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Wednesday, October 20, 1999

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The Bonman's

26502 Valpariso Drive ~ Mission Viejo, CA 92691
Home Phone (949) 455-1722

10-20-99
Send to Burkhardt?
Yes ☒
No ☐

October 1, 1999

President Clinton
The White House
1600 Pennsylvania Avenue NW
Washington DC 20500

Dear Mr. President,

My son and I had the remarkable opportunity and honor to meet you a few weeks ago while we were visiting in Washington DC. The brief meeting took place on September 16, at the Holiday Inn Capitol where you had just finished your FEMA briefing on Hurricane Floyd, and where I had just completed a speech in front of the Federal Interagency Coordinating Council, sponsored by the Department of Education. To refresh your memory, I was the rain-soaked mom with the little boy in the wheelchair who was also accompanied by my son's nurse. Tyler, my disabled four-year old, unfortunately slept through the encounter, but suffice it to say that I was excited enough for the both of us!

The reason I am writing to you is two-fold. One, I wanted to thank you for taking the time to greet us that afternoon, and for being so patient and attentive. I had the opportunity to meet with many important people during the course of that week, and none of them made me feel as important as you did at that particular moment in time. When we had our meeting that day, I told you that I was originally from Arkansas. I was born in Little Rock, but my family has been in the Warren area and Bradley County for over 150 years. It is for this reason that I have asked Mayor Reep to forward this letter to you personally, as I wanted to make sure you receive it. I thought perhaps my chances were better if it came from someone you consider a friend. I also told you that day, that the reason Tyler was so tired was because he had been taken all over Capitol Hill that week lobbying for military health care reform for the disabled ~ which leads me into the second reason I am writing this letter...

Let me begin with some background. First, I have always been a long-standing supporter of yours, and even when times were troubled, I have steadfastly held my ground. On a humorous note, during your first election campaign, I was employed as a banking officer at a large bank in Orange County, Ca. (a largely Republican area). Of the 25 or more employees at our branch, I was the only one who voted for you. I tell you this not to insult you, but instead, because you can only imagine what my life was like during that time having a group of conservative bankers who had nothing better to do than make fun of my Arkansas roots, and my political support of you, constantly telling me how misguided I was. Of course, I had the last laugh didn't I, not to mention personal & political validation, when you arrived as a Governor, and left a President!!! Then, over the course of these last two years when trouble loomed large, I continued to remain loyal to my belief in your skills as our President, even writing my congressmen, senators and initiating my own modest lobbying campaign on the Internet with the position that you should remain in office and suffer no political or legal repercussions for your personal transgressions. I don't know if all my letter-writing to express my ideas helped, but I wanted to do my part, however small, as an American citizen who is proud to be a part of this great nation and who also thought you were doing a terrific job in office. But, now I need to ask for your help, Mr. President...

There is a serious issue brewing amongst military members who have disabled individuals within their family. This issue involves the Department of Defense's denial of skilled medical, life-sustaining care in a home setting by licensed nurses when that care is necessary, prescribed by physicians, and needed in order to keep the individual out of a hospital, or institutional setting. The basis for this denial is the Department's definition of what is considered to be "Custodial Care," and the key to their definition is, if the disabled individual is not expected to recover, then the care is determined to be custodial and related medical care is denied, plus many other types of care are also denied or limited once that "custodial care" policy is applied. Once that denial of benefits is made,

families are forced to look to the welfare system for needed care, and the expense for that care is being cost-shifted to the individual states Medicaid programs. The problem with that maneuver is enormous and far-reaching, but one of the biggest problems is obtaining access to care through each state's Medicaid program, when financial and income restrictions cannot be met. Many states have a Medicaid waiver in place for the most severe of these medical cases, but these waivers are extremely hard to come by. Many states have long waiting periods to obtain such a waiver, or simply just don't have funding for them, so they are forced to turn the family away. With a military lifestyle, including constant transitions and moving from state to state, there is simply no way to guarantee a military family that their child or loved-one will be able to obtain a waiver, or ultimately, the life-sustaining care they need when the DOD tells them to search elsewhere for the funding. What do we do next if we can't rely on our "military family" for support?

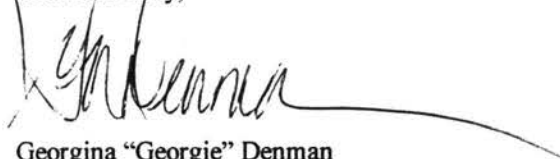
Attached to this letter is a copy of my speech that I presented at the Federal Interagency Coordinating Council (FICC) that day that we met, in addition to several congressional and senatorial offices during the course of that week. I know it is long, but if you could find the time to read it, it does go into greater detail about the problems we are facing, and the lack of support our servicemen and their families are receiving by the DOD. It also goes on to explain that there is currently language in the House version of the Defense Appropriations Bill for the fiscal year 2000 that would correct this DOD definition, and define custodial care in accordance with other federal medical programs, including FEHBP and Medicare. Twice in a federal court, Champus' definition of custodial care had been found to be improperly applied, and the language that the appropriators added would alleviate this continual problem so many of us face. As you know, the House and the Senate are in conference right now on this bill, and there are some language disputes that have yet to be remedied. Congressman Murtha's office, in particular, is taking a vested interest in this issue, and he has vowed to attempt to get the problem fixed this year. But, as you well know, this could all die in conference if we don't see it through.

That is why I need your help. I would like to see this issue finally resolved while you are still in office. It would be one very welcome gesture given back to your military servicemen before you take your final bow! And, it goes right along with the productive changes enacted through the Defense Authorization Act for this year, which I know you were very instrumental in. I don't know exactly what you can do on this issue, but if there is ANYTHING that you could do to offer your support, and if you believe in this issue after reading my presentation, meeting me and my son, and perhaps even checking with some of our political allies - (which so far include Congressman Murtha, and Congressman Young, who were the ones who added the language I am referring to) - you would restore a great deal of faith back into the heart of a proud, patriotic, and passionate military mom who just wants her son to have a chance at life. I can live with the military lifestyle, I can live with the military pay, I can live with the military transitions and moving, I can live with the time spent away from my husband while he proudly and courageously serves his country -- but my son just wants to live!!!

Please read my presentation, and if you have any additional legal or legislative questions, or if you would like more information, the National Association for Home Care (NAHC) there in Washington DC has a brilliant advocate who is well versed on the case law precedents and pending legislature. He is also the actual person who wrote the language that the appropriators used in their version of the bill. His name is Michael Kinslow, and he would be a useful source of information if you need it.

Thank you so much for taking the time to read this letter. I know you are a busy man, and these issues may seem small in comparison to many other more global ones you face daily - but to those multitudinous families who have children in their homes who have very chronic and sometimes terminal conditions - it really is the end of the world if we can't get the life-sustaining care they need!!! I look forward to hearing your position on this, and thank you again for the opportunity to bring this matter to your attention.

Most Sincerely,



Georgina "Georgie" Denman





Tyler John Denman
4 years old
April 1999

The Denman's

26502 Valpariso Drive ~ Mission Viejo, CA 92691
Home Phone (949) 455-1722

September 12, 1999

Hello - my name is Georgina Denman, and I am the proud mother of an extraordinary young boy named Tyler. I am also the wife of an active duty hospital corpsman, John Denman, and we are currently stationed at Camp Pendleton, California where my husband is an instructor at Field Medical Service School. First off, I would like to extend my appreciation for being given the opportunity to speak with you today and bring attention to an issue that is affecting entirely too many families throughout the military. Many of those families have banded together and chosen to try to change things for our loved ones, and we collectively refer to ourselves as "Casualties of Tricare."

Essentially, I am here today to tell of our struggles within the military health care system due to its definition of what is considered to be "custodial care" and the repercussions that definition inflicts upon its beneficiaries.

For my particular situation, here is some of Tyler's history: Tyler was born into great turmoil in June of 1995. After a prolonged labor, followed by a disastrous emergency c-section by a contracted Tricare physician, Tyler was literally born without life, and had fully arrested and died during the delivery. It took a team of 3 doctors and several nurses working on Tyler for 19 minutes to restore his pulse, and in the end, he needed a ventilator to breath. He had suffered profound brain damage, heart damage, kidney damage, and liver damage due to the lack of oxygen to his body. He started having seizures at one hour of life, and has had them daily ever since. At one time, he had as many as 18 per day. He spent the first week of his life hooked up to a ventilator to stay alive, in addition to being on the verge of renal failure which was what all the experts feared would most likely cause his demise. Amazingly, his kidneys never failed, and after that first week, not only did his kidney functions improve dramatically, but he also started breathing on his own so that he could be removed from the ventilator. In the weeks to follow, his liver, kidneys and eventually heart all repaired themselves -- all except for his brain. Brain tissue cannot regenerate itself, so neurologically his prognosis was bleak.

But, rather than rehashing every detail of his entire complicated history, suffice it to say that Tyler was left in a severely impaired state of existence, and my world as I knew it came to an abrupt end on the day of his birth. Up until Tyler's birth, I had been employed for over 7 years as a Financial Services Banking Officer for one of the largest banks in the nation. My life as a banker was over - my life as a caregiver/nurse was just beginning. I had a great deal to learn, and I now know more about medicine than I ever wanted to. As of this day, some of Tyler's diagnosis' include profound cerebral palsy (quad), profound developmental delay, epilepsy, gastroesophageal reflux, chronic pulmonary disease, and global brain damage. He can not blink, or

swallow, and he is cortically blind and hearing impaired. Tyler is fed through a g-tube, utilizes a trach to breath, is on numerous medications to help control his seizures (some of which are injectable), receives respiratory treatments every 4-6 hours around the clock, and he requires suctioning of his airway as frequently as every 5 -15 minutes - also around the clock!!! Over the years, as a result of his inability to swallow, Tyler's lungs have become scarred and damaged from the frequent bouts of pneumonia he has suffered through after aspirating his own saliva. When he was four months old, he was given no more then a few months to live - but I am extremely proud to say that this past June Tyler turned four YEARS old!!! Plus, not only is he alive - but he is also thriving! Thanks in part to his "Angels on Earth" network, comprised of his wonderful nurses, medical providers, advocates, family and a strong will to survive... (not to mention a great deal of love and devotion!!!)

When Tyler first came home from the hospital after his birth, he was two months old. Champus authorized 3 days of 12 hour LVN shift nursing for him. After those 3 days were up, it was apparent that he would not survive without constant one-on-one continuos observation, assessment and suctioning, so my doctor ordered continued care for an indefinite period. We received 8 hours per day of nursing for the first 4 months, then we were increased to 10 hours and eventually 12 hours. Then, the following spring, the Tricare contract changed from Aetna to Foundation, and shortly thereafter I received a phone call from our then case manager stating that they were no longer going to be authorizing shift nursing for Tyler because it was found to be a custodial need and not a skilled medical one.

Now, at the time I received this phone call, I could not qualify for SSI or Medicaid, because of the improper way that the Dept. of Social Services deems income for military families (and that's a whole other issue that I am involved in, and do hope will be addressed and rectified in the near future. We were at a loss, and I didn't know where to turn. I wrote impassioned letters of appeal to no avail. I wrote my local congressman, my senator, and the White House. The answer was always the same - custodial care exclusion!!! It was around that time that I became involved with Protection and Advocacy in Los Angeles, and further learned that I was ultimately going to be responsible with the task of advocating for my son, which I have been doing ever since with help from PAI, and especially Michael Kinslow at NAHC.

It seems the one thing all my letter writing and pleading did do, was cause enough concern for a political backlash that Tricare ultimately did NOT pull the nursing at that time - instead, every month I had to hear that this month would be the last month, and that I should be getting a letter of denial in writing soon..... soon took on the form of two years. During this time of yo-yo-ing with denials, and before his hours were increased the last time, Tyler was hospitalized several times for pneumonia and had numerous visits to the ER at a significant expense to the DOD! Upon one such hospitalization, the case manager refused to authorize any home nursing upon his discharge, stating to me that "if Tyler is still needing such a high level of medical care, then perhaps the home environment is not the most appropriate place for him -- perhaps you should consider placing him in an alternative environment!!" I FOUND THAT STATEMENT TO BE TOTALLY APPALLING, UNETHICAL, AND COMPLETELY AGAINST ALL THE PRINCIPLES AND POLICIES OF THE AMERICANS WITH DISABILITIES ACT, as well

as the Lanterman Act, which -in my understanding - were essentially established to help ensure that disabled individuals have the fundamental right and authority to live in a home environment where they receive the utmost of dignity, comfort and respect, and that all pertinent agencies should do everything in their power to assure that this right is carried out and exercised to the fullest. Plus, it is simply more cost effective to provide the care at home to reduce the number of inpatient services and hospitalizations. Each of Tyler's hospitalizations in the Pediatric Intensive Care Unit cost a small fortune, vs. preventing most of them through proper care. "An ounce of prevention is worth a pound of cure..."

I vehemently refused to discuss institutionalization, and through yet another last minute scramble, and mountains of tears, plus help from some more help from one of Tyler's Angels on Earth, he was discharged WITH HIS NURSING for another month. Finally though, in April of 1998, we received **10 days notice**, in writing that the custodial care exclusion was being applied and that he was losing his nursing. At that time, an appeal was filed and to this day we are still awaiting our hearing from the Tricare Management Activity in Aurora, Colorado to hear our case.

After the denial, Tyler's nursing services were cost shifted to Medi-Cal, California's state Medicaid program. Tyler still receives his nursing through this program, and as long as funding is available and their "institutional deeming" waiver through which he qualifies for coverage remains in place, he should be able to continue to receive this care. But, what happens when in two years my husband is forced to change commands? In light of federal defense cutbacks in the past years, and numerous base closures, we simply don't have as many options available to us anymore to remain in California. Supposedly, under the EFMP, my husband is entitled to "homestead" in a geographical area, but when MCAS El Toro closed this year, his detailer flat out told him there were too many servicemen for too few billets, advising him to look at Arizona, Nevada and other states for open positions. The week he was supposed to make his decision on where he would go, his detailer called him with a miracle in that they had mistakenly slotted the wrong rank into a billet at FMSS at Camp Pendleton, and that they had an open slot for him. We were given a 3 year reprieve. But, what happens next time? Or, what happens to all the other families who don't have "the luck of the Irish" on their side??? Frequent moves are difficult enough on the military family, but by adding in the extra element of having to coordinate medical care of this magnitude, nursing services, and medical records - the transition is a nightmare. Plus, with the again improper way that most federal and state agencies apply military allowances as unearned income, thus disqualifying them from most welfare programs, they must rely on Medicaid waivers to qualify for coverage, and those waivers are few and far between - some states have waiting periods to get on one, some states say they don't have any at all. When that happens, who will we have to turn to for this life-sustaining care if we can not turn to our own military family????!!

Further, for some families, when the patient dies, the family is left with a bill for reimbursement to the State. We are one of those families - we have a special needs trust for Tyler which resulted from a modest, out of court settlement from the physician who botched Tyler's delivery. This money will have to go to repay medi-cal in the event of Tyler's death. CHAMPUS DID NOTHING TO AID IN THE RECOVERY OF OUR

SETTLEMENT, EVEN THOUGH IT WOULD BEHOOVE THEM TO HELP - AND IN THE END THEY PRESENTED US WITH A BIG, FAT 3RD PARTY LIABILITY CLAIM FOR REPAYMENT OF TYLER'S MEDICAL BILLS. And immediately after receiving their money from our settlement, they handed down the final written custodial care denial. I would say that was perfect timing.

But, I think the main issue for me in regard to this "custodial care" policy lies within its definition. For one, it seems to be contradictory in that it states that a person's care is custodial if he or she needs help with the essentials of daily living, such as eating, clothing, washing and toileting, etc. In fact, that is the general consensus for what is considered to be the common sense meaning of the term. Then, it goes on to state that custodial care is care that could be performed by a layperson or "untrained adult with a minimum of instruction and/or supervision" as opposed to skilled medical care which must be performed by a licensed medical professional under direct supervision of a physician. It states that "examples of skilled nursing services are intravenous or intramuscular injections, levine tube or gastrostomy tube feedings or tracheotomy aspiration (suctioning) and insertion". However, even if a person who is disabled receives these types of skilled medical treatments, their care can still be found to be custodial in the event they are not expected to recover. In essence, if the person needs both types of care - custodial and skilled medical - all care is found to be custodial under Champus' definition, whereby excluding it for the patient who needs it. How can care be both "Custodial" and "Skilled medical" at the same time???? That is simply a contradiction in terms, and a discrepancy in policy.

Other federal programs such as FEHBP and Medicare, define custodial care in a manner consistent with current case law precedents such as Barnett v. Weinberger and Fiduk v. Montgomery, where Champus' definition of custodial care was found in federal court to be improperly applied to cases where skilled medical services were at issue. When our appeal is finally heard, I am fairly confident that the same precedent will be applied to our case as my son's condition is extremely similar to the patients in the above mentioned citations, but it seems to me an enormous amount of work, stress, aggravation, expense and waiting for a decision that needs to be dealt with and effectively changed legislatively to alleviate these struggles for families like mine in the future.

The good news is that steps have already been taken to do just that! In the HR Defense Appropriations Bill for the Fiscal year 2000, (HR-8122) language was added by the appropriators to define custodial care in accordance with other federal programs. It also stated that "the committee strongly disagrees with the departments decision to interpret the custodial care exclusion to include medically necessary skilled care and thereby transition this care to Medicaid." It continues that "the committee intends that the military health care system continue to provide for the needs of patients with exceptionally serious, long range, and incapacitating physical or mental conditions"... ... so they "do not have to resort to Medicaid, welfare or charity programs for the provision of medically necessary health care services." This language was maintained in the House Appropriations Act which was passed by full House of Representatives this past July. The next step is getting the same language passed through the Senate defense appropriations Bill, and finally, enacted through the

Defense Appropriations Act this year, and then signed by the President. We just need to see it through...

I would like to add something very important here - I am not an angry, disgruntled military wife who is bitter about the military lifestyle, and wants to vent. I am very proud of my husband, and proud of his service to this nation, extremely patriotic, and ultimately, very proud to be a part of this fabulous country that we are all so fortunate to live in. My dad was a WW11 veteran, my step dad is a Vietnam veteran, and I intend to encourage any children I have to do their patriotic duty through military service. But, we have Champus coverage for one reason only -- because my husband serves in our United States Navy. That being the case, it is justifiably implied that he is away a great deal of the time proudly serving this nation, protecting our democracy and this governmental foundation on which we all place our trust, and take for granted its advantages.

How can officials of the DOD expect our military members to be able to remain focused on their jobs when they are in constant fear of repercussions which may befall them from their own employer??? With overall military morale being what it is at the moment, and enlistment's being down nationwide, I would think the DOD would want to do a better job of "taking care of their own". The military lifestyle is not one of great comfort, luxury or stability -- and at a time when it is so crucial that a military member should be given extra help and support, the DOD is failing miserably when it is most needed!!!

As to Tyler, he has defied all science by even surviving this long. Tyler did not ask to be born into this world and had he had a different physician, he surely would not have been born into such tragic consequences. But, more importantly, he does have a certain quality of life that deserves to be maintained at the highest possible level. He gives and receives love unconditionally, smiles, laughs and has even started vocalizing some. He radiates purity, and isn't capable of a selfish or unpleasant thought. He loves to be held, rocked, ride wheelies in his wheelchair, and be sung to. He is constantly responding to more and more environmental stimuli, and he brings great joy and happiness into the lives of all those who come in contact with him. I couldn't be prouder of another human being, and not a day goes by that I don't thank God for enriching my life so fully by making me the mother of this angelic child. I have had perfect strangers stop me in public places and tell me there is something special about Tyler that they can't put their finger on, but that they just had to tell me. I believe that - that something special about Tyler is that he was brought to me to help change things around him for others like him. I believe that "God gives children with special needs to special people", and I have simply learned how to find the positive in the midst of the grief, and **I recognize that Tyler is here as a reminder to us all that as parents, children are not only given as gifts from God TO US, they are also given as gifts to the world THROUGH US!!!**

Now, I would like to ask for your help with a quick exercise --

I would like to bring Tyler up here to the front for a moment, and ask each and every one of you to really look at Tyler for a minute. Please really look at him from head to toe. Starting with his golden locks, his beautiful eyes and long eyelashes, his soft round baby cheeks and plump little hands. All the way down to his long legs and fat little feet.

Now, as you are looking at Tyler in this wheelchair, I am going to ask you to put yourselves in my shoes for just one minute by imagining that this is your child in this chair!!! Or your grandchild, or your god child, or your spouse!!! Imagine that this chair contains someone that you love. And, the unfortunate reality is --- it could be!!!

In the amount of time it takes to slip in the bathtub, fall off a horse, fall into a pool, make a wrong turn on a busy street, or simply be born - this could be your loved one in this chair....

JUST LIKE THAT!!!

But, the big difference is -- for those of you that are civilian employees of the federal government, as opposed to military employees of the same government, the life sustaining coverage that my son needs just to remain alive would be a covered benefit for you ...

Lastly, there is a particular philosophy of life that I have come to consider as my mantra for my time with Tyler. Some of you may have seen it before - it is called "Priorities" and it says:

"A HUNDRED YEARS FROM NOW, IT WILL NOT MATTER WHAT MY BANK ACCOUNT WAS, THE SORT OF HOUSE I LIVED IN, OR THE KIND OF CAR I DROVE -- BUT THE WORLD MAY BE DIFFERENT BECAUSE I WAS IMPORTANT IN THE LIFE OF A CHILD"....

Thank you for your time...

(Georgie Denman)

THE WHITE HOUSE
WASHINGTON

Copied
Jennings
Podesta

October 19, 1999

The Honorable William V. Roth, Jr.
Chairman
Committee on Finance
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman:

It was a pleasure to meet with you and Senator Moynihan earlier this month to discuss our mutual commitment to strengthening and modernizing Medicare. It continues to be my hope that the Congress will take action this year to, at minimum, make a down-payment on needed reforms of the program. I look forward to working with you toward that end.

In 1997, the Medicare trustees projected that Medicare would become insolvent in 2001. Working together across party lines, the Congress passed and I enacted important reforms that contributed towards extending the life of the Medicare trust fund to 2015. As with any major legislation, the Balanced Budget Act (BBA) included some policies that are flawed or have had unintended consequences that are posing immediate problems to some providers and beneficiaries. In addition, the program faces the long-term demographic and health care challenges that will inevitably result as the baby-boom generation ages into Medicare. As we worked together in 1997 to address the immediate threat to Medicare, we must work together now to address its short-term and long-term challenges.

Preparing and strengthening Medicare for the next century is and will continue to be a top priority for my Administration. For this reason, I proposed a plan that makes the program more competitive and efficient, modernizes its benefits to include the provision of a long-overdue prescription drug benefit, and dedicates a portion of the surplus to help secure program solvency for at least another 10 years. However, I also share your belief that we need to take prompt action -- whether in the context of broader or more limited reforms -- to moderate the excessive provider payment reductions in the BBA of 1997. I believe that legislative modifications in this regard should be paid for and should not undermine the solvency of the Medicare trust fund.

You have requested a summary of the administrative actions that I plan to take to moderate the impact of the BBA. In the letter that you sent to me last Thursday, you also asked about four specific issues related to payment for hospital outpatient departments, managed care, skilled nursing facilities, and disproportionate share hospitals.

Attached is a summary of the over 25 administrative actions that my Administration is currently implementing or will take to address Medicare provider payment issues. The Department of Health and Human Services is taking virtually all the administrative actions possible under the law that have a policy justification, which will accrue to the benefit of hospitals, nursing homes, home health agencies, and other providers.

We are finishing our review of our administrative authority to address the 5.7 percent reduction in hospital outpatient department payments. We believe that the Congressional intent was to not impose an additional reduction in aggregate payments for hospitals and I favor a policy that achieves this goal. The enactment of clarifying language on this subject would be useful in making clear Congressional intent with regard to this issue. I have attached a letter from Office of Management and Budget Director Jack Lew, which was sent at the request of Congressman Bill Thomas, detailing how such language would be scored by OMB.

With regards to managed care, we share your commitment to expanding choice and achieving stability in the Medicare+Choice marketplace. The BBA required that payments to managed care plans be risk adjusted. To ease the transition to this system, we proposed a 5-year, gradual phase-in of the risk adjustment system. This phase-in forgoes approximately \$4.5 billion in payment reductions that would have occurred if risk adjustment were fully implemented immediately. The Medicare Payment Advisory Commission and other experts support my Administration's risk adjustment plan. Consistent with this position, most policy experts believe that a further slowdown of its implementation is unwarranted. However, we remain committed to making any and all changes that improve its methodology. Moreover, as you know, any administrative and legislative changes that increase payment rates to providers in the fee-for-service program will also increase payments to managed care plans.

On the issue of skilled nursing facilities, we agree that nursing home payments for the sickest Medicare beneficiaries are not adequate. I intend to take all actions possible to address this. Administratively, we can and will use the results of a study that is about to be completed to adjust payments as soon as possible. While we believe that these adjustments must be budget neutral, we are continuing to review whether we have additional administrative authority in this area.

Finally, it appears that there has been confusion about the current policy for disproportionate share hospital (DSH) payments. Hospitals across a considerable number of states have misconstrued how to calculate DSH payments. The Department of Health and Human Services (HHS) has since concluded that this resulted from unclear guidance. Thus, as reported last Friday, HHS will not recoup past overpayments and will issue new, clearer guidance as soon as possible.

We believe that our administrative actions can complement legislative modifications to refine BBA payment policies. These legislative modifications should be targeted to address unintended consequences of the BBA that can expect to adversely affect beneficiary access to quality care.

I hope and expect that our work together will lay the foundation for much broader and needed reforms to address the demographic and health care challenges confronting the program. We look forward to working with you, as well as the House Ways and Means and Commerce Committees, as we jointly strive to moderate the impact of BBA on the nation's health care provider community.

Sincerely,

A handwritten signature in black ink, appearing to read "Ben Clinton". The signature is written in a cursive, flowing style with a long horizontal line extending from the end.

**ADMINISTRATIVE ACTIONS BY THE
CLINTON ADMINISTRATION TO MODERATE IMPACT OF THE
BALANCED BUDGET ACT OF 1997 ON MEDICARE PROVIDERS**

ISSUE	STATUS
HOSPITALS: GENERAL	
✓ Capping hospital transfer policy at 10 DRGs for 2 years, through '02	Now being implemented
✓ Stop administrative recoupment of DSH payments based on unclear guidance	Now being implemented
HOSPITALS: OUTPATIENT	
** Eliminate the 5.7 percent payment reduction resulting from drafting problem in the Balanced Budget Act	Under review
✓ Delay implementation of the volume control mechanism for 2 years, which would reduce payment reductions	Planned for regulation early next year*
✓ Moderate payment reductions for rural, cancer and other hospitals experiencing large changes, in budget-neutral manner, in transition to prospective payment system (PPS)	Planned for regulation early next year*
✓ Delay implementation of prospective payment system for cancer hospitals until additional data are collected	Planned for regulation early next year*
✓ Make technical refinements to the Ambulatory Payment Classification (APC) system	Planned for regulation early next year*
✓ Allow for temporary cost-based APCs for certain new technologies	Planned for regulation early next year*
✓ Create additional APCs for certain high-cost drugs (e.g., chemotherapy drugs)	Planned for regulation early next year*
✓ Create separate APCs to pay for blood and blood products	Planned for regulation early next year*
✓ Pay, at least temporarily, for corneal tissue at acquisition costs rather than as part of the payment for overall corneal transplant surgery	Planned for regulation early next year*
✓ Eliminate use of diagnostic codes in payments for medical visits and reassess in the future	Planned for regulation early next year*
SKILLED NURSING FACILITIES	
✓ Increase payment for high acuity patients	Will be implemented
✓ Exclude certain types of services furnished in hospital outpatient departments from SNF PPS: CT scans, MRIs, cardiac catheterizations, emergency services, major ambulatory surgical procedures, and radiation therapy	Now being implemented
HOME HEALTH	
✓ Delay tracking patients and pro-rating payments	Now being implemented
✓ Provide for extended interim payment system repayment schedules for agencies	Now being implemented
✓ Postpone the requirement for surety bonds until October 1, 2000	Now being implemented
✓ Change surety bond requirement to \$50,000, not 15 percent of annual agency Medicare revenues	Now being implemented

ISSUE		STATUS
✓	Eliminate the sequential billing rule	Will be implemented
✓	Phase in reporting of services in 15-minute increments	Will be implemented
PHYSICIANS		
**	Improve annual updates in payments for physicians' services to correct for erroneous projections through administrative actions	Under review
RURAL PROVIDERS		
✓	Change the average wage threshold percentages so more rural hospitals can reclassify	Will be implemented
✓	Use same wage index for inpatient and outpatient PPS	Planned for regulation early next year*
✓	Provide stop-loss protection in the transition to the outpatient PPS	Planned for regulation early next year*
**	Modify Health Professional Shortage Area designations	Under review
AMBULATORY SURGICAL CENTERS		
X	Postpone implementation based on 1999 survey	
MANAGED CARE		
✓	Phase-in risk adjustment over a 5-year period	Now being implemented
✓	Extending EverCare frail elderly demonstration through 12/31/01 and exempt from risk adjustment during this extension	Now being implemented
X	Phase-in risk adjustment over a 7-year period	
✓	Improve beneficiary protections and access to information	Now being implemented
✓	Ease provider participation rules	Now being implemented

"X" indicates that this policy is not advisable, as described in the attachment.

*Federal law requires that the Administration cannot commit to changes in a proposed rule before the final publication.

**Under review.

**DESCRIPTION OF ADMINISTRATIVE ACTIONS BY THE
CLINTON ADMINISTRATION TO MODERATE THE IMPACT OF THE
BALANCED BUDGET ACT OF 1997 ON MEDICARE PROVIDERS**

HOSPITALS: GENERAL

Capping hospital transfer policy at 10 DRGs for 2 years, through 2002. We will postpone for two years the extension of the hospital transfer policy to additional diagnoses beyond the current set of 10 Diagnosis Related Group (DRG) categories. We also will consider whether further postponement of extension to additional diagnoses is warranted.

Stop administrative recoupment of DSH payments based on unclear guidance. We have recently determined that certain hospitals received additional disproportionate share hospital (DSH) payments because guidance on how to claim these funds was insufficiently clear. We will therefore hold harmless hospitals that have received these additional payments. We also will soon clarify guidance to hospitals and our claims processing contractors on how to claim these funds. And we will provide further clarification to State Medicaid agencies because they are the primary source of data critical to the DSH calculations. We will apply the clarified policy and hold hospitals responsible for being in compliance as of January 1, 2000.

HOSPITAL OUTPATIENT PAYMENTS

We are finishing our review of our administrative authority to address the 5.7 percent reduction in hospital outpatient department payments. We believe that the Congressional intent was for this policy to be implemented in a way that is budget neutral for hospitals and the Administration favors a policy that achieves this goal. Unfortunately, a technical drafting change has produced some confusion over the outpatient payment formula. The enactment of clarifying language on the subject would be most useful in eliminating the confusion caused by the technical drafting of the current law. In addition, there are a number of changes that we believe are necessary to address specific policy concerns and moderate the payment reductions in the Medicare prospective payment system (PPS) for outpatient departments. Although we are prohibited by law from committing to changes before the final rule is published, we can outline the approaches we believe are consistent with Administration policy and expect to take in the outpatient department rule. These include:

Delay implementation of the volume control mechanism for 2 years, which would reduce payment reductions. We expect to delay implementing the proposed "volume control mechanism." The statute requires the agency to develop a volume control mechanism. In the proposed rule, we suggested use of a mechanism that might lead to a downward adjustment in the payment rates as early as 2002 (to reflect volume increases in 2000). Delaying this mechanism would provide time for providers to adjust to the new system.

Moderate payment reductions for rural, cancer and other hospitals experiencing large changes, in budget-neutral manner, in transition to prospective payment system (PPS). We expect to include a 3-year transition to the new PPS by making budget-neutral adjustments that will increase payments to hospitals that would otherwise incur large payment reductions. These hospitals would include certain rural, inner city, cancer, and teaching hospitals. Some hospitals, like cancer hospitals, are projected to experience a reduction in excess of 30 percent. This transition policy would ensure that payments do not drop below a specified threshold to protect against such reductions.

Delay implementation of prospective payment system for cancer hospitals until additional data are collected. The lack of reliable data from cancer centers makes developing a prospective payment system for them difficult. Consequently, we now expect to delay full implementation of the PPS system for the cancer hospitals and to use an interim payment system for at least 18 months from the initiation date of PPS for other hospitals. We would not end this interim system until we are ready to implement a prospective system for cancer hospitals based on full information.

Make technical refinements to the Ambulatory Payment Classification (APC) system. We plan to make changes to address the many technical comments received regarding the proposed Ambulatory Payment Classification (APC) system as part of the final rule, including the detailed comments from MedPAC. We also plan to address the many other comments, including those related to the appropriateness of the system for categories of providers, in the final rule. And we have hired another independent, outside contractor, Kathpal, to provide additional private-sector expertise as we address problems with the data we have on the cost of chemotherapeutic agents. This contractor is examining a random sample of patients who need chemotherapy and other high-cost drug costs to advise us on possible methods and data for assuring adequate payment for these drugs. We believe that further outside reviews would delay the implementation of the system and the planned reductions in beneficiary out-of-pocket expenses.

Allow for temporary cost-based APCs for certain new technologies. Concerns have been raised about the adequacy of payments in APCs for medical technologies that are new (and hence are not reflected in the data bases on which we do our estimates) and where the cost of the item is very large relative to the payment for the APC. In some instances it may be possible to accommodate new, high-cost technology items within the APCs. In others, we expect to specify in advance and use a set of cost-related APCs for some period of time while better data about actual costs are collected.

Create additional APCs for certain high-cost drugs (e.g., chemotherapy drugs). Packaging payments for certain covered drugs with the procedure or visit with which they are furnished could underpay hospitals and slow the introduction of new drugs into the system. Thus, we anticipate creating additional APCs to pay for certain drugs, particularly high-cost drugs. Where appropriate, we would permit billing for multiple APCs depending on dosages actually used. With respect to chemotherapy, we expect to substantially increase the number of APCs for chemotherapy agents to minimize the variability within groups and assure beneficiary access is not compromised. We would also create APCs for supportive and adjunctive therapies.

Create separate APCs to pay for blood and blood products. Under the proposed rule, we would pay for blood and blood products as part of the payment for a surgical procedure or blood transfusion service. As a result of concerns raised in comments, we have reconsidered our proposal and now expect to implement separate APCs to pay for blood, other blood products and anti-hemophilic factors.

Pay, at least temporarily, for corneal tissue at acquisition costs rather than as part of the payment for overall corneal transplant surgery. Under the proposed rule, we would pay for corneal tissue acquisition costs as part of the payment for corneal transplant surgery. Given the variable rates at which hospitals acquire the tissue from eye banks, we are likely to accept the recommendation to decouple payment for tissue acquisition from that for the surgical procedure and to pay for it, at least until further experience is gained, based on acquisition cost.

Eliminate use of diagnostic codes in payments for medical visits and reassess use in future. The proposed rule based payments for medical visits to clinics and emergency departments on codes for both medical procedures and diagnosis. Because diagnostic codes are not used in payment for all other services, we now expect to revise our medical groups by eliminating the use of diagnostic codes in computing payment amounts for the present.

SKILLED NURSING FACILITIES (SNF) PAYMENTS

Increase payment for high acuity patients. We will use administrative flexibility to increase relative weights for the Resource Utilization Groups for high acuity patients under the Skilled Nursing Facility Prospective Payment System (SNF PPS). We expect to have research findings on advisable refinements completed by the end of this year and to include them in a proposed rule next Spring, for implementation in October 2000. We believe these changes should be budget neutral. However, we are continuing to review whether we have additional administrative authority.

Exclude certain types of services furnished in hospital outpatient departments from SNF PPS: CT scans, MRIs, cardiac catheterizations, emergency services, major ambulatory surgical procedures, and radiation therapy. Using the limited administrative discretion afforded by the statute, we have excluded these types of services performed in hospital outpatient departments from the SNF PPS bundle. We have done so because such services are exceptionally intensive and well beyond the scope of SNF care plans. We received a significant number of comments, both in response to last year's interim final rule, and at a national Town Hall meeting we held to solicit comments on SNF PPS. We are examining whether any additional hospital outpatient services (e.g., chemotherapy) could be carved out within the scope of our present administrative authorities, but believe that legislation is necessary to exclude these or other services (e.g., prostheses) categorically.

HOME HEALTH PAYMENTS

Delay tracking patients and pro-rating payments. Although fiscal intermediaries are responsible for tracking and pro-rating payments, we were unable to make the necessary systems changes to accomplish this due to our efforts related to Year 2000 computer systems requirements. Therefore, we are delaying implementation of the requirement until the implementation of the prospective payment system. We have developed a way to implement this proposal under the prospective payment system that will allow fiscal intermediaries and HCFA to more directly track beneficiaries. We also want to clarify that the law does not make home health agencies responsible for tracking utilization for purposes of pro-rating payments.

Provide for extended interim payment system repayment schedules for agencies. As part of our Medicare reform plan, we are allowing agencies an automatic 36 months to repay excess interim payment system (IPS) overpayments. The first year is interest-free.

Postponing the requirement for surety bonds until October 1, 2000. We are postponing the requirement for surety bonds until October 1, 2000, when we will implement the new home health prospective payment system. This will help ensure that overpayments related to the interim payment system will not be an obstacle to agencies obtaining surety bonds.

Change surety bond requirement to \$50,000, not 15 percent of annual agency Medicare revenues. We are also following the recommendation of the General Accounting Office by requiring all agencies to obtain bonds of only \$50,000, not 15 percent of annual agency Medicare revenues as was proposed earlier.

Eliminate the sequential billing rule. As of July 1, 1999, we eliminated the sequential billing rule. Many home health agencies had expressed concern about the impact of the implementation of this requirement on their cash flows and this measure should alleviate these problems to a large degree.

Phase in reporting of services in 15-minute increments. We are phasing in our instructions implementing the requirement that home health agencies report their services in 15-minute increments in response to concerns that the demands of Y2K compliance were competing with agency efforts to implement this BBA provision. By allowing this degree of flexibility for a temporary period, we will prevent any agency cash flow problems or returned claims.

PHYSICIAN PAYMENTS

Improve annual updates in payments for physicians' services to correct for erroneous projections through administrative actions. As we indicated in the *Federal Register* on October 1, 1999, at this time, we do not believe we have the ability under current law to make adjustments to revise the Sustainable Growth Rate (SGR) based on later data. We agree that there is a problem and thus have submitted, as part of the FY 2000 budget, a budget-neutral legislative proposal to require that revisions be made to correct estimation errors in calculation of the SGR and to fix other technical aspects of the SGR. However, we are continuing to review whether we have any ability administratively to address this issue.

RURAL PROVIDER PAYMENTS

Change the average wage threshold percentages so more rural hospitals can reclassify. We are implementing policies making it easier for rural hospitals, whose payments now are based on lower, rural area average wages, to be reclassified and receive payments based on higher average wages in nearby urban areas and thus get higher reimbursement. Right now, facilities can get such reclassifications if the wages they pay their employees are at least 108 percent of average wages in their rural area, and at least 84 percent of average wages in a nearby urban area. We are planning to change those average wage threshold percentages in the FY 2001 hospital regulation so more hospitals can be reclassified.

Use same wage index for inpatient and outpatient PPS. In the proposed rule, we expect to help rural hospitals by using the same wage index for calculating rates that is used to calculate inpatient prospective payment rates. This index would take into account the effect of hospital reclassifications and redesignations.

Modify Health Professional Shortage Area designations. We are also working to address other concerns of rural providers, where we can, through administrative actions. The Health Care Financing Administration has formed a high-level working group on rural health to work with providers to identify both administrative and legislative issues and resolve those that we have the authority to address under current law. For example, we are working with the Health Services and Resources Administration to modify the Health Professional Shortage Area designations. We are also considering changes to policies related to Critical Access Hospitals, Graduate Medical Education payments for rural providers, and wage indices for rural providers.

AMBULATORY SURGICAL CENTER (ASC) PAYMENTS

Postpone implementation based on 1999 survey. We plan to publish the final rule on payment policy changes for ASCs next spring and implement the new system in July 2000. The current ASC rates have been in place since 1990 and are based on 1986 survey data. We appreciate the desire to incorporate more current data. However, the process of sending out and having the ASCs complete the surveys, auditing the surveys, analyzing the data, writing a proposed rule, commenting on a proposed rule, and issuing a final rule is lengthy. If we were to delay implementing payment changes until the 1999 survey data are incorporated, we would have to delay the payment policy changes planned for July 2000 for an additional three years.

MEDICARE +CHOICE PAYMENTS

Phase in risk adjustment over a 5-year period. In March, we announced a five-year transition to comprehensive risk adjustment for Medicare+Choice plans to minimize the disruption to plans. We plan to begin the transition in 2000 with a 90/10 blend of demographically and risk adjusted rates. This blend will be gradually increased over five years so that in 2004, rates will be fully risk adjusted using a comprehensive adjustment system that takes into account all care settings.

We believe that this five-year transition strikes the appropriate balance between concern for plans and our obligation to be fiscally responsible and ensure that plans are paid fairly and appropriately for the care they provide, especially to the sickest beneficiaries. Our actuaries estimate that this transition schedule will cost the Medicare Trust Funds \$4.5 billion more than full implementation of risk adjustment in 2000. Our current phase-in schedule prevents plans from experiencing more than a five to ten percent shift in rates in the first few years. For example, based on our impact analyses using 1997 and 1998 plan data, no plan would face more than a 1.85 percent reduction in 2000 and plans on average would face only a 0.7 percent reduction in 2000. Significant differences in later years would indicate that a plan's enrollees are substantially healthier than average, in which case it is appropriate to pay more to other plans that are caring for less healthy enrollees. A number of experts, including the Medicare Payment Advisory Commission, support this approach. We would like to work with Congress and other interested parties to further review technical modifications to improve Medicare+Choice risk adjustment.

Extending EverCare frail elderly demonstration through 12/31/01 and exempt from risk adjustment during this extension. For EverCare managed care plans that provide specialized services to the frail elderly, we are extending this demonstration project for an additional year through December 31, 2001. We also will continue the exemption from risk adjustment during this extension. This will provide additional time to complete our evaluation of this project. It also will allow EverCare to submit additional data on the special population it serves, which we can analyze for possible use in refinement of our risk adjustment methodology.

Improve beneficiary protections and access to administration. We also published refinements to Medicare+Choice regulation that improve beneficiary protections and access to information. For example, we clarified that any beneficiary who is enrolled in a Medicare+Choice plan that withdraws from the program is entitled to immediate enrollment in any other remaining Medicare+Choice plan serving the enrollee's area.

Ease provider participation rules. We have taken additional steps to assist plans and encourage their participation in Medicare+Choice. We worked with Congress to give plans two more months to file the information used to approve benefit and premium structures so plans are able to use more current experience when designing benefit packages and setting cost sharing levels. We also eased provider participation rules and increased flexibility for plans in coordinating care for enrollees with serious or complex conditions and in conducting initial health assessments for new enrollees.



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

October 18, 1999

THE DIRECTOR

Honorable William M. Thomas
Chairman, Subcommittee on Health
Committee on Ways and Means
United States House of Representatives
Washington, D. C.

Dear Mr. Chairman:

I am writing to respond to your request regarding how the Administration would score the attached language clarifying Congressional intent on the outpatient prospective payment system (PPS) enacted in the Balanced Budget Act (BBA).

As you know, the outpatient PPS was intended to rationalize outpatient payment policy. The intent of that legislation was to correct a flaw in outpatient payments, and included multi-year savings of \$7.2 billion from lower rates of cost growth under the new system. The law was not intended to impose an additional reduction in aggregate payments to hospital outpatient departments. No such reduction was contemplated when the BBA was negotiated, and we continue to believe that such a reduction would be unwise. The Medicare program needs to continue to encourage outpatient care, not discourage it by failing to pay its full costs.

Unfortunately, however, a technical drafting change has produced some confusion over the outpatient payment formula. The enactment of clarifying language on the subject would be most useful in eliminating the confusion caused by the technical drafting of the current law. The attached draft language would clarify the law and assist in carrying out the intent of Congress.

The Administration would not score the draft language, which would not modify the statutory provision, since it would only clarify the intent of Congress. Under the Budget Enforcement Act, legislative action is scored only when it changes current law. Findings or clarifications by Congress do not change the law and do not result in scoring. We are not aware of any cases since enactment of the Budget Enforcement Act in 1990 where findings or clarifications by Congress were scored. Therefore, the attached language, if enacted, would not be scored by the Office of Management and Budget.

Sincerely,

A handwritten signature in black ink, appearing to read "Jacob J. Lew".

Jacob J. Lew
Director

SEC. ____ .INTENTION REGARDING BASE AMOUNTS IN APPLYING THE HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM.—With respect to determining the amount of copayments described in paragraph (3)(A)(ii) of subsection 1833(t) of the Social Security Act, as added by section 4523(a) of Balanced Budget Act of 1997, Congress finds that such amount should be determined without regard to such subsection and clarifies that the Secretary of Health and Human Services has the authority to determine such amount without regard to such subsection, and that the base amounts to be calculated under paragraph (3)(A) not reflect any reductions in aggregate payments to hospitals for covered OPD services.

THE WHITE HOUSE

WASHINGTON

10-20-99

October 20, 1999

✓
MR. PRESIDENT:

On your behalf, we executed the
attached letter on Medicare to
Members of Congress.

FYI

Sean Maloney 

*Cheney
how much \$-
all the work?
B*

10-19-99, 11:39PM, Human Rights... 75323
Send to Burkhardt?

Yes ☒
No ☐

Heard
808

October 19, 1999

99 OCT 20 PM 2:49

The Honorable William J. Clinton
President of the United States
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President,

I write to you today in a moment that provides an historic opportunity to pass meaningful and effective legislation to address the scourge of hate violence that has shocked our nation. Your support for the Hate Crimes Prevention Act (HCPA) is clear and consistent and you have taken recent opportunities to underscore that support. Yet, as strong as your words have been, it is at this moment that you and all in your Administration must push forward with unwavering focus and commitment.

Yesterday, we were deeply disappointed and outraged when the Conference committee callously stripped this critical legislation from the final Commerce, State, Justice (CSJ) Appropriation bill. That the Republican leadership would do this so close to the one year anniversary of Matthew Shepard's death, and after the numerous, brutal hate crimes that have shocked our nation over the last year seems almost unimaginable. This was also done in the face of new FBI statistics on hate violence which show a 12.5% increase in the number of crimes based on sexual orientation. But it is, nonetheless, done.

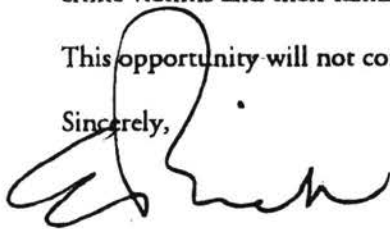
The possibility of passing this legislation now falls squarely on your shoulders. It is essential that the exclusion of HCPA be a prominent part of the veto message on CSJ. But beyond the veto message, it is critical that inclusion of HCPA be a non-negotiable part of any future discussion on the outstanding appropriation bills. Anything less will mean failure.

We have heard some very disturbing signals from Congress. In the October 18 Associated Press story written by Alan Fram, unidentified Democrats stated that "the White House seems unlikely to demand a restoration of the hate-crimes language as a condition for signing the measure." You must know how terribly damaging that message is to our collective efforts.

You now have a unique and fleeting opportunity to add passage of the Hate Crimes Prevention Act to your considerable list of achievements. We urge you in the strongest terms not to let this opportunity pass. You, and all in your Administration, must say with one strong and unwavering voice that the time has come to pass this legislation. We all owe that much to the thousands of hate crime victims and their families.

This opportunity will not come again. Please stand tall, do the right thing and make history.

Sincerely,



Elizabeth Birch
Executive Director

WORKING FOR LESBIAN AND GAY EQUAL RIGHTS.

919 18th Street NW, Suite 800 Washington, D.C. 20006
phone (202) 628 4160 fax (202) 347 5323 e-mail hrc@hrc.org





HUMAN
RIGHTS
CAMPAIGN

919 18th Street NW
Washington, DC 20006
web <http://www.hrc.org>
phone 202 628 4160
fax 202 347 5323

FAX TRANSMISSION

DATE: October 19, 1999

TO: David Beier (456-6231) John Berry (219-1220)
Charles Burson (456-6429) Mary Beth Cahill (456-6218)
Eddie Correia (456-2256) Harold Creel (523-4224)
Monica Dixon (456-7044) Philip DuFour (456-6298)
Maria Echeveste (456-6218) Martha Foley (456-6220)
Bob Hattoy (208-1821) Nancy Hernreich (456-6703)
Fred Hochberg (205-6802) Elaine Kaplan (653-5161)
Jack Lew (395-4840) Ann Lewis (456-1213)
Joe Lockhart (456-6423) Sean Maloney (456-2215)
Sylvia Matthews (395-3888) Minyon Moore (456-2983)
John Podesta (456-2883) Julian Potter (456-9054)
Nicole Rabner (456-6244) Bruce Reed (456-5542)
Paul Richard (663-7101) Marsha Scott (456-5558)
Gail Shibley (366-7239) Richard Socarides (456-6682)
Doug Sosnik (456-2530) Larry Stein (456-6220)
Tracy Thornton (456-2604) Kevin Thurm (690-7755)
Sandra Thurman (456-2438) Barry Toiv (456-6210)
Karen Tramontano (456-1907) Melanne Verveer (456-6235)
Jesse White (884-7693)

FROM: Winnie Stachelberg, Political Director

PAGES (Including Cover): 2

MESSAGE: Letter to the President on the Hate Crimes Prevention Act

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October 13, 1999

'99 OCT 14 PM 5:01

Dear President Clinton,

Please find the letter you asked Thaddeus to write you about the reasons he wishes to work at NASA next summer. I hope it is what you are expecting. If not please let me know.

I have also included the letter Thaddeus sent to Ms. Garrick. Her name was given to Thaddeus by Peggy Wilhite at NASA. He has sent a resume and that letter to Ms. Garrick per Peggy's instructions to apply for an internship.

Thanks again for your interest in Thaddeus.

Your Friend,

David L.



10 14 99
To Eugene
for Reply?
✓ yes
-dc

Mr. Pres -

We referred
Donna / Thaddeus
to Peggy at NASA.
He used to work
here. Has pres
there - N

October 8, 1999

The Honorable William Jefferson Clinton
President of the United States
White House
1600 Pennsylvania Avenue
Washington, D.C. 20500-2000

Mr. President:

I am hoping all is well with you in our nation's capitol. This school year has started off fast and chaotic for me, but it is very enjoyable. As you might know, I am in the MOB (Marching Owl Band) again, and I am the equipment manager, which means I am in charge of all the instruments, the sound system, etc. I love audio equipment, so this job is right up my alley! We have done several great halftime shows. Our show last week featured the "Kingsmen," and they sang "Louie Louie" on the field with us! We also played at Houston's first organized road bike race. The U.S. Postal Service and the Saturn teams were there. It was almost like having a mini Tour de France in our own backyard.

My academic schedule this semester is also interesting. I am taking two materials science courses, which focus mainly on metals at the molecular level. My schedule also includes principles of fluid mechanics, matrix analysis, applications of thermodynamics, and welding/machine lab. Fluid mechanics is analyzing the statics and dynamics of liquids and gases. Matrix analysis is looking at different ways of grouping numbers so mathematical operations can be performed on many numbers at once. Applications of thermodynamics focuses on the different process (steam, gas, etc.) heating and power plants use to function. Thermo is the most interesting class in my schedule this semester.

Mr. President, as you might know, my main interest upon completing college is acoustics. The way sound is produced and the way we hear and interpret it is amazing. There are many aspects of acoustics: architectural acoustics, sound reproduction by loudspeakers, recording engineering, supersonic acoustics, infrasonic acoustics, sonar, and psychoacoustics to name a few. The space program would benefit from researching many of these aspects, and it probably does. That is why NASA seems so appealing to me. In outer space, there are not many second chances, so the technology that goes up must be well researched and "cutting edge." I would very much like to be a part of their acoustics research program because it would no doubt offer me a rewarding challenge.

Thank you, Mr. President, for taking time out of your chaotic schedule to consider my career interests. Your caring enough to even read this letter means a lot. I wish you the best for the rest of your term and after, and please tell Chelsea "hello" for me!

Sincerely,

A handwritten signature in black ink, appearing to read "Thaddeus Leopoulos", with a long horizontal flourish extending to the right.

Thaddeus Leopoulos
Rice University Student

Thaddeus Leopoulos

zeus@rice.edu

Rice University
Baker College
6320 South Main
Houston, TX 77005
(713) 432-0648

- OBJECTIVE:** To gain experience in acoustics by observing and taking part in design, construction, and testing.
- EDUCATION:** Rice University, Houston, TX. B.S. in Mechanical Engineering expected in May 2002.
- Related Course Work:** Waves and Optics, Engineering Mechanics, Deformation of Solids, Acoustics, Computational and Applied Mathematics (programming and matrix analysis), Materials Science, Fluid Mechanics, Applied Thermodynamics.
- Related Computer Skills:** Fortran90, MATLAB, AutoCAD (all basic knowledge)
- Activities and Honors:** Marching Owl Band, Equipment Manager
- Parkview Arts/Sciences Magnet High School, Little Rock, AR. Graduated 7th in class of 246 under Magnet of Science.
- Activities and Honors:** Student Body President, Superintendent's Student Cabinet (liaison between students and school board), Arkansas Boys' State (11th grade boys active in their high schools chosen by faculty members to take part in a week long government election simulation camp), Arkansas Governor's School (specialized six week summer academic program requiring app.)
- EXPERIENCE:** Freshman Orientation Week Mentor, Houston, TX.
Chosen after application process and interview to help acclimate freshmen to the college atmosphere. Provided friendship and academic as well as social direction to the new students. Helped freshmen establish support network for future guidance. **Summer 1999**
- AutoCAD Student, Little Rock, AR.
With the help of drafters in local engineering firm, taught myself the basics of AutoCAD while reconstructing a two-dimensional, multi-level schematic. Applied my knowledge in extending the drawing into the third dimension. **Summer 1999**
- Recording Engineering Apprentice, Hot Springs, AR
Studied with 5 other apprentices under professional recording and producing engineers. Recorded concerts and held recording sessions for individuals/groups in the Hot Springs Music Festival. Learned about inner and outer workings of all professional recording equipment used, as well as learned the processes involved in producing. Applied critical listening to room acoustics and recordings to develop the best possible sound for the finished product. **Summer 1999**
- Recording Engineer, Little Rock, AR.
Recorded and played for a local non-profit band named "Solid Brass." Experimented with equipment presented to obtain the best possible sound for each performance. Edited and produced the recordings as well. Sought help from others experienced in this field to allow for a better understanding and a better recording. Also, recorded, edited, and produced tapes for the Little Rock All City Jazz Concert. **1995-96**
- Student Rotary, Little Rock, AR.
Helped implement the T.R.U.C.E. (Teens Resisting Unhealthy Choices Everyday) Drug-Free Program for the Little Rock school district. Also helped promote the program through the initiation of a motivational speaker coming to all of the high schools. **1996-97**
- INTERESTS:** Audiophile, cycling, playing trumpet with the M.O.B (Marching Owl Band)
- REFERENCES:** Available Upon Request

Rice University
Baker College
6320 South Main
Houston, TX 77005
October 2, 1999

NASA Johnson Space Center
AH3/Nancy Garrick
2101 NASA Road One
Houston, TX 77058

Dear Ms. Garrick:

With this letter, I wish to express my goal in seeking a summer internship within NASA's engineering organization. My main career interest is acoustics. The way sound is produced and the way we hear and interpret it is amazing. In the space program, I would imagine that researching several of the many aspects of acoustics would be important, as there is much to experiment with and many characteristic properties to learn about. Another reason why NASA seems so appealing to me is, in outer space there are not many second chances, so the technology that goes up must be well researched and "cutting edge." I would like to be a part of your acoustics research program because it would no doubt offer me a very rewarding challenge.

My resume clearly shows my interest in sound. Although most of my experience deals with recording engineering, this is but just one aspect of acoustics that appeals to me, and it is the field that has been most readily accessible to me until now. During my various "sound" experiences, I experimented on my own and communicated heavily with those knowledgeable to get answers for my questions. Both my love for sound and my strong communication skills helped me to do this.

Working for NASA would be no different. I am a cooperative learner and can function well with others or by myself. I am also eager to learn and will ask questions and pursue the material until I feel I have a thorough understanding. I feel that being a part of NASA's engineering organization would give me the best opportunity to learn of other's ideas and knowledge and possibly offer up some of my own.

Thank you for your time. I hope you find the enclosed resume and can give it favorable consideration. I shall call you in ten days to confirm your receiving this.

Sincerely,

Thaddeus Leopoulos

Enclosure (1)

FedEx USA Airbill FedEx Tracking Number 814754782496

Form I.D. No.

0200

1 From
Date 10-13-99

Sender's Name DAVID LEOPONIOS Phone 501 733-6301

Company

Address 5407 North Hill BLVD

City North Little Rock AR ZIP 72116

2 Your Internal Billing Reference

3 To Recipient's Name Nancy Hennrich Phone 202 456-1610

Company The White House 1st floor West Wing

Address 1600 PENNSYLVANIA AVE

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Packages up to 150 lbs.

Delivery commitment may be later in some areas.
☐ FedEx First Overnight
Earliest next business morning delivery to select locations

* FedEx Letter Rate not available
Minimum charge: One-pound rate

4b Express Freight Service

☐ FedEx 1Day Freight*
Next business day
☐ FedEx 2Day Freight
Second business day

Packages over 150 lbs.
Delivery commitment may be later in some areas.

☐ FedEx 3Day Freight
Third business day

* Call for Confirmation:

Packaging

☒ FedEx Letter*
☐ FedEx Pak*

* Declared value limit \$500
☐ Other Pkg.
Includes FedEx Box, FedEx Tube, and customer pkg.

6 Special Handling

☐ Saturday Delivery
Available for FedEx Priority Overnight and FedEx 2Day to select ZIP codes

☐ Sunday Delivery
Available for FedEx Priority Overnight to select ZIP codes

☐ HOLD Weekday
at FedEx Location
Not available with FedEx First Overnight

☐ HOLD Saturday
at FedEx Location
Available for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods?
One box must be checked.

☒ No
☐ Yes
As per attached Shipper's Declaration
Dangerous Goods cannot be shipped in FedEx packaging

☐ Dry Ice
Dry Ice, 9 UN 1845 x kg

☐ Cargo Aircraft Only

7 Payment Bill to:

☐ Sender
Acct. No. in Section 1 will be billed

☐ Recipient

Enter FedEx Acct. No. or Credit Card No. below
☒ Third Party

☐ Credit Card

☐ Cash/Check
Obtain Recip. Acct. No.

Total Packages

Total Weight

Total Declared Value†
\$.00

Total Charges

Credit Card Auth.

8 Release Signature

Sign to authorize delivery without obtaining signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

Questions? Call 1-800-Go-FedEx (800-463-3339)

Visit our Web site at www.fedex.com

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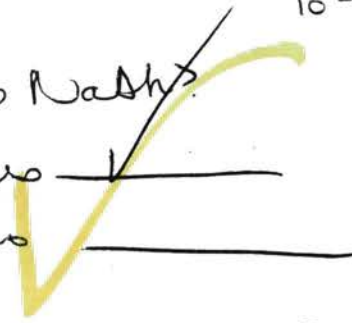
360

10-20-99

Send to Bob Nash?

Yes

No



C

Todd Stern
Assistant to the President for Special Projects
White House
Washington, DC 456-2883

September 13, 1999 09:00T 15:44:41

Dear Mr. Stern:

I am interested in working for you and the Clinton administration at the White House. I can provide unique contributions as a result of my educational training, work experience and community services. My skills are in research, writing, public speaking, policy study, program management, and meeting planner. This complements my educational training from Wellesley College and Masters in Museum Studies and Public Health. I am enclosing my resume.

I am currently working on a temporary, freelance basis providing research, editing and administrative support to a variety of clients, using Excel, Word, Wordperfect, Powerpoint.

As my resume indicates, I have worked in the political field - running for the office of Precinct Captain for the Ward 2 Democrats, Inc and District Delegate to the Democratic National Convention and Advisory Neighborhood Commissioner for Single Member District 2A01 in Washington, DC. As candidate for these positions, I created and implemented campaign and communication strategies, and I wrote speeches, letters and cards to constituents. I wrote articles for the Democratic newsletter (Ward 2 Democrat News). I handled issues apartment rentals, and housing practices, traffic and parking congestion, communication projects, safety and police protection, residents-student relations, building development, and the needs of the elderly.

My voter education activities involved researching and writing articles in the Ward 2 Democrat 2 Newsletter on issues relating to Ward 2 of DC, such as precinct boundary changes, voting procedures, and White House Health Task Force Public meeting. My voter participation activities involved working with the DC Coordinated Campaign and Ted Gay Inc, distributing flyers and calling voters to vote for Clinton/Gore in 1992/96, using my bilingual skills (Spanish) when necessary. I also volunteered for the Democratic National Committee (Heather Boothe Director of Volunteer Services) assisting with Clinton's Birthday Party (Ms. Kimberly Scott), the Democratic National Convention and with Adelante con Clinton (Hector Rodriguez.)

After the 1992 election, I continued volunteering for the Transition team in Vermont Avenue and later in the Old Executive Office Building, in data entry and mail activities. I continued being a very loyal volunteer in the White House, working with the Health Care Task Force, News Analysis, Correspondence, and Office of Science and Technology Policy. For the News Analysis office (Roger Salazar) I summarized the national news broadcast, highlighting the visuals and quotes and remarks made by the media correspondents. For the Office of Science and Technology Policy (Rosina Bierbaum, Barbara Walton, Tom Cronin, Susan Bechtel) I edited reports, assisted preparation of meetings and conducted research.

As a Fellow for the U.S. Senate Special Committee on Aging I conducted a study on their constituent letters which related to their medication needs for blood pressure health problems. For this study, I researched and synthesized the literature on the aged population and their specific needs relating to medications. I also researched and analyzed the related policies affecting medications for the elderly.

I found that the literature on this topic was based on predetermined questionnaires designed and funded by many government agencies. These questionnaires were distributed to the elderly in

different formats, including phone interviews and mailings. The respondents were prompted to choose options among selected answers. Knowing this, I wanted a study that analyzed a different scenario by which this population was not prompted to select answers to a questionnaire, but rather their unsolicited answers and demands. I found this scenario in the US Senate Special Committee on Aging, specifically their constituent letters, which were written at their homes or other personal place, and in response to their own needs. I determined the method and design for a study on constituent letters for the US. Senate Special Committee on Aging. I analyzed their needs as written in the letters, the state and city from which they were writing and their complaints.

In my findings I concluded that the elderly were concerned about the following: continual and constant change in costs per subscription per time; changes in costs per dosage per time; drug-to-drug interaction; lack of information on the effects and side effects of their prescription medications; continual increase in costs of subscriptions; generic vs. prescribed medications and costs. I applied these findings to develop a booklet for the elderly on medications, interactions and terminology. In addition, for this degree, I analyzed the policies of the Clinton's Health Care Reform Act for its effect on patient education.

While working on a temporary appointment with the National Science Foundation, I worked on the interagency research group, the data Management Working Group of the US Global Change Research Program (USGCRP) headed by Dixon Butler of NASA. I analyzed and identified the data/information available through their Internet home pages for an organization plan of federal global change information. I viewed the application process for related research and other NSF sponsored research.

My management/administrative experience have been with a variety of organizations - associations, academic and nonprofits. I have been a manager/ administrative/ chair of a research grant work, community research committee and a fundraiser. All this work involved planning classes, and special events (including program planning and menus), negotiating contracts with printers, instructors and supervising committee members and volunteers. As coordinator of a job education clearinghouse, I computerized the client database, wrote related articles, planned convention exhibits, produced sales reports, patient leaflets and practice planning guides.

I have also worked in the journalism field, distributing news in different formats - written and orally. I have written and edited articles for laymen and scientific publications (magazines, newsletters and leaflets). I also drafted side-heads, subheads and captions. My editorial experience included editing and copyediting style, grammar and determining bibliographic style. I also enhanced article facts and interest and ensured the accuracy of articles, graphs and tables by interviewing experts and researching databases, library and museum resources. I worked on reference books, trade association newsletters, and laymen public publications, magazines. I also designed posters and announcements of events, web pages, press packets and press releases.

I look forward to hearing from you.

Sincerely yours,



Susana Barañano
2000 F Street, NW #806
Washington, DC 20006
202-466-8510

2000 F St., NW, #806

SUSANA BARAÑANO
Washington, DC 20006

202-466-8510

FREELANCE

1996-present

Provide administrative, editing, writing and research support to various clients.

ASSISTANT COORDINATOR, National Science Foundation

1994-March 1996

Selected to represent NSF in interagency U.S. Global Change Research Program. Proposed data retrieval plan. Evaluated federal data on Internet. Identified download links and indexed data words/topics. Assisted producing marketing media: Homepages, brochures, videos. Wrote meeting minutes, data implementation plan and policies. Topics: policies, data management, climate, environment, human dimensions

FELLOW, U.S. Senate Special Committee on Aging

1993

Conducted and designed first epidemiology study of constituent letters, issues, demands. Created booklet, based on study findings, on medications/ interactions/ terminology

GRANT MANAGER, George Washington University Medical Center

1990-1993

Managed computer-assisted geriatric course for medical students. Compiled course manual. Maintained student records. Produced press packets. Established database of 2800 current geriatric articles, with keywords, search methods and manual, enhancing and facilitating research in geriatrics. Conducted research on attitudes, manpower, geriatric care, diseases, bio-psychosocial issues, computer courses.

ASSISTANT EDITOR, Smithsonian Institution

1984-1990

Enhanced interest and ensured accuracy of articles, graphs, and tables by interviewing experts and researching databases, library and museum resources. Determined bibliographic style of Additional Reading column; Annotated copy. Drafted sideheads, subheads and captions; Edited for style and grammar. Established library tailored to the needs of staff editors and writers.

ADMINISTRATOR, Amer. Acad. Of Otolaryngology, Head & Neck Surgery

1982-1984

Produced 30% increase in use and revenues of job/ education clearinghouse. Converted clearinghouse to computerized database. Marketing - publishing/ planning convention exhibits; Produced sales reports Wrote article on continuing medical education, IRS laws. Edited/ published Resident Notebook, a practice planning guide, patient leaflets

RESEARCHER, U.S. News & World Report Books

1980-1982

Edited Human Body books, chapters, captions, bibliographies for style, content. Ensured accuracy of books by using databases and interviewing experts. Annotated copy. Established library center tailored to the needs of staff editors and writers

LANGUAGE SKILLS: Bilingual in Spanish

EDUCATION:

B.A.	Wellesley College, Wellesley, Massachusetts	1977
M.A. (Museum)	George Washington University, Washington, DC	1979
M.P.H.	George Washington University, Washington, DC	1993

COMMUNITY SERVICES (evenings and weekends)

SUSANA BARAÑANO

POLITICAL

Washington, DC

Completed DNC Campaign Training. Campaigned for 1996/98 elected position of Advisory Neighborhood Commissioner Single Member District ANC 2A01. Campaigned for Clinton-Gore 92/96/Adelante con Clinton, DC Mayor Anthony Williams and DC At Large Council Member Bill Rice, reaching 9,000 residents.

WARD 2 DEMOCRATS, INC.

Washington, DC

Corresponding Secretary/ Precinct Captain and Alternate

1991-present

Won elected position by registered Democrats. Increased voter participation and registration, by writing articles on issues. Campaigned at grass-roots level for Ward 2 Council Member Jack Evans and Clinton/Gore.

WHITE HOUSE, Volunteer/Writer

Washington, DC

Researched, edited reports. Assisted in preparing meetings for Office of Science and Technology Policy. Analyzed and summarized national news broadcasts for News Analysis Office. Wrote articles on volunteer profiles/ activities for Volunteer Voice newsletter. Read, coded, addressed and processed Presidential and Health Care Task Force correspondence.

JUNIOR LEAGUE OF WASHINGTON

Washington, DC

Community Research Committee Chair

1992-1994

Conducted research on DC area community health services for an information fair to evaluate services.

NATIONAL GALLERY OF ART

Washington, DC

Tour/Information Specialist

1984-1993

SMITHSONIAN INSTITUTION

Washington, DC

Course Monitor/ Membership Assistant/ Exhibit Assistant

1979-present

Coordinated members, leaders, drivers, sites and restaurant officials in lectures/classes and tours. Conducted interpretive and education tours on art history, biography of painters, painting techniques and collections and resources. Planned and designed exhibits, labels, kits on trilobites, animal skins, physiology and zoo mammals.

WASHINGTON WELLESLEY COLLEGE ALUMNAE CLUB

Washington, DC

Publicity Chair

1992-1996

Produced brochure on Club for publicity efforts. Wrote articles on alumnae/ Club activities.

Fundraiser Chair, Woodley Dancing Class

1981-1985

Raised \$80,000 for scholarship funds. Increased alumnae participation. Chaired fundraiser. Negotiated contracts with Beauvoir School, instructor, printer, mailhouse. Supervised 100 6-8th grade students, 35 volunteers, 10 parent chaperones. Planned bimonthly classes, with décor, menus, seating. Supervised printing of Class invitations. Designed 35th anniversary poster.

Editor, Wellesley in Washington Newsletter

1978-1985

Assigned and edited articles on alumnae events. Supervised newsletter production and distribution. Corrected, rewrote, and revised articles. Designed layout. Specified type. Prepared camera-ready copy.

Chair. International Student Group

1977-1978

Planned social/ educational events for international students to widen understanding of American life.

10-20-99

Security

This is the 3rd letter.

I've gotten in your

few days - I need

to reply, tell him

what our story

cc
Zachary
10/19/99copied
Berger
NSC WW Desk
Podestapleopo@acxiom.com
10/19/99 11:17:00 AM

Record Type: Record

To: Nancy V. Hernreich@eop

cc:

Subject: Letter to the President

October 19, 1999

Dear Mr. President,

I am still very concerned about your administration's view of the Cyprus issue. Is the State Department really believing that the Greeks are or ever have been the aggressors in this who situation? Please, the facts are that Turkey ethnically cleansed the Greek Cypriots (200,000) in 1974. But because Turkey lets us fly over their country and land planes on their land, that washes out right and wrong. Let's just forget those 200,000 people. But because the Kosovons had the same problem, but their land is not deemed so important they can go home. They can have their land back. We even send plane and bomb the hell out of the bad guys, but not for the Greeks.

No I'm not saying we should bomb Turkey, but I am saying that we should stand up to them verbally and put the pressure on them it takes to make them submit to doing what is right. It is even for their own good. They would probably get even be invited into the European deal and all that if they would be more human like and live like civilized people, instead of brutal aggressors.

Mr. President, Please Please Please Please do the difficult thing, do the right thing, do the courageous thing. Fix Cyprus the right way. Let that country flourish, start healing in that part of the world for a truly long term solution. Don't do the Band-Aid approach. Look Turkey in the eyes and tell them what is right and make them do it.

If you went to Cyprus and got to know these people, you would have no doubts about doing the right thing. If anyone in your state department tells you the Greeks will massacre the Turkish Cypriots, they are either smoking something, or they are taking money from someone.

I know I sound extreme about this. Well, I have gotten to know these people, I have seen a lot of things and I truly believe in what I am saying. No one has asked me to do this, I truly believe. Bill, if you don't fix this it will probably never be fixed. You have a conscience and care about people, most Presidents don't. Or else they make everything else a priority, not the old Greeks. They will be ok, who are they. All they do is gripe about something that happened in 1974. Just let it guys. Well, if my home had been taken away in 1974, I would still want to go back there today, especially if under the same circumstances.

Your Friend,

David L.

Please read this article.

~~~~~

Turkey brutally invaded the Republic of Cyprus ethnically cleansing 200,000 Greek Cypriot refugees from what is now the occupied part of Cyprus in 1974. The Turkish invasion was not a mission to protect Turkish Cypriots since

there was no ethnic cleansing of Turkish Cypriots. 'Tit for tat' reprisals do not qualify as ethnic cleansing' and certainly was no reason for an invasion. The Turkish government was directly responsible for directing Turkish Cypriots into segregated enclaves before the invasion in preparation for the invasion. The invasion was pre-meditated and it was engineered so that the majority of Greek Cypriots who owned 88 per cent of all the land in what is now the occupied part of Cyprus could be ethnically cleansed quickly. The Greek Cypriot refugees have not been allowed to return to their homes. The few that remained in enclaves have dwindled as a direct result of persecution by the illegal regime in the occupied part of Cyprus.

The only legitimate government on the island of Cyprus is that of the government of the Republic of Cyprus. The illegal, local, subordinate regime that controls the occupied northern part of Cyprus is only recognized by Turkey and for good reason. The United Nations has issued in excess of 90 UN resolutions clearly stating that Turkey must withdraw its troops from the Republic of Cyprus and Turkey has failed to do so. The former Yugoslavia was invaded without the violation of a single UN resolution but Turkey has been allowed to continue its illegal occupation without sanctions or punishment. Mr. Denktash is no President on the premise that you have to have a legitimate government to be a President of.

The use of the word 'myth' or 'mythology' is used incorrectly. The Republic of Cyprus was invaded by Turkey in 1974. That is no myth. The genocide of 1.5 million Armenians and 350,000 Black Sea Pontian Greeks on the western coast of Asia Minor, in Anatolia and in Pontus was escalated between 1915 and 1923. That is no myth. Turkey ethnically cleansed Constantinople (now Istanbul) of 250,000 Greeks, a campaign that was escalated in 1955. That is no myth. The ethnic cleansing of 35,000 Kurds has occurred since 1984. That is no myth. Turkey has the track record for ethnic cleansing and genocide. That is not myth.

Paul D. Leopoulos

Sean -  
Have you seen this?  
Perhaps it was given  
directly to POTUS? What  
can we do for them?

Debi Munie  
65157

10-20-99

Any response required?  
Yes ☒ No ☐

DB  
FOR  
REPLY

B.

# CONGRESSMAN BRAD SHERMAN

## 24TH DISTRICT, CALIFORNIA



SERVING THE SAN FERNANDO AND CONEJO VALLEYS,  
LAS VIRGENES AND MALIBU

99 OCT 20 PM 4:42

COMMITTEE ON BANKING  
AND FINANCIAL SERVICES

COMMITTEE ON  
INTERNATIONAL RELATIONS

October 12, 1999

Mona Pasquil  
Assistant to the President  
115 OEOB  
Washington, DC 20502

Mona -

A close friend of Congressman Sherman's, Sir Arthur Gilbert, wanted to make sure that the President saw the attached, asking for a declaration for Anne Frank. Since Mr. Gilbert was at the event in LA, I'm sure he has.

Thanks.

See you Friday,

Peter Loge

*Mignon -  
This so go  
to Sean Maloney and  
Al Malden - fyi.  
I'll send out and keep  
in the CA pending  
folder. Mona*

*Debi Molise!  
Mr said this  
should go to you!  
Mona*

WASHINGTON OFFICE:  
1524 LONGWORTH BUILDING  
WASHINGTON, DC 20515-0524  
(202) 225-5911  
FAX (202) 225-5879

PRIMARY DISTRICT OFFICE:  
21031 VENTURA BOULEVARD, SUITE 1010  
WOODLAND HILLS 91364-6400  
(818) 999-1990  
FAX (818) 999-2287

CONEJO VALLEY OFFICE:  
2100 E. THOUSAND OAKS BLVD., SUITE F  
THOUSAND OAKS 91362-2903  
(805) 449-2372  
FAX (805) 449-2375



ANNE FRANK EDUCATIONAL TRUST

P.O. Box 11880

London N6 4LN

Telephone: 020 8340 9077

Fax: 020 8340 9088

E-mail: [afet@afet.org.uk](mailto:afet@afet.org.uk)Web Site: [www.afet.org.uk](http://www.afet.org.uk)

1 October 1999

Sir Arthur Gilbert  
Fax No: 001 310 271 1854

Dear Arthur

Thank you so much for your call this morning about your meeting with the President on Sunday. Here are a couple of bullet points about the Declaration:

- The Anne Frank Declaration for the Millennium honours all the children killed through war and persecution in this century, and calls for a world free from bigotry in the next century.
- The Anne Frank Declaration for the Millennium has been signed by the British Prime Minister, Tony Blair, all the British political party leaders, many Government Ministers and Members of Parliament in Britain. It was also signed by former President Nelson Mandela when he visited London.
- In January this year the Declaration was signed by the UN Secretary General Kofi Annan at a special ceremony at the United Nations in New York. The delegation to the UN was led by the Northern Ireland Secretary Mo Mowlam and the signing was attended by Carol Bellamy, Executive Director of UNICEF. Mr Annan stated that *"If Anne Frank, in her living hell, could summon the power to imagine a better, peaceful world, a future free of suffering and persecution, then surely we can summon the will to make that day come to pass."*
- In June the Declaration was signed by the Commonwealth Secretary General, His Excellency Chief Emeka Anyaoku, at a ceremony at Marlborough House in London on behalf of all the Commonwealth nations.
- From 2000, the Anne Frank Declaration will be adopted by cities and towns, and, most importantly, schools. We are already working with the British Department of Education to create educational materials to accompany the Declaration when it is adopted by schools. In this way, young people will understand and appreciate the significance of each line of the declaration.

**LIFE PRESIDENT** Ben Kiug **EXECUTIVE DIRECTOR** Gillian Palmer

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Mr Simon Spidberg Mr Janet Sussman

Sister Organisation of the Anne Frank House Amsterdam Member Organisation of the United Kingdom Committee for UNICEF

Registered Office: Ambury House, 31 Peter Street, Winchester SO23 8BN Registered Charity Number 1003079 VAT Number 631 6008 73

*Anne Frank.*

**ANNE FRANK EDUCATIONAL TRUST**

I am also enclosing the words of the Declaration.

I hope you and Marjorie have a wonderful time with the President and I cannot thank you enough for all you do.

Warmest regards,

A handwritten signature in black ink, appearing to be 'Gillian', with a large, looping flourish on the left and a long, horizontal stroke extending to the right.

Gillian



## **The Anne Frank Declaration for the new millennium**

- ❖ **Whereas Anne Frank has served as an inspiration to millions of people around the world, and;**
- ❖ **Her life warns us about the dangers of intolerance, and;**
- ❖ **Whereas Anne Frank stands as a symbol of the innocence of the millions of innocent children who have died due to persecution in this century, and;**
- ❖ **Wars now, more than ever before, claim the lives of the young, and;**
- ❖ **We all have the moral and spiritual obligation to keep our world safe for the generations to come, and;**
- ❖ **Whereas bigotry and prejudice harm us all;**
- ❖ **Therefore, we pledge to remember the millions of children around the world who will not greet the coming of the new millennium with us because they were killed in wars and conflict, and;**
- ❖ **Therefore we support the *Anne Frank Declaration* as an inspiration to us all to work together towards a better world, free of bigotry, in the new millennium.**

10 - 20 - 99

THE WHITE HOUSE

WASHINGTON

October 19, 1999

MEMORANDUM TO THE PRESIDENT

FROM: STEPHANIE STREETT  
SARA LATHAM  
LAURA DEMEO

SUBJECT: SCHEDULING DECISIONS

CC: JOHN PODESTA  
NANCY HERNREICH

*Copied  
Streett  
Latham  
Demeo  
Hernreich  
Podesta*

ACCEPT:

Date of Event:

Description of Event:

10/20/99

VA/HUD Bill Signing  
Oval Office, White House  
Staff Contact: Larry Stein, Mary Beth Cahill

**Representatives from veterans, housing, welfare-to-work and religious groups, as well as several Cabinet members, will join you for this signing ceremony.**

10/20/99

Tape Documentary on the First 50 Years of Israel's History  
Roosevelt Room, White House  
Staff Contact: Mary Beth Cahill

**The Simon Weisenthal Center is producing a documentary on the first 50 years of Israel's existence to be aired in the United States, South America, Europe and Israel.**

10/20/99

Outreach Meeting  
Cabinet Room, White House  
Staff Contact: Mary Beth Cahill

**This outreach meeting will be with youth leaders.**

10/25/99 Departure Statement (Medical Privacy Act) (T)  
 Site TBD, Washington, DC  
 Staff Contact: Bruce Reed

10/26/99 Drop-by Vogue Reception with HRC  
 White House  
 Staff Contact: Capricia Marshall

10/27/99 Meeting with former Italian PM Prodi  
 Oval Office, White House  
 Staff Contact: Gene Sperling, Sandy Berger

**Former PM Prodi is the new President of the European Commission (EC). The purpose of this meeting is to discuss enhanced US/EU cooperation concerning trade issues in preparation for the Seattle WTO Ministerial on December 1<sup>st</sup>.**

10/27/99 Congressional Gold Medal Ceremony for former President Ford  
 U.S. Capitol Rotunda, Washington, DC  
 Staff Contact: Larry Stein

**Former President Ford and Mrs. Ford will receive the Congressional Gold Medal on October 27<sup>th</sup> at the U.S Capitol.**

10/28/99 Blue Ribbon Schools Event  
 Location TBD  
 Staff Contact: Thurgood Marshall, Jr.

10/29/99 Drop-by the Anti-Defamation League's Annual Meeting  
 Site TBD, Atlanta, GA  
 Staff Contact: Mary Beth Cahill

**You will be in Atlanta, GA on October 29<sup>th</sup> for a Library Meeting and a DNC Dinner. You can drop-by this event and make brief remarks after the DNC Dinner.**

11/01/99 1999 Fall Intern Photo (T)  
 South Lawn, White House  
 Staff Contact: Mark Lindsay

11/01/99 Dallas Stars NHL Champions Event  
 East Room, White House  
 Staff Contact: Mary Beth Cahill

**The Dallas Stars won the 1999 NHL Stanley Cup Championship.**

11/02/99

Make-A-Wish Photo-Op  
Oval Office, White House  
Staff Contact: Karin Kullman

**10-year old Fredrick Sanger is a Make-A-Wish child who suffers from heart complications.**

11/02/99

Meeting with new NATO SG Lord Robertson (T)  
Oval Office, White House  
Staff Contact: Sandy Berger

**The new NATO Secretary-General will be in Washington, DC and would like to discuss key issues facing the Alliance.**

11/3/99-11/6/99

Hold for New Markets Travel  
TBD  
Staff Contact: Gene Sperling

11/8/99

Participate in an On-Line Town Meeting on New Democrat-Third Way Innovations  
East Room, White House  
Staff Contact: Sidney Blumenthal

**The purpose of this event is to promote a greater understanding of the Third Way in America and emphasize that the Third Way is the politics of the "Information Age".**

11/9/99

Congressional Medal of Honor Ceremony for the Little Rock Nine  
White House  
Staff Contact: Larry Stein

11/10/99

National Trade Education Day (T)  
TBD  
Staff Contact: Karen Tramontano

11/10/99

Outreach Meeting (T)  
White House  
Staff Contact: Mary Beth Cahill

10-20-99

11/11/99 Veterans Day Breakfast  
White House  
Staff Contact: Capricia Marshall

11/11/99 Arlington National Cemetery Veterans Day Event  
Arlington National Cemetery, Arlington, VA  
Staff Contact: Thurgood Marshall, Jr.

11/23/99 Pardoning of the Thanksgiving Turkey  
Rose Garden, White House  
Staff Contact: Capricia Marshall

**You can do this event before departing for Camp David.**

**PENDING:**

Date of Event:

Description of Event:

10/13/99-10/20/99

Attend Briefing with Senior NIH Scientists on AIDS Research  
White House  
Staff Contact: Thurgood Marshall, Jr.

**NIH scientists would like to brief you on the latest advances in the intramural vaccine research programs, including progress with the AIDS vaccine development, plans for the new Vaccine Research Center, and NIH-supported projects in the U.S. and in developing nations.**

10/27/99

Attend the National Association of Counties Town Hall Meeting  
Site TBD, Washington, DC  
Staff Contact: Mickey Ibarra, Minyon Moore, Ben Johnson

**Your schedule is already full this day with the Congressional Gold Medal Ceremony for President Ford on Capitol Hill, the meeting with Romano Prodi, the Bonior Reception and DNC Dinner.**

11/5/99 or after

Meet and Greet with STS-93 Astronauts  
Oval Office, White House  
Staff Contact: Neal Lane

**Eileen Collins, commander of STS-93, is the first woman commander of a Space Shuttle mission. This would be a photo-op with the entire crew of STS-93.**

11/8/99

Foreign Policy Speech on the 10<sup>th</sup> Anniversary of the Fall of the Berlin Wall

Georgetown University, Washington, DC

Staff Contact: Sandy Berger

**November 9<sup>th</sup>, 1999 the 10<sup>th</sup> anniversary of the fall of the Berlin Wall, offers a prime opportunity for an historic Presidential speech and preview of your trip to Europe later this month. In addition, you recently received an invitation from Father O'Donovan to deliver the annual Herbert Quandt Memorial lecture this fall. The Quandt lecture, named for the founder of BMW, was created as part of a generous gift from BMW to the University's Center for German and European Studies. Two years ago you hosted the BMW executives at the White House for their generous presentation to Georgetown University.**

**We propose that on November 8<sup>th</sup>, you deliver the Herbert Quandt lecture at Georgetown to highlight your achievements in securing peace and strengthening democracy in Europe since the fall of the Berlin Wall.**

Yes ☒ No ☐

12/4/99

Attend the 1999 Army-Navy Football Game

Veterans Stadium, Philadelphia, PA

Staff Contact: Mark Lindsay, Col. Simmons

**December 4<sup>th</sup> is a Saturday and currently you have the day and evening off. You are scheduled to be in Philadelphia on December 2<sup>nd</sup> for a Rendell fundraiser, however, if you are interested in attending the Army-Navy game we can look at moving the fundraiser to December 4<sup>th</sup> instead. Would you like to attend the game?**

Yes ☐ No ☒

10-20-99

**REGRET:**

Date of Event:

Description of Event:

October TBD

Publicly Announce the Stop Racism Youth Challenge  
White House  
Staff Contact: Ellen Lovell, Ben Johnson

**The OneAmerica Office and the Millenium Council will ask the First Lady's Office to do a video for this event.**

10/22/99

Attend Groundbreaking Ceremony for Japanese American Patriotism Memorial  
Intersection of LA Ave, NJ Ave. and D St., Washington, DC  
Staff Contact: Mary Beth Cahill

**Unfortunately, this event is scheduled during the same time as the White House Conference on Philanthropy. In addition, you address the National Board for Professional Teaching Standards in the morning and have the Kennedy/King Dinner in the evening.**

**Public Liaison and Cabinet Affairs are working on the appropriate surrogate. We will get back to you and let you know who will attend.**

10/22/99-10/28/99

Address the Association of American Medical Colleges 110<sup>th</sup> Annual Meeting  
Washington Hilton & Towers Hotel, Washington, DC  
Staff Contact: Mary Beth Cahill

*Should Consider*

**Your schedule is already very full this week with the WH Conference on Philanthropy on the 22<sup>nd</sup>, travel to Baltimore and New York on the 25<sup>th</sup>, the day off on the 26<sup>th</sup>, the Congressional Gold Medal Ceremony for President Ford on the 27<sup>th</sup> and the Official Working Visit of President Obasanjo of Nigeria on the 28<sup>th</sup>.**

10/30/99

Address DOE's Sandia National Laboratories 50<sup>th</sup> Anniversary  
Sandia National Labs, Albuquerque, NM  
Staff Contact: Thurgood Marshall, Jr.

*1 hour to type*

10-20-99

**Cabinet Affairs has asked the Vice President to tape a video for this event.**

11/3/99-11/5/99

Attend the "Beyond Nuremburg" Conference  
Columbia, South Carolina  
Staff Contact: Thurgood Marshall, Jr.

**You will be traveling on these dates.**

11/4/99-11/5/99

Announce the Duck Stamp Award Winning Artist  
White House  
Staff Contact: George Frampton

**You will be traveling on these dates. In addition, the Vice President did a photo-op with the winning artist.**

**PERSONAL:**

Date of Event:

Description of Event:

10/24/99

Engagement Party for Jon Orszag and Rica Rodman Hosted by  
James Carville and Mary Matalin  
The Carville/Matalin Farm, Maurertown, VA

**James Carville and Mary Matalin are hosting an engagement party for Rica Rodman and Jon Orszag on Sunday, October 24<sup>th</sup> at noon. Currently you are scheduled to play golf that afternoon. Would you like to attend the engagement party before playing golf? (Please note: HRC is scheduled to depart at 1pm.)**

Yes \_\_\_\_\_ No ☒

10/21/99

Meeting with Library Architects  
Residence  
Staff Contact: Bruce Lindsey

**The Library Architects will be here for a meeting with you and the First Lady from 9am – 12pm. (Please note: the First Lady will not be able to join you until 10am)**

THE WHITE HOUSE  
WASHINGTON

October 20, 1999

PERSONAL

Andrew M. Manis, Ph.D.  
6316 Peake Road  
Macon, Georgia 31210-3960

Dear Andrew:

Thank you for your letter and the copy of your book chronicling the remarkable life and achievements of the Reverend Fred Shuttlesworth. Throughout his distinguished career, he has helped move America closer to our ideals of freedom, justice, and equality.

As I'm sure you know, the Presidential Medal of Freedom is the highest civilian award given in the United States. I agree that Reverend Shuttlesworth has done much to deserve recognition, and I will give your recommendation careful consideration.

Sincerely,

Bill Clinton

*Cc [Signature]*  
*Manis H*  
*10/19*  
*cleared by [Signature]*

August 31, 1999

The Honorable William Jefferson Clinton  
President of the United States  
The White House  
1600 Pennsylvania Avenue  
Washington, DC

Dear President Clinton:

Please accept a copy of my new book, *A Fire You Can't Put Out: The Civil Rights Life of Birmingham's Reverend Fred Shuttlesworth*. It is indeed the dramatic story of probably the most unsung hero of the American civil rights movement. Participants in and historians of the movement are agreed that absolutely no one attacked segregation with more bravery and consistency than Fred Shuttlesworth. In his book, *Why We Can't Wait*, Martin Luther King Jr. called him "one of the nation's most courageous freedom fighters," and more recently Taylor Branch has said that Shuttlesworth deserves more credit for his under-recognized role in the black freedom struggle.

I send you both a copy of my book and this letter in order to urge you to consider the Reverend Shuttlesworth as a recipient of the Presidential Medal of Freedom. This request accords with an April 1998 resolution by the Cincinnati City Council that you consider Shuttlesworth for the Medal.

No living participant in the civil rights movement bears more scars from that historic struggle than he. During your term as President, you have awarded the treasured Medal to a number of civil rights advocates. Among these are Joseph Ruah, Dorothy Height, William Thaddeus Coleman Jr., A. Leon Higginbotham Jr., Rosa Parks, Arnold Aronson, and James Farmer. Without taking anything away from these distinguished recipients, I would say this: To be fair to the historical record, as my book shows, none of these persons did more to advance the cause of freedom for all Americans than Fred Shuttlesworth. Certainly none of them displayed more courage in the struggle for racial justice in America.

In my book you will find a detailed account of Shuttlesworth's sustained efforts to "kill segregation or be killed by it":

- From 1956, when he founded the Alabama Christian Movement for Human Rights, he confronted segregation on all fronts in the face of Birmingham's infamous Commissioner of Public Safety, Eugene "Bull" Connor.
- He attempted to desegregate Birmingham's buses in the face of two bombings of his home and church, at least one of them indirectly orchestrated by Connor himself.
- He attempted to enroll his daughters in an all-white high school in the face of a threat of castration, and the attempt earned him a beating at the hands of a mob. (This event was overshadowed by the integration of Little Rock's Central High School.)
- He countered a mob that sought to hinder him from integrating the Birmingham train station. He oversaw student sit-ins at department stores.

President William Jefferson Clinton

August 26, 1999

Page Two

- He protected the Freedom Riders when they were beaten in Anniston and Birmingham in 1961.
- During seven years of ground-laying work, he pestered Martin Luther King and the Southern Leadership Conference to join forces with his organization to mount massive direct action protests in the city called the Johannesburg of North America.
- When not a drop of water from "Bull" Connor's infamous fire hoses fell on King or Abernathy, Shuttlesworth was slammed into the side of Sixteenth Street Baptist Church and bruised a rib.
- Without question, the Civil Right Act of 1964 could not have been passed without the Birmingham demonstrations of the previous year. Just as clearly, those demonstrations could never have succeeded apart from the work of Fred Shuttlesworth.

The Reverend Shuttlesworth, now 77, continues his ministry as pastor of the Greater New Light Baptist Church in Cincinnati, Ohio. His statue adorns the entrance of the Birmingham Civil Rights Institute and Museum. The period of the Martin Luther King Jr. Holiday, January 17, 2000, would be an appropriate occasion to honor his work for freedom and justice in America by naming him the new millennium's first recipient of the Presidential Medal of Freedom.

Thank you for your time and for considering this nomination.

Sincerely yours,



Andrew M. Manis, Ph.D.

Editor for Religion and Southern Studies, Mercer University Press

Author, *A Fire You Can't Put Out: The Civil Rights Life of Birmingham's Reverend Fred Shuttlesworth*

Mr & Mrs Clinton  
Port Chicago 7/5/44 Black  
sailors loading Victory & Liberty ships  
with bombs & hi explosives. One  
Liberty ship blew up killing 345  
black sailors.

Remaining black survivors were  
ordered by navy white brass  
to keep loading bombs.

They refused & were court  
martialed.

You should before you  
leave office should pardon  
these aged elderly ex servicemen  
Afro/Amer sailors.

How about it?

Charles A. Perkins

Important

Mrs Curry secretary

99 OCT 20 PM 2:49

10-20-99

Send to Beukhardt?

Yes ☒  
No ☒

Don-  
What do you think?  
-Susan

Atto/Miss Curry  
Secretary

Charles A. Forbes  
100 Harbor #48  
Belmont Calif 94002  
10/15/99

Mrs & Mr. Clinton  
White House

nobody writes longhand? The only  
one. They all <sup>PRINT.</sup> I never  
longhand in Slapout  
& also Ringwood, Okla as a  
child out of orphanage 1945.  
American trade real bad look here!  
another inflationary wage wage  
increase for auto workers. They'll get it  
then many will raise auto prices to  
pay for the extortion! Homeless nearly  
no more American TV radios <sup>San Francisco</sup>  
cameras & now clothes & cameras,  
how about some action ~~again~~ all  
still in office?

I don't smoke but then  
all smoking marijuana in nearly  
San Francisco & across Oakland! a  
law enforcement officer said all  
those mari, uneducated illiterate street  
folks for more "bucks" start marijuana  
then yd cocaine  
Good thing DEA got over



# PENINSULA HOMETOWN BAND

## Newly Formed

First Rehearsal and Registration  
**Wednesday, September 22, 1999**

**4:00 PM to 6:00 PM**

*55 and Older Adults*

**San Mateo High School  
Music Bldg -Band Room M-3**

**506 N. Delaware, San Mateo**

**NO AUDITIONS**

**BRING HORN AND PLAY**

**It's time to get that horn off the shelf**

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**ADULT & COMMUNITY EDUCATION**

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**For more information call Henry Use, (650) 347-2286**



# U.S. trade d

ASSOCIATED PRESS

WASHINGTON — America's trade deficit ballooned to any other monthly record high of \$25.2 billion in July as a flood of foreign cars, machinery and consumer goods pushed imports to an all-time high. The U.S. deficit with Japan, China and Western Europe all set records.

The Commerce Department reported today that the trade deficit grew by 2.4 percent in July, surpassing the June im-

# Stemming the

CHP is an integral part of breaking up meth syndicates

By Patty Reyes



**M**r. Wizards, they're not. They've blown up motel rooms, garages and entire houses — while ruining lives along the way — in their quest to manufacture the illegal drug methamphetamine.

Better known as crank and meth, it became the drug of choice for the '90s. In the process it earned California the dubious distinction of being the production hub for the rest of the country, law enforcement officials say.

That is why the California Highway Patrol is a proactive participant in numerous partnerships to stem and cripple the drug trade. Drug abusers range from housewives and athletes to business people to students who snort, smoke, inject or ingest the illegal substance.

"It's a life-ending, career-ending choice these people make," said CHP Officer Mike Maskarich, I.D. 12034, of drug abusers. The 12-year patrolman is a member of the South Bay Methamphetamine Task Force under the auspices of the Department of Justice's Bureau of Narcotic Enforcement.

"It's why we're dead-serious with what we're doing."

Law enforcement representatives from the CHP, local police, sheriff's and probation departments as well as the Federal Bureau of Investigation and the Drug Enforcement Administration are exposing and arresting those associated with clandestine crime labs up and down the Golden State.

# drug tide

*Left: CHP Officer Mike Maskarich, I.D. 12034, checks for latent fingerprints on illegal methamphetamine lab items following a drug bust in King City. Right: Maskarich, a member of the South Bay Methamphetamine Task Force, drives an all-terrain vehicle en route to a King City clandestine drug lab. The eight-wheel ATV is used to transport personnel and equipment during police investigations.*

Maskarich's task force mainly investigates large-scale drug deals — those over five pounds that can fetch anywhere from \$4,500 on the streets of California to \$22,000 per pound out of state. One hundred pounds of crank can be worth up to \$4 million, Maskarich said. One case he worked on netted crooks millions of dollars before police arrested them.

Huge police raids in East Palo Alto, Modesto and San Jose last year resulted in the arrest of several members of a multi-million-dollar major crank syndicate. Police discovered evidence the group bought more than \$2 million worth of materials to manufacture nearly \$300 million worth of meth. In the raid, police uncovered two labs — one in Modesto and the other in Patterson.

Maskarich also was part of the task force that broke up a major crank production lab in a remote, mountainous area of Monterey County where police arrested five people and seized 45 pounds of meth on site.

"No communities are immune from this stuff," said Joe Daughenbaugh, special agent with the Department of Justice's Bureau of Narcotic Enforcement.

"Smaller scale labs have operated in San Francisco County and prominently in areas such as Santa Clara, San Mateo, Fresno County, Stanislaus County and places in the San Joaquin Valley, Sacramento, Napa, San Bernardino, Fresno and the Salton Sea," Daughenbaugh said.

Traditionally, meth suppliers

throughout the U.S. have been California-based outlaw motorcycle gangs. Although they continue to produce and distribute crank, other groups have entered the illegal manufacturing picture — including Mexican drug cartels operating in both their country and in California, CHP Officer Maskarich and other police sources said.

From 1994 to 1997, members of the Bureau of Narcotic Enforcement (BNE) seized 2,695 clandestine meth labs throughout the state. Of that figure, 95 percent of those labs were associated with Mexican national crime syndicates.

The main component of meth — ephedrine — is found in hay fever, nasal congestion and asthma medicine. The ephedrine plant, which is outlawed from being grown in the U.S., flourishes in China. Shipments for illicit use are sent to Germany, Switzerland or Czechoslovakia and finally transported to Mexico, where it is legal.

Border patrols report they are confiscating ephedrine and crank from gas tanks, secret compartments and toolboxes, as well as lab equipment and large amounts of cash.

Trying not to arouse police suspicion, drug traffickers have resorted to assigning a few people to purchase only certain items.

"It may be one person's job just to buy ice, a lot of it. Another person may be assigned to get iodine," Maskarich said.

In another case, police arrested an ex-



pectant mother assisting at a meth site in Redwood City. Dealers also enlist the help of children. Police surveillance video showed a very young boy loading lab equipment into a van.

"I've seen it where kids were running all over the place and it's absolutely filthy and extremely dangerous," Maskarich said. "There was a 7-year-old boy at a lab where his dad was making drugs. The boy complained to neighbors that his hands hurt. It turned out the boy had chemical burns because he came in contact with chemicals that his dad was using in manufacturing the drug."

When children are present at labs, officers take the youths to hospitals to have them checked out by medical staff. The parents then face felony child endangerment charges.

"Cooks," as meth manufacturers are called, can easily earn \$25,000 for two days work. The cost to make crank is approximately \$1,700, which cooks can double or quadruple by adding cutting agents. The process involves separating ephedrine from its binding agents and using controlled and caustic substances — including red phosphorus, lye, vitamins and even dietary supplements for horses.

"Any idiot can do it," Harry Rhodes, special agent with the Department of Justice's Bureau of Narcotic Enforcement, said of crank producers.

Charles A. Perkes  
100 Harbor #48  
Belmont, Calif 94702



Mrs & Mrs Clinton  
The White Hse  
1600 Pennsylvania Ave N.W.  
Washington, D.C. 20503

Attn/ Miss Perry, his secretary



THE WHITE HOUSE

WASHINGTON

1/20/99

Dear Walter

Thank you for your fine  
picture Americorps - While I wish  
it were even bigger, in five years we've  
had more volunteers than the Peace Corps  
had in '70.

And future Presidents may embrace  
it & recommended the largest Peace Corps  
expansion in a generation.

At any rate, it has inspired a lot of  
young and home not so young Americans  
who in turn have inspired and assisted  
millions more —

Sincerely,

Bill Clinton

cc: Joe L  
Corbett

copied  
Lockhart  
Ucelli

# AmeriCorps: Small scale, huge success

NEW YORK — From the moment Bill Clinton declared his candidacy for president eight years ago this month, he spoke with missionary fervor about a vast program of national service. The idea, which soon became one of the sure-fire applause lines in Clinton's stump speech, was to grant all young Americans the opportunity to earn money for college tuition by dedicating themselves to two years of service in public schools, nursing homes or charitable institutions.

Uganda Gibson is living out Clinton's dream. Last month, this poised 27-year-old woman began working for AmeriCorps as a teacher's aide in a second-grade class at P.S. 207, a dilapidated elementary school on West 117th Street in Harlem. "Homework is a real issue," she said Tuesday morning. "A lot of parents aren't doing what they should. So I go through the homework with the kids."

This afternoon, in a tent on the White House lawn, the president will celebrate the fifth anniversary of AmeriCorps, the volunteer service program that Clinton hopes will become as much a part of his legacy as the Peace Corps was of John Kennedy's.

Clinton will probably express similar sentiments to those he uttered last February, when he challenged young people "to dedicate a year or two of your lives to a cause larger than yourselves.

It may be your best chance to change the lives of others for the better, and to enrich your own life in the process."

AmeriCorps illustrates how the idealistic words that provide heft to a candidate's pitch for votes in the primaries can be transformed into enduring federal programs. But an equally valid truth may be lost amid today's self-congratulatory rhetoric: Bold ideas are often watered down in Washington, so they end up as modest adornments rather than epic initiatives.



**HYPE & GLORY**  
By Walter Shapiro

Chavarr Coppedge, 25, who works with third-graders at P.S. 207, will get on an early-morning train to go to the White House (his invitation came in a phone call from Hillary Clinton) as one of 150 AmeriCorps volunteers attending today's event. Coppedge, who attends Mercy College in the Bronx at night, explained that he was motivated to return to school, in part, to be a role model for his students.

"Kids ask you, 'Did you finish school?'" Coppedge said. "And I say that I'm still going. 'When?' they ask. When I tell them that I go at night, they see my dedication about schooling, and it rubs off."

Coppedge and Gibson are among the 35,000 AmeriCorps volunteers (the program will expand soon to 40,000) who receive an annual \$8,700 stipend and a \$4,725 tuition grant for each year of

service. But for each AmeriCorps recruit, there are roughly 999 other Americans in their teens and 20s who are working or going to school without taking part in the program. This modest ratio is a far cry from that envisioned by presidential candidate Clinton in 1991.

Approved by Congress in 1994 despite loud Republican opposition, AmeriCorps is a program that has come to equate success with mere survival. Even though in his budget Clinton proposed expanding it to 100,000 slots by 2002, AmeriCorps is to be funded at the same level as last year, \$439 million.

Former Pennsylvania senator Harris Wofford, who heads the Corporation for National Service, which oversees AmeriCorps, still talks in visionary terms about "making service a substantial kind of common experience for all Americans." He said in an interview: "A stake has now been planted in the ground for 100,000 slots. But I want to plot a way to get that number to 1 million."

But if AmeriCorps is ever to become more than an orphan program, a half-forgotten line in the federal budget, a future president must embrace voluntary national service with an unstinting passion. Clinton had that passion but lacked the political muscle. It would be hard for another president, even Al Gore, to put aside ego and make dramatic expansion of this program, so closely identified with Clinton, a major priority.

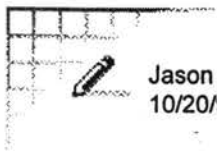
Unlike the Peace Corps, AmeriCorps programs are often semi-invisible, since volunteers are hired and sponsored by existing non-profit organizations. The recruits at P.S. 207 were attracted by the work of Harlem Peace Makers, a widely acclaimed community service organization built around non-violence.

Harlem Peace Makers, part of a larger entity called the Rheedlen Centers for Children and Families, deploys 30 AmeriCorps volunteers in three public schools. "It would be totally impossible for us to operate this program without AmeriCorps," said the group's founder, Geoffrey Canada. "But we'd love to be in every classroom and every gym and cafeteria, so that kids could be surrounded by caring adults for 15 hours a day."

A unique aspect of this Harlem program is that half the AmeriCorps volunteers in the schools are young men. "Most of the boys and girls in these schools have grown up without fathers," Canada explained. "Their ideas of what it is to be a man are based on TV, the movies and the streets. We're trying to change that image."

AmeriCorps deserves credit for the small daily triumphs achieved by Uganda Gibson and Chavarr Coppedge. But it is sad that at a time when the need is so great, the government's resources remain so small.

Walter Shapiro's column appears Wednesdays and Fridays. Contact him at [wshapiro@usatoday.com](mailto:wshapiro@usatoday.com)



Jason H. Schechter  
10/20/99 06:34:53 PM

Record Type: Record

To: Betty W. Currie/WHO/EOP@EOP

cc:

Subject: walter shapiro's address

Home:

201 West 86th Street

Apt. 1105

New York, New York 10024

at USA TODAY:

1000 Wilson Blvd

Arlington, VA 22229

Walter Shapiro  
201 West 86th Street  
Apartment 1105  
New York, NY 10024

'99 OCT 20 PM 7:19

THE WHITE HOUSE  
WASHINGTON

October 20, 1999

OPRAH WINFREY SHOW PHONE CALL

DATE: October 21, 1999  
LOCATION: Oval Office  
TIME: approximately 1:35 p.m.  
FROM: Joe Lockhart

File

POTUS/KE

VP

COS

ME

SR

DS

NH

BC

Lockhart

KT

Maloney

Palmieri Lewis  
Blumenthal

I. PURPOSE

For you to amplify your Americorp message by placing a quick call in during a taping of the Oprah show, "Children Making a Difference."

II. BACKGROUND

The Oprah Winfrey show is providing a good outlet for you to deliver your message on gun legislation as well as success with the Americorp program. The program is dedicated to special children devoted to making a difference within their respective communities.

Oprah's first guest will be 17-year-old Mary Beth Talley of Fort Worth, Texas. Mary Beth was at the Wedgewood Baptist Church last month when a gunman opened fire. When the shooting began, Mary Beth dove in front of her friend Heather McDonald to protect her from the attack. Heather has Down's syndrome. Even after being shot in the shoulder, Mary Beth continued to comfort her friend.

After spending a few minutes interviewing Mary Beth and her mother, Oprah will then introduce you as a "surprise caller." Since the show's context, "Children Making a Difference," is broad, you can use this as an opportunity, in recognizing young people's accomplishments, to challenge other young people to make a difference, and herald the success of the AmeriCorps program.

Other guests that will appear on this show include:

Craig Kielburger: author of the book "Free The Children". Craig has committed himself to the cause of fighting child labor around the world. He is 16 years old.

Brandon Keefe: 14 year old who started a book drive for underprivileged children.

Ryan Tripp: trimmed lawns in 50 states to raise money and awareness for organ tissue research.

Rashad Williams: raised forty thousand dollars for the medical bills of Lance Kirkland, a boy who was critically injured during the Columbine High School attack.

Oprah Winfrey hosts the highest rated daily talk show on television.

The call would take about 2 minutes. The actual show will air on October 27, 1999.

### **III. PRESS PLAN**

Closed.

### **IV. QUESTIONS**

Oprah will not ask you any questions. She will only introduce you, then allow you to offer your encouragement to Mary Beth.

### **V. PARTICIPANTS**

Interview Briefing

YOU

Lockhart

Interview

YOU

Lockhart

### **VI. ATTACHMENTS**

Talking Points

## **Talking Points Oprah Winfrey Show Call-In**

- Oprah, I thank you for turning your attention and your show to the wonderful contributions of our young people.
- Mary Beth, you are an extraordinary young woman, and I am proud of you. No one should have to go through what you did, but you showed great courage in your self-less act.
- You know, Americans across our country were heartbroken by tragedies like Fort Worth, Columbine, and others. These incidents have further strengthened my determination to do all I can to keep our communities safe -- by putting more police on the street, cracking down on illegal gun traffickers and providing new community and school safety resources.
- It's now time for Congress to do their part and bring a bill to the floor that strengthens our nation's gun laws by preventing criminals from purchasing guns at gun shows without background checks; requiring safety locks to be provided with every handgun sold; banning the importation of high capacity ammunition clips; and barring the most violent juvenile offenders from ever possessing firearms.
- But you know as your guests here today show, and as see in my travels across the country, so many young people are making a real difference in the lives of Americans. Take, for example, AmeriCorps. Just five years ago, I had the privilege of signing the legislation creating AmeriCorps with the same pen that President Kennedy had used to sign the legislation creating the Peace Corps.
- At first, there were just a handful of students involved. But I am pleased to say that following yesterday, when I swore in the newest class of AmeriCorps volunteers, there stands over 150,000 young people strong in AmeriCorps, serving their communities, serving their country. You will find AmeriCorp members from coast to coast tutoring children, cleaning communities, and building homes -- making a real difference in their communities.
- Oprah, I challenge all young people watching to follow Mary Beth's lead, and to find out how they too can make a difference.

Thank you.