Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	Houston constituent to FLOTUS (partial) (1 page)	07/11/1994	b(6)
001b. letter	FLOTUS to Houston constituent (partial) (1 page)	07/22/1994	b(6)

COLLECTION:
Clinton Presidential Records
Office of the First Lady
Jennifer Klein
OA/Box Number: 12509

FOLDER TITLE:
HRC Memos [4]

2014-0536-S
kc1353

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

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

b(1) National security classified information [(b)(1) of the FOIA]
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Call FDA
Status report
301-443-3793
Joanne Morone
Personal use policy

Name of reviewing doctor at FDA
Physician for child
} Task

Ask J. Morone -- ~~Nicole~~
what info she needs to find out why drug being stopped.

TELEFAX TRANSMITTAL SHEET

FOOD AND DRUG ADMINISTRATION
Office of Legislative Affairs

5600 Fishers Lane
Parklawn Bldg./Room 15-55
Rockville, MD 20857
Telephone: 301-443-3793

FAX: 301-443-2367
301-827-6778

fax

DATE: 9/20

TO: Jennifer Klein

TELEFAX NUMBER:

FROM: J. Alex Marrow

COMMENTS: Per conversation.

Also - I'm trying to get more info on the product. However, there may not be enough info in the file for us to identify the product.

I'm a bit concerned that it could fall under one "Import Alert."

NUMBER OF PAGES, EXCLUDING COVER: 3

If you do not receive the number of pages indicated above, please call immediately.

FDA

TALK PAPER

FOOD AND DRUG ADMINISTRATION
U.S. Department of Health and Human Services
Public Health Service 5600 Fishers Lane Rockville, Maryland 20857

T88-51
July 27, 1988

Brad Stone
(301) 443-3285

POLICY ON IMPORTING UNAPPROVED AIDS DRUGS FOR PERSONAL USE

On July 23, 1988, FDA Commissioner Frank E. Young, M.D., Ph.D., addressed the 10th National Lesbian and Gay Health Conference and AIDS Forum in Boston, Mass., and answered questions. In his remarks he mentioned guidelines on the importation by mail of certain unapproved therapies outlined in a directive sent to FDA offices July 20, 1988, to clarify the status of these mail importations. The following may be used to answer questions:

For many years FDA has as a matter of discretion permitted individuals to bring into the U.S., for their personal use, quantities of drugs sold abroad but not approved in the U.S. Personal use quantities are generally considered to be amounts for a patient's treatment for three months or less. Imports involving larger quantities are generally not permitted as they lend themselves to commercialization.

Several unapproved drugs considered by some to be useful therapies for AIDS and AIDS-related conditions have been brought into the country by individual AIDS patients and their physicians for a number of years under this policy. In most cases these products have been brought back through U.S. Customs in the baggage of individuals returning from abroad.

-MORE-

Recently, however, some AIDS patients have attempted to mail or have mailed to them personal use quantities of dextran sulfate, a drug some consider to hold promise for treating AIDS, from Japan, where it has been marketed for years as a cholesterol-lowering agent. In order to assure that these mail shipments were handled in accordance with FDA importation policies, FDA's July 20 directive, "Pilot Guidance for the Release of Mail Importation," sets forth, in the absence of any evidence of unreasonable risk or fraud associated with a mailed product, the following conditions for permitting its importation:

-- The product was purchased for personal use.
-- The product is not for commercial distribution and the amount of product is not excessive (i.e., 3 month supply or less).
-- The intended use of the product is appropriately identified.
-- The patient seeking to import the product affirms in writing that it is for the patient's own use and provides the name and address of the licensed physician in the U.S. responsible for his or her treatment with the product.

This longstanding approach for releasing imported personal supplies has been applied to most drugs provided that they were not fraudulently promoted and did not present an unreasonable risk.

The July 20 guidance instructs FDA field offices to recommend that import alerts be issued for the automatic detention of imported products that may appear to be fraudulent or dangerous. Until an import alert is issued, individuals importing will be informed in writing that the product may be detained unless it can be shown to meet the personal use entrance criteria, as above.

FDA has 40 import alerts advising both its field offices and the U.S. Customs Service to restrict entry of medical products that are unsafe or clearly fraudulent. These alerts will continue to remain in effect and will continue to restrict the importation of such products as, laetrile, immuno-augmentative therapy agents, products promoted by Dr. Hans Neiper of West Germany and products distributed by the Hauptmann Institute of Austria.

####

① HRC
② Ask Jean Griffin for me

TO: Hillary Rodham Clinton
FROM: Jennifer Klein J.K.
RE: Veterans
DATE: 8/10/94

Attached please find a letter to you from Secretary Jesse Brown forwarding his letter to the President. Apparently, CBO scored the veterans provisions of the Mitchell bill as an entitlement. The Department of Veterans Affairs is, as you can see, concerned that they may lose the entitlement. According to Chris Jennings, Senator Rockefeller is also (not suprisingly) intent on protecting the entitlement. Senator Byrd and OMB, on the other hand, feel strongly that the veterans medical system remain an appropriated program.

THE SECRETARY OF VETERANS AFFAIRS

WASHINGTON

AUG 09 1994

Mrs. Hillary Clinton
The White House
Washington, DC 20500

Dear Mrs. Clinton:

I thought you would be interested in seeing the attached letter dealing with Veterans Health Care issues that was hand delivered to the President today.

If you have any questions or concerns, please do not hesitate to contact me. Thank you for your continued interest and support for the VA's role in National Health Care.

Respectfully,

Jesse Brown

Attachment

Putting Veterans First

THE SECRETARY OF VETERANS AFFAIRS

WASHINGTON

AUG 0 9 1994

The President
The White House
Washington, DC 20500

Dear Mr. President:

Last year, you, the First Lady, and I set out to make certain that under your health-care plan, VA would have the opportunity to survive and compete. Your bill would achieve that goal.

With health-care reform headed to the Senate floor tomorrow, however, your plan for VA is in jeopardy. Senator Mitchell has found it necessary to include in his bill language that attaches a condition to the key provision in your plan, the one ensuring that veterans enrolled in VA health plans would be furnished the comprehensive benefits package. That language, which he always intended to delete on the floor, provides for the Secretary to reduce the benefit package for veterans enrolled in VA plans if appropriations are not sufficient. This was done, not because the VA provisions are too costly (they actually produce substantial overall savings), but because it was necessary in order to avoid a technical point of order against the bill.

Senators Mitchell and Rockefeller now wish to proceed with an amendment to strike this conditional language. They must succeed. If they do not, non-veterans will receive a guaranteed benefits package, but veterans enrolling with VA will not. Other health plans would be required by law to meet their commitments to ordinary citizens. VA could be required to break its commitments to veterans.

Let's take the case of two Americans, one who never served in uniform and needs a federal subsidy in order to afford insurance and the other (whose case I learned about today), a Vietnam combat veteran who was severely disabled by shell fragment wounds that left him totally disabled, with traumatic brain injury, the loss of use of his right arm and leg, blindness in his left eye, and disfiguring scars of the head and face.

The non-veteran, with financial help from the federal government, gets the comprehensive package from a health plan or insurance company -- guaranteed. The disabled veteran enrolling with the VA could find parts of the comprehensive package missing. That would be an outrage.

Those who have put their lives on the line for their country should not be shortchanged in this way. That is why I am asking you to help Senators Mitchell and Rockefeller.

I look forward to hearing from you so that we can plan how best to provide that assistance.

Respectfully,

Jesse Brown

JB/eps

To Jennifer—
Please call these 2 letter writers + (1) check out facts + how they sound (2) ask if I may publicly refer to their letters

July 11, 1994

To: Mrs. Hillary Rodham Clinton
1600 Pennsylvania Avenue N.W.
Washington, D.C. 20500

RE: Breast Cancer and Health Insurance
PLEASE HELP!!

Dear Mrs. Clinton,

I have had insurance with **Bankers Life and Casualty Company of Chicago, Illinois** since **1977**. Fortunately, I never had a claim and had been in excellent health for those **14 years**, prior to **September 24, 1991** when I was diagnosed with **Breast Cancer**.

Since **January 1991** (2½ years) my health insurance premium has risen from:

$225.16 per month to $1,242.85 PER MONTH!!

Below is an example of the **RATE INCREASES** I am experiencing:

DATE	MONTHLY PREMIUM COST	INCREASE
December 1992	$ 416.59	up in one month
Jan. - June 1993	$ 537.97	up $121.38
July - Dec. 1993	$ 753.42	up $215.45
Jan. - June 1994	$ 932.59	up $179.17
July 1, 1994	$1,242.85	up $310.26

When I phoned Bankers Life to complain of the preposterously high increases, I was informed that Bankers had paid out $49,000.00 in claims on me since my Breast Cancer. I have paid **20% of those claims myself** which would be **in excess of $9,800.00**. PLUS, I have paid **$19,936.60 in Premiums since my Breast Cancer in September of 1991**!!

MY COST IN 2½ YEARS HAS BEEN AT LEAST $29,736.60!

For **14 YEARS** I have paid monthly premiums with **no claims and no health problems**. With the assumption that there have been some **interest income payments** paid to Bankers Life on my monthly premium payments for those 14 years, the figures indicated in the following paragraph may be considerably higher.

According to my mathematics, from **1977 to 1991** I have paid approximately **$33,901.92 in Premiums**. Add that to the **$19,936.60** paid ***since*** my Breast Cancer and the **total is $53,838.52**. Keeping in mind the **$49,000.00** total *reportedly* paid out, these figures do not justify the rate increases.

It is my opinion that Bankers Life and Casualty Co. is trying to **force** me to drop my health insurance. My policy is an **individual Major Medical Plan.** The deductible was **$250.00** originally. I had been instructed by their agents to increase my deductible and the premiums would not be as high. I raised my deductible to **$500.00** and the next month they increased the premiums again! Now, in order to get my premium rates to a ***somewhat*** affordable price, I must raise my deductible to **$2,500.00** and the premium will still be **$696.05 per month**!!

There is **no assurance** that in 6 months they will not raise my premiums again and in another 6 months raise it again and again, etc., thus, forcing me to raise my deductible, this time to **$5,000.00**. I was told by the Texas Board of Insurance that increases up 99.99% annually were allowed by law. At that rate, by **July 1995** my premium will be **$1,392.03**.

A representative of the insurance company told me that I was in an age group that was beginning to experience health problems and the ***entire age group*** is receiving these increases. I was told my Cancer has nothing to do with the increases. I have had a few other **minor** health problems and have been filing claims on all of my medical expenses to take advantage of the high cost of my premiums. I cannot afford **not to** file them. I expressed to Bankers Life & Casualty Co. that "if you are going to continue to raise my premium rates every 6 months I will be forced to file on all claims!" This only exacerbates an already extremely sensitive and tedious problem.

My Cancer is considered to be in remission and my Oncologist said "If you have to have Cancer, you had the best kind". Shouldn't these facts be considered by the Health Insurance carrier? I am not suggesting that the more severe the illness, the higher the premium but there should be some other facts considered. An entire group of people should not have to pay higher premiums just because a few are ill.

It appears to me that the insurance companies can make their own set of rules. On March 8, 1994 I fell and fractured my left wrist. X-rays were taken and it was determined by my Physician, whom I trust, that the fracture would require a

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[001a]

metal plate screwed into the bone to allow proper alignment of the hand and the arm. The fee for this surgery was $1,300.00. Bankers Life only paid **$91.50** on those charges because they said the procedure was not listed. **When a procedure is not listed they use 1974 RATES**! This is 1994!

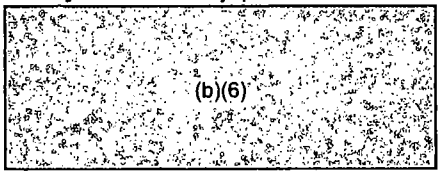
I am a self-employed, divorced female, age 52. My 73 year old mother and I live together and we are finding it increasingly more difficult to cope with the "system"! No one seems to "care" and no one is "taking action" against the insurance companies nor the hospitals for the flagrant abuse of the ***"middle class"!*** I have always taken pride in the fact that I am independent, capable of earning a living for myself and my daughter, whom I reared alone. Now after all these years I am concerned for the welfare of myself, my daughter and my mother. If current trends continue I may have to declare bankruptcy. Not only will I lose everything I have worked so diligently to accomplish in life, but I will also be stripped of my self-esteem!

With health-care reform legislation at a critical juncture in Congress, I am urging lawmakers to vote **only** for a bill **providing comprehensive reform**. Include everyone in affordable health coverage and also support long-term care in the home and prescription drug coverage for all! Do not allow "riders" on health policies for "pre-existing" conditions! Do **not** allow the insurance provider to increase the cost of the premiums on an individual who has **never** had a claim in the past (10 to 15 years), simply because they are now getting to "an age" where health problems may arise.

Every man, woman and child deserves the right to good health and good health care! Please make this possible!

Thank you for your time and cosideration regarding this national problem. We will greatly appreciate your assistance in resolving this issue as soon as possible. May God be with you and may you be blessed with good health.

Respectfully,



Houston, Texas 77096

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. letter	FLOTUS to Houston constituent (partial) (1 page)	07/22/1994	b(6)

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[0016]

THE WHITE HOUSE

WASHINGTON

July 22, 1994

(b)(6)
Houston, Texas 77096

Dear (b)(6)

Thank you for your thoughtful letter. I am touched that you chose to share your personal experiences with me.

The hardship and frustration you described illustrate exactly why this nation needs health care reform. At some point during the year 58 million Americans go without insurance, and each month two million Americans lose their insurance.

The President's plan for health care reform will guarantee every American private health insurance that can never be taken away. It will be illegal for insurance companies to drop coverage or cut benefits, charge higher premiums based on health condition, or apply lifetime limits on coverage.

This nation now has an historic opportunity to achieve meaningful health care reform. Your support can be invaluable to the President as the Administration works to make health security a reality for all Americans.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

Please share your concerns with your members of Congress.

May 16, 1994

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

Dear Mrs. Clinton:

I am a 27 year old full-time college student. I am married and have a daughter who will be 8 years old at the end of this month. I am not working, but my husband has a good job (he made about $36,000 last year). The reason I am writing this letter is because I feel frustrated and I know you are working to try and change this situation.

My husband's company offers a health care plan (I believe it's through Samaritan) to it's employees. Coverage for my husband, myself, and our daughter would cost about $450.00 A MONTH. His employer does not pay any of this.

Today, I had to cancel the health care my daughter and I had through an FHP Individual plan because we simply can't afford it anymore. We were paying $237.20 per month. My husband was still uninsured. The FHP insurance was excellent health care. $10 office visits, $10 prescriptions, and it covered maternity-which few individual plans do. That was one of the reasons we decided to get this particular plan--we wanted to have another baby.

I am very frustrated with the whole health care system. We make too much money to be considered for state programs such as ACCHSS--and I would rather those programs help those who are truly poor and in need--but, we can't afford the alternative.

I know you are working very hard to try and make sure everyone has affordable health care, and I commend you. I don't think a lot of people realize just how serious this problem is. I am very interested in the details of your health care plan. I feel it should be our right as American Citizens to be able to afford to go to the doctor when we're sick, have regular checkups, and have another child (provided we are not poverty-sticken with 7 other children already!). I also feel that as a "middle-class citizen" we are hit the hardest. My husband works extremely hard for his money and I'm working hard in school so that I can get a good job and take some of the pressure off of him.

Don't get me wrong. I've never written a letter like this before, and I'm not the type who would do this to complain about my life. We are good people. My husband works 40-60 hour weeks as a mechanic and I just finished the semester with a 4.0 GPA. Our daughter has been accepted into the Honor's program at school (she is in second grade), and we always pay our taxes. I consider myself a fairly intelligent person, but I have a real hard time understanding why people like us have to be without health insurance, but someone with no job and six kids is taken care of. I don't feel I'm prejudiced, I'm just stating the facts.

I know you probably get hundreds of letters a day, but I hope you'll take the time to read mine and try and understand my frustration. I wish there was something I could do to help you in

your quest for a great health care plan we can all afford.

Thank you for taking the time to read my letter. I know you're a very busy woman.

Sincerely,

Tracy L. Trunick

Tracy Trunick
12231 N. 19th St. #265
Phoenix, AZ 85022

THE WHITE HOUSE

WASHINGTON

July 22, 1994

Ms. Tracy Trunick
Apartment 265
12231 North 19th Street
Phoenix, Arizona 85022

Dear Ms. Trunick:

Thank you for your thoughtful letter. I am touched that you chose to share your personal experiences with me.

The hardship and frustration you described illustrate exactly why this nation needs health care reform. At some point during the year 58 million Americans go without insurance, and each month two million Americans lose their insurance.

The President's plan for health care reform will guarantee every American private health insurance that can never be taken away. It will be illegal for insurance companies to drop coverage or cut benefits, charge higher premiums based on health condition, or apply lifetime limits on coverage.

This nation now has an historic opportunity to achieve meaningful health care reform. Your support can be invaluable to the President as the Administration works to make health security a reality for all Americans.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

Please share your concerns with your members of Congress.

THE WHITE HOUSE

WASHINGTON

August 22, 1994

Ms. Tracy Trunick
12231 N. 19th Street
Apartment 265
Phoenix, Arizona 85022

Dear Ms. Trunick:

The First Lady was extremely touched by the letter you sent to her in May. She asked me to contact you to talk further about your experiences and frustrations with the health care system.

I was unable to reach you by phone. If you would like to speak with me, please feel free to contact me at (202) 456-2599.

Sincerely yours,

Jennifer Klein

Jennifer Klein
Senior Policy Analyst

THE WHITE HOUSE

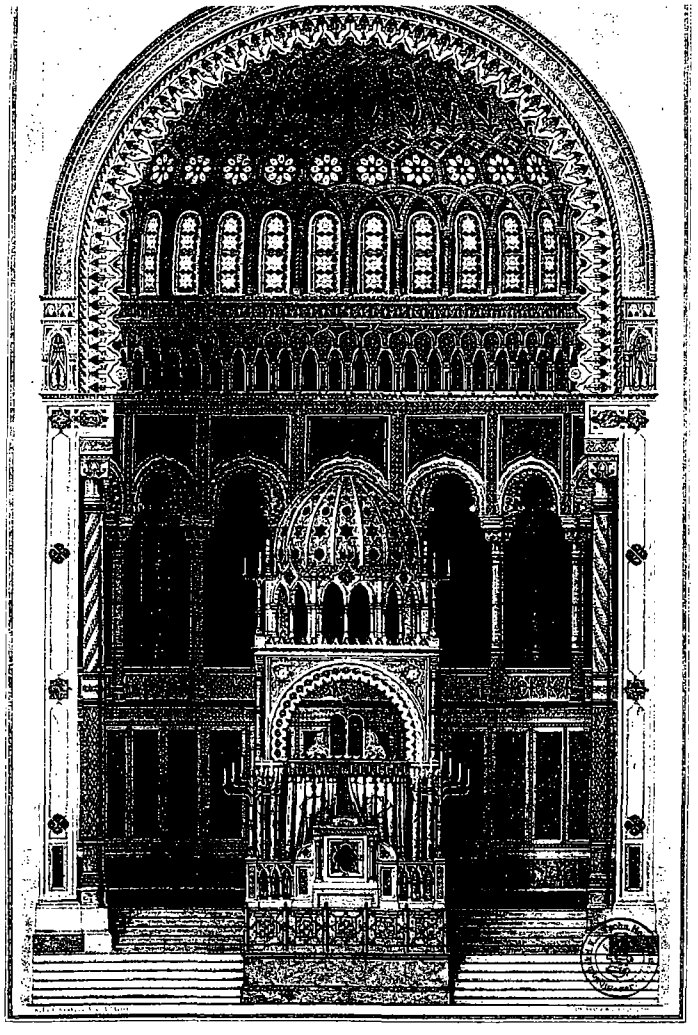
WASHINGTON

August 30, 1994

TO: Sara Ehrman
Rahm Emanuel
Amy Zisook
Jennifer Klein

FROM: Pam Barnett Pam

Mrs. Clinton wanted you to have the attached postcard. They were given to her when she and POTUS visited the new synagogue in Berlin and represent the old synagogue before its destruction.



STIFTUNG „NEUE SYNAGOGE BERLIN -
CENTRUM JUDAICUM"
Wiederaufbau der Neuen Synagoge Berlin
Chornische mit dem Allerheiligsten,
historische Zeichnung aus: Die Neue Synagoge in Berlin,
hrsg. v. G. Knoblauch u. F. Hollin;
Sächsische Landesbibliothek Dresden

TO: Hillary Rodham Clinton
FROM: Jennifer Klein J.K.
DATE: July 5, 1994
RE: Americans Abroad Update

The letter we sent to Peter Alegi on Friday responded to both the letter that he sent to you (which was forwarded through Maggie by Thomas Fina) and to the article that you read in The Overseas Democrat. I sent a copy of that letter to Mr. Fina.

I spoke with Mr. Alegi today (who had already received your letter by fax from Mr. Fina) and suggested that he feel free to call me about health care reform. He very much appreciates your attention to their concerns and is particularly happy to have a contact here. He also noted that he was delighted (but not surprised given what he knows about you) to receive such a complete and substantive response to his letter.

He also noted that Democrats Abroad has had difficulty getting a response on this issue from Members. They are meeting today with Moynihan's staff, but Mr. Alegi was not aware that Finance had already reported their bill. Mr. Alegi is clearly interested in a stronger statement of support from the Administration when a bill reaches the floor.

We have also asked Harold to provide someone in Political to act as a liaison for Democrats Abroad. I will continue to update you.

Thank you

Make 3
Copies of
this — ① and ③ on p. 5
POTUS / Harold Ickes
See "pledge"; can
we act?

Pam - Pls ask Harold
if we can provide
someone in Political to
be liaison for Dems Abroad
+ advance ops

② on p. 2 —
to Jennifer Klein
Is this right?
Pls draft R to
Peter Magi AS AP
③ Return Cs to me

~~per HRC~~

Ask Jennifer for
update

PHOTOCOPY
HRC HANDWRITING

INTERNATIONAL EDITION

The Overseas Democrat

PUBLISHED BY DEMOCRATS ABROAD

SPRING/SUMMER 1994

EDITORIAL

Welcome Mr. President

Welcome to Europe for the commemoration of D-Day. No presidential visit has been so eagerly awaited since John and Jackie Kennedy came to Paris over 30 years ago.

As you know, Americans residing in Europe are part of a much larger community: we now total some 3.5 million civilian citizens around the world, enough to match any one of 24 of our 50 states! Why, then, are our voices so seldom heard?

We share the concerns of our fellow Americans, but we also have our own special problems: transmission of citizenship (we are making progress), cases of disenfranchisement, instances of unfair tax rules and exclusion from Medicare. Most recently your "universal" health care plan, ostensibly for all Americans, neglected to take us into account.

The upcoming Congressional elections will be close, and the votes of Americans abroad could make a significant difference. However, many Americans residing overseas may feel less motivated to vote because they feel no one is listening to them. Lend us your ear, and the overseas community will vote Democratic. Ignore us, and many will stay at home when the time comes to vote.

During the presidential campaign, you pledged to listen to our concerns. Why not designate a member of your staff to work specifically with us, as you promised in your campaign letter to overseas Americans? We are pleased to welcome you. Please make us welcome in Washington.

Peter Alegi, Chair,
Democrats Abroad

November Arithmetic

The Assault Weapon ban passed with two votes; the Brady bill filibuster was broken with three votes, as was the Motor Voter filibuster. The Clinton budget squeaked by with one vote, as did the District of Columbia Appropriations Bill. The Administration could not find the four votes needed to break the Republican filibuster which killed the President's Economic Stimulus Bill.

These narrow decisions were the outcome of hard-fought Congressional battles, where the President prevailed only by bringing every resource at his command into play. And even so, he lost some.

Other landmark legislative reforms will be voted on before the November elections: a universal national health plan; a fundamental reform of campaign financing; and possibly a new welfare system. Again, the outcome will hinge upon a few votes.

That harsh reality is the backdrop to the Congressional elections on November 8. It is the combination of normal party losses during a non-presidential election year, plus the high number of open Democratic seats that makes the November elections of such extreme importance to Clinton.

By constitutional rule, the entire House and one-third of the Senate is up for election. That breaks down into 258 Democrats and 176 Republicans in the House, and 22 Democrats and 12 Republicans in the Senate.

Increasing Number of "Open" Seats

What is more, an unusually large number of incumbents have announced that they will not run for re-election. To date, there are 44 in the House (28 Democrats and 18 Republicans) and 10 in the Senate (6 Democrats and 4 Republicans). This large number of "open" seats increases the uncertainties for the Democrats since two-term (or more) incumbents always have a marked advantage over challengers.

Even normal interim election losses of 15 to 20 seats in the House and one or two in the Senate could be crippling for the Clinton Administration. Not that the Republicans have much chance of gaining a majority in either house (the Democrats lead 57 to 43 in the Senate, and 258 to 176 in the House). But the Republicans have been almost solidly opposed to all Clinton legislation and a fair number of conservative Democrats can be counted on to desert to the opposition on almost any issue. (One of the most predictable is Alabama Senator Shelby, who seems willing to be coopted by the Republicans provided they get a Senate majority that would assure him of something like succeeding Dole as Republican leader.)

Vulnerable Freshmen House Members

What is more, some of the most able and supportive House Members are Freshmen and therefore most vulnerable. This is especially true of the women (see box on the next page). In the Senate, the retirements of Mitchell (ME), DeConcini (AZ), Mathews (TN), Metzenbaum (OH), and Riegle (MI) offer the Republicans unique opportunities for significant gains.

Continued on page 2.

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Editor: Lois Grjebine
Editorial Board: Peter Alegi, Tom Fina, Lois Grjebine.
Contributors: Peter Alegi, Amran Ducovny, Tom Fina, Jeff Greenbaum, Mary Paul Smith-Jespersen, Joe Smallhoover, Judith Sullivan.
Layout: Robin Jackson, INTERKOM

Send comments and contributions to: Lois Grjebine, 11 rue Jules Chaplain, 75006, Paris, France.

(2)

Amending the Health Care Plan

The just completed report of the Democrats Abroad task force named to study the Health Security Act calls for several politically acceptable alternatives that would provide health-care coverage for overseas Americans. As Democrats Abroad Chair Peter Alegi pointed out in our last issue (see Winter, "The Overseas American"), we are the only group of Americans not offered health coverage in the original draft of the Health Security Act.

The Task Force, led by London lawyer Cliff Dammers, made an exhaustive study of the health care requirements of overseas Americans. Country committee officers provided essential details. At the Democrats Abroad international meeting held in Paris earlier this year, information sharing was continued as Dammers led a well-informed seminar, which sparked a fruitful debate on what should and could realistically be accomplished.

There is general agreement that the fight to include overseas Americans in the national health care plan will be a tough one, since any proposal that entails additional expenditures will find little support in Congress. Recognizing this fact of life, the four proposals hammered out by the Task Force are relatively inexpensive amendments to the draft Health Security Act.

They seek to:

1. Provide overseas Americans with the right to purchase insurance that covers hospital and medical care in the USA and abroad. Thus, any overseas American faced with a serious health problem could choose to be treated either in the USA or in the country of residence. Premiums and co-payments would be set at a self-financing level.

2. Extend Medicare to all Americans over the age of 65 who live or travel outside the USA. Ultimately, the goal would be reciprocal agreements with other countries. While these negotiations are underway, the Secretary of Health would be authorized to enter into interim arrangements with hospitals in foreign countries where Americans live.

3. Make it clear that any American returning to reside in the United States would be immediately eligible to enroll in an Alliance.

4. Create a presidential commission to examine the health care needs of overseas Americans. The Commission would be charged with reporting to Congress on a fair and cost-effective means to extend health care to all Americans.

In a letter responding to issues raised by overseas Americans that appeared in the International Herald Tribune in September 1992, candidate Bill Clinton promised that "Officials of my administration will be specially designated to study your needs and make recommendations to me. They will seek out your testimony and hear your comments. We owe this much to you in recognition of the valuable services you provide our country."

Democrats Abroad seeks to turn this promise into reality in the area of health care. In the coming weeks, we will press for inclusion of the above four points with the Administration and Congress. We have no illusions: many will be reluctant to assist us unless we help ourselves by delivering a strong political message. That is why it is essential that all of you voice your concerns and needs to your congressional representatives.

Each of us is acutely aware of the importance of equitable treatment for ourselves and our families. Write your representatives. Without a grass-roots effort, our efforts to help you will be that much more difficult. Together, we must push for a fair and acceptable solution.

Jeff Greenbaum

Continued from page 1.

Apart from first-term women, the closest House races are in Michigan with Burt Stupak, Montana-Pat Williams and Ohio with David Mann. In Washington, Jolene Unsoeld is facing John Birch militants and anger over the spotted owl and salmon.

Top national GOP targets are Sam Gejdenson of Connecticut and Don Johnson of Georgia. These Democrats are particular targets of the right, especially the growing religious right. Backers of Oliver North are waging all-out war on the Clinton Adminstation: with 1,600 radio stations and 274 religious TV stations at their disposal, they are reaching unprecedented numbers of voters.

The most immediate threat is that, even without losing the majority in the Senate, the loss of a seat or two would make it almost impossible to reach the 60 votes needed to break a Republican filibuster, like the one that killed legislation in 1992.

The White House is trying to fight back, as the President delivers on his campaign promises. The economy is roaring back, almost too rapidly. He has had a string of successes on gun control, deficit reduction, NAFTA, education, family planning and abortion rights. Before November, health care and campaign finance reform and the crime bill should strengthen the standing of Democratic incumbents and candidates.

The Democratic National Committee has pledged to raise $9 million to support Democratic candidates, as well as full-scale mobilization of party resources across the nation in support of our candidates and the President's health care legislation.

The future of the Clinton Administration will be up for grabs on November 8, and even small Democratic losses threaten to plunge us back into gridlock and disillusionment with our democratic institutions.

As the struggle heats up in the United States, the votes of Americans abroad are more important than ever. A number of races will be decided by the narrowest of margins.

That is why Democrats Abroad is pressing ahead to alert all Americans now to the September deadlines for registration applications and to the October deadlines for returning voted ballots.

Our work to help deliver the vote and raise funds will be demanding. If it helps Bill Clinton continue the turn-around of our society that he has so solidly begun, it will be worth the effort.

Women Candidates In Need of Support

Congresswomen in need of support on November 8 are: Karan English (AZ); Anna Eshoo, Jane Harman, Lucille Roybal-Allard, Lynn Schenk and Lynn Woolsey (CA); Barbara Kennelly (CT); Corrine Brown, Carrie Meek and Karen Turman (FL); Cynthia McKinney (GA); Patricia Danner (MO); Caroline Maloney (NY); Elizabeth Furse (OR); Deborah Pryce (OH); Marjorie Margolies-Mezvinsky (PA); Karen Shepherd (UT); Leslie Bryne (VA).

Smears and Successes

by Tom Fina

With the disappearance of the Red Menace, slander and sexual scandal have become the tools of the new McCarthyism. In the absence of public support for its own extremist agenda, the Right has turned to the time-honored smear to harass moderates and liberals. The *Wall Street Journal* and various minor Rightist scoop sheets have been pumping character charges into the public debate with the aim of undermining public confidence in the President and diminishing his effectiveness.

Behind these publishers is a whole universe of Rightist hate-mongers and Christian fundamentalists. The leading man is Cliff Jackson, former Clinton acquaintance in Little Rock, former Rhodes scholar, unsuccessful local politician and minor lawyer. Jackson has dedicated himself to dredging up dubious accusations to feed the scandal sheets. First, Jennifer Flowers, then Whitewater, then Trooper-gate (former Clinton guards who claim they acted as his procurers) and on May 7, Paula Jones, who accused Clinton of sexual harassment, a claim the President unequivocally denied. With the exception of the *Wall Street Journal*, the mainline press refused to run the story until the suit was filed.

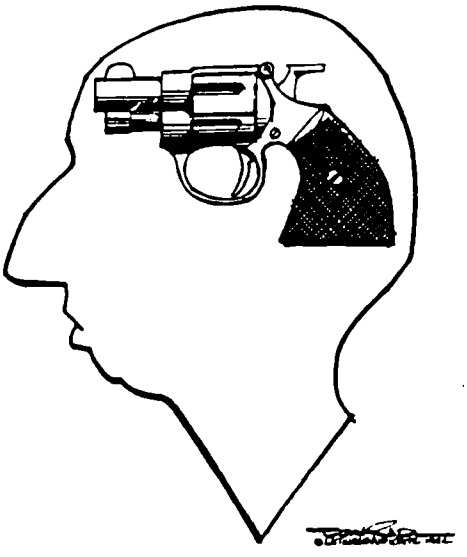
Orchestrated "Scandals"

The Jones story came in the wake of Hillary Clinton's bravura press conference, during which she answered questions on Whitewater without notes until the press finally turned to other issues. As Whitewater receded, the Jones story broke, as if orchestrated to prevent the public from concentrating on real issues.

All the while, the President presses his domestic agenda. He and Hillary continue their grass-roots campaign in favor of health care reform. Despite defections of centrist Democrats to the non-compulsory, and therefore non-universal Cooper-Breaux plan, the various versions that are being negotiated in the half-dozen committees concerned are moving forward.

The key figure here is House Ways and Means Chairman Dan Rostenkowski, by all accounts the most powerful influence in Congress on the fate of this legislation. Rostenkowski is squarely behind the President and is approaching a detailed compromise bill that the Democratic majority of his committee is expected to report out. Their text will be the version that all others will have to beat, and that will be very difficult.

However, this enormously complex package of political compromises is endangered by the expectation that Rostenkowski will be charged by the Department of Justice with financial irregularities as a Member of Congress. Under House rules, an indicted chairman must step down. In this case, the next in line is Sam Gibbons, an experienced trade expert from Florida, who reportedly lacks Rostenkowski's political clout with either his committee or the rest of Congress. Consequently, there is more pressure than ever from Rostenkowski himself to report out a bill.



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Meanwhile, the President surprised doubters once again when he weighed in on the assault weapons legislation in the House. The NRA felt confident that it could turn back this ban on assault weapons. The day before the vote, the press assessment was that the Administration was short by 15 to 25 votes. But the President went to work on groups and individuals and, thanks to last-minute switches, won with a bare two votes.

This serious defeat for the NRA is attributable to the fact that there is now a countervailing gun-control lobby and a President who, unlike his predecessors, is committed to serious gun control. The battle is not yet over. Texan Jack Brooks, a powerful old House baron and chairman of the Judiciary Committee, opposes gun control. He is angry and ornery enough to be a fly in the ointment, even if he will almost certainly lose to the President.

While pressing for enactment of the crime bill, which steals much Rightist thunder, Clinton is also insisting on the Campaign Finance legislation he promised during the election campaign. Slow progress is being made; the goal is to place restrictions on lobbyist money and actions so that members of Congress and candidates will be much less dependent upon special-interest money.

Breakthrough on Abortion

The skirmishing about abortion continues in Congress and in the courts. In Colorado, the lower Federal Court over-ruled state law that limits the funding of abortions for the poor. This could be a significant precedent for other states. Similarly, a local court in Austin, Texas, awarded Planned Parenthood $200,000 in damages and a further $1 million in punitive damages to be paid by Operation Rescue and its local affiliate for blocking access to Planned Parenthood clinics in 1992.

It is the first step in the largest civil suit of its kind ever to be filed, following a pattern set by the Southern Poverty Law Center, that has largely bankrupted various Ku Klux Klan organizations. Finally, the House easily passed legislation supported by Attorney General Janet Reno to impose tough penalties on those who try to intimidate or obstruct access to abortion clinics (like those who recently murdered a clinic physician).

Thus, despite the continuing efforts to deflect the President from his campaign committments, the Administration continues to press ahead with an agenda of broad policy changes.

Tom Fina is Executive Director of Democrats Abroad.

Global Notes

Hillary Meets with ADAS: Members of American Democrats Abroad Scandinavia (ADAS) were privileged to meet Hillary Rodham Clinton this winter during the First Lady's visit to Norway. Present were representatives of four out of the five chapters comprising the Scandinavian committee.

Chair Mary Paul Smith-Jespersen presented Ms. Clinton with memorabilia in the form of Clinton-Gore sweat shirts bearing the rare (for the United States) Democrats Abroad logo. Praising Democrats Abroad for their fine work during the presidential campaign, Ms. Clinton asked that Scandinavian Democrats renew their efforts in preparation for the coming campaigns.

On the issue of healthcare, Hillary Clinton enthusiastically supported ADAS's plan to push for reform by writing op-ed/letters to the editor to send to our hometown newspapers. Notes Jesperson: "We pointed out that, given our experience of health care in Scandinavia, we could easily refute Republican arguments against the Clinton plan."

Parting on an upbeat note, Hillary Clinton offered to hold a reception for Democrats Abroad at the White House the next time the Executive Committee holds an international meeting in Washington.

Canada Group Welcomes Wilhelm: With an estimated 300,000 Americans, Canada probably has more eligible American voters than any other foreign country. To reach this potential, largely untapped electorate, David Wilhelm, Chair of the Democratic National Committee, met with the Canadian Committee of Democrats Abroad to encourage a special effort for the November 1994 elections.

As part of that effort, Democrats Abroad is building bridges with states bordering Canada, most notably the Democratic Party of New York state. Democrats Abroad wants to gather the names and addresses of absentee voters from registrars. These lists could then be used for registration drives and get-out-the vote campaigns.

Thanks for "Overseas Democrat": Country committees from the United Kingdom to Thailand have been sending notes of thanks and congratulations (as well as a substantial check from Costa Rica!) for the new international edition.

On a slightly different note, we received the following from Larry Landman of Denmark: "A friend of mine who has been out of work for two years just had a job interview at the American Embassy. If he gets the job, he would be the first person in Denmark to be hired under the 1991 amendment barring discrimination against American applicants living overseas. I only knew about the law—and could tell him about it—because of your story in the *Overseas Democrat* (Winter issue). Many, many thanks."

Your comments are welcome. Please address them to: Lois Grjebine, Editor, "Overseas Democrat," 11 rue Jules Chaplain, 75006 Paris, France.

WE HELP YOU – WHY NOT HELP US?

Democrats Abroad is the equivalent of your State Committee, representing you on the US political scene. We lobby for legislation to promote and protect the interests of Americans residing overseas. We support Democratic candidates in close races. We keep you informed of developments in voting rights, taxation, health care and transmission of citizenship, among others. Renew your commitment. Help the party that works for you.

NAME _____

ADDRESS _____

_____

Enclosed please find my contribution to Democrats Abroad:

❑ $25 ❑ $50 ❑ $100 ❑ $500 ❑ Over $500

Make dollar checks payable to Democrats Abroad, Nathan Knight, Treasurer, Democrats Abroad c/o Motion Picture Association, 270 Ave. de Tervuren, 1150 Brussels, Belgium.
For checks over $200, the FEC requires your occupation and the name of your employer:

_____

_____

IN BRIEF

Register At Your Embassy

The government should know how many Americans reside overseas. The accepted figure is 3 to 3.5 million but there may be many more. That is why we urge you to register at your Embassy.

Registering also has other advantages: you establish your identity for the local record, thereby greatly simplifying the issuance of a new passport should your own be lost or stolen. Two, registration ensures that you and your family will be contacted in case of emergency, should you need to be evacuated for your country of residence. Lastly, it allows consular officers to keep you informed on changes in US law and regulations that directly affect you. (By the way, any information you give for the registration file is protected by the Privacy Act.)

If you have any questions, contact your local Democrats Abroad committee or call Patrick Hegarty, Office of Citizens Consular Services, at (202) 647-4994.

Does Voting Bring Taxation?

The liberalization of federal voting laws has not affected the right of each state to try to tax someone living abroad who voted in a state election. But things may be changing. Democrats Abroad used to regularly receive complaints that certain states were seeking taxes from non-property-owning former residents. For the past five years, there has not been a single complaint.

The question was recently raised concerning the state of New York, which reportedly has reformed its ways. If you have reason to believe that state taxation has ensued after voting in a state election, please let us know. We need a current reading of the situation in order to decide whether to seek additional legislation or, as we now believe, to let well enough alone.

Send information to Peter Alegi, Chair, Democrats Abroad, Via XX Settembre 1, 00187 Rome, Italy

The Overseas Democrat

NEWS FROM FRANCE

Keeping Pace With Our Growth

Democrats Abroad France has come a long way since we first organized in the early 1960s. We were then a mere handful, later spurred on by the election of President Carter and by our enfranchisement with the passage of the Uniformed and Overseas Citizens Absentee Voting Act in the mid-1970s. It was during those years, when we could not even be sure of getting a quorum to elect officers, that our present by-laws were adopted.

We have greatly expanded since then, and Democrats Abroad France has become the most active country committee in the international organization. In addition to our regular informative events and voter registration efforts, we now have a monthly discussion group, called First Tuesday, and two caucuses, the Women's Caucus and the more recently formed Minority Caucus.

Our by-laws must be modified in order to take all these changes into account. After more than a year's study, a special by-laws review subcommittee (comprised of Counsel Peter Kenton, former Chair Bill McGurn and Annette Thiam) prepared draft by-laws to replace the current ones. The Executive Committee has voted to adopt the draft. It is now up to you, our members, to vote on that change.

The vote will take place at our Annual General Meeting, and I encourage all of you to come. In addition to the official business and a chance to register to vote in the coming Congressional elections, we will have as our speaker the former President of Amnesty International USA, Rick Halperin. Mr. Halperin's presence is made possible by Americans Against the Death Penalty. Crime and consequently the death penalty have become a primary concern among Americans. During this election year, these issues will be pivotal for many electoral races. (For time and place, see over.)

Joe Smallhoover
Chair, Democrats Abroad France

A Collective Finger on the US Pulse

Democrats Abroad France kept its collective finger on the pulse of political and cultural developments in the USA this past year. Though the numerous events—sometimes as many as two or three a month—were primarily devoted to such hotly debated subjects as health care, political correctness or crime, members also got together for fun, for example, when music-lovers thronged to the American Cathedral for a rousing gospel concert by the Crenshaw Gospel Choir from South Central, Los Angeles, co-sponsored by Democrats Abroad France.

Impressive Guest Speakers

Guest speakers were of especially high caliber. Soon after the Begin-Arafat accord in Washington, the P.L.O. spokeswoman for France, Leila Shahid, spoke with great eloquence and emotion of the prospects for peace and the difficulties that lay ahead. In early April, former Black Panther leader Elaine Brown mesmerized a large audience by recounting her stormy political career and personal life. She is now raising funds to build a pilot school for underprivileged children in one of the most destitute sections of the Bay Area in California. That same month, the Women's Caucus welcomed members of the Women's National Democratic Club based in Washington at an informal cocktail party.

The newly formed Minority Caucus also hosted a string of noteworthy events. Among them was a meeting with Richard Glanton, President of the Barnes Foundation, to coincide with the showing of the famed painting collection. As part of Black History month, the Caucus brought us the noted scholar Henry Louis Gates, chairman of the African-American studies department at Harvard University. Gates talked about Nobel-prize winner Toni Morrison, noting that she is just one of several black writers who are now reaching a broad cross-section of the reading public.

The First Tuesday Club kept up its pace of one discussion-cum-dinner a month. While the membership roster changed, it remained large and varied, even encompassing some former speakers. Subjects are wide-ranging (two upcoming topics are bio-ethics and the usefulness of NATO). All are pertinent and at times deliberately impertinent, like "Should We Care What Happens to Russia?"

Wide Ranging Topics

Democrats Abroad France as a whole welcomed a number of stellar guests this year, including columnists Flora Lewis and William Pfaff, who joined in a panel discussion on prospects for peace in Yugoslavia, alongside political scientist Jacques Rupnik and Yugoslav businessman-cum-author Boris Vukobrat. There was also a full turnout for Harvey Gantt, an African-American town planner and mayor of Charlotte, who came very close to winning the seat of Republican curmudgeon Jesse Helms, long-time Senator from North Carolina. Gantt, who will likely be in the race once again when Helms is up for reelection in 1996, discussed the emerging role of minorities in the American political process.

With all the activity, one Democrat was overheard complaining to a friend: "I hardly have time for my family anymore. This must be the third event I've attended this month. Anyway, see you next week!"

Judith Sullivan

Your Vote Speaks Louder Than Words

On a swing around Europe this spring, the Director of the Federal Voting Assistance Program in Washington, Phyllis Taylor, conducted a workshop at the US Embassy for voter registration committees of various Paris-based public-service organizations. She highlighted the progress made in voting procedures, as well as areas that still need to be improved, and called attention to the importance of the overseas vote. In 1992, 3.4 per cent of total votes (3 million) were cast by American civilians and military residing abroad.

This year, she reminded us, one-third of the Senators, all the House Representatives and 36 Governors are up for reelection. *It is particularly important* that everyone participate in the primaries, most of which will be taking place between now and September (for your state, see box.).

If you have any questions concerning registration and voting in your state of residence, contact Pat Clark (tel: 43.26.32.38) or the Embassy Voting Officer (tel: 42.96.12.02, extension 2667).

UPCOMING PRIMARIES

State	Date	State	Date
AL	7 Jun	MO	2 Aug
AK	23 Aug	MT	7 Jun
AZ	13 Sept	NV	16 Sep
CA	7 Jun	NH	13 Sep
CO	9 Aug	NJ	7 Jun
CT	13 Sep	NM	7 Jun
DE	10 Sep	NY	13 Sep
DC	13 Sep	ND	14 Jun
FL	8 Sep	OH	3 May
GA	19 Jul	OK	23 Aug
GU	3 Sep	RI	13 Sep
HI	17 Sep	SC	14 Jun
IA	7 Jun	SD	7 Jun
KS	2 Aug	TN	4 Aug
LA	1 Oct	UT	28 Jun
ME	14 Jun	VT	13 Sep
MD	13 Sep	VI	13 Sep
MA	20 Sep	VA	14 Jun
MI	2 Aug	WA	20 Sep
MN	13 Sep	WI	13 Sep
MS	7 Jun	WY	16 Aug

Calendar of Events

• **June 7:** First Tuesday dinner-discussion on reproductive rights, surrogate mothers and gender choice. To reserve, call Barbara Greer: 46.99.01.14

• **June 21:** Annual General Meeting to vote on our new by-laws. The meeting will be followed by a talk and refreshments. No fee. For details, see below.

• **June 23:** Women's Caucus meeting. The Caucus will be welcoming its new chair Andrea Vittoz-Zellner and Meredith Anne Gowan as executive director. There will be an informal talk by political scientist Jennifer Merchant, who will look at the impact of the Congresswomen elected in 1990 At the home of Sheila Malovany-Chevallier, 24 rue des Carmes, 75005 Paris. Code 24A18 No fee.

• **July 5:** First Tuesday dinner-discussion on NATO and America's future role in Europe. To reserve, call Barbara Greer: 46.99.01.14

• **Fall Event:** For October, a special tour of the new wing of the Louvre with David Harmon, one of the architects who worked on the project with I.M. Pei An event organized by the Minority Caucus. For more information, contact Velma Bury: 43.21.52.11.

Come to the Annual General Meeting

Practise hands-on democracy by voting on the new by-laws of Democrats Abroad France.* Voter registration materials for the upcoming Congressional elections will also be available, so come early.

The meeting will be followed by an informal talk by

Rick Halperin
Former President of
Amnesty International USA

Date: June 21, 1994
Time: 7:30 pm
Place: American Cathedral, 23 Avenue George V, 75008.
Métros: Alma or George V

Refreshments will be served. Contributions welcome.

**To obtain a copy of the proposed by-laws prior to the meeting, please send your request with a self-addressed envelope, size A4, plus F4.40 in postage, to Joe Smallhoover, 5 rue Bargue, 75015 Paris.*

Mailing Coordinator Needed

Want to get in the act? Democrats Abroad France needs someone to coordinate the mailing of the quarterly newsletter. This entails contacting our mailing-list computer wizard to run off labels, setting up a "mailing party" to stuff envelopes and getting the newsletter to the post office.

Name _____
Address _____
_____ Telephone _____

Write or phone: Joe Smallhoover, 5 rue Bargue, 75015. Tel. 45.66.55.47

Give Us Your Support

Democrats Abroad France is one of the biggest and most active country committees in the world. To keep you up to date, we organize public service events and publish a newsletter.

All this takes time and, yes, money. Though you pay no dues, we must cover operating expenses. Some of you have spontaneously sent in contributions.

We need your help. Contribute today.

I certify that I am a United States citizen. Enclosed is my contribution to Democrats Abroad France

❑ 50F ❑ 100F ❑ 250F ❑ 500F ❑ More

Make checks payable to Democrats Abroad France—Federal Account and send to 5 rue Bargue, Paris 75015.

Name _____
Address _____
Tel _____ Voting District _____

DEMOCRATS ABROAD

June 6, 1994

Democrats Abroad

Ms Maggie Williams
Chief of Staff
Office of the First Lady
Old Executive office Building
Room 100
Washington, D.C. 20500

Dear Ms Williams:

I attach a confirmation copy of letter from the Chairman of Democrats Abroad, Peter Alegi, to Mrs Clinton concerning the inclusion of Americans resident abroad in the national health care reform legislation.

This was written after he had spoken with her during the President's and her visit to Rome. While Peter had it hand carried to the Presidential party, we have no way of being certain that it actually reached her.

Therefore, I would be grateful if you could please make sure that the First Lady does receive a copy.

With many thanks for your consideration, I am

Sincerely Yours,

Thomas W. Fina
Executive Director
Democratic Party Committee Abroad

Attachment

TO Jennifer Klein —
Is this the letter we have answered (see attached)? If so, pls notify Mr Fina; if not pls draft R

Thomas W. Fina, Executive Director • Democrats Abroad • 7400 Rebecca Drive • Alexandria, Virgi

DEMOCRATS ABROAD

DEMOCRATIC NATIONAL COMMITTEE

Peter C. Alegi
Chairman

Via Venti Settembre 1
00187 Rome, Italy
Tel (39)(6)4820147
Fax (39)(6) 4871149

June 3, 1994

COPY

Hillary Rodham Clinton

By hand delivery in Rome

Dear Hillary (if I may still...),

I had not expected the opportunity to speak to you yesterday at the Vatican and apologize for the jumbled presentation. Let me take this opportunity to put the facts concerning health care for overseas citizens to you as clearly as possible:

1. No version of the Health Security Act provides coverage for the nearly 3 million non-governmental civilians residing overseas. Indeed, we are specifically excluded from the Administration's bill, although it is intended to provide "universal" coverage.

2. Overseas Americans must have the right to participate in the health care reform plan, at least on a self-financing basis. They should also be included in the Medicare program.

3. We overseas Americans are too often neglected and abandoned; resentment builds, especially when we pay taxes and offer support by voting in large numbers, without our special concerns being attended to. During the 1992 campaign, Gov. Clinton wrote of his intention to attend to our concerns, while Bush did not (see candidates' open letters, International Herald Tribune, September 26-27, 1992 attached).

4. As Chairman of Democrats Abroad and upon David Wilhem's suggestion, I wrote to Ira Magaziner on May 15, 1993 asking that our health care needs be considered. Repeated requests for a reply were never satisfied.

5. While many members of Congress have expressed their support for our cause, only Sen. Simon has produced an amendment, due to be introduced on June 7 in the Senate Labor Committee. However, it is a minuscule step limited to requiring insurance companies to cover overseas employees of American corporations (not subsidiaries). It is recognition, but very little in terms of substance (less than 1%).

6. A broader but still limited legislative program is attached to this memorandum. We hope that you can arrange for your experts to examine our position, recognize the injustice in excluding those of us who do our work for America overseas, and have the White House inform the appropriate Congressional committees of its support for the inclusion of provisions for overseas Americans in their health care legislation.

7. My main task this year in leading Democrats Abroad, the overseas branch of the DNC, in every nation outside the U.S.A. is to get a strong Democratic Congress elected to support the President's program. We were able to get Democrats, Republicans and non-committed citizens abroad to support his presidential candidacy, especially after the Herald Tribune letter mentioned above. However, with continued silence on the health care issue, many of the more than one million overseas absentee ballots are likely not to be cast in this off year. With just a few words of support on the health care issue, those ballots will be cast and will help win some very tight legislative campaigns.

I would be grateful for an early indication of support for our position from the White House. Communications can be simplified if necessary by having your aides contact the Executive Director for Democrats Abroad, Thomas Fina, at tel. (703) 768-3174 and fax (703) 768-0920.

* * *

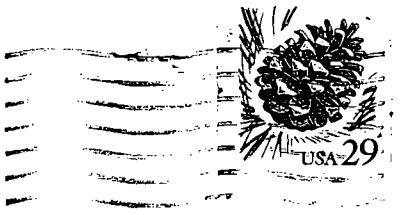
We last spoke at Sally's Pizza in my native New Haven; to pick up the conversation in the Sala Clementina of the Vatican was indeed an unexpected pleasure. I look forward to seeing you again when the Health Security Act is signed into law, with overseas citizens protected.

Sincerely,

Peter C. Alegi
Chairman, Democrats Abroad

Enc.

Democratic Party Committee Abroad
7400 Rebecca Drive
Alexandria, Virginia 22307
USA



Ms Maggie Williams
Chief of Staff
Office of the First Lady
Old Executive office Building
Room 100
Washington, D.C. 20500

THE WHITE HOUSE

WASHINGTON

July 1, 1994

Mr. Peter Alegi
Chair
Democrats Abroad
Via Venti Settembre 1
00187 Rome, Italy

Dear Mr. Alegi:

I very much enjoyed seeing you in Rome. I also had the opportunity to read your article on health care reform in The Overseas Democrat and was interested to learn about the suggestions of the Democrats Abroad Task Force.

The Task Force recommended that Americans living overseas have the right to purchase insurance. The President's plan preserves the ability of all American individuals and employers to purchase health insurance that covers services delivered in the United States or abroad. Both the Senate Labor and Human Resources and the House Education and Labor Committees have expanded the President's proposal. The Senate Labor Committee's version of the President's plan provides that American employees of American employers may elect to participate in the health insurance program created by the Office of Personnel Management for federal employees living overseas. The House Education and Labor Committee charges the National Health Board with developing a mechanism for Americans living abroad to purchase health insurance coverage for services in the comprehensive benefit package. We will continue to work on this issue as the Congress begins to weave the work of the committees into a bill to be considered on the floor.

The Democrats Abroad Task Force also suggested that it be made clear that any American returning to live in the United States would immediately be eligible to enroll in the new health care system. Under the President's proposal, all Americans returning to the United States are eligible to enroll in the state where they reside. There is no requirement that an individual or family live in an area for any period of time before becoming eligible, and the President's plan includes explicit procedures for enrolling at a time other than during the normal enrollment period.

I very much appreciated hearing your views. We are continuing to work with Congress to make health security a reality for all Americans, including families living abroad. Please feel free to contact me with any additional concerns.

Sincerely yours,

Hillary Rodham Clinton

cc: Mr. Thomas W. Fina, Executive Director
Democratic Party Committee Abroad

TO: Hillary Rodham Clinton
FROM: Jennifer Klein J Klein
DATE: 7/28/94
RE: Americans Abroad

The attached proposal is the same as the one Peter Alegi sent to you in June. As you know, you responded to the proposal by letter in early July. They are obviously using that response as part of their presentation to members. Just let me know if you would like to do more.

Keep me advised

SCOTT COHEN & ASSOCIATES
1625 MASSACHUSETTS AVENUE, N.W.
WASHINGTON, D.C. 20036

(202) 232-6872, fax (202) 234-8231

July 27, 1994

Ms. Jennifer Klein
The White House
Second Floor, West Wing
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Ms. Klein:

I appreciate how busy you are at this time, but I want you to know that Peter Alegi and I have decided to introduce in the health care deliberations a new initiative for the inclusion of Americans abroad.

The initiative which follows is inspired in part from the supportive position taken by Mrs. Clinton when she met Mr. Alegi in Rome and from the very positive remarks in her letter to Mr. Alegi of July 1, 1994.

We intend to present this new proposal to Senator Mitchell, Representative Gephardt and other major players on the Hill this week.

Mrs. Clinton's support for this proposal would be enormously helpful to Americans abroad and to the work of Democrats Abroad. Peter Alegi and I would be very grateful if you could speak to Mrs. Clinton about the proposal and determine whether she could openly support it. Please note that the proposed coverage of Americans abroad would be entirely self funded, as spelled out in subparagraph e on the last page: "The cost of the health care coverage authorized in this Section may be financed by the premiums, co-payments (if any) and other fees (if any) required to be paid by the enrollees."

After you read this letter and the proposal, please call me at (703) 527-0425.

We very much appreciate Mrs. Clinton's concern for the legitimate interests of Americans living abroad.

Sincerely,

Scott Cohen

Scott Cohen

Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 11

To Jennifer Klein	From Scott Cohen
Co. White House	Co.
Dept. 2d Fl., West Wing	Phone # (703) 527-0425
Fax # (202) 456-2878	Fax # (202) 234-8231

DEMOCRATS ABROAD

DEMOCRATIC NATIONAL COMMITTEE

Health Care for Americans Resident Abroad

The original Health Security Act submitted by the President to the Congress earlier this year excluded Americans resident abroad and confirmed the standing exclusion of these same Americans from Medicare coverage while outside the United States.

The bar to the benefits of Medicare appears to be administrative in nature. The issue of providing Medicare benefits for Americans resident abroad was addressed most recently in H.R. 3990, the Medicare Amendments of 1979. That Bill was incorporated into the Omnibus Reconciliation Act of 1980 as H.R. 7765 and was approved by the House of Representatives. Unfortunately, it failed to survive the Conference. This legislative proposal authorized the negotiation of bilateral agreements to provide the administrative underpinning for the administration of the Medicare program abroad. A copy of the report on the relevant section of H.R. 7765 is attached at Tab 1.

While the Administration's original Bill excluded Americans resident abroad from coverage in the proposed national health care program, the Administration's views have since changed. The Administration now favors the inclusion of Americans resident abroad in the national health care program. A letter from Mrs. Clinton making this point is attached at Tab 2.

There are an estimated 3.5 million Americans resident abroad who are not members of the Armed Services and not employed by the U.S. Government. These Americans vote and are deeply concerned about the crisis in health care in the United States and their own particular situations. Some live in countries where there are excellent health care systems while others do not. In general Americans resident abroad would like to participate in any national health care system enacted in a manner supplementary to whatever system in which they are now required or entitled to participate. This fact alone will tend to reduce the costs of their participation. For example, it is doubtful that the 250,000 Americans resident in Canada would seek to participate.

Clearly the situation of Americans resident abroad is different from that of Americans at home in another respect: Their employers cannot be required to share the cost of their premiums because for the most part their employers are not American corporations and, in any event, many are already required to make such contributions to the health plans in force in their countries of operation. And furthermore, many of these Americans are retired. Thus Democrats Abroad suggest that Americans resident abroad who participate in the U.S. national health care program be allowed to do so on a voluntary, self-financing basis.

With these factors in mind, Democrats Abroad recommends that any national health care program include provisions along the following lines:

1) All American citizens, permanent resident aliens and long term non-immigrants should be eligible for coverage, the standard adopted by the Ways & Means Committee.

2) Enrollment of American nationals and citizens resident abroad should be voluntary and this program be self-financing.

3) American citizens and nationals should automatically be able to transfer between the domestic and overseas health programs if they move overseas or return to the United States from residence abroad.

4) Medicare coverage should be extended to American citizens and nationals resident abroad including authority to extend such coverage immediately on the basis of direct reimbursement to the beneficiary.

5) The Secretary of Health and Welfare, in consultation with the Secretary of State, should be authorized to negotiate agreements with foreign governments, provinces or other appropriate foreign health authorities to secure reciprocal health coverage agreements including coverage of temporary visitors and Medicare administration.

Draft Bill Language

1) Definitions: An eligible individual is any individual who is a citizen or national of the United States, an alien permanently residing in the United States under color of law, or a long-term non-immigrant.

2) Sec. Health Care Coverage for Nationals and Citizens of the United States Resident Abroad.

a) The Secretary, in consultation with the Secretary of State and interested organizations composed of American citizens and nationals residing abroad, shall establish specific health care programs and cost schedules for nationals or citizens of the United States resident abroad on a country by country, provincial or other basis taking into account health care plans which may exist in those jurisdictions in which American nationals and citizens are eligible to participate;

b) Enrollment in the programs authorized by this Section shall be at the option of each national or citizen of the United States resident abroad;

c) No enrollment waiting period requirements shall apply to persons eligible to participate in the programs authorized by this Section or any other Sections of this Act when such persons transfer between domestic and overseas health care programs;

d) No health care plan or program operating under the authority of this Act may deny coverage to persons covered by this Act when such persons transfer their residence from or to the United States, its territories or possessions;

e) The cost of the health care coverage authorized in this Section may be financed by the premiums, co-payments (if any) and other fees (if any) required to be paid by the enrollees.

f) The Secretary shall extend Medicare coverage to American citizens and nationals resident abroad who would be eligible for such coverage if resident in the United States within 90 days of the enactment of this Act. The Secretary shall permit any such eligible American national or citizen resident abroad to participate in the Medicare program through direct reimbursement to the beneficiary;

g) The Secretary, in consultation with the Secretary of State, is authorized to enter into agreements establishing reciprocal arrangements between programs established by or referred to in this Act and a health care program or programs of a foreign country, province or other foreign health care providing entity;

h) Persons eligible to participate in United States health care plans under this Section may communicate with appropriate authorities and entities in the United States, its territories and possessions by means of the Diplomatic Pouch System of the Department of State or the Military Postal System.

TAB 1
(3 pages)

ENUE INCREASES

	Fiscal year 1981 revenue increase
ct of 1980	413
of corpora-	3,063
f 1980 and ct of 1980	302
	358
operty Tax	40
ee payroll	50
	4,226

III. EXPLANATION OF PROVISIONS

A. TITLE I: SPENDING REDUCTIONS

1. SUBTITLE A: MEDICARE AND MEDICAID PROGRAM SAVINGS

a. Medicare Amendments of 1980 (Provisions of H.R. 3990)[1]

HOME HEALTH SERVICES (SECTION 102)

Since the beginning of the medicare program, home health benefits have been available under both part A—hospital insurance—and part B—medical insurance.

To be eligible for home health care, the beneficiary must be: (1) essentially confined to his home, (2) under the care of a physician, and (3) in need of skilled nursing care, speech therapy, or physical therapy. If all these requirements are met, an individual is eligible for the full range of home health services.

The bill amends the medicare home health benefit in the following manner: (1) unlimited visits are to be available under both parts A and B; (2) the present three-day prior hospitalization requirement under part A is eliminated; (3) home health benefits under part B will no longer be subject to the $60 deductible; (4) the need for occupational therapy will be included as one of the qualifying criteria for the home health benefit; and (5) the present requirement that proprietary home health agencies can participate in medicare only in those States that license home health agencies is eliminated. In addition, the bill establishes additional standards and reimbursement guidelines for the effective administration of the home health benefit.

Elimination of the limits on the number of visits under parts A and B.—Beneficiaries are presently eligible for 100 visits per benefit period during the year following a hospital stay of at least three days under part A and 100 visits per calendar year under part B. The bill eliminates the limitation on visits under each part.

Elimination of the three-day prior hospitalization requirement under part A.—In order to receive home health benefits under part A, beneficiaries must be hospitalized for at least three consecutive days. Elimination of this requirement will be particularly helpful to the more than 1.1 million beneficiaries who have only part A of medicare; presently they do not have access to the home health benefit unless they have met this prior hospitalization requirement.

[1] The Committee on Ways and Means favorably reported H.R. 3990 to the House (H. Rept. 96-588, Part I) on November 5, 1979. A supplemental report (H. Rept. 96-588, Part II) was filed by the Ways and Means Committee on December 5, 1979. The Committee on Interstate and Foreign Commerce favorably reported the bill with amendments (H. Rept. 96-588, Part III) on March 18, 1980.

This limitation on borrowing expenses subject to the bonding and escrow re- recognizes, however, that the amounts e escrow account may not be sufficient to he overpayment. In cases where the re- nt are insufficient, the borrowing costs able costs, to the extent they are reason-

ent for certain types of contracts.—The of contracts entered into after the date vices are furnished for or on behalf of by the agency in connection with such a llowable costs if either (i) the term of , or (ii) the amount payable under the age of the agency's reimbursement for

ffice has concluded that long-term con- s—which typically provide for manage- a source of abuse in the medicare pro- rations have been identified which base imbursement, with the result that pay- be considerably more than the actual d. The bill requires the home health udent business practices and assures o pay excessive costs.

entage-of-reimbursement contracts for are reimbursement to amounts which lue of the service. In adapting these for existing percentage contracts of mittee intends in no way to diminish v. under current law, to impose limita- ecognized as allowable with respect to ers of services.

ments.—The bill authorizes the Secre- dministrative requirements for home sary for the effective and efficient oper- ommittee's intent to provide sufficient HS to insure the development of more eimbursement guidelines and, at the y with authority to establish such ad- ents he deems necessary in order to he program. In particular, the Com- ke the following actions:

under the authority of section 223 of appropriate, limits on specific cate- home health agencies; such limits se overall per visit limits which may

l intermediaries by January 1, 1981, used by the intermediaries in deter- overall costs or costs in specific cate- f line with those of comparable home

Develop and issue to the fiscal intermediaries by January 1, 1981, detailed utilization screens which can be used for both reimbursement purposes and identifying potential program abuse;

Develop appropriate mechanisms for assuring that the present standards related to the supervision of home health aides by nurse supervisors are enforced; and

Conduct a comprehensive demonstration program to evaluate alternatives to the present cost reimbursement method for home health services, and report back to the Committee on the progress and findings of the demonstrations by January 1, 1982, and annually thereafter.

The amendments made by this section are effective with respect to services furnished on or after July 1, 1981.

Reciprocal Agreements for Services Furnished Outside the United States (Section 103)

The bill authorizes the President to enter into reciprocal agreements with other countries to provide hospital and medical benefits for medicare beneficaries living or traveling outside the United States.

Under present law, medicare coverage is provided with a few limited exceptions, only for health care services rendered within the United States. These exceptions cover only cases in which the beneficiary needs emergency hospital services while traveling in Canada between the 48 contiguous states and Alaska; or needs hospital services because of a medical problem that arose while traveling or residing within the United States near the border, and a Canadian or Mexican hospital is more accessible than the nearest United States hospital. This limitation on medicare coverage was included in the law because of the administrative problems involved in verifying the medical necessity for services furnished outside the United States, establishing the qualifications of foreign medical practitioners and institutions, and determining the appropriate amount of payments to make for services.

A significant number of medicare beneficiaries are deprived of their medicare benefits during such times as they may be traveling or living outside the United States. Since the basis of the limitation, in present law is administrative, the Committee believes that considerations of equity dictate the development of a reasonably workable arrangement for assuring medicare protection, to the extent feasible, for such beneficiaries.

The Committee recognizes that there are limitntions in the approach included in the bill to providing coverage outside the United States. The negotiation process is likely to be time-consuming (although the bill provides authority, pending the conclusion of an agreement, for the Secretary of HHS to enter into interim arrangements with accredited hospitals in a country if serious negotiations are in progress), and there is the possibility that some countries will choose not to enter into an agreement. Moreover, the bill includes certain restrictions on the authority to negotiate such agreements. For example, no reciprocal agreement negotiated under the authority granted by the bill may provide entitlement to benefits in the United States for foreign nationals who do not meet medicare's entitlement requirements with respect to age or medical condition (regardless of that individual's status under

his country's program), or authorize any individual to receive benefits in the United States on a reciprocal basis in excess of those benefits provided for medicare beneficiaries. Nevertheless, the Committee believes that the use of reciprocal agreements represents the most effective method at this time to begin to overcome the administrative and technical obstacles that have heretofore precluded any coverage for services furnished to beneficiaries while they are outside the United States.

This section is effective on enactment.

Dentists' Services (Section 104)

The bill modifies present law to cover services performed by dentists where those services are presently covered when performed by physicians. The bill also covers hospital stays for the performance of noncovered dental services where the severity of the dental procedure warrants hospitalization.

Under present law, services furnished by dentists are covered under part B of medicare but only with respect to: (1) surgery of the jaw or any structure contiguous to the jaw, or (2) reduction of any fracture of the jaw or facial bone. Payment for routine dental services is specifically excluded. However, there are some services which are regularly performed by both physicians and dentists but which are covered under medicare only if performed by a physician. For example, certain procedures and services relating to treatment of oral infections are covered when furnished by a physician but are not covered when furnished by a dentist. Such functions do not involve routine dental care, which is separately excluded under existing law whether performed by a dentist or a physician. It is the Committee's belief that it is appropriate to provide the same coverage for services performed by a dentist (which are within the scope of his state license) that is provided for services performed by physicians. The present exclusion of routine dental services would remain in effect.

The Committee also concluded that present coverage for inpatient hospital services related to certain noncovered dental procedures is inadequate. Under existing law, the test for medicare coverage of the inpatient services is the patient's underlying condition (e.g., history of heart failure). As a result, hospitalization coverage is precluded where, in the judgment of the patient's dentist, the severity of the dental procedure alone requires hospitalization. Accordingly, the bill covers hospital stays based on a dentist's (or physician's) certification that hospital inpatient services are necessary for the performance of noncovered dental procedures either because of the severity of the dental procedure or the patient's underlying condition warrants such hospitalization.

This section is effective with respect to services furnished on or after July 1, 1981.

Treatment of Plantar Warts (Section 105)

The bill eliminates the present exclusion of services related to treatment of plantar warts.

Under present law, coverage for services related to routine foot care—which is defined as "including the cutting and removal of corns,

TAB 2
(2 pages)

THE WHITE HOUSE

WASHINGTON

July 1, 1994

Mr. Peter Alegi
Chair
Democrats Abroad
Via Venti Settembre 1
00187 Rome, Italy

Dear Mr. Alegi:

I very much enjoyed seeing you in Rome. I also had the opportunity to read your article on health care reform in The Overseas Democrat and was interested to learn about the suggestions of the Democrats Abroad Task Force.

The Task Force recommended that Americans living overseas have the right to purchase insurance. The President's plan preserves the ability of all American individuals and employers to purchase health insurance that covers services delivered in the United States or abroad. Both the Senate Labor and Human Resources and the House Education and Labor Committees have expanded the President's proposal. The Senate Labor Committee's version of the President's plan provides that American employees of American employers may elect to participate in the health insurance program created by the Office of Personnel Management for federal employees living overseas. The House Education and Labor Committee charges the National Health Board with developing a mechanism for Americans living abroad to purchase health insurance coverage for services in the comprehensive benefit package. We will continue to work on this issue as the Congress begins to weave the work of the committees into a bill to be considered on the floor.

The Democrats Abroad Task Force also suggested that it be made clear that any American returning to live in the United States would immediately be eligible to enroll in the new health care system. Under the President's proposal, all Americans returning to the United States are eligible to enroll in the state where they reside. There is no requirement that an individual or family live in an area for any period of time before becoming eligible, and the President's plan includes explicit procedures for enrolling at a time other than during the normal enrollment period.

→

I very much appreciated hearing your views. We are continuing to work with Congress to make health security a reality for all Americans, including families living abroad. Please feel free to contact me with any additional concerns.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

cc: Mr. Thomas W. Fina, Executive Director
Democratic Party Committee Abroad

TO: Hillary Rodham Clinton
Melanne Verveer
FROM: Jennifer Klein J.K.
DATE: 7/12/94
RE: Meeting with Congresswoman Kaptur's Staff

I met today with Congresswoman Kaptur's staff about her proposal for health care reform. She has circulated the plan in hopes of getting support for some pieces of the proposal from other Members and the Leadership. Her staff recognizes, however, that the proposal includes many of the elements of our plan (including universal coverage and an employer mandate) as it has emerged from the Committees. I reiterated our support for her efforts, and they seemed genuinely interested in continuing to work together.

I raised concern about one part of her plan. She proposes that States form "Affinity Health Groups" -- small, community-based groups that perform some of the functions of alliances but also "organize services" (the proposal was developed by her Ohio office, and the staff here does not know what that means). My major concern is that these groups are not large enough to spread risk. Her staff also sees this as a significant problem and asked for help to better understand the structure and functions of alliances. I will continue to work with them.

TO: Hillary Rodham Clinton
FROM: Jennifer Klein
DATE: 6/17/94
RE: Miscellaneous

Thanks

1. Follow up on doctors

I am continuing to work with Dr. Gloria Jackson Bacon. She will participate next week in WTTW Chicago's special program on health care reform. Other panelists include: Senator Simon; Congressman Gutierrez; Dr. James Todd, AMA Executive Vice President; Paul Starr; Linda Jenckes, Senior Vice President, Health Insurance Association of America; and Robert Creamer, Illinois Public Action.

Dr. Judith Rodin is meeting this weekend with the group of academic medical center and university deans and department chairs that she wrote to you about. We have given to her a list of possible projects (e.g., a letter from deans of academic medical centers to members of Congress that Walter Zelman has been working on), and she will speak to them about working with us. She understands the importance of their getting involved in the next few weeks.

keep me advised

2. I have attached the notes that you wanted to discuss. If there is time pressure on either of them, just write me a note. If not, we can discuss them at your convenience.

3. You asked me to get a letter that you had given to Lisa from a former pr/journalist in New York. I have asked Lisa, Karen, Melanne and Anne, but no one seems to have the letter. I will keep trying. Lisa said Melanne had it

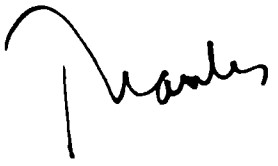
I have assumed that you have quite enough crossing your desk and therefore have written these memos only periodically. Just let me know if you would like a more regular report or more information on other projects I am working on.

(1) Dr. Celeste said he wanted to help - Can you work him into doctor network?

(2) Call Jean Townsend + ask her to write same type letter to Senators + Congressman. to newspapers + call radio talk shows w/ her story

TO: Hillary Rodham Clinton
FROM: Jennifer Klein
DATE: 5/31/94
RE: Request from Connie Shapiro

I spoke today with Connie Shapiro. Dr. Margaret Washington's son began receiving the drug he needs last Tuesday. There is no reason for you to intervene.



CORNELL
UNIVERSITY

To Jennifer Klein - Pls do follow up ASAP

College of Human Ecology

Office of the Chair
Department of Human Service Studies
N135 Martha Van Rensselaer Hall
Ithaca, New York 14853-4401

Telephone: 607 255-2514
Facsimile: 607 255-4071

May 19, 1994

Dear Hillary,

Thank you for your recent note. The Wellesley Reunion will not be the same without you, but we know you'll be there in spirit!

Hillary, the reason for this fax is a situation that is of great urgency. Margaret Washington, an African-American faculty member in Cornell's history department, has an 18 year old son, James Creel, who is dying of brain cancer. His oncologist, Dr. Thomas Coyle (1-315-464-8200) of the Regional Oncology Center at University Hospital in Syracuse, NY, has indicated that the only hope for Jim may lie in the use of a drug, Temozolomide that is currently not available for general use.

The problem is this: The National Cancer Institute, which has the drug, maintains that it does not have enough of the drug to release, although in the past the NCI has released drugs on humanitarian grounds. The doctor at NCI with whom Dr. Coyle has had conversations is Dr. Plauda (1-301-496-1196 or 97) and his assistant is Dr. Cazenaze. Dr. Plauda asserts that the drug must be obtained through Schering Plough (Pharmaceutical) Corporation.

Professor Washington (hospital: 315-464-6583) (residence 315-445-9425) has spoken with Dr. Resnick (1-908-298-4520) at Schering Plough, in Madison N.J. Dr. Resnick insists that he doesn't have the authorization to release the drug, and has directed Professor Washington back to Dr. Plauda.

Professor Washington is frantic, and understandably so. She has been amazingly resourceful in doing research on her son's behalf, in advocating for him with medical staff, and has finally gotten the right combination: an oncologist (Dr. Coyle) who is enthusiastic about administering the only drug (Temozolomide) that may save Jim from certain death. Yet now she is stymied between a pharmaceutical corporation and the NCI, neither of whom is willing to assume responsibility for releasing a drug that could save the life of her son. No fewer than two dozen faculty members at Cornell have been trying to help Margaret in her advocacy efforts, and we now feel we have reached an impasse. Time is of the essence, as only seven days ago the growth of the brain tumor caused Jim to lose the ability to walk.

Hillary, it is from this sense of desperation that I turn to you. As mothers ourselves, we can only imagine Margaret Washington's anguish as she watches Jim deteriorate -- knowing all the while that a drug is available that his oncologist says offers the last shred of hope. If there is anything that you can do with the information I am providing, I would be most grateful.

Thank you —

Britt

-- 4/27/94 letter from **David Hamburg** - wonderful to say hello at Carnegie Conference on Our Youngest Children. Thanks for piece for *Sesame Street Magazine*'s 25th birthday issue.

good idea

He has suggestion: in presentation of health care reform, he thinks it would be preferable to argue for coverage for all families and their children rather than the general tag of coverage "for all Americans".

Press conference was magnificent. "You two are grappling with a whole new level of calculated political warfare--it must be constantly enraging.

Many beyond the beltway appreciate that you are moving a sensible agenda forward and that we as a country are making progress.

___ See
_✓_ Respond
___ Direct to Jennifer Klein for response

Jennifer -
FYI

HRClogMCA
051794

THE WHITE HOUSE

May 24, 1994

David V. B. Britt
President-CEO
Children's Television Workshop
One Lincoln Plaza
New York, New York 10023

Dear David:

Thank you for your letter and your kind words of support.

I appreciate your suggestion of using the words "families and their children" in referring to universal coverage in health care reform. I agree with you that the phrase evokes a more favorable response and a better understanding of what is meant by universal coverage. I plan to use it in the future.

It was nice to see you recently. With best wishes, I am

Sincerely yours,

Hillary

Hillary Rodham Clinton

Children's Television Workshop

One Lincoln Plaza / New York, N.Y. 10023

DAVID V. B. BRITT
PRESIDENT
CHIEF EXECUTIVE OFFICER

April 27, 1994

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

Dear Hillary,

It was wonderful to get the opportunity to say hello at the Carnegie Conference on Our Youngest Children! I also want to thank you for the piece for *Sesame Street Magazine's* 25th birthday issue.

I have a tiny suggestion on the presentation of health care reform--specifically universal coverage. I find in personal conversations that I get a very favorable reaction when I argue for coverage for all families and their children. Somehow it seems more positive than the general tag of coverage "for all Americans". For what it's worth.

Your press conference was a masterpiece! You two are grappling with a whole new level of calculated political warfare--it must be constantly enraging.

A lot of us out here beyond the beltway appreciate that you are moving a sensible agenda forward, and that we as a country are making progress.

Regards,

Direct Dial: (212) 875-6632/Fax: (212) 875-6111

THE WHITE HOUSE
WASHINGTON

Jen -
Mrs. C. has
invited you to
movie tonight
with a guest.
Let Capricia
know either
way. If guest,
clear yourself.
Pam

TO: Hillary Rodham Clinton
FROM: Jennifer Klein
RE: Benefits
DATE: 2/14/94

Just an update on some benefits issues.

1. Mammography Screening

As you know, the National Cancer Institute (NCI) recently released a statement on breast cancer screening. The NCI stated that while there is general consensus among experts that routine screening every 1 to 2 years can reduce breast cancer mortality by about one-third for women ages 50 and under, randomized clinical trials have not shown a statistically significant reduction in mortality for women under the age of 50. Last week, at Judy Feder's request, I met with Dr. Samuel Broder, the Director of the NCI. He confirmed that while there is some disagreement in the scientific community as well as significant pressure from advocates, the National Cancer Institute's findings on screening mammograms for women under 50 have been supported by a number of studies.

Coincidentally, Pam had asked me to see if support exists for the NCI's findings in order to respond to letters you have received. The JAMA article that you have seen provides the best summary of the evidence supporting the NCI's conclusions. Interestingly, one of the authors of a study cited in the article has authored recent studies that <u>both</u> support and refute the NCI's conclusion's and has been criticized for taking inconsistent positions.

However, only a limited number of randomized studies have been completed. Congressman Towns has begun arguing that health reform legislation should require that a randomized trial of the entire population of women in the United States be initiated.

2. Disability

I met with Carol Rasco, Judy Feder, Sara Rosenbaum, Stan Herr and a few other people to discuss a few of the benefits issues raised by the disability community.

- We walked Carol Rasco through the sections of the bill that provide much needed support for people with disabilities (e.g. elimination of life-time limits and preexisting condition exclusions, full range of services available through the comprehensive benefit package, long-term care program).

- We emphasized that we did not intend to exclude individuals with particular conditions by using "illness or injury" language. We did, however, intend to create an acute care benefit that may be supplemented by the Medicaid wrap-around and long-term care programs. We told her that we are working quietly on technical and other changes to those sections.

F

TO: Hillary Rodham Clinton
FROM: Jennifer Klein
DATE: 3/8/94
RE: Congressional Women's Caucus

Attached please find talking points written by Christine Heenan in response to the position paper released by the Women's Caucus on mammograms. I will turn this into a letter from you to the Women's Caucus tomorrow.

The Congressional Women's Caucus and Health Care Reform

The Congressional Women's Caucus are right to call for a comprehensive benefits package spelled out in law, and for preventive care focusing on early detection and treatment of breast cancer.

Women are increasingly the victims of life-threatening illness, yet still anchor the bottom of our medical research agenda. Of all the health problems women face, however, breast cancer is the deadliest:

- One in nine women in the U.S. will develop breast cancer in her lifetime. (National Breast Cancer Coalition)

- 2.6 million women in the U.S. have breast cancer today, and this year another 182,000 American women will be diagnosed with the disease, approximately one woman every three minutes. (National Breast Cancer Coalition)

The Health Security Act addresses women's health -- and the threat of breast cancer -- aggressively and comprehensively, guaranteeing all women coverage, regardless of whether they are healthy or sick, married or single, working or unemployed, wealthy or low income. **And the President's approach will provide unprecedented coverage of preventive care, including mammography. It will coverage a whole schedule of preventive screenings, tests and check-ups at no cost, protection available in only a few of today's insurance policies.**

Coverage of Mammograms and other preventive services under The Health Security Act:

- **Coverage for all women:**
- Women of any age can receive clinical breast exams and mamograms at any time when the patient and doctor feel it is medically necessary or appropriate, and will pay a standard co-pay (for example, ten dollars) set by their plan.

- **Extra coverage for women at risk:**
- Women of any age who are defined to be at risk of breast cancer will receive additional visits, including clinical breast exams and mammograms, *with no cost sharing.*

- **Extra coverage of clinical breast exams and mammograms for certain age groups:**
- For certain age groups, at certain intervals, the routine care women receive becomes free of any cost sharing, so there is no charge when a woman goes to the doctor for these services. From age 20-39, clinician visits are free once every three years, and every other year for women from 40-64. And beginning at age 50 all women would pay nothing for their routine mammogram screening every other year.

- **New investments in combatting breast cancer**

- This year, the National Institute of Health's breast cancer research budget increased by 44 percent, from $208 million to almost $300 million.

  Under reform, new research initiatives will concentrate on the prevention of illnesses affecting women, including breast cancer, mental health, reproductive health and osteoporosis.

TO: Hillary
FROM: Jennifer
DATE: 3/24/94
RE: Telephone Calls and Meetings

I met with Doni Martin, Christian Social Involvement Coordinator of the North Arkansas Conference United Methodist Women on March 15. We discussed the impact of health care reform on women, children and individuals with disabilities. They were very supportive.

I also called the three women (Lynn Vandenberg, Barbara Khan and Michelle Bowdler) whose letters you responded to in November and reviewed recently. They were thrilled that you had asked me to contact them about their letters and are all still willing to help in any way possible. Two of them were in the process of writing articles in support of the Health Security Act (including the Republican) so I sent relevant information. I will continue to work with them and have also passed their names to the Health Care Delivery Room.

Jennifer - Are we
THE WHITE HOUSE encouraging Republicans
WASHINGTON for health care?
Might be worth following
up - (She may also
November 1, 1993 have changed her
opinion - call & feel
her out for me)

Ms. Barbara Khan
18-24 Williamsburg Court
Shrewsbury, Massachusetts 01545

Dear Ms. Khan:

Thank you for your thoughtful letter. Your words of encouragement mean a great deal to me.

Your enthusiasm regarding the Health Security Plan is invaluable as the President and his Administration work toward meaningful and lasting change in our health care system. Your support and the support of individuals like you will help him to put into effect a system of universal health care coverage for all Americans that can never be taken away.

Thank you again for your support and your own efforts to promote the plan at the local level.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

Your letter really meant a lot
to me and I hope to thank you
personally. HRC

October 4, 1993

Mrs. Hillary Clinton
The White House
Pennsylvania Ave.
Washington, D.C.

Dear Mrs. Clinton,

I want to give you the most heart felt congratulations on your exemplary work on health care reform. I am a insurance broker, specializing in medical insurance, and I think the proposal the Clinton has put forth is better than 99% of the insurance I sell. Furthermore I felt sick about all the people I could not help due to their "pre-existing" conditions. You have addressed virtually every issue I witnessed working out there in the field. My market is primarily small businesses. The doom and gloom savers are doing their best to scare them silly about this new proposal, but I have not one doubt that they, along with the general populous, will come out ahead. Poll after poll has indicated that Americans are willing to pay more in order to allow everyone coverage. Those greedy detractors of the health care proposal are simply self serving individuals whose vision does not go beyond their bankbooks.

You should know that I am a Republican. I was elected delegate to the Republican National Convention. It doesn't matter. I want what's best for our country, and those 37 million people who are just hanging in right now. I will probably be put out of business, as a broker, but my vision is larger. I am not big on entitlement mentality, but I believe our Government should provide decent health care for our citizens. Your plan appears to me an excellent way to deliver that service. If I can be of any help please let me know. I am voicing my opinion everywhere I can: to my small business clients, to the newspaper, to my representatives. I want to see this proposal become a reality and I thank you and President Clinton for having the courage to make changes. God bless you both.

Sincerely,

Barbara K Khan

Barbara K. Khan, Broker
18-24 Williamsburg Ct.
Shrewsbury, MA 01545 508-842-5242

THE WHITE HOUSE

WASHINGTON

March 16, 1994

Ms. Lynn Vandenberg
4651 First Street Northeast
Saint Petersburg, Florida 33703

Dear Ms. Vandenberg:

It was wonderful to speak with you today. Thank you again for your support.

I have enclosed the summary of the Clinton health proposal published in the Congressional Quarterly. I think it provides a useful overview of the plan.

As I mentioned on the phone, I have given your name to Susanna Welford. Please feel free to contact me with any questions or concerns.

Sincerely yours,

Jennifer Klein

Jennifer Klein
Special Assistant to the President
for Domestic Policy

THE WHITE HOUSE

WASHINGTON

Jennifer - Let's discuss - How can we mob. 1.2 such people!

November 11, 1993

Ms. Lynn Vandenberg
4651 First Street Northeast
Saint Petersburg, Florida 33703

Dear Ms. Vandenberg:

Thank you for your thoughtful letter. Your words of encouragement mean a great deal to me.

The President and I greatly appreciate the continuing support expressed in your recent letter. Your encouragement is invaluable as the Administration works to make meaningful changes in government and in people's lives.

Your enthusiasm regarding the Clinton Administration's Health Care Plan is also very much appreciated. As this important issue is addressed, the needs of all Americans will be considered. The goal of the Administration is to keep people healthy instead of treating them after they become sick.

Thank you again for your support. I hope that you will join with the President to make the coming years a time for renewed opportunity in America.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

Lynn B. Vandenberg
4651 First Street Northeast
St. Petersburg, Florida 33703
813-526-5024

September 23, 1993

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

Dear Ms. Clinton:

I have followed you since the campaign days and wish to relate how proud I am of you and your accomplishments despite the innumerable obstacles and challenges that have confronted you. You certainly are an exceptional role model. We are fortunate to have your husband and you in the White House. What a great first woman president you would be--perhaps as a successor to Mr. Clinton when his second term in office expires in the year 2000?

After listening to President Clinton last evening, I could hardly contain my excitement about your achievement with the Health Security Plan. Please know that I admire you both and am appreciative of the "team effort" that is leading our country!

Perhaps someday soon, in someway that utilizes my nursing and management skills, I shall be able to work for your team with this effort. I wish to actively participate and to contribute. Please let me know how I may be of assistance.

Respectfully,

Lynn B. Vandenberg

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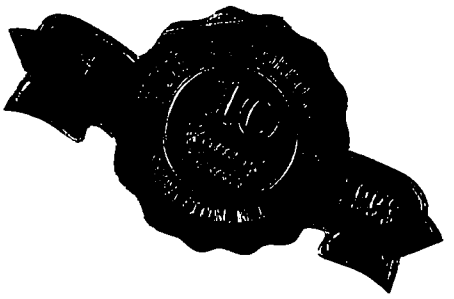

October 14. 1993

Ms. Hillary Rodham Clinton
Office of the First Lady
The White House
1600 Pennsylvania Ave., NW
Washington, DC 20500

Dear Ms. Clinton:

Thank you so much for hosting the Hispanic Heritage reception. I was truly honored to be invited, and if you ever need anything from this citizen of New Jersey, please do not hesitate to call.

Sincerely,

SISTEMAS CORPORATION

D. Aguiar-Velez

Deborah Aguiar-Velez
President

DAV/kh

Left back.

Will send more info.

THE WHITE HOUSE

WASHINGTON

Jennifer - Pls call + explore how she could help -
- as surrogate speaker?
- publish speech as op-ed?

November 10, 1993

Ms. Michelle Bowdler
24 Chestnut Street
Framingham, Massachusetts 01701

Dear Ms. Bowdler:

Thank you for your thoughtful letter and the copy of your timely and eloquent commencement address.

I appreciate both the views on the health care system which you expressed in your commencement address, and the support you have expressed to me in your letter. Your enthusiasm for the Health Security Plan is invaluable as the President and his Administration work toward meaningful and lasting change in our health care system. As the issue of health care in the United States is addressed, the goal of the Administration is to keep people healthy instead of treating them after they become sick.

Thank you again for your support. I congratulate you on your scholastic achievements, commend you on being chosen as director of a community based cardiac center, and wish you continued success in your future endeavors.

Sincerely yours,

Hillary

Hillary Rodham Clinton

I intend to follow up on your q/a q help - thanks.