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Yale Law School

11/2/99

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Yes ✓
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'99 NOV 2 AM 9:16

DREW S. DAYS, III
Alfred M. Rankin Professor of Law
October 26, 1999

President William J. Clinton
The White House
Washington, DC

Re: Clemency/Pardon for
Professor Preston T. King

Dear Mr. President:

It is my understanding that a recommendation for an unconditional pardon for Professor Preston T. King has been submitted recently to the White House and the Department of Justice by Professor Richard P. Thornell of Howard University.

I am writing, in that event, to express my support for Professor Thornell's recommendation. In the summer of 1965, while a student at Yale Law School, I had the honor and pleasure of working as an intern for Attorney C.B. King, Professor King's late brother, in Albany, Georgia. During that summer, I had the opportunity to observe at first-hand efforts being made by C.B. King and other civil rights attorneys in the South to use the law as an effective tool for social change.

While in Albany, I also got to know and respect the King family. I also learned the details of Preston King's discriminatory treatment at the hands of local draft officials that has proven to be a tragedy for him, his family and his friends. Based upon my knowledge of Professor King's case, I think that it is a compelling one for exercise of your pardoning power. Consequently, I want to urge that it be given most serious consideration.

Sincerely,

Drew S. Days III

Drew S. Days, III

cc: The Honorable Eric Holder
Deputy Attorney General
Ms. Beth Nolan, Counsel to the President

P.O. BOX 208215, NEW HAVEN, CONNECTICUT 06520-8215
COURIER ADDRESS 127 WALL STREET, NEW HAVEN, CONNECTICUT 06511

President William J. Clinton
The White House
1600 Pennsylvania Avenue
Washington, DC 20530

Yale Law School

DREW S. DAYS, III

P.O. BOX 208215 • NEW HAVEN, CONNECTICUT 06520-8215

THE WHITE HOUSE

WASHINGTON

Date 11/2/99

To: CHRIS JENNINGS

From: The Staff Secretary

ANY COMMENT?

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 27 1999

MEMORANDUM FOR THE PRESIDENT

As you know, the Department of Health and Human Services has been working for a number of years toward improving the Nation's system of organ procurement and transplantation. Our goal is to make the system operate for the greatest possible benefit of patients. We believe improvements in the organ transplant system could result in saving hundreds more lives each year.

Toward the goal of saving more lives, we have moved in two areas. With the Vice President's leadership, we have undertaken a National Initiative to increase organ donation. This effort has produced successful results in its first year. At the same time, HHS developed regulations to carry out the purposes of the National Organ Transplant Act of 1984. These provisions, developed over a period of years with extensive opportunities for comment, were published as a Final Rule on April 2, 1998.

Our Final Rule was supported by patients' groups and many prominent transplant centers and professionals, but was opposed by the HHS contractor which operates the Organ Procurement and Transplantation Network (OPTN) and by others in the transplant community. Last Fall, Congress imposed a one-year moratorium on implementation of the Final Rule, and mandated that a study of the issue be carried out by the National Academy of Science's Institute of Medicine (IOM). Congress also asked for further consultation between HHS and the transplant community. Both of these actions have been completed.

The IOM published its study in July. Its findings strongly validated the concerns and the approach of the HHS Final Rule. In particular, the study reinforced the need for Federal oversight of the Nation's organ procurement and transplantation system -- not to impose government in medical decision-making, but to ensure that the policies of the OPTN were operating fairly and effectively in the public interest. Throughout this year, HHS also continued meeting with the various elements of the transplant community, listening to concerns about the Final Rule and identifying common goals.

On October 20, HHS published amendments to the Final Rule which reflect the findings of the IOM report as well as our discussions with the transplant community. These amendments especially benefit from the input provided by the IOM, and they represent improvements in the

Final Rule. But at the same time, we have preserved the core features of our Final Rule, which are the foundation for improving our system for patients. In particular, this means using standard medical criteria, developed by transplant professionals themselves, to decide which patients will receive organs. This is the only way to ensure that organs will reach patients who need them most.

Opponents of our Final Rule are once again seeking to use the Appropriations process to impose a renewed moratorium on the Final Rule. The Administration is on record as strongly opposing any new moratorium. I want to urge that we remain strong in defending our current position and insist that the regulation go forward as scheduled. Our approach has been validated by the IOM study that Congress ordered, we have listened to the concerns of all elements in the organ transplant community, and we must remain committed to an organ transplant system that saves more lives by serving patients in the fairest and most medically effective way possible.

In addition, both Congress and the Executive Branch should be concerned about the integrity of Federal spending for transplants. Medicare and Medicaid alone pay for more than half of transplant costs in the United States. However, without the Final Rule to define the Federal role in our transplant system, the government has little useable authority to assure that these Federal dollars are being used in a fair and effective manner.

Our goal is to work cooperatively with the transplant community to ensure the best possible transplant system for Americans. We have been careful not to inject government into decisions which must be left to medical professionals. Instead, we have designed a carefully balanced approach in which the Federal Government can carry out the oversight role which the IOM so clearly reaffirmed.

For these reasons, I would urge you to reject any actions by Congress that would further delay implementation of the Final Rule.

Donna E. Shalala

Attachments

Wash. Post; 10-23-99

An End to Organ Games?

THE FIGHT between the federal government and local organ transplant centers over how better to allocate scarce organs has been a strikingly unsavory application of territorial politics to an area where politics should play no role. This week the Department of Health and Human Services (HHS) published a final regulation—to go into effect in 30 days—intended to make organ distribution more equitable. The idea is to even out disparities among the many geographic areas served by the nation's 272 transplant centers, most of which grew up in an era when "harvested" organs needed, for technical reasons, to be used close to home. The varying populations of these regions mean uneven distribution, which, given the shortage of organs, spells death for some 4,000 patients a year for whom an organ cannot be found in time.

Enter HHS, which last year issued a draft regulation calling for the network's contractor, United Network for Organ Sharing, to come up with more equitable criteria based on medical, rather than geographical, status. The organ transplant network, though, fiercely opposed the regulation and persuaded Congress to delay its implementation a year. The network fears the changes would force local transplant centers to close, which in turn would dissuade families from donating loved ones' organs; it also warned of organ wastage because of failed procedures if the sickest patients were invariably transplanted first.

Behind these concerns—for which a congressionally mandated report from the National Academy of Sciences' Institute of Medicine found no evidence—is the fear that local centers would close, eliminating the substantial income source they represent for the hospitals that house them. That may explain the otherwise remarkable fact that 10 states responded to the proposed rule by passing laws making it more difficult to send organs out of state. The Institute of Medicine report even cites cases where grieving families willing to donate were urged to sign contracts requiring that organs go only to in-state recipients.

In fact, the report's researchers found no evidence that families care whether organs are used nearby; on the contrary, surveys showed they cared most whether the organs would be fairly used. The report recommends that geographical regions be made larger but that any new system make use of existing transplant networks rather than closing them down, a goal HHS Secretary Donna Shalala says could be achieved under the rule. Opponents of the reforms could still hobble and delay the regulation further as part of the budget appropriation for HHS. Such an action would be an extension of a cynical battle that costs patients' lives as it drags on.

Ensuring a healthy system

By keeping the details open to doctors' suggestions, feds may produce a better organ donation network

The Clinton administration continues to push for a more rational system of allocating donated organs. That's good for sick people.

But the push leaves a lot of room for input from hospitals and doctors involved in transplant surgery. That's good for all concerned.

Whether the United Network for Organ Sharing, the hospital organization that set up the current system of allocating transplants, can recognize the common good remains to be seen. Thus far, UNOS has been much too intent on defending its methods to acknowledge that patients might be better served by a few changes.

Donna Shalala, secretary of Health and Human Services, has expressed a willingness to lay down the law if UNOS balks at doing its work the way its employer, the federal government, wants it done. But Shalala cleverly has stopped well short of dictating precisely what UNOS must do.

Instead, her department has set forth broad administrative requirements and left the details for the medical professionals at UNOS to decide.

As a result, comments like those of UNOS board member Ronald Ferguson of Ohio State University, couldn't possibly ring more hollow. "I support keeping medical decisions about transplant in the hands of the doctors that are caring for the patients. I oppose the intrusion of the government into the process," Ferguson says in a letter he has been asking his patients to mimic, sign and send to Congress (an actively intrusive arm of the government, last time we checked).

Good for you, Dr. Ferguson. Your argument in favor of keeping doctors in charge of curing patients is right in line with what Secretary Shalala wants, loath though you may be to admit it.

She is asking only that the criteria hospitals use to determine a patient's place on a transplant waiting list be standardized around the country, and that any donated organ be made available to the patient in most urgent need in a region larger than a single state. Further, HHS wants UNOS to establish performance measures so transplant centers' work can be evaluated.

Those broad requirements are fair, sensible and in line with advances in organ transplantation, preservation and transportation. The details of how to meet those requirements are the medical professionals' to decide, which is as it should be.

Unfortunately, the medical professionals at UNOS became used to lax HHS oversight over the years, and rare indeed is the hospital or doctor eager for performance evaluations. So it is no surprise that this government contractor has enlisted allies in Congress to help it become a law unto itself. That should not be allowed to happen.

The small burdens the Clinton administration is asking UNOS to take on hold great promise for improving the treatment of patients. But if the medical professionals best suited to do the job fail to do it, the government will have to step in and do its imperfect best.

July 26, 1999

Improving Access to Organs

Forum
- Join a Discussion on Editorials

For more than a year the Clinton Administration has been trying to improve the way human organs donated for transplants are distributed to patients around the country. But Congress, responding to intense opposition from transplant centers, has blocked the use of new Federal regulations that aim to broaden organ sharing across arbitrary local lines. A new report by the Institute of Medicine, a branch of the National Academy of Sciences, confirms that changes are needed to make the system more fair and effective.

The current system directs most organs to be used in the local area where they were donated. That can create unfair situations where patients who are less ill may get transplants while more severely ill individuals who happen to live outside the local organ procurement area are made to wait. This has become an increasingly important public health issue, since about 4,000 Americans die each year while waiting for transplants.

The Department of Health and Human Services tried to address the problem by issuing new regulations last year. These direct the United Network for Organ Sharing, a private organization that coordinates organ distribution nationally, to design a new allocation system that puts more emphasis on medical criteria and leaves less to geography. But Congress delayed that directive from going into effect until this October. The network insisted that the rules would force small transplant centers to close and discourage organ donations if donors knew organs would go outside their community.

The Institute of Medicine report, commissioned by Congress, found those fears to be overblown. The report, which focused on liver transplants, said waiting periods for the very sickest patients were actually comparable across the nation. But there were differences in waiting times for patients who were less ill. The report recommends improving distribution by requiring that organs be shared across

wider regions based on population, so long as the regions are not so geographically large as to pose problems in transporting the organs.

The report also affirmed the need for more active Federal oversight and greater scientific review of allocation principles. These recommendations are consistent with the Administration's approach. The transplant community should drop its resistance to Federal regulations that could make the system more equitable for patients everywhere.

THE LANCET

Volume 352, Number 9122

Changing the US transplant system

In the USA, where you live can determine whether or not you receive an organ transplant. That is because the US organ allocation system is broken up into 11 regions and operates a "locals first" policy in which organs are first offered to patients in the area where the organs were obtained, then to patients in the surrounding region, and finally to patients in the rest of the nation. As a result, a patient living in one part of the country may receive a transplant before another patient with greater medical need living in another part of the country.

To try to reduce such geographical disparities, US Secretary of Health and Human Services, Donna Shalala, has proposed new regulations that will require the national Organ Procurement and Transplantation Network (OPTN), a private sector system of organ procurement organisations and transplant centres established by the 1984 National Organ Transplant Act, to revise its allocation policies so that eligible patients are not denied a transplant because of where they live.

Precisely how the OPTN is to attain this goal is left to the network to work out, but the policies must satisfy three performance goals. They must establish standardised criteria for determining which patients are medically eligible to be put on transplant waiting lists and for determining the medical status of patients, so that the medical needs of different patients can be compared; and they must set up allocation protocols that will reduce the influence of geographical factors so that organs will first go to those with the highest medical urgency. In pursuit of these goals, however, the regulations do not require the OPTN to adopt policies which, because they are impractical or are contrary to sound medical judgment, lead to futile transplants and organ wastage.

On the face of it, it is hard to see what is objectionable about Shalala's proposal, but the response of the United Network of Organ Sharing (UNOS), the DHHS contractor that operates OPTN, has been furious. In a letter sent to every US Senator last spring, the outgoing president of UNOS, L G Hunsicker, described the regulations as a "federalization of the current system which takes away control of the transplant system from doctors and patients in almost 300 transplant centers and hands it over to Federal regulators" and forces doctors to give livers "to the very sickest patients", who are likely to require second or third transplants and thus use organs that could have gone to save other patients. Hunsicker predicts that the regulations will make it more difficult for most patients to receive a transplant because organs will be shunted towards a few large transplant centres with the longest waiting lists and the sickest patients.

But it is hard to see how the regulations amount to a "federalization" of the US transplant system, when they merely set performance goals and allow OPTN to develop the policies. The regulations also do not require that transplants be given to the "very sickest" patients but rather that preference be given to those who are "very ill but who, in the judgment of their physicians, have a reasonable likelihood of post-transplant survival" over those who are less medically urgent. Finally, it is hard to predict, before OPTN has formulated the final policies, what impact the regulations will have on smaller transplant centres. However, it can be argued that since where organs will go will depend on the needs of patients and not the size of the transplant centre smaller programmes could fare well under the new rules.

But what is clear is that the rhetoric adopted by UNOS and other opponents of the proposal is not helpful and has already caused mischief. Two states have passed legislation that gives state residents priority for organs donated within those states. Several other states are considering similar laws, which, if they survive court challenge, will further fragment the US organ allocation system.

The new regulations proposed by Secretary Shalala seem to give the network sufficient leeway to move closer to the desired goal without requiring it to adopt policies that will waste organs or force doctors to perform futile transplants. UNOS would better serve the transplant community if it abandoned its stance and began working with DHHS to draw up allocation policies that are practical and fair.

The Lancet

THE NATION'S NEWSPAPER 50 CENTS

USA TODAY

#1 IN THE USA . . . FIRST IN DAILY READERS

TUESDAY

THE HIT HOLLYWOOD OVERLOOKED 1D

Top 10 sleeper: Grass-roots marketing vaulted biblical 'Omega Code' into a weekend box office hit.

Tuesday October 19, 1999

airer' transplant rules set

HHS policies would reduce inequities in organ cases

By Robert Davis
USA TODAY

Years of debate over how organs are allocated for transplants ended Monday with government rules that will require strict accountability from doctors and establish more uniform criteria for deciding which patients get organs.

The Department of Health and Human Services, which has been concerned about unfairness in patient selection and large regional variations in availability of organs, is requiring a new set of "core policies" that will change the medical community's handling of transplant cases.

The policies are intended to lessen the importance of waiting lists, force hospitals to share more information about more patients and minimize inequities that can lead to heartbreaking medical choices.

Government officials have been concerned that doctors sometimes pick their own relatively healthy patients over very sick patients in a hospital across town or in another state.

The rules are intended to ensure more protection for sicker patients and establish a series of criteria that treat all patients by one set of rules, including survivability.

"We think that this is going to improve (patient) survival overall," said Claude Earl Fox, administrator of the Health Resources and Services Administration.

"We think it is going to be a fairer system."

The transplant community, which has expressed concern about loss of medical independence, reacted cautiously.

"We absolutely believe (Secretary of Human Services Donna Shalala) should exercise oversight, but we do not believe the secretary should be making medical decisions," said a statement from Ronald Busuttil, president of the American Society of Transplant Surgeons.

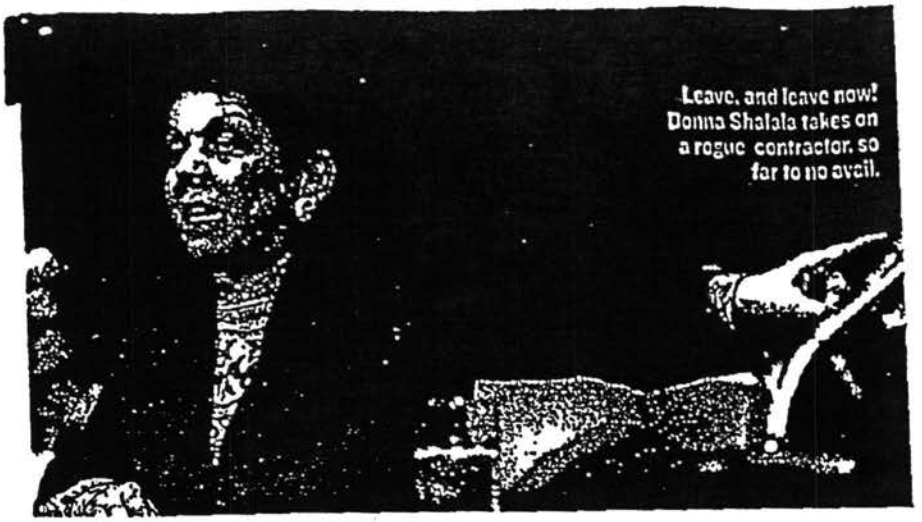
The private group that runs the transplant system, the United Network for Organ Sharing (UNOS), said it was still reviewing the rules, which take effect in about 30 days.

The rules call for UNOS to establish policies that would:

▶ Establish the same basic criteria to decide which patients get transplants and when.

▶ Expand organ-sharing regions to ensure that organs reach patients who need them most. A recent report found that the wait for organs was 46 days in Iowa but 211 days in western Pennsylvania.

▶ Release information to the public to allow physicians and patients to identify the most



Leave, and leave now! Donna Shalala takes on a rogue contractor, so far to no avail.

The Organ King

An outfit with life-and-death power over patients waiting for transplants has evolved into a heavy-handed private fiefdom.

BY BRIGID MCMENAMIN

EVER SINCE FORBES EXPOSED THE federal monopoly that's chilling the supply of transplantable organs and letting Americans who need them die needlessly (FORBES, *Mar. 11, 1996*), Health & Human Services Secretary Donna Shalala has been trying to challenge the way United Network for Organ Sharing operates.

But the Richmond, Va.-based cartel will have none of it. Using a heavy-handed mix of litigation, lobbying and bullying of its opponents, UNOS has solidified its position as the federal contractor in charge of deciding which people get new kidneys, livers or hearts.

Under the UNOS system, most organs are shared only within 62 regional territories. A potential recipient in, say, New York, where donations are low, can expect to wait months for an organ to show up, even though there may be so many donors across the river in New Jersey that New Jersey patients are getting transplants after short waits or when they are far from desperate.

Though UNOS has begun to relax the locals-first policy, still, last year 4,855 Americans died while waiting for transplants. (This doesn't even count people pulled off the list after they became too sick to handle a transplant.) It is a matter of debate how much lower the number of deaths would be if the system for obtaining and allocating organs were more rational. But Consad, a research outfit in Pittsburgh, estimates that at least 1,000 people die needlessly each year.

When Shalala urged that organs be shared over wider regions, UNOS Executive Director Walter K. Graham refused. He decreed, in a memo to his member hospitals and organ banks, that UNOS doesn't have to take direction from the federal government on this point.

UNOS' main source of funding is the $375 registration fee potential organ recipients must pay to get on the waiting list. That amounts to some $13 million a year, money that is supposed to be spent mostly to match organs with suitable recipients. In reality, at best half of the money goes to that.

What about the rest? Graham and his 40 board members spend some $1 million each year on jetting around and on meetings and conferences. A new $7 million headquarters building is planned. In 1997, some $1.6 million went for items network officials refuse to explain. "They really never tell you what they're spending money on," says veteran board member John Fung, a liver surgeon at the University of Pittsburgh.

When Shalala tried to exert more control over the rising registration fees, Graham challenged her in a proceeding before the U.S. General Accounting Office, claiming she had no right even to know how he spent the fees. The suit was settled; Shalala backed down.

Why not simply bring in another contractor to ration organs? Good luck. The congressional committee in charge of such matters is headed by Representative Thomas Bliley, from UNOS' home city of Richmond. His cousin Paul S. Bliley is a law partner of UNOS lawyer Malcolm R. (Dick) Ritsch. Last fall, then-Louisiana Congressman Robert Livingston, whose home state includes eight profitable transplant centers, pushed through a bill halting further attempts by Shalala to control the contractor.

After the Senate rejected this moratorium, Livingston got it tacked onto another bill behind closed doors by threatening to hold up funding for the International Monetary Fund. The moratorium ends Oct. 21. But UNOS has already had Wisconsin Congress-

UNOS' hometown congressman, Thomas Bliley, heads up the committee that oversees transplant matters.

KENNETH LAMBERT / RICHMOND (VA.) TIMES-DISPATCH / REUTERS / ARCHIVE PHOTOS / ASSOCIATED PRESS

man David Obey tack another one-year extension onto a bill that was set to go to the full House for a vote in October. His state's four transplant centers stand to lose organs if UNOS loses its grip.

Craig Howe, executive director of the National Marrow Donor Program, recently expressed interest in having his organization bid on the organ contract. After UNOS found out he was interested, his board members, who include 14 physicians, axed him. Although some powerful and prominent surgeons like Fung are an exception, most doctors involved in the business fear offending UNOS lest their organ supply be affected.

In another instance FORBES is aware of, UNOS threatened to retaliate against an outfit it perceived as a rival bidder for the organ allocation job.

Tax-exempt groups like UNOS are supposed to make their financial statements available for public perusal. But UNOS hides significant activity behind two little-known affiliates that aren't required to disclose anything.

The first is the UNOS Foundation, a six-year-old shadow organization run by UNOS staffers. Spokesman Robert Spieldenner claims the foundation doesn't have to file tax returns because it brings in less than $25,000 a year. The UNOS Foundation owns something called the Transplant Informatics Institute, a for-profit company run by organ network staffers. Transplant Informatics is so secret that even some UNOS board members are unaware that it exists.

UNOS milks desperate patients to subsidize a stealth for-profit firm.

What does the institute do? The government thinks it markets UNOS-developed software to organ network members. In an audit looking into the use of registration fees for lobbying, the Office of the Inspector General got just that impression. What the institute really does is analyze and sell organ network data to profit-making companies like Fujisawa, the Japanese firm that sells drugs for transplant patients. When the institute has not been able to cover its costs with such sales, UNOS has used its registration fee income to make up the difference. Prospective organ recipients are therefore effectively funding this hidden business.

You'd think someone on UNOS' board would scream bloody murder about all this. After all, the 40-person board is almost half doctors, dedicated to saving lives. But the directors have little idea what's going on. "The board is kind of in the dark," sighs patient advocate Charles Fiske, a former board member.

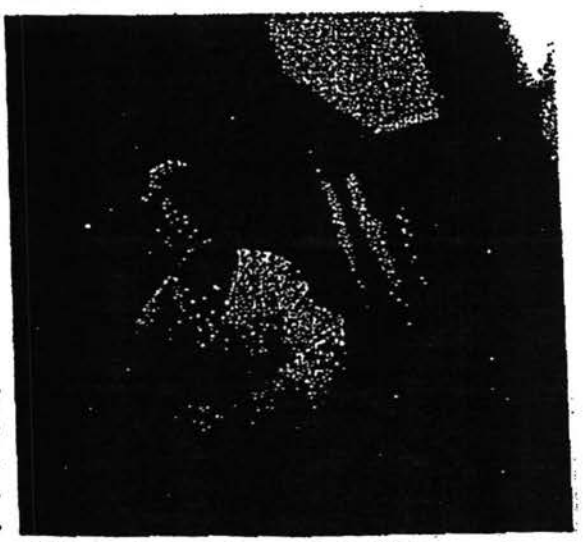
"We received an annual financial report and pretty much accepted it as written," says University of Oklahoma transplant doctor Larry R. Pennington, a board member from 1996 to 1998. They really don't know how to interpret the data. "All I'm familiar with is hospital sort of activity," admits transplant physician William Harmon.

Realizing that UNOS is out of control, Shalala has put out feelers for a replacement. "I hope we have some bidders this time," sighs Claude Fox, a pediatrician who, as administrator of the Health Resources & Services Administration, oversees transplants for Shalala. The only prospect so far is Santa Monica-based Rand.

Determined to see that Rand does not walk off with the contract, UNOS' lobbyists are pushing for a law that would insure that Graham's group will keep the contract forever. Last month Bliley's committee held hearings on a bill which would require the organ rationing contractor to have experience, something no group but UNOS has. It would also allow UNOS' members to vote on the choice.

"Anything that gives them more of a stranglehold isn't in the public interest," says Fox. "It's like giving the EPA to some land-fill company," says Dr. Fung.

It would be nice if UNOS didn't have a lock on this business. Better still if the federal government stepped out of the process altogether and let doctors come up with creative ways to increase the supply of organs. (How about giving people who sign up as potential donors when they are young some priority in getting organs when they are older?) Once there are enough hearts and livers to go around, there won't be unaccountable arbiters holding sway over our lives. F



Disillusioned patient advocate Charles Fiske.

SHARON L. HAYES

THE WHITE HOUSE
WASHINGTON

Date 11/2/99

To: CHRIS JENNINGS

From: The Staff Secretary

I'D LIKE TO GIVE THIS TO POTUS ON SATURDAY. ANY COMMENT?

- SEAN

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 25 1999

MEMORANDUM FOR THE PRESIDENT

I am writing to express my deep concern over discussions occurring in Congress that could result in creation of a new, independent Medicare board. As envisioned by its proponents, this board would operate as an independent entity designed to oversee the Medicare+Choice program, including the competition among private plans and between private plans and fee-for-service Medicare. The creation of such a board seriously undermines your authority over Medicare, the beneficiary protections that you have worked hard to establish for this program, and the significantly improved refocused management which has reduced the Medicare error rate by over fifty percent. This new board also sets the stage for capping government expenditures for Medicare, threatening Medicare beneficiaries' entitlement to first-class medical care.

The board's advocates say they want to bring private-sector expertise into the administration of the program and say they want to avoid conflicts of interest in running a competitive system. Their first goal is being accomplished without undermining the current strengths of Medicare and their second contention is a false promise. Not only will their proposals not achieve their goals, but, for the reasons stated below, they would substantially undercut our ability to serve beneficiaries and efficiently administer the program. At the end of this memorandum, I will describe the activities that we have already undertaken to garner additional private sector expertise in administering Medicare.

Medicare Board Leads to Reduced Beneficiary Protections. Under your leadership and through the hard work of this Department, we have ensured that Medicare includes the beneficiary protections outlined in your Patients' Bill of Rights. Medicare was one of the first programs in the country to incorporate these protections and remains a model program. This would not have been possible if the Medicare+Choice program were administered by an independent board.

Given the hostility we have seen in the private sector to even the modest proposals in the Patients' Bill of Rights, I do not believe that a board comprised of private sector health officials would have taken a strong, pro-beneficiary stance. It is not surprising that the strongest proponents of a Medicare board, including managed care interests, are among the most active opponents of strong patient rights legislation. I believe that we must maintain our ability to keep Medicare in the forefront of beneficiary protection. Creation of an independent Medicare board is not consistent with that imperative.

Medicare Board Dilutes Presidential Authority. Placing the Medicare+Choice program under the control of an independent board splits accountability for the program and substantially dilutes your authority over a substantial portion of Medicare. This is a significant loss given that Medicare serves 39 million beneficiaries and makes up 11 percent of the Federal budget.

The Administration's ability to make changes to Medicare in the context of the President's Budget would be limited. This is especially true since proposals for treating traditional fee-for-service Medicare as a health plan under the structure of Medicare+Choice would allow a new board to exercise substantial authority over the entire program. In particular, a board could be given substantial authority over what private health plans would be paid by Medicare. It could also be given authority to oversee aspects of traditional Medicare, including benefits and, under some proposals, total spending by traditional Medicare.

As a result, the presence of a board would have hampered our ability to exert strong budget discipline, such as the steps we have taken to extend the life of the Medicare Part A Trust Fund to 2015. Similarly, it would not have been possible to use Medicare changes to help finance key domestic initiatives to improve the health of the nation, such as the Children's Health Insurance Program.

Furthermore, creation of a board would limit the Administration's authority to make key program changes to address Medicare problems identified by beneficiaries, providers, or other segments of the American public.

Medicare Board Diffuses Accountability for Medicare. Authority over certain key functions would be unnecessarily complicated by bifurcating control of Medicare between a board and the Health Care Financing Administration (HCFA).

For example, Administration efforts to reduce fraud and abuse in Medicare have been successful because we have provided clear, consistent policy guidance and because we have been willing to take the political heat generated by our aggressive stance. I do not believe that an independent board (especially one that includes private sector health care executives, as would be likely with any congressionally created board) would have initiated or sustained such a controversial, yet productive, program. Specifically, the HCFA actuaries credit aggressive fraud control efforts with bringing down the Medicare baseline through reducing either the rate of growth or the actual level of spending on inpatient hospital services, home health, and lab services. Our efforts have also led to the first-ever decline in hospital upcoding since the inception of a prospective payment system in 1984. The bifurcation of authority under a board would threaten the significant advances made by this Administration by complicating the relationship between the program and the HHS Inspector General and between Medicare and the Department of Justice.

Similarly, this Administration has taken significant steps to measure and hold health plans and providers accountable for quality of care for seniors and other vulnerable populations. The diffusion of accountability threatens our ability to move aggressively in this area as we have on the Patients' Bill of Rights.

Medicare Board Creates Potential Confusion of Authority That Would Be Detrimental to Beneficiaries. HCFA is currently responsible for a wide range of activities that might become the responsibility of either the board or HCFA, or both. These functions include beneficiary education, procedures for appeals and grievances, provider enrollment, survey and certification of providers, and quality assurance. If these functions were assigned to HCFA, their applicability to private plans would become uncertain; if assigned to the board, more functions would be removed from the lines of public accountability. If assigned to both, there would be confusion and uncertainty among all parties involved.

A Medicare Board Provides the Infrastructure for Ending the Medicare Entitlement. Although the proponents of a board deny that they intend to fundamentally change Medicare, it is clear that creation of an independent board would establish the administrative framework for a defined contribution plan, which specifies the government's financial contribution toward beneficiaries' health care but does not specify the benefits to which beneficiaries are entitled. Creating an independent board is an ideal first step toward capping government contributions for Medicare, and beneficiary advocates will see it as such. It is not surprising that some of the strongest advocates in Congress for a board are the same Members who tried to cap Medicare spending in the 1995 budget bill that you vetoed.

Claims About Current Conflicts of Interest in Managing Medicare Are Not Legitimate. Advocates for a board argue that HCFA has an inherent conflict of interest in both managing the competition among private health plans and fee-for-service Medicare and operating the fee-for-service Medicare program. In fact, the risk of conflict of interest could be greater if managed care executives, hospital administrators, physicians, durable medical equipment suppliers, or any other individual who benefits from Medicare payments were given statutory powers through participation on the board.

Today, HCFA manages both original Medicare and Medicare+Choice, having successfully supervised the growth of Medicare+Choice to a program that enrolls about one of every six beneficiaries. HCFA's role is not unique – conflicts of interest are successfully avoided by CalPERS and many private employers that run self-insured plans while contracting with competing health plans.

The assertion that HCFA's dual role creates a conflict of interest may stem from certain decisions that private plans may find onerous, such as those in setting standards for consumer protection and quality assurance. Such decisions stem directly from HCFA's primary concern for serving the needs of beneficiaries, not from any desire to bias the competition. If a Medicare board also places serving the needs of beneficiaries as its core mission, it will inevitably make similar decisions. Thus, it will also be subject to the same charges of conflict of interest.

Under your proposal for a competitive defined benefit, traditional Medicare and private health plans would compete on an equal footing, allowing both Medicare and beneficiaries to save when beneficiaries choose efficient health plans. As discussed above, I believe that many board proponents are using the conflict of interest accusation as an excuse to take the first step toward ending the entitlement.

Private Sector Involvement Can be Achieved Without a Medicare Board. While I am deeply concerned about the proposals to create an independent board to administer a portion of Medicare, I am committed to expanding the program's access to private sector expertise. In September, we chartered a Management Advisory Committee for HCFA. This step was part of HCFA management modernizations contained in your budget. The committee allows HCFA to get expert advice from individuals in the public and private sector regarding innovations in management practices. It also will allow HCFA to maintain critical relationships with public and private sector experts in management, leadership, and purchasing strategies. The committee will address issues including how HCFA can better manage its private sector contractors and how it can be a more prudent purchaser of fee-for-service Medicare services. The committee need not make recommendations regarding payment or coverage policy, because the Medicare Payment Advisory Commission (MedPAC) and the recently established Medicare Coverage Advisory Committee already fulfill these functions.

I will chair the committee, which will include up to 11 additional members that I will appoint. The members will be selected from among nationally recognized authorities in academia, private consulting, public and private sector health purchasing entities, and private companies. The committee would not include provider or beneficiary representatives since they are already represented in many advisory committees to the Congress and the Department.

If Medicare reform is successful, this committee could also easily be adapted to serve as an advisory body for the implementation of the fee-for-service modernization reforms included in your Medicare plan. Experts from private and public sector organizations that purchase health care for their employees and beneficiaries, as well as experts in public administration, would provide recommendations to the Secretary on how to implement these reforms to purchase services more competitively. HCFA would benefit from the advice of these experts in a forum open to public participation.

In Conclusion, Creation of a Medicare Board to Oversee a Portion of the Program Would Be a Grave Mistake. It would be a disservice to our successors and to future generations of beneficiaries if we were to weaken the executive management of Medicare, not only because it is a substantial and growing proportion of federal outlays, but because older and disabled Americans are particularly vulnerable and need government protection. This Administration has strengthened Medicare in innumerable ways: extending solvency, increasing benefits, advancing new beneficiary protections, and strengthening program integrity. The Medicare program would most likely not be experiencing the benefits of the Administration's improvements had the Medicare board, as proposed, been in existence.

Donna E. Shalala

DAN B —
LETS DO AT LEAST 3 LETTERS (BC SIG)
① RON + BETH DOZORETZ
② DENNIS MOFFATT
③ GERALDINE BLUEBIRD & FAMILY

10-31-99

Sean —

Send to Burkhardt for reply? – Dan what do you think? – Justin

Yes ✓ ____

No ____

S.C.

THE WHITE HOUSE

WASHINGTON

Date 11/2/99

To: Dan

From: The Staff Secretary

Lets do 3 letter (BCSig) to

① Ron & Beth Dozoretz

② Dennis Moffatt

③ Geraldine Bluebird & Family

Let's do 3 briefer letters (AP) to

① Kurt Rosenbach
② William Dorson
③ Curtis Horessly

] Thank for help, don't mention specific contributions (may not be correct)

Notes: • Send letter for Geraldine Blue, to Sarah Farnsworth – she will deliver

• mention sending letters to others who helped in letter to Ron & Beth Dozoretz

Sara
Can you send this
to Helen?

01-04

3110 Fairview Park Drive
Falls Church, Virginia 22042
703.205.6501
703.205.6505 Fax

ValueOptions
More Choices. For More People.

Fax

To:	Helen	**From:**	Sarah Farnsworth
Fax:	202.395.4198	**Pages:**	7
Phone:		**Date:**	10/28/99
Re:	Attached	**CC:**	

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

October 27, 1999

Dear Ann:

Hi. Attached is another copy of the contact information for the people I'd like to request letters of appreciation from the President.

As I explained, Ron Dozoretz recently purchased a new home for Geraldine Bluebird, a woman the President met at the Pine Ridge Indian Reservation on July 8. (The attached memo explains the details of the situation.) Ron then arranged for some of his staff to coordinate the purchase and delivery of her new house, as well as encouraging some of his friends to donate furniture and food.

It's truly a sweet story. I'd really appreciate anything you could do to expedite these letters. The people involved have worked extremely hard to provide Ms. Bluebird with a new home for her family. The home was delivered on Friday. Ron plans to visit her in the next few weeks with his children.

I would also appreciate it if you could have a personal note from the President sent to Ron for this effort. (The copy of the enclosed letter to the President also helps describe the situation.) (His letter could be sent to his office at 3110 Fairview Park Drive, 12th Floor, Falls Church, VA 22042).

Ann, it was great to see you last weekend. I'm so glad you are still at the White House – you're loyalty and devotion are truly admired. Doug and I hope to see you soon.

Please call me at 703-205-6506 if you need any more information. Thanks again.

Sarah Farnsworth

->Sarah
Farnsworth

Memorandum

TO: Sarah Farnsworth
FR: Dennis F. Mohatt
DATE: September 7, 1999

SUBJ: **Home for Geraldine Bluebird – Pine Ridge, South Dakota**

On July 8, 1999, President Clinton visited the Pine Ridge Indian Reservation, which is the economically poorest place in the United States. President Clinton was the first sitting President to ever have visited the Pine Ridge Reservation, and the first President since FDR to visit any Indian Reservation while in office.

The visit was part of a major administration effort, The New Markets Initiative, that included a weeklong tour of places in the United States that have not shared in the great economic prosperity seen by the nation as a whole over the past decade. The New Markets Initiative seeks to bring investment to these areas as a means to facilitate increased employment, home ownership, and self-sufficiency.

Upon arriving in Pine Ridge, the President toured the Igloo Neighborhood, named for former temporary military housing transferred to the Reservation when the Black Hills Army Depot closed in the late 1960s. It was at Igloo that President Clinton met Geraldine Bluebird, the 43 year-old matriarch of a five-bedroom, 28-member household – one small house and an adjacent well-worn trailer home.

Ms. Bluebird wept as the President stepped onto her small deck, and then told him how important it was for the people on the Reservation to have education, jobs and adequate housing. The press reported the President seemed extremely moved by Ms. Bluebird, and especially concerned about the number of children she cares for, while herself physically disabled.

Over the following weekend, during a personal visit with Dr. Dozoretz, the President related his experiences from his journey. Dr. Dozoretz was very moved by the President's story of meeting Geraldine Bluebird and her meager housing situation. Dr. Dozoretz commissioned his staff to explore the purchase of a new home for Ms. Bluebird, After considerable research, a new 26 x 60 manufactured home was purchased, and will be delivered on October 11, 1999. Dr. Dozoretz also arranged for the generous donation of a truckload of furniture from Haynes Furniture in the Norfolk, Virginia area.

August 20, 1999

President Bill Clinton
The White House
Washington, DC 20501

Dear President Clinton:

It has been my honor and pleasure to coordinate the purchase of a new home for Mrs. Geraldine Bluebird, on behalf of my employer Dr. Ron Dozoretz and his wife Beth. I have been assisted locally by Dr. Andrew and Vashti Hurst, the founders of the National Association for American Indian Children and Elders. Additionally, I have been greatly aided by Lynn Cutler of your staff.

On Weduesday evening, after arranging the purchase of the doublewide manufactured home in Rapid City, I met with Geraldine to facilitate her choosing various options for her new home. I wanted to share this powerful and moving experience with you.

I met Vashti at her home and followed her over to Geraldine's home. Like the morning you visited, the weather was clear and the temperature was very hot. Geraldine was sitting by the front door, on the porch where she also sleeps, in the midst of a steady revolving stream of children, grandchildren, and other relatives. After being introduced to everyone, I was offered the same chair you recently occupied at her side.

The next two hours was simply the most powerful experience. I explained how you had been moved by her strength, by her ability to share that strength and her love with the children and others. I told her how you had shared your feelings, and your concern for her well being, with Ron and Beth, so moving them that they decided to reach out to her. As I told her about making the home purchase that afternoon, Geraldine began to weep and reached out to touch me. I felt shivers run through my body, and I also cried. It is simply beyond my ability to convey that moment in writing. I watched Geraldine and her daughters physically come to life, to glow with amazement. Simply, I saw Geraldine jump about three rungs on Maslow's hierarchy in about two minutes!

The tears flowed, Vashti asked Geraldine's daughter to bring some tissues. They didn't have any tissues; instead Geraldine received an old towel. We joked she might end up needing a bed sheet. She kept repeating "I've tried so hard to do the right thing, " and "I can't believe this is happening."

7000 South 33rd Street • Lincoln, Nebraska 68516
(402) 420-7332 phone (402) 420-7342 fax

First she was able to decide on the floorplan, she chose the one that seemed to give the most family space. Then she picked carpet, vinyl flooring, wall coverings; counter tops, siding color, window color, roofing color, and trim colors. She told me how she never had anything new like this, and marveled at the notion of having a room for herself...a place of retreat. Just imagine this, the power of being given choice!

We talked and laughed. She told me of her desire for the young people to have it better, of her pride in these children. She shared how she encouraged the boys to join the military, as a means to "get out" and "obtain some skills." As we spoke the family continue to flow around us, like little planets revolving around Geraldine and this great moment. As I left a little three or four year old girl came up and hugged my leg, Geraldine laughed and told me "that one loves to pass out the hugs...."

The 28 x 60 (1680 square feet) four bedroom home will be constructed over the next few weeks, and delivery is scheduled for October 11th. Ron and Beth Dozoretz have also arranged for the donation of furniture and other items. My wife Karen and I will also be donating some items. I eagerly await the day we give Geraldine the keys and title to her new home, it will undoubtedly be another special moment.

Sincerely yours,

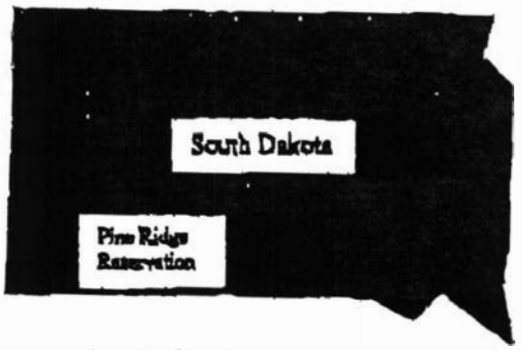
Dennis F. Mobatt
Western Regional Vice President
Program and Referral Development

cc: Dr. Dozoretz

Pine Ridge Reservation: A Brief Profile
Dennis F. Mohatt

Introduction

The Pine Ridge Reservation is located in southwestern South Dakota, and is the second largest Reservation in the United States. The Oglala Lakota often referred to by others as the Oglala Sioux, have resided on the Reservation since its creation by the U.S. Government in 1889. In December 1890, over 300 Lakota men, women and



children were massacred by U.S. Army troops along Wounded Knee Creek on the Reservation. This atrocity remains a very powerful shared community burden over 100 years later, and is symbolic to many of the systematic genocide focused upon Native American people.

Current Conditions

The Reservation is located in Shannon County, South Dakota, which is assessed to be the poorest county in the United States.

- The Reservation has a median annual income of $2,600, less than 1/5 the national average.
- Total population of the Reservation is 39,321.
- Unemployment is 73%.
- Nearly 80% of the women suffer from Diabetes.
- Depression, Alcohol Abuse and Addiction, and Suicide rates are significantly higher than national averages.
- Housing is a substantial problem: hundreds are homeless and thousands live in overcrowded and substandard housing.

While despair is pervasive in this environment, so to is hope and achievement. Across the Reservation in the bright eyes of the children, promise is alive. The Tribal College, started during the early 1970's, is one of 33 Tribal Colleges across the nation that is making a difference. Its programs open the door to higher education for not only the Reservation residents, but for many non-Indian rural residents in the surrounding region. While few in number, Oglala Lakota owned businesses are emerging, and the Reservation's federal designation as a Rural Economic Empowerment Zone offers the potential of drawing external investment and expansion of employment opportunities.

Regarding Pine Ridge here is a list of information that I sent to Sarah to get the letters from the President.

Dennis Mohatt
7000 S. 33rd Street
Lincoln, Nebraska 68516

Dennis drove the truck with all the donations from Norfolk to Pine Ridge. He also went out there and worked on negotiating the DoubleWide Trailer that Dr. D. purchased.

Re: Pon:

Mr. Kurt Rosenbach
Haynes Furniture
5324 Virginia Beach Boulevard
Virginia Beach, Virginia 23502

They donated the following:

15 Mattresses and Box Springs wrapped in bedspreads
20 Additional Bedspreads
20 Pillows
2 Dining Room Suits
2 Sets of Couches and Loveseats that match

Dennis said that he is not sure what else they loaded on the truck, he lost track. They filled up a 26-foot U-Haul.

William Dorson
622 San Pedro Drive
Chesapeake, Virginia 23322

Bill donated a child's captain's bed, desk, mattress and boxspring.

Mr. Curtis Hoessly
Pya Monarch
1224 Diamond Springs Road
Virginia Beach, Virginia 23455-3797

He donated 4 cases of can goods (1 case of green beans, 1 case of corn, 1 case of peas and 1 case of potatoes).

American Academy of Pediatrics

41 Northwest Point Blvd
Elk Grove Village, IL 60007-1098
Phone: 847/228-5005
Fax: 847/228-5097
E-mail: kidsdocs@aap.org
Http://www.aap.org

Reply To:
Joel J. Alpert, MD
AAP President

Boston University
School of Medicine
Department of Pediatrics
91 E. Concord St
Boston, MA 02118
617/414-5938
Fax: 617/414-7087
E-mail: jalpert@aap.org

October 15, 1999

Dear President Clinton,

As the first President to address the American Academy of Pediatrics, you showed the leadership which the children of our country so desperately need.

I was honored to introduce you and I was o... ...ard my Ivy league hu... did get a Ha... in grade poin... Unde... you an AA... while I hop... and will help children des... insurance.

11/2/99

Send to Berkhardt?

Yes ✓

No ___

...l special ...ca's ...he

The Academy will share ... details of our proposal to insure every child. If there are ways that I can help, please feel to have anyone in the administration call upon me.

Again, thank you for honoring the Academy with your presence.

Sincerely,

Past President Joel Alpert

'99 NOV 2 AM11:35

American Academy of Pediatrics

141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098
Phone: 847/228-5005
Fax: 847/228-5097
e-mail: kidsdocs@aap.org
http://www.aap.org

Reply To:
Joel J. Alpert, MD
AAP President

Boston University
School of Medicine
Department of Pediatrics
91 E. Concord St
Boston, MA 02118
617/414-5938
Fax: 617/414-7087
e-mail: jalpert@aap.org

October 15, 1999

Dear President Clinton,

As the first President to address the American Academy of Pediatrics, you showed the leadership which the children of our country so desperately need.

I was honored to introduce you and I was delighted you enjoyed my Ivy League humor. Even if Governor Bush did get a Harvard MBA, we will get him on grade point average.

Under separate cover I am sending you an AAP (close to Yale Blue) sweatshirt which I hope you will wear whenever appropriate and will help in reminding that all of America's children deserve and must have quality health insurance.

The Academy will share with you the details of our proposal to insure every child. If there are ways that I can help, please feel to have anyone in the administration call upon me.

Again, thank you for honoring the Academy with your presence.

Sincerely,

Past President Joel Alpert

Tuesday October 12 4:57 PM ET

Clinton Chided for Spurring Yalies

By ANNE GEARAN Associated Press Writer

WASHINGTON (AP) - Those old school ties are powerful. But President Clinton, a Yale Law School graduate, agreed Tuesday when a fellow Yalie predicted that in a certain upcoming endorsement Clinton will spurn his alma mater in favor of a rival Ivy League school.

Dr. Joel Alpert, president of the American Academy of Pediatrics, jokingly likened himself to Clinton as he introduced the president before a speech to the group.

``We both hold the title 'president,'" Alpert said. ``We are both Yalies."

``When asked whom you would support for the title next, I suspect it would be a Harvardian, maybe a Princetonian," Alpert continued. ``But for the time being, no more Yalies."

Vice President Al Gore graduated from Harvard in 1969. Clinton is already backing Gore as his successor.

Gore's Democratic challenger, former Sen. Bill Bradley, graduated from Princeton in 1965. Clinton would presumably back Bradley in the general election if Bradley defeated Gore.

George W. Bush, Texas governor and front-runner for the Republican presidential nomination, graduated from Yale in 1968. (Alpert apparently forgot that Bush also holds a master's degree from Harvard.)

Alpert did not explain any of this to the audience, but Clinton got the inside joke.

``That's good," Clinton said, laughing. Gesturing toward the crowd, Clinton added: ``They don't know, but I do." Clinton was not speaking into a microphone, and his voice could not be heard on the loudspeaker system.

Mr President — many sorry!

The American Academy of Pediatrics' Proposal to Insure America's Children

The American Academy of Pediatrics reaffirms its commitment that all of America's children (through age 21) must have health insurance. The implementation of Title XXI (SCHIP) has been an important step toward reaching this goal. However, the Academy believes that now is the time to take an even bolder step forward to extend coverage to all children. The Academy recommends that while preserving the best of the private sector, we pursue a new national children's program that will replace Medicaid and SCHIP. This proposal would create a health care system with uniform eligibility, benefits and administrative procedures.

The key elements of this proposal would include:

- All children will be automatically eligible without means testing. Family contributions would vary according to family income.
- Families may choose to enroll their children in a private insurance plan or they will be automatically enrolled in the new national children's program. Incentives will be developed to minimize further erosion of employer-based contributions.
- All programs, public and private, would meet the American Academy of Pediatrics' benefit standards.
- All children will have access to primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists.
- Assurances will need to be developed to ensure the quality and integrity of all programs. For example, states could be responsible for program oversight, accountability and quality monitoring.
- Every attempt will be made to capture the existing contributions to child health insurance from federal, state and private sources.

Enactment of this proposal would increase societal spending on child health by about $44 billion a year. The major reason for this increase in spending is the need to have all private plans meet quality standards.

PRINCIPLES:

- Provide every child with health insurance
- Right available to ALL children and pregnant women without means testing
- Administrative simplicity
- Choice of clinician(s)
- AAP age-appropriate benefit package
- Fully portable and continuous coverage
- Access to pediatric medical subspecialists and pediatric surgical specialists
- Appropriate levels of reimbursement
- Coordinate and complement existing maternal and child health programs to help ensure maximum health benefits to families

Send your comments and suggestions on this proposal to kidsdocs@aap.org.

American Academy
of Pediatrics

Alan G. Lopatin
4958 Butterworth Place, N.W.
Washington, D.C. 20016
(202) 362-0447

October 25, 1999

'99 NOV 2 AM 11:35

President William J. Clinton
The White House
Washington, D.C. 20500

Dear Mr. President:

As a resident of the District of Columbia, I write you with considerable alarm at a matter currently being negotiated between the Congress and your representatives. I speak of a limitation on attorney fees in special education cases brought in the District of Columbia. This limitation, in force since fiscal year 1999, is denying families in the District of Columbia access to special education service guaranteed under the Individuals with Disabilities Education Act (IDEA).

Today, October 25, House and Senate appropriators are to meet on this issue. While you have made clear your opposition to any limit on these attorney fees, I am fearful that some sort of "modified" cap may be left in the final package. I urge you to redouble your efforts to restore the important protections of IDEA to the people of the District.

In recent Senate action in an attempt to mitigate the problem, provisions were include which would allow the Mayor of the District, the Superintendent of Schools, and the D.C. Financial Control Board to set an alternative cap to the statutory $50 or $60 per hour established in the FY 2000 D.C. Appropriations Bill. I urge you to reject this proposal as well. It would amount to nothing short of letting the defendant in these court cases decide what the plaintiff's remuneration will be. A wrongheaded approach to ducking the issue.

I appreciate your concern for the residents of our nation's capital and defense of the rights of families with special needs. I pledge my continued support for your good work.

Sincerely,

Alan G. Lopatin

11/2/99
Send to Burkhardt?
Yes ✓
No ____

Dan-
What do you think?
-Justin

VAN SCOYOC ASSOCIATES, INC.
COMMERCIAL BANK BUILDING
1420 NEW YORK AVENUE, N.W.
SUITE 1050
WASHINGTON, DC 20005
Phone: 202-638-1950

Dear Ms. Curry:

Anita Estell asked that you received a copy of this letter to ensure that President Clinton received it in a timely fashion. The original has been sent directly to him, but she was concerned that it may not get to the President immediately.

Ms. Estell had the pleasure of meeting you with Mrs. Rosa Parks and Anita Peek. She represents the Rosa & Raymond Parks Institute for Self Development here in Washington, DC. She appreciates your assistance regarding this matter.

Thank You,

Kimberly Johnson
Legislative Counsel

11/2/99
Send to Burkhardt?
Yes ✓
No ____

C.

Congress of the United States

Washington, DC 20515

'99 NOV 2 AM 11:35

October 26, 1999

The Honorable William J. Clinton
President of the United States
The White House
Washington, DC 20500

Dear Mr. President:

We are writing to request your immediate assistance in securing resources and assistance for the 27 cities located in southeast Los Angeles County. These cities belong to the Gateway Cities Council of Governments representing the following communities: Artesia, Avalon, Bell, Bellflower, Bell Gardens, Cerritos, Commerce, Compton, Cudahy, Downey, Hawaiian Gardens, Huntington Park, La Habra Heights, Lakewood, La Mirada, Long Beach, Lynwood, Maywood, Montebello, Norwalk, Paramount, Pico Rivera, Santa Fe Springs, Signal Hill, South Gate, Vernon, and Whittier.

As you may know, this region has been particularly hit hard by the downsizing of the defense and aerospace industries. For instance:

- From 1987 – 1997, the region has lost almost 108,000 jobs due to aerospace and defense downsizing.

- Six Gateway cities have unemployment rates in excess of 10 percent, more than double the national average of 4.5 percent, and triple the national average in the case of Gateway cities such as Compton, Lynwood, Bell Gardens, Huntington Park, and Bell.

- In those instances where residents of the region are employed, recent trends show that employment in high-wage jobs fell 22 percent from 1992 to 1997; while employment in low-wage jobs grew 12 percent for the same period.

- In 1996, a federally funded "industry cluster" study was conducted in the region. It revealed that the region had 13 industry clusters that provided the employment base of the cities. Twelve out of the 13 were in decline.

- Additionally, the region's population is growing 1.5 times faster than the national average, placing increased demand on the region's already strained infrastructure. For instance, a survey conducted in 1995 revealed that more than half of all sewer and water systems in the region had outlived their life expectancy with no way to fund capital replacement. Many of these systems are 50-70 years old.

In light of these trends, there is a need to develop comprehensive strategies that will allow this former hub of economic activity to serve as a model for smart growth and sustainable development efforts that are of critical importance to the Southeast Los Angeles County region. Thus, we ask that you:

- Include the Gateway Region in your New Markets Initiative;
- Visit the region, or send Vice President Gore and other high-ranking Cabinet officials to the region to conduct comprehensive needs assessments and to develop public/private revitalization strategies;
- Apprise Congress of the importance of this region and the issues it faces by including $10 million in the President's FY01 budget request for economic development and land recycling initiatives; and
- Appoint an interagency task force to assist us in developing a comprehensive strategy to secure federal funding for land recycling, brownfields development and redevelopment of abandoned sites.

We thank you for your support and look forward to working with you to ensure that all Americans have an opportunity to enjoy the benefits associated with the economic recovery that has occurred in recent years.

Sincerely,

The Honorable Barbara Boxer

The Honorable Grace F. Napolitano

The Honorable Lucille Roybal-Allard

The Honorable Juanita Millender-McDonald

cc:

Vice President Albert Gore
Governor Gray Davis
John Podesta
Jack Lew
Gateway Cities Council of Governments

NORTHUMBERLAND COUNTY COMMUNITY CENTER, INC.
POST OFFICE BOX 382
WICOMICO CHURCH, VA 22579

'99 NOV 2 AM 11:35

11/2/99

Delivered to Oval by Buddy, the Butler — Send to Berkhardt?
Yes
No

October 11, 1999

President of the United States
William J. Clinton
The White House
1600 Pennsylvania Ave.
Washington, DC

Dear Mr. President,

This letter comes as a special plea from members of our organization to you.

The organization on this letterhead was organized in November 1988 at our county Court House in Heathsville, Virginia.

On that night we had ten persons present: three retired educators, one minister, two young adults, three grassroots citizens, and one nurse. We followed a scheduled procedure by naming the organization, writing up some by-laws, and making a list of objectives.

One long-range objective was to build a community center that would be an umbrella for all human services such as, education, job training, health programs, recreational activities and cultural programs.

We became incorporated, received 501C status, and sales tax exemption.

We acquired four and one-half acres of land on a main highway (Route 609) in Northumberland County. We were fortunate to get an architect to work for us at a very low cost.

We have received all the necessary permits from the county for building purposes. We appeared before the Virginia General Assembly and received $15,000.00.

We have had numerous fund-raisers to acquire money, and we are in the process now of acquiring Life memberships for $1,000.00 each. We have many persons holding membership cards, but we only have about twenty-five working members.

There is a great need here in our community for this building, because we are deprived and depraved.

The architect is ready to start. The cost of the building is $1,0004,136.00. If we could get $500,000.00, we would be able to raise the rest along with some in-kind money that we will be getting.

We have carpenters, bricklayers and plumbers in the organization. Each of them has agreed to give us $50,000.00 in in-kind labor.

Please let us hear from you as soon as possible. We are also right near The Tides Inn where you visited some time ago. I am,

Sincerely,

Inez S. Bates

Inez S. Bates

Northumberland County Community Center Organization, Incorporated

Enter the year 2000 with

Vim
Vigor
Vitality

Education
Recreation —
Cultural Experiences
Health Rules Awareness
Legal Information

Our Motto
"NONE OF US IS AS SMART AS ALL OF US"

Table of Contents

The Current Fund-Rai

"Second Pride of The Northern Neck"

ALL AMERICAN ROLE MODEL GALA

to benefit

The Northumberland County Community Center Building Fund

THEME

"Be a Winner"

our key note speaker

Enjoy the SPECIAL Talent, Charm, Intellect, Beauty & Charisma

of

Saturday, October 30, 1999

5:00 P.M. - 8:00 P.M.

The Lancaster Middle School
Kilmarnock, Virginia

Featuring

The Community Choir
Directed by Marva Parker Clark
(Poughkeepsie, N.Y.)
Native of Northumberland County, Virginia

Shirley Ritch, Choir Coordinator

Local Corporate Sponsors Include:
- Bank of Northumberland (Heathsville)
- Northern Neck Bank (Kilmarnock)
- Bank of Lancaster (Kilmarnock)

General Admission: $20.00
Box Seats: $50.00
18 Years & Under:
Free With Invitation ONLY

Inez Bates, Gala Contact (804) 580-8195

Programs To Become A Part Of Our Proposal

Health Awareness Program
Serving Four Counties
Approximately
12,000 people

Job Shop, Training
Serving two Counties
5,000 people

Educational and GED Program
Serving two Counties
5,000 people

Legal Consultation
One county - Northumberland
500 people

Recreational Program
Serving Four Counties
20,000 people

Cultural Arts Program
Serving Four Counties
20,000 people

Housing & Safe Water Program
Serving Four counties
20,000 people

Counties
Northumberland
Lancaster
Richmond
Westmoreland

Santa Claus Anonymous Program Serving one County (Northumberland)
Free clothing and toys for Christmas 300 people

Senior Citizen Program
Services Northumb. and Lancaster
200 people

Debrah Lynn Turner, DVM
P.O. Box 12450
St. Louis, MO 63132-0150
(314)997-2812, fax (314)997-7501

EDUCATION

High school - Jonesboro High School (JHS), graduated in May, 1983 (Arkansas)
College - Arkansas State University (ASU), 1983-1986
Degree: Bachelor of Science in Agriculture, cum laude
Graduate School - University of Missouri-Columbia (MU), graduated in May, 1991
Degree: Doctor of Veterinary Medicine

CLINICAL WORK EXPERIENCE

1989 - Two month preceptorship at the Jonesboro Family Pet Clinic, a two-person private small animal practice. Experience gained in small animal internal medicine and surgery, practice management and client relations.

1985 - Veterinary assistant at the aforementioned veterinary clinic. Introduced to the essence of practicing veterinary medicine and the day-to-day function of a veterinary clinic.

OTHER WORK EXPERIENCE

1995 - present Co-Host of entertainment magazine television show, ShowMe St. Louis
1991 - present Travel as a motivational speaker addressing the topics of goal setting, self-esteem, perseverance, and personal excellence
1991 - 1993 National spokesperson for Ralston Purina's Caring for Pets Program
1989 - 1990 Received extensive public relations, public speaking, and media relations experience as Miss America 1990
1986 Sales Associate at Dillard's Department Store
1984 - 1986 Cashier at Safeway Food Store

SCHOLASTIC ACTIVITIES

MU - Student Chapter of the American Veterinary Medical Association vice president, 1988, freshman and sophomore class representative; Student Chapter of the American Association of Feline Practitioners; Graduate Professional Council-freshman class representative
ASU - Gamma Beta Phi-treasurer, 1985; Honors Association-president, 1985
JHS - National Honors Society; Student Council secretary/treasurer; Future Business Leaders of America-treasurer; Mu Alpha Theta

SCHOLASTIC HONORS AND AWARDS

MU - 1991 Edgar F. Ebert Memorial Award for outstanding proficiency in the science and art of small animal medicine and surgery; 1991 AVMA Auxiliary Award; Who's Who Among Students in American Universities and Colleges, 1990-91
ASU - Strong/Turner Alumni Outstanding Senior; Outstanding Sophomore and Junior in the Agriculture Department; Dean's List and Honor roll; Hazel Deutsch Honors Scholarship
JHS - Who's Who Among Outstanding High School Seniors; Governor's School; National Achievement Scholastic Finalist

Since she was crowned Miss America 1990, Dr. Debbye Turner has spoken to hundreds of thousands of students at hundreds of schools, youth organizations, and college campuses. Her topics include personal excellence, unrelenting determination, goal setting, and the importance of a solid education. She strongly believes that any person has the potential for success no matter their race, socio-economic background, or gender. She uses her own life as an example of triumphing over the odds. It took seven years, eleven tries, in two states to get to the Miss America Pageant.

Dr. Turner completed her Doctor of Veterinary Medicine degree in May, 1991, at the University of Missouri-Columbia. She has a Bachelor of Science in Agriculture degree from Arkansas State University. Dr. Turner now lives in St. Louis, Missouri. She is the Co-Host of a local television magazine program called "ShowMe St. Louis."

Dr. Turner divides her time doing veterinary public relations, youth and adult motivational speaking, and Christian speaking. Although she is not currently in clinical practice in veterinary medicine, she promotes responsible pet ownership and proper veterinary care for pets through public service announcements, news features, and workshops. Dr. Turner is also the host of a series about pets and veterinary medicine on PBS, "The Gentle Doctor." Dr. Turner has carried her message of pet care and motivation as far away as Rome, Italy, and Johannesburg, South Africa.

Dr. Turner serves on many boards including Mathews-Dickey Boys Club, Missouri Division of Youth Services, Young Achievers Program and National Council on Youth Leadership.

Farma program

The Northumberland County Community Center Organization

proudly presents

"The Pride of the Northern Neck"

Saturday, May 28, 1994
6:00 P.M.

Center For The Arts
Kilmarnock, Virginia

Northumberland County Community Center Organization
P O Box 382
Wicomico Church, Virginia 22579

President of The United States
Mr. William J. Clinton
The White House
1600 Pennsylvania Ave.
Washington, DC

Detty—
This came to me
from Mrs. Rodham.

Eric Hothany House
White House
1600 Penna Ave
East Wing
Room 300
Wash., D.C.
20500

O Rodham
3501 Oakwood #4
Little Rock, AR 72202

X
INGSTON ST.
BOSTON MA 02111

Mr. William Jefferson Clinton
3501 Oakwood Road #4
Little Rock, AR 72202

11/2/99
Send to Secret Service
Yes ✓
No ___

C.

72202+1900

'99 NOV 2 AM 11:35

William Jefferson Clinton,

I'm sick & tired of all of the political activist & protestors being killed and thrown in jail. Don't let them, Bill Murder Abu Jamal. There will be a big big riot & revolution if you do. I hate all you warmongers and bloodthirsty Pentagon, and I know you are murdering everybody in the whole world & refused to believe all the propoganda and bullshit lies that you super rich wealthy corporation / politicans. Don't let them kill Mumia. I care about peace & human rights. Everyone has to answer to God when we all die. I hope all you war monger murders get just judgement from God when you die. It's not democracy this country represent, it is tyranny and a monarchy. I say start the revolution and overthrow the government, I'm tired of it.

anymore