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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. paper	Participants in "Discussion in a Circle" with FLOTUS (2 pages)	10/23/1995	b(6)
001b. paper	Children and Parent Participants (1 page)	10/23/1995	b(6)
001c. list	child and parent participants (2 pages)	10/23/1995	b(6)
002. list	Audience at Babies and Children's Hospital [partial] (1 page)	10/22/1995	b(6)
003. bios	Background on Greeters and Speakers [partial] (1 page)	10/22/1995	b(6)
004. bios	Background on Greeters and Speakers [duplicalte of 003] [partial] (2 pages)	10/22/1995	b(6)
005. bios	Background on Greeters and Speakers [duplicalte of 003] [partial] (1 page)	10/22/1995	b(6)
006. list	Audience at Babies and Children's Hospital [duplicate of 002] [partial] (1 page)	10/22/1995	b(6)

COLLECTION:
Clinton Presidential Records
Office of the First Lady
Jennifer Klein
OA/Box Number: 13523

FOLDER TITLE:
Babies and Children

2014-0536-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]
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Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
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For Tour

Missing names of kids
→ Marilyn sending to Cara

Parent will start off
discussion

Lissa

337-3171

Sandy Fax
212-213-4566

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release October 23, 1995

**REMARKS BY FIRST LADY HILLARY RODHAM CLINTON
AT BABIES AND CHILDREN'S HOSPITAL
AT THE COLUMBIA-PRESBYTERIAN MEDICAL CENTER
NEW YORK, NEW YORK**

MRS. CLINTON: Thank you very much. Thank you for those flowers, too. Thank you.

I am very pleased to be here and to have an opportunity to discuss the health and well-being of America's children at one of America's foremost hospitals for children. I learned just a little while ago from Dr. Speck that Columbia-Presbyterian is the oldest and the largest not-for-profit hospital center in the United States.

But certainly those of us who care about high-quality health care in America or anywhere, and those of us who care about children, know of its importance in delivering the kind of excellent health care that we have come to expect in the United States. And that's what I want to talk to you about today because I have been fortunate in my life to be involved with children's hospitals and to visit many of our children's hospitals around the country.

From my experience as a parent and as a board member of a children's hospital, I know there is something very special about these places. Mrs. Wray was describing her own personal experience and I had the privilege of speaking with a number of other parents and children about their own experiences here.

I am here today because I am worried about the future of hospitals like this one. And more generally, I am worried about the future of America's children.

Decisions are being made in Congress at this very moment that threaten to devalue and demean every aspect of our children's lives -- their health, their education, their nutrition, their housing, their safety, and the environment in which they grow up.

The facts are simple and they are stark. Children are the biggest losers in the Republican budget proposal.

Today the Clinton Administration is releasing a detailed analysis of the impact of these proposed cuts on our children. And this analysis -- which goes state by state, looking at what will be the impact on children if these proposals actually become law -- is shocking reading.

We know that any mother or father or aunt or uncle or grandparent or concerned adult would not take comfort in knowing that for all the rhetoric we hear, often coming out of the United States Congress about helping children, the Republican budget will in fact deny millions of children the basics they need to live productive lives.

They will be denied health care they now have, schooling they can count on, proper food, a safe place to live, a secure neighborhood, air and water that we can count on as being clean enough to breathe and drink.

We are not talking about only poor children. I wish that -- if that's all we were talking about -- there would be an uproar and an outcry from every person in our country, that we should not do to the most vulnerable children among us what we would not let anyone do to our own children.

But these budget cuts go much further. These budget cuts -- in the way they undermine health and food safety; the way they strip away environmental protections; the way they put at risk many of the services that all Americans and their children count on -- is an assault on every child's future -- my child, as well as any child in this room, or living within a few blocks of this hospital.

We also know that families making less that $30,000 a year -- which are about half the taxpayers in the United States -- under the Republican budget proposals will actually see their taxes go up, so that people who make more money than that can see their taxes go down.

So it is not merely that we will be undermining the services available to all children, that we will be particularly assaulting the services needed for poor children, but under these Republican proposals, we will be taking money away from families who earn less than $30,000 a year so that they will be further handicapped in taking care of their own children.

Now I can only believe that most Americans have not yet fully grasped the impact of these budget proposals, because we are all for balancing the budget. It was this President and Democratic Congressmembers, like Carolyn Maloney and Charles Rangel, who are here, who voted for the first time in 1993 to actually begin balancing the budget after 12 years of profligate spending that drove the deficit through the ceiling.

So there's no debate about balancing the budget. There is also no debate about being more efficient in providing services. It was again, this President and the Democratic Congress that began the process of making government more efficient.

We don't have any objection to sensible, reasonable proposals that will put our economic house in order.

But we will not stand by silently and see those who are most vulnerable among us -- those who work hard for a living, those who make less than $30,000 a year -- pay the price for the profligate spending that went on during the 1980s in order to profit those who do not need that kind of help.

If one looks in the faces of our children, one can see the hope for the future, but we know the struggles that they are up against. We know that consistently, too many of the children in the richest nation in our hemisphere, in our world, live in poverty.

I just returned from a trip to South America. I visited many nations, much poorer and less developed than ours. Yet I talked with leaders who were doing all they could to increase spending for education, increase spending for health care -- looking for ways to invest in their children, at the very time when the United States Congress is looking to reverse our own historic commitment to the children of America.

Our nation has survived as the longest living democracy because of our historic commitment to children and families. Now is no time to step backwards and that is exactly what this Republican budget analyzed here would have us do.

Let me give you just a few examples. The Republican budget would eliminate Headstart for 180,000 American preschoolers. It would deny tens of thousands of children right here in New York the opportunity to have the kind of personal attention in school to acquire the skills that they need.

It would eliminate Goals 2000 which sets standards for teaching and learning in America.

It would eliminate summer jobs for 600,000 young people and do away with the President's national service program known as Americorps in which young men and women earn their way to college by performing community service.

We can look across the board at this budget and see that no part of our life together as a nation would be left untouched and damaged.

I want to talk though, just for a minute, about health care

because here particularly, the Republican budget cuts are cruel and unconscionable. And I can only hope that the people who are voting to put them into place do not understand the consequences of their votes.

We are seeing the dismantling of the part of the social safety net known as Medicaid. It has been dismantled in these proposals with very little discussion, except with those who think they might profit from the dismantling.

We know when we look at what Medicaid has done, that it is the primary source of health care for nearly one in four American children. The next time you see a group of children anywhere, just mentally count off, because one in four in some way -- middle class, upper class, poor -- depend on Medicaid.

And one in three children under the age of three depend on Medicaid.

More than half of the children on Medicaid live in families with working parents -- parents who are doing the best they can to earn their own livings, but cannot meet the medical needs of their children.

Medicaid is the primary source of health coverage for millions of children who are disabled or who suffer from chronic illness.

It is the primary health care coverage for nine out of 10 children with HIV and AIDS.

Medicaid is the primary source of prenatal and maternal health care for low-income, pregnant women.

Medicaid is also an important source of coverage for the health care of older Americans living in extreme poverty or with serious disabilities and is the largest insurer for over two-thirds of nursing home residents.

Medicaid is literally a lifeline for many, many millions of Americans.

The Republican budget cuts would eliminate health care coverage through Medicaid for nearly one-half million children in New York alone, and four and half million nationwide by the year 2002.

That means those children would no longer be able to get immunizations or check-ups or other preventive services now covered by Medicaid. It means that they would use the emergency room as so many uninsured families who make just a little too much money in order to qualify for Medicaid do for their health

care coverage now.

Ripping apart this safety net is not the American way.

It is not the American way to deny infants the shots they need to stay healthy.

It is not the American way to deny treatment to children who are disabled or desperately ill.

It is not the American way to punish hardworking parents whose family health care coverage vanishes with a job loss or a job change.

It is not the American way to make the oldest among us give up their possessions, sell their house, sell their car, and live a life of poverty if their spouse has to go into a nursing home.

Cutting $182 billion from Medicaid will force families to make grim choices that you or I would not wish to make and no American family should be forced to make. Choices between health care for children or nursing home care for parents. Choices between education and vaccinations; between food and prescription drugs.

The people at this hospital know that the choices that will be forced on American families will also be forced on our hospitals -- private, not-for-profit hospitals like this one and public hospitals throughout our country.

These are the institutions that take all of our children, regardless of their income, regardless of where they come from. These doors are open. However, the doors of many of the for-profit hospitals in America are closing and the doors of the not-for-profit, community hospitals will be likely closed permanently if the combined cuts in Medicaid and Medicare go through.

For the children of America that need help, they know they can find it at children's hospitals. These hospitals cost more because taking care of sick children is more expensive than taking care of sick adults. And children's hospitals cannot shift those higher costs to adult patients the way other hospitals can. Already Medicaid pays children's hospitals, on average, less than 80 cents for every dollar spent to care for a child.

The impact of cutting Medicaid even further is obvious. Children's hospitals simply will not be able to provide the services they do today and will not be able to maintain their open-door policy.

Throughout our history, we have thought of ourselves as an

American family whose greatest priority was our children. And as Americans, we have prided ourselves on our compassion. And I think that is a pride that was well earned because we have put our children first, both in our public investments and our private ones.

We have built magnificent hospitals like this, we have provided the basis for medical research that cannot be matched anywhere in the world. We have taken care of our poor.

Anyone who, like me, has traveled in countries struggling because of their economic problems to take care of the health care needs of their people, know that when one walks through a hospital in Brazil or Bangladesh or Moscow as I have, you see literally hundreds and hundreds and hundreds of people with nowhere else to go, with doctors struggling to provide even the most basic kind of health care.

I do not want to see that in the United States of America. There is no reason we should.

Now, any time I make a speech like this, somebody invariably either writes or says, "Well you know, you can't expect the government to take care of children -- that is the family's responsibility." Who argues with that? Of course it is the family's responsibility. Of course parents bear the primary responsibility for their children.

But let's not fool ourselves. National policies -- whether they are about education or health care or welfare or taxes or the environment -- affect every family and child. They are mirrored in the lives and experiences of our children. And government has played and must continue to play an invaluable role in safeguarding the interests of children and families.

It does so in ways that we don't often think about. When I was speaking with the parents and children a few minutes ago, I met two families with adopted children with serious health problems. They were able in part to adopt those children and give them the love we would want for every child because Medicaid helped to pay the health care costs of these special needs children.

We don't think about how the actions that are being proposed today will push more and more families closer to the brink of economic disaster.

And that is what I want every American to start considering. Think about this budget debate -- not as a Republican or an Independent or a Democrat -- think about it as a parent, as a grandparent, as an aunt, as an uncle.

Don't get so wrapped up in the statistics and the policy papers that we forget our basic obligations. We know as parents what we owe our children. We know what we try to do in order to meet those needs.

I looked into the faces just a few minutes ago of mothers and fathers who have given up everything to take care of sick children -- and who among us would not do the same?

But when it comes to legislating and making policy, parents turn into partisans and good parental instincts seem to retreat. Would we ever say as parents that only one of four of our children could go to a doctor or get a vaccination or have a hearing test? Of course not. We would demand and work for the right to make sure they were all taken care of.

Would we ever say as parents with a child that had spinal bifida or congenital heart disease or cystic fibrosis that they no longer deserved treatment and care? Of course not. We would do everything within our power to make sure our child was taken care of.

But in this time we live in today, with the kind of reckless, ideological effort to meet fixed budget targets to prove a point, we are undermining what parents try to do every single day.

We as a society are doing things we would never do as parents. How can we legislate what we would not approve of as parents? How can we vote for people who would do that? How can we permit it to happen?

I hope that as this debate goes on we will recognize, first of all, that the kind of cuts that are in this Republican budget proposal cannot be permitted to be enacted in to law.

There is an alternative: a balanced budget proposal that the President has put forth that truly does put children's needs first. It doesn't give tax cuts to the wealthiest of Americans, and for those in this atrium who would lose their tax cut, I apologize. But you don't need it. Our children need that funding in order to keep their lives going.

And more than that, these budget battles are not just about money, they are not just about who wins and who loses in Washington, they are about our values as a nation. What do we really care about? What kind of people are we , what kind of people do we intend to be?

Any family does its best to take care of its old and its young. There is an inner-generational compact that is more important than any kind of contract for legislation.

That compact says loud and clearly: "We owe each other something. We have obligations to one another and besides, we never know what might happen to us."

There, but for the grace of God, go our child, our spouse, our parent -- and we ought to be a little more humble in the face in the unpredictability that life deals all of us.

Our children are our present and our future, a test of our humanity and our faith. And our children are watching. Will we pass this test or will we fail them and ourselves?

When I was in Chile, I was reminded of their Nobel Prize-winning poet, Gabriela Mistral who said these words, that I think we ought to say to ourselves over and over again in the weeks and months ahead: "Many things we need can wait. The child cannot. Now is the time his bones are being formed, his blood is being made, his mind is being developed. To him, we cannot say tomorrow. His name is today."

And today each of us has an obligation to the children we know, the children around us, and the children of this country, and we will we be judged on whether or not we meet those obligations.

I think we will, because when it finally comes time to make the decision, I do not believe a majority in Congress or a majority in the United States will turn their backs on our children.

Thank you all very much.

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001a. paper	Participants in "Discussion in a Circle" with FLOTUS (2 pages)	10/23/1995	b(6)

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. paper	Children and Parent Participants (1 page)	10/23/1995	b(6)

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001c. list	child and parent participants (2 pages)	10/23/1995	b(6)

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Maria Luna, Community Bd 12, and DNC Member
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Alan Pine
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Margaret Quinn, RN, NCC
Congressman Charlie Rangel
Mrs. Alma Rangel

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002. list	Audience at Babies and Children's Hospital [partial] (1 page)	10/22/1995	b(6)

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Kenneth Raske, President, Greater NY Hospital Assn.
Dr. Irwin Redlener, President, Children's Health Fund
Dennis Rivera, President, 1199 Nat. Health Service Employees Un.
Sally Rogers, United Hospital Fund
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Mary Somoza, (b)(6)
(b)(6)
Susan Spear, MD, Assc Chief of Staff, Presbyterian Hosp
William Speck, MD, President/CEO
Aimee Spengler, Lifetime TV
Michael Stein
Yvonne Stennett, Dir, Community Legue of West 159th St.
Robert Sean Stephens
Alan Stone
Howard Stringer, Trustee
Jeffrey Szmulewicz
James Tallon, President, United Hospital Fund
Norma Tallon
Francis Thatcher, RN
Kathy Thompson
Vivian Todini, NOW Legal Defense Fund
Jane Tollinger, Lifetime TV
NYC Speaker Peter Vallone
Meredith Wagner, Lifetime TV
Marie Wallace
Christopher Wang, MD, Dir. of Family Medicine
Patricia Wang, Sen. VP., Greater NY Hospital Assn.
Myron Weisfeldt, MD, Dir of Medicine
Elizabeth Zimmer
Howard Zucker, MD

TOTAL 143

October 21, 1995

BABIES & CHILDREN'S HOSPITAL

DATE:	**Monday, October 23**
TIME:	**10:40 am**
LOCATION:	**Babies and Children's Hospital of New York**
FROM:	**Brenda Costello**

I. PURPOSE

To officially release the Administration's State by State Analysis of the "Impact of the Republican Budget Cuts on Children," and to highlight the impact of Medicaid cuts on children, and to tour the Sol Goldman Children's Heart Center at Babies & Children's Hospital of New York.

II. BACKGROUND

Babies & Children's Hospital of New York

Babies & Children's Hospital of New York,a division of Columbia-Presbyterian Medical Center, is the only hospital in Manhattan dedicated solely to the care of children. Each year, Babies & Children's admits more than 6,000 inpatients and serves almost 116,500 outpatients and over 40,000 pediatric emergency room visits. Its staff of approximately 1,000 doctors, nurses, and employees provide services to children from infancy through age nineteen in its 170 bed facility.

The hospital serves the immediate community and tri-state area, as well as patients from around the world, and is committed to family-centered care. Approximately 50 percent of B & C patients are covered by Medicaid, and another nine percent is uncompensated care.

Founded in 1887, Babies & Children's shares the same campus as Columbia Medical School, and their staff are on the faculty at Columbia Medical School. Babies & Children's is the primary pediatric teaching hospital of Columbia University College of Physicians & Surgeons. The pediatric cardiology and cardiac surgery program is one of the largest in the world.

Sol Goldman Children's Heart Center

This outpatient facility occupies one wing of Babies & Children's Hospital and serves as a "one-stop shop" for all pediatric heart services. Opened in 1993, it is one of the largest cardiac centers in the country, seeing approximately 3,000 patients yearly. The Heart Center houses the nation's only Pediatric Pulmonary Hypertension Center, and has one of the largest pediatric heart transplant programs in the U.S. The Heart

Center encourages children's play and is designed to help families feel comfortable.

Tour/ Discussion/ Remarks at Sol Goldman Children's Heart Center

The purpose of touring this facility is to highlight the type of critical emergency care that all children may need, which Medicaid helps to insure they receive when necessary. The children joining the First Lady in the Heart Center are representative of the children receiving care throughout the hospital, not just the Heart Center.

Leading the tour through the Children's Heart Center will be Linda Addonizio, MD, Director, Pediatric Cardiac Transplantation. You will proceed through the Diagnostic area (where they do Echo Cardiogram and EKG readings). There may be child in there receiving a reading.

Following your stop in the Diagnostic area, you proceed to "Adrian's Room ,"a waiting room area where you will meet with about 12 children (almost all Medicaid beneficiaries) and their parents (one parent per child). Linda Wray and her daughter Lisa will be among the children and parents (Linda will be speaking on the atrium program). You will speak briefly with the children and their parents in an informal setting about the importance of having this type of excellent care available during a time of great stress in a family (when a child is seriously ill) and highlight the importance of Medicaid in providing a safety net for such care.

After your discussion in Adrian's Room, you will proceed to holding room for two brief meetings with Dr. Irwin Redlener, President of Children's Health Fund, and Dr. Larry McAndrews, President of the National Association of Children's Hospitals and Related Institutions before moving on to the Atrium for your remarks. During a brief hold in the Atrium area, you will be introduced to Darlene Cox, MS, RN, Chief Nursing Officer and Director of Patient Services, Richard Kearns, Senior Vice President of Development and Public Relations, and Laureen Nowakowski, Director, Office of the President.

Following these introductions, you will proceed to the Atrium and give remarks to approximately 140 invited guests, comprised of senior hospital dept heads, hospital trustees, New York City health and children's leaders, leaders of the women's and disability groups (list attached). Linda Wray, mother of patient in the hospital, will comment on the importance of protecting Medicaid for children like her daughter Lisa. The following elected officials will attend the event on Monday :

Confirmed:
NYC Public Advocate Mark Green (D)
Bronx Borough President Fernanco Ferrer (D)
Manhattan Borough President Ruth Messinger (D)
Manhattan Councilmember Stanley Michels

Not Confirmed:
NYC Speaker Peter Vallone (D)
Brooklyn Borough President Howard Golden
Assemblyman Herman Farrell (D)
Senator David Patterson (D)

In addition to this event, other administration officials will be participating in events across the country to highlight the impacts of GOP budget cuts on children. Secretaries Cisneros, Shalala, Vice President and Mrs. Gore as well as many members of Congress will participate (see list attached).

Note: Alan Stone, a former speech writer for President Clinton, will attend the event. Alan is now Vice President of Public Affairs at Columbia University.

III. PARTICIPANTS

Greeters
Rep. Charlie Rangel and Mrs. Rangel
William Speck, MD, President/ CEO, Columbia-Presbyterian Medical Center
Caryn Schwab, Executive Director, Babies & Children's Hospital
John Driscoll, Jr., MD, Chairman, Department of Pediatrics

Tour/ Discussion
Linda Addonizio, MD, Director of Pediatric Cardiac Transplantation
Children and their parents (list attached)

Atrium remarks
HRC
William Speck, MD, President/ CEO, Columbia-Presbyterian
Linda Wray, mother of child with spina bifida, patient at the hospital.
Caryn Schwab, Executive Director, Babies and Children's Hospital

IV. SEQUENCE OF EVENTS

- HRC arrives Babies & Children's and proceeds to Sol Goldman Children's Heart Center
- HRC tours cardiac/ diagnostic area
- HRC proceeds to Adrian's Room, children's play area
- HRC has discussion with parents and children
- HRC proceeds to holding room for two brief meetings with Dr. Irwin Redlener and Dr. Larry McAndrews
- HRC meets briefly with Dr. Irwin Redlener, Dr. Larry McAndrews
- HRC proceeds to Atrium
- HRC delivers remarks
- HRC works ropeline and departs

V. PRESS

Tour/ Discussion
Pool press.

Speech
Open press.

VI. REMARKS

Prepared by Lissa Muscatine.

BACKGROUND ON GREETERS AND SPEAKERS

GREETERS

CONGRESSMAN CHARLIE RANGEL AND MRS. ALMA RANGEL
15th District, New York

WILLIAM SPECK, MD
President and Chief Executive Officer
Columbia-Presbyterian Hospital
Dr. Speck received his Doctor of Medicine degree from the Bowman Gray School of Medicine, Wake Forest University, 1968. He completed his residency training in pediatrics at Babies Hospital (now Babies and Children's Hospital). Dr. Speck served concurrently as Senior Vice President of University Hospitals of Cleveland and Chief Executive Officer of Rainbow Babies and Children's Hospital from 1984 to 1992. In 1992, Dr. Speck joined The Presbyterian Hospital in the City of New York as Executive Vice President and Chief Medical Officer, becoming its President and CEO in February 1993.

CARYN SCHWAB
Vice President, Columbia-Presbyterian
Executive Director, Babies & Children's Hospitals
Ms. Schwab began her career in the public sector, first at the New York State Department of Social Services and then at the New York City Human Resources Administration. Following a three-year stint as Executive Assistant to the President of New York Health and Hospitals Corporation, Mrs. Schwab joined City Hall, which she served from 1984 to 1990, first as Chief of Staff to the First Deputy Mayor, and later as Special Advisor to Mayor Koch. Since joining The Presbyterian Hospital in 1990, she has been responsible for the management and operations of Babies & Children's Hospital.

JOHN M.DRISCOLL,JR., MD
Chairman, Department of Pediatrics
Dr. Driscoll began his pediatric training at Children's Hospital, Pittsburgh, and served a four-year tour with the U.S. Navy Medical Service before joining Babies Hospital in 1967. Since 1973, he has served as Clinical Director of the Neonatal Intensive Care Unit, where he has gained international recognition for his innovative approach to treatment of respiratory distress in infants.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. bios	Background on Greeters and Speakers [partial] (1 page)	10/22/1995	b(6)

COLLECTION:
Clinton Presidential Records
Office of the First Lady
Jennifer Klein
OA/Box Number: 13523

FOLDER TITLE:
Babies and Children

2014-0536-S
kc1411

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]

[003]

HEART CENTER TOUR

LINDA ADDONIZIO (AD-DA-NI-CIO), MD
Director, Pediatric Cardiac Transplantation
Associate Professor of Pediatrics
A graduate of Columbia University's College of Physicians & Surgeons, Dr. Addonizio has served Columbia-Presbyterian Medical Center since 1978, when she began her residency there. Today, a leader in expanding cardiac transplantation to children with elevated pulmonary resistance, as well as in many other innovations in management, Dr. Addonizio is a seasoned presenter at international professional meetings.

PRIVATE INTRODUCTIONS DURING HOLDING TIME

IRWIN REDLENER, MD
President, Childrens Health Fund
and Director, Community Pediatrics, Albert Einstein College of Medicine

LARRY MCANDREWS
President and CEO
National Assn. of Children's Hospitals and Related Institutions

DARLENE COX, MS, RN
Chief, Nursing Office and Director of Patient Services
(NOTE: Ms. Cox was a White House Fellow from 1991 to 1992.)

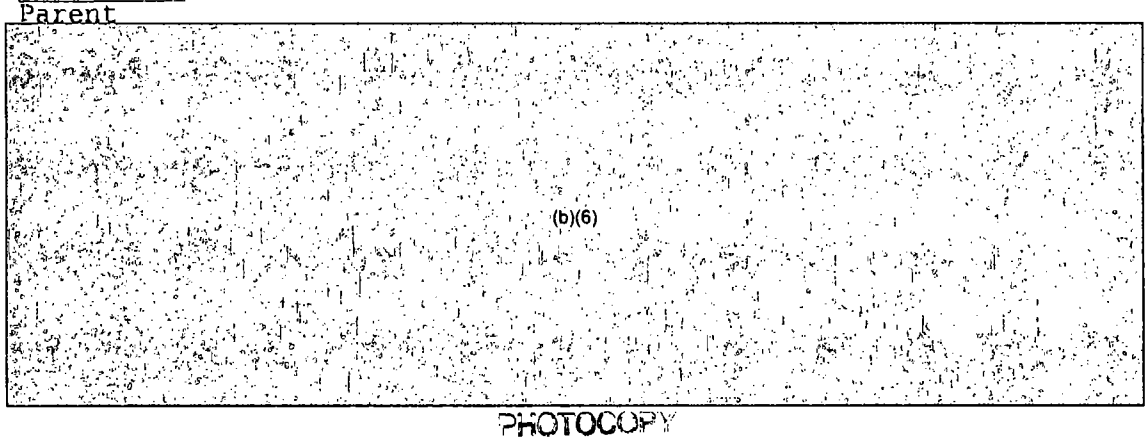
RICHARD KEARNS
Senior Vice President of Development and Public Relations

LAUREEN NOWAKOWSKI
Director, Office of President

SPEAKERS AT THE ATRIUM

WILLIAM SPECK, MD
President/CEO

LINDA WRAY
Parent



CARYN SCHWAB
Executive Director
Babies and Children's Hospital

draft #1
11 pm 10/21/95

FIRST LADY HILLARY RODHAM CLINTON
REMARKS FOR THE BABIES AND CHILDREN'S HOSPITAL OF NEW YORK
NEW YORK CITY
OCTOBER 23, 1995

Thank you all very much for inviting me to join you here at Babies' and Children's Hospital of New York to discuss the health and well-being of America's children.

Being here, in an institution that represents so much hope for our children, we are reminded of the crucial role that children's hospitals play in delivering health care to the neediest and most vulnerable in our society.

I have been very fortunate in my life to have been associated with Children's Hospitals, particularly Arkansas Children's Hospital, where I served on the board for many years and where my daughter once had a brief stay.

From my experience as a parent and as a board member, I know there is something special about these hospitals. I also know that the continued existence of children's hospitals depends on government support.

I am here not only because I am worried about the future of hospitals like this one; I am worried about the future of America's children.

Decisions are being made in Congress at this very moment that threaten to devalue and demean every aspect of our children's lives: their health, their education, their nutrition, their housing, their safety, and the environment in which they grow up.

The facts are simple, and they are stark.

Today, the Clinton Administration is releasing a detailed analysis of the impact of these cuts. And I don't think there is a mother, father, aunt, uncle, grandparent or concerned adult in our country who will take comfort in knowing that, for all the rhetoric we hear about helping children, the Republican budget will deny millions of children the basics they need to live productive lives: health care, schooling, proper food, a safe place to live, a secure neighborhood, and air and water that are clean enough to breathe and drink.

We are all for balancing the budget. And we are all for giving states greater flexibility to administer programs. But we are not going to balance the budget on the backs of our children.

Our children have too few anchors as it is today.

Today, one in five children in our country -- 15 million -- live in poverty. Ten million do not have health insurance. Some 7,000 are lost to homicide and suicide every year. One in three are born to unmarried mothers, and more than 34,000 babies die each year before their first birthday.

Studies consistently show that too many of our children -- children living in the richest nation in the world -- live in poverty. When it comes to safeguarding our children's futures, we do less well than many other advanced nations.

As you may know, I recently returned from a trip to South America, where I visited several nations poorer and less developed than ours. Yet I still saw how hard those nations were trying to invest in their children. And that is because, around the world, we are learning that investing in opportunities for children -- in health care, education, and economic policies that strengthen families -- is one of the soundest investments any nation can make.

Our nation has survived as the longest living democracy because of our historic commitment to the institutions that support and nurture children and families

Now is no time to take a step backwards. And that is exactly what this Republican budget proposes to do.

Let me give you a few examples. The Republican budget would eliminate Head Start for 180,000 American pre-schoolers. It would deny tens of thousands of children in New York alone the opportunity to learn basic and advanced skills in school. It would eliminate Goals 2000, which sets standards for teaching and learning. It would eliminate summer jobs for 600,000 young people; it would do away with the President's national service program, known as AmeriCorps, in which young men and women earn their way to college by performing community service.

What we are talking about is cutting back on our investments in children from the time they are born until the time they reach adulthood. And I think we can all envision what our country would look like if fewer children had the benefit of good schooling, basic literacy skills, summer jobs, or the chance to feel involved and engaged in their communities.

If you take this blueprint and apply it also to nutrition programs, housing, energy assistance, the environment -- and then

throw in a greater tax burden on working parents -- you have a pretty clear picture of what the Republicans are planning for children and families across our country.

Today, in other cities, members of the President's Cabinet are discussing specific aspects of the budget proposal. I would like to focus for a few moments on what these cuts will mean in the area of children's health.

What we are seeing is the social safety net known as Medicaid being dismantled at breakneck pace. It is being dismantled with very little discussion and no real dialogue. Decisions are being made in great haste -- not only about who pays for health care in America -- but about who gets health care, and who doesn't.

As the President often says, there is a right way and a wrong way to get our economic house in order. The wrong way is to cut health care coverage for millions of children, disabled citizens and the poorest of older Americans -- all to finance a $245 billion tax cut for the wealthiest families in our country.

Medicaid is the primary source of health coverage for nearly a quarter of all children in America -- and one third of children under age 3. More than half of those children live in families with working parents -- ~~parents who are not receiving~~ welfare ~~checks~~.

Medicaid is the primary source of health coverage for millions of children who are disabled or who suffer from chronic illnesses.

Medicaid is the primary source of health coverage for 9 out of 10 children with HIV and AIDS.

Medicaid is the primary source of prenatal and maternal health care for low-income pregnant women.

Medicaid is an important source of coverage for older Americans living in extreme poverty or with serious disabilities, and the largest insurer for over two-thirds of nursing home residents.

It is a lifeline -- literally -- for millions of children and families in America.

The Republican budget cuts would eliminate health care coverage through Medicaid for nearly one-half million children in New York alone, and four-and-a-half million nationwide by the year 2002. That means those kids would no longer get immunizations, check-ups, and other preventive services that can keep them healthy and save money in the long-run.

Ripping apart this safety net is not the American way.

It is not the American way to deny infants the shots they need to stay healthy.

It is not the American way to deny treatment to children who are disabled or desperately ill.

It is not the American way to punish hard-working parents whose family health coverage vanishes with a job change.

It is not the American way to make the oldest among us give up their possessions and live a life of poverty to pay for a spouse's nursing home costs.

Cutting $182 billion from the Medicaid program will force families to make grim choices -- choices between health care for their children or nursing home care for parents, choices between education and vaccinations, between food and prescription drugs.

You here at this hospital also know that it will mean grim choices for public hospitals -- the institutions that take in all children, rich and poor. The institutions that care for the premature baby who needs intensive care for the first months of his life and extensive rehabilitation therapy for years to come. For the small child who is severely injured when she is hit by a car and sent to a pediatric intensive care unit at a nearby children's hospital.

And who cares for the eight year old boy who contracts viral encephalitis, loses his health insurance, and is covered by Medicaid because of his high medical costs and severe disabilities.

The proposed cuts in Medicaid will be particularly devastating for children's hospitals. Medicaid patients on average account for 46 percent of the inpatient days in these hospitals.

As you well know, it costs more to care for sick children than adults. And children's hospitals are not able to shift these higher costs to adult patients like other hospitals can. Already Medicaid pays children's hospitals on average less than 80 cents for every dollar spent to care for a child. The impact of a $182 billion in Medicaid is clear; children's hospitals simply will not be able to provide all of the crucial health services that they do today.

We need to protect the safety net provided by our children's hospitals. A safety net that enables children to continue to have access to desperately needed specialized care. That continues to train pediatricians and other care-givers for children. And that

pursues research on the prevention and treatment of childhood disease.

Throughout our history, we have thought of ourselves as an American family. A family whose greatest priority was our children. And as Americans, we have always prided ourselves on our compassion . . . and on the high expectations and aspirations we hold for our children and for ourselves as a people.

For decades, this has been the American way: to put people, especially children, first. And because we have adhered to the American way, the American Dream has stayed alive for generation after generation and our country has remained the strongest on earth.

Most parents in America are working as hard as they can to be good parents. I have met with working women across our country over the last few months, and I know that they and their husbands are making huge sacrifices to put food on the table, pay the mortgage or rent, cover the medical bills, and instill an ethic or work and responsibility in their children.

Of course, parents bear the primary responsibility for their children, and they should. Parents must provide the care, nurturing, love and discipline that every child needs.

But let's not fool ourselves. National policies -- whether they are about education, health care, work, welfare, taxes -- are mirrored every day in the lives and experiences of our children. And government has played an invaluable role in safeguarding the interests of children and their families.

her families who old afford to adopt special needs children

As this budget debate continues in the weeks and months ahead, I hope that policymakers, wherever they are, begin to think about these issues not as partisans, but as parents.

I hope that they will not get so wrapped up in statistics and policy papers, budget battles and partisan rhetoric that they forget the most basic concern of all: the well-being of all of America's children.

Many of you know from your own experience what it is like when your child is very sick. Nothing else in the world matters to you. Will he or will she feel better? Is this a passing flu or the beginning of something really threatening? Is the life of the most precious person in the world in any danger? As parents, we want answers and we want cures. And we want them fast.

As parents, we use our wisdom and knowledge to plan ahead for the health of our children. We make sure they get the shots they need. We try to get them to eat right. We try to avoid exposing them to other kids who might be sick. And when they do

get sick, we try to get treatment from doctors and nurses trained in children's medicine.

But suddenly, when it comes time to legislate and make policy, parents turn into partisans and good parental instincts retreat.

Would we ever say as parents that only one of our four children could go to the doctor, or get a vaccination, or have a hearing test? Of course not. We would demand the right to take each of them whenever they needed care.

Would we ever say as parents that a child of our own with spina bifida or cerebral palsy no longer deserves treatment and care? Of course not. We would give up the summer vacation and the new car to make that child safe, pain-free and as fulfilling as possible.

But in a precipitous and even reckless attempt to meet fixed budget targets, we are now as a society doing things we would never do as parents. We are ratcheting back the medical care our children. We are violating our most sacred duty and value: caring for your young.

How can we legislate what we would not approve as parents? How can the restriction of medical care for our children become the public policy of our nation?

The answer is it must not.

It has been said that our children are not only our present and our future. They are a test of our humanity and our faith.

Thank you for doing your part to ensure that every child in America has the opportunity of health care and the chance for a

DRAFT DRAFT DRAFT DRAFT

Monday,October 23

BABIES & CHILDREN'S HOSPITAL

DATE:	**Monday, October 23**
TIME:	**10:40 am**
LOCATION:	**Babies and Children's Hospital of New York**
FROM:	**Brenda Costello**

I. PURPOSE

To officially release our State by State Analysis of the Impact of the Republican Budget Cuts on Children, and to highlight as an example the impact of Medicaid cuts on children, and to tour the Sol Goldman Children's Heart Center at Babies & Children's Hospital.

II. BACKGROUND

Babies & Childrens Hospital

How many and what covered by Medicaid ?Approx. 50 % medicaid
Uncompensated care? % of patients and $ amt. about 9%
Types of Services: Serves Infants thru age 19; has Neo-natal ICU, Pediatric ICU, one of largest cardiac facilities- (see fax)
How many patients yearly (see last page of fax)
# of beds: 170 beds for children
# of doctors, nursing staff, employees: approx 1,000
Funded: 1887, A division of Columbia-Presbyterian hospital. Columbia Medical School and Columbia-Presbyterian are incorporated separately, Babies & Children's is part of Columbia-Presb., tey're all on one campus. B & C Hospital staff are on faculty at Columbia Med School. The Hospital serves the immediate community and tri-state area, as well as patients from around the world.

Child Life Center
Pediatric play center, includes games, arts & crafts
Floor includes a school on that keeps up with studies (Bd. of Education run serves all ages w/ two classrooms); a library; two children's television chanels; parents overnight facilities

Sol Goldman Children's Heart Center

Tour/ Discussion at Sol Goldman Children's Heart Center

o PURPOSE: To highlight the type of critical emergency care that all children may need and that Medicaid helps to insure they receive when necessary. The children joining the First Lady in the Heart Center are representative of the children receiving care throughout the hospital.

o Leading the tour through the Children's Heart Center will be Linda Addonizio, MD, Director, Pediatric Cardiac Transplantation.

o Mrs. Clinton will proceed through the Diagnostic area (where they do Echo Cardiogram and EKG readings). There may be a child in there receiving a reading.

o She will then proceed to the Adrian's Room (a waitingroom area) where she will meet with about 12 children (almost all Medicaid beneficiaries) and their parents (one parent per child) (list attached). Linda Wray and her daughter Lisa will be among the children and parents (Linda will be speaking on the program).

o She will informally talk briefly with the children and their parents about the importance of having this type of excellent care available during a time of great stress in a family (when a child is seriously ill) and that Medicaid provides that safety net for such care.

[Linda Addonizio, MD, Director of Pediatric Cardiac Transplantation
Children and their parents (this will include both children who would normally be in the heart center, as well as some children representative of elsewhere in the Hospital). There will specifically be some children who benefit from Medicaid, and they know this is the purpose, for FLOTUS to talk to some childern and their parents about the importance of having Medicaid as a safety net for thier chidlren's care.]

PROCEED TO HOLDING ROOM (a conference room):

o Dr. Irwin Redlener (President of Children's Health Fund) will meet briefly with the First Lady, as will Dr. Larry McAndrews (President of the National Assn. of Children's Hospitals and Related Institutions).

o During a brief hold in the Atrium area, Mrs. Clinton will be introduced to Darlene Cox, MS, RN, Chief Nursing Officer and Director of Patient Services, Richard Kearns, Senior Vice President of Development and Public Relations, and Laureen Nowakowski, Director, Office of the President.

PROGRAM IN THE ATRIUM:

o Dr. William Speck will welcome the audience.

o Linda Wray, mother of patient in the hospital, will comment on the importance of protecting Medicaid for children like hers.

o Caryn Schwab will introduce the First Lady.

o First Lady give her remarks.

AUDIENCE IN ATRIUM:

o The audience of about 140 invited guests, comprised of senior hospital dept heads, hospital trustees, New York City health and children's leaders, leaders of the women's and disability groups. (list attached)

The following elected officials will attend the First Lady's event at the Babies and Children's Hospital on Monday :

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Linda Addonizio, MD, Director of Pediatric Cardiac Transplantation
Children and their parents (list attached)

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Welcome - William Speck, MD, President/ CEO, Columbia-Presbyterian
Brief Remarks - Linda Wray, mother of child with spina bifida, patient at the hospital.
Introducing HRC - Caryn Swabe, Exec. Direc., Babies and Children Hopsital

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- HRC proceeds to Adrian's Room, children's play area
- HRC has discussion with parents and children receiving care from various parts of the hospital
- HRC proceeds to holding room for two brief meetings with Dr. Irwin Redlener and Dr. Larry McAndrews
- HRC meets briefly with Dr. Irwin Redlener, President, Children's Health Fund, and Dr. Larry McAndrews, President, National Association of Children's Hospitals and Related Institutions

V. PRESS

Tour/ Discusion
Open press.

Speech

VI. REMARKS

Prepared by Lissa Muscatine.

BACKGROUND ON GREETERS AND SPEAKERS

GREETERS

CONGRESSMAN CHARLIE RANGEL AND MRS. ALMA RANGEL
15th District, New York

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President and Chief Executive Officer
Columbia-Presbyterian Hospital
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CARYN SCHWAB
Vice President, Columbia-Presbyterian
Executive Director, Babies & Children's Hospitals
Ms. Schwab began her career in the public sector, first at the New York State Department of Social Services and then at the New York City Human Resources Administration. Following a three-year stint as Executive Assistant to the President of New York Health and Hospitals Corporation, Mrs. Schwab joined City Hall, which she served from 1984 to 1990, first as Chief of Staff to the First Deputy Mayor, and later as Special Advisor to Mayor Koch. Since joining The Presbyterian Hospital in 1990, she has been responsible for the management and operations of Babies & Children's Hospital.

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OA/Box Number: 13523

FOLDER TITLE:
Babies and Children

2014-0536-S
kc1411

RESTRICTION CODES

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[004]

HEART CENTER TOUR

LINDA ADDONIZIO (AD-DA-NI-CIO), MD
Director, Pediatric Cardiac Transplantation
Associate Professor of Pediatrics
A graduate of Columbia University's College of Physicians & Surgeons, Dr. Addonizio has served Columbia-Presbyterian Medical Center since 1978, when she began her residency there. Today, a leader in expanding cardiac transplantation to children with elevated pulmonary resistance, as well as in many other innovations in management, Dr. Addonizio is a seasoned presenter at international professional meetings.

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President, Childrens Health Fund
and Director, Community Pediatrics, Albert Einstein College of Medicine

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President and CEO
National Assn. of Children's Hospitals and Related Institutions

DARLENE COX, MS, RN
Chief, Nursing Office and Director of Patient Services
(NOTE: Ms. Cox was a White House Fellow from 1991 to 1992.)

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SPEAKERS AT THE ATRIUM

WILLIAM SPECK, MD
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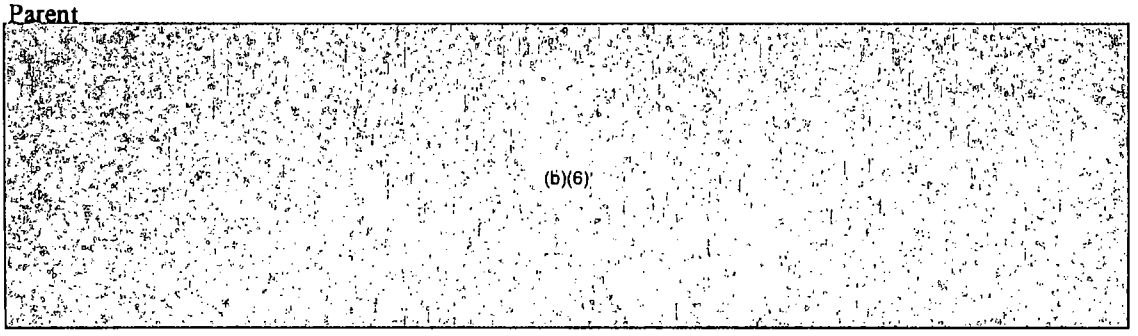
LINDA WRAY
Parent



[004]

(b)(6)

CARYN SCHWAB
Executive Director
Babies and Children's Hospital

PUBLIC HOSPITALS FACING DEEP CUTS BY MEDICARE BILL

NEW YORK TO BE HIT HARD

Measure to Reduce Financing for Teaching Programs and for Services to the Poor

By ESTHER B. FEIN

The sweeping cuts in Medicare making their way through Congress would force major teaching and public hospitals around the nation to retrench drastically or face closure, and to slash doctor-training programs that are the backbone of medical care in many poor neighborhoods, according to health care experts.

The bitter debates over Medicare have focused on its role as the nation's health care system for the elderly. But the $178 billion program is also the largest subsidizer of medical training in the country, and helps hospitals serving poor and uninsured patients.

Nowhere will the effects be felt more than in New York City, where 15 percent of the nation's medical students train and where more medical care is provided to the poor than anywhere else.

If the Medicare overhaul becomes law, Bronx-Lebanon Hospital, in the South Bronx, for example, will lose financing for most of the salaries for about 63 percent of its medical residents, who provide the bulk of its patient care. New York City's 11 public hospitals will lose nearly $800 million over seven years if the bill becomes law.

In North Carolina, officials of Duke University, which has one of the nation's premier teaching hospitals, say they will lose 30 percent of the money they depend on for training doctors.

"What people need to understand is that these cuts reach beyond the Medicare population," said Kenneth E. Raske, president of the Greater New York Hospital Association, a trade organization. "There is no such thing in a hospital as a Medicare nurse or a Medicaid nurse or a Blue Cross/Blue Shield nurse. Hospitals combine different streams of revenue to pay for everything they do, and so cuts in Medicare payments affect everyone who comes through their doors."

Republicans say the entire Medicare program must sustain cuts in order to survive. And many experts say there is already less of a need for big hospitals as insurance companies and health maintenance organizations push for shorter hospital stays and more preventive care.

In New York, for instance, city officials contend that there are too many hospitals, many just blocks from each other. The administration of Mayor Rudolph W. Giuliani wants

Continued on Page 8, Column 1

Continued From Page 1

to close or shrink some of the hospitals in the city's vast public health care system.

Some experts also say that current programs overemphasize specialty training, when primary care is the way of the future.

Though Medicare was created to provide care for the elderly, it also provides hospitals with about $150,000 each year for every new doctor they train. In addition, the program pays premiums to hospitals serving disproportionately large numbers of the poor and uninsured.

Under the House legislation, hospitals will lose $8.6 billion in subsidies for medical education, and $7.1 billion for treating the indigent.

Republicans offer several reasons for the proposed changes in Medicare payments for the training of doctors. In a report on the Medicare bill this week, Republicans on the Senate Finance Committee said that

New York City, the medical teaching nexus of the nation, braces for a blow.

Medicare was paying more than its share of hospital costs for such training.

House Republicans said it was necessary to cut back payments for foreign medical graduates, which in New York City hospitals make up half of the medical residents, as part of a comprehensive effort to control Medicare costs. Moreover, they said, United States citizens should have priority over foreign medical graduates in the allocation of Medicare money.

Hospitals across the country are scrambling to patch the holes these provisions will bore in their budgets. "The margins are vanishing," said Dr. Ralph Snyderman, dean of the medical school at Duke.

If there is less money to hire residents, he said, full-time faculty will have to spend more time treating patients and less time doing clinical research and training new doctors. The ability of the hospital to provide a wide range of charity care will be jeopardized, he said.

"The real danger is that the infrastructure of the nation's academic health system will fall apart," said Dr. Snyderman. "People have to remember that the cost of medicine has to include the cost of education. These cuts will have a chilling effect on that."

Nowhere will these combined cuts hit harder than in New York City, a nexus of many of the nation's most prominent teaching hospitals and many of its poorest residents.

With more than two million uninsured people in New York City, the state ranks second in the nation in so-called disproportionate share payments designed to offset the expense of treating large numbers of poor patients. The House bill cuts those payments by 25 percent.

The state also ranks first in Medicare payments for doctor training, which the bill reduces in three ways.

It phases in a 27 percent cut in the indirect costs of training doctors, such as extra lab tests and the longer hours needed to make up for the slower pace of teaching.

The bill eliminates subsidies for doctors training in subspecialties, a major focus of many of the city's most elite and prestigious teaching hospitals. Hospitals currently receive half the cost of teaching these subspecialists, among them cardiologists, gastroenterologists and neurosurgeons. In New York City, this would affect about 1,800 of the roughly 13,000 resident slots.

The bill also vastly reduces payments for the salaries of foreign medical residents who are not United States citizens, refugees or aliens with permanent residency. About 25 percent of New York's medical residents fall into that category. Many hospitals in the city's poorest and most underserved neighborhoods are staffed largely by such doctors, who provide most of the front-line care at cheaper rates.

To compensate for some of these losses, the bill establishes a Graduate Medical Education and Teaching Hospitals Trust Fund. But the proposal does not specify how much money would be placed in the trust, where the money would come from or exactly how it would operate.

The plan also contains a so-called look-back provision, which means that if the Government does not meet its projected savings, it could retroactively reduce its reimbursement rates and assess hospitals.

"Personally, I am counting on a Presidential veto," said Stanley Brezenoff, president of Maimonides Medical Center in Brooklyn, which faces slashed payments for about half of its 411 residents and interns.

New York City hospitals, like others across the country, are already struggling to keep up with discounts demanded by managed care companies and are staggering from state cuts in their Medicaid reimbursements. Some local politicians and health officials warned that coming on top of those financial threats, the Medicare cuts would cause an economic and health care crisis in the city.

They warned that with more that $12 billion in Medicare and Medicaid cuts to city institutions anticipated under the legislation over the next seven years, more than 100,000 jobs would be lost, hospitals would close in communities where there are no others and services would be pared to such minimal levels that patient care would be imperiled.

Close to $80 billion is spent on health care in New York State each year. Medicare covers about $13 billion of those costs, with roughly $7.6

Medicare cut... be felt by other... patients as well.

billion paid to hospitals for reimbursement and doctor training, $3.8 billion paid to doctors and $900 million paid to nursing homes and home health care programs.

"What will happen is something between meltdown and chaos," said James R. Tallon, president of the United Hospital Fund, a philanthropic group. "The danger is there comes a point where patients will not be spared the impact. We're at that point."

At Jamaica Hospital Medical Center in Queens, 38 percent of the residents would no longer qualify for full salary payments from Medicare under the House bill because they are aliens, according to the hospital's president, David P. Rosen. Without that subsidy, hospital officials say they will not be able to employ these doctors.

But their worries about the Medicare changes do not end there. They fear that more prestigious hospitals that have also lost funding for some of their residents will lure away young doctors at Jamaica still subsidized by the Government.

"The most vulnerable safety net hospitals will be even more at risk," Mr. Rosen said.

Health officials said that 20 years of rate regulations that do not exist in many other states have left New York City's hospitals operating on the brink of insolvency.

"We may be forced to make changes without adequately thinking through the impact on communities," said Robert Gumbs, executive director of the Health Systems Agency of New York City, a not-for-profit group that tracks health planning information. "It's disastrous."

CHILDREN'S DAY ROLLOUT

October 23, 1995

CABINET/SUB-CABINET TRAVEL AND MEDIA EVENTS

Agency	*State*	*City*	*Cabinet Member*	*Event Description*
Treasury	TBD	TBD	Secretary Robert Rubin	Press
JUSTICE	NA	National	Attorney General Janet Reno	Interview on Good Morning America w/kids focus
USDA	NJ	Newark	Secretary Dan Glickman	Community Center visit w/Torricelli and Payne
Labor	MA	Boston	Secretary Robert Reich	EITC event
HHS	SEE	LIST AT RIGHT	Secretary Donna Shalala	Newspaper and radio media to NY,PA, RI, WI, DE, MA
HUD	CA	San Diego	Secretary Henry Cisneros	Sherman elementary school
Education	TX	Houston	Secretary Richard Riley	Visit to a school
EPA	FL	Miami	Administrator Carol Browner	Speech about environmental health impact on children at FL Int. University
ONDCP	PA	Philadelphia	Director Lee Brown	School visit
DPC	AR	Little Rock	Chair Carol Rasco	Hospital visit
GSA	VA	Manassas	Administrator Roger Johnson	Opening of telecommuting center
SSA	D,RI,KS	TBD	Administrator Shirley Chater	Radio/Media interviews

CHILDREN'S DAY ROLLOUT

October 23, 1995

CABINET/SUB-CABINET TRAVEL AND MEDIA EVENTS

USDA	MI	Ypsilanti	Assistant Secretary Ellen Haas	School breakfast
		Detroit		Event at Project Hope Day Care Center w/ Mayor Archer & Rep. Bonior
HHS	SEE	LIST AT RIGHT	SAMSA Administrator Nelba Chavez	Media in NY, PA, WI, RI, DE, MA
HHS	SEE	LIST AT RIGHT	Assistant Secretary Mary Jo Bane	Media in NY, PA, WI, RI, DE, MA
HHS	SEE	LIST AT RIGHT	Commissioner Olivia Golden	Media in NY, PA, WI, RI, DE, MA
HHS	SEE	LIST AT RIGHT	HRSA Administrator Ciro Sumaya	Media in NY, PA, WI, RI, DE, MA
HHS	IA	Des Moines	CDC Director David Satcher	Speech to Domestic Violence Conference
HHS	NY	Harlem and Brooklyn	Deputy Secretary Walter Broadnax	Two visits to "at-risk" youth centers/Substance abuse and kids event
HHS	CA	Sacramento	Regional Director Grantland Johnson	Child development center visit with Rep. Matsui
HHS	NY	NYC	Regional Director Alison Greene	Cardinal Spellman Head Start Center tour with Phillipines First Lady Ramos
HUD	PA	Philadelphia	General Counsel Nelson Diaz	Head Start event w/children
	NJ	Camden		Children's event
	NY	Queens		October 24: Homeless Children event at shelter
HUD	PA	Harrisburg	Assistant Secretary Nicolas Retsinas	Visit to children's center or hospital
	MO	Kansas City		Visit to public housing/school event with mayor
HUD	NY	New York	Asst Secretary Marilynn A. Davis	Public Housing Daycare Center
HUD	PA	Pittsburgh	Acting Asst Secretary Kevin Marchman	Public Housing Daycare Ctr/Pittsurgh Post Gazette mtg
HUD	NY	Utica and Syracuse	Assistant Secretary Andrew Cuomo	Speech Re: Congressional impact on rural children
HUD	CA	Los Angeles	Acting Dep. Sec. Dwight Robinson	LA media event
HUD	PA	Pittsburgh	Assistant Secretary Michael Stegman	Event w/mayor, families and kids
DOT	IA	Des Moines	Administrator Gordon Linton	Speech at Rural, Public and Intercity Bus Conf. Re: kids impact
Education	TBD	TBD	Deputy Secretary Madeleine Kunin	Media
Education	MO	Kansas City	Asst Secretary Norma Cantu	Speech
Education	HI	Honolulu	Director Bill Modzeleski	Speech
Education	KY	Louisville	Asst Secretary Sharon Robinson	Radio/conference call
Education	NY	Port Chester	Sr Advisor Leo Kornfeld	Speech
EPA	CT	New Britain, Hartford, New Haven	Deputy Administrator Fred Hansen	Interview w/ New Britain Herald, Hartford Courant and New Haven Register
EPA	CA	Oakland	Regional Administrator Felicia Marcus	Event to be covered by LA Times
EPA	WA	Yakima	Regional Administrator Chuck Welch	WA State Dept. of Health children's event
EPA	NY	New York	Regional Administrator Jeanne Fox	Award presenter at Citizens Committee for NYC for help in reducing envir. pollutants
EPA	NE	Lincoln	Regional Administrator Dennis Grams	Meeting with Children's Groundwater Foundation
EPA	IN	TBD	Dep. Reg. Adm. Michelle Jordan	Children's event with Rep. Roemer
EPA	AR	Little Rock	Regional Administrator Jane Saginaw	Arkansas Democrat-Gazette editorial board meeting.
EPA	WA	Yakima	Regional Administrator Chuck Clark	10/25: Announce blood lead levels increase in children report w WA State Dept of Health
ONDCP	CO	Denver	Dep. Director Fred Garcia	Red Ribbon Proclamation with Gov. Romer
ONDCP	NY	Rochester	Assoc. Director Rose Ochi	Criminal Justice Planners Cnfrnc. on Treatment

Brenda,

The following is not intended to be all-inclusive -- I am just going to give you what I know about each section of the event memo for FLOTUS's Monday event.

OVERALL PURPOSE OF HOSPITAL VISIT

To officially release our State by State Analysis of the Impact of the Republican Budget Cuts on Children, and to highlight as an example the impact of Medicaid cuts on children.

ARRIVAL - GREETED BY:

Rep. Charlie Rangel and Mrs. Rangel
William Speck, MD, President/CEO, Columbia-Presbyterian Medical Center
Caryn Schwab, Executive Director, Babies & Children's Hospital
John Driscoll, Jr., MD, Chairman, Department of Pediatrics

PROCEED TO SAUL GOLDMAN CHILDREN'S HEART CENTER:

- PURPOSE: To highlight the type of critical emergency care that all children may need and that Medicaid helps to insure they receive when necessary. The children joining the First Lady in the Heart Center are representative of the children receiving care throughout the hospital.

- Leading the tour through the Children's Heart Center will be Linda Addonizio, MD, Director, Pediatric Cardiac Transplantation.

- Mrs. Clinton will proceed through the Diagnostic area (where they do Echo Cardiogram and EKG readings). There may be a child in there receiving a reading.

- She will then proceed to the Adrian's Room (a waiting room area) where she will meet with about 12 children (almost all Medicaid beneficiaries) and their parents (one parent per child) (list attached). Linda Wray and her daughter Lisa will be among the children and parents (Linda will be speaking on the program).

- She will informally talk briefly with the children and their parents about the importance of having this type of excellent care available during a time of great stress in a family (when a child is seriously ill) and that Medicaid provides that safety net for such care.

PROCEED TO HOLDING ROOM (a conference room):

- Dr. Irwin Redlener (President of Children's Health Fund) will meet briefly with the First Lady, as will Dr. Larry McAndrews (President of the National Assn. of Children's Hospitals and Related Institutions).

- During a brief hold in the Atrium area, Mrs. Clinton will be introduced to Darlene Cox, MS, RN, Chief Nursing Officer and Director of Patient Services, Richard Kearns, Senior Vice President of Development and Public Relations, and Laureen Nowakowski, Director, Office of the President.

PROGRAM IN THE ATRIUM:

- Dr. William Speck will welcome the audience.

- Linda Wray, mother of patient in the hospital, will comment on the importance of protecting Medicaid for children like hers.

- Caryn Schwab will introduce the First Lady.

- First Lady give her remarks.

AUDIENCE IN ATRIUM:

- The audience of about 140 invited guests, comprised of senior hospital dept heads, hospital trustees, New York City health and children's leaders, leaders of the women's and disability groups. (list attached)

ATTACHED ARE THE BIOS OF GREETERS, AND SPEAKERS.

BACKGROUND ON GREETERS AND SPEAKERS

GREETERS

CONGRESSMAN CHARLIE RANGEL AND MRS. ALMA RANGEL
15th District, New York

WILLIAM SPECK, MD
President and Chief Executive Officer
Columbia-Presbyterian Hospital
Dr. Speck received his Doctor of Medicine degree from the Bowman Gray School of Medicine, Wake Forest University, 1968. He completed his residency training in pediatrics at Babies Hospital (now Babies and Children's Hospital). Dr. Speck served concurrently as Senior Vice President of University Hospitals of Cleveland and Chief Executive Officer of Rainbow Babies and Children's Hospital from 1984 to 1992. In 1992, Dr. Speck joined The Presbyterian Hospital in the City of New York as Executive Vice President and Chief Medical Officer, becoming its President and CEO in February 1993.

CARYN SCHWAB
Vice President, Columbia-Presbyterian
Executive Director, Babies & Children's Hospitals
Ms. Schwab began her career in the public sector, first at the New York State Department of Social Services and then at the New York City Human Resources Administration. Following a three-year stint as Executive Assistant to the President of New York Health and Hospitals Corporation, Mrs. Schwab joined City Hall, which she served from 1984 to 1990, first as Chief of Staff to the First Deputy Mayor, and later as Special Advisor to Mayor Koch. Since joining The Presbyterian Hospital in 1990, she has been responsible for the management and operations of Babies & Children's Hospital.

JOHN M.DRISCOLL,JR., MD
Chairman, Department of Pediatrics
Dr. Driscoll began his pediatric training at Children's Hospital, Pittsburgh, and served a four-year tour with the U.S. Navy Medical Service before joining Babies Hospital in 1967. Since 1973, he has served as Clinical Director of the Neonatal Intensive Care Unit, where he has gained international recognition for his innovative approach to treatment of respiratory distress in infants.

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005. bios	Background on Greeters and Speakers [duplicalte of 003] [partial] (1 page)	10/22/1995	b(6)

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Jennifer Klein
OA/Box Number: 13523

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2014-0536-S
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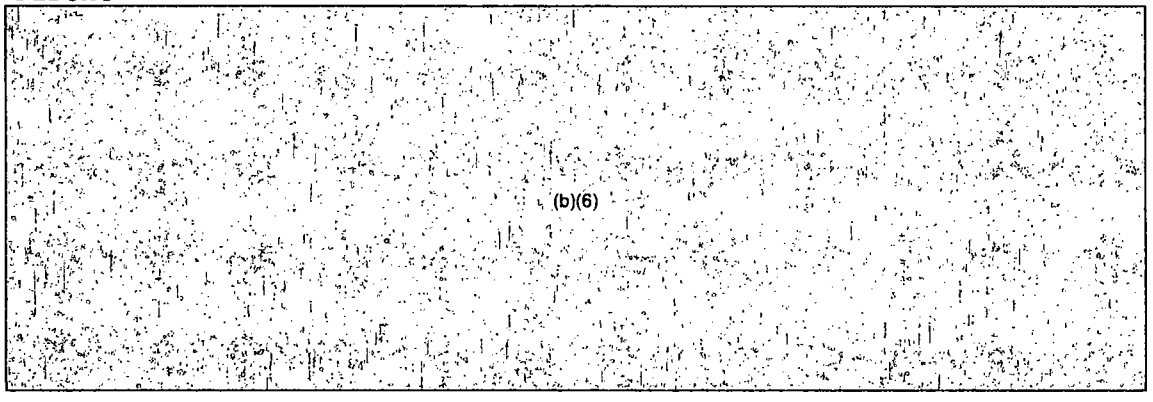

CARYN SCHWAB
Executive Director
Babies and Children's Hospital

AUDIENCE AT BABIES AND CHILDREN'S HOSPITAL

Linda Addonizio, MD
Philip Alderson, MD, Dir of Radiology
George Arzt
Zenon Bilewiz
Joan Bompane, Child Life Manager, Babies and Children's Hosp
Jose Borges
Kristin Bowen, RN
Dr. Joyce Brown
Irving Caminsky, MD, Statewide Assn. for Retarded Citizens
Abba Cargan, MD, Neurologist, Babies/Children's Hosp
Maureen Cogan, Trustee, Children's Defense Fund
Lou Cooper, MD, Family Voices, and Bd member, Am.Academy Ped.
Charles Corliss, Ex. Dir, Inwood Comm. Services
Darlene Cox, RN, MS, Chief Nursing Officer
Karen Davis
John Driscoll, MD
William Duffy, Dir. of Administration
John Ennever, MD, Medical Dir, Ambulatory Care network
Karin Eskenazi
Polly Espy, Trustee
Assemblyman Herman Farrell, Jr.
Jill Felter, RN, NCC
Bronx Borough President Fernanco Ferrer
Kathy Fidlow, RN, Coordinator of Pediatric Cath Lab
Susanne Fischer, RN, Assc Dir. of Nursing
Ruth Flaherty
Sara Fliegel, Nat. Parent Network Board Member
Max Forbes, MD
Allan Formicola, DDS
Evelyn Frankford, State Community Aid Assn.
Meyer Frucher
Florence Frucher
Nancy Gautier-Matos
Welton Gersony, MD, Dir, Div of Pediatric Cardiology
Brooklyn Borough President Howard Golden
Jane Goldman, Friend of Babies and Children's Hosp.
Carmela Grande, RN, Dir, Pediatric Operating Rooms
Burton Grebin, MD, President, St. Mary's Hosp for Children
Mark Green, NYC Public Advocate
Alison Greene, HHS Reg. Dir.
Ellen Guggenhimer
Robert Gutheil, Ex. Dir. Salvation Army Soc. Serv. for Children
Linda Harris
Steve Harris
Harold Hogstrom, Ex. VP and CFO
Linda Hurwitz, RN, Acting Ex. Dir, Babies/Children's/Sloane Hosp
Allen Hyman,MD, Chief of Staff and Medical Officer
Anne Jacobs
Dennis Johnson, Ex. Dir, Children's Health Fund
Dorothy Johnson, Johnson Security Bureau
Suzanne Johnson, Mariner Baptist Church
Debra Jones, RN, NCC

Dr. Stephen Kamholz, Gov. Elect, Am. College of Physicians
Jessica Kandel, MD
Richard Kearns. Sen. VP. of Development and PR
Virginia Keim
Mary Banfield Keller, RN, Pediatric Liaison
Marcella Kerr
Joan Kinzer, NY Democrats with Disabilities (wheelchair)
Rafael Lantigua, MD, Dir. Associates in Medicine
William Laporte, Trustee
Richard Layton
Shelley Lazarus, Trustee
Senator Franz Leichter
Larry Levine, Friend of Babies and Children's Hosp.
James Lieberman, MD. Dir. of Rehabilitative Medicine
Councilman Guillermo Linares
Rogerio Lobo, MD, Dir of OB/GYN
Marc Lory, Ex. VP and COO
Michael Losow, Nat. Multiple Sclerosis Society
Maria Luna, Community Bd 12, and DNC Member
Robert de Luna
Larry McAndrews, President/CEO, Nat. Assn of Children's Hosp.
Mary McCord, MD
Carolyn McCullough, RN, MA
Deborah McGregor
Cynthia McKie-Addy, RN
Betty Martin-Mursham
Ariane Matschullat, Friend of Babies and Children's Hosp.
Senator Olga Mendez
Manhattan Borough President Ruth Messinger
Manhattan Councilman Stanley Michels
Margaret Mikol, Family Voices
Anne Millard, Friend of Babies and Childrens Hosp
Josh Miller
Steve Miller, MD, Dir of Pediatric Emergency Medicine
Pat Monahan
Helen Morik
Marcia Morris, Sen. VP and Legal Officer
Thomas Morris, MD, Vice Dean, Columbia School of Medicine
Mary Mundinger, Ph.D.,Dean, Columbia School of Nursing
Sarah Nash, Friend of Babies and Children's Hosp
Lucille Nassery, RN
Laureen Nowakowski, Director, Office of the President
Herbert Pardes, MD, Dean of Columbia School of Medicine
Susan Parker
Senator David Patterson
Judi Peacock, RN, NCC
Joan Penn
Cesar Perales, Sen. VP. for Community Health Services
Moises Perez, Ex. Dir, Alianza Dominicana
Alan Pine
Jan Quaegebeur, MD
Margaret Quinn, RN, NCC
Congressman Charlie Rangel
Mrs. Alma Rangel

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Dr. Irwin Redlener, President, Children's Health Fund
Dennis Rivera, President, 1199 Nat. Health Service Employees Un.
Sally Rogers, United Hospital Fund
Allan Rosenfield, MD, Dean, Columbia School of Public Health
Diane Roskind, Friend of Babies and Children's Hosp.
Karen Sanford
Peter Schiff, MD, Dir of Radiation Oncology
Caryn Schwab, Ex. Director
David Shaffer, MD
Michael Shelanski, MD, Dir. of Pathology
Mary Somoza (b)(6)
(b)(6)
Susan Spear, MD, Assc Chief of Staff, Presbyterian Hosp
William Speck, MD, President/CEO
Aimee Spengler, Lifetime TV
Michael Stein
Yvonne Stennett, Dir, Community Legue of West 159th St.
Robert Sean Stephens
Alan Stone
Howard Stringer, Trustee
Jeffrey Szmulewicz
James Tallon, President, United Hospital Fund
Norma Tallon
Francis Thatcher, RN
Kathy Thompson
Vivian Todini, NOW Legal Defense Fund
Jane Tollinger, Lifetime TV
NYC Speaker Peter Vallone
Meredith Wagner, Lifetime TV
Marie Wallace
Christopher Wang, MD, Dir. of Family Medicine
Patricia Wang, Sen. VP., Greater NY Hospital Assn.
Myron Weisfeldt, MD, Dir of Medicine
Elizabeth Zimmer
Howard Zucker, MD

TOTAL 143

MEDICAID COVERAGE OF CHILDREN: AN EMPTY & BROKEN PROMISE

Current Law Provides Guaranteed Medicaid Coverage of 18 Million Kids Including:

- All children up to age 12 under 100 percent of poverty receive the mandatory Medicaid benefit, plus the children's preventive care benefit (the Early, Periodic, Screening, Diagnosis and Testing -- the EPSDT benefit.) This benefit is being phased in, on a year by year basis, to cover all children up to age 19 by 2002.

- All children up to 133% of poverty up to age 6 get the mandatory Medicaid benefit, plus the children's preventive care benefit -- EPSDT.

- Children who are eligible for AFDC up to age 19. (The average State AFDC benefit equals 50 percent of the Federal poverty level).

- Disabled children covered by SSI up to the age of 19.

The Republican Plan Provides No Guarantee of Benefits to Children:

- In the House, there is absolutely no guarantee to any coverage or any benefit, other than immunizations.

- In the Senate, Senator Chafee was successful in getting the Senate Finance Committee to reinstate the children's entitlement. Specifically, his amendment would require states to continue to cover children up to age 12 under 100 percent of poverty. However, there is no requirement to continue the phased-in expansion of coverage, nor is there any requirement to cover children between 100 and 133 percent of poverty up to age 6.

- More importantly, the States are not required to provide any specific benefit package, except coverage for immunizations. Therefore, Senator Chafee's amendment could actually be accurately labeled as an entitlement to nothing.

~~Brenda,~~ Jennifer

The following is not intended to be all-inclusive -- I am just going to give you what I know about each section of the event memo for FLOTUS's Monday event.

OVERALL PURPOSE OF HOSPITAL VISIT

To officially release our State by State Analysis of the Impact of the Republican Budget Cuts on Children, and to highlight as an example the impact of Medicaid cuts on children.

ARRIVAL - GREETED BY:

Rep. Charlie Rangel and Mrs. Rangel
William Speck, MD, President/CEO, Columbia-Presbyterian Medical Center
Caryn Schwab, Executive Director, Babies & Children's Hospital
John Driscoll, Jr., MD, Chairman, Department of Pediatrics

PROCEED TO SAUL GOLDMAN CHILDREN'S HEART CENTER:

- PURPOSE: To highlight the type of critical emergency care that all children may need and that Medicaid helps to insure they receive when necessary. The children joining the First Lady in the Heart Center are representative of the children receiving care throughout the hospital.

- Leading the tour through the Children's Heart Center will be Linda Addonizio, MD, Director, Pediatric Cardiac Transplantation.

- Mrs. Clinton will proceed through the Diagnostic area (where they do Echo Cardiogram and EKG readings). There may be a child in there receiving a reading.

- She will then proceed to the Adrian's Room (a waiting room area) where she will meet with about 12 children (almost all Medicaid beneficiaries) and their parents (one parent per child) (list attached). Linda Wray and her daughter Lisa will be among the children and parents (Linda will be speaking on the program).

- She will informally talk briefly with the children and their parents about the importance of having this type of excellent care available during a time of great stress in a family (when a child is seriously ill) and that Medicaid provides that safety net for such care.

PROCEED TO HOLDING ROOM (a conference room):

- Dr. Irwin Redlener (President of Children's Health Fund) will meet briefly with the First Lady, as will Dr. Larry Andrews (President of the National Assn. of Children's Hospitals and Related Institutions).

PROGRAM IN THE ATRIUM:

- Dr. William Speck will welcome the audience.
- Linda Wray, mother of patient in the hospital, will comment on the importance of protecting Medicaid for children like hers.
- Caryn Schwab will introduce the First Lady.
- First Lady give her remarks.

AUDIENCE IN ATRIUM:

- The audience of about 140 invited guests, comprised of senior hospital dept heads, hospital trustees, New York City health and children's leaders, leaders of the women's and disability groups. (list attached)

ATTACHED ARE THE BIOS OF GREETERS, AND SPEAKERS.

Marilyn

P.S. I am working on all the lists right.

MEMORANDUM

TO: Jennifer Klein
FR: Irwin Redlener, M.D.
RE: First Lady's Remarks re Child Health on 10/23
DT: 10/20/95

To the extent that our programs can be mentioned in the First Lady's remarks on Monday, we can be that much more helpful in the ensuing months as advocates and surrogates.

(potentially following specific references to Babies Hospital and Columbia Presbyterian)

"And New York is home to very special medical programs serving some of the nation's most medically underserved kids. The New York Children's Health Project of the Children's Health Fund, is now the largest health care program for homeless children in the nation. [On any given day there are some 11,000 children staying in homeless shelters or welfare hotels in New York City.]

Founded eight years ago by Dr. Irwin Redlener--a pediatrician who has worked extensively with us in trying to make sure that health care for all of America's children is in place and secure--the program uses innovative mobile pediatric clinics to bring medical teams directly to shelters and welfare hotels.

The program has become a national model, with a network of similar initiatives now operating in rural and urban communities across the U.S.*

These programs, which also get some support from the private sector, will be greatly jeopardized by proposed cut-backs in the Medicaid program.

It is precisely the kids served by effective outreach and programs like those of the Children's Health Fund, that will not get the preventive care they need. Where will they go?

When their medical conditions get serious enough they will come to the hospitals, they'll need to see subspecialists, they'll need to be admitted--often for problems that could have been averted <u>if</u> they had been able to secure comprehensive care in a true medical home.

If we undermine Medicaid, we endanger children; if we endanger children we undermine the future - theirs and ours."

---

* In addition to New York, CHF mobile unit programs for children now operate in Washington, D.C., Newark (visited by the Vice President), Dallas, Austin, East Palo Alto, Mississippi; West Virginia and south Florida (both visited by Mrs. Clinton) and Los Angeles.

The Children's Health Fund

FAX TRANSMITTAL SHEET

TO: Jennifer Klein

FROM: Irwin Redlener, M.D.

FAX #: (202) 456-2878

DATE: 10/20/95

Number of pages including cover sheet: 2

If there is any problem regarding this transmittal, please call Kathryn Sanders at 212-535-9707. Thank you.

Additional comments: Urgent

As discussed. Please call Dr. Redlener if you have any questions at (212) 535-9707. Thank you.

IMPACT OF REPUBLICAN BUDGET CUTS ON CHILDREN IN AMERICA

October 23, 1995

IMPACT OF HEALTH CARE CUTS ON CHILDREN IN AMERICA

Eliminates Medicaid coverage for as many as 4.4 million children nationwide in 2002. Currently, more than 20% of children rely on Medicaid for their basic health needs. Medicaid pays for immunizations, regular check-ups, and intensive care in case of emergencies for about 18 million children in America.

- **The Republican budget cuts federal Medicaid funding by $182 billion over seven years, reducing funding to states by 30% in 2002.**

- **Even if states could absorb half of the cuts by reducing services and provider payments, they would still have to eliminate coverage for 8.8 million people, including 4.4 million children in 2002, based on analysis by the Urban Institute.**

- **Among the children who could be denied coverage, many are disabled.** Medicaid often makes the difference between whether or not a disabled child lives at home with their parents. Medicaid provides for items such as wheelchairs, communication devices, therapy at home, respite care, and home modifications. Without these services, parents may be forced to give up their jobs or seek institutional placement for their children.

Jeopardizes immunizations for children. The Republican budget repeals the Vaccines for Children program, putting at risk at least $1.5 billion over seven years that would otherwise provide vaccinations for children.

Denies 1 million women Healthy Start infant mortality services, affecting the births of 74,000 infants each year. The Healthy Start project provides vital prenatal and health care services to women of childbearing age. The House calls for an excessive 52% cut in 1996.

IMPACT OF CUTS ON CHILDREN WITH DISABILITIES IN AMERICA

Denies as many as 755,000 disabled children SSI cash benefits in 2002. The House welfare bill eliminates federal Supplemental Security Income benefits for as many as 55% of the disabled children expected to receive SSI cash benefits in 2002 under current law. Federal SSI cash benefits for children with disabilities will be cut by as much as $21.7 billion over seven years, affecting 755,000 disabled children nationwide.

TAX INCREASE ON WORKING FAMILIES WITH CHILDREN IN AMERICA

More than 23 million children in America live in working families that will have their taxes raised by an average of $415 in 2002 under the Republican budget. The Senate Finance Committee has approved a $43 billion tax increase on working families by reducing the Earned Income Tax Credit. Families with two or more children in America will face an average tax increase of $483.

IMPACT OF EDUCATION CUTS ON CHILDREN IN AMERICA

Denies Head Start to 180,000 children nationwide in 2002. The successful Head Start program helped 50,000 preschool children in 1995.

Denies 1.1 million children basic and advanced skills in 1996. The Republican budget cuts Title I by $1.1 billion -- a 17% cut in 1996 -- denying Title I funding for 1.1 million disadvantaged students nationwide.

Cuts Safe and Drug Free Schools by 55%, denying more than 23 million students services that keep drugs and violence away from children, their schools, and their communities. The Republican budget walks away from the Safe and Drug Free School program, the only federal program solely dedicated to combating alcohol and drug abuse, and violent behavior in our nation's schools.

Eliminates Goals 2000, denying improved teaching and learning for as many as 5.1 million school children in America in 1996. Under the Republican cuts, 12 million children would be denied improved education by 2002, compared to the President's balanced budget.

Eliminates the AmeriCorps National Service program, denying 50,000 young people the opportunity to serve their communities in 1996.

Eliminates summer job opportunities for nearly 4 million youths over the next seven years. The Republican cuts will prevent millions of youths from participating in meaningful summer job experiences that help prepare them to be active contributors in the workforce and the community. The House plan completely eliminates this program, cutting about 600,000 job opportunities in 1996 and nearly 4 million summer jobs by 2002.

IMPACT OF NUTRITION CUTS ON CHILDREN IN AMERICA

Cuts nutrition assistance for 14 million children in America in 2002. The House Republican budget cuts foods stamp benefits for families with children by $28.1 billion over seven years and by 24.5% in 2002.

Could force 32 million children to lose nutritional support or suffer from diminished food assistance in 2002. The House Republican budget block grants funding for the school lunch and WIC program. Nationally, their budget reduces funding for child nutrition programs by more than $10 billion over seven years and 11% in 2002, compared with current law.

IMPACT OF PUBLIC HEALTH AND ENVIRONMENTAL CUTS ON CHILDREN IN AMERICA

Leaves children exposed to hazardous waste. The Republican budget cuts threaten EPA's efforts to protect the health of children living near more than 200 hazardous waste sites nationwide. Spending on toxic waste cleanups will be reduced by 36% in 1996, $560 million below the President's balanced budget in 1996.

- **Nationally, *five million children* under the age of four live within four miles of a Superfund hazardous waste site.**

Pollutes the air that children living near oil refineries breathe. These refineries emit more than 78,000 tons of toxic air pollution each year, putting children in the surrounding communities at risk of serious health problems, including cancer and respiratory illnesses such as asthma. The Republican budget halts the President's effort to protect the health and safety of children living near these refineries.

Jeopardizes the water that children drink. Republicans are cutting low-interest loans to cities and towns for drinking water treatment facilities by $700 million in 1996. This cut will take away the funds needed by states to upgrade facilities to ensure that local drinking water has been treated to eliminate contaminants.

Reduces new funding to keep water clean by 33% compared with the President's balanced budget. The Republican cuts will eliminate protections that keep sewage away from waters where children in live and play.

IMPACT OF CUTS ON SAFETY NET FOR CHILDREN IN AMERICA

Denies 404,000 children child care assistance in 2002. The House welfare bill block grants and cuts federal child care funding for low-income children by $2.8 billion over seven years.

Cuts foster care and adoption for vulnerable children by $6.3 billion over seven years compared with current law. The House welfare bill cuts child protection for abused and neglected children by 19% in 2002.

Eliminates cash assistance for 77,000 children in America simply because they were born to unmarried mothers under 18, when the House welfare bill is fully implemented in 2005.

Cuts assistance for 3.3 million children in America simply because their paternity has not been established, when the House welfare bill is fully implemented in 2005.

IMPACT OF ENERGY CUTS ON CHILDREN IN AMERICA

Eliminates home energy assistance for about 6 million children in America. The House Republican budget completely eliminates this $1.3 billion program that helps low-income families with their home heating and cooling bills, leaving families with the tough choice of staying warm in the winter or having enough money to eat.

Denies about 65,000 children in America protection from bad weather conditions. The Republican budget cuts weatherization assistance for families' homes by $118 million in 1996. Lower energy bills allow families to spend more money on basic needs.

IMPACT OF HOUSING CUTS ON CHILDREN IN AMERICA

Denies assistance to more than 16,000 homeless children. The Republican budget cuts homeless assistance by 40% in 1996, cutting funding for the homeless by $444 million in 1996.

Forces the families of 3.4 million children to pay more rent. The Republican budget raises rents by an average of $200 a year for the 1.4 million low-income families with children assisted by Section 8. The median income of these families is only $6,800.

Denies families of 74,742 children the opportunity to move from public housing to renting their own home. The Republican budget eliminates funding for new Section 8 certificates and vouchers, denying rental assistance to low-income families and children who wish to live in privately-owned housing.

Eliminates protection for 1 million children nationwide from drugs and drug-related crimes in public housing. The Republican budget zeroes-out the Public Housing Drug Elimination program which protects more than 1 million children living in public housing nationwide from drugs and drug-related crimes. The Republican budget eliminates $290 million for public housing tenant patrols, local law enforcement activities, security personnel, and physical improvements to improve security.

184,000 children will be forced to remain in poor and unsafe housing conditions. The Republican budget cuts public housing modernization nationwide by $350 million, severely hindering efforts by housing agencies to rehabilitate run down public housing projects and provide much needed security and anti-crime programs.

213,000 children will have to go without basic housing needs. The Republican budget cuts public housing operating subsidies nationwide by $400 million -- a cut of 14% in 1996 -- forcing local agencies to neglect basic housing needs, such as fixing leaking ceilings and broken windows and providing security and social services.

Methodology for Computing the Impact of the Republican Budget Cuts on Children

Health Care
Estimates of the number of children who will be denied Medicaid coverage and each state's dollar losses are from HHS based on the House Commerce Committee's Medicaid formula as of September 18, 1995, and analysis from the Urban Institute. The percent of children covered by Medicaid by state is from the March 1994 Current Population Survey. The estimate of the national loss of federal funding for vaccines under the House Republican Medicaid plan is from HHS. Cuts in Healthy Start programs are based on the House-passed appropriations bill, assuming an across-the-board reduction in each Healthy Start program.

Supplemental Security Income
Estimates of the SSI cuts and the number of disabled children that will be denied SSI cash benefits in 2002 are from the Social Security Administration, Office of the Actuary, October 18, 1995, based on the House-passed welfare bill (H.R. 4).

Earned Income Tax Credit
Estimates of the number of children in families that will have their taxes raised by the Senate Finance Committee cuts in the EITC and the average tax increase are from the Treasury Department, October 19, 1995.

Education
Estimates of the cuts in education are based on the House-passed appropriations bill. Estimates of the number of students and schools affected are from the Education Department.

Nutrition
Estimates of the cuts in Food Stamps, child nutrition, and WIC, and the number of children affected are preliminary estimates from USDA based on the House-passed welfare bill (H.R. 4). The number of children participating in the school lunch, child and adult care food program, and WIC is for 2002, when the proposals would be fully implemented.

Public Health and the Environment
Estimates are from the EPA based on the House-passed appropriations bill.

Safety Net
Estimates of the cuts in AFDC, child care, foster care and adoption are from HHS based on the House-passed welfare bill (H.R. 4).

Energy
Estimates of the number of children who would be denied aid from the Low-Income Home Energy Assistance Program (LIHEAP) under the House-passed appropriations bill are from HHS. Estimates of the number of children who would lose assistance from Energy Conservation Weatherization Grants under the House-passed appropriations bill are from the Energy Department.

Housing
Estimates of the number of children affected by the provisions in the House-passed appropriations bill are from HUD.

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

20-Oct-1995 03:30pm

TO: Jennifer L. Klein

FROM: Lorraine McHugh
Office of the Press Secretary

SUBJECT: Monday

AN up-date for you on Monday:

* Leon will do a roundtable on Monday at 2 p.m. with 35 wire and regional reporters.

* Peggy is setting up specialty press conference calls with African-American, Hispanic, women's and children's publications on Monday and Tuesday with ALexis, Carol and sub-Cabinet officials.

* Alexis will be doing African-American radio on Tuesday.

* Alexis, Carol, George, Chris, Jeremy, Larry Haas, and, hopefully, Laura Tyson will be doing radio on Monday and TUesday into targeted legislative and political markets.

* We will be setting up the regional media for the Tuesday conference calls with the VP and Mrs. GOre.

* We will mail the state-by-states to the top 250 editorial boards plus all of the editorial boards that endorsed the President in 1992. The entire document will be distributed to the wires and news bureaus through U.S. Newswire. (We can't fax it out from here because it would tie up faxability until December!)

Please let me know if this is okay or if you need more information. We are booking today and Monday - I will have a print out on Tuesday.

THanks....

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

20-Oct-1995 04:01pm

TO: Jennifer L. Klein
TO: Brenda B. Costello

FROM: Marilyn Yager
Office of Public Liaison

SUBJECT: what i know

Here is a quick summary of what I know:

The First Lady will be greeted at the front door of hte hospital by:

William Speck, MD, President and CEO, Columbia-Presbyterian Hospital
CCaryn Schwab,Executive Director, Babies and Children's Hospital
Richard Kearns, Senior Vice President of Development and Public Relations
John Driscoll, MD, Chairman, Dept. of Pediatrics

The First Lady will tour the Childrens Heart Center (pooled press) with the individuals above and:

Linda Addonizio, MD, Director of Pediatric Cardiac Transplantation
Children and their parents (this will include both children who would normally be in the heart center, as well as some children representative of elsewhere in the Hopsital). (list to be faxed shortly). There will specifically be some children who benefit from Medicaid, and they know this is the purpose, for FLOTUS to talk to some childern and their parents about the importance of having Medicaid as a safety net for thier chidlren's care.

The speaking line-up for the atrium remarks will be:

Welcome — William Speck, MD, President/CEO, Columbia-Presbyterian

Brief Comment — John Driscoll, MD, Chairman, Pediatrics

Brief Comment — Caryn Swabe, Exec. Direc., Babies and Children

Hopsital

Introducing FLOTUS Linda Wray, mother of child with spina bifida, patient at the hospital.

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

20-Oct-1995 05:11pm

TO: Jennifer L. Klein

FROM: William R. Daley
Intergovernmental Affairs

CC: Emily Bromberg

SUBJECT: hrc nyc

The following elected officials will attend the First Lady's event at the Babies and Children's Hospital on Monday :

Confirmed:
NYC Public Advocate Mark Green (D)
Bronx Borough President Fernanco Ferrer (D)
Manhattan Borough President Ruth Messinger (D)
Manhattan Councilmember Stanley Michels

Not Confirmed:
NYC Speaker Peter Vallone (D)
Brooklyn Borough President Howard Golden
Assemblyman Herman Farrell (D)
Senator David Patterson (D)

Babies & Children's
Hospital of New York
Founded in 1887

Date: October 16, 1995

Pages: 6

To: Marilyn Yager

Fax: 202 - 456-6218

From: Caryn A. Schwab
Executive Director

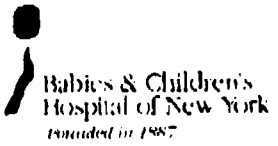
Phone: 212 - 305-5840

3959 Broadway
New York, NY 10032
212.305.4773 Fax

Notes: I am looking forward to talking with you further. I hope the attached information is helpful. Please let me know if there is anything more you need.

☐ Please Call ☐ For Your Approval ☐ Urgent

☐ Per Your Request ☐ FYI ☐ Comments Requested



BABIES & CHILDREN'S HOSPITAL OF NEW YORK
AT COLUMBIA-PRESBYTERIAN MEDICAL CENTER

3959 Broadway
New York, NY 10032
800 245 KIDS

Manhattan's Only Children's Hospital

Babies & Children's Hospital of New York, Manhattan's only hospital dedicated solely to the care of children, has built a reputation for more than a century as one of the nation's finest children's hospitals. Today Babies & Children's Hospital can meet the special needs of children from infancy through adolescence in every medical and surgical discipline.

Children at Babies & Children's Hospital are in the expert hands of a medical team that is part of Columbia-Presbyterian Medical Center, renowned for excellence in patient care, medical education, and research. Our physicians, nurses, technical, and support staff understand the science and art of treating young patients. They know, too, that a child's illness involves the entire family. Babies & Children's is proud of its family-centered care.

In 1994 and 1995, Babies & Children's Hospital of New York was ranked the best pediatric hospital in the tri-state area by *U.S. News & World Report*. Babies & Children's Hospital also had more pediatric physicians in the 1994 - 1995 BEST DOCTORS IN AMERICA than any hospital in New York or New Jersey. Both rankings are based on national surveys of doctors recommending other doctors.

-- more --

- Child Life center

Babies & Children's Hospital of New York Achievements

- First successful heart transplant in an infant.
- First institution in the mid-Atlantic region to provide radio frequency ablation therapy for adolescents and young patients with intractable arrhythmias.
- Founding of the field of pediatric radiology
- First description of battered child syndrome.
- Definition of cystic fibrosis and development of the diagnostic sweat test.
- Development of the Apgar scoring system for the assessment of newborns.

The Sol Goldman Children's Heart Center

The Sol Goldman Children's Heart Center, opened in May, 1993, combines pediatric cardiology and cardiac surgery in a setting that encourages children's play and is designed to help families feel comfortable. The Heart Center contains one of the nation's finest pediatric heart services.

For the past three decades, Babies & Children's Hospital has been a leading center for the diagnosis and treatment of congenital and acquired heart disease in infants and children. Babies & Children's has the nation's only Pediatric Pulmonary Hypertension Center. It also has one of the largest pediatric heart transplant program in the United States, with more than 100 heart transplants in children since the program's inception. In 1994, about 400 cardiac surgical procedures and 500 cardiac catheterizations were performed.

Intensive Care for Newborns and Children

As the hub of a regional perinatal network, Babies & Children's Hospital is linked with hospitals throughout the tri-state area. Through the network, high-risk infants are transported to the Neonatal Intensive Care Unit (NICU) of Babies & Children's by helicopter or mobile intensive care unit. The Babies & Children's Hospital NICU has been recognized by the National Institutes of Health as a model for excellence in respiratory care that minimizes permanent injury to the lungs of premature babies.

Babies & Children's is the only hospital in the tri-state area that offers extracorporeal membrane oxygenation (ECMO), a lifesaving technique that substitutes for an infant's heart and lungs. Pediatric surgeons and neonatalogists at Babies & Children's Hospital pioneered the development of this therapy. The ECMO center was recently expanded, and it now can accept virtually all referrals for infants who require ECMO.

The Pediatric Intensive Care Unit (PICU) has witnessed a doubling in volume between 1988 and 1990, largely attributed to the increase in cardiac surgery. At present, the PICU offers 14 beds for very ill children. Babies & Children's is planning to significantly expand the unit to accommodate the growing volume of critically -ill children.

When a Child Needs Surgery

Babies & Children's Hospital has the largest center for pediatric surgery in the tri-state area, represented by outstanding surgeons in every specialty. Anesthesiologists are board-certified in anesthesia and pediatrics.

Both inpatient and same-day surgical services emphasize family participation. Babies & Children's Hospital has six technologically-advanced operating suites, designed specifically and exclusively for children's surgery. In many cases, parents may accompany their child into the operating room right up until anesthesia has been administered and the child is asleep, thus easing the trauma of separation.

Other Specialties

The Cystic Fibrosis Center of the Pediatric Pulmonary Division is a leader in treating this disease. The lung and heart/lung program continues to expand, and includes lung transplantation for children with cystic fibrosis and other lung diseases. The division's exercise laboratory is the only facility in the tri-state area designed for testing in children.

The pediatric bone marrow transplant unit is an official transplant center of the Children's Cancer Study Group, the nation's largest consortium of medical schools for childhood cancer therapy. Children with recurrent tumors are treated with high-dose chemotherapy and rescued by refusion of their own (autologous) bone marrow. This innovative approach to childhood cancer therapy often succeeds when conventional therapy fails. This unit is an example of the multi-disciplinary cooperation among Babies & Children's Hospital physicians, nurses, basic research scientists at Columbia University Health Sciences, and other medical personnel that leads to innovative and effective treatments for children.

# # #

BABIES & CHILDREN'S HOSPITAL 1994

Discharges	6,138
Surgical Procedures	4,494
- Inpatient	2,531
- Outpatient	1,963
Pediatric Emergency Room Visits	40,382
Outpatient Visits	116,459

Specialties:

- Allergy
- Anesthesiology and Intensive Care
- Autoimmune and Molecular Disorders
- Cardiac Surgery
- Cardiology
- Dentistry
- Developmental and Behavioral Pediatrics
- Endocrinology
- Gastroenterology and Nutrition
- Genetics
- Hematology/Oncology
- Infectious Diseases
- Nephrology
- Neurological Surgery
- Neurology
- Ophthalmology
- Oral and Maxillofacial Surgery
- Orthopaedic Surgery
- Otolaryngology
- Perinatology
- Plastic Surgery
- Psychiatry
- Pulmonary
- Radiation Oncology
- Radiology
- Rheumatology
- Surgery
  Urology

Children's Rolllout
Elected Officials Participation
Preliminary List

EVENTS

CALIFORNIA
L.A. County Supervisor Yvonne Burke - TBA
L.A. County Supervisor Zev Yaroslavsky - TBA

COLORADO
Governor Romer - TBA

DELAWARE
Governor Carper - TBA

FLORIDA
Governor Chiles - TBA

GEORGIA
Atlanta Mayor Bill Campbell - Emory University speech on children's health (Monday)

IOWA
Waterloo Mayor John Roof, III - TBA

OREGON
Multnomah County Executive Beverly Stein (Portland) - TBA

MASSASSACHUSETS
Boston Mayor Tom Menino - homeless/hungry event (Monday)

MICHIGAN
Detroit Mayor Dennis Archer - TBA
Wayne County Chairman Ricardo Solomon (Detroit)- TBA

MISSOURI
Governor Carnahan - TBA

VERMONT
Governor Dean - TBA

WASHINGTON
Seattle Mayor Norm Rice - TBA

WEST VIRGINIA
Governor Caperton - Monday: Speech to Chamber of Commerce
Tuesday: Education event

PRESS RELEASE/CALLS TO REPORTERS

CALIFORNIA
Los Angeles Mayor Riordan
Los Angeles County Supervisor Gloria Molina
Sacramento Mayor Serna

DELAWARE
House Minority Leader Gilligan

ILLINOIS
Chicago Mayor Daley
Senate Minority Leader Jones

IOWA
Senate President Leonard Boswell
Senate Majority Leader Horn
House Minority Leader Schrader

KENTUCKY
House Speaker Richards
Jefferson County Executive David Armstrong (Louisville)

LOUISIANA
New Orleans Mayor Morial

MASSACHUSETS
House Majority Leader Voke
Springfield Mayor Markel
Worcester Mayor Mariano

MICHIGAN
Lansing Mayor Hollister

NEW HAMPSHIRE
Senate Minority Leader Lynch

NEW JERSEY
Newark Mayor James
Hudson County Executive Janiszewski

NEW YORK
Senate Minority Leader Connor
New York Mayor Giulliani

OHIO
Senate Minority Leader Boggs
House Minority Leader Sweeney
Cleveland Mayor White

OREGON
Senate Minority Leader Springer

PENNSYLVANIA
Philadelphia Mayor Rendell
County Executive Tom Foerster (Pittsburgh)

WASHINGTON

Senate President Pro Tem Wojahn
King County Executive Gary Locke

WISCONSIN
Madison Mayor Paul Soglin
Dane County Executive Rick Phelps (Madison)

CHILDREN'S DAY ROLLOUT

DRAFT

October 23, 1995

CABINET/SUB-CABINET TRAVEL

Agency	*State*	*City*	*Cabinet Member*	*Event Description*
USDA	NJ	Newark	Secretary Dan Glickman	Community Center visit w/Torricelli
HUD	CA	San Diego	Secretary Henry Cisneros	Sherman elementary school
Education	TX	Houston	Secretary Richard Riley	Visits to three schools
DOT	VA	Norfolk	Secretary Federico Pena	Speech
EPA	FL	Miami?	Administrator Carol Browner	Wetlands event
ONDCP	PA	Philadelphia	Director Lee Brown	Media
DPC	AR	TBD	Carol Rasco	Event TBA

Agency	*State*	*City*	*Sub-Cabinet Member*	*Event Description*
USDA	MO	Kansas City	Jill Long	Rural health and children
USDA	MI	Ypsilanti/Detroit	Assistant Secretary Ellen Haas	School lunch
HHS	NY	TBD (upstate)	Deputy Secretary Walter Broadnax	visit to "at-risk" youth center
HUD	PA	Philadelphia	Nelson Diaz	Press event w/children (tentative)
HUD	PA	Harrisburg	Assistant Secretary Nicolas Retsinas	Visit to children's center or hospital
HUD	NY	New York	Marilynn A. Davis	Public Housing Daycare Center
HUD	PA	Pittsburgh	Kevin Marchman	Public Housing Daycare Ctr/Editorial Brd. Mtg.
HUD	NY	Utica and Syracuse	Assistant Secretary Andrew Cuomo	Speech Re: Congressional impact on children
ONDCP	NY	Rochester	Assoc. Director Rose Ochi	Press
GSA	VA	Manassas	Dir. of Wrkplce Initiatives Faith Wohl	Telecommuting center opening

Immunization Comparison - VFC verus House Republican Medicaid BG
(Dollars in Millions)

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 96 thru FY 2002
VFC.....	$0	$377	$353	$412	$469	$510	$529	$547	$565	$3,385
Medicaid Vaccines *....	$200	$215	$230	$246	$256	$266	$277	$288	$299	$1,862
			$123	$166	$213	$244	$252	$259	$266	$1,523

The above display indicates that States could lose at least $1.5 billion (FY 1996- FY 2002) in Federal vaccine funding under the House Republican Medicaid Block Grant Program. The Administration's projection for the Vaccines for Children Program (VFC) over the next seven years calls for spending a total of $3.4 billion. If one assumes that the portion of State vaccine purchases, as a percentage of total Medicaid spending, remains constant over time and grows only at the rate of the overall block grant (e.g., 7.4% '94 over '95, 7.3% '95 over '96, 6.6% '97 over '96, and 4% in each remaining year) total vaccine funding in the House Block Grant would equal only $1.86 billion.

* Represents the Federal Share.

Note: This analysis has been reviewed by the OMB Health Division and has been cleared as an HHS estimate.

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Babies & Children's Hospital of New York
Founded in 1887

SUMMER 1995

PEDIATRIC PRACTICE

CPMC's Division of Pediatric Cardiology Helps Sickest Children

The Division of Pediatric Cardiology in the Sol Goldman Children's Heart Center at Babies & Children's Hospital is one of the nation's busiest and most comprehensive cardiac care facilities solely dedicated to children. The state-of-the-art heart center consolidates all the diagnostic and treatment facilities of the pediatric cardiology and pediatric cardiac surgery services under one roof.

Built in 1993 at a cost of $2.7 million, the center was designed with children in mind—there are stuffed animals, toy-filled cubbyholes and oversized chalk-boards in the waiting area. Each of the five procedure rooms—entered through whimsical sliding barn-like doors—is decorated with original colorful murals. A "Hall of Hope" is filled with photos of children who have been successfully treated and now lead normal, healthy lives. Such touches are meant to defuse

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PHOTO: CARLOS RENE PEREZ

Dr. Welton Gersony

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