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001. memo	Klein to FLOTUS re telephone calls (partial) (1 page)	02/18/1994	b(7)(E)

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FOLDER TITLE:
HRC Memos [5]

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RESTRICTION CODES

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

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

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b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

10/4/93

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

Dear Ms. Rodham Clinton:

I wanted to write a quick note to add to the many who support your efforts in addressing health care reform. You have approached this effort with intelligence, and a most impressive, comprehensive effort to include so many Americans in creating a system that is innately more fair and consistent with the ideals of democracy than the one which we currently have.

I was at the Harvard School of Public Health last year when professors who had been talking about national health care for over a decade were being requested to go to Washington to meet with you, President Clinton and the Gores, finally! After so many years, there is an administration of which I can feel proud.

I was the commencement speaker at the Harvard School of Public Health and sat on the stage with Dr. Elders, our keynote speaker. I am sending along a copy of the speech I delivered as it sounds so many of the themes I have heard you address in the last few weeks.

As a result of this speech, I was offered a job at a community health center in one of Boston's poorest, most violence-ridden neighborhoods. We will be opening a community-based Cardiac Center to prevent and treat cardiac disease in people of color, and I will serve as its director. It is a unique collaboration between three Harvard teaching hospitals and a community health center.

Good luck in the months and weeks ahead, and if there is ever anything I can do to help, I would be most honored to contribute.

Sincerely,

Michelle Bowdler

Michelle Bowdler
24 Chestnut Street
Framingham, MA 01701
(508) 788-1273

COMMENCEMENT ADDRESS - JUNE 10, 1993

I am very pleased and proud to have been chosen for this honor and I welcome all of you. Today I plan to speak about both education and health, two topics relevant to today's joyous proceedings.

Let me begin with some remarks on education. My father was the Principal of a high school on the south side of Chicago in the early 1960s. Every day he drove over an hour to get to work. Even though I was only a few years old, I knew that there was something about his job that consumed him, that he felt passionate about, although I didn't have the words for it at the time. He was a man who loved his job and truly loved the children he worked with, although along with his hope was a pervading sadness and frustration. Even then, almost thirty years ago, conditions existed which made learning difficult for the students at this "inner city" school.

One difference from today is that my father's desk drawer was filled with knives he had taken away from students rather than guns, but otherwise conditions were very similar. Kids were hungry, angry, hurt and scared; books were out of date; and violence was commonplace.

Many evenings, my dad would ask my older sister to help a student of his by writing down math problems he could bring back to school: 5 x 9; 63 divided by 7; 112 + 113. The tragedy of this situation was that at the time, my sister was nine years old and in the third or fourth grade and the students her work was tutoring were sixteen and seventeen. They were about to graduate from high school and many of them could barely read or write. And of course, these

young men and women wanted to learn and needed to learn, just like today.

My father died a very young man in 1967. He lived with hopes and dreams about making this country more fair for those citizens who were born into poverty. Poverty doesn't mean just having less money to buy things. It often means being hungry, which can make it harder to concentrate in school; being too cold at night to sleep fitfully and falling asleep in overheated school rooms; trying to learn in a school where the books are so old that the civics lessons are out of date and so worn and written in they're less easy to read and enjoy; and it can mean feeling angry and alienated because you don't have what the TV, movies, radio, and athletes tell you ought to own to be a worthwhile person. All of this had a devastating impact on my father's students 30 years ago, and I am sad to say little has changed in all that time.

As we so proudly graduate today, we should reflect on the fact that our opportunities to be here today (even though we've all had separate and distinct journeys) started a long time ago, and we must remember and acknowledge the thousands of young men and women who never had a chance to even consider or be considered for this education. To the extent that we keep these individuals invisible, it is easier to feel less emergent about doing what is necessary to ensure opportunities for all of our nation's children. If we could see them as living side by side with us and could feel their sense of loss, sadness or even rage, our sense of pleasure with today would carry with it a bittersweet edge. Our pride should be tempered by this awareness.
How many young men and women never even considered applying for a Harvard education because they were busy simply trying to survive; because the extent of their dream was to learn how to read or write; because the highest combined SAT score coming out of their high school

was 700; or because they were a teen mother who had to forego college to care for her child? I simply ask that we recognize the context in which our accomplishment has taken place and for each of us to develop our own inner resolve to address these inequities.

Let us remember the young men and women for whom my father cared for so many years ago, for their lost dreams, and resolve to clasp hands with them across the ever widening divides of racism, classism and educational divisions which so threaten the fabric of our nation today.

I want to make similar comments in relationship to the health care in this country. Recently, there has been a growing debate about whether the "rationing" of health care being tried, for example, in Oregon is ethical. Is it all right with us if the government or some medical committee decides who is appropriate for certain interventions and which types of medical procedures will be paid for. Shouldn't everyone get treated if they are ill? Somehow the idea of rationing seems so cruel, that needed services will be meted out and may not be offered to the sick and suffering. But I ask you, what is 37 million uninsured if not rationing? What is certain types of care offered if you can afford it and not recommended if you cannot if not rationing? Unfortunately, there have been rationing lines drawn for a long time but we haven't called them that: we know them better as Rich and Poor, Insured and Uninsured.

We are having a crisis of faith in our nation's health care system as a result. On the one hand, we fear that if we are poor we won't get what we need, but only what we can afford. And if we can afford health care, there's a growing unease that maybe we are being offered more than what we really need. All of us pay the price when this is how our profession is perceived.

If you were to sit in a closed room with 20 people and in the middle of all of you was a plateful of food, you would know that every bite you took affected how much your neighbor would receive. And, you would also have to look your neighbor in the eye if he or she were to go hungry, or if you were passed a steak and they were given a crust of bread.

I propose that our nation needs to begin to see health care in this way. For so long, we have approached health care as if resources were unlimited and that we could have as much as we want of an unlimited supply. Those who are uninsured or have been uninsured at some time in their lives could tell us well the consequences of not being able to get any of what others were gorging themselves on. But resources are always limited.

There's always only so much to go around and it is up to us to decide how to prioritize. Otherwise, we just let things happen and then feel dismayed by the results -- that many of our nation's children feel frightened every day because of the violence in their schools and neighborhoods while somewhere else kids feel safe and able to learn, that some people can get liver transplants while others cannot afford basic medicine or immunizations for their children. We as a society need to feel involved, and then proud of the decisions we make so that we can look ourselves in the mirror in the morning instead of hanging our heads in shame.

I suggest that one of the ways we prioritize our limited resources is to pay more attention to put more effort into preventing illness instead of merely treating disease.

We at the School of Public Health are committed to the above approach, as illustrated in the

following story many of us are fond of: A man is walking through a meadow and sees a stream. He walks over to the stream and sees someone drowning, grasping onto a log calling for help. He jumps in and brings the man to shore. Barely recovered, he hears someone else calling for help and jumps in to rescue him. All day long this goes on until he is absolutely exhausted. Our hero is so busy trying to save the lives of drowning folks that he has no time to go to the top of the stream and find out why people are falling in.

Walking to the top of the stream to find and PREVENT people from falling in is Public Health. It is cheaper, less dramatic, and more effective. And, most importantly, it prevents the unnecessary suffering all those scared folks experience once they have fallen into the river and are terrified for their lives. This is what we have been trained to do and I am confident we will meet this challenge, to get to the top of that stream and prevent illness rather than just treat disease.

This debate about reform of the health care system is not one of socialism versus democracy; or the free market versus massive government intervention. It is about the fundamental requirements and cost of living in a civilized society, where the human rights of all are respected and nurtured. Both basic education and health care are two necessities in the pursuit of life, liberty and happiness that should not be income based -- not unlike national security, police protection, or free speech. We in this nation supposedly are all entitled to certain privileges and protections regardless of income or status so that the ideals of democracy can be sustained. How ironic, then, that such basic tools individuals need to survive are out of reach, and not to small numbers I might add. The cost of ignoring the needs and rights of so many is greater than any

new tax bills could ever be. They go to the heart and soul of the future of our nation, and I ask all of us to have the courage to insist that collectively we refocus the debate from how much it will cost us if we do work to change them to how much it will cost us if we don't.

My hope in making these comments is to acknowledge all of those in need, deprived of their dreams of a future and robbed of their peace of mind because they cannot afford to keep their families safe, well and healthy. And encourage each of us to continue to question the course that both of these institutions--education and health care--have been on for a very long time and at a minimum continue to work to slow down the train long enough to alter the course; to slow it down so that more who need to can ride and fewer will be passed by.

ROXBURY COMPREHENSIVE COMMUNITY HEALTH CENTER, INC.

3/16/94

Dear Jennifer,

Thank you so much for calling me on behalf of Mrs. Clinton. I am very flattered that she took the time to respond to my letter. I am enclosing a copy of the letter I sent to Mrs. Clinton in response to her letter dated Nov. 10th. It will provide you with additional information on the Roxbury Heart Center.

Let me reiterate my commitment to health care reform and the efforts of the First Lady and the Clinton administration. I would be honored to work on this effort with you in whatever capacity would be most helpful.

Sincerely,

Michelle Bowdle

435 Warren Street Roxbury, Massachusetts 02119 (617) 442-7400 FAX # (617) 442-1409

12/10/93

ROXCOMP

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

Dear Ms. Rodham Clinton:

Thank you very much for your letter dated November 10th, 1993 and your kind remarks in response to my letter and copy of the commencement address I delivered to the Harvard School of Public Health this past summer. You commented in your letter that you intended to follow up on my offer of help, and I sincerely hope you do. Those who oppose health care reform seem to be so well funded and well organized, it is crucial that we are just as well organized and committed on the side of seeing it passed. Please let me know what I can do for you.

This week, I watched the New England Health Care Forum with great interest. I was especially impressed with your comments, as well as Senator's Mitchell's pronouncement that our health care system is "the best in the world" only for those who have access to it! I intend to write to Senator John Kerry to express my disappointment with his comments regarding the wonderful health care system we have for the sheiks and princes of the world and urge him to support the President's plan. I would be so much prouder of a system that guaranteed basic access to all regardless of socio-economic status.

I was also very pleased to see both the Executive Director, Jeanne J. Taylor and Medical Director, Duane Smith, of the health center in which I currently work as invited guests, as well as one of my most respected professors, Dr. Prothrow-Stith participating in the Forum.

I am enclosing information about the community based cardiac care center which I will direct once construction is complete. It is unique model which, I believe, will be replicated as hospitals see how health care reform will change the way they do their business. Although Boston has some of the finest medical services in the world, a great deal of it has been simply unavailable to the city's ethnic minorities. This Center addresses this disparity by bringing needed care to the people who need it most.

I know you are busier than any ten people should have to be. I send you this packet because I truly believe our Center will be a national model for providing effective services to an underserved population that has been left out of the high technology, top quality medical care available to kings, princes, presidents and senators. It is a model which will make you proud of the vision and courage it demonstrates to reform a basically inequitable system.

Thank you for your leadership.

Sincerely,

Michelle Bowdler

Michelle Bowdler
24 Chestnut Street
Framingham, MA 01701
(508) 788-1273

ROXCOMP

Overview - The Roxbury Heart Center

The Roxbury Comprehensive Community Health Center, Inc. (RoxComp), in collaboration with three Boston teaching hospitals (Beth Israel, New England Baptist and New England Deaconess) will open the Roxbury Heart Center in 1994. This Center emerges as a response to a number of recent scientific articles documenting both the severity of heart disease as well as vast inequities in treatment for cardiac disease among African Americans and other ethnic minorities.

The residents of Roxbury and North Dorchester, Massachusetts live in a chronically medically underserved, economically disadvantaged area. According to 1990 U.S. Census Data, over a third of its residents have incomes below the poverty line, and 60% have incomes less than 200% of the poverty level. Residents live with the chronic stress of poor health exacerbated by unemployment, poverty, crime and interpersonal violence. A number of health status indicators for Roxbury document the crucial need for a variety of health services in the area. Infant mortality rates are twice the national average, and this community also exceeds the national average in deaths from heart disease, cancer, stroke, pneumonia, influenza, cirrhosis, homicide, suicide and injuries.

The mission of the Roxbury Heart Center is to address major health care inequities for area citizens by providing culturally competent prevention services and access to high technology resources in a community-based setting. This Center will be a national model for addressing cardiac disease and risk reduction for traditionally underserved health care consumers and a major research center in an area for which much research remains to be done. Furthermore, its goals fit into the mission of health care reform by emphasizing access to care for all, prevention rather than simply treatment of disease, and a community-based model supported by major, local medical institutions.

The Center will feature an onsite prevention/risk reduction component including community outreach, health education, an exercise program, and nutritional counseling as well as offer state-of-the-art cardiac diagnostic testing (holter monitoring, echo and treadmill stress testing). The Center's cardiologists and clinical staff will work actively with referring physicians in developing a care plan for each patient, as well as ensuring access to inpatient procedures should they be necessary. The need for primary care will be stressed for those patients who are self-referred.

If you have any questions regarding the Center's services, please call Michelle Bowdler, the Program's Director. She can be reached at (617) 442-7400, ext. 274 until May of 1994. After that time, she will have a new number at the Center. Duane Smith, M.D., will function as the Center's Medical Director. He can be reached at (617) 442-7400, ext. 277. We anxiously await the opening of the Roxbury Heart Center, and reporting back to you on its progress.

ROXBURY COMPREHENSIVE COMMUNITY HEALTH CENTER, INC.
435 Warren Street, Roxbury, MA 02119
Tel 617-442-7400 Fax 617-442-1409

ROXCOMP

The Roxbury Heart Center
BACKGROUND

Recent findings continue to confirm disturbing trends in treatment for cardiac disease in African Americans and other ethnic minorities. Since the mid 1980s, a number of scientific articles have documented a disparity in the use of surgical procedures for African Americans with cardiac disease[1]. African Americans also have a greater risk of developing cardiac disease than the majority population and have poorer outcomes once they have developed disease. Furthermore, people of color tend to utilize existing prevention services at a lower rate. While many articles have documented the disparity in treatment, few have been able to explain it adequately. How can one explain the fact that Caucasians have consistently been offered coronary bypass, angioplasty and cardiac catheterization at a higher rate than African Americans with similar (if not worse) heart conditions? Until recently, the preferred explanation was that this disparity was due to financial incentives. Physicians were more motivated to recommend heart procedures for insured patients, a greater percentage of whom were Caucasian.

Two articles (August 26, 1993) in the **New England Journal of Medicine** (NEJM) lead us to more disturbing conclusions about heart disease and treatment for African Americans. Whittle et. al. analyzed the use of cardiovascular procedures among Caucasian and African American male veterans from 1987 through 1991. These patients all had a primary diagnoses of cardiovascular disease or chest pain. The reason this study was so unique is that patients all had the same type of insurance AND the physicians on staff were salaried and would not be effected by issues of financial incentives. This study found that even when financial incentives were absent, "white veterans were more likely than black veterans to undergo cardiac catheterization, angioplasty and coronary artery bypass surgery." The authors concluded from this that "social or clinical factors affect the use of these procedures differently in blacks and whites." As cardiologist John Ayanian concludes more bluntly in an editorial for the NEJM, **"These findings lead to the inescapable conclusion that race influences decisions about medical treatment."**

An article by Becker et al. in the same issue looked at survival rates for cardiac arrest (heart attack) between Caucasians and African Americans. They concluded that there was also a disparity in survival from a heart attack between African Americans and Caucasians. To be specific: "the incidence of cardiac arrest was significantly higher for blacks than for whites in every age group." Further, the survival rate was higher for Caucasians following a heart attack, and African Americans were "less likely to have a witnessed cardiac arrest, bystander-initiated CPR, or a favorable initial rhythm or to be admitted to the hospital." When admitted to the hospital, African Americans were half as likely to survive than Caucasians.

[1]Several of these articles are available from the Roxbury Comprehensive Community Health Center.

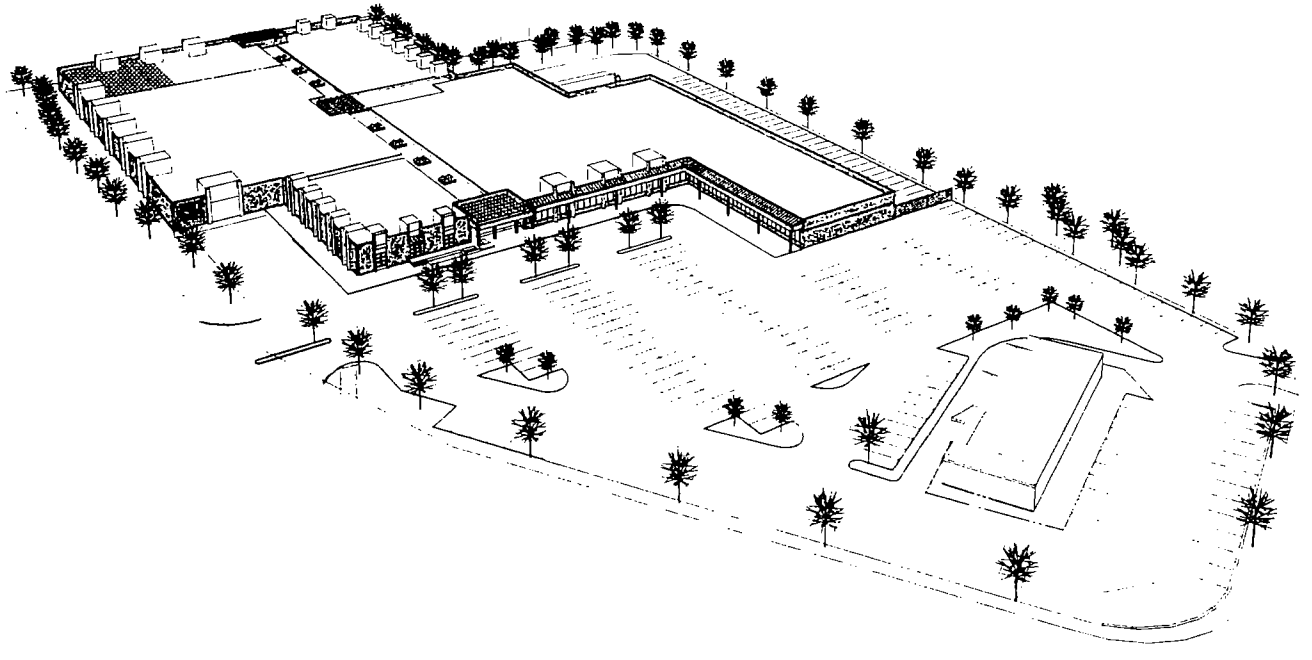
ROXBURY COMPREHENSIVE COMMUNITY HEALTH CENTER, INC.
435 Warren Street, Roxbury, MA 02119
Tel 617-442-7400 Fax 617-442-1409

These two fine pieces of research add to the growing body of literature confirming that current medical treatment is inadequate and inequitable in treating cardiac disease among African Americans. Heart disease is this nation's number one killer. At a minimum, we must continue to research the causes of this inequity and work to develop more appropriate treatment and responses for heart disease in African Americans.

The mission of The Roxbury Heart Center is to address the need for culturally competent, community-based care in the prevention and treatment of heart disease in communities of color. It is a unique collaboration between a major community health center (Roxbury Comprehensive Community Health Center, Inc.) and three leading teaching hospitals (Beth Israel, New England Baptist and New England Deaconess). Over a year's worth of planning involving key representatives from the four institutions was involved in conceptualizing this project, completing extensive research on the issue and writing a detailed business plan. As a result, construction of The Roxbury Heart Center will begin imminently with a planned opening in the spring of 1994. The Center will provide access to high technology resources as well as offer a strong prevention component for a community sorely in need of access and quality high technology health services. Furthermore, the center's goals fit into the mission of health care reform by emphasizing access to care for all, prevention rather than simply treatment of disease, and a community-based model supported by major, local hospitals.

We eagerly anticipate the opening of the Roxbury Heart Center and meeting the needs of the community for high quality cardiac prevention and treatment services.

View From Martin Luther King Boulevard



Birdseye Perspective

The Roxbury Heart Center

EXTERIOR PERSPECTIVES

A 0.3

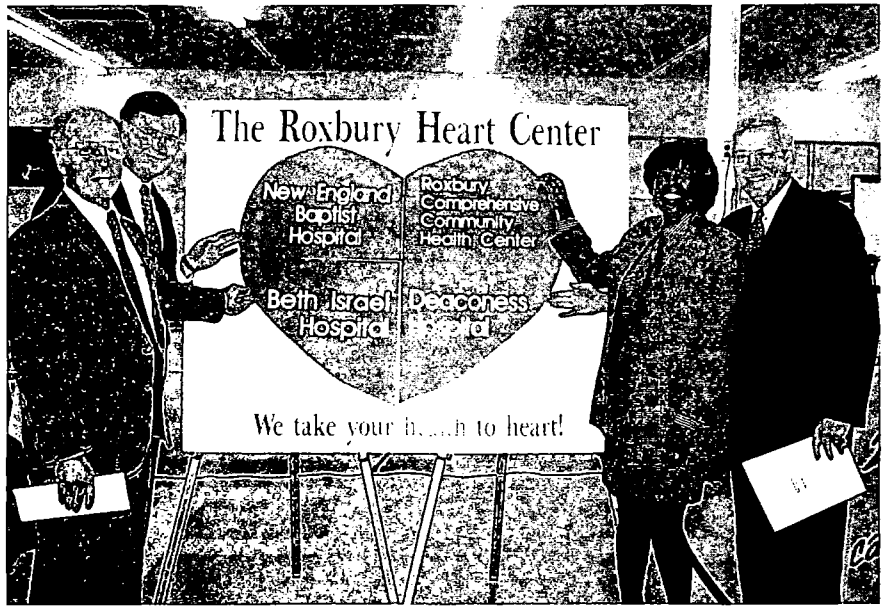
BI Supports Roxbury Heart Center

Last November, representatives from four Boston health care institutions gathered in a vacant department store with boarded up windows in Roxbury's Washington Park Mall to announce the opening of a cardiac center for medically high-risk communities. The site will soon be transformed into a state-of-the-art cardiac facility called the Roxbury Heart Center. The Center is thought to be the first of its kind in the nation, a collaborative effort among Roxbury Comprehensive Community Health Center, Inc., and Beth Israel, New England Baptist, and Deaconess Hospitals. The unique partnership of the four organizations resulted from more than a year's planning to conceptualize this project, which is currently in the final stages of architectural details. The Center is scheduled to open this spring with cardiologists from all three hospitals providing medical care.

The mission of the Roxbury Heart Center is to address major health care disparities for area citizens. It is well-known that heart disease is the number one cause of death in this country, but what is less common knowledge is that the survival rate for African Americans admitted to hospitals for heart attacks is one-half that of Caucasians. Two recent reports in the *New England Journal of Medicine* found that although African Americans are at greater risk for heart disease than Caucasians, they do not have the same access to preventive and invasive diagnostic and therapeutic cardiac services. Statistics show that hypertension (high blood pressure), a risk factor for strokes and end-stage kidney disease, is about 30 per cent greater for African Americans than it is for Caucasians, and that the rates of coronary bypass and angioplasty procedures are significantly lower for African Americans. Further, the age-adjusted mortality rate for heart disease in African Americans is 32 per cent higher for men and 62 per cent higher for women compared to Caucasian men and women. The Roxbury Heart Center will confront these disparities by providing access to technologically advanced resources and much-needed preventive care and education to Roxbury and North Dorchester communities, while gathering insightful statistics on these issues. Over 50 per cent of the population to be serviced by the Center receives government assistance and more than 30 per cent has no medical insurance at all.

"The Roxbury Heart Center's goals support national health care reform by emphasizing accessible and preventive care for all, and promoting the extension of a community-based model," says David Dolins, executive vice president and director of Beth Israel Hospital. The collaboration of the four health care institutions is a significant first step in working toward these goals.

According to Michelle Bowdler, future director of the Roxbury Heart Center, "The new facility will feature an on-site prevention/risk reduction component including community outreach, health education, an exercise program, and nutritional counseling." Cardiologists and clinical staff will work with referring physicians in developing an individual care plan for each patient and providing referrals for hospitalization, when necessary. For further information about the Roxbury Heart Center, please call 442-7400, ext. 274.



Speakers at the opening ceremony for the Roxbury Heart Center included (from l. to r.) David Dolins, executive vice president and director of Beth Israel Hospital; Raymond McAfoose, president, New England Baptist Hospital; Dr. Jean J. Taylor, executive director, Roxbury Comprehensive Community Health Center; and Dr. J. Richard Gaintner, president, Deaconess Hospital.

Kyle Buckley
Public Affairs

A Message from Be Well!...

BI will be offering mini-healthchecks throughout February. The mini-healthcheck is a screening that identifies risk factors associated with heart disease. The screening evaluates weight, tobacco use, blood pressure, and cholesterol. To schedule your mini-healthcheck, call Be Well! at ext. 4695. Mini-healthchecks are also available to BI departments on a per-request basis.

REPORTS ON PREPARE/21 **P/21** FROM BETH ISRAEL HOSPITAL

Team Award Nominees

first row, from left to right:

Administrative Discharge Rounds Work Team

Beth Israel Doctor Line Work Team

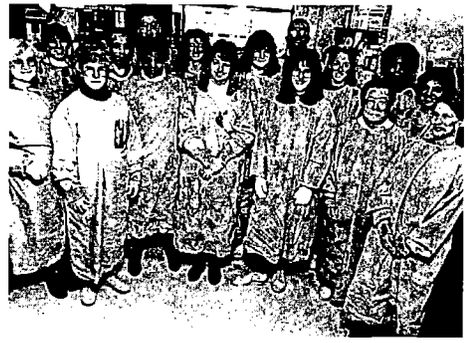
Cardiac Care Unit Cost Containment Committee

second row, from left to right:

Cardiac Surgery Work Team

Chemistry Laboratory Work Team

Clinical Services PREPARE/21 Council



third row, from left to right:

Distribution Services Work Team

Fiscal/MIS Work Team

Fiscal Services Orientation

Write-ups
on Heart Center.

construction is in
process. Should open
sometime in June.

Clinton Presidential Records
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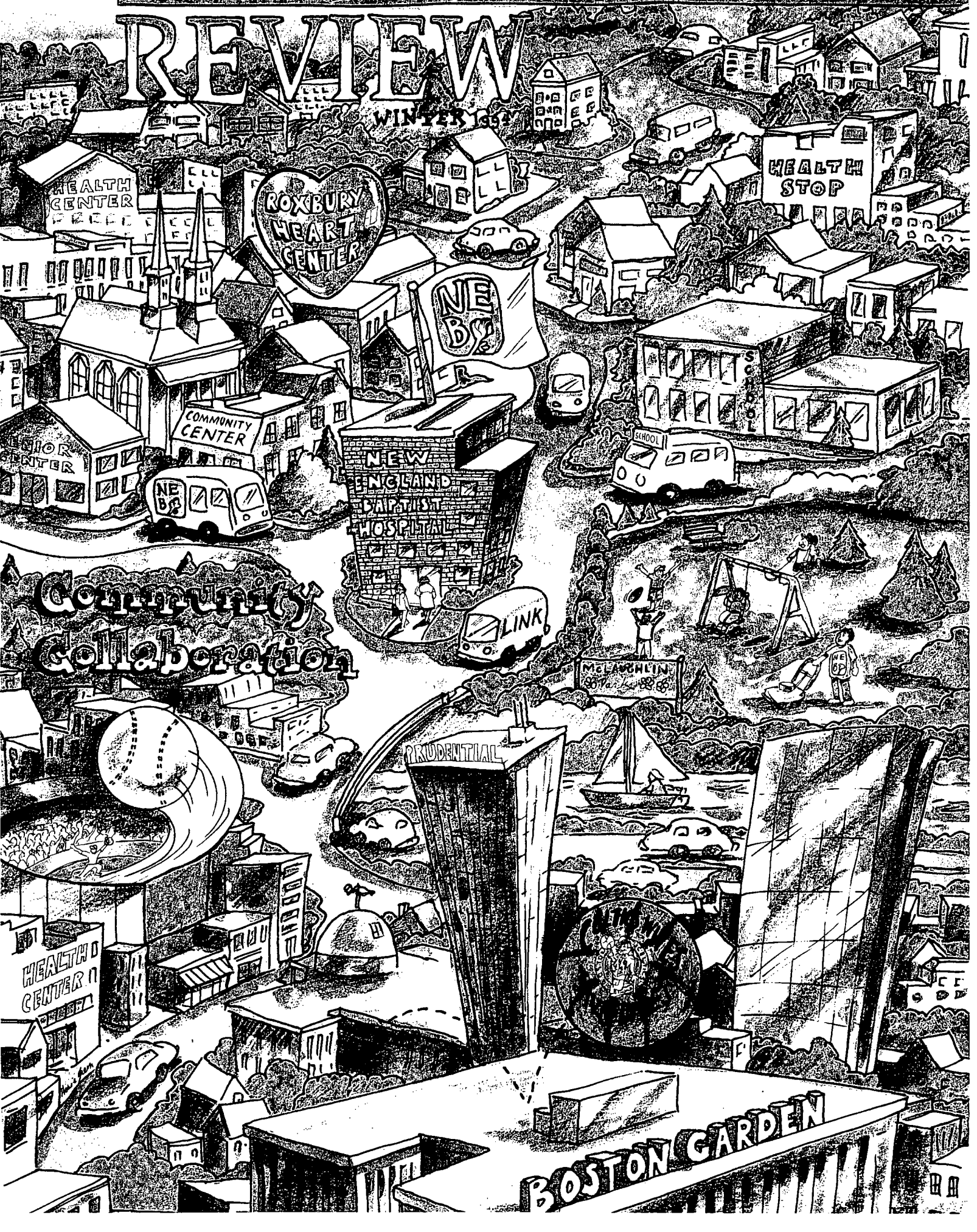
NEW ENGLAND BAPTIST HOSPITAL

REVIEW

WINTER 1994



Community Collaboration

Hospitals, RoxComp launching heart center

Yawu Miller

Three of the city's major hospitals have joined forces with the Roxbury Comprehensive Community Health Center on the front lines in the war against heart disease in the African American community.

Beth Israel Hospital, the New England Baptist Hospital and New England Deaconess Hospital will provide community-based cardiac diagnostic and prevention services. The program will run out of the Washington Park Mall in Roxbury — the first such venture in the country.

"This is very unique," noted Michelle Bowdler, of RoxComp, who will head the center. "Three hospitals who normally compete are coming together to work on this project."

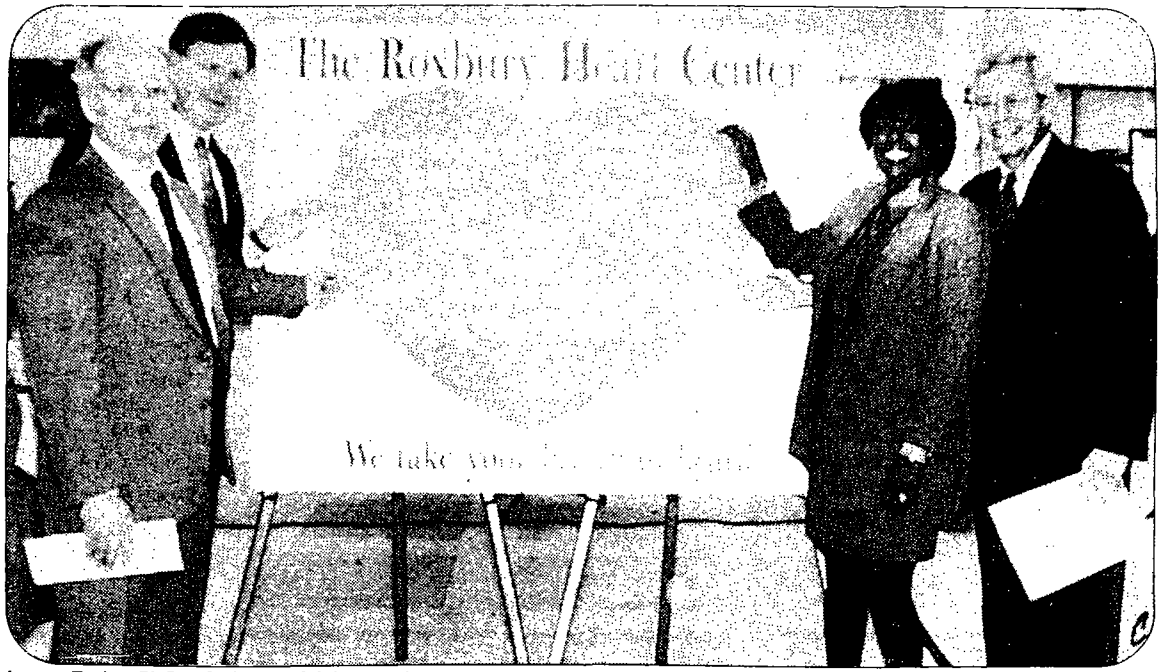
The mission of the Roxbury Heart Center will be to address the need for culturally competent, community-based care in the prevention and treatment of heart disease in communities of color, according to a statement released by RoxComp. The center will provide access to high tech resources aimed at prevention.

"This is very unique. Three hospitals who normally compete are coming together to work on this project."

— Michelle Bowdler

Residents of the Greater Roxbury community will appreciate the convenience of obtaining the screening services without the long waits, steep costs and inaccessibility associated with many hospitals, said Jeanne Taylor, executive director of RoxComp.

"By coming through the door, getting information and by getting screened, people can save their lives."



Jeanne Taylor, Ph.D., (2nd from right) executive director of the Roxbury Comprehensive Community Health Center, announces the construction of a new cardiac care center in Roxbury, a joint effort involving three teaching hospitals. Joining Taylor are David Dollins of Beth Israel Hospital, Raymond McAfoos of the New England Baptist Hospital and Richard Gaintner of Deaconess Hospital.

The center, scheduled to open next spring, was conceived partly in response to recently released studies that detailed the higher rates of heart disease blacks suffer, the generally poorer outcomes of their treatment and the documented disparities in surgical procedures undertaken, say RoxComp officials.

"RoxComp has had a 25-year history here," said Taylor. "We've always been dogmatic about making sure the programs address the needs of the people who walk through the door here."

Those people live in what has been characterized as a chronically underserved area. Although Roxbury is adjacent to some of the finest teaching hospitals in the world, access to treatment to cardiac care has been lacking. "There are a lot of unnecessary inequities that our system allows," Taylor said.

And Boston's black community is not unique. Beginning in the mid-'80s, studies have documented everything from the greater rates of cardiac disease among blacks to disparities in the use of surgical procedures for blacks with cardiac disease. Consequently, many of the nation's large medical institutions began to take renewed interest in the minority community.

When Raymond McAfoos, president of The New England Baptist hospital approached Taylor last year for assistance in obtaining a Demonstration of Need authorization to run a cardiac unit, she jumped at the opportunity. "They were looking for ideas from a community agency," she said. Although they didn't get the demonstration of need, they said our program was something they wanted to continue working on."

Taylor's interest in the project intensified last winter when a personal tragedy struck. "I became more determined because I lost my father on Christmas day," she said. "He had a heart attack."

Like many other African Americans who succumb to heart disease, Dock Taylor, who died at the age of 67, could have been saved, she said. "A lot of his issues were around access to information," she said. "Had he had that information, he would still be alive."

Two articles appearing in the August issue of the New England Journal of Medicine discussed the inequity of cardiovascular care. One article analyzed the use of cardiovascular procedures among white and black male veterans from 1987 to 1991. These patients all had primary diagnoses of cardio-

continued to page 19

• heart

continued from page 12

vascular disease or chest pain. While the subjects all had the same medical insurance, white veterans were found to be more likely than the blacks to undergo cardiac catherization, angioplasty and coronary bypass surgery, according to the study.

"These findings lead to the inescapable conclusion that race influences decisions about medical treatment," the study said.

The other article found a disparity in survival from a heart attack between blacks and whites and that blacks were "less likely to have a witnessed cardiac arrest, bystander-initiated CPR or a favorable initial rhythm, or to be admitted to a hospital." When admitted, blacks were found to be only half as likely to survive as whites.

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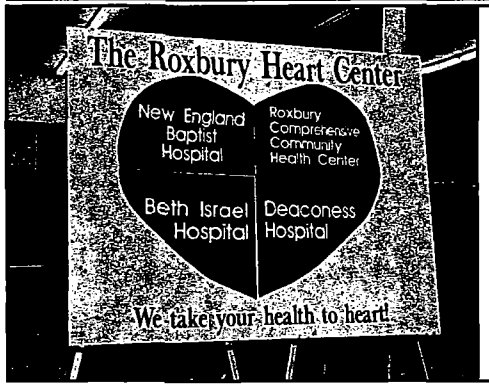
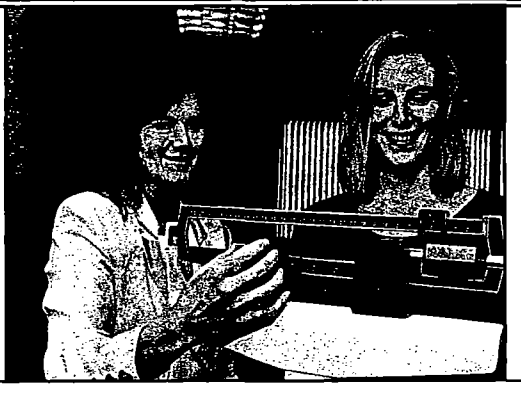
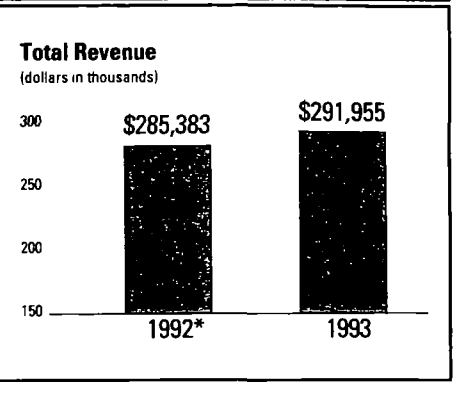
Deaconess this month

VOL. 4, NO. 2 | *A Publication for Employees and Staff of Deaconess Hospital* | FEBRUARY 1994







Roxbury Heart Center

"The Center will provide a tremendous resource for the community, enabling us to make preliminary cardiac diagnoses on site and ... offering access to the whole spectrum of tertiary cardiac care."

INGO STUBBE, M.D., Ph.D.
Division of Cardiology,
Department of Medicine

EPIC Comes On-line

"EPIC will provide the Deaconess with a competitive edge few other hospitals have yet achieved."

JOHN POWERS
Senior Vice President and
Chief Information Officer,
Information Services

Deaconess PRO Health

"...corporate management can help employees to potentially prevent the development of disease, reduce the need for more extensive medical care, and in the long term, lower health-care costs."

JAYNE CARVELLI-SHEEHAN,
M.S.N., R.N., C.
Deaconess PRO Health Program Director

Financial Highlights

"...we ended the year with a strong foundation to face the coming year. That is a credit to the incredible support and tireless devotion of the entire Deaconess community..."

J. RICHARD GAINTNER, M.D.
President and CEO

E

TO: Hillary
FROM: Jennifer J.K.
DATE: 3/11/94
RE: Disability Issues

I just wanted to share some good news with you. We have been trying to provide technical assistance to committee staff to eliminate the language in the outpatient rehabilitation, extended care and home health care benefits that limits coverage to treatment after an "illness or injury." As currently drafted, this language may exclude treatment for congenital disorders -- which, as you know, has been of great concern to disability and children's groups. I have finally reached agreement with "the actuaries" that eliminating the "illness or injury" language will not increase the premium. I am also making progress on expanding the rehabilitation benefit to include a maintenance program (it currently covers treatment beyond 60 days only if functioning is improving) without adding cost.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Klein to FLOTUS re telephone calls (partial) (1 page)	02/18/1994	b(7)(E)

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

FOLDER TITLE:
HRC Memos [5]

2014-0536-S
kc1354

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.
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RR. Document will be reviewed upon request.

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

[001]

TO: Hillary Rodham Clinton
FROM: Jennifer Klein J. Klein
DATE: 2/18/94
RE: Telephone Calls

I spoke this week with Drs. Jeffry Lindenbaum and Jack McConnell to follow up on letters that they had written to you.

(b)(7)e (b)(7)e You had asked us to ask Andrew Friendly if the President met him. The President did not meet him this year but did last year. Dr. Lindenbaum is concerned about primary care providers. He was not particularly interested in hearing about the Health Security Act's emphasis on prevention and on the workforce initiatives to increase the supply of primary care providers. He really just wanted to be heard.

I spoke with Dr. McConnell, the Chairman of the Volunteers in Medicine Clinic, at length about his program and about the Health Security Act. Through the Volunteers in Medicine Clinic, retired health care professionals provide basic medical services to low-income individuals in the community at no charge. Approximately 60 physicians, 75 nurses and 13 dentists currently volunteer at the clinic. Dr. McConnell told me that 22 communities in 19 states are planning to open similar clinics. I have more detailed information about the funding and operation of the clinic if you are interested.

Both were extremely pleased that you had made the effort to follow through. I told them to feel free to contact me with any further comments or questions.

TO: Hillary Rodham Clinton
FROM: Jennifer Klein J. Klein
DATE: 5/10/94

On Friday, May 6, I received a call from a panicked Nancy Dickerson Whitehead. She called your office for help when Senator Moynihan cancelled (at 6:00 p.m. on Friday) his speaking engagement (scheduled for Monday at 5:00 p.m.) at the cornerstone dedication for the Hospital for Special Surgery in New York. I arranged for Bruce Vladek to speak in Moynihan's place, and we sent a welcome message from you.

Nancy called today to let me know that your message and Bruce were wonderful. Also, she announced at the ceremony that she has worked with nine administrations and that none has been as helpful and dedicated as the Clinton Administration.

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).

TO: Hillary
FROM: Jennifer J K.
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.