is, to your credit, an inspiring read.

Thanks and best wishes for now and so much more.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

THE NEW WORLD FOUNDATION

100 EAST 85TH STREET, NEW YORK, NEW YORK 10028
(212) 249-1023

February 27, 1997

Melanne Verveer
Office of the First Lady
OEOB
Room 100
Washington, DC 20050

Dear Melanne:

I thought you'd be interested in seeing this.

Best,

Colin

SUNDAY, FEBRUARY 23, 1997

The Herald

PARADE

In 1995, there were more than 7900 incidents—from graffiti and property damage to violence and murder. But in some communities, people came together and said, "We won't let this happen."

HOW TO FIGHT HATE CRIMES

A SPECIAL REPORT

By Colin Greer

Church burning: In June 1995, the 100-year-old Macedonia Baptist Church (shown here) in Bloomville, S.C., and another nearby church were torched by two Ku Klux Klan members who later renounced the Klan and pleaded guilty to two felony counts of "using fire to violate civil rights" and "conspiracy to violate civil rights."

INSIDE: The All-America High School Girls Soccer Team

THE WHITE HOUSE
WASHINGTON

April 1, 1997

Mr. Paul Grogan
President
Local Initiatives Support Corporation
733 Third Avenue
8th Floor
New York, NY 10017-3204

Dear Mr. Grogan:

On behalf of the First Lady, thank you for your letter and information on the initiatives of LISC combined with other organizations committed to assisting low-income communities across the nation.

The First Lady commends your efforts.

Best wishes.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

LOCAL INITIATIVES SUPPORT CORPORATION
733 THIRD AVENUE, 8TH FL., NEW YORK, NY 10017-3204
TEL: (212) 455-9800
FAX: (212) 682-5929

Hillary Rodham Clinton
The First Lady
The White House
Washington, DC 20500

Dear Ms. Clinton,

February 21, 1997

On Thursday, March 13, Habitat for Humanity International, Local Initiatives Support Corporation, The Enterprise Foundation and the National NeighborWorks® Network will announce an unprecedented multi-billion dollar investment commitment to low-income communities nationwide.

That these four organizations have come together behind this commitment is a testament both to the transformative potential of locally-led community renewal initiatives, and to the recognition in Washington that the proper role of the federal government is to encourage local initiative and stimulate private investment, rather than to attempt to direct community renewal activity from above. The proof that this approach works is in the numbers – 1 million affordable homes and apartments and more than $12 billion in corporate investment in the past 10 years – and in the communities and lives transformed – from South Central Los Angeles to Chicago's South Side to the South Bronx, and from the Mississippi Delta to the Great Plains.

The Administration has been a critical component of this successful renewal strategy. From working with Congress to make the federal Low Income Housing Tax Credit a permanent feature of the federal tax code to creating the Community Development Financial Institutions Act, the Administration has recognized the power and potential of local initiative and the need for federal incentives and support. The other tools the federal government brings to this partnership include: the Community Reinvestment Act; Community Development Block Grants; the Earned Income Tax Credit; and the HOME and HOP Programs.

We would welcome the opportunity in conjunction with this historic announcement to meet with you to discuss the many ways in which the federal government has contributed to the renewal of America's communities, and the tools and steps to be taken to expand this partnership and expand this new reality to more communities nationwide. We will be in touch to schedule this meeting.

Sincerely,

Paul S. Grogan

Paul S. Grogan, President

THE WHITE HOUSE
WASHINGTON

February 19, 1997

Ms. Leslie Gottlieb
Director of Communications
The League Treatment Center
30 Washington Street
Brooklyn, NY 11201

Dear Ms. Gottlieb:

Thank you for your letter and for recommending Hannah Achtenberg Kinn to an appointment on the committee planning the conference on early learning and the brain.

I have shared your letter with the relevant White House officials.

Best wishes.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

The League Treatment Center

for CHILDREN & ADULTS

30 Washington Street, Brooklyn, New York 11201 718 643-5300 Fax: 718 237-2793

February 5, 1997

Mrs. Melanne Verveer
Office of the President
The White House
Washington, D.C.

Dear Mrs. Verveer:

The President's call for a conference this spring on early learning and the brain is timely and important. As you may recall, the League Treatment Center's expertise in this field - we are the nation's oldest day treatment program for autistic children -- is well known in this country and abroad. The enclosed New York Times article describes our effectiveness.

We currently treat 500 handicapped inner city children -- those born retarded, addicted to crack/cocaine, suffering from abuse. Our effective education and treatment plan produces results. For example, 50% of those we studied whose IQ was retarded when they entered leave no longer retarded; 80% who enter without communication leave communicating; 90% of our children 2-5 graduate to less restrictive programs.

Our Executive Director, Hannah Achtenberg Kinn (who went to Oxford with the President, and participated in the 1993 White House Health Care Outreach Group) has led the agency for almost 20 years. She is ideally suited to be a member of the committee planning the conference. Her expertise and vision in the area would be a strong asset to the conference. Her resume and agency background information are attached.

If you have any questions or need more information please contact me at 718-643-5300.

Sincerely,

Leslie Gottlieb
Director of Communications

LG;rp
cc: Senator Daniel Moynihan
Rep. Charles Schumer
Rep. Jerry Nadler
Rep. Major Owens