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THE GREEN SHEET SUMMARY OF NEWS CONTENTS FOR MONDAY, MAY 8, 1995

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World-Wide

PARIS MAYOR CHIRAC WON France's presidential election.

Gaullist Jacques Chirac, regarded only three months ago as a has-been, staged a comeback by defeating Socialist Lionel Jospin by a margin of 52.7% to 47.3%. Chirac's election brings to a close Mitterrand's 14-year reign and ends a period of unwieldy power-sharing between a Socialist president and conservative parliament. Chirac's ambiguous stance on European relations and conflicting signals on monetary policy may signal a rocky phase in the drive toward European unity. (Article on Page A10)

In his victory statement last night, Chirac said, "Our principal battle has a name: the fight against unemployment. The classic remedies have failed. We need a new approach."

The Senate this week will try to pass a stripped-down version of legislation to revamp the civil justice system, but members remain sharply divided over proposals to limit punitive damages. Republicans moved last week to salvage the legislation after being routed in their attempt to bring the bill to a vote. (Article on Page A3)

GOP budget writers prepared to unveil their balanced-budget drafts this week amid heated discussion about details of the proposals. In an assault on government programs, the House and Senate budget panels will consider more than \$1 trillion in reductions from projected spending over seven years. (Article on Page A16)

Arsonists set fire to a storeroom beside the entrance to a synagogue in Luebeck, Germany, and vandals desecrated the graves of more than 100 Nazi victims in the Treptow district of east Berlin. Separately, the Swiss government admitted officially that Switzerland bore "unforgivable" guilt for turning back Jews to Nazi Germany.

Bosnian Serb mortar rounds slammed into a mainly Muslim Sarajevo suburb, killing at least eight people and injuring 40 others. Serbs also blew up two churches in northern Bosnia and tried to set fire to another in apparent reprisal for Croatia's recapture of a Serb enclave last week.

Russia will be endangering its own security by selling reactors to Iran, Clinton declared ahead of a summit with Yeltsin. Clinton leaves today for Moscow, where he will observe ceremonies marking the end of World War II in Europe. Meanwhile, Russian forces clashed with rebels in Chechnya. (Related article on Page A11)

Gingrich warned that if Russia proceeds with its planned sale of nuclear reactors to Iran, any negotiations about former Soviet-bloc nations joining NATO will become "virtually irrelevant." The House speaker, as well as Senate Majority Leader Dole, suggested that the sale could place U.S. foreign aid to Russia at risk.

Israel and the Palestinians ended a first round of talks on their troubled peace accord, but the meeting was overshadowed by Israel's decision to seize land in East Jerusalem. Separately, Syria rejected Israeli Prime Minister Rabin's call for secret talks to break a deadlock in peace negotiations.

Thousands of FBI agents pressed their hunt for the elusive second suspect in the Oklahoma City bombing, with \$2 million offered for information about John Doe No. 2. A total of 164 bodies had been pulled from the rubble of the city's federal building when a 16-day rescue effort ended last week.

The Energy Department seized eight armored military personnel carriers, formerly owned by the department's Rocky Flats, Colo., nuclear-weapons facility, that it believes were being offered for sale. (Article on Page B3)

Malcolm X's widow met for the first time in 30 years with Louis Farrakhan, leader of the Nation of Islam, whom she has linked to her husband's slaying. Betty Shabazz shook hands with Farrakhan at a Saturday fundraiser for her daughter, Qubilah Shabazz, accused of hiring a hit man to kill Farrakhan. The charges were dropped last week.

Ron Kirk was elected mayor of Dallas in a landslide Saturday, becoming the first black elected mayor of any major city in Texas. Kirk, 40, who took more than 60% of the vote, had served as secretary of state under former Texas Gov. Richards.

Died: Lewis Preston, 68, World Bank president and former chairman and chief executive of J.P. Morgan, Thursday, in Washington, of cancer.

THE GREEN SHEET

News About the U.S. Department of Health and Human Services

Vol. 42 No. 88

Monday, May 8, 1995

Wash. Post; 5-8-95 p. 1

Inching Into Employment

Recipients' Pace Doesn't Fit Reform Scenario

By Barbara Vobejda
Washington Post Staff Writer

CHICAGO—Six times this year, Ruth Woolens has applied for a job and been turned away. She didn't have the right qualifications, she was

REMAKING WELFARE

A DIFFICULT PASSAGE

old, didn't have sales experience, couldn't run a cash register.

Woolens, a 33-year-old mother of five, says she desperately wants to get off welfare and move out of Cabrini-Green, a desolate housing project near downtown Chicago. But her ticket out is a job. And at the

Target and the Kmart and the hardware store where she left her name, she must have appeared a poor prospect.

People like Woolens, who for a variety of reasons are extraordinarily difficult to employ, are now at the center of an increasingly partisan debate over proposals to overhaul the nation's welfare system.

In fact, a sizable fraction of the nation's welfare recipients—anywhere from one-fifth to one-third—are considered by experts to be so poorly skilled or hampered by other problems that they are unlikely to find and keep jobs, no matter how hard they look and even when they face a loss of benefits.

See WELFARE, p. 2



Ruth Woolens works on her computer skills with her son Isiah, 4, as part of Project Match at the Cabrini-Green housing project in Chicago.

Wash. Post; 5-7-95

GOP Faces Uphill Struggle on Medicare

Public Must Be Convinced Party Can Solve System's Financial Woes

By Dan Balz

Washington Post Staff Writer

A18

Republicans face a massive job of altering public attitudes in the debate over the future of Medicare, and they risk significant political damage if they fail to do so, according to analysts from both parties.

The Republicans say they need to slash the growing cost of Medicare to meet their goal of balancing the budget by 2002, but they can't win political support for those cuts unless they can convince the public that the Medicare system needs a financial overhaul.

The potentially explosive debate

is hardly risk-free for President Clinton and the Democrats. But Republicans begin the battle in a doubly difficult position: The public is largely unaware of the looming financial problems of the Medicare system, and the public has more confidence in Democrats to deal with the program in any event.

Neither party can hope to trade blif one generation against another in the debate, according to these same analysts. Older Americans are perhaps the most favored generation in the country, more so even than children, which is why efforts to slow the growth of either Medicare or So-

cial Security are so politically difficult.

"What people need to understand about Social Security and Medicare is they have impact far beyond people over 50 or people on the program," said Bill McInturff, a Republican pollster. "They are powerful symbols for people of all age brackets."

Republicans face a totally different political climate on Medicare than they do on welfare. The public favors reforming and cutting welfare. On Medicare, they may favor reforms, but not cuts.

A recent NBC News-Wall Street

Journal poll underscored these attitudes. Given the choice of cutting projected spending on Medicare by \$200 billion and using the savings to help balance the budget or maintaining spending at current projected levels, 69 percent of respondents said to maintain current spending. And they would rather cut other programs to protect the solvency of the system.

"It's a tough political problem," said Robert Teeter, a Republican who conducted the poll along with Democrat Peter Hart.

Republicans gained ground among older voters in 1994, according to Election Day surveys. In 1992, 56 percent of voters 65 or over cast ballots for Democrats in House races, but last fall, the Democratic percentage fell to 48 percent. Already there are signs of erosion among these older voters, although poli-

See MEDICARE, p. 16

N.Y. Times; 5-6-95

New Optimism on Surgeon General Choice

WASHINGTON, May 5 — Dr. Henry W. Foster Jr.'s prospects to be Surgeon General improved considerably this week, his supporters say. Democrats are increasingly optimistic that Republican efforts to prevent a vote on his nomination will fail.

"I think there's a lot of support for Dr. Foster based on his testimony this week," said Senator Tom Daschle, the Democratic leader, referring to the Nashville doctor's two-day confirmation hearing before the Senate Labor and Human Resources Committee. "I think Republicans would look mighty silly keeping this vote from occurring on the floor."

For all of that, Senator Phil

Dr. Foster's allies believe they can cut off a filibuster.

Gramm, Republican of Texas, reiterated his vow today to block the Foster nomination by all the procedural tools at his command. "We need someone who can bring the nation together to promote public health, and I don't think Dr. Foster can do that," Mr. Gramm said at a news conference. "I intend to do whatever I have to do, including a

filibuster."

Dr. Foster's nomination generated controversy in large part because he had performed abortions. Conflicting answers earlier this spring about the number of abortions he had performed exacerbated his troubles. But his allies said they believed he had laid concerns about his credibility to rest this week.

Senator Bob Dole, the majority leader, said earlier this week that he might block floor action on the nomination, although he indicated a few days later that he had not yet made up his mind.

Still, Democratic strategists say the drive to block the nomination by procedural means is clearly faltering. And there is some evidence for

their views: Senator Nancy Landon Kassebaum of Kansas, the Republican chairwoman of the Labor and Human Resources Committee, said this week that the nomination should go to a vote before the full Senate. She also said she believed it was possible to round up the 60 votes necessary to cut off a filibuster and move to a vote on the nomination, a process known as cloture.

Mr. Daschle also said in an interview today that based on his discussions with members of both parties, "Increasingly, I think we have the necessary votes to get cloture."

The Foster nomination still faces several other hurdles: In a few weeks, it will come to a vote in the Labor and Human Resources Committee. So far, seven Democrats and one Republican, Senator James M. Jeffords of Vermont, are supporting

See DR. FOSTERp. 29

WELFARE, from p. 1

Whether this group would be helped or hurt by the House-approved legislation restructuring federal welfare programs remains a point of debate.

"That's a group for which blithely saying, 'We're going to cut welfare,' is going to do nothing but make them more poor and desperate," said Rebecca Blank, an economist at Northwestern University. "How do you cope when you have less money and the general labor market has no options for you?"

That question received scant attention when the Republican welfare proposal was being debated in the House. But since its approval in March, President Clinton has criticized the bill on this point, saying it would do too little to provide welfare recipients with the help they will need to move into jobs and vowing to veto the legislation if it is not modified.

Clinton's welfare proposal, introduced last year, would have required welfare recipients to find jobs or enter training or work preparation after two years, but if they were unable to find jobs, it would not have cut off their aid. The Republican bill, however, orders states to cut off federal benefits after five years, whether or not a recipient is employed.

In fact, the momentum behind the bill was fueled by the belief that it is possible to shift millions of Americans on welfare into jobs within a few years.

"There has to be a basic level of personal responsibility if a person is able-bodied," said Rep. Tim Hutchinson (R-Ark.), who sponsored amendments adding work requirements to the Republican welfare bill. "They may be unskilled, they may be uneducated. But we don't do them a favor to keep them in dependence forever. We have to change that culture."

Hutchinson and other supporters of the bill argue that it includes provisions to help those difficult to employ by offering them some subsidized work and on-the-job training. Authors of the legislation, recognizing that some people may never find jobs, also allowed states to exempt 10 percent of their welfare recipients from the five-year time limit on benefits.

Hutchinson predicted that states would end up with "a very, very small percentage that would be hard-core unemployable and still able-bodied."

But many researchers say that assessment is overly optimistic. Even the most successful welfare-to-work programs around the country have placed fewer than half of their participants in jobs. For many, the jobs have been short-lived, and the workers have cycled on and off welfare.

Moreover, that limited success has been concentrated not among recipients like Woolens, but among people who have fewer personal problems and more education, work history and job skills.

Despite her problems finding a job, Woolens, in fact, is more employable now than ever before. But her slow progress illustrates how difficult the passage from welfare to work can be.

Two years ago, she barely spoke in public, strangled by insecurity. Her unemployed husband, she said, "told me I could get a job, all I had to do is go try. I said, 'No, they wouldn't hire me.' I was very unsure of myself at the time."

Woolens is among a small proportion of women receiving Aid to Families with Dependent Children (AFDC) with a husband at home. But under the Republican bill, that only increases the pressure to find work because the bill mandates states to move adults in two-parent households into jobs more quickly than single parents.

After two years of working with Project Match, a welfare-to-work program in Cabrini-Green, Woolens has gained some computer skills and enough confidence to talk to strangers. She eventually may find stable work.



Latonja Williams, above, relaxes with daughter Laquita, 19 months, and stepdaughter Angel, 6. Below, Williams meets with Toby Herr, director of Project Match, at the program's headquarters in Cabrini-Green. Williams, who grew up in a series of foster homes, said her prospects began to change when she did volunteer work and earned her GED.

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but for now, she isn't getting hired.

The tiny, incremental steps she has taken toward self-sufficiency don't fit the ideal scenario in which welfare recipients are given some training or job-search help and then graduate relatively quickly into the labor force.

That scenario, say many researchers, is likely to describe only about one-third of the welfare population, consisting of adults who are propelled by work mandates and the time limit on benefits to find jobs. For this group, the Republican bill may well succeed, many researchers agree.

Another third of welfare recipients generally are thought of as "cyclers," likely to move in and out of jobs, with little long-term prospect of finding stable, gainful employment. These people may find jobs but are unlikely to move very far out of poverty.

The remaining third of recipients are hampered not only by low skills but serious problems such as depression, domestic violence, learning deficiencies and a debilitating lack of self-esteem. This group, some researchers say, is at serious risk of becoming even more destitute under the House-passed legislation.

Robert Rector, a scholar at the conservative Heritage Foundation, counters that such bleak predictions are unlikely to materialize because states, freed from the current regulations that tell them how to spend their funds, will provide aid to those who can't support themselves.

"They're not going to dump the woman in a homeless shelter when that's going to cost the state even more," Rector said.

At the same time, he agrees that many welfare recipients are, because of their poor skills, unlikely to find work.

"That doesn't mean there aren't a lot of people on welfare who could readily get off, but a very large group... even if they get employed, will still be wards of the government" because they will earn so little they will qualify for food stamps, medical programs and subsidized child care, he said.

One of the few studies that would shed light on what might be expected when welfare benefits end was conducted among Michigan adults who lost their state "general assistance" checks after the program was discontinued in 1991. Like many states, Michigan provided aid to poor adults without dependents who did not qualify for AFDC or other welfare assistance.

While advocates for the poor had feared that the numbers of homeless would increase dramatically, researchers, headed by University of Michigan social work professor Sandra Danziger, found that did not happen. Most of the adults survived by moving in with friends or family, but their circumstances remained dismal.

But the prediction by state officials that the previous recipients would move into jobs also proved not to be true. Only 38 percent found any formal employment in the two years after they lost their aid. Most of these adults managed to cope by moving in with family members or otherwise making do. Most of them were not pushed into the work force.

While the Republican welfare bill does recognize that some people won't find jobs, there is disagreement not only about whether the 10 percent exemption is large enough but whether exempting people with the lowest skills is the best way to help them.

Toby Herr—director of Project Match, the Cabrini-Green program—argues that no welfare reform proposal should exempt the men and women on what she calls the "lower rungs" of the welfare ladder from all requirements. Rather, she said, they should be forced to continue doing something to improve themselves.

"They need to have a sense of direction, self-esteem, to be role models for their children, to have hope for the future," she said.

Herr began focusing two years ago on these recipients after discovering that traditional welfare-to-work programs generally had failed with them. Working with hundreds of Project Match families over a decade, she found that more than half made little or no measurable progress toward self-sufficiency, even after years of trying.

This became even more clear when Herr and her staff watched women fail at the most basic first steps. Dorothy Dunbar, a Project Match tutor, said many welfare adults have such poor reading and math skills that they require months, even years, of work before they can at-



tempt the test for the GED, the high school equivalency diploma. Even when they are ready, getting them to take the test is a major challenge.

"It's very intimidating," Dunbar said. One woman registered, but couldn't find her way there. Another took the first part of the test, but didn't go back because of child-care problems.

Herr said she came to believe it was unrealistic to expect these welfare recipients, most of them single mothers, to step into work. They needed help finding good child care, learning the rules of the world of work and how to cope with difficult supervisors.

Rather than setting a deadline for these recipients to find jobs and move off welfare, Herr said, the law should allow caseworkers to count as "work" other positive contributions, including volunteer activities or good parenting.

The theory is: If people who lack self-esteem are shown that they can make contributions—getting their children to school on time, for example, or leading a scout troop—they can begin to build on those strengths. They can take small steps toward employment, gradually increasing the hours they volunteer and the responsibility they take on.

But if they are forced to move too quickly into a job, Herr believes, they will fail.

Now that theory is being tested in a Chicago welfare office where one caseworker will be allowed to count these small accomplishments as fulfilling job-preparation requirements.

Unlike in Project Match, where the program was not tied to benefits, in this experiment, recipients could lose part or all of their aid if they refuse to act to improve themselves. This is being incorporated into a current federal welfare-to-work program created by the 1988 Family Support Act, which mandates some recipients into training and job search activities.

Under the experiment, funded by the Annie E. Casey Foundation and three Chicago businessmen, caseworker Joyce Jackson will use a "diary" designed by Herr to keep track of activities as small as taking one's child to the zoo, singing in the church choir or checking out books from the library.

"The diary will reflect more where they really are," said Jackson, a 23-year veteran of the Illinois welfare department. "You don't have to set a huge goal to start. If you just keep on moving step by step, eventually you look up and see you've accomplished a mile."

For Woolens, these incremental steps began when she agreed to volunteer at her children's Head Start program. She smiled a lot and was helpful, but the Project

Match volunteers could not get her to talk.

At first, Woolens helped the teachers cut out paper shapes and Easter baskets for the children to use in art projects.

She gradually began showing up as a regular volunteer and eventually became a "steward parent," earning \$75 a month to work in the office and help put out a parent newsletter.

"Usually, I would be sitting home doing nothing," she said.

In the process, she has worked through an almost paralyzing fear of talking to strangers. And most important for Woolens, the Project Match staff has made note, literally, of her accomplishments, giving her credit on a form for taking her children to a tutoring program, getting them immunized, working with a computer group.

"They said anything you're doing counts," Woolens said. "I told them in the summer, I work with the lunch program in the building. They said that was good too. I told them I took classes. They said that shows I am trying. To me, it didn't look like much. To them, it looked like something. It counted."

It is a process that has also given hope to Woolens's cousin, Latonja Williams, a 24-year-old mother of three.

Williams has a difficult past to overcome: Her mother left her when she was 8 and Williams moved through a series of foster homes. She became pregnant when she was 19.

But she believes her dismal prospects began changing when she volunteered at the Head Start office with Project Match, earned her GED and began taking courses to learn computer skills and bookkeeping.

She left her most recent job, at Burger King, after she was suspended for fighting with her supervisor. And she still has trouble getting along with others, she said.

But she says she has learned "to be more professional," working through her grievances rather than losing her temper.

"If I didn't have this program," she said, "I would still be working at a fast food restaurant, cussing out managers, trying to figure out what I'm going to do next."

N.Y. Times; 5-8-95

Larger Benefits Lure Chicagoans to Wisconsin

\$200 More a Month Proves Irresistible

By DIRK JOHNSON *Al*

MADISON, Wis. — In its heyday of counterculture chic a generation ago, the streets of this Wisconsin capital pulsed with protesters demanding a fair share for America's poor people and its racial minorities.

Yet the profile of the city itself was not exactly proletarian: overwhelmingly white, highly educated and relatively affluent. Madisonians might have been champions of the downtrodden, but they were rarely their neighbors.

In recent years, however, issues of race and poverty have become a bit less abstract here, as a small but growing number of poor Chicagoans are fleeing gang-torn neighborhoods and moving the 150 miles to Madison for better schools, safer streets and, some of the newcomers acknowledge, more generous welfare benefits.

"It's not the only reason I came," said Austina Moore, 26, who moved here from Chicago last fall with her four young children, and later persuaded her mother, Hester Moore, who is also on welfare, to follow them. "But it sure helps to get \$200 more a month."

She now receives \$706 a month,

Contin'd on next page



Morry Gash for The New York Times

A growing number of poor Chicagoans are fleeing that city and moving to Madison, Wis., for better schools, safer streets and more generous welfare

benefits. Cindy Wells, who was on welfare when she arrived in Madison eight years ago, has prospered there. "I became a whole person," she said.

and the cost of living is generally lower in Madison than Chicago.

The influx of poor people from Chicago is testing this city's historical liberalism. About one-quarter of the 3,300 Madison families receiving welfare are former Illinois residents.

Even Mayor Paul Soglin, who earned his liberal stripes in the anti-establishment politics of the 1960's as a leader of Vietnam War protests, now talks of "finite limits of resources" for the poor. He warns against "the duplication of old ghetto neighborhoods" with the same problems that families came to Madison to escape.

"We're like a lifeboat that holds 12 people comfortably," Mr. Soglin said. "We've got about 16 in it now, and there's a dozen more waiting in the water. Since we're already in danger of going under, what can our community be expected to do?"

Despite benefit levels that have been frozen for nearly a decade and eligibility rules that have been tightened under Gov. Tommy G. Thompson, a Republican, assistance checks for the poor in Wisconsin are still about 40 percent higher than in Illinois. A family of four living in poverty in Wisconsin is entitled to \$617 a month while the same family would receive \$414 in Illinois.

Some experts on poverty say migration of welfare recipients would increase sharply under the Republican plan in Congress to replace the main Federal program, Aid to Families with Dependent Children, with a system controlled by the states.

Under the current A.F.D.C. program, the Federal Government pays about half the benefits, at levels set by the states. Already the payments vary, for example, in Mississippi the amount is \$120 while New York pays \$703.

In New York City, Mayor Rudolph W. Giuliani drew criticism last month when, in defending welfare cuts, he suggested that lower payments might persuade some welfare recipients to leave the city.

Under a block-grant system approved by the House of Representatives, the Government would give the states lump sums for welfare, to be spent as they saw fit.

Many experts say this system could widen the differences in benefits because states would have more freedom to set eligibility criteria and benefit levels.

"States that are concerned about welfare migration now, just wait," said Thomas Corbett, associate di-

RETHINKING WELFARE

Block Grants



THE GOAL Block grants, or lump sum Federal payments made directly to the states, would give states more control over Federal aid to low-income people without the bureaucratic strings attached in Washington. House Republicans say a block-grant system would control costs and rein in the growth of entitlements.

THE PROPOSALS

HOUSE PLAN

Under a welfare bill passed by the House, Federal entitlement programs including family assistance and school lunch subsidies would be replaced by block grants that states could use as they wished to aid the poor. The money would be earmarked for specific purposes, but states would be able to set benefits and eligibility criteria.

GOVERNORS' PLAN

Republican governors say the House bill would still impose too many restrictions on them. It would, for example, set a five-year limit on Federal welfare payments to a family and would bar the use of Federal money to provide cash assistance to unmarried teen-age mothers. The governors have devised an alternative proposal that would give them more say over eligibility rules. They would also replace the food stamp program, which the House bill would keep at the Federal level, with block grants.

EFFECT ON STATES Some governors fear that under the House proposal many poor people would be out of luck if demand for services outran a state's grant or if state officials were unable to administer such complicated programs. Some critics also fear that the money would not be evenly distributed among the states.

rector of the Institute for Research on Poverty at the University of Wisconsin at Madison. "They'll really be concerned under the block-grant system."

Governors are already trying to throw up fences to reduce their states' appeal to welfare migrants. In Connecticut, for example, Gov. John G. Rowland, a Republican, has proposed slashing benefits and adopting the toughest eligibility requirements in the country to discourage poor people from moving there.

Newcomers to four Wisconsin counties, not including Madison's, are only eligible for aid at the level paid by their former state for six months. After that, they receive the same rate as other Wisconsin residents.

A vibrant economy in Wisconsin surely accounts for much of the migration among poor people, most of them looking for jobs. The state's unemployment rate has dipped below 4 percent while that in Illinois is 4.4 percent.

In Madison, it is less than 2 percent, the lowest of any large city in the United States. That has put pres-

sure on the city's employers to raise wages. Even fast-food restaurants are advertising jobs at \$6 and \$7 an hour, plus benefits.

But Mr. Thompson insists that many poor people are coming to the state principally for welfare. "If you don't think so, just look at the statistics," he said.

Since Mr. Thompson took office in January 1987 and began efforts to trim the welfare rolls, the number of recipients has dropped nearly 25 percent, to about 75,000. In one program, now being tested in two counties, welfare benefits end after two years.

Mark Rom, the author of "Welfare Magnets: A New Case for a National Welfare Standard" (Brookings Institution, 1990), said most studies have found that such migration "is real, but is quite modest." Decisions to move are "as complicated for poor people as they are for rich people," he said, and rarely boil down to a single factor.

"But while there is some disagreement among social scientists about whether this kind of migration exists," Mr. Rom said, "there is no

Rethinking Welfare

Interstate Migration

A special report.

doubt among state legislators that it is real. Under the block-grant program, states will trim benefits to make sure they're not any more generous than their neighbors, worried that they'll be seen as welfare magnets."

One terminus for newcomers here, the Broadway-Simpson neighborhood, is one of the city's poorest, but its rows of tidy brick apartment buildings would never be mistaken for a rough section in Chicago. Nonetheless, some gang members and drug dealers have settled among the families that came here to flee such problems.

"This was our neighborhood before the gangs and drugs took it over," declared the hand-printed sign in a neighborhood center here, written by 9-year-old Keisha Robinson. "And we want it back." Next to the message, someone has written in large letters: "Now!"

While the migration of poor Chicagoans has brought some problems, it has also brought redemption for many families that had once virtually given up on life.

Cindy Wells, 37, recalled hearing gunshots every day in her South Side neighborhood in Chicago, where her three young children were not allowed to play outside, and where she said she watched a police officer take a bribe from a drug dealer in broad daylight.

Ms. Wells, who had been on welfare when she arrived in Madison eight years ago, said a network of charitable organizations and social service agencies helped her get squared away. She was given temporary housing in the Y.W.C.A., furniture, clothes, food and transportation vouchers for the children to get to school.

"People in Madison smiled at me, shook my hand, answered my questions," she said. "For once, I could walk the streets without wondering, 'Whose going to jump me? Whose going to beat me up?'"

Within a couple of months, she got a job working with poor children. And today, her family is thriving. Her eldest son, Irwin, 16, an honor student at James Madison High School, was recently awarded a college academic scholarship.

"I blossomed here," said Ms. Wells, an ebullient woman in dread locks and a "Beverly Hills 90210" sweatshirt. "I became a whole person."

But Ms. Wells said she planned to move out of her apartment complex and into a nearby town house because drug dealers in her building have created an unsavory atmosphere for her children. She said her children had complained of headaches from the stench of marijuana and crack.

She said that when she told a man smoking crack in the hallway to have the decency to go inside his own apartment, "he spit in my face."

Groups of former Chicagoans, intent on preserving the good life in Madison, have established support groups like the Moms of Simpson Street. The Simpson Street group holds festive dinners to honor men in the community, like police officers, teachers and ordinary fathers, who are good role models.

One of the best things about life in a place like Madison, many of the newcomers say, is that ill-mannered behavior is not tolerated. "It's strict up here," said Ruthie Debow, a former Chicagoan who moved here on welfare and now works for a social service agency, "and the young people learn that in a hurry."

Wash. Times; 5-8-95 p. 1

So far, so good, says a skeptical America

Welfare reform is No. 1 priority

By Major Garrett
THE WASHINGTON TIMES

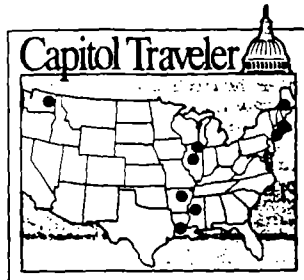
From Boston's Jamaica Plain to Natchez, Miss., and from Peoria, Ill., to Timber Mountain in western Washington, early reviews of Republican control of Congress are positive but cautionary.

Reporters from The Washington Times traveled to four distinct regions of America to ask voters what they thought so far about the House Republicans' "Contract With America" and the first GOP Congress in 40 years.

From dozens of interviews, The Times has drawn the following conclusions:

- Welfare reform is the paramount issue for voters of all races, regions and income levels. Virtually everyone interviewed had either witnessed or knew of welfare abuse.

Their examples included wel-



An occasional series in which Capitol Hill reporters for The Washington Times travel across America to assess the impact of the 104th Congress. Nancy E. Roman, Laurie Kellman, David R. Sands, Patrice Hill and Cheryl Wetzstein contributed to this report.

fare recipients who refused to look for work, recipients who worked clandestine "cash only" jobs while collecting benefits, those who feigned disability to qualify for benefits and subsidized housing, or those who bought candy, soda pop or even drugs with food stamps.

Democrat, Republican and independent voters alike said the party that reformed welfare would grab their attention and win their support.

- The Contract has widespread support, but it remains an enigma to many.

Fewer than half of the people interviewed were well informed about what it said or knew that Republicans had kept their promise to act on all 10 components in the first 100 days of the new Congress.

Of those who had heard of it, half embraced it enthusiastically as a promising sign of activity and political follow-through. The other half described it as a cynical attempt to rehabilitate Congress' shabby image.

- Tax cuts remain attractive, but voters fear they will aid the wealthy or torpedo deficit-reduction efforts. Some fear they will do both. Nowhere were tax-revolt passions visible, although hostility to the current tax code was widespread and support for a flat tax virtually universal.

- Affirmative action sparked only mild protests, mostly from those who thought it had outlived its usefulness. No one thought racial hiring preferences of the late 1960s or 1970s were immoral or unfair, only that their time had passed.

- President Clinton's Mexico bailout irritated voters across the board. All questioned the need to prop up the peso, and most resented sending aid to Mexico when many needs remain unmet in America.

- President Clinton retains pockets of popularity in the Northeast but is either unpopular or largely irrelevant to voters in the South, Midwest and West. When discussing their views on issues, voters were reacting entirely to the Republican agenda and had no recollection of what Democrats were offering as an alternative.

Overall, constituents shared a general mistrust of government and politicians of both parties. All of those interviewed, including voters well informed about the Contract, said the Republicans had done nothing so far to improve their lives, many of them citing skepticism that the Senate would follow through.

While the constituents interviewed represented most dominant American demographic groups, The Times' random survey lacked the numeric or scientific rigor of a nationwide poll.

Nevertheless, the conclusions gleaned from these interviews mirror those drawn by pollsters Ed Goetas and Celinda Lake in a bipartisan scientific national survey taken just before completion of the first 100 days of the 104th Congress.

Mr. Goetas, a Republican, and Mrs. Lake, a Democrat, found the same hostility toward welfare, the same skepticism of tax cuts and the same generalized mistrust of government that The Times' reporters found.

The Goetas-Lake poll also found that even those voters who were fond of the Contract and the new GOP Congress could point to no tangible benefits.

"Welfare has almost replaced the deficit as the specific example of waste in government," Mr. Goetas said. "Voters believe that something can be done and that it can be improved. They see abuse and fraud around them, and they don't understand why government doesn't see it."

The voters' abiding cynicism, which Mr. Goetas said is nearly as prevalent as it was one month before President Nixon resigned in August 1974, is rooted in a string of broken presidential promises.

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Walter Squalls, the first black police officer in Natchez, Miss., and now the security director for a gambling boat, supports welfare reform.

Cont'd from previous page

Voters resent President Bush for breaking his "no new taxes" pledge and have concluded that Mr. Clinton broke three key campaign promises — to create real jobs and a growing economy, to cut middle-class taxes, and to reduce health care costs.

"The importance of the Contract is the following through on a promise," Mr. Goetas said. "Accountability is important to doing what you want to do in the future. You've got to lower the animosity, because 78 percent of the voters are saying they will throw us out if we don't do the right thing."

Welfare reform

Reggie Hope, pastor of Calumet Baptist Church in Calumet, La., calls himself a Republican now — in part because of welfare reform.

"Welfare reform is long needed," said Mr. Hope, the father of four children who qualify for free school lunches. "It's a drain on our economy. People don't need government to provide everything."

Walter Squalls, 58, a son of sharecroppers and the first black police officer in Natchez, Miss., said he parts company with Republicans on most issues — except welfare.

"I'm 100 percent behind their welfare reform," he said. "If they [recipients] are going to be getting freebies all their life, they won't even look for a job. They lie home and have babies and get another check for another child."

Bill Brown, a 49-year-old program analyst from Chicago, said welfare has failed to provide incentives for work. Mr. Brown said he resents welfare recipients who make no attempt to find work or who get a black-market job.

"There's something that allows lazy people to milk the system," Mr. Brown said during a break from bowling with his son at the Waveland bowling alley near Chi-

cago's Wrigley Field. "They get so comfortable and they say, 'Why work?' Stuff like that really irritates me. I bust my butt eight to 10 hours a day and they get welfare, a cash job and other assistance."

While hostility to welfare was most prevalent in the South and Midwest, voters in the Northeast saw the need for reform but tended to worry more about the details and feared that Republican changes would do more harm than good.

"There are some people who are lazy and don't want to work, but some people really do need time," said Geneva Isaac, a welfare mother of four who was interviewed outside a social services office in Mattapan, a poor neighborhood in Boston. "I don't think [the Republicans] understand that."

To Nate Blackman of Jamaica Plain, a poor and mixed-race neighborhood in Boston, welfare reform threatens an already tenuous existence for poor Americans.

"There's some things I like in this [Contract] With America, but they're going to extremes," Mr. Blackman said. "I think welfare reform is just going to end up hurting the underclass."

The Contract

"It looks like more bull to me, a lot of window dressing," said Richard Brant, 60, a retired power-company engineer in Peoria.

Throughout Peoria, a Middle America town that for years has been a leading testing ground for new products, the Contract had yet to win many converts. Those interviewed knew almost nothing about it.

"I don't think it's bad or good," said Bettye Leunig, 70. "Trying to do something earth-shattering in 100 days is probably not wise."

In western Washington near

Cont'd on next page



Rep. Jimmy Hayes, Louisiana Democrat (left), answers phone-in questions on a live radio interview on KAJN in Crowley. The show's host is Barry Thompson. Mr. Hayes is one of the Coalition Democrats in Congress.

Cont'd from previous page

Timber Mountain, the Contract sounded like the same old political song and dance. Even those who made House Speaker Thomas S. Foley the most memorable casualty of the 1994 elections saw little difference in the new Republican regime.

"The Contract was a good start, but that's all it was," said G.T. Wichon III, a 35-year-old lawyer from Spokane. "As far as we know, it's just another list of promises from politicians, only it's on paper. I'd be surprised if half of it gets through the Senate and becomes a law."

"I think the 'Contract With America' is a bunch of congressmen walking around with their chest out," said Dave Coomes, 34, a construction contractor from nearby Airway Heights, Wash. "Those guys are all the way on the other side of the country, they don't know what we need out here."

Tax cuts and the budget

Tax cuts were most popular in the South — those interviewed in Arkansas, Louisiana, Mississippi and Tennessee were uniformly supportive. Support was more mixed elsewhere, and outright hostility cropped up in the Midwest and Northeast.

Southerners, particularly those in rural areas and of modest means, favored reductions in capital gains and inheritance taxes that tend to reduce profits from land sales.

Gerald Judice, who runs a hamburger joint called the Judice Inn in Lafayette, La., said he is excited about the Republican Congress — particularly the promise of long-overdue fiscal responsibility and a flat tax.

Vasile Angelo, a retired textile chemist from Putnam, Conn., zeroed in on the Republicans' biggest fear in the coming debate over reducing the deficit — that voters will see cuts in popular programs

as a means to give tax breaks to the wealthy.

Tax cuts "will affect the rich far more than the poor man," Mr. Angelo said. "I am worried that it's going to cost me more for Medicare."

Another Putnam resident urged the Republicans to stand firm for tax cuts and lower spending — even if it means stepping on some toes.

"The taxes and the [spending] cuts go together. I think the Republicans have got it right," said Peter Serafin, a state vocational instructor. "But I don't know if they can stick to both ends of their program."

To Debra Donaldson, a 42-year-old social programmer at a federally subsidized housing project in Peoria, tax cuts mean more for the wealthy and very little for the middle class.

"The rich have the tax cuts and the poor have their assistance and the middle class has to pay and we are saps," Mrs. Donaldson said. "That's my biggest [gripe]."

Affirmative action

Most voters feel the time for hiring set-asides and aggressive efforts to recruit minorities has come and gone. Most believe discrimination is less prevalent and therefore the justification of hiring on the basis of race is less pronounced.

"If you're qualified, you're qualified," said Bob Tinson, a 21-year-old food-warehouse worker from Chicago. "It doesn't matter what color or sex you are, you should get the job. It should be like a blind date."

Terry Berger, a nursery owner in Danielson, Conn., said he did not qualify for some low-interest government loans simply because he was white.

"I think a lot of times people benefit who aren't really disad-

vantaged," he said. "Maybe things have gone too far."

Francis D. Privitera, a lawyer from Somerville, Mass., said affirmative action has intensified racial tension.

"Affirmative action should have been done away with a long time ago," Mr. Privitera said. "It's counterproductive now. You've got middle-class blacks getting a break and poor whites that don't."

The Mexico bailout

"I thought sending that money to Mexico was ridiculous," said Judy Wells, 41, owner of the lone general store in Douglas, Wash. "We have enough problems back here, like crime. You should see the people who drive drunk through this town."

Ms. Wells' sentiments were echoed in the South, Midwest and Northeast.

"They talk all the time about a deficit, and then we go and give all this money to foreign countries," said Paul Pacitto, a retired heavy-machinery operator from Danielson, Conn. "It doesn't make sense."

Added Steve Doucette, a boiler-maker finishing lunch at a diner in Ashland, Conn., "They talk about cutting back this or that here and then they send all this money to Mexico. We're taking care of everybody but ourselves."

Cynicism

It is not hard to find voters who have crossed the imperceptible line that separates skepticism and cynicism. Nor is it hard to locate those who feel the Republicans are coaxing them out of their cynicism.

What is clear is that the GOP agenda has heightened curiosity about Congress and contributed to greater discussion of what is happening in Washington.

Wash. Times; 5-8-95

Study finds SSI keeps kids at home

ASSOCIATED PRESS

A yearlong study released yesterday contradicts claims that some parents coach their children to act crazy in school so they can collect disability payments.

The National Academy of Social Insurance study found instead that the Supplemental Security Income program allows families to care for severely disabled children at home rather than institutionalize them.

The academy, a nonpartisan research group, urged tightening of eligibility for SSI but continuing its cash payments to families in need.

"Supporting families in their effort to care for their child at home is more efficient, cost-effective and humane than maintaining children in out-of-home settings," said the report, written by experts on childhood disability.

SSI costs far less than paying for foster care, group homes or institutions, the report said. Research cited in the report found the cost of out-of-home care for a disabled child ranges from about \$24,000 a year for specialized foster care to \$95,000 in a state institution.

SSI pays a maximum monthly benefit of \$458. There were 837,000 children on the rolls in December, costing taxpayers about \$4.7 billion annually.

The number of children who receive SSI has nearly tripled since the late 1980s, in part because a Supreme Court ruling made it easier for children to qualify for aid.

Some lawmakers have charged that children with minor emotional, mental and behavioral problems got on the SSI rolls by pretending to act crazy or by fail-

ing tests at school.

In response to those allegations, the House passed welfare-reform legislation in March that would replace cash payments to many disabled children with services such as counseling, installation of wheelchair ramps, or diapers. The legislation is pending in the Senate.

"Any evidence of such coaching or 'gaming the system' is extraordinarily thin — and appears to be based on anecdotes or perceptions of dubious benefit claims, which upon investigation are found to have been denied," the study found. "The number of such cases reported to Social Security to date is very small."

Nevertheless, the report recommended that eligibility rules be strengthened when evaluating behavior and mental disorders. The experts also suggested that family benefits be limited when there is more than one disabled child in a household.

Under current law, each child in a family is entitled to an SSI check. A study last year by the Social Security Administration, which runs SSI, found 600 households in which there were six or more SSI recipients, including 60 households with 12 or more people on SSI. Not all are necessarily children, because SSI also supports low-income disabled adults and the elderly.

Most importantly, the report said, the SSI childhood disability program must be refocused to emphasize the "medical recovery, physical and mental development, and job readiness of children with disabilities."

The report's bottom line is that cash payments should continue.

FIRST PERSON
L.A. Times; 5-8-95

Black Couplehood Is Alive and Very Well

By KAREN ROBINSON-JACOBS
TIMES STAFF WRITER

I've been married for nearly one year. To the same man. An African American man. A black man. That makes us a black couple.

So what? Well, judging from the fairly regular media bashing of black men and the black family, you would think that my husband and I were something of an anomaly. But as I look around at the reality I know, I see, happily, that it ain't necessarily so.

So I just thought I'd take a moment to say a few words in support of black couples, as I approach anniversary No. 1. (We are accepting paper anniversary gifts, as long as they contain pictures of dead Presidents.)

We've all heard the stories, seen the headlines, watched Oprah. We as black women have been waiting to exhale for so long it may be causing oxygen deprivation to our collective brain. We bought into the hype. We've become part of our own undoing.

To be sure, we've had help, a good deal of it from the media (of which, yes, I am a part). The sad truth is, unhappiness sells. We are much more likely to read about brothers who have shown some disrespect to sisters like Soulejah than we are about couples, of any hue, celebrating anniversaries well into the double digits.

There's no shortage of negative notions out there, and you can be sure that sooner or later you'll get to read all about them.

From the same school that holds that "white men can't jump" come the myriad myths, most of them much more pernicious, about black men: Can't commit, won't commit to a strong black woman, got to have a white woman once they get successful.

Of course there are African American men who fall into those categories. Lots of them. But it's not all, and I think the case can be made that it's not even most.

In any event, whatever the worldwide reality may be, I'm here to relate my experience. In this world—of the Robinsons and Means, the Hubbards and Harrises, the Wheelers and Le Sanes, and Pinckneys and Perkins, et al.—the black family and African American couplehood is alive and well.

This is no scientific survey by any stretch. It's just one perspective. But it's a perspective that deserves to be heard, at least once in awhile—if even just once a year.

My parents have been married for 42 years. It hasn't always been fun. It hasn't always been pretty. But it's always been. And the smart money says it will continue. Four-plus decades of love, commitment and compromise make that a pretty safe bet.

They are both African American. Each comes from a long line of African Americans.

My grandfather stayed married to my grandmother until he died. I'm told he loved her. African Americans both.

Michael and I promised each other we'd be together for at least 40 years. If God is kind, we'll be able to keep that promise. If

the first year is any indication, 40 years won't be nearly long enough.

We've already gotten sort of a running start: Even though legally it's only been 12 months, chronologically we've been together for five years.

When I met Michael, just a few months after moving to Los Angeles, I did not know he was Him. I'd been looking for Him all my life. Like many black women, I'd almost come to believe I'd never find Him: A black man, gainfully employed, educated, no prison record (that I could find in my database search), not abusive, not running from the law or from commitment.

When I went to that party that Saturday night I was ever hopeful, but ever mindful of the hype and the headlines: "Blacks Face Extra Challenges on the Road to Love," "The Marriage Gap: Black Women Seeking Black Men Find That the Numbers Are Against Them."

Yet there He was, leaning against the kitchen wall, eaves-dropping on my conversation with someone else, trying to come up with a decent pickup line. (It wasn't great as pickup lines go, but his persistence was impressive.)

Cutting to the chase: We got together, and a few years later we got married. And we've been, for the most part, pretty happy.

(I say "for the most part" because I don't really think you can count that trip to Palm Springs, when I was going to leave his lifeless body rotting in the desert sun and tell the authorities he'd just gone hiking.)

If you're waiting for the part where I get to the eternal truths about love and commitment, or give the definitive word on how to find a good mate, sorry. We just happened to be in the right place at the right time. We were lucky. God smiled on us and we had the good sense to take him up on his offer.

And in the bargain, on a rainy Saturday in Chicago, we promised to love, and to share and to work at it and to not go to sleep on the sofa even when tempers flare and angry words fly.

Admittedly, it's only been a year, but so far, we've kept our word.

So here you are, Honey. Happy Anniversary. And here's a big "I Love You" for all the world to see.

(Yes, I did get you a real present. Look in the den closet. Under that Dict-A-Phone, circa 1962, that you insist you're going to use some day.)

And here we are, world. A strong black woman who loves her man. A strong black man who loves his wife.

Wow. What a concept.

Balt. Sun; 5-8-95

Study defends assistance program for disabled children

Associated Press

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WASHINGTON — A yearlong study has contradicted claims that substantial numbers of parents coach their children to act crazy in school so they can collect disability payments.

The National Academy of Social Insurance study released yesterday found instead that the Supplemental Security Income (SSI) program enables families to care for severely disabled children at home rather than institutionalize them.

The academy, a nonpartisan research group, recommended tightening eligibility for SSI but continuing its cash payments to families in need.

"Supporting families in their effort to care for their child at home is more efficient, cost-effective and humane than maintaining children in out-of-home settings," said the report, written by experts on childhood disability.

SSI costs far less than paying for foster care, group homes or institu-

Cases of alleged 'coaching' reportedly few

tions, the report said. Research cited in the report found that the cost of out-of-home care for a disabled child ranges from about \$24,000 a year for specialized foster care to \$95,000 in a state institution.

SSI pays a maximum monthly benefit of \$458. There were 837,000 children on the rolls in December, costing taxpayers about \$4.7 billion annually overall.

The number of children who receive SSI has nearly tripled since the late 1980s, in part because a Supreme Court ruling made it easier for children to qualify for aid.

Some lawmakers have said that children with minor emotional, mental and behavioral problems got on the SSI rolls by pretending to act crazy or by failing tests at school.

In response to those allegations, the House passed welfare reform legislation in March that would replace cash payments to many disabled children with services such as coun-

seling, wheelchair ramps or diapers. The legislation is pending in the Senate.

"Any evidence of such coaching or 'gaming the system' is extraordinarily thin — and appears to be based on anecdotes or perceptions of dubious benefit claims, which upon investigation are found to have been denied," the study found. "The number of such cases reported to Social Security is very small."

Nevertheless, the report recommended that eligibility rules be strengthened when evaluating be-

havior and mental disorders. The experts also suggested that family benefits be limited when there is more than one disabled child in a household. Under current law, each child in a family is entitled to an SSI check.

Most importantly, the report said, the SSI childhood disability program must be refocused to emphasize the "medical recovery, physical and mental development, and job readiness of children with disabilities."

One of the most persistent criticisms of SSI is that the program merely makes parents a check without requiring that the money be spent on rehabilitation.

Chgo. Trib.; 5-7-95 p. 1

New daddies are taking a pass on paternity leave



Tribune photo by Charles Cherny

Jay Lamble holds son Sean, 9 months, and wife Bridget Lowry holds son Michael, 3. Lamble used 6 weeks of sick leave after Michael's birth. He took off 2 weeks after Sean was born.

By Louise Kiernan
TRIBUNE STAFF WRITER

The daddy track, it appears, is more a concept than a route.

Fatherhood may have its buzzwords, its men's magazine articles about the joys of toilet training and its celebrity spokesmen (remember, even Michael Jordan ostensibly retired to spend more time with his children).

But the reality is that few men are hopping on the track at their first opportunity: by taking time off work to be with their newborns.

A National Institute of Mental Health study released in April found that among a group of 550 new fathers, only 1 percent took three weeks or more leave upon the birth of their children. In fact, more than two-thirds missed work

for five days or less.

This study, conducted by psychologists at the University of Wisconsin, is part of a growing body of research showing that men, for the most part, aren't using policies allowing them to take what's popularly called paternity leave.

The Family and Medical Leave Act guaranteed millions of American working parents up to 12 weeks of unpaid leave upon the birth or adoption of a child when it went into effect amid much fanfare in 1993. Some corporations and states have offered similar policies for a number of years.

It appears, however, that the financial penalties and social stigmas surrounding such measures have made their effects minimal. "Diapers," pronounced Joe King, a Chicago father of three, "aren't free."

Most families can't afford to lose the father's income at the point a baby brings a host of new expenses—and often an accompanying cut in the mother's earnings. Even if they could, many men seem to feel that they'd lose professional ground in a working world that still has little sympathy for such absences.

Even in Sweden, which has offered paid paternity leaves for decades, less than half the eligible men take advantage of it, studies show.

The University of Wisconsin Cont'd on next page

Daddy

Cont'd from previous page

study, the largest and most comprehensive look at fathers' use of parental leave in the U.S., comes at a strange time in the politics of fatherhood.

More children are growing up without them. And fathers have been virtually absent from the debate about welfare reform.

Yet society, particularly middle-class society, also has created an ideal of the "new father," the "co-parent," who puts personal involvement before his traditional role as breadwinner. At the same time, corporate downsizing and fears of job security mean more people feel forced to work longer hours.

So where is the co-parent?

Probably at the office, as 32-year-old King will be on Monday, after taking five vacation days following the birth April 29 of his son, Dustin.

King, a spokesman for Commonwealth Edison Co., would have liked to take more time, he said, and he works for a company that has offered some form of paternity leave since 1985.

But he won't.

"I'm relatively new here, and I'm still getting my bearings with the company," he said. "I think it would be detrimental to me to be gone for such a long time, unless it was absolutely necessary."

That's exactly what new fathers told the Wisconsin researchers.

"Most families can't afford to go without a paycheck for a month," said Janet Shibley Hyde, the psychology professor who led the study.

"Also, we found that men really anticipated negative reactions from co-workers and supervisors if they took more than a week," she said.

The study, conducted in 1990 and 1991, was based on four interviews with each family before and after any had children. At the time, Wisconsin law allowed working parents to take up to six weeks of unpaid family leave.

Only 11 percent of the men in the Wisconsin study used any parental leave days. Fathers generally used a combination of vacation, sick days and personal days for the average of five days that they took off—all paid leave options.

Researchers found that 63 percent of the men interviewed said they thought their supervisors wouldn't like them to take a long leave, and 43 percent feared their

co-workers would react negatively.

Part of the problem, argues expert Joseph Pleck, is that paternity leave is viewed differently than other family-related policies, like child care and flextime.

"If you use any formal leave policy, it's extremely visible," said Pleck, an associate professor of human development and family studies at the University of Illinois at Urbana-Champaign. "If you use a formal leave, even if it's short-term, all of a sudden everyone knows about your situation."

By contrast, many parents can juggle other issues with some invisibility, he said. As one Chicago mother anonymously pointed out, when her husband wants to come

'It's often perceived as altruistic, but the result is a more focused, loyal work force that doesn't want to leave the company.'

Virginia Stone Mackin

home early to spend time with their 1-year-old son, "he just says he has to go to a meeting."

It's difficult to break down corporate resistance. When Catalyst, a non-profit research group in New York, asked executives at 1,500 of the country's largest companies in 1986 how much unpaid time they thought men should get for paternity leave, 63 percent answered "none."

Federal law, of course, now mandates otherwise. But many men say attitudes haven't changed.

"While companies may condone it, it's not something that people are saying, 'Hey, that's great, take it and hug that kid for me,'" said Bill Youngclaus, chief operating officer of Noble Advertising in Chicago and the father of 9-month-old Will. "It's just not part of company life."

Youngclaus took about five days off for his son's birth. Any longer, he said, would have interfered with work.

"Companies have engineered the middle levels out," he said. "There's no one left to hand the work off to while you're gone. There was stuff to do that was on my plate."

Youngclaus, as well as a number of experts, cites the Swedish system as a model. There, parents share a total of 15 months' paid

leave upon the birth of a child.

In 1989, the most recent year for which statistics are available, those fathers who used the leave took an average of 53 days off. But only 44 percent of men eligible for leave there took it.

Still, money clearly can make a difference.

Paid paternity leave is virtually unheard of in the U.S., where it's offered by only an estimated 1 percent of businesses. Among them is NationsBank, a Charlotte, N.C.-based financial institution that employs 66,000 people.

NationsBank, the country's fourth-largest bank, had been unusual in not treating maternity leave as a disability, as many employers do. In 1990, it decided to treat paternity and adoption leave the same—with pay. After the switch, the number of men taking advantage of the benefit "increased tenfold," said Virginia Stone Mackin, director of work and family programs.

Since then, "hundreds" of men have taken advantage of the new policy, she said. The company won't disclose specific figures.

"It was slow going at first," she said. "I think men felt self-conscious and felt some pressure about taking it. But as they saw the environment was accepting, we saw the numbers increase."

The company also has seen its management turnover rate drop by 36 percent since it began paid leave and other family-oriented policies, she said.

"This is a business issue," Mackin said. "It's often perceived as altruistic, but the result is a more focused, loyal work force that doesn't want to leave the company."

For Jay Lamble, a physical therapist in Chicago, the experience has been invaluable. He used accumulated sick leave to take six weeks off when his first son, Michael, was born almost three years ago.

"This was the biggest event in our married life, and I wanted to be there," he said.

For the birth of his second son, 9-month-old Sean, Lamble didn't have as much paid time off available and thought his presence was less needed because other family members were there to help.

So he took off two weeks, which is still twice the average paternity leave.

"I knew with all the hustle and bustle of work and taking care of both of them, there wouldn't be time to get to know [Sean] unless I took the time off," he said.

Wash. Post; 5-7-95

Clinton to Press Ouster of Illegal Immigrants Charged With Crimes

By Tom Kenworthy
Washington Post Staff Writer

President Clinton yesterday promised to expedite deportation of illegal immigrants charged with breaking U.S. laws, even if they are not convicted.

"It simply doesn't make any sense for us to have illegal aliens in our custody in our courts and then let them go back to living here illegally," said Clinton in his weekly radio address. "That's wrong and we should stop it."

The president, noting the United States is deporting about 40,000 illegal immigrants a year, also pledged to clean out a huge backlog of 100,000 aliens awaiting deportation proceedings by streamlining the process.

He also said he has asked the Justice Department to prepare a plan to identify what he estimated were hundreds of thousands of people ordered to leave the country who "then disappear back into the population."

"We cannot justify continuing to have this large number of illegal aliens in our country simply because our court system won't process them," Clinton said.

Clinton's speech on illegal immigration, an issue that could be a focal point of the 1996 presidential campaign, came at the end of a week in which the White House sent Congress a package of legislation to bolster U.S. border protection efforts.

If it is passed, the proposed legislation would add 1,500 Border Patrol agents, authorize border-crossing fees if local communities approve, establish a pilot worker-identification system, boost sanctions on employers who hire illegal workers and streamline the depor-

tation process.

The package is similar to proposals introduced by Republican lawmakers, although Clinton's proposal for border crossing fees is vigorously opposed by border-state lawmakers.

The renewed focus on immigration policy also came in the same week that one of Clinton's potential rivals in 1996—California Gov. Pete Wilson (R)—scrambled to limit the political damage stemming from revelations that he had employed and failed to pay Social Security taxes on an undocumented Mexican worker in the 1970s.

Wilson last year made immigration, particularly his support for a state ballot initiative eliminating many services for illegal immigrants, a keystone of his reelection campaign for governor.

And he has said he intends to make the issue a central theme of his presidential bid, which is expected to be announced formally later this month.

With immigration a critical issue in key electoral states such as Cali-

fornia, Florida and Texas, Clinton has been on the offensive since early this year to protect his flanks against Wilson and other GOP candidates for the presidency.

The administration initiatives have focused on tougher border protections through increased manpower and technology, drying up work opportunities for illegal immigrants through tougher sanctions and the pilot worker-identification program, and swifter and surer deportation procedures.

"This problem was neglected for 12 years," a senior White House official said yesterday. "There's never been a coordinated set of deterrent strategies."

In his speech yesterday—a few

hours after he celebrated the Mexican holiday Cinco de Mayo at a fund-raiser and showing of the film "My Family" that celebrates a Mexican immigrant family—Clinton paid tribute to the contributions made by immigrants over many decades.

But he emphasized the United States "must be able to control our borders."

"Our nation was built by immigrants," he said. "But we won't tolerate immigration by people whose first act is to break the law as they enter our country. We must continue to do everything we can to strengthen our borders, enforce our laws, and remove illegal aliens from our country."

Concurrent with introduction of its immigration legislation, the White House also announced an abrupt change in how it deals with Cuban refugees, announcing that from now on Cubans intercepted on the high seas en route to the United States will be taken back to their homeland.

The first test of that change is underway, as 13 Cuban refugees who had been picked up by a cruise liner Wednesday were transferred to a Coast Guard ship in the Caribbean yesterday.

"The Cubans are on board a Coast Guard cutter and we are awaiting a decision on disposition," Coast Guard spokesman Lt. Michael Wilson told Reuter.



PRESIDENT CLINTON
... "strengthen our borders"

N.Y. Times; 5-8-95 p. 1

GINGRICH PROMISES BIG BUT PAINLESS CUTS IN MEDICARE

BUDGET DEBATE TO BEGIN

Republicans Vow to Overhaul Vast Health Program, With or Without Democrats

By MICHAEL WINES

WASHINGTON, May 7 — Speaker Newt Gingrich pledged today that the Federal budget being proposed by House Republicans this week would sharply cut Medicare spending over the next seven years — perhaps by about one-seventh — without significantly affecting anyone now enrolled in the program.

In separate interviews, Mr. Gingrich and the Senate majority leader, Bob Dole, said Republicans would try to overhaul the Medicare system this year and cut its mushrooming cost whether Democrats and the White House joined them or not.

Medicare has become the focus of debate in the oratorical buildup to the genuinely historic Federal budget debate that begins in the House and Senate this week. Democrats contend that Republicans plan to loot the vastly popular and expensive Medicare program to finance their campaign promises to cut taxes and balance the budget.

Mr. Dole and Mr. Gingrich denied that again today and noted that the White House's own experts say Medicare will go broke by 2002 — and gobble a huge share of Federal spending in later years — unless its costs are quickly reined in.

Senate and House Republicans will make public Federal spending blueprints this week that they say will make good on the party's promise to erase the Federal deficit by 2002. Both budgets — the Senate's on Monday, the House's on Wednesday — are expected to lop \$250 billion to \$300 billion from the \$1.9 trillion in Medicare spending that experts now say will be required over the next seven years.

But today Mr. Gingrich went considerably further than Mr. Dole in suggesting that Congress can make such cuts without seriously altering the benefits or premiums that people in the program now receive.

Speaking on the NBC news program "Meet the Press," Mr. Gingrich, of Georgia, said House Republicans believed they could slow the growth of Medicare spending by offering participants a range of less expensive health care options and by encouraging retirees to report fraud and waste.

The House proposal, he said, would allow retirees to leave the Medicare program voluntarily and enroll in other health care plans, like medical savings accounts, health maintenance organizations and private insurance programs.

Although Mr. Gingrich did not elaborate, some Republicans have

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suggested that such a proposal could give participants a fixed sum for medical care, perhaps \$5,000 a year, and let them choose the program that suits them best. Those who chose less expensive programs would be allowed to keep a portion of the savings.

For those who do not wish to change, Mr. Gingrich pledged: "We are going to propose to keep the current Medicare system for anyone who wants to stay in it. We're going to say, you know, if you're 75 or 80 or 85 years old and you don't want any changes, fine."

Pressed as to whether that meant Republicans would maintain Medicare's existing premiums and benefits with no changes, Mr. Gingrich hedged a bit. "I'm not willing today to say no," he replied to a query about possible reductions in benefits, "but I'm also not willing to tell you that I think that that's a major factor in what we're going to do."

An increase in Medicare premiums, he said, "is not going to be our primary strategy."

Republicans in the Senate have been less optimistic about cutting Medicare's growth rate, partly because Democratic opponents can more easily block legislation in the Senate and partly because senators simply believe the task is not as easy as House members say.

Speaking today on the CBS News program "Face the Nation," Mr. Dole, of Kansas, said nothing about the nature of Medicare proposals in the budget that Senate Republicans will introduce. But if the goal is to save money without reducing benefits or raising premiums, he said, "it's going to be very difficult."

Mr. Dole, the front-runner for the Republican Presidential nomination, contended that some of the problem in overhauling the program lies with President Clinton. Mr. Clinton's own plan to control medical costs — the sprawling overhaul of the entire health care system that he sent to Congress in 1993 — was eviscerated by Republicans last year.

Now that Republicans are taking on health care, Mr. Clinton has said he will oppose any effort to cut Medicare costs unless it is part of a comprehensive plan like the one he had proposed.

Mr. Dole has suggested the creation of a bipartisan commission on Medicare, an idea the White House has been cool to. "Maybe it's good

politics," Mr. Dole said today. "He's lashed out at Republicans. He doesn't want to cut anything. What he wants to do is be re-elected."

The Republicans' actual plans to overhaul Medicare will be prepared by the House Ways and Means Committee and the Senate Finance Committee, which oversee the program. The Republican budgets being released this week will propose annual spending targets for Medicare and other major Federal programs, but they will leave the question of how to reach those goals to other Congressional panels.

Both budget packages are the first steps in a long, labyrinthine lawmaking journey. It is supposed to end this fall with Congress's final passage, and Mr. Clinton's approval, of detailed taxation and spending plans for the 1996 fiscal year and the six

Fervor in the House and caution in the Senate.

years after that.

Mr. Clinton proposed a budget to the Republican Congress in February. But like the Republican budgets that Presidents Ronald Reagan and George Bush sent to Democratic Congresses in recent years, it is largely a dead letter.

The House Budget Committee has been quiet about details of its proposal, which will be considered in hearings on Wednesday. The broad outline of the Senate Budget Committee plan, the subject of hearings on Monday, is better known.

Like the House plan, that proposal will chart a path to a balanced Federal budget by 2002. Unlike the House plan, it will include no tax cut; the Budget Committee chairman, Senator Pete V. Domenici of New Mexico, has ruled out any tax reductions until a plan to eliminate the deficit is locked into law.

The two budget panels should approve their blueprints this week, and both houses are expected to vote on the proposals by month's end. From there, Congress's appropriations committees will spend the summer drafting budgets for various Federal agencies that comply with the budget committees' instructions.

USA Today; 5-8-95

'We're going to have tax cuts,' Dole says

Top Republican leaders refused Sunday to back away from their pledges to cut taxes, balance the budget and reform Medicare. Senate Majority Leader Bob Dole said all the political bickering over balancing the budget with cuts in Medicare — which is expected to go broke by 2002 without changes — doesn't kill chances the Senate will pass a tax cut. The House already has voted to cut taxes by \$181 billion. "We're going to have tax cuts," Dole said on CBS's *Face the Nation*. "In fact, we may have a more attractive one by just doing away with the personal exemption, turning it into a tax cut."

Democrats have said repeatedly that the GOP can't pay for all its promises as GOP budget writers prepare to unveil this week their long-promised outline for a balanced federal budget by 2002. House Speaker Newt Gingrich confirmed House budget writers will propose a Medicare spending cut of about \$280 billion by 2002 — but declined to say whether those cuts would reduce Medicare benefits.

Neither Dole nor Gingrich explained how he would fix Medicare — without changing the current level of user services or payments. Asked if Republicans can scale back Medicare costs without cutting services or increasing payment, Dole said, "It's going to be very difficult."

White House chief of staff Leon Panetta said on CNN's *Late Edition* that Republicans must cut Medicare services or increase fees. "And they're trying to find a way around it. They can't find it. They're going to have to acknowledge that in order to deal with (Medicare), they've got to drop this huge tax cut," he said.

— Jessica Lee

Wash. Times; 5-8-95

GOP rips Clinton anew on Medicare

ASSOCIATED PRESS

Republican leaders renewed their attacks yesterday on President Clinton for his stand on Medicare reform, and insisted that they could both cut taxes and keep the Medicare system intact.

"It's been very disappointing to watch the president stay irrelevant on this, but he apparently is absolutely determined to run — to be a candidate and never actually serve in the office in between elections," House Speaker Newt Gingrich, Georgia Republican, said on NBC's "Meet the Press."

Both Senate and House budget committees are to come out this week with Republican plans for balancing the budget by 2002, and Medicare has become the focal point of political skirmishes before the big budget battle begins.

Republicans cite figures showing that the Medicare trust fund will go broke by 2002 and warn, in Mr. Gingrich's words, of "an unbelievable financial catastrophe" if Democrats don't join Republicans in reforming the system.

Mr. Gingrich confirmed that the House Republican plan for balancing the budget will reduce Medicare spending by about \$280 billion over seven years from currently projected levels.

Mr. Gingrich stressed that the tax cuts passed by the House this spring "were entirely paid for without touching Medicare."

The White House is refusing to touch the Medicare issue for now, saying Republicans are slashing the health care program for the elderly to pay for a \$700 billion tax cut over 10 years that will mainly benefit the wealthy.

Sen. Majority Leader Bob Dole, Kansas Republican, appearing on CBS' "Face the Nation," also criticized Mr. Clinton. "Maybe it's good politics" to avoid the Medicare issue, he said. "He's lashed out at Republicans, he doesn't want to cut anything. What he wants to do is be re-elected in '96."

Mr. Dole said the Medicare crisis is going to have to be dealt with regardless of whether there's a tax cut. "If we are going to protect, preserve and improve Medicare, we have to make some tough decisions."



Sen. Christopher Dodd recalls an earlier Medicare battle.

Sen. Christopher Dodd, Connecticut Democrat, told ABC's "This Week" that the politicking works both ways — he recalled that Republicans refused to cooperate when Mr. Clinton tried to reduce Medicare spending by \$124 billion as part of his health care plan that was defeated last year.

Sen. Alan Simpson, Wyoming Republican, stressed that Republicans are only trying to reduce the rate of Medicare growth, currently 10 percent or more a year, down to 7 or 8 percent. This will be described by Democrats and the American Association of Retired Persons, the lobbying group for the elderly, "as a savage cut in Medicare," he told the news program.

Mr. Gingrich is proposing that the elderly be given six or seven options, including entry into managed care programs or staying in the current Medicare system.

Medicare users should receive 10 percent of any waste in the system they report, he said. "If you go to Walmart and you can buy something cheaper than you can buy it at the most expensive boutique in your city and it's the same thing, you know, that's called savings," he said.

Senate Budget Committee Chairman Pete Domenici, New Mexico Republican, said Friday that his budget proposal was "99 percent there."

"We'll do nothing more than challenge the president and Congress to fix Medicare as has been demanded by the trustees," he said, adding that his budget will not include tax cuts.

Mr. Dole said he expected the Senate to act on some tax cuts, such as reducing the capital gains rate and extending child care credit. "We have some innovative ideas on the Senate side that may look very attractive and not cost nearly as much as the House bill."

L.A. Times; 5-8-95

Medicare, Welfare Reform, Budget Deficit Dog Politicians on the Stump

■ **Politics:** After spring break, Democrats claim to see silver lining in public's mood—loss of support for GOP 'contract.' But they themselves face tough sell.

By MICHAEL ROSS
TIMES STAFF WRITER

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GROTON, Conn.—It was a crisp and clear New England spring morning as Democratic Rep. Sam Gejdenson swerved his mud-spattered Jeep into the parking lot of the Stop & Shop, bounded across the pavement and positioned himself in front of the supermarket's swing doors.

"Hello, how are you? I'm Sam Gejdenson," he told a startled woman emerging from the store with her two children and a load of groceries. "Your congressman," he added helpfully.

"Don't tell me you want my vote again!" the woman exclaimed as she veered her cart sharply out of Gejdenson's way and headed for the parking lot.

"Good morning, I'm Sam Gejdenson," he started to tell another shopper.

"I know who you are," she interrupted. "And I already have one of your potholders."

Such reactions reflect the problems that both sides of the political aisle—but particularly Democrats—face as they try to win voters' allegiance in the upcoming debates in Washington over Medicare, welfare reform and the budget deficit.

But if it seems that politicians on the stump are about as unwelcome as panhandlers, Democrats returning to Washington after their spring break claim to see a silver lining in the public's mood.

"People have come back from this break realizing the programs the Republicans put forward aren't sitting well in their districts," said Rep. David E. Bonior (D-Mich.), the House minority whip. "The Republican plan is losing support, day by day and month by month."

Girding for the legislative battles that resume in earnest this week, Democrats like Gejdenson hope to tap into the electorate's anxiety by portraying themselves as defenders of the middle class—a strategy that they hope will pay off as Republicans begin to specify which programs they will cut to balance the budget by the year 2002.

"Our counteroffensive is coming in May and June, as they start putting out specific pieces of the budget," said Rep. Jim McDermott (D-Wash.). "The tide is turning as people realize how the 'contract with America' will impact on their lives."

But as they plotted strategy for coming months at a retreat over the weekend, the Democrats had to acknowledge that the message from their districts is mixed. For if polls show that voters have not completely bought into the GOP agenda, it is also evident that the Democrats have yet to redeem themselves in the eyes of the electorate.

Outside the Groton Stop & Shop, some shoppers stopped to compliment Gejdenson or talk about local issues, but two themes recurred: profound mistrust of politics and a deep anxiety about jobs and financial security.

Groton, New London, Mystic and the other picturesque old towns that dot the eastern shore of Connecticut are not unlike many other areas of the country that have been forced to adjust to changing economic times. But, like parts of Southern California, this area also has been hit by another wrenching change: the end of the Cold War.

Electric Boat, the Groton division of General Dynamics that makes the Navy's Seawolf submarine, is still the area's largest employer. But its work force has been halved in

recent years to about 12,000 workers. And over the next few years it is expected to lay off 6,000 more as Congress moves to eliminate the Seawolf program.

While other industries, such as pharmaceuticals and tourism, are picking up, the service jobs that have replaced much of the area's defense manufacturing base offer neither the security, the esteem nor the high pay that the predominantly blue-collar work force once took for granted.

"They're worried about their jobs. They're ticked off. They're angry. But they don't know how to direct it," a Gejdenson aide said.

The region is overwhelmingly white and blue-collar. Only 7% of the population is nonwhite. Although they usually pick Republicans in presidential races, the voters have been considered solidly Democratic on the congressional level.

But despite what business leaders say has been a tireless effort by Gejdenson to save the Seawolf program and protect jobs in the district, last year a Republican state senator, who even GOP insiders admit was a lackluster candidate, came within 21 votes of defeating him. What's more, the Republican, Edward Munster, was forced to share what was seen as a strongly anti-incumbent vote with an independent candidate closely allied to Ross Perot, who in the second district polled 27% in the presidential race.

To Republicans, this suggests that Gejdenson, an eight-term liberal whose near-death experience last year earned him the nickname "Landslide Sam," could be an easy mark next year. "He's at the top of our target list," a GOP congressional campaign strategist confirmed.

Democrats agree that Gejdenson looks vulnerable. But they predict that Democrats will begin to shore up their positions as the budget debate progresses.

Not all the experts are convinced, however. While they agree that the Republicans may have overstepped their mandate and pushed too far and too fast with many of their reforms, some analysts also believe that Democrats may be drawing the wrong lessons from what they learned in their districts over the spring break.

"Most voters, right now, still basically think the Republicans are moving in the right direction, but they also think they are going too far. They're grateful to the Democrats for checking the Republicans but still think they have their heads in the sand," said Charles Cook, a Washington-based political analyst.

Many analysts see deeper reasons for the continuing vulnerability of Gejdenson and other Democrats: endemic problems that the party has not yet addressed. Among the problems are President Clinton's low approval ratings, the popularity of term limits and the cultural—if not precisely ideological—conservatism that seems to be sweeping the country as people trade one kind of insecurity for another in the ambiguity of the post-Cold War world.

"People want to go back to the 1950s," agreed Dennis O'Brien, a Democratic official in Gejdenson's district who attributes the appeal of the GOP "contract with America" to its promise "to take them there."

Gejdenson complained that what the Republicans are offering is "snake oil... simplistic solutions to complex problems." But he conceded its appeal.

"It used to be like Ozzie and Harriet for most families around here... the father at one job all his life and the mother at home, tending the kids. But now families need mothers to work as well. And the sons know that, unlike their fathers, they may have to be out there working at different jobs every few years. It creates a lot of anxiety."

As if on cue, a man driving out of the parking lot rolled down his window. "Hey Sam! Protect defense. Don't let them take our jobs away," he said.

Wash. Post; 5-6-95

Conferees Defend Social Security, Medicare

At Meeting on Aging, Seniors Oppose Big Program Cuts, Suggest Ways to 'Give Something Back'

By Spencer Rich
Washington Post Staff Writer

A7

The White House Conference on Aging yesterday overwhelmingly endorsed continuing and strengthening the Medicare and Social Security programs, opposing both a means test for Social Security and "arbitrary" and "massive" Medicare cuts of the scope being discussed by congressional Republican leaders.

"The message is very clear—unequivocal reaffirmation of support across the generations for Social Security and Medicare and against drastic one-sided cuts," said Bill Ritz, spokesman for the National Committee to Preserve Social Security and Medicare, after 2,202 delegates to the conference voted on dozens of policy resolutions.

In endorsing 50 of the resolutions as the conference ended, delegates, some of whom were appointed by the White House or White House-chosen conference organizers, generally backed positions in favor of preserving the chief programs of the New Deal and Great Society eras—not necessarily with no changes but without huge cuts and alterations.

"This is about preserving what we have," said Patrick Burns of the National Council of Senior Citizens.

The White House and congressional Republicans are now battling over Medicare, which program trustees say faces bankruptcy in seven years. The AFL-CIO said the conference resolutions endorse President Clinton's declaration to the conference Wednes-

day that "the right way to strengthen Medicare and Medicaid is by containing costs as part of a sensible, overall health care reform plan" for both the public and private sectors, not by huge cuts in Medicare and Medicaid that shift costs to the elderly and poor.

A small conservative group called United Seniors Association said "the president and his liberals succeeded in turning a potentially helpful conference on aging into a gathering of handicapped cronies."

Aside from the resolutions on Social Security (which received the most votes, 1,595) and Medicare (1,413 votes), other top vote-getting resolutions called for reauthorizing Older Americans Act provisions that provide millions of meals, home visits, transportation services, legal assistance and other benefits to the nation's elderly.

The conference also opposed Republican-backed proposals to cut federal spending growth on Medicaid, the health insurance program for the poor and the disabled, by ending its status as an entitlement program and converting it into a block grant program. Under block grants, Medicaid would be run totally by the states, which would then have power to exclude some people now eligible under federal rules.

While most public attention at the conference focused on politically charged issues such as the future of Medicare, much of the activity at this conference focused on something a bit more personal: how the elderly can

help themselves and also, as Ann Fishman of New Orleans put it at a panel discussion on work, how the elderly can "give something back" to the nation and younger generations.

"Otherwise they're going to think of us as greedy geezers, and we're not," said Fishman, as the panel wrangled over the precise wording of a resolution to encourage training older workers to upgrade their skills, making flexible work arrangements and expanding community-service work programs for low-income elderly under the Older Americans Act. The resolution was endorsed by the conference.

Participants in the work panel and others were talking not only about employment of the elderly, but also about volunteering in the community, taking care of their bodies and not passively waiting for all physical problems to be solved by doctors, taking care of other people's children, addressing grandparenting problems for people who are raising their children's children but lack the legal rights to do it properly, and becoming mentors to youths in their communities.

"Check into your local McDonald's and see who's behind the counter" if you want to see lots of older people who are holding down everyday jobs and are happy to do it, declared Paul Wysocki at the work panel.

Studies prepared for the conference show that 5.4 million people age 55 or over who aren't employed "are willing and able" but can't find jobs for one reason or another.

"Good workers don't want to quit,"

said Wysocki, but are often forced to do so as they age or become disabled. Wysocki himself is a good example.

Born with a genetic condition called osteogenesis imperfecta—"it's called brittle bones," he said—Wysocki gets around in a motorized chair. But while he has trouble with his bones, there is nothing wrong with his brain. Now 57, he worked as a mechanical engineer for a giant aircraft company for many years, and then began a second career working half-time as executive director of the Washington State Rehabilitation Advisory Council.

He said a serious problem is that "a lot of older workers become disabled, and they are encouraged to take disability retirement instead of going for vocational rehabilitation."

Elsewhere, there was considerable discussion of a report issued by health research groups that said scientists believe that with an additional research investment of \$200 million a year, it may soon be possible to retard for several years the onset and worsening of illnesses that strike the elderly. That may possibly save up to \$260 billion a year in health outlays for Alzheimer's, cardiovascular disease, incontinence, hip fractures and the like. The conference endorsed resolutions to provide added research funds.

In a related development, the General Accounting Office, in a report to Sen. Tom Harkin (D-Iowa), said that for \$20 million, Medicare could install high-tech computer technology that would catch \$3.9 billion over five years in improper claims for payments.

MEDICARE, from p. 1

sters dispute the significance.

But Republicans also could run into trouble with younger voters if they are seen as slashing Medicare benefits. "People who are sandwiched between parents and children who need help see Medicare as a financial benefit to them," said Democratic pollster Mark Mellman.

Republicans believe their only hope is to win the argument over the need to reform Medicare to protect the system from going bankrupt, but they have found that voters know almost nothing about the issue.

Linda DiVall, a Republican pollster, recently completed research for the GOP that, she said, showed "widespread concurrence" with proposals to fix the system, once people are told it's in financial trouble. But she said "nobody knows" it is in trouble.

"When you ask people to guess, they say maybe 20 years from now," she said. "They have absolutely no idea how quickly this is coming down the pike."

"Somebody needs to first communicate to the electorate that this thing is broke," McInturff said. "But the fundamental [message of insolvency] has to be that someone beyond the Republican Party says this program is in trouble. A political party, Republican or Democrat, cannot just be the source."

It is for that reason that Republicans last week seized on the recent report of the Medicare trustees to help make their case that the system is in financial trouble and that Clinton is fiddling while Medicare burns.

But presidential pollster Stanley Greenberg said Republicans face a basic contradiction between their overall message—wanting to shrink the federal government and cut spending—and their attempts to reassure the public that everything will happen painlessly. He said the GOP can't have it both ways.

Greenberg called the Medicare debate "school lunch times 10" for the Republicans. "It says in the biggest possible way your priorities are wrong, you're starting in the wrong place," he added.

Republican analysts acknowledge that the Democrats' argument—that the GOP wants to cut Medicare to pay for tax cuts for wealthy Americans—is politically potent.

But they argue that eventually the administration will have to engage on how to restructure Medicare because of the fiscal problems and that at that point the voters will give Republicans credit for having stepped up to the issue first.

Republicans also say that, however popular Medicare is with the public, it is seen as a government program that is riddled with waste and

inefficiency. That gives them an opportunity to make changes without immediately being tagged with trying to hurt the elderly.

But Republicans may lack the credibility to act boldly without political support from Democrats, whether in the administration or on Capitol Hill.

"There is an inherent bias that the public has about Republicans and Medicare," said one Democratic pollster who recently completed a survey on the issue. "If you ask them what Republicans want to do, most people think they want to cut benefits."

Democrats enjoy a large advantage on which party the public trusts to handle Medicare. But McInturff said that gap is not the key issue in who ultimately prevails in the coming debate. What will be important, he said, are public perceptions six months or so from now, after a summer of intensive discussion about the issue.

"There is [hardly] a single real American who has followed or is aware of anything going on with these discussions on Medicare," he said. "Nothing so far has had political impact."

But both sides know that won't be the case by the end of the debate.

Wash. Times; 5-6-95

House GOP scales back cuts

Medicare takes softer hit in plan

By Patrice Hill
THE WASHINGTON TIMES

K3

House Republicans agreed at a two-day retreat to rewrite their balanced-budget plan to take into account smaller Medicare savings than they originally planned, GOP leaders said yesterday.

"We're prepared to reshape all the other spending in the budget to accommodate Medicare," House Speaker Newt Gingrich, Georgia Republican, said after returning from the private retreat in Leesburg, Va.

Republican budget drafters originally hoped to save as much as \$305 billion from slowing Medicare's growth from 10 percent to about 5 percent in the next seven years.

Before the retreat, in the face of growing opposition to the proposal, GOP leaders shaved that number down to \$280 billion. By the time the budget is released next week, it will be even lower, aides said.

The Republicans' reforms will aim to avert insolvency in the popular health care program for the current generation of retirees, leaving the question of financing the retirement of the baby-boom generation to later Congresses, Mr. Gingrich said.

The Medicare reforms will be "structural," involving increased choices for seniors, going beyond the "Band-Aid" solutions offered by previous Congresses, which merely put off bankruptcy for another two or three years, he said.

Republicans will offer illustrative plans for achieving the Medicare savings when they present the budget in the middle of next week, said House Budget Committee Chairman John R. Kasich, Ohio Republican.

In an attempt to blunt criticism by Democrats that Republicans intend to use the Medicare cuts to offset the GOP's \$355 billion in tax cuts over seven years, Mr. Gingrich said budget drafters are developing a mechanism to ensure that won't happen.

House Democrats, returning from their own retreat in Piney Point, Md., said they will have no balanced-budget plan of their own but found the Medicare issue to be a rallying point.

"We're committed to fight for the interests of America's working



Photos by Daniel Rosenbaum/The Washington Times

Reporting on their House GOP retreat are (from left) Reps. Newt Gingrich, John R. Kasich, Robert S. Walker and John A. Boehner.



Rep. Kweisi Mfume of Maryland returns to Capitol Hill from House Democrats' retreat, where they came up with a 500-day legislative plan.

families and in particular committed to fight Medicare cuts made for the purpose of giving a tax cut for a privileged few," said Minority Leader Richard A. Gephardt, Missouri Democrat.

While Republicans were generally united before and after the Leesburg meeting on the goal of balancing the budget, their discussions revealed areas of disagreement on where to restrain or cut spending.

Besides Medicare, rank-and-file party members raised concerns about proposed reforms in agriculture programs and federal pension programs, aides said.

Some of the 218 Republicans who attended the meeting suggested that instead of cutting social spending so deeply, Congress should reduce "corporate welfare" programs — including many of the tax subsidies provided to corporations through breaks in the tax code.

As a result of the discussions, Republicans are trying to come up with about \$25 billion of corporate welfare cuts, a House source said.

By far the largest cuts in the budget will be in discretionary programs, which will drop overall from \$549 billion to about \$506 billion in 2002, sources said. With defense held constant at about \$270 billion, all the more than \$250 billion of discretionary cuts would fall on domestic programs such as housing, transportation and the environment.

To attain such large cuts, the Republicans will recommend eliminating several agencies, including the departments of Commerce, Energy and Education, and the General Services Administration.

Most details of the budget proposal were unavailable, however.

"If we gave you the ending now, you wouldn't go to see the movie," Mr. Kasich said.

Wash. Times; 5-6-95

Medicare 'left in dust' in uncovering fraud

GAO suggests technology boost

ASSOCIATED PRESS

Medicare and its beneficiaries could save almost \$4 billion over five years if the government uses the latest computer technology to kick out fraudulent claims by physicians, a congressional watchdog agency said yesterday.

Medicare "has been left in the dust" by private health insurers when it comes to detecting fraud, Sen. Tom Harkin, Iowa Democrat, complained in a statement prepared for an oversight hearing.

A General Accounting Office report said that for \$20 million, Medicare could install state-of-the-art technology to catch the cheating before claims are paid, returning to taxpayers and Medicare beneficiaries \$782 million in a single year, and as much as \$3.9 billion over five years.

With Republicans and Democrats battling over how to slow the growth of the \$175 billion Medicare program, this is a bipartisan way to save billions "without cutting one benefit or closing one rural hospital," Mr. Harkin said in his statement.

But the Health Care Financing Administration, the agency that

runs Medicare, questioned whether the off-the-shelf software really would save as much as the GAO claimed.

Frank W. Reilly, director of the GAO's information management and technology division, told a Senate Appropriations subcommittee his agency ran a test that had four commercial firms reprocess over 200,000 Medicare claims apiece for physician services and supplies.

"We compared what these companies would have paid to providers, against what Medicare actually did pay," said Mr. Reilly.

The result: Medicare would have paid out \$640 million less in 1994, and beneficiaries would have saved \$142 million.

Many mistakes involved "unbundling," such as a surgeon's billing \$5,000 for gall bladder surgery, then charging Medicare \$1,000 separately for the incision and closing the wound.

Other common ripoffs: dunning Medicare for postoperative exams during the 90 days after surgery.

Nancy Boyer, president of Equifax Healthcare Analytic Services, one of the companies whose software was used in the test, said that the saving in commercial plans typically "ranges from 5 to 8 percent of all physician billings."

Steve Pelovitz, an associate ad-



Photo by Daniel Rosenbaum/The Washington Times

Frank Reilly, a General Accounting Office official, yesterday tells a Senate subcommittee that Medicare could save almost \$4 billion over five years by using the latest computer technology to detect fraudulent claims.

ministrator of the Health Care Financing Administration, said his agency already is upgrading its claims processing system, and may soon run a pilot test of the

off-the-shelf software in the GAO experiment.

But he questioned whether the software can be adapted to reflect Medicare coverage policy, and

whether "confidentiality restrictions resulting from use of proprietary software" would bar HCFA from fully informing physicians about its payment policies.

NEW YORK NEWSDAY, THURSDAY, MAY 4, 1995

Crackdown On Fraud

Prez targets Medicare abuse

By Laura Muha
and Glenn Kessler
STAFF CORRESPONDENTS

Washington — Saying there was a right way and a wrong way to attack rising Medicare costs, President Bill Clinton yesterday announced a multi-state crackdown on fraud in the system.

"Operation Restore Trust" initially will focus on five states — New York, Illinois, Florida, California and Texas — which are home to more than 40 percent of Medicare and Medicaid recipients, said Clinton, speaking before 2,200 delegates gathered for the fourth White House Conference on Aging.

The president provided few other details of the program, except to say that it represented an "unprecedented partnership" among federal, state and private agencies. For every dollar it costs, he added, it will save \$6 to \$8.

"This is a win-win situation for everybody except the perpetrators of fraud — and it's about time they lost one," he told the delegates to prolonged applause.

Bruce Vladeck, administrator of the Health Care Financing Administration, which oversees Medicare and Medicaid, said fraud costs the system "billions of dollars a year."

Health and Human Services Secretary Donna Shalala said the program will cost about \$8 million this year. Using the president's calculations, the program could save as much as \$64 million the first year. All savings will be funneled back into the enforcement program, Shalala told the news conference.

The president's remarks come against a backdrop of mounting political tension as Republican members of the House and Senate budget committees are discussing ways to cut up to \$300

billion in Medicare spending over the next seven years to help achieve a balanced budget.

Clinton has said that simply slashing Medicare is the wrong way to attack the rising costs of the program and that such a move would be devastating to the elderly. Republicans, meanwhile, have accused him of trying to scare seniors to advance his own re-election campaign.

But in announcing the crackdown on Medicare and Medicaid fraud, Clinton reiterated his position, saying he would "not support proposals to slash these programs, to undermine their integrity, to pay for tax cuts for people who are well off."

"There are . . . right ways to address this problem that we in the executive branch can be doing right now," he said. "You know, waste, fraud and abuse has become a tired phrase in politics. But the truth is there's a lot of it in the health-care system. And . . . people who rip this system off jeopardize the health of beneficiaries and the stability of our government and our economy."

The program initially will target home-health-care agencies, nursing homes and durable medical equipment, Shalala said.

"These are the fastest-growing areas of health care and, unfortunately, the fastest-growing areas of health-care fraud and abuse," she added.

"For the first time, rather than in a scatter-shot way, but in an intensive way, we're going to work with state and local law enforcement agencies, and with the public," Shalala said.

The program will also include a voluntary disclosure program under which companies can come forward and admit to fraud in exchange for reduced penalties.

Thursday, May 4, 1995 • DAILY NEWS

Prez rips GOP over Medicare

By TIMOTHY CLIFFORD
Daily News Washington Bureau Chief

WASHINGTON — President Clinton rejected GOP calls for a bi-partisan reform of Medicare funding yesterday, charging that Republicans just want to cut the program to give tax breaks to the rich.

But the President told a White House conference on aging that reform of health insurance for seniors is vital and vowed "not [to] walk away from this issue."

"The status quo is not an option," he said. "I do want to work with the Congress, but we must do it in the right way."

The President made clear that he would not let Republicans get savings from Medicare and Medicaid — which provides health care to the poor, including seniors — to fund their budget plan.

"I will not support proposals to slash these programs, to undermine their integrity, to pay for tax cuts for people who are well-off," Clinton said.

The trust fund that covers 60% of Medicare's cost is projected to go broke by 2002.

Republicans — who already have promised not to cut Social Security and defense — must find savings in Medicare and Medicaid to pay down the deficit while cutting taxes.

Speaker Newt Gingrich (R-Ga.) and Senate Majority Leader Bob Dole (R-Kan.) have put forward proposals to draw Clinton and the Democrats into helping them put together a bi-partisan solution that would spread the political fallout evenly.

"But the President and Capitol Hill Democrats so far have refused to take part, with Clinton saying he was waiting for the complete GOP budget. That provoked Republican charges that the President is 'AWOL' — Absent Without Leadership."

Although the President did not lay out his views on Medicare and Medicaid reform yesterday, he announced a crackdown on fraud and abuse in those programs.

Operation Restore Trust will take aim at five large states — including New York — where nearly 40% of the programs' beneficiaries live. Among the targets are home health agencies, nursing homes and durable medical equipment suppliers.

BOSTON GLOBE 5/5/75

Hospital warnings leave state GOP wary about cuts to Medicare

By Peter G. Gosse
GLOBE STAFF

WASHINGTON - Massachusetts Republicans, who generally have been gung-ho for the GOP drive to rein in federal spending, grew suddenly cautious yesterday when talk of cutbacks turned to Medicare.

Spurred in part by a new warning from the Massachusetts Hospital Association that contemplated cutbacks in the federal health insurance program for the elderly could wreak havoc on the state's economy, a Republican House member and aide to GOP Gov. Weld said they would closely study any proposed changes before signing on to support them.

"Portions of Medicare do have a disproportionate impact on Massachusetts, and we share the concern of the congressional delegation that any overhaul of Medicare not impact unfairly on the Commonwealth," said Gerald Whitburn, the Weld administration's health and human services secretary.

But that impact may be what the state is in for, hospital association executives warned in a letter to Weld released yesterday.

Massachusetts now receives \$6.4 billion annually in Medicare and other government funds, "more federal spending than the Boston Harbor cleanup and Central Artery projects combined," Ronald M. Hollander, MHA executive vice president, wrote in the letter.

Currently contemplated cuts in these funds "could have a devastating effect on patient care, medical research and education, and could result in the loss of thousands of jobs," Hollander said.

Until now, Weld and other state Republicans have been enthusiastic supporters of GOP efforts to cut federal spending. Indeed, the governor was in Virginia yesterday giving congressional Republicans a pep talk on facing down cutback opponents.

"As you make the hard choices to balance the budget, the Democrats are going to try to muddy every issue the way they're muddying Medicare now," Weld said in a speech prepared for delivery at a closed-door meeting of House Republicans in Leesburg, Va. "But your talent for simplicity - for argu-

ments that have the force of simple truth - can cut through all that fog."

But Weld administration officials such as Whitburn appear to have grown considerably more wary of proposals to cut Medicare than they were of similar plans for Medicaid, the joint state-federal program for the poor, and welfare.

So too has Rep. Peter G. Torkildsen, Republican of Danvers, who said in a phone interview from Leesburg that "any changes in Medicare must take into consideration that Massachusetts is a teaching center," and he promised he would "advocate for the teaching hospitals."

That appears to be the kind of pledge the hospitals are seeking. In his letter to Weld, Hollander said "health care remains a driving force behind the state's knowledge-base economy, employing one of every nine workers in Massachusetts."

He said federal funds are "the backbone of this health care system" and said the group is "deeply concerned that changes will be made without carefully considering the consequences for patients, the economy" and the state health care industry.

Hospital and university officials are especially concerned that proposed cutbacks will dismantle the current system of federal subsidies for graduate medical education without replacing it with another way to cover teaching costs.

San Francisco Chronicle; 5-4-95

Cowering Before The Medicare Monster

TO DATE, neither political party deserves any plaudits for its part in what should be a determined effort to reform Medicare.

On an issue of supreme importance to the American public, one that is pivotal to both balancing the budget and ensuring medical care for millions of elderly and disabled, the nation's elected representatives have consistently taken the low road.

'There is no way to come close to balancing the budget without cutting Medicare'

President Clinton whines that because his elephantine health reform bill was rejected last year, he isn't playing anymore.

He did his part and now that the Republicans are in charge in Congress — nyah, nyah, nyah — they must

specify how they will keep the promise to both balance the budget and cut taxes before the White House helps restructure Medicare.

House Speaker Newt Gingrich and Senate majority leader Bob Dole are playing equally fast and loose politics by recommending that Medicare be set "off budget," a meaningless proposal that simply avoids controversy and tough choices.

Republican leaders talk of reducing Medicare spending an average of \$35 billion to \$45 billion a year over the next seven

years, but they have not said how they would make these savings, and even those figures are far short of what it would take to balance the budget without raising taxes.

Medicare, which provides medical insurance to 40 million elderly and disabled Americans, is the fastest-growing part of the federal budget. Unless it is overhauled, its \$176 billion cost will soar to \$286 billion by the year 2000, a 62 percent rise.

"Realistically, there is no way to come close to balancing the budget without cutting Medicare," said Stanley Collender, director of federal budget policy at the accounting firm of Price Waterhouse.

But neither party is willing to act, or even to talk in terms of specifics. That's because cuts of the magnitude needed would either raise the cost of health insurance for millions of retirees or reduce the benefits available to them.

Clearly, the optimal solution, both politically and financially, is one that preserves a robust health-care guarantee to the truly needy while containing the growth in costs.

Means-testing, which asks well-to-do retirees to pay a greater share of their health costs in order to preserve the system for the less fortunate, should be the first prescription of choice in any strategy to salvage both Medicare and Social Security.

It may be a bitter medicine to a select (and powerful) few, but it is the fairest and most efficacious means of saving the system for the great majority of Americans. All that's required is for a leader of either party to show the courage to write the prescription.

USA Today; 5-8-95

Medicaid under budget scrutiny

Republicans will try to limit growth

By Leslie Phillips
USA TODAY

8A

ALEXANDRIA, Va. — House Speaker Newt Gingrich calls Medicaid, the government's health insurance program for the poor, "welfare-related health care."

His choice of words suggests Republicans will seek to reform Medicaid by limiting its growth, just as they're trying to do with welfare programs like Aid to Families with Dependent Children.

This week, as Congress takes its first look at leadership proposals to balance the federal budget, Medicaid will be among the top targets.

But the Woodbine Nursing Center here, like thousands of nursing homes, where two of three residents rely on Medicaid, is filled with patients who've never been on welfare.

George Stanton, for example, joined the Navy as a young man and later worked at a State Department mailroom in Washington for two decades until diabetes forced his retirement.

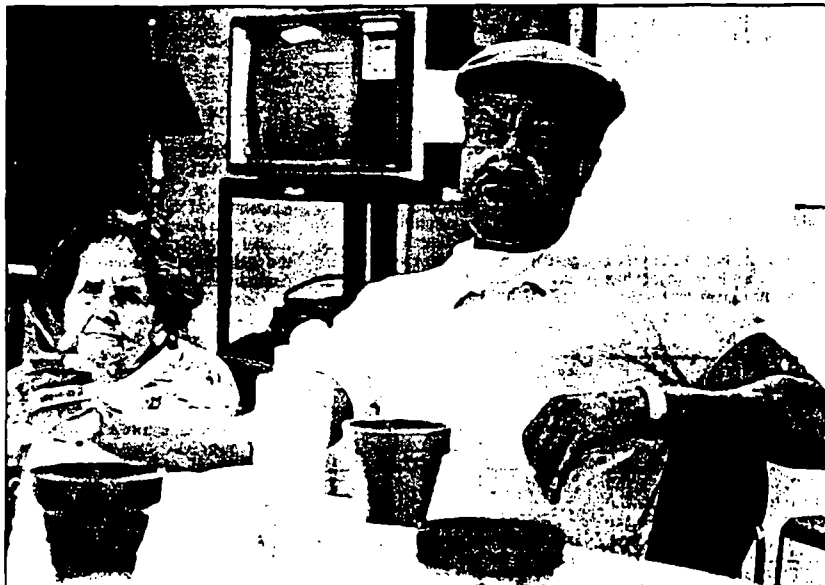
Two years ago, he moved into Woodbine. His pension pays a fraction of the cost of his care. He relies on Medicaid to pay the rest.

"You want to be able to handle all your needs," says Stanton, 54. "But I couldn't."

Stanton is among the one in eight Americans whose health care is covered by Medicaid. That means changes in the \$168 billion-a-year program would have an effect far beyond the one in 20 on welfare.

Medicaid serves twice as many people and costs six times as much as family aid, the government's main cash welfare program. And while 40% of Medicaid beneficiaries also receive cash welfare payments, they account for just 27% of Medicaid spending.

The bulk of Medicaid benefits go toward expensive sur-



RELIES ON MEDICAID: "You want to be able to handle all your needs. But I couldn't," says George Stanton, who was in the Navy and worked for the State Department for two decades.

gery and long-term care for the elderly and disabled.

"Medicaid just gets thrown into the welfare pot," says Dick Davidson of the American Health Care Association, a trade group for nursing homes.

"The fact of the matter is that two-thirds of the money in the Medicaid program goes to take care of senior citizens who worked all their lives and ultimately ran out of their resources," he says. "It's a middle-class program for people who have gotten in trouble."

In order to balance the budget, Republicans will be looking for up to \$160 billion to save from Medicaid over seven years.

House and Senate budget writers have discussed limiting Medicaid's annual 10% growth to 5% and ending the federal guarantee of benefits to anyone who qualifies.

They also would like to turn the program into a cash grant, letting states decide which services to offer and who's eligible.

That would mean states would have to limit services or cut off some recipients to meet their new funding levels.

"We can't continue the status quo," says Rep. Joe Barton, R-Texas, who holds hearings on Medicaid next month. "Unless some of these programs are structurally changed, there's not enough money in any treasury to pay for the escalating cost of unlimited entitlement."

In 20 years, Medicaid spending nationwide has soared from \$13.5 billion to \$168 billion a year mostly because of expansion to pregnant women and children and rising health-care costs.

The Kaiser Family Foundation says a 5% cap would reduce the federal portion of Medicaid spending by \$84 billion over five years.

Congress may well alter the program. Influential doctors, hospitals and senior citizen lobbies that otherwise would fight major Medicaid cuts will be busy fighting cuts in the bigger, more expensive Medicare program, which primarily serves the nation's most faithful voters, the elderly.

Of the 37 million people served by Medicaid, half are poor children.

"Medicaid is only for poor people," says former Carter

administration Health Secretary Joseph Califano. "They don't know how to shout, they don't vote, they don't have a voice."

State officials, however, do have a voice and Republican governors are trying to strike a deal with Congress that gives states the program and with it, the authority to make cost-saving changes. Otherwise, they'd have to raise local taxes or leave people without health care.

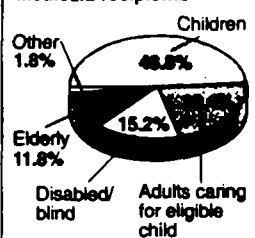
"We're saying we need to be given the flexibility to run the Medicaid program with less dollars," says Illinois Republican Gov. James Edgar.

Capping the annual spending increase at 5% would affect states differently. Those in the South and mountain regions, where elderly and poor populations are expanding, would be far more disadvantaged than those in other states.

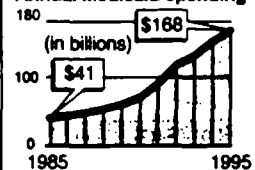
"We're not objecting to the block grants. We're not objecting to the cuts," says Texas comptroller John Sharp, who estimates his state could lose between \$10 billion and \$14 billion in six years. But all states aren't the same, he says. If

Medicaid recipients, spending

Medicaid recipients



Annual Medicaid spending



Source: Health Care Financing Administration

By Web Bryant, USA TODAY

funding is capped, "and you're the fastest-growing area of the U.S., you're in trouble."

Texas, New York and California, all governed by Republicans who support the block grant idea, would lose the most money. New York would lose \$9 billion over five years, California would lose \$7 billion, Texas \$5.5 billion and Florida \$5 billion, the Kaiser Foundation says.

"It's an easy way to unload the federal government's financial problems on the states," says Sen. Bob Graham, D-Fla. "But it will mean substantially less adequate health care for children, the elderly and disabled."

Not necessarily so, counters John Rodriguez, head of California's version of Medicaid, called Medical. Much depends on the final outline of the proposal, whether states with more poor people got more funding, what sort of requirements were attached.

"I think it's a very radical change," Rodriguez says of the block grant proposal. "But if there's sufficient flexibility, states will be more creative in managing programs."

Wash. Post; 5-6-95

House GOP Optimistic About Balancing Budget

After 3-Day Retreat, Republicans Still Uncertain on How to Avert Medicare Bankruptcy

By Eric Pianin
Washington Post Staff Writer

A10

House Republicans emerged from a three-day retreat yesterday confident they have sufficient support to pass a budget that would eliminate the deficit by 2002 but still undecided about how to deal with the growing controversy over Medicare spending.

House Speaker Newt Gingrich (R-Ga.) told reporters "support for passing a balanced budget the week after next is overwhelming," and others said they expect support from Democrats.

Rep. Mike Parker (Miss.), a con-

servative Democrat who has threatened to abandon his party, caucused with House Budget Committee Republicans in drafting the details of the budget process. Parker, however, did not attend the GOP retreat in Leesburg.

Prior to floor action, the House Budget Committee is scheduled to vote on the budget plan next week designed to achieve roughly \$1.4 trillion of savings over seven years. Republicans would balance the budget in part by freezing or cutting most domestic spending, eliminating or drastically reducing spending for four Cabinet departments and slowing the growth of Medicare and

Medicaid by a total of more than \$400 billion.

The House budget resolution also would spend an average of \$270 billion a year on defense during that period, the equivalent of a spending freeze but more than President Clinton has recommended. It would slash foreign aid by a quarter or more.

The proposed Medicare savings of \$280 billion over seven years is essential to Republicans to help avert the projected bankruptcy of the Medicare system by the turn of the century and to help meet their larger goal of balancing the budget. Republicans have urged Clinton to

work with them to solve the Medicare problem, but the administration, for now, is remaining on the sidelines, charging that Republicans want to cut Medicare to help pay for tax cuts and credits for middle- and upper-income Americans.

Rep. Vic Fazio (D-Calif.), chairman of the House Democratic caucus, said yesterday after a Democratic retreat, "We had a very broad consensus that we don't want Medicare to be some kind of bank that Republicans can draw down on" to pay for tax cuts.

Gingrich and Senate Majority Leader Robert J. Dole (R-Kan.) have sharply criticized Clinton for refusing to respond to the warnings of his own Medicare system trustees that the system is on its last legs. They charged that the president is rapidly becoming "irrelevant" to the congressional process and that he is fixated on winning reelection.

Yesterday, Gingrich promised again that whatever savings are achieved in Medicare would be plowed back into the Medicare system, rather than go for deficit reduction. However, most GOP budget experts say it is impossible to isolate Medicare savings from the rest of the budget.

House Majority Leader Richard K. Armey (R-Tex.) declared, "We can and will save Medicare from insolvency."

Republicans stress that regardless of the savings achieved, overall spending for Medicare and Medicaid will rise substantially over the next seven years, just as overall federal spending will rise substantially. According to Senate Budget Committee estimates, spending would rise from \$1.5 trillion in fiscal 1995 to \$1.9 trillion in fiscal 2002.



Showing their fiscal resolve before Hill news conference, Reps. Robert S. Walker (Pa.), left, and John R. Kasich (Ohio) display token of GOP retreat.

Gingrich and other GOP leaders said yesterday that the Ways and Means and Commerce subcommittees would spend the next 60 to 90 days devising a plan to revamp Medicare to avert bankruptcy; House Republicans discussed at least three different approaches at the retreat for capping spending and gradually moving to a managed care system.

House and Senate Republicans have floated the idea of creating a bipartisan commission to recommend changes in the Medicare program to temporarily take it out of the budgetary arena. The Senate Budget Committee, which also meets next week, will

take up a budget resolution of its own providing for \$250 billion of Medicare savings over seven years. The resolution will suggest that a commission work out the specific details of the reforms.

The Senate resolution also will recommend extending a provision that requires Medicare beneficiaries to pay 31.5 percent of the cost of their doctors' bills under Part B of the program. If that provision expires, the premium would drop to only 25 percent of the cost. The larger crisis is in Part A of the Medicare system, which covers hospital costs and is financed primarily by payroll taxes.

Wash. Times; 5-8-95

Medicare *AL*

House Speaker Newt Gingrich said on NBC's "Meet the Press": "It's been very disappointing to watch the president stay irrelevant on this, but he apparently is absolutely determined to run — to be a candidate and never actually serve in the office in between elections."

Senate Majority Leader Bob Dole said on CBS' "Face the Nation": "Maybe it's good politics" to avoid Medicare. The president, he added, has "lashed out at Republicans; he doesn't want to cut anything. What he wants to do is be re-elected in '96."

Sen. Christopher Dodd, Connecticut Democrat, recalled on ABC's "This Week" that Republicans refused to cooperate when Mr. Clinton tried to reduce Medicare spending by \$124 billion as part of his health care plan that was defeated last year.

Republicans last year denied there was a crisis in health care, he said. "All of a sudden there is this epiphany that occurs, that we discover this great crisis."

Wall St. Jnl.; 5-8-95

House and Senate Republicans Clash Over Details of Budget-Reduction Plans

By JACKIE CALMES
And DAVID ROGERS *AL*

Staff Reporters of THE WALL STREET JOURNAL
WASHINGTON — As Republican budget writers in the House and Senate prepare to unveil their long-awaited balanced-budget drafts this week, details of the proposals remain in fierce contention within the party.

In an historic assault on government functions, the House and Senate Budget Committees will consider more than \$1 trillion in reductions from projected spending over seven years. Though proposals to cut projected Medicare spending by as much as \$283 billion get the most attention, the senior-citizen health program at least will keep growing, as Republicans like to point out, even if the increases don't keep up with inflation and population growth. Most other programs, except Social Security and defense, would get real cuts, and many would be killed.

House Speaker Newt Gingrich said in an interview that the most significant changes are in the so-called discretionary programs that cover most government functions other than the entitlement benefits such as Medicare. "People are looking at the wrong pieces," he said. "This is at minimum, a major restructuring of the federal government."

While there is great similarity between the plans of House Budget Chairman John Kasich of Ohio and Senate Budget Chairman Pete Domenici of New Mexico, House Republicans have had to push harder to make up for lost revenue since their plan, unlike the Senate's, calls for tax cuts. As a result, the House plan includes more long-term cuts from annual appropriations than the Senate plan and deeper cuts in entitlement programs, notably Medicare and Medicaid. For that reason, a number of Republican lawmakers predict the House tax cuts are certain to be scaled back substantially — if not postponed or dropped altogether.

While the Senate panel begins several days of meetings today, Sen. Domenici is expected to release details tomorrow. The House budget panel plans to start Wednesday — after making changes Republicans demanded at their retreat last week in Leesburg, Va.

After committee action, the full House and Senate could act next week; final congressional passage isn't likely before mid-July.

Total discretionary outlays, for operations other than benefits such as Medicare, would be capped near \$530 billion or about \$10 billion below current levels in fiscal 1996, which begins Oct. 1. Over time, the House GOP plan is more aggressive than the Senate's, cutting spending to near \$506 billion by the year 2000 or about \$35 billion below current levels. Senate cuts would be less, but in the same range. Both committees hope to reduce nondefense spending about 10% below current levels.

Here are some highlights of what to expect:

- The House wants to eliminate three cabinet departments — Commerce, Energy and Education — but some functions would be transferred to other departments, reducing potential savings. The Senate is expected to target just the Commerce Department. The Republicans despaired of eliminating the Department of Housing

and Urban Development, though it will be cut. And despite some House leaders' fervor for science programs, the National Aeronautics and Space Administration isn't spared.

- Energy assistance for the poor, popular especially in the Northeast among both recipients and utilities, would end under the House plan. Also targeted are power-marketing authorities that provide cheap energy in the West.

- Farm-state lawmakers are resisting further deep reductions in farm spending, an area that's been a top target of the conservative think tanks that advise Republicans. Sen. Domenici has had to lower his earlier estimates of farm-spending reductions to placate opponents, and the House figure remains contested.

- Civil-service retirement benefits would be cut by billions, ranking not only Washington-area lawmakers but also members from the West, which has large concentrations of federal employees. While Rep. Kasich stands by his \$11 billion reduction — much deeper than the Senate proposal — House GOP leaders have promised to seek a compromise.

- The House would end funding for the Corporation for Public Broadcasting and for the National Endowments for the Arts and Humanities.

- To close their spending-cut gap, House Republicans seek about \$25 billion in unspecified savings from closing tax loopholes and ending various "corporate welfare" subsidies. But the ideas are unpopular with the GOP's business allies and are seen by some Republicans as tax increases.

- Highway expenditures will be cut, and both the House and Senate plans assume that subsidies for mass transit and Amtrak will be phased out. The Senate would privatize air-traffic control operations under the Federal Aviation Administration.

- Natural-resource program targets include financing for clean-water projects. Also, new federal purchases of land would be blocked under a proposed Senate moratorium.

- On a percentage basis, some of the biggest cuts come from spending for community and economic development. The Economic Development Administration could be terminated, and community-development block grants would be substantially reduced.

- Crime-program savings divide Republicans, particularly after the Oklahoma bombing. The House budget plan has been adjusted to allow more spending next year, but the budget through 2000 still trims \$5 billion from the violent-crime-reduction trust fund established just last year. Spending to fight crime will still grow overall. But the Senate plan's increases for agencies such as the Federal Bureau of Investigation and Drug Enforcement Administration could squeeze as much as \$2 billion from other programs.

- Cuts in foreign aid will affect U.S. contributions to multilateral development banks, as well as overseas broadcasting and development aid. Credits for agricultural exports are threatened, and Export-Import Bank programs will be clipped.

—Christopher Georges contributed to this article.

Wash. Post; 5-8-95

As GOP Readies Deficit-Shrinking Plans, Even Allies Have Doubts

By Eric Pianin
Washington Post Staff Writer

A19

The House and Senate launch an effort this week to pass the largest deficit reduction package in history amid growing rancor between GOP congressional leaders and the White House over Medicare, taxes and a raft of other thorny issues.

Members of the House and Senate Budget committees are scheduled to vote on Republican plans to balance the budget within seven years by slowing the projected growth of spending by \$1 trillion to \$1.4 trillion and dramatically scaling back the size and scope of government.

The House and Senate versions would freeze or reduce spending for most domestic programs with the major exception of crime programs; trim spending for welfare and a variety of subsidies, and slow the growth of spending for Medicare and Medicaid by \$410 billion or more.

Moreover, the Republicans would provide for an average of \$270 billion a year in defense spending, in effect a freeze but more than President Clinton has recommended, and slash foreign aid by one-quarter or more.

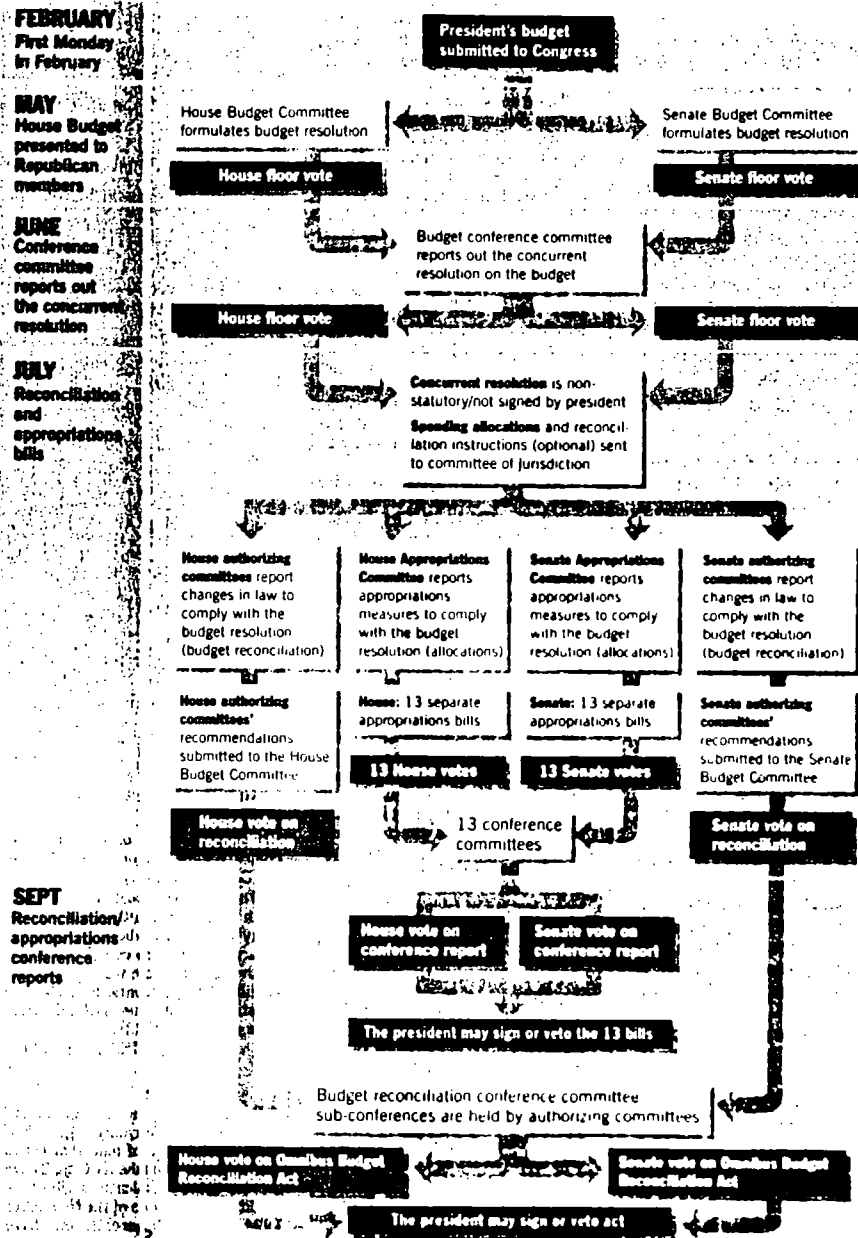
If the House GOP version of the budget resolution were to prevail, the government would target for retrenchment or elimination three major Cabinet departments, such as Commerce, Energy and Education. The Senate version would target one of those departments for elimination and wipe out 100 or more smaller agencies, programs and commissions.

Not since Republican President Ronald Reagan's star-crossed effort in 1981 to simultaneously slash taxes, reduce social spending, boost defense and still balance the budget has a political majority attempted anything so far-ranging or politically daring.

The Republican budget proposals will mark a sharp departure from previous budget practices. Unlike the Reagan administration, which failed to follow through on promised spending cuts, the Republican leadership in the House and Senate has pledged to pass a detailed blueprint with specific savings.

Previous deficit reduction plans spelled out their savings over five-year periods, but the Republicans have promised a seven-year plan to show a glide-path to a balanced budget by 2002. Unlike previous anti-deficit plans that relied heavily on tax hikes, there are no tax increases in the GOP proposals.

THE BUDGET PROCESS AND TIMELINE



SOURCE: House Budget Committee Republicans

THE WASHINGTON POST

Senate Budget Committee Chairman Pete V. Domenici (R-N.M.), a central figure in deficit politics for nearly a quarter of a century, and House Budget Committee Chairman John R. Kasich (R-Ohio) declare that, with or without the administration's support, Congress will produce a sea change in federal budget policy.

"For me, this is the fulfillment of a vision that says that a great nation—with a huge economy and great prosperity—ought to be able to reach the point where the government pays its bills each year without borrowing," Domenici said.

"This is in stark contrast to the Clinton administration budget plan, which I believe sentences our nation to \$200 [billion] to \$300 billion deficits for as far as the eye can see," he added.

But Democrats contend that the Republicans, for all their bravado, are in disarray over the handling of Medicare and other sensitive spending issues, and that they have overpromised. Sen. J. James Easton (Neb.), the ranking Democrat on the Senate Budget Committee, contends that GOP leaders were "waffling all over the place."

Even some conservative Republicans who hailed the emergence of the Republican juggernaut on Capitol Hill have doubts about whether the Republicans can balance the budget when they are unwilling to touch Social Security or defense and are nervous about slowing the growth of Medicare.

Speaker Newt Gingrich (R-Ga.) has proposed that the estimated \$240 billion in Medicare savings will be plowed back into the program rather than going to reduce the deficit.

"They've put the three gorillas [of spending] off limits—defense, Social Security and Medicare," said William Niskanen, chairman of the Cato Institute and a longtime economic adviser to the Reagan administration. "You can't balance the budget on the remainder of programs, let alone have a tax cut."

Robert D. Reischauer, the former Congressional Budget Office director, described the Republicans' task as "monumental." "If they could come up with only a third of a loaf, I'd congratulate them," he said.

The budget has not been in balance since 1969, at the start of the Nixon administration, and since the early years of the Reagan administration the deficit has soared to triple digits.

Last year, the deficit totaled \$203 billion.

Between now and September, congressional Republicans will engage in an intricate series of budgetary maneuvers to achieve their goal that are certain to draw fire from the White House, congressional Democrats and scores of interest groups affected by the proposed cuts and changes.

Through the obscure process of budget reconciliation, House and Senate budget leaders will issue detailed orders for the appropriations, tax-writing and authorizing committees to put the government on a glide-path to a balanced budget. The committee

Republicans have "put the three gorillas [of spending] off-limits—defense, Social Security and Medicare."

—William Niskanen, chairman, Cato Institute

work then will be stitched together in a huge, omnibus budget bill that will require final approval by the House and Senate and the president.

Because spending and tax measures considered under reconciliation have special status, they are put on a fast-track in the House and are immune to Senate filibusters. Moreover, members of Congress will be denied the luxury of choosing among various spending bills and legislative issues.

Reagan and his GOP congressional allies were the first to use reconciliation on a grand scale to pass the budget and massive tax cut in 1981. President Clinton and his Democratic allies on Capitol Hill borrowed a chapter from Reagan to push through Clinton's deficit reduction program, and they did it without a single Republican vote in either chamber.

But there are major obstacles to successful passage of the Republican budget this year, including a sharp division between House and Senate Republicans over whether to approve a major tax cut as well as uncertainty over how to handle the Medicare controversy.

Wash. Times; 5-8-95 p. 1

In a reversal, Dole hints he'll allow Foster vote Gramm firm on filibuster tactic

By Major Garrett
THE WASHINGTON TIMES

Senate Majority Leader Bob Dole hinted yesterday that he would reverse himself to allow a floor vote on Dr. Henry W. Foster Jr., President Clinton's nominee for surgeon general.

A spokesman for Sen. Phil Gramm of Texas, a rival for the 1996 Republican presidential nomination, chided Mr. Dole and said Mr. Gramm stands firm in his resolve to filibuster the nomination if it reaches the floor.

This could set off the first campaign fireworks between the two men.

"I think I should, before I make a final judgment, sit down and talk with [Dr. Foster] face to face," Mr. Dole said on CBS-TV's "Face the Nation." "I think he's entitled to that."

If Dr. Foster leaves a favorable impression and it appears the votes are beginning to shift in his direction, Mr. Dole suggested he

might allow the nomination to proceed and leave further opposition to others.

"I said at the outset we may not bring it up, and we still may not bring it up," Mr. Dole said. "We're going to find out where the votes are, and then we'll make a judgment."

Larry Neal, a spokesman for Mr. Gramm, said the senator would filibuster the nomination no matter what Mr. Dole decides.

"He's prepared to oppose the nomination vigorously, regardless of whatever deal the leaders would make with the White House. Dr. Foster is the wrong person. He could be just as divisive and destructive as [former Surgeon General] Joycelyn Elders was."

"Those kinds of statements and a failure to be firm after making what everyone thought was a promise suggests the majority leader is looking for some wriggle room. This much is clear: Phil

see FOSTER, page A26

N.Y. Times; 5-8-95

Dole Says He'll Meet Nominee Before Deciding on Senate Vote

By ERIC SCHMITT **A15**

WASHINGTON, May 7 — The Senate majority leader, Bob Dole, promised today for the first time that he would meet with President Clinton's choice for Surgeon General, Dr. Henry W. Foster Jr., before deciding whether to bring the nomination to a vote before the full Senate.

Dr. Foster seemed to pick up support from some Republicans at a hearing last week of the Senate Labor and Human Resources Committee, putting pressure on Senator Dole, Republican of Kansas, to allow the full Senate to vote if the committee endorses the nominee.

"I think I should, before I make a final judgment, sit down and talk with him face to face," Mr. Dole said on the CBS News program "Face the Nation." "I think he's entitled to that. I don't have the reputation of holding up nominees."

Mr. Dole had suggested that even if the committee endorsed Dr. Foster's nomination and sent it to the floor, he might not allow the Senate to vote on it.

Dr. Foster, an obstetrician and gynecologist from Tennessee, has acknowledged performing several dozen abortions during his career. Some critics have opposed the nomination on these grounds, while others say that missteps by Dr. Foster and the White House in detailing his record call his credibility into question.

Mr. Dole is clearly caught between

what he views as his responsibilities as majority leader and pressure not to be outflanked on the abortion issue by other Republican Presidential candidates like Senator Phil Gramm of Texas. Mr. Gramm has promised to lead a filibuster against any Senate vote on the nomination.

But some Republicans, including Senator Nancy Landon Kassebaum of Kansas, have promised to fight a filibuster and have predicted any attempt to block a vote would fail.

"I can't make my decision based on what Phil Gramm or Arlen Specter, Dick Lugar, or other colleagues who are running for President may think," Mr. Dole said today, trying to discount the conflicting pressures. "To be majority leader, I have to make a decision, and we'll make a decision on this issue."

Today Mr. Dole even praised Dr. Foster's performance before the Senate panel last week, but offered no hint about whether he would allow the full Senate to vote.

"I think he did a pretty good job before the committee, but I think there are still some very serious questions that ought to be answered," Mr. Dole said.

When asked if he would allow a vote if Dr. Foster made a favorable impression in their meeting, the Senator said: "Well, I think it's always been in play. I said at the outset we may not bring it up, and we still may not bring it up. We're going to find out where the votes are, and then we'll make a judgment."

FOSTER

From page A1

Gramm's not going to cut any deals on the Foster nomination."

At the White House, Chief of Staff Leon Panetta greeted Mr. Dole's comments as a sign that Dr. Foster's prospects might be improving.

"I'm encouraged by Senator Dole's comments," Mr. Panetta said on CNN's "Late Edition." "It sounds like he at least is trying to give Dr. Foster, I think, the fair shake that he deserves after that hearing."

Many in the Senate concluded that Dr. Foster performed well at his confirmation hearing last week before the Labor and Human Resources Committee. The committee has yet to vote on the nomination, which can be brought to the floor with a positive, negative or neutral recommendation.

One Republican on the committee, Sen. James M. Jeffords of Vermont, has said he will vote for Dr. Foster, leaving only one more GOP vote needed for committee approval. Republicans have a 9-7 advantage on the committee.

Even with approval, Mr. Dole alone has the power to schedule Senate floor procedures, which has made his opposition to a floor vote crucial to Dr. Foster's fate.

"I think he did a pretty good job before the committee, but I think there are still some very serious questions that ought to be answered," said Mr. Dole, who has said the nomination was "very sloppily handled."

Senate supporters of Dr. Foster would have to collect 60 votes — known as cloture — to end a filibuster, which Mr. Panetta said he believed could be achieved.

"I'm pretty confident you could

probably even get cloture if there was an attempt to filibuster," Mr. Panetta said.

Mr. Neal said Mr. Gramm, who like Mr. Dole is seeking the GOP presidential nomination, does not know if he can maintain a filibuster.

"We had been proceeding under the assumption that the majority leader, who has control of the floor, would not allow the Foster nomination to reach the floor," Mr. Neal said. "Increasingly, it's looking like otherwise and if that happens, we'll start talking to friends."

Despite these positive signs for Dr. Foster, no one knows if he would have a simple majority to win confirmation in a Senate made up of 54 Republicans and 46 Democrats.

Further, Mr. Dole questioned the efficacy of the surgeon general's role in leading a government campaign to educate the public on health care matters.

"My view is that this job isn't that important anyway," the Senate leader said. "It has a staff of six. It's a public-relations job. It's not some key, critical job that has to be filled."

Opposition among social conservatives to Dr. Foster first arose when he and the White House offered conflicting accounts of the number of abortions the obstetrician-gynecologist had performed.

It deepened after it was revealed that Dr. Foster performed hysterectomies on mentally retarded adolescents in the 1960s and 1970s.

Pro-choice groups and most Democrats have remained supporters of Dr. Foster. Sen. Barbara Boxer, California Democrat, has threatened to tie up all Senate procedures if Mr. Dole blocks consideration of the Foster nomination.

Wash. Times; 5-8-95

Foster **A17**

Jack Kemp discussing Dr. Henry W. Foster Jr., President Clinton's nominee for surgeon general, on "The Capital Gang." "[Republicans] shouldn't demonize him. He is a decent, honorable person. I'm pro-life. I think the Republican Party should remain pro-life. . . . [But] I think it would be unseemly to filibuster this. As far as I'm concerned, it ought to go to a vote."

Wash. Post; 5-8-95

Dole to Meet Foster Before Deciding

Senate Majority Leader Plays Down Importance of Surgeon General

Associated Press

A6



Senate Majority Leader Robert J. Dole (R-Kan.) speaks with reporters after discussing surgeon general nomination on "Face the Nation."

Senate Majority Leader Robert J. Dole (R-Kan.) yesterday promised to meet with Henry W. Foster Jr. before making a decision on whether to bring his nomination as surgeon general to the Senate floor for a vote.

"I want to sit down before anything happens and visit with Dr. Foster," Dole said on CBS's "Face the Nation." "He's entitled to that."

White House Chief of Staff Leon E. Panetta welcomed Dole's comments. "It sounds like he at least is trying to give Dr. Foster, I think, the fair shake that he deserves after that hearing," Panetta said on CNN's "Late Edition."

But Dole again defended his option of keeping the nomination from a final vote, arguing that Democrats often did that when they controlled Congress and a Republican was in the White House.

Many Republicans are opposed to Foster's nomination because of the Tennessee physician's record in performing abortions. His opponents have said the nomination lacks credibility because of conflicting statements from Foster and administration officials about the number of abortions he performed.

Dole said he still has some serious questions about the nomination, which he said was "very sloppily handled."

He also played down the importance of the surgeon general's functions, calling the position basically a public relations job with a staff of six and a budget of about \$850,000. "It's not some key critical job that has to be filled," he said.

Foster's performance at Senate Labor and Human Resources Committee hearings last week boosted the hopes of his supporters that he may win the panel's approval. One committee Republican, Sen. James M. Jeffords (Vt.), has said he will vote for Foster, leaving only one more GOP vote needed for committee approval, assuming all Democrats vote in favor. Still, Dole could try to kill the nomination by not bringing it to the floor for a vote.

USA Today; 5-8-95

GOP soft-pedals abortion question

By Jessica Lee
USA TODAY

House Speaker Newt Gingrich, R-Ga., said Sunday that enactment of a constitutional ban would not stop abortions in the United States.

"If all we did tomorrow morning was pass an amendment, you would have millions of women going into back alleys having abortions," Gingrich told NBC's *Meet the Press*.

Gingrich said he personally believes "abortion is morally the same as infanticide" and

still supports the constitutional ban called for in the Republican Party platform.

But, he says, now is not the time: "You've got to go through a process of winning the argument ... trying to get people to some common agreement and begin a dialogue that minimizes the number of abortions."

As speaker, Gingrich has handled the abortion issue like a hot potato:

► He gave abortion a lower priority than the budget and congressional reform issues

that consumed the first 100 days of House action.

► He warned the GOP to avoid focusing on abortion in opposing Henry Foster for the surgeon general's job.

The issue is boiling up in the Senate, where abortion foes appear to be losing on Foster.

Sen. Majority Leader Bob Dole, R-Kan., who once suggested he might block a Senate vote on Foster, said Sunday he wants to meet with him.

"I think I should, before I make a final judgment," Dole said on CBS's *Face the Nation*.

The White House took encouragement from Dole's praise of Foster's appearance last week before the Senate Labor and Human Resources Committee.

White House chief of staff Leon Panetta said Foster performed so well that "once that vote comes, we're confident he'll be confirmed."

For weeks, Foster's nomination had appeared doomed to campaign-season politics. Sen. Phil Gramm, R-Texas, who is challenging Dole for the GOP presidential nomination, vows

to filibuster.

Critics have accused Foster, an obstetrician-gynecologist, of lying about his abortion record.

"It's not a question of abortion, it's a question of credibility," insisted Dole.

The question is a political one, counters James Wagoner of the National Abortion and Reproductive Rights Action League.

"If Dole blocks (a Senate floor vote), it's not just a partisan fight, it's a fight within the Republican Party over abortion," he said.

By Marc LaFountain
THE WASHINGTON TIMES

A14

The Senate was responsible for the most dramatic action on Capitol Hill last week as it continued partisan debate over legal reform and held confirmation hearings on surgeon general nominee Henry W. Foster Jr.

Dr. Foster won over one GOP supporter on the last day of his confirmation hearings, but other Republicans suggested that his nomination might never reach the full Senate.

Half of the Senate Labor and Human Resources Committee's 16 members said they will support Dr. Foster, whose conflicting statements on the number of abortions he has performed raised questions about his credibility.

Sen. James M. Jeffords of Vermont became the first Republican on the committee to declare support for the obstetrician-gynecologist, saying Dr. Foster had done a "superb job in taking care of the lingering, critical issues" in his two days of testimony.

With Mr. Jeffords joining the committee's seven Democrats in support of Dr. Foster, the tally is 8-to-8. If that holds, the nomination could move on to the full Senate without a committee recommendation. Foster supporters were scrambling at the end of the week

Wash. Times; 5-8-95

Senate faces work on balanced budget

Foster nomination needs one vote of approval to reach the floor favorably



to garner a ninth vote of approval.

Calling for a Senate floor vote, Sen. Christopher J. Dodd, Connecticut Democrat, said the record had been satisfied for "anyone of common sense."

"They want to vote against this man, vote against him. But the idea that you mean to block consideration of this person from having a vote on the floor of the Senate is childish and wrong," Mr. Dodd said.

Sen. Phil Gramm, Texas Republican, has threatened to filibuster the nomination, and Senate Majority Leader Bob Dole of Kansas, who is vying with Mr. Gramm for the GOP presidential nomination, has said he may not call the nomi-

nation up for a vote.

Meanwhile, Senate Republicans suffered a defeat in trying to off debate on far-reaching legislation to overhaul the civil legal system and limit punitive-damage awards in all civil lawsuits.

The Senate rejected, 53-46, a Republican move to end debate on the bill and set a date for a final vote. A second vote on the same question about an hour later was 52-47.

The votes came shortly after President Clinton threatened to veto the measure if it goes too far to limit damages against murderers, rapists, drunken drivers and other offenders.

The senators on Wednesday narrowly approved a wide-ranging amendment by Mr. Dole to limit punitive-damage awards in all civil lawsuits in federal and state courts.

Opponents said Mr. Dole's provision, which resembles a House version passed in March, could scuttle Senate passage of the overall product-liability bill written by Sens. Slade Gorton, Washington Republican, and John D. Rockefeller

IV, West Virginia Democrat.

In another close vote, senators voted 51-48 to reject an amendment by Sen. Spencer Abraham, Michigan Republican, that would have extended a change in joint liability beyond faulty-products cases to all cases involving interstate commerce.

Also in the Senate last week:

- Mr. Gramm, softening his stand, said he will not press for tax cuts when the Senate Budget Committee meets this week to act on Chairman Pete V. Domenici's balanced-budget plan.

- The Senate Intelligence Committee voted unanimously to approve Deputy Defense Secretary John Deutch as the next CIA director. A full Senate vote is expected soon.

- Fifty Republican senators wrote to President Clinton to demand that the administration not agree to new limitations on U.S. missile defenses at the upcoming summit in Moscow, set to begin on Tuesday.

- Sen. Alan K. Simpson announced that his Senate Finance

subcommittee on Social Security and family policy will hold hearings this month on the tax-exempt status of the American Association of Retired Persons (AARP).

Coming up this week:

- On the Senate floor, work continues for the third week on product liability legislation.

- The Senate Budget Committee today will work on the budget resolution.

In the House last week:

- House Speaker Newt Gingrich told foreign journalists that total U.S. assistance to the developing world will rise in the next decade, but long term aid would be better left to corporations such as Coca-Cola.

- Republicans and Democrats in both the House and Senate introduced legislation to restrict the growing practice of government officials cashing in on their public experience by becoming lobbyists.

- Mr. Newt Gingrich announced he is indefinitely suspending his practice of holding daily televised press briefings while he considers

other ways of getting out his message.

- One hundred fifty-seven House members — heavily skewed to the country's colder climes — released a letter calling for the preservation of the Low Income Home Energy Assistance Program, or LIHEAP. Spending cuts approved by the House in March would cut the program's entire \$1.319 billion funding for fiscal 1996.

Coming up this week:

- On Wednesday, the House Budget Committee begins markup on the budget resolution.

- The full House takes up a bill to scale back the Clean Water Act.

- The House banking committee tomorrow will mark up legislation that would repeal portions of a 62-year-old law that erected a barrier between banks and securities firms.

- The House International Relations Committee on Tuesday marks up a measure that would consolidate and reauthorize the State Department and other foreign affairs agencies.

- The House Economic and Educational Opportunities Committee is tentatively scheduled on Wednesday to mark up legislation to give full control over education standards to states and local school communities.

Wash. Post; 5-6-0

Democrats Upbeat on Foster Outlook

By Kevin Merida
Washington Post Staff Writer

Alb

DR. FOSTER, from p. 1
the nomination, setting up an 8-to-8 split. That leaves Dr. Foster one vote short of the majority he needs for his nomination to go to the floor with a positive recommendation.

Senator Bill Frist, a Tennessee Republican and a fellow doctor, is widely viewed as the most likely swing vote. Initially sympathetic to the nominee, Senator Frist grew silent in the face of attacks on Dr. Foster's credibility. But his supportive line of questioning during the hearings this week left the impression that he might ultimately back the nominee.

Still, even if the Foster nomination falls to get the votes for a positive recommendation, the committee could vote to send it to the full Senate without a recommendation.

Then, of course, Dr. Foster's allies would have to counter efforts to prevent a vote, which could come in many forms. And, once having won the right to have a vote, the Foster camp would have to make sure it gets the necessary Republican support to put Dr. Foster over the top. That would require the votes of five Republicans, assuming all the Senate's Democrats hold ranks.

But at that point, his allies say, they believe the votes will be there. "He deserves a vote, and when he gets one, we're confident that a majority of Senators will be for him," said John Podesta, the White House staff secretary.

Mark D. Gearan, White House communications director, said, "We always felt that if he had the chance to explain his life story, to answer questions that have been made in public about him, he could do so with candor and forthrightness, and put them in some context — which is a 38-year lifetime of achievement."

By week's end, the emboldened Democrats were trying to increase the pressure on the Republicans for a vote. "If some special interests want to oppose Dr. Foster, so be it," Mr. Daschle said in a letter to Mr. Dole today. "If some Senators agree with this view, that is their right. The Constitution gives the Senate final say on this matter, and we are prepared to accept its verdict."

Senate Minority Leader Thomas A. Daschle (D-S.D.) and a leading Republican moderate, Sen. James M. Jeffords (Vt.), said yesterday they believe Henry W. Foster Jr. has enough votes to be confirmed as surgeon general if his nomination is brought to the Senate floor.

But Foster's most vocal Republican detractor, Sen. Phil Gramm (Tex.), reiterated yesterday that he will use the Senate's rules to tie the nomination in knots. "I intend to oppose it vigorously," he said.

Despite such threats, Democratic leaders are demonstrably upbeat about Foster's prospects—a dramatic turnaround from two months ago that reflects Foster's widely praised performance in the confirmation hearings and a developing schism among Republicans over stalling his nomination.

"We have unanimous support of Democrats and all we need is a handful of Republicans, and I think we have that already," Daschle said in an interview. "I don't know of a Democrat that opposes Dr. Foster. I wouldn't be surprised if this vote were taken, we'd get 60 to 70 votes."

Jeffords said based on discussions with GOP senators he expects at least six to eight Republican votes for the Nashville obstetrician-gynecologist. If Daschle and Jeffords are accurate, Foster would have 52 to 54 votes for confirmation. More significant, Jeffords added, "I know there is a concern expressed by more than eight [GOP senators] that

it might be counterproductive to try to hold it up."

Senate Majority Leader Robert J. Dole (R-Kan.) has threatened to prevent a vote on Foster's nomination, but has not made a final decision. Even some Foster opponents, such as Sen. James M. Inhofe (R-Okla.), one of the Senate's most conservative members, said they would prefer to see a vote on Foster.

Gramm said yesterday that regardless of what Dole decides he will employ tactics allowed under Senate rules to thwart Foster's bid. Those include staging a filibuster, putting a "hold" on the nomination and bringing up a motion to postpone the vote. "If the imagination is rich and the resolve is strong, there's almost an endless array of things that can be done," he said.

John Podesta, the White House aide shepherding the Foster nomination, predicted Gramm's tactics would backfire if he follows through on yesterday's threats. "The American public finally got a chance to see Dr. Foster this week and what they saw was a man of integrity who's a caring doctor," he said. "I don't think they're going to understand or stand for procedural gimmicks being used to hold up a vote on Dr. Foster."

Podesta wouldn't reveal the White House's vote count, but said the administration believes it's in "very good" shape with Democratic support and among Republicans.

An aide to Senate Majority Whip Trent Lott (R-Miss.) said there had not been a recent vote count, but an early count following President Clinton's selection of Foster turned up "minimal support" for the doctor.

Lott said this week that he would support Dole should he decide not to bring Foster's nomination to a vote. And in any event, he added, the schedule of legislation prevented consideration of Foster's nomination before June or July.

The Senate Judiciary Committee plans to vote on Foster's nomination within the next three weeks and there seems to be little doubt that the panel will send it on to the full Senate.

Foster's critics have focused attention on inconsistencies in how many abortions he said he performed, hysterectomies he performed on four mentally retarded women in the early 1970s and whether he knew of a controversial syphilis experiment on black men in Tuskegee, Ala., before it was publicly disclosed in 1972.

Meanwhile, Daschle and Dole continued trading letters on the nomination. Responding yesterday to Dole's letter asserting that Democrats had prevented at least 161 GOP nominations from coming to the floor for a vote during the Reagan-Bush era, Daschle wrote that "history, like statistics, is full of half-truths."

"There is no doubt we could wage a battle of historical precedents back and forth until the issue of Dr. Foster's nomination has been made irrelevant by the passage of time," Daschle wrote, "but the bottom line is this: Why, if Dr. Foster is forwarded to the full Senate by the Labor Committee, should he be denied a vote? What purpose would that serve?"

Staff writer John F. Harris in East Lansing, Mich., contributed to this report.

DOROTHY GILLIAM

Wash. Post; 5-6-95

The Doctor Shows Up The Senator

This is not a high moment in Sen. Bob Dole's presidential quest.

In fact, there's only one word for the Senate Republican leader's threat to let the nomination of Henry W. Foster Jr. to be U.S. surgeon general die without a vote on the Senate floor—well, maybe three words: unfair, unwise and undemocratic.

It's unfair because President Clinton's nominee for one of the nation's most visible jobs in the health field already has been made, in the words of Sen. Nancy Landon Kassebaum (R-Kan.), "a pawn in our abortion debates." Foster's confirmation hearings were delayed for months while criticism from both sides of the political aisle muddled his name, reputation and nomination.

In two days of hearings, Foster took the blame for some of the criticism because he initially underestimated the number of abortions he had performed during his decades as a practicing physician. He projected a strong and positive image. "There was never any intent to deceive," he told the Senate Labor and Human Resources Committee. He looked and acted so much like an old-fashioned, amiable Southern doctor that he won over many of his opponents, who complimented him on his personality and credibility.

Senate Democratic leader Thomas A. Daschle (S.D.) was right when he said Foster "deserves a full and fair hearing" in the Senate. Democrats noted that they allowed nominations of Republicans who were more controversial than Foster—including Supreme Court nominees Robert H. Bork and Clarence Thomas—to go to the Senate floor for a vote.

Dole defended his threat to prevent a vote on the floor in a letter to Daschle, saying Democrats had used the tactic when they controlled the Senate. He cited numerous

judicial nominations and the controversial case of William Lucas, the Bush administration's nominee to head the Justice Department's Civil Rights Division.

What Dole's letter fails to point out is that judicial nominations are more likely to meet that fate because they often are caught up in politics and that Democrats often allowed contested nominations to come to the floor.

Dole's actions are motivated, in part, by his presidential duel with key rival Sen. Phil Gramm (R-Tex.), who has threatened to filibuster the nomination to death should Dole allow a floor vote. Antiabortion sentiment is strong among the Republican activists who vote in presidential primaries. Dole does not want Gramm to be able to claim credit for stopping Foster's nomination.

But if Dole caters to the far right by killing Foster's chances, he may be setting up a political backlash. "Dole is in a George Bush situation," said political scientist Linda Williams, of the Congressional Black Caucus Foundation. "He's never going to be the candidate of the ultra-right. He has a history that puts him closer to the center of the party."

"He pushed for creation of the Glass Ceiling Commission, and he's voted for civil rights before his recent anti-affirmative-action statements. Gramm will always be to the right of him. Meanwhile, if [Dole] doesn't bring the nomination

See GILLIAM, B4, Col. 1

GILLIAM, From B1

to a vote, he may alienate some of the center, or at least not pick up their support."

Kate Michelman, president of the National Abortion and Reproductive Rights Action League, said that blocking the Foster nomination would be a "dangerous ploy" and that Dole could expose a fault line within the Republican Party over the abortion issue.

"It is a primary presidential ploy, which could cause in the long run a general election backlash," Michelman said. "Dole is trying to win favor from and among the radical right of his party, which does indeed hold a great deal of power in the primary process. But if he defines himself as a right-wing supporter, that will cost him votes in the general election. George Bush lost 17 percent of the Republican vote [in the 1992 general election] because of the issue of choice."

It is a mark of their good sense and judgment that a growing number of Republicans are questioning Dole's tactics. Sen. James M. Jeffords (Vt.) said he had talked to six centrist Republicans who think Foster's nomination should come before the full Senate. Sens. Alan K. Simpson (Wyo.), John H. Chafee (R.I.), James M. Inhofe (Okla.) and Kassebaum—the Dole presidential supporter who has conducted exemplary hearings on Foster's nomination—also say he deserves a vote.

After millions of Americans read news accounts and viewed the Foster hearings, there is also a distinctly undemocratic ring to Dole's threat. Although the Senate can hide behind rules and precedent, most Americans basically believe that people deserve to have their day.

Moreover, it became clear during the hearings that Foster is a man who is respected by his own community, his medical peers and even a Republican president who gave him a "point of light" award for his "I Have a Dream" program to fight teenage pregnancy. In addition

to expected questions about abortions and hysterectomies, there were questions about his program and about language he used in a medical journal article.

While some of that questioning was legitimate, at times it seemed to cross into grilling. The typical American sees a guy who wants to serve his government and who in most other forums would be lauded as a hero. At the hands of this panel, however, he is microscopically picked apart—all in the interest of high-stakes politics.

The rank hypocrisy displayed by some legislators was chilling. Sen. Dan Coats (R-Ind.) seemed especially disingenuous. Although Foster went to the South to help the poor, Coats asked whether he helped cover up the U.S. government's horrifying syphilis experiments on poor black men. Coats professed to be troubled, but there is nothing in his legislative history that would indicate deep care and concern about poor blacks.

Similarly, it was difficult to take seriously some senators' professed concern for the sterilization of four poor, black mentally retarded women when House Republicans have just voted to remove aid from as many as 600,000 severely disabled children, including those with Down's syndrome.

Through it all, Foster showed no rancor, bitterness or meanness.

Foster has demonstrated that he would be a strong surgeon general, a good spokesman for realism when it comes to such issues as teen pregnancy and disease prevention. It is good that the White House showed that it finally has learned something about pursuing difficult nominations and that it is willing to go to the mat for Foster.

While the fate of Foster's nomination is largely in Dole's hands, if he survives to become the nation's doctor, it will be largely due to the caliber of the man himself.

Balt. Sun; 5-5-95

NEW YORK NEWSDAY, THURSDAY, MAY 4, 1995

Foster's supporters press Dole to allow vote on his nomination

Reuters

3A

WASHINGTON — Senate supporters of Dr. Henry W. Foster Jr. demanded yesterday that Majority Leader Bob Dole allow a vote on his nomination to be surgeon general.

Dr. Foster, 61, ended two days of testimony to the Senate Labor and Human Resources Committee Wednesday that the White House and Democratic senators said improved his chances for confirmation.

Dr. Foster, an obstetrician who said he had been responsible for 39 abortions during a career in which he delivered thousands of babies, has been under attack from conservative and anti-abortion groups.

Mr. Dole, under pressure from the political right, has said he might not bring up the nomination for a vote. His rival for the Republican presidential nomination, Sen. Phil Gramm of Texas, has said he might filibuster the nomination.

At a news conference, Sen. Barbara Boxer, Democrat of California, repeated her threat to tie up Senate business if Mr. Dole refused to allow a vote.

New Jersey Democratic Sen. Frank R. Lautenberg said: "The extremist anti-choice faction of the Republican Party should not have veto power over presidential nominations."

If Mr. Dole blocked a speedy vote, he said, "we can, without posing any threats, make it very difficult to get other things done that the majority leader would like to see included."

Sen. Patty Murray, D-Wash., said: "It's enough presidential politics."

Mike McCurry, the White House press secretary, said earlier that Dr. Foster's chances for confirmation had "significantly improved" at the hearings.

One Republican member of the labor committee, Sen. James M. Jeffords of Vermont, has said that he will vote for Dr. Foster, meaning that the committee vote on whether to send the nomination to the full Senate will be at least an 8-8 tie.

Republican Sen. Bill Frist, who like Dr. Foster is a doctor from Tennessee, appeared to side with the nominee and could provide the majority for the nominee on the committee.

Foster Gains Tie-Vote On Senate Panel

By Marilyn Milloy

WASHINGTON BUREAU

Washington — After a final round of stiff questions about his integrity, surgeon-general nominee Henry Foster yesterday picked up his first endorsement by a Republican on his confirmation panel, all but ensuring the committee will send his nomination to the Senate floor.

Though the Labor and Human Resources Committee will not actually vote for another few weeks, the announcement by Sen. James Jeffords of Vermont, and the highly positive signals being sent by at least one other Republican, spurred a fresh round of questions about whether Foster's nomination, relentlessly plagued by issues of abortion, ethics and presidential politics, could miraculously be saved.

Democrats yesterday conceded the battle for the 61-year-old doctor still is uphill, but Jeffords' nod, along with Foster's fearless — at times, charming — performance, buoyed them.

With the seven Democrats on the committee, Jeffords' vote, for now, appears to have tied the panel 8-8. Many observers, however, believe Sen. Bill Frist (R-Tenn.) will eventually support Foster. Though publicly uncommitted and generally opposed to abortion, Frist, a fellow physician, was highly supportive of Foster during the hearings, at times doing such an impressive job at helping him make his case that one Democratic senator asked if he needed more time.

Even if there are not enough votes on the committee to approve Foster's nomination, Senate officials say a majority of the panel will likely vote to send the nomination to the floor anyway.

Republican presidential candidate Sen. Phil Gramm of Texas has vowed to filibuster a vote on Foster — a move

publican moderates like himself. And rival candidate Bob Dole, the Senate majority leader, has threatened to keep the nomination from reaching the Senate floor altogether.

Setting the stage for battle, Sen. Tom Daschle of South Dakota yesterday said Democrats might hold up consideration of other legislation if it seriously comes to that.

As the political maneuvering gets underway, Democrats plan to rely on what they maintain was an exceptionally strong performance by Foster during his hearing.

At turns witty and resolute yesterday, Foster defended himself against the same key concerns that had dominated Republican questions at Tuesday's hearings.

Every chance he got, Foster wrapped his answers in warm, personal stories about his Southern upbringing, about his views on hard work and service and "building strong minds." He laughed easily, thanked his questioners often, and noted at one point that he whistles all the time, because he has such a positive attitude.

But Foster's demeanor shifted when he was forced to answer again to charges — this time from Sen. Dan Coats (R-Ind.) — that, while he worked in Tuskegee, Ala., in the late 1960s, he knew about a 40-year federal program that was leaving black men untreated for syphilis in order to study the disease's effects.

Referring to the long list of federal officials who Coats said claimed to have informed various people in Tuskegee about the study, Foster suggested it was ludicrous to believe the government officials when, in fact, the government had sought for years to cover up the study.

"So it's wrong?" Coats continued. "Under oath, incorrect, wrong, wrong, WRONG," Foster responded, lifting his

THE OMAHA STAR

Thursday, April 27, 1995

Health Department Sends Vaccine To Doctors

The Nebraska Department of Health shipped over 32,000 doses of vaccine to Nebraska physicians this month, enough to immunize 6,750 children in a one-year period of time.

A bill proposed by Governor Ben Nelson, and passed by the Legislature last year provided \$300,000 to buy vaccine for children of families who have no insurance coverage or other resources to pay for vaccine.

"This supply of vaccine will ensure that no child falls through the cracks," Governor Nelson said. "It removes the cost barrier that keeps some children from being properly immunized."

The vaccine was shipped to 225 pediatricians, family practitioners, physician assistants and nurse practitioners who agreed to participate in the program.

"Each provider who signed up, now has enough vaccine to give thirty children the immunizations they need in the next year," said Grey Borden, administrator of the Nebraska Immunization Program.

The vaccine will be available in participating physicians' offices. The vaccine is free. The physician

may charge a limited administrative fee.

Eighty-five out of 93 counties in Nebraska have public immunization clinics, Borden said. These clinics receive vaccine paid for by the federal government. The state-supplied vaccine will be given to private physicians' offices.

"Giving vaccine to private physicians will help insure that no opportunities for immunizations are missed," Borden said. "Children at the doctor's for well-baby checkups can get their immunizations in the same visit."

Children should receive immunizations at two months, four months, six months, 12-18 months, and 4-6 years of age. Immunizations will provide protection against nine childhood diseases: measles, mumps, rubella, polio, hepatitis B, haemophilus B influenza, tetanus, diphtheria, and pertussis. For more information contact your physician, local health department or community action agency, or call the Nebraska Immunization Program at 1-800-862-1889.

N.Y. Times; 5-6-95

Cost Cutting Shrinks Hospital Stays for Childbirth

ATLANTA, May 5 (AP) — Women are spending 37 percent less time in the hospital for childbirth than they did in 1970, as insurance companies push for shorter stays to rein in costs, Federal health officials reported.

The average length of stay for hospital deliveries dropped to 2.6 days in 1992 from 4.1 days in 1970, and the decline has not stopped, the Centers for Disease Control and Prevention said on Thursday.

Women spent 46 percent less time in the hospital for vaginal births, with the average stay dropping to 2.1 days from 3.9 days. The stay for Caesarean sections was reduced almost by half, to 4 days from 7.8.

The decline has the centers and the American College of Obstetricians and Gynecologists worried.

"We're concerned that cost-con-

tainment may be a driving force behind the decline, said Alice Kirkman, a spokeswoman for the medical group. "We're concerned that as managed care increases, the health care needs of women may be short-changed."

The rise of managed care and the increase in hospital costs are pushing the decline in hospital stays for childbirth, the centers said.

"The primary force is the financial one," said Dr. Isabella Danel of the centers, though she added that a few women might actually want to return home sooner.

Dr. Danel said the decline in hospital stays might have been even greater had it not been for a dramatic increase in Caesarean sections, to 23.5 percent of births in 1992 from 5.5 percent in 1970. One reason for the rise in Caesarean sections is

that the procedure is now safer and easier. But some experts attribute much of the increase to doctors who are practicing defensive medicine because they fear malpractice suits.

From 1977, when the centers began collecting information on how deliveries were paid for, through 1992, the average length of stay of women with private insurers, Medicaid or self-payment all dropped. The decrease was about 37 percent for vaginal deliveries and about 40 percent for Caesarean sections.

The few studies on the risk of shorter hospital stays are limited either by the small number of women studied or because the only women studied had little risk of complications, Dr. Danel said.

"There's no evidence so far that it's not safe," she said of the shorter stays, "but the concern is to make sure that we're not harming mothers and infants with early discharges."

About 14 percent of women and 11 percent of newborns experience complications after they have been released from the hospital, according to the centers. The main risk for mothers is infection; for infants, it is jaundice.

The centers do not recommend particular lengths of hospital stay for women giving birth. The American College of Obstetricians and Gynecologists and the American Academy of Pediatrics recommend that women remain in the hospital two days after giving birth vaginally and four days after a Caesarean section.

■ More than one-third of parents did not safely store cleansers and other hazardous household substances out of children's reach.

■ Fifty-seven percent of parents had both complete first aid supplies handy and emergency numbers near their telephones.

Balt. Sun; 5-8-95

Childhood injuries could be avoided, survey concludes

Safety guidelines often aren't followed

Associated Press

WASHINGTON — Many parents aren't making their kids buckle up, strap on bicycle helmets or take other precautions against accidental injury, the leading killer of children under 15, according to a survey released yesterday.

The National Safe Kids Campaign survey found that more can be done to protect youngsters from crashes, burns, falls, poisoning and other mishaps.

"The heartache, the nearly \$14 billion cost to society of these injuries, could be avoided," said Heather Paul, executive director of the campaign.

As part of "National Safe Kids Week," the campaign is distributing millions of safety checklists to children through schools and stores.

The campaign, founded by Johnson & Johnson in 1987, is a coalition of national and grass-roots groups dedicated to raising awareness about child safety.

About one-third of families don't wear seat belts on every trip and nearly two-thirds sometimes ride bicycles without wearing helmets, according to the national telephone survey of 804 parents with children age 14 and under.

Seventy-nine percent of respondents allowed children under 9 to cross the street alone, and 44 percent said children under 5 weren't always supervised in the bathtub.

Nearly all parents surveyed said they had installed smoke detectors in their homes, but 67 percent said they don't check the batteries every month. Of those with guns in the home, 59 percent said firearms are not locked away from children.

The survey's margin of error was plus or minus 3.4 percentage points.

Although more attention is paid to the threat to children posed by drugs and violence, former Surgeon General C. Everett Koop, the campaign's chairman, said preventing injury should be a priority.

About 7,200 children died from accidents last year, Dr. Koop said. But for every child killed, about seven suffered serious injuries.

"If we focus on death alone, we miss the major point," he said. "Actually, the death of a child in many instances is easier for people to face than a lifelong disorder of a very crippling nature."

Common sense would seem to dictate many of the safety checklist items. So why are many parents failing to take basic precautions? Because they think it won't happen to their children, Dr. Koop said. But he knows how close to home tragedy can strike.

"I have known three couples ... who lost children from drowning in little garden pools with 4 inches of water in them," he said.

Among other findings:

■ Most parents either didn't know the temperature of the water running from their faucets or said that it is above 120 degrees Fahrenheit, which could scald a youngster.

USA Today; 5-8-95

Parents can do more for kids' safety

By Michelle Healy
USA TODAY

Most parents are not doing enough to protect their children from accidental injury, the No. 1 killer of kids 14 and under, says a survey out today.

About 7,200 youths are killed and 50,000 permanently disabled annually by injuries that could have been prevented.

Among findings of The Family Safety Survey, commissioned by the National Safe Kids Campaign and based on telephone interviews with 804 parents with kids under age 14 (margin of error 3.4%):

► 65% of parents say family members don't always wear a helmet when bicycling.

► 69% do not have their water heater set at a level to prevent scalding (no higher than 120 degrees) or do not know the temperature.

► 58% of parents with guns in their homes do not lock them away from kids.

The survey also finds that 1 in 3 parents don't follow safety precautions for safety belt usage, supervision of kids in or near water or toddler access to poisons.

There are many problems for which there are no simple answers "but for childhood injury we know how to save lives, we have simple solutions," says Heather Paul of Safe Kids.

USA Today; 5-8-95 p. 1

Home cleanings may ease asthma among poor kids

By Kim Painter
USA TODAY

Researchers are prescribing unusual measures to try to curtail the asthma epidemic among poor urban children.

Among them: free cockroach exterminations, house-cleaning and stop-smoking

classes for parents.

The theory: City children have more asthma because their homes are overflowing with substances that cause allergies and airway irritation — which trigger asthma.

Among asthmatic black and Hispanic children in eight cities, 35% are allergic to

cockroaches and 20% to rats, say early results from a government-funded study reviewed last week at the National Institutes of Health.

People are most likely to be allergic to substances they frequently encounter. Also:

► 59% lived with smokers.

► 18% lived in homes par-

tially heated by gas stoves or space heaters, which can produce irritating fumes.

► Only 40% had working vacuum cleaners.

Eliminating any of the allergens or irritants might make a big difference, says Dr. Peyton Eggleston, Johns Hopkins School of Medicine.

N.Y. Times; 5-7-95

Hospital Helps Uninsured Regain Financial Health

By MICHAEL JANOFFSKY

DANVILLE, Va., May 3 — Janie H. Hunt works as a receptionist here at the Danville Regional Medical Center, and even though she is earning \$5 an hour at the age of 55, she has never enjoyed a job more.

"Look at me, just look at me," she said from behind her desk, beaming until the phone rang and she bolted to answer it.

Mrs. Hunt's part-time job was created as part of a new voluntary barter system that allows former patients who were uninsured or underinsured to work off some of the money they owe the hospital for unpaid medical bills.

Mrs. Hunt, who owed the hospital

\$15,000 for gall bladder surgery, is one of 18 former patients in the program with bills that ranged from several hundred dollars to more than \$20,000. Each participant works on an individual schedule, doing such jobs as answering the phones and mowing the lawns. The schedules accommodate regular jobs or family responsibilities. The hospital withholds taxes just as with any other job.

With an ever-growing number of people lacking health insurance — current estimates are 41 million — hospitals around the country have seen the amount of unpaid bills pile up. A recent survey by the American Hospital Association found that in 1993, the last year for which figures are available, hospitals provided \$16 billion in uncompensated care, an increase of 162 percent from 1983. The \$16 billion represented 6 percent of hospitals' patient billing.

Small-scale efforts like the Danville work program will never defray more than a minuscule amount of that uncollected money, but they reflect the willingness of some hospitals to be flexible.

The Danville program is one of only a few across the country that give former patients the option of working to help pay off their debt. Since the program started last fall, its administrators say they have received calls from nearly 40 other hospitals seeking information about it.

"This is not make-work," said Bradley L. Sexauer, vice president of planning and marketing at the hospital. "These people are doing legitimate work for us, things that would have eventually gotten done but not as quickly or as efficiently."

Many health-care experts applaud the effort, but they contend it is scarcely a realistic means for hospitals to reduce their uncollected bills. Even a mid-sized facility like the Danville hospital, which serves a regional population of 135,000 in Virginia and North Carolina, incurs millions in debt each year, said Gil Collins, the hospital's director of finance. The work program, he added, "is a drop in the bucket."

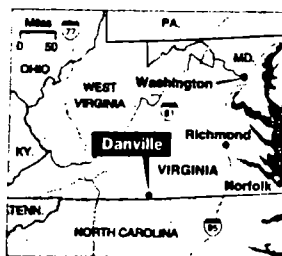
Nor, experts insist, is it a practical alternative for people who cannot afford health insurance. Were it not for the 18-month limit on service imposed by the hospital, Mrs. Hunt would have to work her 20 hours a week for almost three years to pay off her bill. In her case, as with some others, Mr. Patterson said, the hospital plans to forgive the remaining balance after the 18 months.

What the program provides, however, officials at the Danville hospital say, is a sense of dignity for patients and a sense of community spirit for the hospital.

"We win. They win," Mr. Collins said. "We don't resolve our bad debt with this program, but it's a small thing that can be done outside of the Federal Government taxing someone else to help subsidize the cost. If our patients feel good about it, we get something back, rather than a straight write-off."

The program was put into place last fall after Danville hospital officials studied a similar pilot program at the Windham Community Memorial Hospital in Willimantic, Conn.

Around the same time, Carol Taylor, a Danville resident, was wondering how she was going to pay her hospital bill of \$10,500 for a gall bladder operation. Always feeling "perfectly healthy" before the need for surgery arose, she had declined to purchase health insurance through her job as a paralegal at a law firm.



The New York Times

"When I got out the hospital and got my bill, I panicked," Ms. Taylor said. "I made too much to qualify for any state aid, and working with lawyers, I know what can happen when you don't pay your debt. So I contacted the hospital to see if they had some kind of program I could work it off. I think that gave them the idea that people would actually be interested in helping them get the program off the ground."

In September she became the pro-

A novel program reflects a willingness to be accommodating.

gram's first participant and since then has worked as many as 20 hours a week, in addition to her full-time job. She has typed the minutes of board meetings, catalogued books in the medical library and, in her least-favorite assignment, worked at the

emergency room information desk.

"I've enjoyed it," Ms. Taylor said. "It doesn't make me feel like a debtor. I feel I'm part of the team."

For Mrs. Hunt, the receptionist, it was an easy decision. After her planned overnight stay for gall bladder surgery last October stretched into a six-day visit because of complications, she went home with a huge bill. Living with her 77-year-old husband on income from her occasional part-time jobs and their Social Security benefits, she had no means to pay the bill. She said she began to be depressed.

"I began to feel myself withdraw, and that's not like me," she said. "I even called a crisis line, looking for help. I never did that before. But I always knew what it was about. This was the first time in my life I ever experienced not being able to pay my bills."

When she learned about the service program, she was eager to join, even knowing she could never work off all her debt.

"This was a way to give something back to the hospital," she said. "People here were a service to me; now I can be of service to them."

Even those who owed far less than Mrs. Hunt view it as a conscience saver.

Ella Willis, 62, who was billed \$2,500 for treatment of an intestinal problem last October, said that before working at the hospital she had not had a job in 40 years. She had medical insurance, but it included a \$2,500 deductible.

When her husband was about to withdraw money from their savings account, she told him, "Let me try this first." Since March, she has worked 8 to 10 hours a week in the hospital laundry room, folding the green scrubs doctor wear in surgery. "People here are real friendly, and I get to work at my own pace," she said. "I plan to do this as long as I can."



Cindy Pinkston for The New York Times

At the Danville Regional Medical Center in Danville, Va., former patients who have unpaid bills can work off some of their debt. Ella Willis, 62, who owed \$2,500, works 8 to 10 hours a week in the laundry.

N.Y. Times; 5-8-95 p. 1

MEDICAL SCHOOLS FACE TOUGHENING OF CITY CONTRACTS

PAY REDUCTIONS SOUGHT

Health and Hospitals Agency
Demanding More Control
of Doctor Productivity

By ELISABETH ROSENTHAL

New York City's public hospitals agency is pushing for broad concessions in its contracts with the medical schools and academic medical centers that provide most of the doctors for the city hospitals.

Propelled by serious budget problems and a Mayor who has campaigned against waste at the agency, its officials are demanding greater control, seeking more productivity from doctors and possibly offering the schools less money in exchange.

The new aggressiveness from the Health and Hospitals Corporation has shaken up the annual mating ritual between the agency, with its 11 beleaguered acute-care hospitals, and the city's prominent medical schools.

The demands by the corporation, traditionally the weak partner in an uneasy relationship, have led some institutions to consider breaking ties with the public hospitals, for years a key training site for doctors. The corporation now spends \$500 million annually on affiliation contracts.

In the first round of negotiations, with Albert Einstein College of Medicine in the Bronx, which provides the majority of doctors for Bronx Municipal Hospital Center, the agency proposed cutting doctors' base salaries at Bronx Municipal by 50 percent and tying additional payments to the number of patients they treat. It also proposed eliminating some of the hospital's specialty training programs, which the agency says are expensive and redundant. Most dramatically, it sought to require that doctors who work at Bronx Municipal — as a vote of confidence — also receive their health care there. Agency officials say they will make similar demands in other contracts.

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"This time around I am looking for real-world contracts, which we have not had in the past," said Dr. Bruce Siegel, president of the Health and Hospitals Corporation, who hired an outside consultant to advise him on how to make the hospitals work. "Our existing contracts give no benchmark for productivity and no standard for quality of care," Dr. Siegel added. "We pay doctors \$140,000 whether they see 1,000 patients or 6,000 patients a year. We pay anesthesiologists \$200,000 to \$250,000 whether they do 1 procedure or 15 procedures each day. That's not fair."

Doctors and hospital administrators who have seen the agency's proposals complain that Dr. Siegel is expecting their doctors to be islands of productivity in a chaotic system. They say they worry that the businesslike agreements proposed by Dr. Siegel ignored their needs to train students and young doctors.

"Our primary purpose is to utilize the H.H.C. facility for teaching purposes, and then of course to see patients," said Dr. Chester M. Edelmann, senior associate dean of the Albert Einstein College of Medicine, who rejected many of the agency's initial proposals for his medical school.

"This is a teaching hospital and a city hospital, and you can't expect the productivity of Kaiser Permanente," he said, referring to the giant health-maintenance organization.

Another longtime doctor from the Bronx Municipal Hospital Center, who spoke on the condition of anonymity, said "Dr. Siegel hired a guy from Utah to tell us what we need to do in the Bronx. How do you measure productivity in hospitals where you wait half an hour for exam rooms, where there are no translators but your patients come from Albania, Montenegro, Russia and Senegal?"

"His proposal calls for a radical reorganization of the hospitals and does it rather precipitously," he continued. "He has given us a reason for disaffiliating."

Still, medical school administrators said they were entering this year's negotiations knowing that some tough concessions would have to be made. Managed care has cut deeply into hospital revenues, and the state and city governments are determined to cut their payments for medical care to the poor.

"I would like everything to be as it was 20 years ago, but that's not practical," Dr. Edelmann said. "And the first goal is 'don't go bankrupt.'"

At Einstein, department heads are looking for other places to send specialty residents if they can no longer go to Bronx Municipal Hospital, Dr. Edelmann said.

Besides the Bronx Municipal Hospital agreement, the Health and Hospitals Corporation is to negotiate four other partnerships in the next



George M. Gutierrez for The New York Times

Officials at New York's public hospitals, including Dr. Chester M. Edelmann of the Albert Einstein College of Medicine, say they worry that the businesslike agreements proposed by the Health and Hospitals Corporation ignore their needs to train students and young doctors.

two months, at Mount Sinai Medical Center in Manhattan and the two city hospitals in Queens, New York Medical College in Valhalla, N.Y., and Lincoln Hospital in the Bronx; Montefiore Medical Center, a private academic hospital, and North Central Bronx Hospital. The agency is also negotiating with Woodhull Associates, a private corporation that sends doctors to Woodhull Hospital in Brooklyn.

Because Dr. Siegel was dissatisfied with all of the affiliation arrangements when he took office last year, he refused to sign renewals for the usual five-year term, insisting on one-year contracts instead. So 5 of the 11 hospitals have agreements that expire on June 30 this year. In the interim, Mayor Rudolph W. Giuliani has criticized inefficiencies at the public hospitals — even planning to sell three of them — giving Dr. Siegel an even stronger mandate for change.

Negotiations with medical schools other than Albert Einstein have not yet started in earnest, but Dr. Siegel said that his agency expected to con-

tinue making the same kinds of demands it had made at Bronx Municipal Hospital. "There is extremely low productivity all across the system," he said, noting that his staff had been collecting information on the hospitals for months, "trying to figure how many patients these doctors are seeing and what they're actually doing for us when they are there."

The affiliation of public hospitals with more powerful medical schools and academic hospitals dates back over 30 years in New York and has always been a love-hate affair. Many of the city's most prominent doctors talk fondly of their time spent "in the trenches" at Bellevue or Bronx Municipal, and the medical school administrators say the partnership has allowed them to fulfill their commitment to providing health care for New York's poor.

But it is above all a superb marriage of convenience. The medical schools need a vast supply of patients (preferably those without private doctors) to teach their students and doctors-in-training. And the pub-

lic hospitals, possessing neither money nor reputation to attract a top-flight medical staff, depend on the flow of doctors and residents that the medical schools provide.

The equation has changed somewhat for both sides. The big teaching hospitals and their medical schools have established huge hospital networks in the last two years, thus gaining new training sites for their residents. On the other hand, a relatively tight job market for doctors has left the Health and Hospitals Corporation in a better position than ever before to hire doctors on the open market. So broken ties, once unthinkable, are a real possibility now.

A 1992 study of the corporation, commissioned by Mayor David N. Dinkins, concluded that "the affiliated institutions have not always approached their responsibilities for their H.H.C. facility with the same level of concern about quality as they show for their own institutions."

After studying the performance of the affiliate doctors in the last year, Dr. Siegel said his staff found that only half of the \$500 million dollars the agency pays goes to patient care; the rest goes to administrative costs and research. He complained that the medical schools often send a different doctor to staff a clinic each day of the week, which makes continuity of care difficult, and that many doctors do little work at public hospitals while they are there. He said that the agency paid above-market salaries.

While Dr. Siegel acknowledged that inefficiencies at public hospital sometimes make it hard for doctors to treat large numbers of patients, he said, "When you have physicians who are seeing only 800 patients a year, it's hard to just blame it on the environment." He said that as part of affiliation agreements, the agency would agree to expand support services at public hospitals — building new examination rooms and providing doctors with more computers to improve productivity.

But medical school officials were skeptical that this could be readily achieved and were resistant to Dr. Siegel's plan to reduce doctors' salaries and tie paychecks to the number of patients seen. "The kind of incentive could be an ignition point," said Dr. Nathan Kase, dean of the Mount Sinai School of Medicine. "There are carrots and there are sticks."

Nonetheless, at some public hospitals, the situation is changing.

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THE LIST

Affiliates in the H.H.C.

HOSPITALS	AFFILIATED SCHOOLS	BUDGET	FULL-TIME EQUIVALENT POSITIONS*
Bellevue	N.Y.U.	\$49,279,802	489.45
Woodhull	Woodhull Associates	47,39,330	468.35
Harlem	Columbia	50,964,975	646.39
Lincoln	N.Y. Medical College	42,530,188	426.35
Metropolitan	N.Y. Medical College	30,966,707	344.06
Bronx	Albert Einstein		
Municipal	College of Medicine	44,816,680	323.89
North Central Bronx	Montefiore	45,117,311	457.98
Elmhurst	Mount Sinai	55,122,799	801.10
Queens	Mount Sinai	50,790,775	545.31
Kings County	SUNY	21,507,688	197.09
Coney Island	Coney Island Medical Group	35,806,237	374.00

*Includes doctors, technicians, specialists and administrative staff. Positions are calculated by hours worked. For example, two people working half-time are considered to fill one position.

Source: New York City Health and Hospital Corporation

Cont'd from previous page

tals, like Lincoln in the Bronx, some salaries have been tied to the number of patients treated since 1987, with great success, said Luis J. Rodriguez, senior associate dean for affiliations at New York Medical College, which staffs two public hospitals, Lincoln and Metropolitan. Mr. Rodriguez noted, however, that doctors were guaranteed they would suffer no loss of income as a result of the new system during a one-year transition period.

As institutions, the medical schools are most nervous about the loss of educational control that the new agreements portend.

The corporation's proposal for Bronx Municipal Hospital included the phasing out of residency training programs for ear, nose and throat specialists, cardiologists and orthopedists, and continuing programs in primary-care fields. Dr. Siegel has said that he does not want to pay for two clinics to treat hand injuries in one hospital, just because a medical school has residents in plastic surgery and orthopedics and both groups need to learn how to operate on the hand.

"We have earned our reputation as educators and care givers, and I reject the notion that H.H.C. needs control over these functions other

than the decision not to renew my contract," Dr. Kase of Mount Sinai said. The 30-year-old affiliation agreement between Mount Sinai and Elmhurst Hospital Center is generally regarded as one of the more successful in the system, and Mount Sinai is frequently mentioned as a potential buyer of the public hospital, which the Mayor has tentatively marked for sale.

Dr. Kase predicted that he and the hospital agency would come to an agreement for the contracts to staff Elmhurst Hospital and the Queens Hospital Center. "We are well aware of each other's need and problems," he said.

As individuals, the doctors who staff agency hospitals are probably most taken aback by the notion that they and their families should be required to get health care from those hospitals. Dr. Siegel said that he would expect the same of his central office staff, and that he himself "had used H.H.C. facilities for care."

But Dr. Edelmann of Einstein said: "As they are now, the city hospitals are not good enough for patients, and that includes our staff. Anyone who denies there's a two-tiered system in New York City is not being honest."

TV Previews

NBC's 'Virus': One Flu Over the Cuckoo's Nest S-P

By Tom Shales
Washington Post Staff Writer

D-1

As titles go, "Robin Cook's Virus" evokes memories of the Broadway marquee that once trumpeted "Harold Rome's Fanny." There the comparison ends. "Fanny" was lovely and "Virus" is a pestilence.

NBC's movie, airing tonight at 9 on Channel 4, is based on a Cook novel called "Outbreak" that broke out in the late '80s and was soon eclipsed by "The Hot Zone," a true story by Richard Preston about a runaway virus in Reston. Ridley Scott hoped to film "Hot Zone" but the producers of another movie, one with a fictional viral scenario, beat him to the punch. That movie, a hit for Dustin Hoffman, was called, confusingly enough, "Outbreak."

That leaves us with "Virus," now a leftover, cut-rate version of essen-



Nicolette Sheridan battles a deadly disease in "Robin Cook's Virus," a silly thriller airing on NBC.

tially the same nightmare scenario but with a much farther-fetched plot. It's fetched so far it's foolish. And in the pursuit of cheap thrills, it trivial-

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From left, Rod Steiger, George Wendt and Peter Falk in "Columbo: Strange Bedfellows."

An Outbreak Of Outbreaks

Cont'd from previous page

izes a terribly serious subject, the deadly Ebola virus discovered in Africa in the '70s, and the threats that all epidemics pose.

The movie opens with a prologue set in Africa at the time of the Ebola plague, just as "Outbreak" did. Then it jumps forward to the present day, where the same virus suddenly and mysteriously erupts in a series of American cities. At the Centers for Disease Control (CDC) in Atlanta, there is justifiable consternation.

Marissa Blumenthal, played by willowy glamourpuss Nicolette Sheridan, is dispatched to Los Angeles, where the first signs of the virus appear. Sheridan is credible in the role only if you can conceive of a CDC doctor who looks like a Vogue super model. She's coiffed and buffed and primped. But as implausibilities go, her appearance is a relatively minor one within the context of the film.

While Blumenthal is supposed to be as smart as she is gorgeous, she keeps looking had guys right in the face and naively assuming them to be A-okay. With her boyfriend, another doctor played smarmily by William DeVane, she enjoys going through the cutest little routine: He asks, "Do you love me?" She replies, "Not yet, but maybe soon." Guess what their last exchange in the movie will be.

Blumenthal is sent from Los Angeles to St. Louis, where she continues to wonder what caused the virus to strike. She does more wondering than researching, actually. Then she's sent back to Atlanta. Then she's abruptly transferred off the case. "Something fishy's going on here," she says as thousands die. But she still finds time to run home to loverboy and make stir-fry.

Later our intrepid doctor will break into a vault where toxic viruses are kept, be chased about by a mysterious stranger who carries a really big needle, and briefly end up in a fridge full of stuffs at the coroner's office. She becomes a fugitive from justice, yet stubbornly refuses to don any sort of substantial disguise.

Well, when you're that gorgeous, perhaps you just can't bear to cover yourself up.

Writer Roger Young's dialogue is distressingly coarse in spots. DeVane makes a gratuitous reference to "little boys having wet dreams." A co-worker of Blumenthal's tells her, "I just wanted to see your butt." After the two of them are doused with disinfectant, he says, "Now you know what a toilet bowl feels like."

Yes, to state the hideously obvious, this is a movie to avoid like the you-know-what.

'Strange Bedfellows'

Apologizing for his awkwardness at giving someone a piece of bad news, Lt. Columbo says, "I've been doing this 20 years. I haven't

gotten it right yet." Actually, it's been more than 20 years. He first appeared in the TV movie "Prescription: Murder," which aired in 1968. The seemingly befuddled lieutenant has been bedeviling guilty parties ever since.

Tonight at 9 on Channel 7, Lt. Columbo faces anything but his toughest adversary in anything but his most compelling adventure, but ABC's "Columbo: Strange Bedfellows" is still a worthy addition to the Columbo files.

Peter Falk's loopy lieutenant is one of the most enduring characters ever created for TV (the creators were the gifted Richard Levinson and William Link). Even though "Columbo" was never a weekly series, and there were seasons when no "Columbo" movies aired, Falk and his wily alter ego have carved out their own little corner of American culture. Daytime reruns on cable's A&E Network have won new fans for the show—perhaps some who weren't even born when Columbo cracked his first case.

Last week, A&E aired a dilly from the '70s in which Martin Landau played evil twins. It was written by a young Steven Bochco.

In "Strange Bedfellows," Columbo must solve not one but two homicides, the second designed to conceal the perpetrator of the first. It's giving nothing away to tell you that George Wendt plays the killer, a wealthy horse breeder, who shoots his own brother in the head and tries to make it look like a mob hit. On "Columbo," the killer is always revealed in the first 20 minutes.

By an odd coincidence, the last name given by writer Lawrence Vail to the two brothers is the same as that of a suspect in the terrible Oklahoma City bombing: McVeigh. The "Columbo" episode was filmed in November, long before the tragedy occurred.

Some of the dialogue in "Strange Bedfellows" could have come from any other "Columbo" movie: "Oh, sir—just one more thing." And, "Is there some point you're trying to make, lieutenant?" And, for good measure, one more "Oh, sir—just one more thing." Amazing how much fun it is to watch this ritual played out over and over. Falk is the key. He wears well—certainly better than that raincoat.

The "Strange Bedfellows" referred to in the title are Columbo and Vincenzo Fortelli, a mob boss played by Rod Steiger. The cop and the godfather form an impromptu alliance to catch the killer. The case also involves such diverse clues as a gold cigarette lighter, a racehorse named Fiddling Bull, and a 114-millimeter mouse with a 19-millimeter tail. Columbo fishes the rodent out of a dumpster, all in the line of duty.

Unfortunately, Lt. Columbo doesn't trip up the killer this time in any really ingenious way; it's more a matter of brute intimidation. And the film strains credulity when it tries to get us to believe that a big fat fatty like Wendt could escape from the scene of a crime on a little bicycle. Wendt, ironically, does not make a good heavy.

But even with these shortcomings, "Strange Bedfellows" is still a good reminder of why some of us love Columbo almost as much as Mrs. Columbo does.

— USA Today; 5-8-95 —

'Virus' themes seem to be contagious

Your TV doctor's orders:
Open wide and ... scoff.

The latest rash of medical-thriller entertainment erupts tonight, in particularly hokey fashion, with *Robin Cook's Virus* (★ out of four, NBC, 9 ET/PT). This is based on his 1987 novel *Outbreak* — not to be confused with the overblown hit movie of earlier this year.

TV PREVIEWS

MATT ROUSH

Also not to be confused with tonight's "Virus" episode of *Chicago Hope* (★★★, CBS, 10 ET/PT), in which a mysterious outbreak of flesh-eating bacteria threatens to shut down the hospital, while the neurotic staff snipes at each other in an ego-ridden blame game.

"One thing about a virus — It really takes measure of a person's constitution," says *Hope* chief Phillip Watters (Hector Elizondo). It should surprise no one that *Chicago Hope*'s David E. Kelley easily outmeasures Cook in creative juices.

Cook's *Virus* fails even the least demanding tests of credibility and suspense. It's no more intense than an ingrown toenail but almost as annoying.

A shiver of *Knots Landing*



By Chris Heston, NBC

ANOTHER OUTBREAK: Nicollette Sheridan battles deadly bacteria and a conspiracy of doctors in 'Robin Cook's Virus.'

nostalgia occurs early on at the foxy pairing of Nicollette Sheridan and William Devane as cuddly Atlanta medics. You

soon get over it, giggling in disbelief at Sheridan as a Centers for Disease Control rookie, Nancy Drew in a bubble suit,



20th Century Fox

'HOPE': Hector Elizondo battles a flesh-eating virus.

sniffing out conspiracy in isolated outbreaks of the Ebola virus in HMOs nationwide.

There's only one halfway creepy moment, when Sheridan finds herself locked in a morgue shelf and has to crawl over lots of icky body bags.

Otherwise, it's a contagious spasm of insipid plotting and corny cliffhangers, with a resolution so lame it should make you sick to your stomach at the thought of another Cook-book.

Chicago Hope tells a stronger story of disease, panic and hysteria. Still, it nearly OD's on

the sort of grisly slapstick — an alligator bite, most notably — that distinguishes this series, not always in a good way. (*Hope* loves to gross you out with events like leech therapy, chainsaw amputations and hearts kicked across the OR.)

A maudlin romantic subplot about the mercurial Dr. Geiger's (Mandy Patinkin) fear of intimacy also detracts from the meat of this episode: namely, how doctors cope with death. In the words of Geiger's latest squeeze, distraught plastic surgeon Geri Infante (Diane Venora), "How do you pull a sheet up over somebody's head who put all their trust in you?"

As *Hope*'s crew frantically tracks the source of the virus, we learn that nearly 80,000 people a year die from infections picked up in hospitals: a statistic more frightening than anything Cook could cook up.

Speaking of scares, we'd be remiss not to note that the spookiest viral-outbreak story line of late was on Fox's *The X-Files* two Fridays ago. Part manhunt, part paranoid tract against mega-pharmaceuticals, all of it graphic — with bubbling pustules and parasitic Costa Rica cockroaches — this episode again proved *X-Files* is unmatched in the manufacture of modern nightmares.

Chgo. Trib., 5-7-95 p. 1

Eastern Europe plagued by major health crisis

By Tom Hundley
TRIBUNE STAFF WRITER

BUCHAREST—In theory, health care in Romania is free, but when Stefan Ionita recently checked into a state-run hospital in the capital, he learned that you get what you pay for.

Ionita, 40, was suffering from a urinary tract infection. Doctors prescribed frequent injections of antibiotics, a common practice in a country where many believe the only effective way to take medicine is through a syringe.

With each successive shot, Ionita noticed that his nurse was getting increasingly aggressive with the needle. After the third shot, she spoke up: If he wanted gentleness, she expected to be remunerated. Her price was 1,500 lei (75 cents) a shot.

"I started paying—out of fear," he said.

He quickly discovered that if he wanted his sheets changed, his bed pan cleaned, his food brought or his family permitted to visit, this had a price too.

Six days and 62 shots later, when Ionita's condition showed no sign of improvement, a surgeon eagerly offered to remove

his inflamed testicles—for a price.

But even this isn't what finally caused Ionita, a commercial photographer, to flee the hospital. It was the dead man in the bed next to him, an elderly patient who had come in for abdominal surgery.

The man's surgical incision became infected, and after a few days he died. Since he was no longer a paying customer, the drunken orderlies were in no hurry to remove the corpse. They let it stay overnight.

A hospital visit in Romania can be a frightening ordeal. But it is not much more reassuring elsewhere in Eastern Europe, where the transition to a market economy has brought about the near collapse of state-supported health-care systems that had been one of the genuine accomplishments of communism.

Former socialist governments, which guaranteed free and unlimited health care as a basic "human right," now find they can no longer pay the bills.

In countries where real wages dropped sharply after the fall of communism, govern-

SEE ROMANIA, PAGE 14

Romania

CONTINUED FROM PAGE 1

ments have sharply cut outlays for public health.

Only Hungary and the Czech Republic have been able to maintain funding at pre-1989 levels, although there are signs that Hungary is beginning to slip.

Elsewhere in the region, governments have been forced to slash health spending by 50 to 70 percent. In Russia, for instance, health spending in 1993 had plummeted to a third of its 1989 level. In Bulgaria, it has dropped by half.

The result has been a calamitous surge in the death rate for Central and Eastern Europe.

The United Nations Children's Fund (UNICEF), in the midst of a long term study of nine former communist countries, recently reported an "excess mortality" of 800,000 deaths between 1989 and 1993, the last year for which complete figures are available. Excess mortality refers to the number of deaths above what the region's normal mortality rates would have predicted.

Romania is the nightmare scenario. The infant mortality rate has been steadily increasing. It stands at 23.3 deaths per 1,000 live births—about triple the rate in Western Europe. Only Bulgaria's figure is higher, 30.8.

Even more shocking is the number of Romanian women who die as a result of pregnancy or childbirth. The country's maternal mortality rate is 53 per 100,000 pregnancies—a figure

that exceeds some African nations.

Romania has plenty of doctors, most of whom are well-trained and competent, according to Dr. Mary Ann Micka, an American physician who heads a USAID health-care project in Romania.

The problems, she says, are outmoded facilities, broken-down equipment and a crucial shortage of medicines and other supplies.

"The health system was starved under Ceausescu," said Micka, referring to former dictator Nicolae Ceausescu.

His obsession with paying off Romania's foreign debt during the 1980s led him to gut the social welfare system and export nearly everything produced in the country.

Ceausescu was deposed in 1989, but it will take years to undo the damage. Micka cited the example of two new cardiovascular units provided by the U.S. government. Their effectiveness has been limited by the lack of working air conditioning in Romanian operating rooms.

"The doctors have the skills to do sophisticated surgery, but without air conditioning it's difficult to control the infection rate," she said.

"They don't have plastic tubing or other disposables, things you take for granted. They can't get pharmaceuticals. Sometimes they can't even get disinfectant."

Romania's appalling maternal mortality rate is particularly revealing of the incongruities in the health-care systems of Eastern Europe.

The death rate for pregnant women skyrocketed during the Ceausescu era when the dictator banned abortions and all forms of contraception in an attempt to boost Romania's population. It has started to come down now that abortion is again legal, but two-thirds of the maternal deaths still result from abortions.

The reason, according to UNICEF health specialist Maie Ayoub von Kohl, is that despite the frightening conditions in public clinics, abortions remain a highly popular form of birth control because the under-the-table fee is only 3,000 lei (\$1.50), about a third of what it costs for a month's supply of birth-control pills.

"The doctors are no help," von Kohl said. "They make money on abortions; they don't make anything on family planning."

One doctor who is trying to change the system is Vlad Romano, a Bucharest general practitioner. He is a co-founder of the Romanian Association for Private Medical Care, an organization that is trying to adapt the American-style HMO model to Romania.

"Our aim is to finish with this

so-called envelope system," he said, referring to the custom of petty bribes solicited by doctors. But the habit is deeply ingrained in the former communist bloc. Doctors and others working in state institutions in Poland, the Czech Republic and even parts of eastern Germany still expect these payments.

The system is demeaning.

"We're not waiters. We shouldn't be working for tips," Romano said.

But it prevails because doctors are woefully underpaid. In Romania, doctors earn little more than \$75 a month; in Poland it's about \$250.

Privatization of health care might help, but even in countries where this process has started, people cling to the idea that health care should be free.

By gradual privatization, allowing doctors' salaries to rise and establishing national health insurance programs, Romano says that the emerging market economies of Eastern Europe can still salvage their public health-care systems.

"Both systems can exist together and complement each other," he said.

Wash. Times; 5-7-95

By Fyllis Hockman
SPECIAL TO THE WASHINGTON TIMES

Travelers who cower at the very thought of going to a doctor's office for a shot may have to eliminate several areas of the world from their itineraries. With more and more countries opening up to tourism — and trade, both leisure and business travelers are finding immunizations to be an integral part of planning for a trip.

Basically, if you're going to Central and South America, Africa, Southeast Asia, Eastern Europe, India, Russia and parts of the Middle East, start thinking about that needle. (Visitors to Europe, Canada, Australia, New Zealand and Japan can rest easy.) So many different factors determine the types of shots needed that getting immunized may be more complicated than you think.

Allow plenty of time; start wincing at least four to six weeks before your trip.

Although many private doctors dispense shots or can suggest a health clinic that does, your best bet is to seek out a traveler's clinic — there are several in the Washington area — specializing in tropical and infectious diseases.

They not only have the most up-to-date information but also are great resources for other precautionary travel-related advice. And although some clinics may charge more than your primary care physician, most general practitioners do not carry any but the most common vaccines.

Keep in mind that there's a difference between what a country requires upon entry into its borders and what the World Health Organization, and more locally, the Centers for Disease Control and Prevention (CDC), recommends. The country's goal is to protect its citizens from diseases being brought into the region; the CDC seeks to protect the traveler.

"Most people think they're going to walk in and get A, B and C shots, but it's a lot more involved than that," says Jane Johnson, nurse clinician at

No immunity from shots *E1*

the International Health Service at Georgetown University Hospital. "That's why we encourage appointments rather than give advice out over the phone. We need too much information upon which to base a decision."

Even if headed to a high-risk country, if you're attending a seminar at a five-star hotel, your immunization needs will be different than if you're backpacking through the countryside. Other factors affecting shot requirements are age, health, vaccination history, itinerary, time of year, length of stay and what you plan to do and where you plan to do it once there.

Sightseeing in the city poses a lot less risk than camping out in rural areas. Someone taking a first-class safari tour in Kenya, for example, might opt for tetanus/diphtheria, polio booster, yellow fever, gamma globulin and malaria pills. If renting a Landrover and heading into the hinterlands, add meningococcal meningitis, rabies, hepatitis B and typhoid pills into the mix.

Two visits to the clinic becomes four, and the bill may skyrocket from around \$200 to over \$700. The hepatitis and rabies deterrents alone come three to a series at a cost of \$80 and \$125 a shot. Of course, these are only recommended precautions, not required necessities. Many travelers prefer to play the odds.

Insurance companies don't cover

traveler immunizations, so you might want to shop around a bit for the best price. The vaccines most often required are tetanus/diphtheria, gamma globulin (for hepatitis A), polio boosters and a measles update for those born before 1957.

Prices may range from \$20-\$50 for the most common injections, \$50-\$60 for yellow fever (which only specialized clinics can provide) and up to \$80-\$125 for the more esoteric inoculations. Some travelers' clinics charge a one-time fee of \$25 for the initial office visit.

Travel clinics dispense more than just vaccines and prescriptions; they also provide other travel health tips and advise what to do if you should get sick. One of the most important recommendations when traveling concerns insect repellent.

"Many people know to seek out insecticides that contains DEET but that's just for exposed skin," says Miss Johnson. "Just as important when traveling in the tropics is to get a repellent that contains Permethrin to also spray on clothes and bed nets. The two together have been known to reduce the incidence of mosquitos by 99 percent."

Most travelers know the basic admonitions: don't drink the water and don't eat raw fruits and vegetables. But the subtleties of the "boil it, peel it or forget it" warning some-

times get glossed over with dire — or more to the point, diarrhea — consequences. Avoiding local tap water also means not singing in the shower, brushing with bottled water and drinking soda and alcoholic beverages without ice.

To further spare your stomach, consume only hot cooked food. Even eating some cold cooked foods and meat can be risky if they contain impure water or have been contaminated by the hands of infected food handlers. Despite the appeal of going native, resist all temptations to buy from street vendors.

If you're the type who anticipates the worst and plans ahead for it, a regularly updated list of English-speaking doctors throughout the world who have agreed to treat patients for a set fee schedule is available from the International Association for Medical Assistance to Travelers (417 Center St., Lewiston, N.Y. 14092; 716/754-4883).

They also distribute free of charge — although donations are appreciated — publications and charts on immunization requirements, tropical diseases, and climatic and sanitary conditions in more than 1400 cities around the world. If medical needs arise once abroad, the local U.S. embassy, consulate or Peace Corps office often can supply names of English-speaking doctors practicing in the area.

Precautions need to be taken for everything from altitude sickness to having sex with strangers. Some places such as Eastern Europe, Africa and Russia suffer from a shortage of medical supplies. If planning an extended visit to such countries, be sure to bring your own medications and possibly even sterilized needles in the event of a medical emergency.

The good news for the inveterate traveler is that once your immunization portfolio is filled, you can safely plan trip after trip for several years to come without having to secure anything but a plane ticket. Still, most people look upon travel as rejuvenating — sort of like a shot in the arm.



Inoculation and health services

The following travelers' clinics in the Washington area provide immunizations and other health-related travel services:

■ Traveler's Medical Service of Washington, 2141 K St. NW, Washington, D.C. 20037; 202/466-8109.

■ International Health Service, Georgetown University Hospital, Pasquerilla Building, fifth floor, 3800 Reservoir Road NW, Washington, D.C. 20007; 202/687-1872.

■ George Washington University Traveler's Clinic, 2150 Pennsylvania Ave. NW, Suite 5-403, Washington, D.C. 20037; 202/994-8466.

■ Foxhall Immunizations, 3301 New Mexico Ave. NW, Suite 331, Washington, D.C. 20016; 202/362-4467.

■ Traveler's Clinic, 3289 Woodburn Road, Suite 200, Annandale, Va. 22003; 703/560-7900.

To obtain up-to-date information about international vaccination requirements and disease outbreaks worldwide, contact the Atlanta-based Centers for Disease Control and Prevention's 24-hour hot line at 404/332-4555.

A fax service also is available through which documents dealing with information on childhood immunizations, disease risk and prevention by region, current outbreak bulletins and information on specific diseases can be ordered over the phone by calling 404/332-4565 and following the instructions.

— Fyllis Hockman



Virginia Kelley with her son in 1993. Though she was suffering a recurrence of cancer, she kept the details from her family until after Bill Clinton had assumed the presidency.

Wash. Post: 5-6-95

of breast cancer
as get older.



Hillary Clinton and the "Mama" gram designed to persuade women to get screening mammograms. "We have such a fetish in our society about breasts and the whole culture of external beauty that has been idolized in our society. We've got to get beyond that."

A Special "Mama" gram

Dear _____
Early detection saves lives
outgrow the need for a n
Love,

- Did you know...
- Medicare covers mammograms
 - Turn this over for more important information

A
"Mama"
Gram For
You

The First Lady's Women's Crusade

Some Critics Say Hillary Clinton Has Taken On a 'Safe' Issue. To Her, Breast Cancer Is Anything But.

By Roxanne Roberts
Washington Post Staff Writer

Six months before her son was elected president of the United States, Virginia Kelley found out she was dying of breast cancer.

What started as a lump in her right breast had spread to her spine, skull, pelvis and leg bones. She had already lost the breast to the disease. Now she agreed to radiation therapy, with one stipulation: Her two boys could not be told about the seriousness of her illness. After all, she had some campaigning to do.

"She was so determined to downplay it," says Hillary Rodham Clinton. "We now know that she was adamant with her doctors and everyone around that that was the way she wanted to handle her experience. We were concerned and upset, but we didn't really get overly worried because she refused to be. She was just determined that it was not going to affect her life at all—no matter what the diagnosis was."

Her sons didn't find out until the following spring, and so Bill Clinton's first year as president was also his last with his flamboyant, be-

loved mother. She slept in the Queen's Bedroom at the White House, received a wig with her trademark gray streak made by Christopher, and sat in the front row for Barbra Streisand's first two comeback concerts. But nothing in any president's power could save her, and she died, at age 70, early last year.

In many ways, the Clintons are just like the other 46,000 families who lost a mother, wife, sister, grandmother or best friend to breast cancer in 1994. But unlike any other family, they are in a unique position to battle the disease from the country's most bully pulpit.

In January, the administration launched a breast cancer awareness campaign, headed by the first lady, with an emphasis on early detection and Medicare's mammography benefit. This week Mrs. Clinton introduced the "Mama" gram, an insert for Mother's Day cards and flowers that urges women to schedule mammograms. In addition, both the president and first lady have prepared public service commercials on the issue.

Not surprisingly, this nontraditional first lady's embrace of a traditional women's issue.

Cont'd on next page

Mrs. Clinton's Campaign

Cont'd from previous page

has been fodder for pundits trying to handicap her influence. The campaign may be a shrewd political calculation by the White House to soften Mrs. Clinton's image, but the president's loss of his mother brings a compelling, personal tone to this issue, and his wife has emerged with a moral authority that was missing in the health care reform debate. On this subject, she presides as an empathetic advocate: coaxing older women into action, enlisting children and grandchildren as supporters, even recruiting men to join the effort.

"We have such a fetish in our society about breasts and the whole culture of external beauty that has been idolized in our society. We've got to get beyond that," she says. "Not only because there are health issues at stake, but because all of us should place more value on the kind of people we are than what we look like. This is a disease that I think has so many emotional overtones to it—for men and women—that if we could cut through that it will not only help on breast cancer, but I think it can help all of us get a better sense about what's really important."

Finding Her Issue

With the mammogram campaign, the first lady has landed, for once, on firm ground. After foundering in the health care storm and November's Republican revolution, she has focused her considerable energies on two issues: breast cancer detection and Gulf War syndrome. Her critics—and she still has plenty—dismiss her efforts as a retreat into "safe" issues. Her involvement, she counters, is a natural extension of her mother-in-law's illness and the health care hearings last year.

"I can't be worried about what people say," she says, sitting in her White House office. She looks like the Hillary Clinton of two years ago—hair skimming her chin, chic in a navy pantsuit topped with a navy chignon scarf. She sounds a bit weary, if resigned, about the ongoing analysis of her motives.

"I do what I'm interested in doing," she says. "Where there is information that is either necessary to be compiled, like in the Gulf War example, or information that's already available that people are not—for whatever combination of reasons—processing, then there's an opportunity to try to take your own personal experience and share with a much broader group of people."

"I was so surprised when I did all that health care work that women were not taking advantage of mammograms. To me, that's like brushing your teeth. It's something that you just should get in the habit of doing after a certain age. So I was very curious about why that was not happening... because ultimately women themselves have to take authority over their health and their bodies. A doctor can't make you have a mammogram. No matter how much a husband or a child might coo or beg you, you have to make the decision."

From a purely symbolic standpoint, helping veterans and mothers is politically unassailable. But her involvement in breast cancer will have direct, measurable effects, says Marc Lippman, director of the Lombardi Cancer Center at Georgetown University Medical Center. Georgetown is currently funding formal research on what motivates women to seek or avoid mammograms. There are ethnic, age and class reasons. But data show that the number of mammograms performed goes up when high-profile women urge preventive screenings.

"There is absolutely no doubt whatsoever in my mind that if a woman as influential and visible as the first lady becomes publicly involved in a mammography campaign, many women who would otherwise not get that test will



Virginia Kelley, who died of breast cancer at 70. Half of all new cases are diagnosed in women 65 or older.

have it," he says. "It is certain that some of those mammograms will be positive and equally certain that, as a result of that early detection, some lives will be saved."

The numbers continue to startle: One out of every eight women in the United States will develop breast cancer during her lifetime, with older women at higher risk. There are 184,000 new cases diagnosed annually; half occur in women 65 and older. Virginia Kelley was 66 when her lump was discovered.

Medicare began covering mammograms in 1991—once every two years for routine screening—but only about 37 percent of eligible women use the benefit. Many think they outgrow the need for mammogram screening or assume that a positive result means their illness is terminal, when in fact survival rates are highest when the cancer is detected in its earliest stages, often years before a lump is large enough to feel. Some women simply cannot afford the Medicare deductible and co-payment, about \$12, for the test.

Enter Mrs. Clinton, with her "government for good" message. She has urged Congress not to cut women's health benefits, touted the newly created Office of Women's Health at the Department of Health and Human Services and called for greater cooperation between the public and private sectors. The first lady's favorite sound bite: "If we can send missiles down chimneys from thousands of miles away, we ought to be able to do a better job of detecting lumps in women's breasts."

'Focus on the Good Things'

Virginia Kelley's family doctor discovered the lump in August 1990. Two days later she had a radical mastectomy and began chemotherapy. "You have to focus—like a laser, Bill would say—on the good things," she wrote in her autobiography, "Leading With My Heart." "That's where your strength comes from." Cancer did not terrify her. As a nurse, she had experienced plenty of sickness, death—and recovery. "She just had a very calm approach to the life that people live," says the first lady. "That includes tragedy and disease and trauma as well as all of the good parts."

There are always what-ifs in any breast cancer story. What if the lump had been detected earlier? What if it had been a less aggressive form of cancer? Although the first lady did not know all the details of her mother-in-law's medical history, "I just can't imagine she would not have had mammograms because she was very matter-of-fact about taking care of herself," she says.

Nine months later, Kelley's doctor referred her to a specialist. He told her that although she was cancer-free at the moment, the disease would probably return: At the time the doctors removed her breast, cancer was found in 27 out of 30 lymph nodes. What he was saying, Kelley wrote in her book, was that she would probably die of breast cancer.

She made a rapid decision: One son was about to run for president; the other was recovering from drug addic-

tion. "If they ask," she told the doctor, "you tell my boys I'm fine."

The cancer, of course, did return, with a vengeance, but it wasn't until two months after the inauguration, in March 1993, that the Clinton family discovered the true nature of her condition.

"I think that it was clear to my husband and myself that she was not feeling good and that she was not as healthy as she kept telling us she felt," says Mrs. Clinton.

"Her interest was not in talking with him about her sickness," she continues. "It was in talking about what he was doing and how she could help him and how excited she was for him. It was really out of a deep love and respect for her that he permitted her to basically call the shots on how she was going to be treated, and that's what she did.... Now, that doesn't mean it wasn't emotionally difficult... but I feel strongly that as much as she taught me about living, she taught me probably more about dying."

'Listening Sessions'

In January, the first lady, who says she has been getting annual mammograms since she turned 40 seven years ago, embarked on a series of "listening sessions" around the country, specifically designed to educate women—especially older women—on the risks of breast cancer, the myths that surround the disease, and the Medicare mammogram benefit.

"There were no holds barred," says the first lady. One woman in Iowa told her session that when her breast cancer was diagnosed, all she could think about was that her husband would not love her anymore. "What really made the difference in her recovery was that her husband put his arms around her and said, 'I love you. You're the person I love, not your breasts.' That was so emotional. So I think that the role that men play in encouraging the women in their lives to take better care of themselves could make a real difference."

On Monday at the White House, Mrs. Clinton formally launched a yearlong campaign, which will include the public service announcements featuring the first lady and the president. The first lady's commercial concentrates on mammogram success stories; the president's is much more emotional. "Not a day goes by that I don't think about her," he says, as images of his mother cross the screen. "... Make sure to get a mammogram. It's a picture that can save your life."

The administration has also marshaled the private sector, highlighted by the FTD florists' network and American Greetings. The "Mama" gram inserts are designed for family members who wish to tuck them inside Mother's Day cards and send with flowers.

FTD, which will send 2.5 million bouquets on Mother's Day, immediately signed on. "A very large majority of our customers are women, and I think this is one of the key women's health issues," says Meg Whitman, FTD's CEO and president. "And we were in a position to respond quickly."

A few florists expressed concern, common in the corporate world, that breast cancer was too depressing a subject to link with their product.

"I think the whole idea of a 'Mama' gram makes this a little less of a downer," says Whitman. "It's very tastefully written, and the concept of a 'Mama' gram—a telegram to mothers—is kind of playful. And I think in the past three or four years, the subject of breast cancer has become much more out in the open."

Disconnected

Every Sunday night, Bill Clinton called his mother. They talked and talked, sometimes for a long time, joking and catching up. So it was natural, after the president returned from Moscow last year, to call and tell her all about the trip.

"I was into the kitchen," he said in an interview last Mother's Day, "and all but had the phone picked up before I realized, 'My God, I can't do it.'"

Virginia Kelley had died two weeks before.

ANN LANDERS

Wash. Post; 5-6-95

DEAR ANN LANDERS: I am writing about a column in which you stated, "One out of eight women will get breast cancer." I believe these statistics are often used to distort opinions when pulled out of context. While some women may need to be frightened into getting regular checkups and mammograms, there are a great many others who don't appreciate the anxiety caused by incomplete data.

Would you please print the following from the Women's Health Letter? It presents a more realistic picture. Thank you.—Longtime Reader in Keller, Tex. Dear Longtime Reader:

Here's the piece from the Women's Health Letter, which certainly has merit. I hope, however, that it will not lull some women into a false sense of security and make them feel it is not necessary to get mammograms regularly. This could be a fatal mistake. Redefining the Scary Statistics:

If you've been following the news about breast cancer, you probably have the phrase

"one in eight" branded in your brain. This is what experts say is your risk of getting the disease. This figure does not, however, refer to your immediate risk. In other words, it doesn't mean that in a roomful of eight women, one of them will get breast cancer, says Mary Daly, M.D., director of the family risk assessment program at Fox Chase Cancer Center in Cheltenham, Pa.

"The figure refers to a woman's general risk of getting breast cancer sometime in her lifetime if she lives to be 95," says Daly. A chart developed by the National Cancer Institute indicates women have different risks at different ages and the risk rises the older you get.

Here's a more reasonable thought to hold onto: If you are not at high risk, you are more likely not to develop breast disease. And please consider this: While the overall rate of breast cancer is on the upswing in women under 50, the death rate is going down in this age group.

If you're among the 20 percent of women in the high-risk group—you have a mother,

sister or daughter with breast cancer, or there is ovarian, uterine or colon cancer in your family—consider seeing a risk counselor. The counselor will put together your risk profile based on your family history, interpret studies, suggest medical tests and screening, and put into perspective less important risk factors such as early menstruation, late menopause, having no children or no children until after age 30, alcohol consumption and dietary fat.

You may learn, for example, that your risk is lower if your relative developed breast cancer after 50 and had it only in one breast. But even if there is a clear family history of breast cancer, you have a better than 70 percent chance that you'll beat the disease if you get treatment early, says Daly.

A 20-year-old woman has a one-in-2,500 chance of developing breast cancer. At age 30, it's one in 233. At age 40, it's one in 63. At age 50, it's one in 41. At age 60, it's one in 28. At age 70, it's one in 24. At age 80, it's one in 16. And at age 95, it's one in eight.

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L.A. Times; 5-8-95

Butting Out in the Big Apple

Turning his Drake's Drum, a burger joint, into a "smokeasy," Ian Drake says, is a gimmick.

Lifestyles: Even New York eateries are telling smokers to stop. There goes the city's hardscrabble image. What's next, red meat?

5-8-95

By GERALDINE BAUM
TIMES STAFF WRITER

NEW YORK—You can't have a cigarette after dinner anymore in New York City restaurants. Surprised? Probably not. It's happening everywhere—Utah, Vermont, Aspen, Austin, even Chicopee, Mass., and a hundred other cities nationwide, so why not Gotham?

There is this illusion about New York. That it's different. It's one thing to be smoke-free in Los Angeles, where the illusion of life is clean and healthy. But life here is supposed to be dangerous: at every moment people calibrate their chances.

So why should smokers, even if they are the minority and knowingly chance cancer, be denied a smoke after a big meal or at the coffee-shop counter in the morning with their tabloid?

Adam Tihany, a restaurateur with a foothold in both cities, advances these stereotypes, thank you very much: "California is the healthy state where if

you smoke in the street people come up to you and give you their piece of mind," says Tihany, a partner in Remi in Santa Monica and proprietor of Remi in Manhattan, both known for upscale Venetian fare. "But New York is more a city of the world, a sexy international place, and every time these laws come it loses its luster as an international capital."

Yes, that is the image, Mr. Tihany, and perhaps it's a little true just like it's a little true that Paris is brilliantly sunny all the time. (Fact is, Paris is often as dismal and rainy as London.)

"I'm telling you," says Tihany, stoking the imagery, "steak and red wine are next."

On April 10 the New York City Council banished smokers to the bar, and then only if the bar is six feet from the dining room, and then only if there is a separate waiting area. Only restaurants that seat less than 35 people were exempted, or places with outside tables if there's a special section that is no more than one-fourth of the total outdoor area. (The California law is simpler: It bans smoking in all restaurants, no matter how small, but allows unlimited smoking outdoors and at the end of 1996 will shut smokers out of bars.)

"A bus on Broadway can belch black smoke in my face but you better not blow cigarette smoke my way. Does that make sense?" snaps Barri Rosen, a disgruntled smoker sulking on a sunny afternoon at an

Cont'd on next page

SMOKE

Cont'd from previous page
Upper West Side outdoor cafe.

"Don't mind her, she's a grouch," says her nonsmoking partner, Leslie Baron, a native Californian. "She can live—underline live—without a cigarette at lunch."

But wait. This is sounding way too negative. In fact, most New Yorkers apparently are not grouching. Restaurateurs, including Tihany, say they're hearing less from the moaners and more from relieved patrons annoyed when smoke got in their eyes. And who's to say this is going to harm business for the 16,000 restaurants in the five boroughs as owners had feared? Executives of the airlines and trains went ballistic when they faced prohibition and didn't they survive?

"We can't be sure yet of anything—it's too soon," says Fred Sampson, head of the New York City Restaurant Assn. The trade group has pledged to watch profits, and if business falls more than 6%, they'll be calling New York City Council President Peter Vallone, a key proponent of the new law.

"We're mostly worried about the bridge and tunnel crowd," says Sampson using a local idiom to describe people from New Jersey, Long Island and Westchester counties. "If we lose those customers, the owners will go to the wall."

For now, Elaine Kaufman, who has run the celebrity-watching Elaine's on the Upper East Side for the past 32 years, is resigned to the law. "I know enough not to fight City Hall," says Kaufman, leaning against her bar with a plastic cigarette hanging out of her mouth. Kaufman, who is 57, says her own smoking doesn't bother her. "The regulations will get her or any other smokers hooked."

But that's not really the point.

The man who arm-twisted City Hall into the new legislation doesn't particularly like what it does for smokers. Nor does he like the big brother label pinned on him by the tobacco cartel.

Let them smoke four packs a day, says Joseph W. Cherner, head of the Smoke-Free Environmental Services, Inc., a group he founded and personally financed. "I'm worried about waiters and waitresses doing the job shifts. Nobody should be forced to breathe smoke in his or her work."

Cherner is emblematic of how New York is its own worst enemy on an issue. Most grassroots groups like Cherner's are driven by people who have seen family members die of lung cancer or people with the energy to fight the tobacco industry while trying to work.

Joe Cherner, on the other hand, is a



JOE TABACCA For The Times

"I know enough not to fight City Hall," restaurateur Elaine Kaufman, with her plastic cigarette, says of New York regulations.

former Wall Street bond trader. After cleaning up on deals in the late 1980s, he decided to take a one-year leave from Kidder Peabody to try to "do something good, something meaningful, like reduce cancer in the next generation of New Yorkers."

Unfortunately for the tobacco industry and mercifully for an estimated 70% of nonsmoking New Yorkers, Cherner, 37, started a one-man crusade. He is why smoking is banned in city schools, Yankee and Shea stadiums, and most offices. (Like other agitators for tougher anti-smoking laws across the country, his efforts gained momentum after January 1993, when the federal Environmental Protection Agency declared secondhand smoke a significant contributor to cancer and recommended employers minimize their employees' contact with tobacco smoke.)

Philip Morris is so furious over the New York City law that it has threatened to close its Park Avenue headquarters and move out of town along with its \$10 million in corporate contributions to the city.

It is becoming difficult to justify remaining in a city that is so inhospitable to us," says Ellen Meric, a senior vice

president for Philip Morris. "We're at the point where we're considering all our options."

The previous law that allowed restaurants to create smoking sections allowed people with different needs to coexist, she says. "How much of a nanny state have we become?" she adds. "Do we really base New York on what California does? California has always been a little bit out on the fringe."

Yet the consensus against smoking is apparent on both coasts.

Last September, the Zagat organization, which puts out restaurant guides, asked 15,223 people whether smoking should be banned in restaurants. In Los Angeles, 81% said yes; in San Francisco, 80%; and in New York, 69%.

Whether the law in New York will be enforced is another story.

Already a lot of celebrities, such as CBS commentator Charles Kuralt and patrons of the chic restaurant in the Royalton, have been quoted as saying they'll pay up to \$1,000 fines rather than quit smoking at their favorite hangouts.

And higher profile restaurants among Manhattan's 7,000 eateries seem to be

resisting, if you believe a survey done by New York Post reporters. They visited 100 restaurants and found that 61 were not adhering to the letter of the law. There were ashtrays around and waiters winked a lot when patrons asked if they could smoke.

At 7:30 on the morning the law went into effect, city health inspectors were knocking at the door of Drake's Drum, a hamburger and beer joint a few blocks from Elaine's on Second Avenue.

The father-and-son owners, James and Ian Duke, had received a lot of publicity for coming up with the novel idea of creating a "smokeasy"—a bar that caters to smokers and harks back to the 1920s Prohibition and speak-easies. The Dukes removed half the seats leaving 34, added some couches, changed their menu and put in a \$40,000 ventilation system so their smoking patrons don't come away smelling like a chimney.

"It's a gimmick," says 24-year-old Ian, lighting up a Marlboro for a photographer. "But it's also a risk. This could put us under."

N.Y. Times; 5-6-95

Cigarette Makers, in Shift of Course, Move to Raise Prices

By GLENN COLLINS

Displaying new confidence that the heated legislative climate surrounding the tobacco industry has cooled enough to permit a price increase, the largest United States cigarette makers raised their wholesale prices yesterday by 3 cents a pack, or nearly 4 percent for premium brands.

The first announcement was made by the R. J. Reynolds Tobacco Company, only a week after its parent, the R.J.R. Nabisco Holdings Company, announced disappointing first-quarter earnings and declining tobacco sales. The Philip Morris Compa-

Taking advantage of a lull in the political and legal furor over tobacco.

nies, the world's largest maker of cigarettes, confirmed late in the day that it was matching the Reynolds price increase.

David Adelman, a tobacco analyst at Dean Witter Reynolds, said yesterday that Brown & Williamson, the dominant American manufacturer of discount brands, had

informed its distributors that it would increase prices by the same amount. He attributed the information to his father, Lawrence, also a tobacco analyst at Dean Witter.

A spokesman for Brown & Williamson in Louisville, Ky., Tom Fitzgerald, said, "We only discuss prices with our customers," declining to confirm Mr. Lawrence's report. There was no response to messages left at Brown & Williamson's corporate parent in London, B.A.T. Industries.

The R. J. Reynolds price increase, the first since November 1993, when the company raised prices 4 percent, is effective immediately and affects all its premium and discount brands. The price rise is the

company's second since "Marlboro Friday" in April 1993, when Philip Morris cut cigarette prices by 40 cents a pack in an effort to compete more aggressively against discount brands, and R.J.R. Nabisco followed suit.

"Certainly the price increase will be beneficial to the Reynolds earnings," said Roy D. Burry, a securities analyst with Oppenheimer & Company. "They couldn't raise their prices due to the health care debate in Washington, but now things have cooled off, and they feel they can increase their prices by this amount."

He referred to calls by Democrats for

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health care legislation that would have included increased taxes on tobacco to pay for the proposed health benefits. With a Republican majority in Congress this year and the failure of the Clinton Administration's health care proposal, tobacco companies no longer fear a tax increase that would raise prices to consumers.

R. J. Reynolds, the nation's second-largest cigarette maker, also announced the resignation of James C. Schroer, its executive vice president for marketing and sales. "I think this was inevitable, given the missteps the company has made over the last 9 to 12 months in their marketing programs," said Gary Black, a tobacco analyst at Sanford C. Bernstein & Company.

Mr. Schroer was second in command to the president and chief operating officer, Andrew Schindler. No successor has been named.

"Rather than cut prices to stunt share losses, R.J.R. is more inclined to make management changes," Mr. Black said.

Karen Daragan, a spokeswoman for Philip Morris USA, said the price

increase was intended "to help recover inflationary costs." It will affect the company's premium cigarettes like Marlboro, as well as its Basic and Cambridge discount brands.

Mr. Burry of Oppenheimer referred to the tobacco industry as a "price oligopoly, following the industry's restructuring, returning to the way it was before Marlboro Friday."

Smokers may face another general price increase down the road as well. "They usually raise prices around the middle of the year and then again at the end of the year," Mr. Burry said. Should there be another price rise "that would be a total of more than 6.8 percent, too much of a price increase all at one time," he said.

R.J.R. announced its price increase

early enough to affect the market, and Wall Street seemed to approve. R.J.R. Nabisco was up 12.5 cents, closing at \$28.375 on the New York Stock Exchange. Philip Morris closed at \$71.50, up 87.5 cents. Its announcement came after the New York market had closed.

The price increases by R. J. Reynolds amount to 3.4 percent a pack for the company's premium brands, exclusive of excise taxes, Mr. Black said.

Brown & Williamson will benefit most from an increase, Mr. Burry said, since 3 cents a pack at wholesale amounts to a 4.9 increase on its principal discount brand, GPC. Another increase at the end of the year

would mean close to a 10 percent price rise for the year.

An increase of 3 cents a pack at the wholesale level could amount to a 6 percent rise for private-label manufacturers, Mr. Black said, adding that "having the first price increase in 18 months is good for the industry."

Nationally, the retail cost of premium brands averaged \$2.25 before Marlboro Friday, \$1.85 afterward, then \$1.89 after the November 1993 increase. The cost, after yesterday's rise, will be \$1.92.

Mr. Adelman of Dean Witter said analysts would be watching to see how much of the price increase "will stick."

I'm a baseball player. Is there any danger in chewing tobacco?



Smokeless tobacco—in both of its forms, snuff and chew—can deliver as much nicotine as cigarettes (or more) and for a longer period of time. Chewing tobacco, therefore, has the same negative effects on the body as smoking: increased risk of

Terry Mulholland: No more chew.

high blood pressure, heart attack and stroke. Using smokeless tobacco also greatly increases your risk of developing oral cancers and other diseases of the gums and mouth. Most disturbing is the fact that a third of the 12 million Americans who use smokeless tobacco are under 21 years old.

"Smokeless tobacco does *not* enhance athletic performance," says Ned Bergert, head athletic trainer of the California Angels. Along with pros like Mike Butcher of the Angels and Terry Mulholland (a former Philly and Yankee, now a San Francisco Giant), Bergert is speaking out against smokeless tobacco.

If you're trying to break the habit but feel that you need a transitional oral substitute, you might consider sunflower seeds or products like Mint Snuff™. The latter, an all-mint chew, is free of tobacco, nicotine, sugar and salt, and it contains no abrasive materials that could damage soft oral tissue. (For more information, call 1-800-EAT-MINT.) For a free copy of *Smokeless Tobacco* from the American Cancer Society, call 1-800-ACS-2345.

And, if you use smokeless tobacco, inform your doctor and dentist at your next office visit.

Michael O'Shea, Ph.D., is founder and chairman of Sports Training Institute.

PARADE MAGAZINE • MAY 7, 1995 •

IN THE LOOP

Wash. Post; 5-8-95

Tension's Thick in Education Office

By Al Kamen
Washington Post Staff Writer

Loop Fans report cut telephone lines and death threats in an obscure Education Department office here that makes our own city seem like Dodge City.

An April 27 memo from Marianne Phelps, director of the Institutional Participation and Oversight Service, to about 25 employees in the Audit Resolution Branch and Institutional Review Branch—many of them accounting folk—outlines the problems:

"During the past few weeks, there have been a series of incidents of disruptive, harassing, and criminal behavior directed at various IRB and ARB employees. The Federal Protective Service and the Office of the Inspector General are both investigating these incidents," she said, urging employees to "cooperate fully."

"These incidents," which include death threats and cut telephone lines, "are causing many employees to feel intimidated and fearful," she said. "We need to address these problems directly and forcefully. We, any of us, cannot tolerate such behavior."

Several callers said the tension is partly racial and partly the result of poor management. **Johan Bos-Beijer**, head of the audit group and one of two managers to receive death threats (the other was in an unrelated unit), was moved out "at his request," said Assistant Secretary **David A. Longanecker**.

Longanecker, who said Bos-Beijer "was a tough manager," said the "greatest tension" was not between Bos-Beijer, who is white, and the mostly black staff, but "between him and other whites."

"There is a great deal of tension between the managerial and nonmanagerial staff," he said.

No kidding.

'Captured Enemy Documents'

■ Republican House and Senate foreign affairs committee types were taken aback last week when someone slipped them internal notes from an Agency for International Development senior staff meeting discussing AID's strategy for stopping GOP proposals to kill the agency.

"Captured enemy documents," Senate aide **Marc Thiessen** dubbed the notes, taken by Assistant Administrator for Global Programs **Sally Shelton**. There is discussion of plans to "derail" GOP efforts to merge the agency into the State Department.

AID Administrator **J. Brian Atwood** is quoted as reporting that national security adviser **Anthony Lake** "is pushing the phrase 'back-door isolationist' to tar the anti-[foreign aid] Congressmen with," according to the notes. "Mrs. Clinton is also expected to give a strong endorsement of USAID" in a speech to an umbrella group of humanitarian and assistance organizations, Atwood reportedly said.

Shelton, who sends meeting notes out to senior staff around the world to apprise them of headquarters actions, wrote that "we had a brief discussion of the contention and controversy surrounding the holding of the [women's] conference in China. I indicated that the Dutch are raising the

idea of postponing the date of the conference while an alternative venue is sought. I personally think that's a good idea."

Maybe a better idea would have been not to send out the notes, some AID officials fumed.

Cuba Bill's Global Implications

■ Folks in the office of Senate Foreign Relations Committee Chairman **Jesse Helms** (R-N.C.) were scrambling last week to fix a problem in his get-tough-on-Cuba bill.

Seems a section of the bill, which is aimed at further tightening the economic screws on President Fidel Castro's island, also would allow any American citizen who had property confiscated by the Communist regime to go to federal court to sue anyone using that property.

The provision is not restricted to Cuba. So it may allow Palestinian Americans to sue Israel, or Chinese Americans to sue China, or newly arrived Bosnians, once they became citizens, to sue Serbs, and so forth.

"This bill was written with Latin America in mind," said one Republican committee aide, for countries such as "Nicaragua, Honduras and Costa Rica." (Costa Rica?) It was written, the aide said, to be a "universal rule," but not "to open the issue of land and property rights in the Middle East."

Supporters say they are confident that concerns over the provision are not likely to derail the bill. This brouhaha is the work of "desperate people trying to save Clinton from having to veto this bill and lose Florida in 1996. Helms had his gun sights set on Castro," not Israeli Prime Minister **Yitzhak Rabin**, another aide said.

"A number of concerns and points that needed clarification have been raised, and we are working with legal experts to resolve these," a committee spokesman said. "But this is fine-tuning and part of the normal legislative process."

Hey, maybe it can be twinned with the tort reform package to unclog the courts.

It's Official . . .

■ President Clinton said last week he had selected former North Carolina representative **H. Martin Lancaster** to be his special adviser and Arms Control and Disarmament Agency director on the Chemical Weapons Convention. Lancaster will run the effort to win Senate ratification of the treaty banning the use, manufacture and sale of chemical weapons.

Clinton also said he would nominate Delaware businessman **Robert F. Rider** to be a member of the Board of Governors of the U.S. Postal Service. Rider, a Republican, is strongly backed by Sen. **William V. Roth Jr.** (R-Del.), who happens also to be chairman of the Governmental Affairs Committee, which will handle the confirmation hearing.

Joan Parrott-Fonseca, former acting director of the D.C. Department of Consumer and Regulatory Affairs, has been named director of the Minority Business Development Agency at the Commerce Department.

Wash. Times; 5-8-95

FDA reform *A12*

In his column in the Washington Monthly, Editor **Charles Peter** laments what he calls the intimacy between corporate lobbyists and GOP congressmen and blasts the effort to privatize the FDA.

"Improving the FDA should in no way threaten its ability to protect the public from such drugs as the beta blocker that was allowed in Europe but not here, thanks to the FDA, and turned out to cause liver damage."

"The FDA must be a public agency representing the public interest. It should never become a servant of the drug companies, which is the role [House Speaker Newt] Gingrich wants it to play."

N.Y. Times; 5-7-95 p. 1

Desperately in Need Of Winning Streak, Clinton Finds One

By TODD S. PURDUM

WASHINGTON, May 6 — A bill to reshape the nation's legal system is on the ropes in the Senate. The President, so lately accepted as weak — or worse, irrelevant — brands it the "Drunk Drivers Protection Act" and it dies that afternoon.

Last Thursday was something of a rarity for Bill Clinton: a good day. Not only that, it was just one of a string of good days this President has had in the last few weeks, with Congress either away on spring recess or returning to Washington to face legislative issues much stickier than those House Republicans dispatched in the flush of their first 100 days.

From the cornfields of Iowa, where he staked out his ground on farm policy, to the hotel ballrooms of New York and Washington, where he has delivered rousing red-meat speeches on Mideast terrorism (to Jewish groups), abortion rights (to women) and Medicare (to the elderly), the President has adroitly moved to rally the traditional Demo-

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cratic voter groups, whose support he must not lose.

Mr. Clinton has also taken actions that were nothing more or less than Presidential, but that seemed unusually decisive and rhetorically charged for him. In the same week-end, he decried the effect of the Supreme Court's overturning a Federal law banning gun possession in schools and ordered a total trade embargo to further isolate Iran. Several days later, he upended 30 years of immigration policy on Cuba.

Part of Mr. Clinton's sudden re-emergence has to do with a phenomenon that makes the White House queasy even to contemplate: the Oklahoma City bombing galvanized national attention on the man in the Oval Office in a way that was routine during the Cold War but is rarer now. A President comfortable from childhood with the liturgical idiom has flourished as pastor and choir-master.

Part has to do with overreaching by Republicans, who have given the President ammunition by proposing tax and spending cuts so large that it will be difficult to carry them all out at once, and by raising the specter of cuts in Medicare — poison to the elderly, who vote so consistently. Indeed, the Senate bill attacked by Mr. Clinton would probably have passed if the Senator Bob Dole, the majority leader, had not tried to extend the limits on punitive damages it proposed for product liability cases to all civil suits, making it an easier target for counterattack.

But White House aides also contend that part of Mr. Clinton's lucky streak is the result of patient, grinding work by a staff reorganized months ago to reduce the number of Presidential appearances, give Mr. Clinton more quiet time each afternoon to think and read and make phone calls and to focus on the things that matter most.

"Why exactly it's happening now I don't know," one longtime Clinton aide said last week. "I think it's the President's insistence that people here think harder about what he does, where he should speak, when he should speak, and why."

Carter Eskew, another Democrat strategist close to many people in the Administration, said of the President: "When he gets a focus and he gets on a roll, he's very powerful. The problem has obviously been in the past all sorts of diversions."

"But I think he's getting a team together, and I think he's getting himself together," he continued, "and he's truly comfortable in this posture of trying to find a 'third way' to do things." Mr. Eskew defined this as splitting the difference between traditional Democratic and Republican ideas.

George Stephanopoulos, the senior Presidential adviser, put it a bit dif-

ferently. He argues that on a range of issues, from the size of proposed tax cuts to cuts in Medicare, positions that Mr. Clinton's critics dismissed late last year as efforts to accommodate the Republicans have proved to be more like limitations on the starkest Republican proposals.

"I don't think he's particularly changed," Mr. Stephanopoulos said. "He's been saying these things, hitting similar themes for a long time. It's only as the hysteria of the first 100 days subsides and the reality sets in that people are listening more."

It is true that the President has lost a great deal of political ground and Mr. Clinton long ago abandoned his most ambitious goal: a sweeping health care overhaul. As the budget debate heats up in earnest, Congressional Republicans have plenty of power to make Mr. Clinton miserable, confronting him with painful choices to eliminate programs or hurt constituent groups and forcing him to sign the bills or veto them and risk override votes that could weaken him further.

But even potential losses cut both ways, as the nomination of Dr. Henry W. Foster Jr. as Surgeon General

*Like a batter on a
tear, Clinton strings
some good days
together.*

shows. It may lose on the Senate floor, if only because Mr. Dole has threatened not to let it come up for a vote. But thanks in part to the solid staff work of Dr. Foster's White House shepherd, John Podesta, the confirmation hearings went well, the Labor and Human Resources Committee seems likely to forward his name, and the White House has won credit for fortitude with abortion-rights supporters.

On the other end of the political spectrum, Mr. Clinton has neutralized Republican efforts to paint him as a woolly liberal with his emphatic vows to crack down on terrorism with expanded F.B.I. surveillance powers, which have raised the hackles of civil liberties groups. Indeed, Mr. Dole and Speaker Newt Gingrich found themselves in the unusual position of defending the First Amendment lest the White House move too fast.

White House aides acknowledge that part of their good fortune was the inevitable vacuum caused by Congress's absence. "We've gotten some really good play on stuff we otherwise wouldn't have," one said. But the White House has also picked its shots carefully.

Like most achievements, the

White House's latest good run has a thousand fathers either willing to claim a share of the credit or ascribe it to their favored friends in the West Wing. But an informal survey of a dozen senior aides produced a rough consensus that the management team topped by the chief of staff, Leon E. Panetta, and his two deputies, Harold M. Ickes (who handles politics and relations with the wider world) and Erskine Bowles (who handles internal organization) has finally borne fruit.

Mr. Panetta, the veteran chairman of the House Budget Committee, has insisted that the White House make the Republicans blink first in explaining how they would pay for their tax cuts and other big ideas. Mr. Ickes has sought to shore up the Democratic base and head off any challenge to renomination. And Mr. Bowles has clamped down on the President's schedule to insure at least a couple of hours each day for the reflection and brainstorming that Mr. Clinton relishes.

As a result, policy debates and discussions that once took place on camera now occur in camera and talking out of turn by the staff is at a minimum. Old and new voices are heard in the mix of what one aide described as "managed competition."

Dick Morris, the Connecticut pollster who helped Mr. Clinton's comeback victory in the 1982 race for Governor of Arkansas but now works exclusively for Republican candidates, has become an influential informal adviser, often in late-night telephone conversations. Bill Curry, the former Connecticut state comptroller and defeated Democratic gubernatorial candidate, is a new idea man without portfolio who has contributed some punchy speech lines.

Mark D. Gearan, the communications director, has been freed up to think ahead a week or two at a time, with the result that speeches and other public appearances, and the briefing books and fact sheets that back them up, are better prepared, aides say.

Aides also say that after months of disappointment and doubt after the Republicans' electoral rout last fall, Mr. Clinton is clearly feeling his oats.

"We're cursed with a President who actually knows what he's doing and everyone resents it," one adviser said of Mr. Clinton's propensity for casting aside prepared remarks, or broaching many topics at once. "This is a country without a consensus on almost any topic, and when a politician engages in that kind of colloquy in public, it's called zigging and zagging."

But, the adviser added: "If he just goes with his heart and everybody here goes with him, '96 is going to be fine."

Wash. Post; 5-6-95 p. 1

Clinton Rejects 'Patriot' Claim of Armed Groups

Long Struggle With Domestic Terrorism Foreseen

By John F. Harris
Washington Post Staff Writer

EAST LANSING, Mich., May 5—President Clinton today warned the public must gird for a long-term struggle against domestic terrorism, and offered a scathing critique of paramilitary groups who think "government is in a conspiracy to take your freedom away."

"There is nothing patriotic about hating your country, or pretending that you can love your country but hate your government," Clinton told graduates of Michigan State University.

"How dare you suggest that we in the freest nation on earth live in tyranny?" Clinton said in comments he directed to militia members. "How dare you call yourselves patriots and heroes?"

The speech offered the president's first extended remarks concerning the right-wing militias that have gained prominence since the Oklahoma City bombing. Michigan is home to one of the nation's largest and most active citizen militias.

Bombing suspect Timothy James McVeigh lived for a time in Decker, about 85 miles away, at the farm of James Douglas Nichols, who is being held as a material witness in the case and has ties to the Michigan Militia.

"I say this to the militias and all others who believe that the greatest threat to freedom comes from the government instead of those who would take away our freedom," Clinton said. "If you say violence is an acceptable way to make change, you are wrong. . . . If you appropriate our sacred symbols for paranoid purposes and compare yourselves to colonial militias who fought for the democracy you now rail against, you are wrong."

Mark Price, operations officer for the Michigan Militia, told the Associated Press that Clinton ought to meet with the people he is talking about.

"I would say, sit down with some members of the Michigan Militia, talk to them man to man," Price said. "We are working men of

See CLINTON, A12, Col. 6

CLINTON, From A1

the community and we love the Constitution of the United States and will defend it against all enemies, foreign and domestic."

Clinton has returned to the subject of Oklahoma City in virtually every appearance in recent weeks, and White House aides say they are buoyed by the response.

Last week he cited the tragedy in condemning extremist rhetoric on public airwaves, and to argue for an administration proposal to give federal law enforcers more surveillance power over suspected terrorists.

Today, he offered the tragedy as a broad metaphor for the challenges faced by a free society.

Clinton warned modern technology like the Internet has a "dark underside" that, combined with America's traditional openness and liberty, leaves the nation "very, very vulnerable to the forces of organized destruction and evil."

Clinton told graduates "the great security challenge for your future in the 21st century will be to determine how to beat back the dangers while keeping the benefits of this new time."

"The dark possibilities of our age are visible now in the smoke, the horror, and the heartbreak of Oklahoma City," Clinton said, adding the "threat is not isolated."

Clinton also used his Michigan trip to expand on last week's criticism of extreme rhetoric on the airwaves. While aides then insisted Clinton was not necessarily referring to talk-radio hosts, Clinton made his point plain in an interview published today by the Detroit Free Press.

"I cannot defend some of the things that Gordon Liddy has said," Clinton said.

Liddy has come under sharp criticism for giving on-air advice about the best way to shoot federal agents in a gunfight, but Clinton did not specify his complaints against the talk-show host.

Clinton said he had nothing against talk radio generally. "What I'm suggesting, though, is that we ought to use these forums now to try to reopen this conversation, to really talk these things through," he said in an interview transcript released by the White House.

After complaints last week that he was using the Oklahoma City bombing to score political points, Clinton in his commencement speech emphasized that the extremism he condemns is not limited to any one ideological stripe.

"The Weathermen of the radical left who resorted to violence in the 1960s were wrong," Clinton said.

He also took pains to emphasize he was not condemning all militia members, only law breakers, and said he understood the grievances that give energy to their cause.

"Almost every American has some experience with this—a rude tax collector, an arbitrary regulator, an insensitive social worker, an abusive law officer," Clinton said, presenting himself as a protector of the traditional right of protest.

"But there is no right to resort to violence when you don't get your way. . . . There is no right to kill people who are doing their duty, or minding their own business, or children who are innocent in every way. . . . And those who claim such rights are wrong and un-American."

Bombing's Repercussions Rattle Militias

By Serge F. Kovaleski
and Susan Schmidt
Washington Post Staff Writers

The Oregon Militia has disbanded and is destroying its records because it fears "persecution" by federal agents. Membership in a Florida paramilitary group has taken a dive. And the radio voice of the militia movement has been yanked off the airwaves.

These are tough times for a number of citizen militias across the country. Law enforcement officials believe that one of the people charged in the deadly bombing of an Oklahoma City federal building last month may have ties to militias in Michigan and Arizona. Those suspicions are taking a toll on segments of the self-described anti-government patriot movement—both within the ranks and in the communities where paramilitary groups operate.

Although militias have been thriving over the past year, some members are now rethinking their affiliations and weighing whether the angry rhetoric and firearms fervor that the organizations espouse are too extreme. Others, who say they are concerned about their safety, are disassociating themselves from militias altogether for fear the federal

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government may launch a campaign to stamp out the groups.

"We are seeing weekend warriors who participated in militias merely as an exercise of their Second Amendment rights distancing themselves from the hard cores, the true ideologues of the movement, who will stay firmly entrenched," said Steven L. Gardner, research director at the Coalition for Human Dignity, a Portland, Ore., watchdog group that tracks militias.

"While the movement has not been proven criminally responsible for the bombing, it has been indicted morally. For some, the cost of being associated with such a stigma is too high," Gardner added.

Since the blast, some militias have been ostracized by local residents and carefully watched by local law enforcement authorities who previously had paid little attention to them. Now the authorities want to make sure the militias' rebellious zeal does not escalate into criminal activity.

"We have a higher level of vigilance and caution because we want to make sure that some of these beliefs are not distorted into violence," said Dave Wareing, chief of operations for the Whatcom County Sheriff's Office in northeast Washington state.

He said officers have been told to be watchful for armed individuals garbed in camouflage, cars without license plates or drivers without licenses—all of which could indicate membership in a militia or patriot group. "We want to get a sense of whether more people are mobilizing

to commit criminal acts," Wareing said.

Consequently, watchdog groups said they expect many paramilitary outfits will start to operate more secretly by breaking up into clusters of anywhere from five to 15 members that are harder for law enforcement to monitor—a tactic already used by a handful of militias.

Oregon Militia founder Michael J. Cross said he decided to dissolve his group last week after he became suspicious that it had been infiltrated "to about the highest level" by individuals working for the federal government. "I've been told by sources I have access to," he said. "All records will be destroyed . . . I said to the members if they want to form small cell groups, that would be safer than one big organization."

Cross, 28, an insurance salesman in the state capital of Salem, said participation in the Oregon Militia, which had claimed about 300 members, dropped following the blast. Cross, who single-handedly ran the militia, said he dissolved the organization to protect himself, his family and his followers from a hostile government, which he believes was responsible for the April 19 bombing of the Alfred P. Murrah Federal Building. This conspiracy theory is widely held by citizen militias.

He suggested that the terrorist act was carried out by a "rogue agency" to destroy documents relating to the 1993 standoff between federal agents and the Branch Davidian cult near Waco, Tex., so there would not be a renewed probe into the case.

"If they would blow up one of their own buildings, who knows what they could do to militias," Cross said in a

recent interview, during which he claimed he was told that an acquaintance had just been arrested by agents from the Bureau of Alcohol, Tobacco and Firearms. "I fear for my safety and my family's safety because of misguided actions the government has taken on innocent people in Waco and other places."

One leader of the Florida Patriots Network said the fallout from the bombing already is hurting membership. The leader, John Adams, said that at a meeting last week of his cell group—one of a number that make up the Florida militia—only four people came, compared to the 15 or so who regularly attend. "This has separated the men from the boys, so to speak. It's very damaging, very damaging," Adams said. "It sets us back several years."

Just three of the dozen members of the Luling, Tex., unit of the Texas Constitutional Militia showed up for their monthly meeting in the days following the blast. "I think this bombing kind of scared everybody," said unit leader Robert Bass. Since then, he said, he has been making phone calls "to reassure people that we don't do that kind of stuff."

In northwest Washington state, a contractor who joined a local patriot group last year said he bolted the organization two weeks ago because he is uncomfortable that the movement is now viewed by some as a collection of gun-toting, paranoid fanatics who will stop at nothing, including violence, to beat back government encroachments.

"A guerrilla warrior belly crawling during maneuvers I'm not, but unfortunately that's the image people now have of militias," said the 46-year-old man, who asked that he not

be identified. "Perhaps something seen as a little less radical, like the NRA [National Rifle Association], is where I'll sign up. I'm just not certain."

Militia leaders said they are trying to salvage the movement's tarnished image—which they blame on scapegoating by the federal government and biased news coverage—by being as cooperative as possible with law enforcement authorities and the media.

The Militia of Montana, for instance, has opened its Noxon headquarters to large numbers of journalists from around the world, allowing them to come and go as they please and providing them with reams of documentation, lengthy interviews and complimentary coffee and cookies.

"We want the public to see our heart's intent," said co-founder John Trochmann, 51. He claimed that his group has not been adversely affected by the bombing and that the office continues to be flooded by inquiries from supporters seeking information about the militia. "Our interest is the welfare of our fellow Americans."

But human rights groups say that the fiery, if not paranoid, message contained in militia literature and videotapes, as well as the inflammatory language used by some conservative talk-radio gurus, may have contributed indirectly to the bombing. Yesterday, President Clinton sternly denounced citizen militias that he said demonize government as an enemy and preach violence against it. "How dare you call yourselves patriots and heroes," he demanded.

Mark Koernke, 37, a member of a

Michigan paramilitary splinter group who is considered the voice of the militia movement, felt the repercussions of the bombing last week. The outspoken and controversial figure was dumped by the shortwave radio station that had been carrying his anti-government broadcasts to about 2.7 million people around the world each weekday night. World Wide Christian Radio in Nashville pulled the show, "The Intelligence Report," to "take the gasoline off the fire," said station manager George McClintock.

The aftermath of the bombing also has been disruptive for the Michigan Militia Corps, which is not affiliated with Koernke. Two of its brass recently resigned after issuing a news release that suggested the Japanese government planted the Oklahoma City bomb in retaliation for a nerve gas attack in a Tokyo subway.

Militia state commander Norm Olson and chief of staff Ray Southwell said in the release that the Tokyo attack was orchestrated by the CIA to punish Japan for lowering the value of the dollar against the yen. The group's spokesman, Ken Adams, said the two men were suffering from sleep deprivation and undue stress when they released the unverified information.

Michigan Militia officials said the Oklahoma City bombing and suspicions among investigators that Timothy James McVeigh, who was charged in the attack, may be linked to the paramilitary group could have scared off some commanders from attending a leadership meeting two weeks ago in Wolverine, Mich. About 100 brigade commanders were expected, but only 70 showed up.

N.Y. Times; 5-6-95 p. 1

Clinton Assails The Preachings Of the 'Militias'

By TODD S. PURDUM

EAST LANSING, Mich., May 5 — President Clinton came within earshot of the Michigan Militia today and in ringing tones denounced as "wrong and un-American" any suggestion that citizens' grievances against the Federal Government could ever justify the threat of violence by paramilitary groups.

"If you appropriate our sacred symbols for paranoid purposes and compare yourselves to Colonial militias who fought for the democracy you now rail against, you are wrong," Mr. Clinton said here in a commencement address at Michigan State University. "How dare you suggest that we in the freest nation on earth live in tyranny? How dare you call yourselves patriots and heroes?"

In an interview published in The Detroit Free Press today, Mr. Clinton also singled out for the first time a conservative radio talk show host, G. Gordon Liddy, as the sort of figure who had said things "I cannot defend." Mr. Liddy advised his listeners last week to shoot first to the body and then to the groin if confronted with force by Federal agents, and he has also said he used stick figures named Bill and Hillary as targets at a shooting range.

The President's comments were by far his most specific attack on paramilitary groups since the Oklahoma City bombing, and he chose a symbolic spot to deliver them. Investigators believe that Timothy J. McVeigh, the suspect charged in the blast, conspired to make bombs on a farm in Decker, Mich., about 85 miles northeast of here, with two brothers, Terry L. and James D. Nichols. All three are considered sympathizers of the Michigan Militia, which opposes gun control and deems the Government its enemy.

Continued From Page 1

although the group contends it shunned them.

Addressing himself "to the militias and to others who believe this, to those nearby and those far away," Mr. Clinton told more than 30,000 people in Spartan Stadium here that most such groups had not broken the law, and acknowledged that "you have every right — indeed, you have the responsibility — to question our Government when you disagree with its policies."

But he told those among the cheering crowd that they, not paramilitary groups, were the "real Michigan," which he described as "Kellogg's Corn Flakes and the best cherries in the world." And, echoing his own 1992 campaign oratory, he said "the real American heroes today are the citizens who get up every morning and have the courage to work hard and play by the rules."

Resplendent in the royal blue robes of Yale Law School, his alma mater, with a freshly minted honorary doctorate of laws in hand, the President was unsparing in his scorn for any who would take the law into their own hands.

"I say this to the militias and all others who believe that the greatest threat to freedom comes from the Government instead of those who

would take away our freedom: If you say violence is an acceptable way to make change, you are wrong," Mr. Clinton said. "If you say that Government is in a conspiracy to take your freedom away, you are just plain wrong."

"If you treat law-enforcement officers who put their lives on the line for your safety every day like some kind of enemy army to be suspected, derided and, if they should enforce the law against you, to be shot, you are wrong."

Recalling the radical leftist groups of the 1960's, like the Weather Underground, Mr. Clinton said that "whenever in our history people have believed that violence is a legitimate extension of politics, they have been wrong." He warned the graduates that the technologies of instant worldwide communication and the openness of democratic societies made them "very, very vulnerable to the forces of organized destruction and evil," and he said the "great security challenge for your future in the 21st century will be to determine how to beat back the dangers while keeping the benefits of this new time."

Aides said that the President had stayed up late writing the remarks before flying here this morning and that he had chosen to make them not because he believed public support for such violence was widespread

but because he considered it dangerous not to speak out against it.

Mr. Clinton also used his speech to advance his own anti-terrorism proposals, which would give Federal investigators new wiretapping authority and expanded powers to check credit and travel records.

In the interview with The Free Press, Mr. Clinton elaborated on his view that public dialogue had become so coarse as to risk inciting people to violence, when it has the potential to allow for a constructive airing of grievances.

"Now, I think some speech is wrong," he said in a transcript issued by the White House, going on, unbidden, to criticize one speaker by name. "I cannot defend some of the things that Gordon Liddy has said. I cannot defend some of the things some of these more extreme talk show hosts have said, even more extreme than that in these little shortwave programs that are plainly encouraging violence."

Last week Mr. Clinton condemned what he called "purveyors of hatred and division" but did not single out anyone by name, and his aides later said he had not meant to. Mr. McCurry said today that Mr. Clinton had decided to speak out against Mr. Liddy after the talk show host's explicit remarks about shooting agents.

Continued on Page 9, Column 1

N.Y. Times; 5-6-95

Excerpts From Clinton's Commencement Speech

By The New York Times

EAST LANSING, Mich., May 5 — Following are excerpts from President Clinton's commencement speech today at Michigan State University, as transcribed by the Federal News Service, a transcription company:

The great security challenge for your future in the 21st century will be to determine how to beat back the dangers while keeping the benefits of this new time.

The dark possibilities of our age are visible now in the smoke, the horror and the heartbreak of Oklahoma City. ... My fellow Americans, we must respond to this threat in ways that preserve both our security and our freedoms. Appeasement of

organized evil is not an option for the next century anymore than it was in this century. ...

That is why I have insisted that Congress pass strong anti-terrorism legislation immediately. ... We can do this without undermining our constitutional rights. In fact, the failure to act will undermine those rights, for no one is free in America where parents have to worry when they drop off their children for day care, or when you are the target of assassination simply because you work for our Government. ...

It is with this in mind that I would like to say something to the paramilitary groups and to others who believe the greatest threat to America comes not from terrorists from within our country or beyond our borders, but from our own Government.

I am well aware that most of you have never violated the law of the land. I welcome the comments that some of you have made recently condemning the bombing in Oklahoma City. I believe you have every right — indeed, you have the responsibility — to question our Government when you disagree with its policies, and I will do everything in my power to protect your right to do so.

But I also know there have been lawbreakers among those who espouse your philosophies. ... So I ask you to hear me now. It is one thing to believe that the Federal Government has too much power and to work within the law to reduce it. It is quite another to break the law of the land and threaten to shoot

officers of the law, if all they do is their duty to uphold it. It is one thing to believe we are taxed too much and work to reduce the tax burden. It is quite another to refuse to pay your taxes, though your neighbor pays his.

It is one thing to believe we are overregulated and to work to lessen the burden of regulation. It is quite another to slander our dedicated public servants, our brave police officers, even our rescue workers, who have been called "a hostile army of occupation."

This is a very free country. Those of you in the militia movements have broader rights here than you would in any other country in the entire world.

Do people who work for the Government sometimes make mistakes? Of course, they do. They are human. ...

But our Constitution was established by Americans determined to limit those abuses. And think of the limits: the Bill of Rights, the separation of powers, access to the courts, the right to take your case to the country through the media and the right to vote people in or out of office on a regular basis. But there is no right to resort to violence when you don't get your way. There is no right to kill people.

There is no right to kill people who are doing their duty or minding their own business or children who are innocent in every way. Those are the people who perished in Oklahoma City. And those who claim such rights are wrong and un-American.

Whenever in our history people have believed that violence is a legitimate extension of politics, they have been wrong. ...

Freedom of political speech will never justify violence. Never. Our Founding Fathers created a system of laws in which reason could prevail over fear. Without respect for this law, there is no freedom.

So I say this to the militias and all others who believe that the greatest threat to freedom comes from the Government instead of from those who would take away our freedom: If you say violence is an acceptable way to make change, you are wrong. If you say the Government is in a conspiracy to take your freedom away, you are just plain wrong. If you treat law-enforcement officers who put their lives on the line for your safety every day like some kind of enemy army to be suspected, de-



AP/Wide World

In a commencement address at Michigan State University, President Clinton described some paramilitary groups as "wrong" and their purposes "paranoid."

rided and, if they should enforce the law against you, to be shot, you are wrong.

If you appropriate our sacred symbols for paranoid purposes and compare yourselves to colonial militias who fought for the democracy you now rail against, you are wrong. How dare you suggest that we in the freest nation on earth live in tyranny? How dare you call yourselves patriots and heroes?

I say to you, all of you, the members of the class of 1995, there is nothing patriotic about hating your country or pretending that you can love your country but despise your Government. There is nothing heroic about turning your back on America or ignoring your own responsibilities. If you want to preserve your own freedom, you must stand up for the freedom of others with whom you disagree, but you also must stand up for the rule of law. You cannot have one without the other.

L.A. Times; 5-8-95 p. 1

Gingrich Calls Attention to 'Fear of Government'

■ **Congress:** He says such sentiment cannot be dismissed as ranting of the fringe. He defends repeal of weapons ban.

By JANET HOOK
TIMES STAFF WRITER

WASHINGTON—House Speaker Newt Gingrich (R-Ga.) said Sunday that political leaders must take seriously the virulent anti-government sentiment spotlighted by the Oklahoma City bombing, stressing that "genuine fear" of federal power cannot be dismissed as the ranting of a radical fringe.

"There is in rural America . . . a genuine fear of the federal government and of Washington, D.C., as a place that doesn't understand their way of life and doesn't understand their values," Gingrich said in a television interview. "This is not an extremist position in much of the West."

Gingrich also defended the effort to repeal the ban on assault weapons. He said the House would hold hearings on the deadly 1993 siege near Waco, Tex., and that the promotion of Larry Potts, an FBI official who oversaw the Waco raid, might give Congress second thoughts about President Clinton's legislation to give the FBI more anti-terrorism authority.

Gingrich's comments come at a time when he and other Republicans are striking a tricky political balance in the wake of the Oklahoma City bombing and the unflattering publicity that has been showered on right-wing anti-government groups. Gingrich has

kept his distance from the violent extremes of the right. He has, for example, insisted it was "grotesque" to suggest his anti-government rhetoric had contributed to the climate that fostered violent extremism. And during

Please see GINGRICH, A5.

Continued from A1

Sunday's interview, Gingrich criticized radio talk show host G. Gordon Liddy for advising listeners on how to shoot federal agents.

But Gingrich has continued to champion the same causes as these extremist groups: criticism of the Waco siege, opposition to gun control and general anti-government themes.

Gingrich made his comments as Congress heads into consideration of budget, abortion and gun control issues, which will test the ability of Republican leaders to hold together the conservative and moderate wings of their party. Some of those issues were addressed by Gingrich and his Senate counterpart, Majority Leader Bob Dole of Kansas, in separate broadcast interviews.

• Dole signaled a new willingness to drop his threat to block a Senate vote on the nomination of Dr. Henry W. Foster Jr. as surgeon general. Foster, an obstetrician-gynecologist who is the acting president of Meharry Medical College, has come under fire for initially understating the number of abortions he performed. Dole said on CBS-TV's "Face the Nation" that he now wants to talk to Foster before deciding how to handle the matter.

• Gingrich predicted that a proposal to repeal the ban on certain assault weapons would come up in the House in late fall—months after the mid-May target date set before the Oklahoma City bombing.

• Gingrich suggested that a constitutional amendment to ban abortions would be unwise right now because it might increase the number of illegal abortions. "I think this is a topic where, frankly, we have to win the argument in the country. As a society, we are pro-choice but anti-abortion."

In his comments on anti-government activism, Gingrich denounced groups that resort to violence but backed away from a blanket condemnation of the militia movement, which may be linked to the April 19 bombing of the federal building in Oklahoma City.

"People are allowed in a free country to get together for a lot of reasons, and I don't think you should condemn any group as a group," he said when asked his views of the militia movement. "It may be satisfying to run around and find new groups to get mad at, but I think the message ought to be much narrower. We are opposed to violence, we condemn violence, we're going to treat violent people as criminals."

Gingrich said he did not support a bill, introduced by Rep. Helen Chenoweth (R-Ida.), to require federal agents to get approval from local law enforcement officials before they can arrest someone or use their weapons in enforcing the law. But he said the bill "should be taken very seriously as a symptom" of the raging hostility toward the federal government.

"It's a much deeper fear of Washington than people in Washington realize," Gingrich said.

He said the House would hold a hearing this summer or early fall on the 1993 Branch Davidian standoff, which ended in a fire that killed cult members holed up inside the building. "I don't think you can have 85 Americans killed and not at some point address and ask what happened and why," Gingrich said. "I think that Waco was clearly mishandled."

Potts' promotion to FBI deputy director, the bureau's No. 2 post, has been controversial because he oversaw the Branch Davidian operation and had been censured for his role in a fatal 1992 FBI raid on the Idaho home of white separatist Randy Weaver.

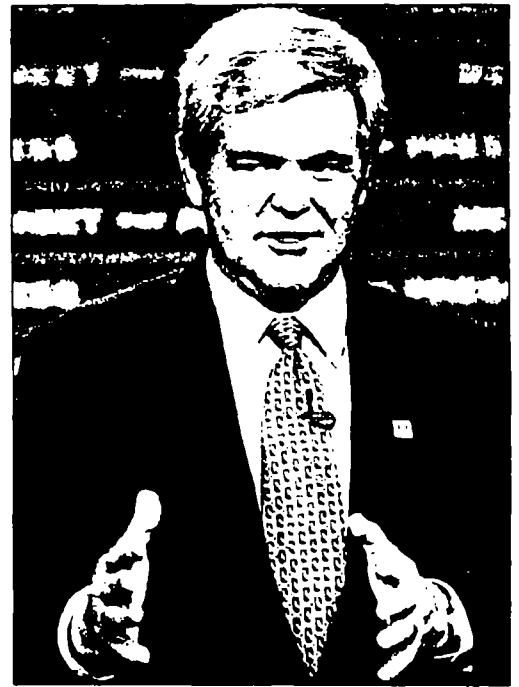
Gingrich said Potts' promotion "will further slow down the terrorist legislation," which contains law-enforcement powers that already have drawn fire from civil libertarians.

The promotion sends a signal that "watching the FBI is not illegitimate," Gingrich said. "It does have the consequence, I think, of making members of Congress take a step back and remind them that it's useful to have oversight."

Dole's comments on Foster came after a week of Senate Labor and Human Resources Committee hearings, in which the latter's confirmation prospects improved. Dole said he still has the option of blocking a vote on Foster, but he seemed to lay the groundwork for dropping his threats to do so.

"I think he did a pretty good job before the committee," Dole said. "I think I should, before I make a final judgment, sit down and talk with him face to face. I think he's entitled to that."

White House Chief of Staff Leon E. Panetta said he was encouraged by Dole's comments. "It sounds like he at least is trying to give Dr. Foster, I think, the fair shake that he deserves after that hearing," Panetta said on CNN's "Late Edition."



Associated Press

'There is in rural America . . . a genuine fear of the federal government and of Washington, D.C., as a place that doesn't understand their way of life and doesn't understand their values. This is not an extremist position in much of the West.'

HOUSE SPEAKER NEWT GINGRICH

Wall St. Jnl.; 5-8-95

GOP's Religious and Social Conservatives Poised For Campaign to Get Action on Their Agenda

By GERALD F. SEIB

Staff Reporter of THE WALL STREET JOURNAL
WASHINGTON — That rumbling Republicans hear is the sound of the party's religious and social conservatives growling.

After keeping relatively quiet while Republican leaders took control of Congress and launched their 1996 presidential campaigns, the GOP's army of social conservatives has grown restless. Movement leaders believe the issues they care about most have been getting short shrift — and they're moving out on both the congressional and presidential fronts to change that.

In about a week's time, the Christian Coalition, the most powerful of the religious conservative organizations, plans to boost the pressure on Congress to focus on social issues by releasing a 10-point "Contract With the American Family." It will list actions the coalition wants taken on the social front, and is likely to call for privatizing the National Endowments for the Arts and Humanities; "defederalization" of education; defeat of surgeon general nominee Henry Foster, some kind of anti-abortion initiative; and passage of a "religious liberty" amendment protecting the expression of religious beliefs in public places.

The Christian Coalition is modeling its family contract after the "Contract With America" that House Republicans ran on successfully last fall. It even has retained the same GOP pollster who worked on the earlier contract, Frank Luntz, to do polling and focus group studies. "We're using some of the same techniques we used on the Contract With America," says Mr. Luntz.

At the same time, the GOP's social conservatives are openly expressing misgivings about the party's leading presidential contenders. Sens. Robert Dole of Kansas and Phil Gramm of Texas, whom they consider too focused on budget issues and insufficiently fervent about conservative social causes. That has prompted some leaders of social conservative organizations to begin privately discussing more radical approaches. Among them, openly endorsing fiery conservative commentator Patrick Buchanan, who is considered an extreme long shot in the Republican race, or searching for an independent or third party "pro-life" ticket in 1996.

I haven't been threatening a third party — says prominent social conservative Gary Bauer, a former Reagan White House aide and current president of the Family Research Council. But, he adds,

"I've been warning there might be a third party if the Republican party doesn't get more conversant with these issues." Mr. Bauer isn't endorsing anyone at this point, but says that among grass-roots social conservatives "there's a lot more interest in Buchanan than the conventional wisdom holds."

As a result, Sen. Dole is under heavy pressure now to please social conservatives by making good on his effort to block the nomination of Dr. Foster for surgeon general.

Still, because Sen. Dole has been careful to at least talk about social conservatives' concerns, the movement has directed even more intense fire at Sen. Gramm. Even though the Texas senator has a strongly conservative voting record on social as well as economic issues, he's been faulted for not talking more about moral questions, which can make more secular-minded Republicans nervous. In a recent letter to Sen. Gramm, James Dobson, president of the Focus on the Family organization, pointedly chastised him for avoiding "moral issues" in his campaign and declared: "It will be a long hard campaign, or maybe a short one, if you continue to play it safe and moderate."

Sen. Gramm over the weekend began seeking to try to make peace with social conservatives by giving a speech stressing social issues at Liberty University, the school founded by Rev. Jerry Falwell. Tying his economic conservatism to social issues, he declared that growing dependence on a big government had diverted Americans from devotion to "family and faith." He plans to take another step in the same direction tomorrow with another speech to the Heritage Foundation.

The unhappiness among social conservatives appears to have two principal sources. Religious conservatives, in particular, argue that they played a crucial role in the victories of many Republicans who swept into Congress in last fall's election, and therefore deserve a higher level of attention.

Though the precise number of races in which religious activists were decisive is debatable, there's no doubt that they play a central role in today's Republican party. GOP pollster Bill McInturff says that four in 10 Republican primary voters identify themselves as evangelical or born again Christians. The share of Republicans who actually are guided by the religious right issue agenda is smaller — perhaps one in

four GOP primary voters, Mr. McInturff estimates — but that group is highly active.

Yet, the House GOP's Contract With America is heavily tilted toward economic rather than social issues. Social conservatives tacitly agreed to mute demands for more action on social issues during the new Congress's first 100 days in order to avoid complicating the task of fulfilling the promise to act on the Contract With America in that time.

But those first 100 days now have passed, and the pent-up demand for more action on social matters is beginning to burst out. Besides the Christian Coalition's coming Contract With the Family, another religious conservative organization, the Christian Action Network, has prepared its own "Pro-Family" contract calling for, among other things, a school-prayer amendment, an amendment banning abortion, and reinstatement of the ban on gays in the military. And Mr. Bauer of the Family Research Council says he'd like congressional votes this year on a measure protecting public expressions of religious belief, and on some abortion measure — perhaps one requiring medical workers to do everything possible to preserve the life of fetuses in late-term abortions who are born alive.

Those harboring such agendas may not be entirely pleased with remarks on abortion made yesterday by House Speaker Newt Gingrich. In an appearance on NBC-TV's "Meet the Press," Mr. Gingrich expressed doubts about pressing now for a constitutional amendment banning abortion, declaring that if "all we did tomorrow morning was pass an amendment, you

Religious Leanings

Share of white Protestants who describe themselves as fundamentalist Christians, evangelical Christians or both

	TOTAL	REPUBLICAN	DEMOCRAT
Fundamentalist	24%	28%	20%
Evangelical	14	16	12
Both	1	2	0

Source: Coldwater Corp.

would have millions of women going into back allies having abortions."

But the broader frustration among religious and social conservatives seems to lie in the shape of the Republican field for 1996. A year ago, it appeared that as many as three Republican candidates popular among social conservatives — William Bennett, Dan Quayle and Jack Kemp — might be running for president by now.

Yet all three have decided against running, leaving many social conservatives feeling stranded. "It's the Kentucky Derby, you're dressed up in your best jockey clothes and there's no horse to ride," explains Ralph Reed, executive director of the Christian Coalition.

The influential Mr. Reed has continued to argue, however, that social and religious conservatives will best enhance their power not by picking one of the other GOP candidates to support but by staying neutral and seeking to force all candidates to come to terms with them.

But that hasn't stopped Mr. Buchanan from beginning to work hard for the informal or formal backing of social conservatives. In recent days, for example, he has signed pledges, circulated by two anti-abortion organizations, that he would retain the Republican party's platform plank calling for a constitutional amendment banning abortion.

"We're picking up people at the grass roots," maintains Mr. Buchanan. Social issues, he argues, are the way Republicans can maintain the loyalty of "Reagan Democrats," longtime Democrats who voted GOP for Ronald Reagan. "The social and moral and cultural issues are central to the politics of 1994 and 1996," he says.

Wash. Post; 5-7-95

Senate Panel's Budget Proposal May Alter Federal Health, Retirement Plans

By Stephen Barr
Washington Post Staff Writer

A7

Federal employees would pay a higher share of their health care insurance premium and receive reduced retirement benefits under the budget plan being prepared by the Senate Budget Committee, according to staff aides.

The two changes, along with pension cuts for members of Congress, would save about \$3.5 billion over seven years, a senior Budget Committee aide said. The savings are substantially less than the \$11 billion in civil service cuts approved by the House in April as part of its tax cut bill.

Congress will begin debate this week on plans to balance the federal

budget by 2002. The savings sought from civil service programs represent just one of numerous changes planned by Republicans as they seek to scale back or abolish government agencies and make deep cuts in spending.

The Senate budget plan also would freeze pay for members of Congress, judges and the Senior Executive Service, the government's cadre of senior managers, the aides said. The Senate proposal would provide a 2.4 percent pay raise for rank-and-file federal employees and military personnel—the same amount recommended by President Clinton in his budget submission.

The Senate budget plan achieves its largest civil service savings—more than \$2.2 billion—by limiting the government's share of the cost of

the Federal Employees Health Benefit Program (FEHBP), which covers about 4 million workers, retirees and dependents. The government now pays, on average, 72 percent of the premium for active employees and 73 percent for retirees.

The aides did not specify how much the government's contribution would drop, but pointed to a Congressional Budget Office (CBO) analysis on which the Budget Committee relied. The CBO showed budgetary savings could be made by revising FEHBP so the government would pay the first \$1,535 of a single employee's premium—or \$3,430 for a family—and the employee would pay all of the premium above that level—not just one-quarter, as at present.

The proposal would reflect changes

underway in the health care market by "encouraging people to go to HMOs [health maintenance organizations] and other lower cost plans," a Senate aide who was briefed on the Budget Committee plan said.

The budget plan's pension provision would reduce benefits for retiring workers by changing the civil service pension formula, using the highest consecutive five years of salary as a base rather than the current three-year period.

The pension change should help downsizing efforts at federal agencies, the Senate aide said, because "most of the savings assume that you're going to get a big jump in people who want to get out before it goes into effect. . . . They are going to decide that staying on is no longer a

benefit because their pensions will go down."

Under the Senate plan, members of Congress would receive pensions more in line with those granted civil service employees. Under the current arrangement, Senate and House members pay slightly more into the federal pension system than executive branch employees, but receive higher benefits and enjoy added flexibility in qualifying for retirement through lesser age and service requirements. The move to equalize the pension benefits probably will be phased in.

The Senate Budget Committee plan likely will recommend abolishing at least one Cabinet department and will propose terminating more than 100 federal agencies, boards and

commissions. One of those options calls for eliminating the Office of Personnel Management (OPM), the Senate Budget Committee aide said. The proposal would convert OPM into a small "civil service commission" to handle personnel policy issues. The agency's insurance and retirement trust funds would be handed to the Treasury Department, and FEHBP probably would be transferred to the Health and Human Services Department, the aide said.

The Senate Governmental Affairs Committee, which oversees OPM, will look at the budget option, but may consider eliminating the agency when the committee takes up broader civil service legislation later this year, the aides said.

THE FEDERAL DIARY

Wash. Post; 5-7-95

Stock Fund Rides High

By Mike Causey
Washington Post Staff Writer

Some federal workers who panicked when the stock market sagged last year may decide to resume payroll-deduction investing in the C-fund (stock market) of their tax-deferred thrift savings plan. For the 12-month period that ended in March, the C-fund posted a 15.53 percent return. Since the federal 401(k) plan began, workers' investments in the C-fund have grown about twice as much as their investments in the F-fund (bonds) or the super-safe G-fund (Treasury securities).

A new open season, during which workers can join the tax-deferred federal 401(k) plan or reallocate future payroll contributions, begins May 15 and runs through July 31.

The savings plan lets federal workers invest in any of the funds to help boost their retirement income. Many analysts believe that half of the retirement income of workers in the new Federal Employees Retirement System—virtually everyone hired in the last 10 years—will come from thrift savings plan investments and earnings.

FERS offers a less generous civil service benefit than the old Civil Service Retirement System. But FERS lets workers reduce taxes by deferring as much as 10 percent of their salary and investing it in the savings plan. They can qualify for a 5 percent tax-deferred match from their agencies. Workers who invest nothing get an automatic 1 percent contribution from their agencies.

Workers still in the Civil Service Retirement System can contribute 5 percent of pay to the thrift plan, but they don't get an agency match.

More than 70 percent of eligible federal employees contribute to the savings plan.

Most of the nearly \$28 billion in the thrift savings plan is invested in the Treasury securities fund. During the most recent 12-month period, it returned 7.67 percent. The bond fund paid 4.91 percent for the same period.

Washington-based financial planner Dennis Gurtz said that

during the last seven years, the C-fund's average annual return has been 13.3 percent; the F-fund's, 8.4 percent; and the G-fund's, 7.8 percent. A dollar invested in the C-fund would be worth \$2.45. A dollar invested in the F-fund would be worth \$1.78, and a dollar invested in the G-fund would be worth \$1.71.

Savings Plan Guide

The Federal Employees News Digest has revised its investment guidebook, "Your Thrift Savings Plan." The 160-page volume contains basic information, investment tips and work sheets to help investors design or modify their savings programs. It costs \$14.95, plus \$3 shipping and handling, and is available from TSP, Federal Employees News Digest, P.O. Box 98123, Washington, D.C. 20090. For credit card orders, call 703-648-9551.

No Diet COLAs!

The Federal Managers Association has asked Rep. John R. Kasich (R-Ohio) to reconsider plans to put federal retirees on diet COLAs. Under the proposal, which has been made before, retirees who now get full cost-of-living adjustments each year would get only part of any adjustment if inflation exceeded 2 percent. Kasich is chairman of the House Budget Committee.

FMA reminded Kasich that the 9,000 federal workers in his district, like federal workers elsewhere, already face a pay cut because of the Republican tax-cut bill passed by the House. That plan, which has not cleared the Senate, would increase employee contributions to the retirement plan by 2.5 percent of salary. The effect would be a cut in take-home pay of about 4 percent for the typical employee. The tax-cut bill also would make less generous the formula for calculating annuities of workers retiring after this year.

John L. Mica (R-Fla.), House Civil Service subcommittee chairman, opposes tampering with retirees' cost-of-living adjustments, as do members of Congress from the Washington area.

Sunday, May 7, 1995

THE FEDERAL DIARY

Wash. Post; 5-8-95

Turning Up the Heat

By Mike Causey
Washington Post Staff Writer

In the Politician's Cookbook, there are two ways to boil bureaucrats.

The Republican recipe is simple and economical and requires little preparation:

Get a batch of federal workers, strip them naked, hit them over the head and chuck them into a pot of boiling water. As they struggle to get out, hit them over the head and add salt. Continue until they're done or the politician/cook is distracted by something better.

The Democratic recipe is more complicated. Federal workers are first massaged, then given a fine suit of clothes (look for the union label!), then invited into a pot that looks like a Hollywood hot tub. The comfortably warm water is heated gradually as the workers are stroked and distracted with kind words. That continues until cooking is complete or the cook moves on to something else.

One method is more fun than the other. But for the main ingredient—the civil servant in Sacramento or Washington—the result is the same: You're cooked!

But consider the difference in methods and results.

Since taking office, President Clinton has eliminated more than 100,000 jobs and given \$25,000 buyouts to more than 80,000 retirement-age workers. Most of them were white men. He tried—but failed—to cut benefits for the survivors of federal retirees. He has given federal workers about half of the pay raises due them—under law—over the last two years. That already has cost workers millions of dollars and will have a permanent effect on their retirement benefits. Instead of giving workers the 5.6 percent raise due by law next year, he has proposed a 2.4 percent raise. Instead of the 5.7 percent raise they are due in 1997, he recommends 3.1 percent, and so on through 2000.

When President Richard M. Nixon delayed (but didn't cut or kill) a federal pay raise for three months, the National Treasury

Employees Union and the American Federation of Government Employees sued. They won about \$600 million in retroactive pay for workers. It was a great victory.

But the unions haven't taken, and don't plan to take, legal action against the Clinton administration, which has denied federal workers billions (not millions) of dollars of pay raises with more (actually less) to come. The Democrats get a free ride because the administration has wisely embraced (maybe crushed) union leaders and given them "partnership" status. While some of the union leaders continue to look for the silver lining, the pot—containing union members and nonmembers—continues to boil.

Had they played it smart, the members of the new Republican majority could have come in as the savior of the civil service while making necessary cuts. But after the first 100 days, some federal workers are convinced that the GOP must have studied employee relations under Count Dracula.

House Republicans passed most of a "Contract With America," but they are trying to breach the contract federal workers thought they had with Uncle Sam.

The Republican agenda, for federal workers, looks like a floor plan of the house of horrors. Raise the retirement age, eliminate or reduce cost-of-living adjustments for retirees, make workers pay more for smaller pension benefits (cutting take-home salary 4 percent). The latter is, get this, part of a tax cut plan. It's a cut for some but a tax increase for federal workers.

Fortunately for workers, the Republicans (based on past efforts) tend to be inept when cutting such things as federal retirement benefits. Unfortunately for workers, the Democrats—look at the pay situation—tend to be smoother and more effective.

Meanwhile, dinner is being prepared, and if you are a federal worker, you are the main course.

Monday, May 8, 1995

Wash. Post: 5-8-95

A Modest AIDS Protest Packs a Powerful Wallop

In Washington, Mothers' March Draws Fathers and Friends in a Plea for the Dead and the Dying

By Louis Aguilar
Washington Post Staff Writer

B3

The mothers lined up silently along Pennsylvania Avenue and, on cue, turned their protest signs toward the White House. Few of the signs had words, just photographs of their handsome young sons and beautiful daughters caught in moments of joy and warmth and good health.

Most of the photos were old, because most of those sons and daughters have died from complications of AIDS. Many of the others were shadows of the people in the photographs.

But none of the estimated 1,100 mothers and fathers and friends who participated in the Mothers March Against AIDS yesterday chose images of pain. Instead, they chose pictures of their dead and dying children when they were full of life—such as the one of Scott Limon in his airline uniform.

Limon, a 27-year-old flight attendant from Cleveland, died of an AIDS-related disease in January. His mother, Liz Limon, has cried every day since then. "When I look at a picture of him, oh, boy, I can really get going," she said.

So it was an act of bravery and personal triumph yesterday when she stood as rigid as a soldier directly across from the White House, holding that picture.

As she and the other marchers stepped off from the Sylvan Theater on the Washington Monument grounds, Limon took strength and comfort in the throng that stretched for more than a block—a small march by Washington standards but a huge statement for the marchers.

"I decided to come here because I had to see my son change physically and go through so much pain. Then he died. And the thought of letting other mothers experience that . . . She didn't finish her sentence. "I chose this photo of Scott because this is what AIDS destroys—real people," she said.

Throughout the day, she and others cried and laughed and hugged people they had not known hours before. Some of the marchers had come from as far away as Hawaii, Japan and Canada. They were homemakers and church secretaries, lawyers and college professors.

The march was organized because one night at the Greek restaurant Beverly Rotter manages in Brooklyn, N.Y., a politician told her that AIDS "only happens to certain people," Rotter recalled.

"I am those certain other people," she said, "and so was my daughter, Iris."

Iris De La Cruz died four years ago at 37, and the politician's comment later turned the daughter's grieving mother into an activist. Through the Internet and mailing lists supplied by gay organizations and support groups for people with AIDS, Rotter spread word of the march. The photo she carried yesterday showed De La Cruz, an artist, humming it up as a "sexy diva" in a slinky dress, blowing a kiss.

"I organized [the march] because



Rosalind and Alex Brownstein carry a photograph of their son, Noah, who died as a result of AIDS four years ago.

we have to . . . over and over again . . . put a face on this horrible disease. We can't just let people believe this disease won't reach someone you know," Rotter said.

Today, Rotter and others will lobby their members of Congress to try to win more funding for AIDS research. But there was more to the march than politicking and fund-raising.

"Not enough is done to let parents grieve and get angry and fight back," Rotter said. "Many of these people spent their life savings for the medical care of their children. And they also took care of them and lived with their sons and daughters in the end. That is something no parent should have to go through."

For some of the parents, there also was the issue of coming to terms with their children's sexuality. When Noah Brownstein was 17, he told his parents he was gay. Rosalind and Alex Brownstein reacted the way many parents do.

"We denied it. We blamed ourselves," Rosalind Brownstein said. "I had to see a psychiatrist for some time before we came to terms with it." As the Brownsteins, both in their sixties, helped carry the march banner yesterday, they said they still were a little angry at themselves for not completely accepting their son at first.

"He was the best, most gracious son a mother can ever hope for. He would call me at least 10 times a day," said Rosalind Brownstein, who also carried a photo of Noah during his days at the Juilliard School in New York. He died four years ago, when he was 40.

"We are doing this because we are angry," she said. "How can we let this continue to happen to decent, normal families?"



Two participants hug during the march from the Mall to Lafayette Square.

Chgo. Trib.; 5-6-95

U.S. program fights AIDS with voodoo

Haitian priests advise followers on safe sex

COX NEWS SERVICE

PORT-AU-PRINCE, Haiti—For centuries, Haitians have turned to voodoo priests in times of illness, heartbreak and confusion, relying on the native clergy to counsel them or take up their case with the powerful African deities who form their multifaceted god.

Today a growing number of *houngans* and *mambos*—Haitian voodoo priests and priestesses—are advising their followers to adopt a modern ritual that Catholic clergy are prohibited from advocating: safe sex.

The indigenous priests were recruited by an unique U.S.-sponsored program to halt the spread of the virus that causes AIDS, a disease many Haitians believe is brought on by the "evil eye," not sexual contact.

Now they are asking worshipers to use condoms to prevent the spread of a disease for which neither magic nor science can offer a cure.

The innovative approach is a tacit acknowledgment of the enormous power voodoo leaders wield in Haiti, particularly in remote rural communities, where they commonly fill in as doctors, psychiatrists, marriage counselors, judges and midwives.

"Haiti is 90 percent Catholic and 100 percent voodoo, so we decided to try incorporating indigenous religious leaders into our AIDS prevention program," said Russell Porter, a spokesman for the U.S. Agency for International Development, which sponsored the project.

In recent months, foreign-funded family planning advisers have also begun training voodoo leaders to provide contraceptive counseling to Haitians whose fertility rate is among the highest in Latin America.

"We trust them. They are, to me, religious leaders, the same as pastors," said Eddy Genece, the head of the Haiti office of the Aids Control and Prevention Program, a Washington-based firm contracted

by AID.

The safe-sex seminars were led by the head of the Assembly of Voodooists of Haiti, Max Bouvier, a *houngan* who claims he can treat the multiple diseases caused by AIDS.

The treatment, Bouvier insists, employs the pit of a tropical fruit, the mamey, to attract the healing powers of *simbis*, who, like nymphs, inhabit the woods and fresh water.

"The spirits are called, and they are the ones who conduct the treatments and select the proper medicines," Bouvier said.

Last year, however, Bouvier agreed to try to persuade priests that it would be far easier to help Haitians avoid contracting the virus in the first place.

In a series of workshops, Bouvier passed out condoms, implored priests to recommend their use and asked them to explain that AIDS is sexually contracted.

In all, Bouvier said, he met with about 15,000 voodoo leaders.

Then last June, amid the mounting political violence of the military regime, Bouvier left the country, and supervisors suspended the program. Today, its future is unclear.

Cuts in AID's budget have forced AIDSCAP to seek funding elsewhere.

"What we have done is really a drop in the bucket," Bouvier said. "This message should be spread all throughout the country to all voodoo temples."

Nevertheless, AIDSCAP directors have drawn up a plan to involve more voodoo priests to teach in their communities.

Agent Orange payment program seems to discriminate

Dear Sgt. Shaft:

A16

I find it distressing that veterans over the age of 59 are being discriminated against by the administrator of the Agent Orange Veteran Payment Program and by major veterans organizations — not withstanding laws dealing with fairness, equality and justice among veterans, and the Constitution.

I point this up because after serving in three wars, putting in 35 years of active service with the U.S. Army, surviving combat wounds and being victimized by Agent Orange-connected cancer from a tour in Vietnam from October 1964 to October 1965, I am denied certain benefits under the Agent Orange Veteran Payment Program because I was over age 59 at the time of my disability.

After discovery of a respiratory cancer resulting from exposure to Agent Orange herbicide in Vietnam by doctors at Walter Reed Army Medical Center, 50 radiation

Sgt. Shaft

treatments, chemotherapy treatments and a radical neck dissection (resulting in no saliva, no taste buds, and no feeling in most of my head and upper torso), I was given a 100 percent disability rating by the Social Security Administration in August 1990 at age 62 — 25 to 26 years after my tour in Vietnam.

After being entered in the Agent Orange Register at the VA Medical Center in Washington, I was advised to apply for compensation from the Agent Orange Veteran Payment Program, administered by U.S. District Judge Jack B.

Weinstein as part of an Agent Orange Settlement Fund created by the 1984 Agent Orange product liability litigation — a class-action suit Vietnam veterans and their families brought against the chemical companies that manufactured certain herbicides the United States used during the Vietnam War. (The action was settled for the aggregate sum of \$180 million.)

Since I met the qualifications of service in Vietnam and the 100 percent disability requirement, I submitted my claims and was summarily turned down because I was over 59 years of age at the time of disability. I appealed and the appeal was denied. In a final letter to me on Jan. 30, 1995, the administrator told me: "The Program guidelines do not permit a veteran to receive compensation from the settlement fund when the disability occurs after age 59. These rules were determined after careful and thorough investigation

and consultation with veterans' groups across the country. We are not allowed to make exceptions to the rules."

It is unbelievable that "veterans groups" would provide such advice to a judge. What is the difference between veterans being diagnosed with Agent Orange-related cancer after age 59 instead of before?

Veterans organizations have always touted fairness and equality among all of their member veterans, regardless of status, race, creed, gender, religion and the like. We have always hung together, regardless of age, when it has come to COLA equity, medical care or compensation because of disability.

All of us who have contracted Agent Orange-connected cancer were victimized equally. Many have died. But we who are still among the living should not be denied compensation because of age.

My service on the Agent Orange

Coordinating Council, chaired by retired U.S. Navy Adm. Elmo E. Zumwalt, has revealed that the manifestation of cancer occurs 25 to 40 years after exposure — not just a year or two after exposure. Numerous noncommissioned officers, and field-grade and general officer-grade officers who served in Vietnam can well evidence cancer from exposure many years after such exposure and be over age 59 when it is manifested and disability occurs.

It is further distressing that after contacting my two Virginia senators, the former chairman of the Senate Veterans Affairs Committee, and the commanders of the American Legion, the Veterans of Foreign Wars, the Disabled American Veterans and the Military Order of the Purple Heart (of which I am a member), I have received no help.

Not one of the veterans organization commanders has replied to me. Are they ashamed of having given "bum" advice to the program administrator? Are they still discriminating against membership on account of age and don't want to help (or at least rectify a long-standing wrong)?

I understand that at the end of 1994 there still remained \$21 million of unclaimed funds in the Agent Orange Veterans Payment Program. (The administrator extended the filing period from Dec. 31, 1994, to Jan. 17, 1995.) While some 39,000 veterans and their families received money, 28,000 claims were denied, many on account of the over-age 59 disability ruling.

Why not re-visit this matter of

age and distribute some of the \$21 million to the veterans who have been denied claims because of an age ruling? Why can't a coalition of veterans organizations bring the weight and prestige of their memberships to bear on finding an equitable solution to this discrimination?

George M. Gallagher
Commander
Greater Washington Chapter
Military Order of the Purple Heart

Dear George:

The sarge checked with Judge Weinstein's special master and was surprised to hear that age discrimination is alive and well in the court. According to Deborah Greenspan of Kenneth R. Feinberg & Associates regarding disability benefits under this program, "No credit will be given for any year of disability after a veteran's 60th birthday. The few veterans over age 50 at the inception of the program on Jan. 1, 1985, thus will receive lower awards. . . . A veteran turning 60 on or before Jan. 1, 1985, is still eligible for a payment for each year of total disability between Jan. 1, 1970 and the veteran's 60th birthday, though not for payments for future disability."

However, there is one exception to this ruling: Lawyers over the age of 60 were allowed to receive their remunerations in this class-action circus.

• Send your letters to Sgt. Shaft, c/o John Fales, P.O. Box 65900, Washington, D.C. 20035-5900, fax to 301/622-3330, or CompuServe 75533.2304.

Editorials & Op-Ed

Wash. Post; 5-6-95

The Right Call on a Hard Issue

A FEDERAL judge in New Jersey has rejected a legal challenge to the state's "family cap" on welfare, which denies additional public assistance to mothers who give birth to more children while they are on welfare. U.S. District Judge Nicholas H. Politan rejected claims by the American Civil Liberties Union and other groups that the cap was a form of discrimination and interfered with a woman's reproductive decisions. The judge argued that the law does not "constrain the welfare mother's right to bear as many children as she chooses; but simply requires her to find a way to pay for her progeny's care." He said the reality faced by the mother who had an additional child while on welfare "is the reality known to so many working families who provide for their children without any expectation of outside assistance."

We have doubts about the family cap policy and oppose its imposition on all the states through federal law, as proposed in the welfare bill approved recently by the House. But the issue itself is surely a political and policy question, not a constitutional issue for the courts to decide. That's why Judge Politan has made the right call

here. The New Jersey law does not single out any particular class of welfare recipient; it applies the same rule to anyone who has an additional child on welfare. Legislators have the right to decide on the shape and size of public assistance programs and to give fair warning to citizens about what will and will not be paid for.

The policy question at stake is more troublesome. Large claims have been made on behalf of the family cap as a way of curbing out-of-wedlock births. The data from New Jersey so far show a drop in the number of births to mothers on welfare since the cap took effect. But as is often the case in these matters, the data themselves have been the subject of controversy. It is not clear that the drop has been dramatic, nor is it clear how much of it can be attributed to the family cap and how much to other factors. Rather than mandate this policy on the whole country from Washington, Congress should wait for more results from New Jersey and other states that have imposed similar caps. The policy should then be judged not only by its effect on birthrates but also by its impact on the well-being of poor children.

N.Y. Times; 5-8-95

An Unwinnable Welfare Race

One of the most disheartening aspects of the current budget squeeze in New York is that its elected leaders seem eager to join a nationwide race to lower welfare benefits. Both Mayor Rudolph Giuliani and Gov. George Pataki seem determined to insure that the state not serve as a magnet for the poor because of its allegedly generous welfare benefits. But their quest is founded on dubious premises and will only harm poor families with children. This is a race that cannot be won, economically or socially.

Washington should take note. The nationwide slash-a-thon in welfare benefits will only accelerate if Congress transfers responsibility for welfare to the states. Republicans are gaining in their bid to eliminate welfare as an entitlement, turn the program into a block grant of limited size and give states broad discretion on how to design their welfare programs.

But as many critics, including this page, have long pointed out, once welfare becomes a block grant there will be no incentive for states to maintain benefits, since they will not lose Federal matching aid if benefits are cut. A kind of reverse beggar-thy-neighbor approach has already started as each state tries to beggar its own program.

In Connecticut, a bill slashing welfare benefits has gained broad bipartisan support. In New York, aides to Mr. Pataki are arguing that the Connecticut plan offers another reason for the Governor's own proposed welfare cuts. The cuts, they say, would make it less attractive for all those poor folks from Connecticut to suddenly migrate here. Mayor Giuliani added recently that in supporting welfare cuts he was not trying to drive welfare recipients out of the city, but that mobility by the poor is a "good thing" in principle.

Since the 1930's, income programs for some of the poor, mostly families with children, have been shared between the states and the Federal Government. In reforming welfare, the Federal Government should bear more of that responsibility, not less. Because poverty is a product of national forces, it is not appropriate for states with large concentrations of poor people to have to bear the overriding burden of caring for them.

Governors and mayors of the United States used to be the most articulate advocates for a national approach to poverty. In the 1980's, at the height of the Reagan-era budget cuts, they led the states and cities to spare their own safety nets from destruction. But now as Republicans govern in statehouses and city halls in New York and elsewhere, there are no articulate voices demanding that poverty be taken seriously as a national problem rather than one to be thrown on the doorsteps of localities.

Instead, it is now the mayors and governors themselves who seem most prepared to give up and let poor families fend for themselves. A conspicuous exception has been Gov. Christine Todd Whitman of New Jersey, who opposes cuts in welfare benefits because of the damage they are likely to inflict on families. But no one has led the fight nationally to remind Americans of the true nature of the poverty problem.

By all means, let Mr. Giuliani, Mr. Pataki and others lead the way in more rigorously scrutinizing the welfare rolls to reduce fraud and abuse. That may save some money and will certainly help strengthen public support of welfare. The Mayor is also right to demand more work requirements for those recipients able to work. But trying to compete in a race to cut welfare benefits is cruel and futile.

Chgo. Trib.; 5-5-95

Can we get back to all the other needy kids?

By Patrick T. Murphy

After bonding with his very decent and loving adoptive parents for four years, Baby Richard has been compelled by forces way beyond his control to live with individuals whose sex act led to his birth. Will he suffer as a result? Probably. And, since I was personally involved in the case, I have a point of view concerning where the fault lies. But I do not wish to discuss that in this article.

Over the past year or so, the media has very thoroughly reported on all sides of the Baby Richard issue.

However, while the little blond-haired, blue-eyed boy who previously lived in a northwest suburb and who will now live in a southwest suburb was being shown on thousands of televisions screen and in thousands of newspapers over the past several days, hundreds of other stories, equally and even more tragic, were unfolding in the Juvenile Court of Cook County. These stories did not gather one line of media attention. No one stopped to show the pictures of the brown-eyed, chocolate-skinned youngsters on the nightly news, nor did the TV trucks roll up to the Robert Taylor, Stateway Gardens or Cabrini Green housing projects to get a view of the children being taken from or returned to abusive parents.

Perhaps the public just isn't interested in the case I worked on yesterday involving a 17-year old father with two children, one 8 months and the other 9 months, by two moms. The father brought the babies into a room with him and locked the door. The

children screamed for hours while one of the mothers tried in vain to get into the room. Later, when the father did let the babies out, they were rushed to Chicago Osteopathic Hospital where the attending physician stated that in his judgment the father had

sexually abused the infants.

Or take the case that I worked on today involving the woman whose 12-year-old daughter became depressed and attempted suicide because her mother was always high on drugs and alcohol and physically whipping her and her 7- and 8-year-old siblings. The 12-year old has said that she doesn't want to live with the mother because the drug problem had gotten worse. Last week, the mother left the two youngest children alone and a neighbor allegedly raped the 8-year-old.

Perhaps the public has lost interest in the court because the numbers are too overwhelming. In 1966 there were 8,000 kids in the custody of Department of Children and Family Services in Cook County. By 1991, that figure had leapt to 20,000. Today, there are more than 39,000 children in DCFS custody. Since the first of the year, an average of 40 new abuse and neglect cases have been filed every day. In 1968 when I first got involved in the juvenile justice system, one judge, on a part-time basis, heard all abuse and neglect cases in Cook County. Today, 14 judges and 20 hearing officers are overwhelmed and overburdened by the number of cases pouring into the system.

In many of these cases the tragedies impacting upon the children, and often the families, are as great or greater than the Baby Richard story. But the media, which at one time was interested, has turned away, and probably for good reason. Perhaps, the public does not want to know what is happening in the underclass community.

But we must heed what goes on in these communities and what goes on in the courts and the social service agencies trying to cope with this crushing societal problem. If we do not, it will overwhelm us the way it has overwhelmed the inner city.

The fates of these little boys and girls in Juvenile Court, their worth, their futures—or as in many cases lack of futures—are as important as Baby Richard's.

The silence of our community toward them perhaps speaks pages of unspoken but thunderous words of our true feelings about these youngsters.

Patrick T. Murphy is the public guardian of Cook County.

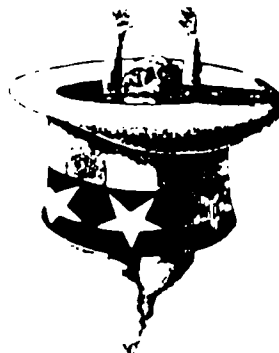


Illustration by Tim Brinton

Balt. Sun; 5-6-95

More Green for the Gray Years

By SARA ENGRAM

In 1971, the second White House Conference on Aging convened amid an air of possibility. Life was far from golden for many of America's senior citizens, but delegates to the conference retained a deep faith that government could make it better.

Sure enough, the next year Congress increased Social Security benefits by 20 percent and established yearly cost-of-living increases.

No such optimism pervaded the fourth White House conference, held this past week in Washington. The mood was one of defiant defense.

Republicans, none too comfortable in the hot seat, were pilloried for suggesting large cuts in Medicare to help finance a tax cut. President Clinton refused to help them out of the corner and won the crowd by insisting that "There is a right way to face this challenge and a wrong way."

Rhetoric aside, the Medicare challenge needs serious attention soon. Projections show that its trust fund will run out of money within seven years. No politician underestimates the difficulty of reforming a popular program for a politically powerful group. But no one familiar with the demographic trends can ignore the stark realities.

According to the Census Bureau, the "oldest old," those aged 85 and older, have been the nation's largest-growing group, increasing by 274 percent between 1960 and 1994. That increase will continue in the coming years. Last year, those 85 and older numbered 3 million, about 1 percent of the nation's population. By 2050, that age group will have grown to 19 million, or about 5 percent of the total population.

The "oldest old" are only one part of the picture. Health-care expenses begin increasing much younger than that. The cost of care for people over 65 is four times greater than for those under 65. Medicare will be a big worry for many years to come.

If it's any comfort, the United States is not alone in wondering how it will care for its elderly citizens. Similar demographic trends can be found around the world, and some other countries are even worse off than we are.

The International Labor Organization reports that because more people are living longer and retiring earlier, public pension expenditures and health care for the elderly will become the largest budget items for governments in most industrial countries during the next 10 years.

Within 30 years, 26 percent of the population of Western Europe will be over 60, compared to 19 percent in 1994. And if current trends continue, very few of them will still be in the work force.

In the Netherlands since 1960, the percentage of men between 60 and 64 still in the labor force dropped from more than 80 percent to about 20 percent. Similar percentages were found in Austria and France.

In the United States, the drop has not been as precipitous. Even so, the country would do well to revise its attitudes toward older workers and find ways to allow them to remain productive members of the labor force as long as possible.

Remaining active can also help people stay healthier, and that can have an impact on the federal budget. Congressional Research Service reports that although senior citizens made up only 12.6 percent of the population in 1990, more than 10 percent of the federal budget was spent on programs for them.

It's easy to read alarm into these figures. But that's not the point. We're not talking about "problems" to be solved, but about people, many of whom are willing and able to help the country find ways to ensure that the golden years really do have the measure of dignity they deserve.

One report released this past week suggested that the elderly themselves can help relieve the pressures on Medicare. Researchers estimated that with a commitment to preventive health care and to exercise, senior citizens could save an estimated \$260 billion in medical expenses over a five-year period.

Another report in the Journal of the American Medical Association noted that even short-term exercise could have valuable benefits in preventing injuries from falls and in building the strength and mobility that will help them retain their independence.

In the coming months, we'll be hearing a lot of rhetoric from politicians, torn between a vote-rich interest group and the fiscal realities facing the country. Let's hope we'll also hear saner voices, looking for the solutions that will not only ease the financial burdens of old age, but also increase the ability of older Americans to remain energetic, active citizens.

Sara Engram is editorial-page director of The Evening Sun.

TONY SNOW

Wash. Times; 5-8-95;

Playing hide-and-seek with Medicare reform

Bill Clinton committed what should have been an act of political folly last week. He declared his intention to run and hide from the issue of Medicare reform.

"I believe it is wrong simply to slash Medicare and Medicaid to pay for tax cuts for people who are well off," he told the White House Conference on Aging. "We must have a sense of what our obligations are." He then declared that he won't do anything to retool the system until Republicans make their views known.

If that doesn't qualify as cowardice under fire, nothing does. Yet, the move seemed to frighten the GOP. Rather than taking the offensive, they tried to match the president's evasion for evasion. Newt Gingrich talked of postponing discussion of the matter until September, and Senate Republicans said nothing at all.

The real world doesn't afford honorables the luxury of waiting. Despite the president's chatter about duty and envy, the cold truth is that the Medicare system is going spectacularly broke — and the crash will hurt everyone.

The most recent report of the trustees of the Medicare system makes the case. The program that finances most outpatient medical treatment, Medicare Part B, has become a fiscal black hole.

It's no mystery why. Enrollees this year will pay a premium of \$46.10 a month and a deductible of \$100. In return, they will receive benefits averaging nearly \$2,400. In other words, the system will generate an annual deficit per beneficiary of more than \$1,800. The gap will continue to rise — hitting the \$3,900 mark in 2002. If the system remains unchanged, Part B could generate a cumulative deficit of \$1.5 trillion over the next 20 years.

That's the good news. Medicare Part A, the hospitalization insurance program, will begin collapsing soon. The program draws its revenue from a trust fund that, in theory, contains \$135 billion. That account will begin losing money next year, and trustees guess that it will go broke no later than 2002.

This means big trouble on the deficit front. At this instant, Medicare is the fourth-largest program in the federal budget after Social Security, defense and interest on the national debt. It could rise to No. 1 within the next decade if costs continue to rise twice as quickly as in the rest of the medical industry.

To put the debacle in perspective, consider this: The average single-earner household in which the breadwinner retires this year will consume \$127,000 more in benefits (for both parts of Medicare) than it paid for through taxes, contribu-

tions and so on. The figure for two-income homes is \$117,000 — for single females, \$65,000, and for single men, \$40,000.

In order to save Part A, administration statisticians say Congress will have to slow benefit growth immediately by 30 percent or raise taxes 44 percent — even though lawmakers have hiked Medicare levies 23 times in 29 years. The tax increase would push Medicare outlays to roughly 7.5 percent of earnings, close to the average worker's 7.65 percent contribution to Social Security. And the change merely would postpone bankruptcy for 25 years.

The status quo thus subjects retirees to unconscionable uncertainty. A person retiring today has no assurance of receiving Medicare benefits six years from now. The crisis thus offers Republicans a sterling chance to dramatize the compassionate potential of free-market reforms while deflating the president's rhetorical bubble with a dose of truth.

Conservative think tanks have produced a bevy of studies that outline sensible ways to encourage price competition, reward senior citizens who shop for the best prices, and put an end to the tyranny of Soviet-style centralized medicine. The Heritage Foundation will release a series of proposals this week. So will the Progress and Freedom Foundation. Furthermore, the National Center for Policy Analysis has produced bundles of work on the most conservative option of choice — medical savings accounts. Each organization promotes the same goal — more and better care for a lot less money.

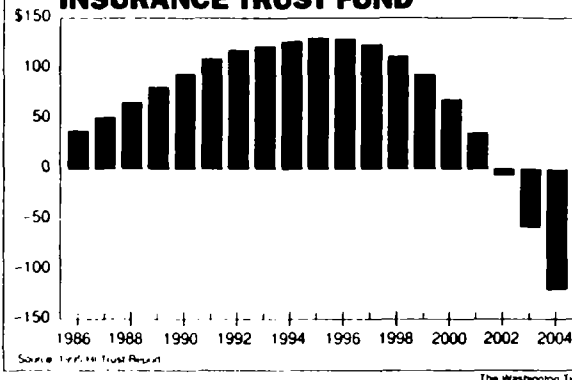
But before the Gingrich Brigades lay out a scheme for revolution, they must rebut the president's warnings of woe. Deborah Steelman, a budget official in the Reagan administration and a prominent Medicare maven, notes that "there is a thirst for information and a premium for leadership" outside the Beltway.

So far, President Clinton has tried to lead like an ostrich. That leaves the field wide open for Republicans — but only if they can muster the courage to tell the unpleasant truth.

Tony Snow is a Washington-based editorial page columnist for the Detroit News and is nationally syndicated.

BRUCE BARTLETT

BALANCE OF THE HEALTH INSURANCE TRUST FUND



In early April, the board of trustees of the Federal Hospital Insurance (HI) Trust Fund, better known as the Medicare part A program, issued its annual report. (Medicare part B, which pays for physician services, is funded separately with premiums paid by beneficiaries and from general revenues.) All except two members of the Board are Clinton administration officials, including the secretaries of Treasury, Labor, and Health and Human Services.

What the report says is that the hospital insurance portion of the Medicare program is rapidly going bankrupt. As the figure indicates, starting next year the HI Trust Fund begins declining rapidly. By the year 2002 the fund is completely exhausted. The fund balance, which is expected to peak at \$136.3 billion this year, falls quickly to a negative balance of \$126.2 billion by the year 2004.

At present, some 36 million Americans draw benefits from the HI program — 32 million elderly and 4 million disabled. The HI program pays for hospital care for those over age 65 and for the long-term disabled. Taxes paid by 141 million workers pay their benefits. At present, the HI tax rate is 1.45 percent on employers and employees, for a 2.9 percent combined rate. This tax raised \$95.4 billion in 1994.

Unfortunately, spending for the HI program already exceeds revenues from the payroll tax. In 1994, the Trust Fund paid out \$104 billion in benefits, plus \$1.3 billion in

administrative expenses. The difference between income and outgo was covered by interest on securities held by the Trust Fund and by revenues from the taxation of Social Security benefits.

What all this means is that Congress is going to have to act quickly either to raise payroll taxes or reduce Medicare benefits. And the sooner action is taken, the less painful these steps will have to be.

The Trustees are required by law to make recommendations for restoring the financial soundness of the HI Trust Fund when imminent exhaustion of the fund becomes apparent, as it is now. However, they completely failed to do so. The only recommendation made was to establish a commission to study the matter.

It is ironic that an administration that made health care reform the centerpiece of its legislative program has so utterly abrogated its responsibility to deal with the imminent bankruptcy of the government's largest health program. Since Ira Magaziner has had nothing else to do since collapse of the Clinton health plan last fall, why wasn't he put on the case? The answer, many suspect, is that the Clinton administration would rather demagogue the health issue than deal with it.

Bruce Bartlett is a senior fellow with the National Center for Policy Analysis and a contributing writer for The Washington Times.



Illustration by Kevin Klineck. Ft. Worth Star-Telegram

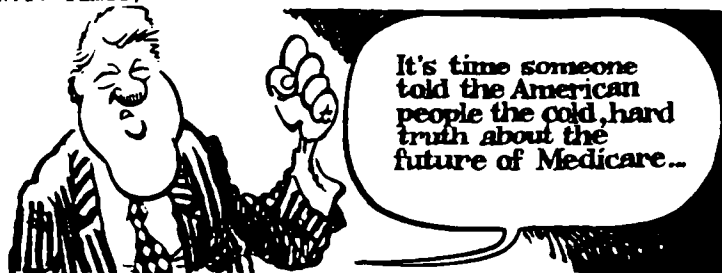
Wash. Post; 5-7-95

**"HOW ABOUT SOME LEADERSHIP? LET'S SEE YOU
OUT FRONT NOW IN OUR CHARGE ON MEDICARE"**



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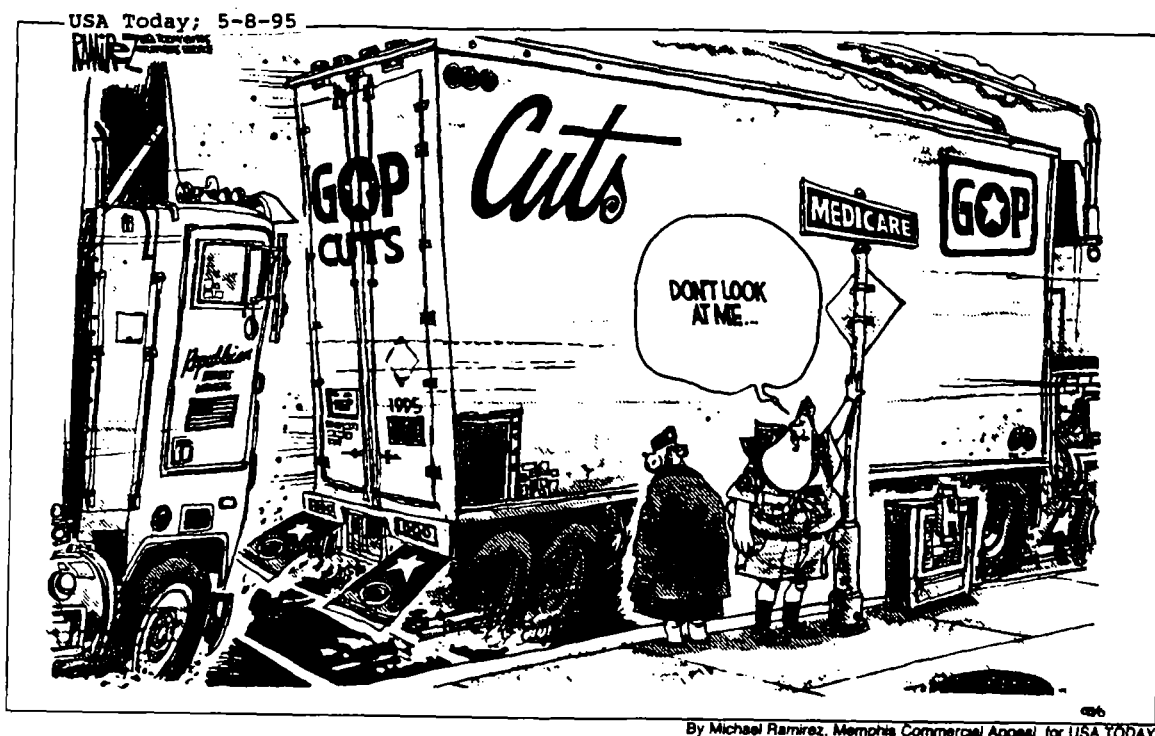
N.Y. Times; 5-7-95



Jimmy Margulies
The Record (Hackensack, N.J.)
North America Syndicate



Don Wright
The Palm Beach Post
Tribune Media Services



Today's debate: HIGHWAY SAFETY

USA Today; 5-8-95

States know what's best

OUR VIEW State and local officials know their needs best. Washington shouldn't dictate to them.

I-10 stretches hypnotically out of Tucson across the desert. Yet the speed limit is the same as on I-64 as it undulates through the mountains of eastern Kentucky.

Any driver traveling those roads would recognize the foolishness of the uniformity instantly. It exists only because the federal government requires it.

Common sense says those most familiar with the roads know best. But that's not the way it's done. Technically, states set the limits. But if they dare set them faster than 55 in urban areas or 65 elsewhere, they face federal financial penalties. So they go along.

Seat-belt and motorcycle-helmet laws work much the same way. Forty-eight states have belt laws, and 25 require all riders to wear helmets. But if states don't pass both, they must divert some of their highway funds to safety programs — even if the money could be used to prevent more accidents by repairing dangerous bridges or roads.

Now, there's a move afoot in Congress to remove the federal shackles. A Senate subcommittee took the first step last week. It voted to repeal the national speed-limit law and let states set the limits without coercion from Washington.

Auto safety advocates are up in arms. They look at a highway fatality rate that fell from 5.2 per 100 million miles traveled in 1968 to 1.8 in 1993, thanks in part to such laws, and predict mayhem on the highway.

But that's not likely.

State officials can read statistics, too. They don't want to be responsible for blood on the roads. They know polls show public support for safety laws. Three states rejected efforts to repeal belt laws last year, and two fought off repeal of helmet laws.

The argument today is not about whether seat-belt and helmet laws save lives, whether excessive speed kills or alcohol impairs the ability to drive. They do. The argument is about who's better suited to balance safety against sensible use of the roads.

The answer is that the states are. They, not the feds, already write the rules of the road, enforce vehicle and traffic laws, and pay the bills.

The proper federal role in auto safety lies elsewhere. Only it can force automakers to build safe cars.

Washington also is uniquely equipped to serve as a clearinghouse for information about traffic convictions and driving licenses — a role it now fills in cooperation with the states — and it serves the country well by sponsoring safety research.

But when it comes to setting speed limits and requiring seat belts, states belong in the driver's seat.

USA Today; 5-8-95

Uniform laws work best

OPPOSING VIEW Only a federal role can ensure strict laws that save thousands of lives each year.

By Federico Peña

While it is difficult to put a price tag on the emotional pain and suffering of highway accident victims and their families, we need to acknowledge the costs to all of us of 40,000 highway deaths and 3 million injuries each year. Motor vehicle crashes cost the nation more than \$137.5 billion annually, much of which is paid by taxpayers through Medicaid, Medicare and Aid to Families with Dependent Children.

We have emphasized four methods of improving safety — the 21-year-old minimum drinking age, safety-belt and motorcycle-helmet use laws and enforcement of speed limits — because these have proved especially effective in reducing highway crashes. They also achieve savings of \$18 billion annually in associated costs such as health care, lost tax revenues and increased public assistance. If the states do not have these provisions, the states lose no federal highway funds; funds are transferred from construction to safety programs.

Congress in a 1984 law provided that states that did not enact age-21 drinking laws would have a portion of their highway aid shifted to safety programs. As a result,

all 50 states have these laws, with 800 deaths and 10,900 injuries prevented and \$1.7 billion saved each year. Without federal involvement, every state still would have to establish its own minimum drinking age. This would lead to the return of "blood borders" between states which young drivers would cross in order to drink, resulting in additional deaths and injuries.

Helmet laws also have been effective. California's law has reduced fatalities by 36% and saved the state millions of dollars. Colorado's motorcycle fatality rate dropped 23.8% after its helmet law was adopted, and rose 29% after it was repealed.

Excessive speed causes one-third of highway fatalities, at a cost of \$24 billion a year. Since the 1987 law allowing a 65 mph limit on some rural Interstate highways, there has been an annual increase of 500 deaths and \$900 million in costs on these roads.

It is clear that without a federal role, there would be no national minimum drinking age, and many states would have no motorcycle-helmet or safety-belt laws. Without federal involvement, injuries and fatalities certainly will increase, as will the related costs borne by the taxpayer.

Our department's highest priority is ensuring safety. While you can do your part by driving safely, we must continue to do all we can at every level of government to make our highways as safe as possible.

Federico Peña is secretary of Transportation.

Wash. Post; 5-7-95

Dr. Foster and the Kansans

DR. HENRY FOSTER finally got a chance to present his own case to be surgeon general of the United States, and he made the most of it. In two days of testimony before the Senate Labor and Human Resources Committee—during which his critics didn't pull their punches—Dr. Foster put his nomination back on solid ground by directly confronting, and we think persuasively handling, the charges that have been raised against his candidacy. In general, Dr. Foster came across as the open and dedicated practicing physician and medical educator that his supporters have made him out to be. Frankly, it took a performance on the order of last week's to overcome his disastrous White House-engineered introduction to the American people three months ago.

The committee now has the next two to three weeks to chew over Dr. Foster's responses to several key concerns. There is the credibility issue raised by the different answers he gave about the number of abortions he had performed (the discrepancies were due to lack of preparation and a faulty memory, not deceit, he testified), his knowledge of the infamous Tuskegee syphilis study before the story broke in 1972 (he maintains he never knew, even if others in small Macon County, Ala., did), and his sterilization of severely retarded women (within medical norms at the time, he said).

The committee's seven Democrats and at least one Republican, Vermont's Sen. James Jeffords, have made up their minds to support him. Committee chairman, Kansas Republican Sen. Nancy Kassebaum has yet to decide how she will vote but has said she has no interest in dragging out the nomination any longer. She wants to report Dr. Foster's nomination to the floor where the Senate can work its will.

Sen. Kassebaum's decision won't please social con-

servatives who would prefer killing off the nomination in committee or not letting it come to a vote on the floor. But Sen. Kassebaum, who is noted for her independence, fairness and integrity, made a call that is perfectly consistent with her well-deserved reputation. Dr. Foster is fortunate to have his nomination in the hands of the junior senator from Kansas. It's Kansas's senior senator, Majority Leader Bob Dole, who bears watching.

Sen. Dole is in a tight political spot of his own making. Since making known his presidential ambitions and at every turn, Bob Dole has been "jammed" by Phil Gramm, a chief competitor. The Texas senator's can-you-top-this? contest with Sen. Dole is part of their bidding war for support among social conservatives, who, unfortunately, have made Dr. Foster a cutting-edge issue. To slake their thirst, Sen. Gramm has promised to filibuster Dr. Foster's nomination. In an attempt to go him one better—or worse—Sen. Dole has threatened to bar a vote on the nomination. Sen. Dole needs to find a way out of that briar patch.

There are strong signs that many Republican senators would just as soon take a pass on engaging in an extended public donnybrook over a nominee of Dr. Foster's caliber and personality. The Clinton administration, having almost blown the Foster nomination at the starting gate and having watched his resurgence (despite White House involvement), is relishing the thought of Republicans' denying Dr. Foster a Senate vote. It may fall to Sen. Kassebaum, who conducted a splendidly fair and open hearing, and other moderate Republicans to speak with Sen. Dole about his plans. If Phil Gramm can succeed so easily in forcing changes on White House aspirant Bob Dole, he makes Kansas's senior senator seem to be more follower than leader.



Balt. Sun; 5-6-95

On Dr. Foster, It's Not Even Close

Before he announced Wednesday that he expects to vote for Dr. Henry W. Foster's confirmation as surgeon general, Sen. Jim Jeffords, R-Vt., got right to the heart of the Senate's advise-and-consent duty. "I have always believed," he said, "that in the matter of executive branch appointments it is the president's prerogative to choose his own people unless the nominee is unqualified for the post either because of lack of experience or ethical or legal problems. . . . Our task [is not] to assess ideological leanings. . . ."

The Labor and Human Resources Committee did an excellent job assessing Dr. Foster's qualifications. It demonstrated to all reasonable observers there is no ground for opposing this nomination.

The most effective questioner of Dr. Foster was freshman Sen. Bill Frist, R-Tenn. As a physician and a Tennessean, he knows more about the man he called "Hank" and the issues relating to medical ethics and professionalism than any other member of the Senate. His questions made it clear to all fair-minded observers that Dr. Foster's career is deserving of respect, even at each of the career junctures now being criticized by opponents — abortions, a syphilis experiment, sterilizations, a pregnancy prevention program.

We don't know how Senator Frist will ultimately

vote. He is under great pressure from his party to do his partisan duty. If he does, we believe he will with great personal regret — and the realization that politics, unlike medicine, "ain't beanbag." Committee Chair Sen. Nancy Kassebaum, R-Kans., is under double pressure on this nomination. Not only from her party; her Kansas colleague and friend, Sen. Bob Dole, has allowed the confirmation to become a critical battle in his war for the Republican presidential nomination.

"If Senator Dole with a Republican majority in the Senate cannot defeat a nominee he opposes," warned the Rev. Patrick J. Mahoney, director of the Christian Defense Coalition, "pro-family and pro-life activists have every reason to question his ability to lead and insure justice for all of its citizens." For that group, the fact that Dr. Foster has performed abortions is a litmus-test issue. But it is not, as both Senator Kassebaum and Senator Frist emphasized. "Given the breadth of issues that will face the surgeon general," Senator Frist correctly said, "I believe it is critical that we select someone well versed in public health issues generally, and that we not focus on one issue."

Focusing on all relevant issues, personal and professional, Dr. Foster is clearly a highly qualified nominee. It's not even a close call.

CAL THOMAS

Wash. Times; 5-7-95

There are two critical issues surrounding the nomination of Dr. Henry Foster to be surgeon general. One is whether his approach to sexuality has produced its announced goals. The second is whether he should be believed when he said he wants to make abortion "safe, legal and rare," a phrase often used by President Clinton, who in fact has done nothing to make it rare and much to further the procedure.

The Washington Times located a manual for Dr. Foster's ballyhooed "I Have a Future" program. It was designed to help train a staff teach children ages 10 to 17. The manual gives equal emphasis to contraception and abstinence, declares that children should develop their own sexual values and shows how to shop for and wear condoms.

Furthermore, the only study conducted by Meharry Medical College, in Nashville, Tenn., which was running Dr. Foster's program, shows that not only did it fail to reduce the number of pregnancies among teen-age participants, but those in the program were more likely to engage in sex than those in a control group. Somehow the message about the benefits of delaying sexual gratification until marriage was missing.

But it's in the abortion wars that Dr. Foster's credibility is stretched to the breaking point. At first, Dr. Foster employed the selfish line of his ousted predecessor, Dr. Joycelyn Elders. Like Dr. Elders, he said

Tell-tale results of Foster's program

every child should be "wanted," ignoring the fact that many children "unwanted" at a time a woman finds she is pregnant become very much wanted if allowed to live.

Has Dr. Foster been a champion of limiting abortions? Not if one goes back 14 years to a program funded by Upjohn, the pharmaceutical company located in Kalamazoo, Mich. In 1981, Upjohn wanted to test an abortion suppository that some believed would allow women to do their own abortions at home.

Dr. Foster was put in charge of the testing program at Meharry Medical College-Hubbard Hospital. At the time, Upjohn spokesman Joe Heywood said the suppository was being developed for use only in hospitals. Mr. Heywood disavowed a suggestion he said came from Dr.

Foster that the suppository could be used at home. Mr. Heywood said Dr. Foster himself raised such a possibility in the publication OBGYN News.

A story in the Feb. 5, 1981, Nashville Banner indicated Dr. Foster expected the drug could be used at home. It reported: "Foster said the suppository could free women from the expense, surgical risks and hospitalization required by conventional forms of abortion." The doctor was quoted by the paper as saying: "If approved for marketing, women will be able to buy suppositories with a prescription and learn to insert them at home."

And who were the subjects for the abortion suppository? Since

Meharry Medical College and Hubbard Hospital are located in a largely black area of Nashville, it is safe to assume that the patients were black, though neither Meharry nor Upjohn would confirm that at the time. Does this give credence to the old claim by some black leaders that blacks had been targeted for "genocide" by whites whose goal was to reduce the welfare population by promoting permissive abortion among them? But that was before the morality of abortion was obscured by the politics of abortion.

Is Dr. Foster as squeamish about abortion as he says? It seems for years he has run with pro-abortion hard-liners. He was a member of Planned Parenthood's national board 1978-81 and its national advisory council 1981-85. Since 1989, he has served on the National Leadership Committee to Keep Abortion Safe and Legal (but not "rare"), a Planned Parenthood affiliate organization.

During the hearings, Sen. Barbara Mikulski, Maryland Democrat, argued there should be "no litmus test on individual issues." Tell that to Judge Robert Bork. If a Democrat-controlled Senate wouldn't confirm Judge Bork for the Supreme Court, a Republican Senate ought not to confirm Henry Foster as surgeon general.

Is Dr. Foster as squeamish about abortion as he says? It seems for years he has run with pro-abortion hard-liners. He was a member of Planned Parenthood's national board 1978-81 and its national advisory council 1981-85.

Cal Thomas is a nationally syndicated columnist.

WALTER MEARS

Wash. Times; 5-6-95

Dr. Foster and the confirmation process

Welcome to the club, one senator said, telling Dr. Henry Foster that it must be mystifying to hear his career replayed in bits and pieces that would make his own resume hard to recognize.

Another said Dr. Foster was entitled to "the presumption of innocence," as if he were up for trial, rather than for confirmation to become surgeon general.

Observations like those, from skeptics as well as supporters, came again and again during two days of hearings on the Foster nomination. Whatever the outcome for him, the confirmation process is at issue too.

It can, and often has, become an ordeal for the men and women a president nominates to serve in administration posts or for federal judgeships. It also can become a barrier, prompting prospective nominees to say no.

The answer to that always has been that here are plenty of other qualified candidates ready to take the jobs involved. That may not always hold true, given the torturous track awaiting a nominee who stirs controversy.

Dr. Foster has been on his track for three months, with weeks more to go. There is the prospect that eventually it will hit a dead end, clouded, as he said himself, by abortion and "the issue of my credibility, which has never ever been questioned before."

It is being challenged now, by Republican opponents, in a campaign that will intensify should the nomination be sent from the Senate Labor and Human Resources Committee to the full Senate. Democrats contend that the credibility questions are cover for opposition really based on the abortion issue.

On that, Dr. Foster and the White House worsened their own problems with initial misstatements on

the number of abortions he performed. He now puts it at 39. Dr. Foster, an obstetrician-gynecologist from Nashville, said he'd relied on memory at first without checking the records, and that was a mistake.

"But it was an honest mistake," Dr. Foster said. "I am a doctor. I had never experienced anything like the media scrutiny that I attracted following my nomination. In my desire to provide instant answers . . . I spoke without having all of the facts."

At that point, he wasn't getting much help from the White House aides who do know the system, in part because of the assumption there that a black physician with a pioneering 38-year career, honored by a Republican president and praised by his friend and fellow physician, GOP Sen. Bill Frist, would be a no-problem nominee. That led to unasked questions, unchecked records and to the controversy that persists.

Dr. Foster heightened it himself with his slip of the tongue complaint about white right-wing extremists, and his comment that there was something fishy about the way black nominees have been treated.

"Race has no part in this," he told the committee.

Politics does, on a nomination now tangled in rival campaigns for the GOP presidential nomination. Sen. Phil Gramm of Texas threatened a filibuster to block Dr. Foster. Sen. Bob Dole, front-runner for the nomination, said he may use his power as majority leader to prevent a vote in any event, insisting that the issue is truthfulness, not abortion.

Sen. Nancy Kassebaum of Kansas, the committee chairman, backs Mr. Dole for president but not his argument on Dr. Foster. "He has been made into a pawn in our abortion debates," she said.

Sen. Christopher Dodd, Connecticut Democrat, who made the "presumption of innocence" comment, said he fears that what Dr. Foster encountered "would discourage other good people in any administration when asked to step forward and serve their country."

Sen. James Jeffords, Vermont Republican, told Dr. Foster he can be proud of his work and mystified at the way it has been dissected. "It may be small consolation, but welcome to the club," Mr. Jeffords said. "We all go through it in political campaigns." He said he's sorry the same pattern often marks confirmation proceedings.

"We are not here to rummage through the attics of his life in search of every possible mistake or imperfection," said Mr. Frist. It happens.

Walter R. Mears is vice president and columnist for The Associated Press.



Chgo. Trib.; 5-5-95

Foster deserves Senate approval

In two days of hearings, neither Henry Foster nor the Senate panel members considering his nomination to be surgeon general addressed perhaps the most compelling question: Why have a surgeon general?

The focus of the Labor and Human Resources Committee wasn't on why the nation has to have a bully pulpit for health care. Or on the remarkably limited duties and powers of an office that has created so much heat in the last couple of years.

That's a debate for another day. Right now, the question to be resolved is whether Foster should fill it. And the answer would seem to be: Why not?

Nothing that emerged during his confirmation hearings suggested that Foster is unqualified for the job, either on medical or moral grounds. Advocacy groups on both sides of the abortion issue have been waging war over this nomination, sending out treatises on why Foster's nomination is critical to their respective causes. But the only legitimate issue is whether the Senate should consent to Foster's filling the symbolic role of the nation's top doc. It should.

Foster went into the hearing dogged by questions about how many abortions he has performed. Was it "fewer than a dozen," as he once said, or 39, as he later asserted. While the discrepancy was initially troubling, his explanation sounded perfectly plausible—it was the difference between an off-the-cuff

response and one given after a diligent check of 38 years of records.

What's more important is that, while zero would be the only acceptable number to opponents of abortion, 39 in a 38-year career hardly suggests that Foster ran an abortion mill, as his most virulent opponents tried to insinuate. There's no reason that abortion should derail his nomination.

Foster's prospects for approval by the committee appear to be good, but a foul situation is developing in the Senate, with presidential politics as the pollutant. Sen. Phil Gramm, a Republican presidential aspirant, hopes to score points with abortion opponents by leading a filibuster against the nomination on the floor. Senate Majority Leader Bob Dole, the early front-runner in the GOP pack, has threatened to outdo Gramm by preventing the Foster nomination from coming to a debate or vote by the full Senate.

If Dole acts on his threat, it will be a gross misuse of power. The public expects the Senate to discharge its constitutional responsibility to advise and consent by debating this nomination and making a decision.

It's a wonder that a respected, veteran physician would ever subject himself to this demeaning nomination process. At times, it seemed that Foster was ready to break under the strain. But he survived, and he has made his case to be surgeon general.

N.Y. Times; 5-7-95

The Doctor Heals Himself

By JERRY GRAY

IN two days last week, Dr. Henry W. Foster Jr. demonstrated just how malleable political fortunes can sometimes be in Washington — his own and President Clinton's. As he talked, laughed, wept and bristled his way through a Senate confirmation hearing on whether he will be the next Surgeon General of the United States, he seemed to wipe away the gloom that had settled over the nomination just a few weeks ago. Instead, he gave an uncomfortable jolt to those Republicans trying to derail the nomination on the grounds that during a 38-year medical career as an obstetrician he had performed some three dozen abortions.

Defining the Issue

Though the fate of the nomination is still far from certain, what seemed to be taking place was a dramatic turnaround for the President: By choosing to stick by this mild-mannered and personally appealing nominee on his record of helping prevent teen pregnancy and the legality of any abortions he performed, the White House appeared to have found a way to turn Republican strategy against itself.

By the end of the hearing, Dr. Foster seemed to have put the emphasis back on a goal everybody says they want — fewer out-of-wedlock children born to teen-agers — and to have marginalized the much more ideological debate over whether a doctor should be barred from holding office because he performed some abortions as part of a regular practice.

At the very least, the 61-year-old obstetrician-gynecologist walked away with a boost to a reputation that had been tarnished during one of the fiercest public debates over a Presidential nominee in recent years.

Whether or not Dr. Foster ever ascends to the bully pulpit of the Surgeon General's office, his nomination and the strong showing he put in last week during his confirmation hearing have placed Mr. Clinton in one of the strongest political positions he has enjoyed since the Republicans took power on Capitol Hill in January.

If Dr. Foster is confirmed, it would go a long way toward erasing an image of

Mr. Clinton as a weak and indecisive leader. That image was colored in large part by a string of embarrassing retreats on other nominations and was highlighted by the near-disastrous White House bumbling that occurred during the early days of Dr. Foster's nomination.

But even if the nomination eventually comes to grief, the political effects for Mr. Clinton could be beneficial, since polls have shown that an overwhelming number of voters and the public in general support abortion rights, and it is clear that Republican efforts to derail the nomination can be cast as a play to the anti-abortion lobby.



Dr. Henry W. Foster Jr.

Dr. Foster's nomination is now expected to clear the Labor and Human Resources Committee within the next two weeks, but then must survive the crush of Republican Presidential politics.

Senator Bob Dole of Kansas, the Majority Leader and a candidate for the Republican Presidential nomination, has threatened to block a full floor debate on Dr. Foster's nomination. If the nomination should reach the floor, Senator Phil Gramm of Texas, one of Mr. Dole's rivals for the Republican Presidential nomination, has threatened a filibuster.

But neither Mr. Dole nor Mr. Gramm is eager to stir up a debate over abortion so early in their campaigns, even though it is a defining issue for the conservative Republican voters on whose fidelity both men have staked their futures.

Majority Politics

Playing to the majority of Americans who support abortion rights, Mr. Clinton last week escalated his effort to depict the opposition against Dr. Foster as being based on his having performed legal abortions.

"We're not going to let this good man be put in a little box for somebody's political objective," Mr. Clinton said early in the week. "He deserves to be more than a political football in the emerging politics of the season."

JERRY GRAY

L.A. Times; 5-8-95

Arthur Fletcher

Fighting to Stop the GOP's Headlong Plunge to the Right

BY JACK NELSON

ARTHUR A. Fletcher, the Republican Party's most prominent African American official and its most durable champion of civil rights, poses a problem for the GOP as it gears up for the 1996 election year.

For 50 years, going back to his college days in Kansas, Fletcher has been a Republican activist. Since the age of 30, when he was vice chairman of the Kansas State GOP and helped lobby a fair-employment law through the state legislature, he has been a friend and ally of Senate Majority Leader Bob Dole (R-Kan.), the early front-runner in the race for the Republican nomination.

But the 70-year-old Fletcher, a member and former chairman of the U.S. Commission on Civil Rights, now accuses the GOP of waging "total war" on affirmative action and of using "a group of African American hired guns" to sow confusion in the black community on the issue. He recently broke his political ties with Dole after the senator announced he no longer supports affirmative action. Fletcher wrote a letter, in February, to Dole expressing his disappointment but says the senator never replied.

As assistant secretary of labor in the Nixon Administration, Fletcher devised the first successful enforcement plan for affirmative action, known as the "revised Philadelphia Plan," that requires employers doing business with the government to set goals and timetables for hiring minorities. As later amended, the plan includes women.

In a conversation last week, Fletcher said he fears the attempt to roll back affirmative action could further aggravate an existing tense racial situation in this country. Already, he says, the United States faces the danger of a race war with heavily armed militants on both sides.

Fletcher, a tall, husky former professional football player for the old Baltimore Colts, is the father of five grown children. He speaks rapid fire in a deep voice and, leaving no doubt that he feels the right wing controls his party, says African Americans think the GOP's "contract with America" is a contract on them.

Fletcher served as President Gerald R. Ford's deputy assistant for urban affairs, as President Ronald Reagan's vice chairman of the Pennsylvania Avenue Development Corp., and President George Bush's Civil Rights Commission chairman. President Bill Clinton named his own chairman, but Fletcher remains a commission member until his term expires next November.

Question: How have you seen the Republican Party change from your early days?

Answer: From the time I joined the party as an active participant, in 1948, up to the end of Nixon's first term, the party was reasonably interested in trying to increase the actual participation and involvement of African Americans. After Nixon's second election in 1972, there was a decided change. At that point, the philosophy of winning elections became anti-black and the party was less than interested in making an organized effort to bring the African American community into the party.

Q: Does it concern you that all the Democratic congressional delegation from Georgia, for example, is black, and all the Republican delegation is white?

A: That really says something with reference to what is happening to our two major parties. There is real concern in the black community, and among what I call fair-minded white Americans, that the Democratic Party could end up being the so-called "black party." And with race being the issue that it is today, that bodes not only ill for the black community but it bodes ill for the country as a whole.

Q: What about the Christian right's influence in the Republican Party?

A: It's quite significant and doesn't surprise me that much. The perception in the black community is that the Southern Baptist church, which is 12 to 15 million strong, is anti-black. In the perception of African Americans, that group includes

Jack Nelson is Washington bureau chief for The Times. He interviewed Arthur A. Fletcher in The Times bureau.

Jerry Falwell, Pat Robertson and some other televangelists.

Q: You've been a long-time ally of Sen. Bob Dole's. He hasn't answered your letter yet on his opposition to affirmative action?

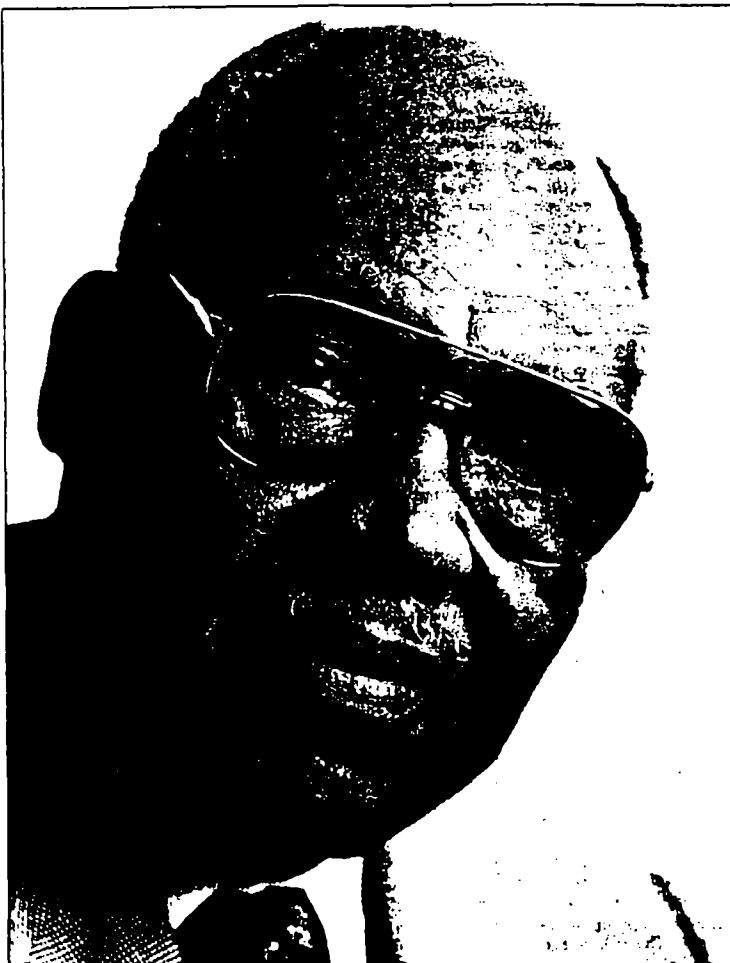
A: No, Bob hasn't answered my letter. But it seems to me that Phil Gramm, Pat Buchanan and Pete Wilson and Bob Dornan—all are so far to the right that they're trying to pull Bob over there, with the clear understanding that if you don't come over and join this far-out, right-wing element, you will not win the nomination at the national convention.

So Bob understands that being in front in the polls is one thing, and winning the nomination in San Diego is something else. So he's caught between a rock and a hard place, and I understand that.

Q: So, realistically, does he have to pander to the right to get the nomination?

A: He's got to give them considerable consideration if he intends to win the nomination. Of course, in my case, I'm planning to enter the race and lift the debate to a higher ethical and moral level, and actually deal with the issues that this country is faced with... the name-calling and the mud wrestling will be over and we'll be really talking about such issues as America's present and future security, both internal and external—and now we understand that we do indeed have an internal-security problem, which nobody would have admitted before the bombing in Oklahoma City.

Q: You mentioned internal security being a problem, but some Republicans and Democrats have dismissed the militia of Montana, Michigan and others around the country as a lunatic fringe—"wackos," as they put it. Is it a mistake to dismiss these



STEVE BARRETT / for The Times

people as just being a little fringe that don't represent a threat?

A: ... Trying to deny that a crisis exists is dangerous. It's time to face the reality of what's really upon us and deal with it. But I'm finding that everybody says we've got to protect First Amendment rights now. I don't have any problem with that, but that doesn't give us an excuse to put this issue on the back burner and pretend that it doesn't exist. It does exist, and it is dangerous. So much so that—I don't want to be an alarmist, but—the possibilities of a Rwanda or a Bosnia in the U.S. is as real as it could be.

Q: After the L.A. riots in 1992, you said you thought the riots sprang from what you called "a cancer of racism that's been eating away at the nation's moral fiber and infecting practically every institution in government—education, health, and the judicial system, the cornerstone of our democracy." Is that the way you see it now?

A: That's exactly the way I feel. Nothing has changed. Except we know it now, and we can't hide it and it's time to deal with it.

Q: Are you concerned that the Republicans, with their emphasis on rolling back affirmative action, might kill the U.S. Commission on Civil Rights? It's almost been killed several other times. Unless you have reauthorizing legislation, you'll go out of business in September, 1996.

A: They'll reauthorize it. We're not an enforcement agency. If we had been an enforcement agency and had some power to cause some direct change, then I'd be concerned.

But it's very clear that that element of the Republican Party that has made race an issue and gender-bashing an issue have their own think tanks. have their

own war rooms and are all set at the crack of the bat to put a spin on any negative raised and come out looking like saints.

They have actually put in place the instrumentalities to defend and justify just about any negative that they come up with. In addition to that, they have hired a group of African American "guns" and are paying them well. ... I'm talking about a party that has decided to make total war on affirmative action, starting with confusing African Americans about what equality of opportunity and the message for getting there is all about. Get them to debating the issue among themselves and plant some agents inside the black community to confuse them. A la Tom Sowell. A la Shelby Steele.

Those youngsters are being well-financed by right-wing conservatives to cause chaos, confusion and dissension within the black community. They put them out front and get them on talk shows and get them to write books.

Q: And you say they finance them.

A: Finance them. Not only that, but sell them. There is a group of corporations that buy those books and give them to their employees, then bring Tom Sowell in, and bring in Williams, and bring in Steele to lecture to the work force in a way of saying you have no reason—if you read these guys—you have no reason to be guilty about the plight of African Americans.

Q: What do you think about the "contract with America"?

A: I find it kind of clever. Some folks call it a contract on America. I might add that that's what most of the African American community thinks. They think it's not only a contract on America; they think—when it's all said and done—it's a contract on them. The African American

community is really concerned about the whole Reagan approach that is now a part of the Gingrich approach—in which they want to call for pulling the plug on programs.

Reagan offered no program, whatsoever, to improve the quality of life for people living on the margin during the full eight years he was in there. Gingrich and the right-wing element that's running the show now, likewise, have yet to come forth with a program that would cause it at least to be a soft landing on the part of people living life on the margin, but also with the promise of turning it around.

Q: In the year before the 1992 Los Angeles riots, you were warning about how bad the situation was. And you predicted there were going to be problems in the cities if something wasn't done. You seem to be saying that, once again, we're at the point where you can have another explosion.

A: It's worse than that. ... the difference between the '60s, when African American cities were on fire, and now is that, this time, the suburbs are armed to the teeth. In addition to that, the ghetto is armed to the teeth.

Couple with that masses of white folk who live in the suburbs and have never really communicated with African Americans. They have no idea that, in their heart of hearts, they're peace-loving people themselves. Consequently, if a handful of radicals react violently on either side of the equation—and we now know we've got them on both sides—we could have a race war.

I wish I could really capture the phrase that would say what I think, where I think we are right now. There is an uneasiness in the black community that almost defies description. I was trying to describe it in a presentation I made. I use the example of farm animals when something is getting ready to happen. They go into an interesting behavior pattern. You'll see the horse drop his tail ... and you look around and you can see the clouds, that something's getting ready to happen. There is that kind of uneasiness in the African American community right now. They anticipate that something horrible is going to happen if we don't get it stopped.

Q: That is an extremely scary scenario. Are there other people you know in the African American community, or in the white community, for that matter, who share that sort of view?

A: Oh, yeah. ... in the black community, you can go into any contact point and spend some time there, and the conversation will drift around to how uneasy they feel and how dangerous they feel the times are right now. I imagine that since the explosion in Oklahoma City, it's accelerated quite a little bit. You can go to barber shops, you can go to beauty salons, and different water holes or back-yard picnics and parties in the African American community, it will drift to that.

Then pretty soon you'll hear the conversation start talking about the worry and concern we have over the young generation that's in high school today and that element in colleges and universities and community colleges. Real dire concern about what might happen to them.

Q: Is the same thing true in the Hispanic community?

A: The Hispanics, after Proposition 187. There was a very rude awakening for them. And what you're finding when you have conversations with them ... some of them are still kind of shellshocked over the blatant racism.

There is deep, deep concern, and it's kind of a shock to them. Some of their leadership didn't perceive that they were being seen in the same light as African Americans. □

The Phila. Inq.; 5-5-95

The Foster consensus

He's prudently conservative; he favors abstinence; can a nominee be more middle of the road?

The real story of the nomination of Henry W. Foster to be surgeon general isn't how little his views are in sync with those who find him unacceptable — but how much.

Had he not faltered at the starting gate, flubbing with White House assistance the first questions on the precise number of abortions he'd performed in a long and distinguished career, the anti-Fosterites might have had to confront that rawest of dilemmas in American politics — what to do when the other side (horrors!) agrees.

Indeed, if ever there was a narrowing of the divide over how to deal with one of the nation's chief public-health problems — the debilitating rise in unwed, teenage mothers — the nomination of the fundamentally prudent, conservative, decent Dr. Foster was it.

He is not about those things that inflame the political right. He does not proselytize about condoms in the schools. He does not pop off — even in symposia, so far as we know — about educating youngsters about the mysteries of masturbation. And we doubt he'd be likely to start yacking about legalizing drugs without explicit Oval Office clearance.

No, he is not Joycelyn Elders.

He is the flip-side of Dr. Elders: He carefully emphasizes the family's role in talking out touchy sexual topics. He doesn't put down abstinence; he lauds it.

And he has succeeded, to some extent, with a teen pregnancy pre-

vention program that used job training, tutoring, medical services and family planning to get teenagers to delay sex and childbearing.

In other words, he brings to the table both the style and proven strategies that, for years in this country, most Americans have found both sensible and worthy of pursuing.

For goodness sake, President Bush awarded Dr. Foster one of his Points of Light. Add up the Americans who voted for Mr. Bush and Bill Clinton, and that's quite a majority.

Henry Foster should be hailed as the dream compromise nominee — neither anti-abortion nor, certainly, pushing abortion as the panacea to unwanted pregnancy.

But this is, of course, the beginning of a presidential campaign. And it has fallen to those who should find solace in the Foster nomination to reflexively and, in some cases, dishonestly try to defame his reputation and overlook his conciliating views.

They should not win this debate. They should not be permitted to destroy the Foster consensus for momentary advantage in New Hampshire.

The need to get on with combating the complexities of teen pregnancy — poignantly chronicled on The Inquirer's Commentary Page this week — is, frankly, far too important.

For that special reason, Dr. Foster may well be the most qualified physician to assume this crucial bully pulpit. He should be voted out of committee and voted on by the entire Senate.

And confirmed.

NEW YORK POST, WEDNESDAY, MAY 3, 1995



We All Must Die; Who Can Tell Us When?

Two experts reflect on painful issues prompted by changing technology and morality.

RETHINKING LIFE AND DEATH

The Collapse of Our Traditional Ethics.
By Peter Singer.
256 pp. New York: St. Martin's Press. \$22.95.

SUICIDE IN AMERICA

New and Expanded Edition.
By Herbert Hendin.
312 pp. New York: W. W. Norton & Company. \$23.

By Daniel J. Kevles

IN "Rethinking Life and Death," Peter Singer, one of the founding philosophers of animal rights, turns to address one of the most volatile issues in human medicine. He contends that the fundamental doctrine of the sanctity of all innocent human life is in "deep trouble," much "like cosmology before Copernicus," with the result that the ethics built upon it has become a "farce," producing "tragedy" in intensive care units all over the Western world.

The formal standard of death that currently prevails is irreversible loss of all brain function, even when the body can be maintained by respirators and other machines. Mr. Singer convincingly argues that this definition is inadequate because some brain function can continue when the cortical region is dead or, in the case of anencephalic babies, absent. What is gone or missing are the functions essential to personhood, including cognition, awareness and emotional response. What is present is the elemental control of vital processes, like breathing, which can keep people alive in a vegetative state.

Mr. Singer analyzes decisions to remove life support in a variety of cases of cortical death drawn mainly from Australia, where he teaches, Britain and the United States, revealing that in practice a new criterion — the patient's likely quality of life — has emerged. The new standard tacitly assumes that all human life is not equally valuable, that to benefit from a life-prolonging procedure a "person must, at a minimum, have some capacity for awareness or conscious experience," Mr. Singer says, summarizing the point of the ruling of the House of Lords, acting as a high court, in a landmark case in February 1993.

Mr. Singer applauds that ruling and proposes to forge from the quality-of-life criterion a new, coherent ethics of life and death. However, while he is persuasive on cortical-death cases, his attempts to expand the criterion into a universal principle are, to say the least, highly debatable. For example, he claims that people who support abortion rights implicitly accept a quality-of-life guideline in justifying abortion. Fair enough when the abortion is prompted by a prenatal diagnosis that the fetus is abnormal; but the vast majority of abortions result from reasons that usually have nothing to do with the fetus's ultimate quality of life in Mr. Singer's sense.

He argues that what confers the right to life is not being human but possessing the capacity for personhood, which he also attributes to animals, like the great apes, that have mental and emotional lives. He considers it unjustifiable to grant greater protection to a human than a nonhuman animal if the human is less of a "person" than the animal, but his foray into animal rights amounts to a distracting and inessential digression from the issue of human life and death, which he otherwise treats with useful iconoclasm.

His book is analytically rich on the moral rights of newborns compared with those of unborn fetuses, and on how we treat anyone who is so physically or cerebrally degraded that there is no chance at a life of reasonable fulfillment. He challenges the disjunction between our willingness to tolerate withdrawing means

to sustain life and our rejection of measures — for example, lethal injection — that would actively end it. Mr. Singer thinks that euthanasia should be allowable for people who suffer the absence or irreversible loss of cortical capacity. But he also ventures the far more controversial claim that euthanasia and assisted suicide should be made legally available — as both have been in the Netherlands since November 1993 — to people who are unimpaired cortically but want to die because they are afflicted with an irreversible disease that causes unbearable pain.

The boundary between allowing to die and active medical killing marks a moral Rubicon. In his recent encyclical "Evangelium Vitae" (The Gospel of Life), Pope John Paul II condemns euthanasia and assisted suicide (along with abortion) as exemplifying an emerging "culture of death." Although he allows that "aggressive medical procedures" need not be employed to prolong the lives of the terminally ill, and that it is acceptable to administer drugs that reduce suffering even if they shorten life, he calls medical killing "crimes which no human law can claim to legitimize."



Still, universal morality tends to weaken the closer it comes to the exigencies of individual life decisions. Mr. Singer reports that euthanasia has the support of 80 percent of the Dutch people, and not only Protestant but Roman Catholic hospital chaplains. "The evidence shows," he writes, "that many people approaching the end of their lives fear suffering much more than death."

However — to turn to ethics in the particular, the care of individual patients — Herbert Hendin, a psychiatrist who has studied suicide extensively, finds that the evidence in many cases shows nothing of the kind. The new edition of his authoritative "Suicide in America" contains a sobering cautionary chapter on euthanasia, a subject treated in the original book, published in 1982, that he has now substantially revised and expanded in response to the growing advocacy of the legalization of medical killing. Dr. Hendin points out that like other suicide-prone people, terminally ill patients who say they crave an early rather than a lingering death tend to be suffering "from a treatable mental illness, most commonly a depressive condition." He holds that what they fear is death itself, but that they displace their terror onto the conditions of dying, such as pain and dependence. He writes that the vast majority "fight for life to the end." The minority who are disinclined to battle often turn around with counseling and become grateful for the additional time.

Dr. Hendin recognizes that hastening death can be humane under circumstances of unbearable suffering, but he convincingly insists that every case needs to be handled individually and that the average physician is

unequipped to assess the mental state of people who say that they want to commit suicide. He raises a red flag against the kind of assisted suicide presided over by Dr. Jack Kevorkian, whose efforts Mr. Singer applauds. Dr. Hendin says that Dr. Kevorkian is unqualified to determine whether it is appropriate to help people end their lives because he lacks deep knowledge about them and has an "investment in promoting assisted suicide."

Dr. Hendin deplors the recent enlargement in the Netherlands of the scope of legally assisted suicide to include people who are mentally but not physically ill, noting the dubious legitimacy of a depressed patient's life-or-death decision. He worries that euthanasia would discourage social efforts on behalf of disabled, handicapped or chronically ill people, and he warns that the mere social acceptance of euthanasia could prove to be a form of coercion, because when suicide is seen as reasonable, it could become unreasonable not to ask for it.

Although inattentive to the psychological issues raised by Dr. Hendin, Mr. Singer is aware that legalized euthanasia might lead to killing people because they

are burdens to their families or because their lives are deemed, as the Nazis deemed many, not worth living. He says that this need not be feared because a study conducted on the Dutch system in 1990 indicates that no decision to end life had been taken against a patient's will. Yet Dr. Hendin, who went behind the published document by interviewing the principal investigator, finds that it glossed over the reality of actual practice. He concludes that in an "alarming" number of cases — some 5,000, roughly 10 percent of the total — physicians unilaterally took action that would or could end a competent patient's life.

It is clear from the accounts of both Dr. Hendin and Mr. Singer that the Dutch and the British tend to defer to the judgments of physicians. Americans probably won't, and with good reason. Dr. Hendin, Mr. Singer, and — according to Dr. Hendin — virtually all Dutch advocates of euthanasia independently agree that it would be unwise to establish such a program in the United States, where good health care is unavailable to many, especially the poor; medical services are increasingly delivered impersonally rather than by a longstanding family doctor; and the profit motive so suffuses the system that euthanasia and assisted suicide could become a lucrative business. Nevertheless, our power to sustain hopeless life at both its beginning and its end continues to increase. Dr. Hendin suggests that the problem warrants assessment by a Presidential commission. If one is appointed, it could profitably begin by grappling with the pertinent issues raised in these two books, especially where they conflict.

Daniel J. Kevles heads the program in science, ethics and public policy at the California Institute of Technology. His books include "In the Name of Eugenics: Genetics and the Uses of Human Heredity."

Chgo. Trib.; 5-7-95

The thankless job of foster care

If foster parents had a dollar for every time a child welfare expert lauded them as the "backbone of the system," they'd be swathing their youngest charges in gold-plated Pampers. The rhetoric of nobility goes a long way in the child-welfare system.

But when it gets down to the nitty-gritty, the foster parent often gets treated like an indentured servant.

They take kids in the middle of the night; they take cocaine babies who never seem to stop crying; they take troubled kids who might set the dining room furniture on fire.

Tough conditions for foster parents aren't limited to Illinois. That may explain a disastrous trend: While many more children are coming into child welfare, many foster parents are leaving. Since 1979, participation in foster care has declined by 30 percent, according to the National Foster Parent Association.

The need for foster homes is greater than ever. Obviously, the system has to find ways to buck up its foster parents beyond paying them lip service.

It is encouraging that the Illinois Department of Children and Family Services has recognized the obvious: Children generally are better off in their own neighborhoods, where they can attend their own schools and stay in familiar environs. A pilot program in community-based foster care seeks to let them do just that.

The General Assembly can do its part by approving legislation that creates, in essence, a Bill of Rights for foster parents. It would provide, among other things, that foster parents have the right to participate in case planning and decision-making for a child and be given written notice of changes in a case plan or decisions to move a child to another home. Enforcement would be monitored by a Foster Care Advisory Council, which would include foster parents.

As a companion, lawmakers should also adopt Rep. Tom Dart's proposal for a statewide tracking system of foster-home availability. Nothing is more frustrating to a foster parent with an empty bedroom than to hear DCFS say it doesn't have any available homes.

Although it has stirred considerable controversy from child-welfare advocates who say it is punitive, the legislature should also pass Gov. Jim Edgar's multi-tier payment plan for foster parents.

Increasingly, children are placed with relatives who are pressed into service as foster parents. Often those relatives don't get licensed, so they aren't subject to the requirements for foster parents, and the state can't claim federal reimbursement for their payments.

Edgar's plan would set a lower payment rate for relatives who aren't licensed. They would get the foster-care rate once they are licensed—an obvious incentive to do so. One issue to be resolved is whether DCFS can ease some standards to qualify many relatives without compromising safety and care.

Edgar also proposes to pay basic Department of Public Aid rates and avoid opening a court case, when children have been living with a relative for some time before they're reported to DCFS.

The changes are expected to save \$44 million a year. Critics complain that these measures are tough, but they have to recognize the enormous financial pressures on DCFS and the legislature's increasing reluctance to pour more money into a \$1.2 billion system. This payment plan doesn't penalize licensed foster parents and should raise the levels of relative care.

Foster parenting is a tough job, one that, unfortunately, fewer people are willing to take on. They deserve our thanks, and our help.

Wash. Post; 5-7-95

Our Failure to Save the Children

Many well-intentioned and competent people have failed to rescue thousands of children from the D.C. foster care system. The latest would-be savior may be either a court-appointed receiver or a commissioner (and commission) on child and family services. But can we expect a receiver or a commissioner to help when so many others have failed?

U.S. District Court Judge Thomas Hogan hasn't been able to rescue the children, nor has the American Civil Liberties Union, which represents them. The Center for the Study of Social Policy, which is the court-appointed monitor, has failed, as have court-appointed supervisors, a professor from Howard University's School of Social Work (who was in charge of the program) and a member of the U.S. Children's Bureau. A change in mayors hasn't had much of an impact during the past four years either. How will a receiver or a commission do any better?

In 1959 Henry Maas and Richard Engler published "Children in Need of Parents," a national foster care study sponsored by the Child Welfare League of America. Among its most significant findings was that a community's foster care system reflects its culture, values, demographics, political beliefs and views about the family and children. This may explain why in Texas, six per 10,000 children are placed in foster care, while in Washington state the statistic is 85 per 10,000 children. Figures for the District are unknown.

This also explains why Minneapolis prides itself on its support of services for families and children, and why each of several Fortune 500 corpora-

tions in that community pledge more than \$1 million annually to support quality services.

Who supports quality services for the children in the District? Which companies, law firms, PACs, churches, civic groups, nonprofit think tanks or foundations donate sizable amounts to provide quality services to families and children? Can a receiver or commission change the District's sociology?

Current efforts at rescuing the foster care system can make short-term improvements but offer little in the way of long-term solutions. That's because they work from the top

down, with multiple layers of review and control. Such an approach never works in a human service organization, where the key "product" is the interaction of the line staff with desperate families and children.

Inadequate and demoralized staff, whose every action is reviewed by monitors, supervisors, court-appointed special advocates and the courts themselves, need more than a commission on child and family services. They need a community that can recognize the importance of their work, the complexity of their task, the personal risks to their safety and the emotional stress that comes from

working continuously with families and children in crisis. Another layer of review and control is unlikely to provide that.

Nationally and in the District about 75 percent of foster children live in foster family homes, where they can find love, support, comfort and security in addition to food, clothing and shelter. But the supply of foster homes has decreased, while the demand has increased. And the demand requires dedicated and skilled foster parents for infants who are HIV positive or born to drug-addicted mothers, children who have been abused or molested, adolescents who are having difficulty with school, gangs and loneliness. Will a receiver or a commission recruit more foster families?

Privatization of the foster care system merits consideration. The proposed commission would be a semi-private organization. Why not go all the way?

A number of excellent private organizations have good track records in the delivery of foster care services. Why not contract with three or four such organizations to run services on a functional basis? Why not get rid of those who have failed the children and the community?

Following such a course would not solve the problems foster children face in the District, but it would be a start toward changing the District's motivation and capacity to serve its families and children.

—Charles P. Gershenson

is vice president of the advisory council of the Columbia University School of Social Work.



BY BARRY MAGUIRE



Wash. Post; 5-6-95

BY PAT LUSTIG — THE WASHINGTON POST

Why Are These Men Smiling?

Just as words can be taken out of context, so can photos.

A case in point is the photo accompanying the article "Gingrich, Dole Attack Clinton Over Medicare Salvage Effort" (news story, May 3). To readers who did not see the press conference on C-SPAN, the photo, depicting a laughing Bob Dole and Newt Gin-

grich and a chart illustrating the decline of the Medicare trust fund, makes it appear that they are making light of Medicare's impending bankruptcy. In reality, Dole and Gingrich were making light of themselves, not Medicare's plight.

Dole had commented, "I make the charts and he [Gingrich] explains

them." Incidentally, the throng of reporters and photographers present were guffawing at Dole's and Gingrich's self-effacing jokes.

If you insist on using photos such as these, at least describe the context in the caption.

—Frank Vlossak

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World-Wide

THE SENATE ACTED TO SALVAGE proposed product-liability legislation.

Hoping to win over skeptical Democrats, supporters of the bill unveiled a new compromise that abandons a firm cap on punitive damages. The compromise, which could be voted upon today or tomorrow, sets limits on punitive damages in most of the cases but allows judges to make higher awards if they believe a defendant acted egregiously. The provision is a major concession to Clinton and other Democrats who have opposed the notion of federal caps on damage awards. (Article on Page A3)

The latest proposal emerged as a scaled-back alternative put forth by Majority Leader Dole failed to survive a Democratic filibuster.

World leaders gathered in Berlin to mark Nazi Germany's surrender 50 years ago. The leaders were in Paris earlier in the day for a military parade. Clinton, who is to attend Victory Day celebrations today in Moscow, honored American veterans in ceremonies in Washington and Virginia.

House GOP budget plans could force a major shift of costs onto states and localities, regulated industries, and federal beneficiaries to bring the government's budget into balance and pay for tax breaks. New user fees would be imposed on the broadcast, housing finance and pharmaceutical industries. (Article on Page A22)

French unions and Socialists warned President-elect Chirac he will have to deliver on his pledges to reduce joblessness and heal social divisions or face the threat of strikes. A day after the Gaullist mayor of Paris defeated Socialist Jospin, a Chirac aide said the main points of a labor and wage plan will be submitted to parliament by July 14.

The U.N. ruled out a military response to a Serb mortar attack on Sarajevo that killed 11 people Sunday, citing the "possible repercussions" for the U.N. mission in Bosnia. A U.N. spokesman said a protest would be sent to the Bosnian Serbs instead. The decision prompted criticism from both the U.S. and the Bosnian government.

Clinton flew to Moscow for what was expected to be a difficult summit with Yeltsin. Before leaving Washington, Clinton sent the Russian leader a letter assuring him that NATO isn't accelerating plans for eastward expansion. The summit also is clouded by Russia's planned sale of nuclear reactors to Iran and clashes in Chechnya.

Militia groups have stymied plans for an unprecedented conference among the 50 states over the redistribution of federal power. The groups have argued that the proposed conference was a plot to rewrite the Constitution and promote gun control. (Article on Page A12)

Tornadoes and rainstorms killed 21 people in southern Oklahoma and northern Texas over the weekend, and officials said the fierce weather was responsible for 400 injuries in Texas alone.

Clinton demanded immediate congressional action on his antiterrorism package, saying, "Nothing can justify turning this bill into a political football." House Speaker Gingrich had suggested the legislation could be delayed because of the promotion of an FBI official who oversaw the 1993 raid in Waco, Texas, and a 1992 Idaho siege.

New Alzheimer's research suggests that an obscure blood protein may play a role in the formation of a sticky "plaque" that clogs the brains of people with the disease, a team of British scientists has reported. (Article on Page B7)

Dr. Jack Kevorkian was present at the death of a 78-year-old Michigan man suffering from lung disease. It was the first death the retired pathologist has attended since the Supreme Court refused to shield him from prosecution. Since 1990, Kevorkian has been present at 22 deaths.

Israel offered to broaden Palestinian autonomy in the West Bank and Gaza Strip, but a dispute persisted over an Israeli plan to confiscate Arab land in Jerusalem. Separately, Jordan and Israel initialed draft agricultural, energy and environmental accords as part of their October peace pact.

Brazilian police killed 14 suspected drug traffickers in an eight-hour gun battle in Rio de Janeiro, police said. The shootout occurred in the Nova Brasilia slum where 13 people were slain during a confrontation with police in October.

THE GREEN SHEET

News About the U.S. Department of Health and Human Services

Vol. 42 No. 89

Tuesday, May 9, 1995

Wash. Times; 5-9-95

Republican: Medicare eligibility age should be raised to 67 in next century

ASSOCIATED PRESS

A leading House Republican suggested yesterday that the eligibility age for Medicare be raised to 67 in the next century in tandem with Social Security.

Rep. Bill Thomas, California Republican and chairman of the House Ways and Means health subcommittee, said it would be "crazy" to let people get Medicare two years before they can collect full Social Security benefits.

Addressing the conservative Heritage Foundation, Mr. Thomas also called for "reasonable means testing" of Medicare's Part B benefits, which help pay physicians' and other out-of-hospital bills for the elderly and which are heavily subsidized by general revenue.

Medicare is facing financial crises both in the short term and two decades from now, when the huge, post-World War II baby boom generation begins reaching retire-

ment age.

Republicans are hoping to save more than a quarter-trillion dollars from Medicare over the next seven years to avert bankruptcy in the hospital trust fund by 2002, and to help balance the federal budget.

Raising the eligibility age over the long run wouldn't do anything for Medicare's near-term crisis, but Mr. Thomas argued, "We've got to talk about the entitlement programs and the core beneficiaries as a combined concept."

"It makes no sense at all to have Social Security and Medicare significantly out of step... in terms of age structure — in the long run. You're talking post-2025," he said in his speech.

Congress voted in 1983 to gradually raise the normal retirement age in the next century to help keep Social Security on an even keel. The changes affect everyone born since 1938.

Starting in 2003, the normal age to draw full Social Security benefits will rise by two months a year, hitting 66 in 2009 for those born from 1943 through 1954. It starts going up again in 2021 for those born in 1955 and reaches 67 in 2027 for everyone born since 1960.

Social Security will still let workers draw early retirement benefits at 62. But eventually, when the normal retirement age is 67, benefits for 62-year-old retirees will be cut by 30 percent, not the current 20 percent.

Medicare has helped make the 33 million elderly the best-insured age group in America. Ninety-seven percent of seniors are covered by Medicare, 2 percent have other coverage and only 1 percent — 400,000 seniors — have no health insurance.

Seventeen percent of the under-65 population — 40 million people — are uninsured.

USA Today; 5-9-95

Delaware can begin its own welfare plan



USA TODAY
SHALALA: Contract is 'critical'

The Clinton administration Monday gave Delaware permission to implement a welfare-reform plan limiting most cash aid to two years and capping benefits to women who have additional children while on welfare. The Delaware project, the 28th state welfare waiver approved by Clinton, would force recipients to sign contracts to move them into the work force and require teen parents to live in an adult-supervised setting, attend school, immunize their children and take part in parenting and family planning education.

"More than a dozen states now recognize that a critical key to success in welfare reform is a contract that moves people from welfare to work," Health Secretary Donna Shalala said. Delaware would set a 24-month time limit on cash benefits to able-bodied adults over the age of 18. Recipients would have to sign a "contract of mutual responsibility" setting out training and other activities to move them off welfare. Recipients who do not meet the requirements would have their assistance cut — as done in 14 other states.

N.Y. Times; 5-9-95 p. 1

For Women With AIDS, Anguish of Having Babies

By FELICIA R. LEE

In Westchester County, Sandy L. spent years in soul-searching discussions with her husband before they decided, out of love, to have a baby despite the risk. The baby is due this month.

In Sheepshead Bay, Brooklyn, Monica Hernandez went through similar heartache, pregnant with a fifth child when so much about her future was uncertain.

These two women, the first a doctoral candidate with a good job, the second a homemaker who relies on welfare, share a moral dilemma that is only a few years old. They both have AIDS. And after learning they had the virus they both decided to risk the odds that the children would someday have it, too.

"Yeah, it is selfish," said Sandy L., a plump, 28-year-old in large glasses who spoke on the condition that her full name not be used. "Having a child is always selfish. I don't think my reasons are any different from any other woman. I think I can be a good mother."

The likelihood of an H.I.V.-infected mother passing the virus to her child are 15 to 30 percent, experts say. And new studies suggest that by taking the drug AZT during pregnancy and labor, women can reduce the risk to 8 percent.

For many women like Sandy and Ms. Hernandez, who have had to face their own mortality or lives freighted with obstacles, those are odds they can accept. They say that, indeed, with AZT the odds are in their favor, that nothing in life is promised, and

that if they have a child who is ill, they will love him or her anyway.

Ms. Hernandez, a small, wiry woman, four months into an unplanned pregnancy, said she could not bring herself to have an abortion.

"Life is hard," said Ms. Hernandez, who is 30. "My life has always been hard." "This baby is mine and I have a right to have it."

Most of the hundreds of H.I.V.-infected babies born in the United States each year have mothers who are unaware of their own infection. But more women who have H.I.V. or AIDS are knowingly taking the same risk as Sandy and Ms. Hernandez, according to doctors, social workers and advocates for people with AIDS.

Their choice reflects a phenomenon springing from the intersection of new science and new attitudes among people with AIDS, who are living longer and more comfortably than ever and are choosing not to see the virus as a death sentence.

In the end, the reasons are deeply personal. Some couples simply want to start a family and others want to replace the children they have already lost to AIDS. Some have accidental pregnancies and do not believe in abortion. Others, facing death, want to leave behind children who will perhaps have better lives.

"I don't plan on going anywhere anytime soon," said Don-

See AIDS, p. 18

Wash. Post; 5-9-95

Senator Urges Dole to Allow Vote on Foster

Nominee Apt to Pass Committee, Gregg Says

By Kevin Merida
Washington Post Staff Writer

Sen. Judd Gregg (R-N.H.) said yesterday that although he will oppose surgeon general nominee Henry W. Foster Jr., he has urged Majority Leader Robert J. Dole (R-Kan.) to allow a Senate vote on the nomination.

"My counsel is that he bring it to a vote," Gregg said in an interview. "As a practical matter, it's not the biggest fish in the pond. We might as well get it behind us."

Gregg's comments are significant because he is both a member of the Labor and Human Resources Committee, which is considering the nomination, and a Northeast regional co-chairman of Dole's presidential campaign.

Gregg said that based on conversations with colleagues, he expected Foster to emerge from committee with a 9-to-7 vote in favor of confirmation. Speculation has centered on whether freshman Sen. Bill Frist (R-Tenn.), who was sympathetic to Foster during the confirmation hearings, will provide the key committee vote in support of the Nashville obstetrician-gynecologist. The committee will vote on the nomination sometime after May 17.

Dole, who has threatened to prevent a vote on the Foster nomination, is coming under increasing pressure from Republicans to allow a floor vote and has signaled in recent days that he may be softening his position.

On CBS's "Face the Nation" Sunday, Dole said: "I want to sit down before anything happens and visit with Dr. Foster. He's entitled to that."

One of Dole's presidential rivals, Sen. Phil Gramm (R-Tex.), has promised to use Senate procedures, including a filibuster, to stop the Foster nomination if it is brought to the floor.

Gregg told a group of reporters earlier yesterday that though he would vote against the nomination in committee, he was not certain which way he would vote on a filibuster. It takes 60 votes to cut off debate, and Labor and Human Resources Committee Chairman Nancy Landon Kassebaum (R-Kan.) has said she believes a filibuster would fail.

Gregg, who posed tough questions to Foster during the hearings, said one of the reasons he was opposing him was because of his answers on abortion. "He is more than pro-choice," said Gregg. "He is an activist."

Staff writer David S. Broder contributed to this report.

ST. LOUIS POST-DISPATCH
SUNDAY, APRIL 30, 1995

Interracial Adoptions Gain Favor

U.S. Telling States: Comply Or Risk Suits

Compiled From News Services

WASHINGTON — Under new federal rules announced Monday, white parents would find it easier to adopt black children, who often spend years in foster care waiting for a permanent family.

The policies on interracial adoptions, drafted by the Department of Health and Human Services, pressure states to reverse longstanding, racially based practices that have delayed or prevented the placement of minority children into permanent homes.

The rules put into effect the Multiethnic Placement Act, a law Congress passed last year. The law bars states, or any private or public adoption agencies that get federal money, from delaying or denying the placement of a child solely on the basis of race, color or national ancestry.

The law takes effect Oct. 21. It also requires states to step up efforts to recruit potential foster and adoptive parents who reflect the ethnic and racial diversity of children needing homes.

States or agencies that violate the law risk being sued in court and losing federal money.

As many as 30 states have laws or policies that encourage adoption agencies to place children with par-

ents of the same race or that discourage families from ever applying to adopt children of a different race, department officials said.

In some states, families have been denied the right to adopt children of a different race or nationality.

The new policies are designed to help the growing numbers of children in foster care who are awaiting adoption. As of 1990, the most recent year for which figures are available, 20,000 children were legally available for adoption, and 49,000 others were in the process of becoming available.

But many of those free for adoption have special needs that make them difficult to place. Two out of three have a medical, developmental, behavioral or psychological problem, or have one or more siblings.

Most are school age; only 4 percent are under the age of 1.

Of all the children awaiting adoption at the end of 1990, about 46 percent already had waited two years, department officials said. Minority children spend, on average, twice as long awaiting adoption as non-minority children.

The new law is controversial because social workers have often delayed placements in order to achieve "racial matching" of adopted children. But such a balance is extremely difficult because 40 percent of the children awaiting adoption are black, but blacks constitute only 12.3 percent of the population.

Jet Mag.; 5-15-95

HHS Removes Race As Barrier To Adoptions Of Minority Children

The long searches that states have conducted to find Black adoptive families for Black children are illegal and can no longer be the primary factor in placing children for adoption, according to new guidelines published by the Department of Health and Human Services (HHS).

Federal officials recently notified states of the guidelines, based on the Multiethnic Placement Act passed by Congress last October, the Washington Post recently reported.

HHS informed states that it is illegal to slow down or hold up an adoption while caseworkers look for a family of the same race as a child.

The average length of time children wait to be adopted is slightly less than two years, and minority children reportedly wait longer than that—some researchers say twice as long.

The guidelines also note it is illegal to establish a list of criteria for placement based on race or ethnicity, and that social workers no longer have to justify interracial adoptions.

States that fail to comply risk losing federal funds or being sued by individuals.

Meanwhile, the Illinois House, hoping to reduce the number of children in the care of the state Department of Children and Family Services, recently passed a bill making interracial adoptions in the state easier.

Wash. Post; 5-9-95

Most Pregnancies Unplanned or Unwanted, Study Says

Finding Raises Questions on the Costs and Effects of Contraception

By Sally Squires
Washington Post Staff Writer

Nearly six out of every 10 pregnancies in the United States are unplanned or unwanted and the numbers are rising, according to a report released last month by the Institute of Medicine, an arm of the National Academy of Sciences.

These unintended pregnancies lead to an estimated 1.5 million abortions annually, making abortion rates in the United States higher than those of any other developed nation, despite the fact that it is often more difficult to gain access to abortion in the United States, the report notes.

Some of the highest rates of unintended pregnancies occur at the beginning and at the end of childbearing years. In 1990, 77 percent of the births to women in their forties and 86 percent of births to unmarried teens were unintended, the report found.

The IOM report comes on the heels of several other recent studies of contraception in the United States and mother-child health issues. Together, these studies raise questions about the need for better understanding of the costs and effects of contraception on this, the 35th anniversary of the Food and Drug Administration's approval of the first contraceptive pill.

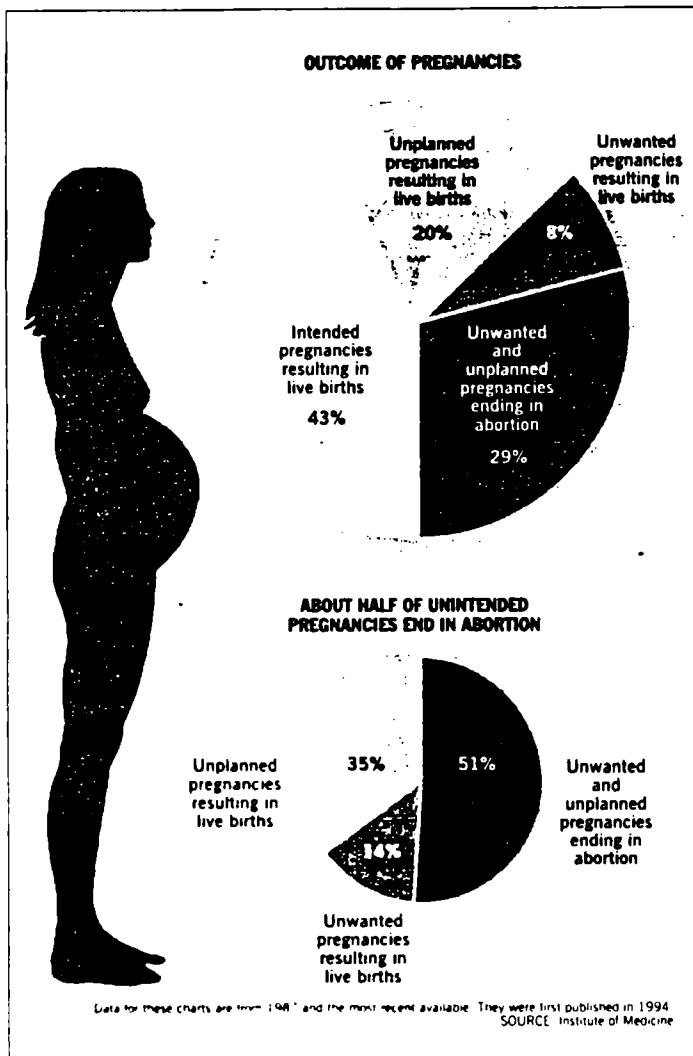
The mid-decade report of an ongoing federal study called Healthy People 2000 reported last month that teen pregnancies are now so common that one of every 10 girls in the United States aged 15 to 17 becomes pregnant. In addition to the troubling economic and social effects on the mother and child, researchers also are beginning to look at the medical impact of these births.

The medical repercussions were underscored in April by a University of Utah study, published in the New England Journal of Medicine. After examining the birth records of 134,000 infants, born from 1970 to 1990, to white, largely middle-class girls and women in Utah, the researchers concluded that young maternal age is itself a risk factor for such problems as low birth weight.

The researchers chose Utah with its large Mormon population to study because rates of cigarette smoking, alcohol consumption and illegal drug use are much lower than in other states. Such behaviors have often confounded the findings of other studies, making it difficult to sort out what caused pregnancy complications.

The Utah study also found that women 17 years and younger had the highest rates of birth complications, even when they were married, had received the right amount of prenatal care and had finished the correct amount of schooling for their age. These women were twice as likely to give birth prematurely as women aged 20 to 24, the study found, and they were twice as likely to deliver babies with low birth weights than mothers 20 years and older.

The findings are particularly relevant since "low birth weight and prematurity increase the risk for such conditions as mental



retardation, cerebral palsy, blindness and life-threatening infections," notes Charlotte Catz, chief of the National Institute of Child Health and Human Development's (NICHD) Pregnancy and Perinatology Branch, which sponsored the study.

The University of Utah findings add a new dimension to teen pregnancy problems by showing that "even if you take care of all the other major social and behavioral factors associated with poor birth outcomes in teenage mothers, you're still going to be left with a problem," said R.H. Ward, a University of Utah researcher and lead author of the report, which was sponsored by NICHD.

At the same time, experts caution that unintended pregnancy is not simply a problem

of adolescence or limited to the poor; it affects all segments of society. "Few people understand how extensive unintended pregnancy is, and even fewer know how serious the consequences are, not only for women, but also for children, men and families," said Leon Eisenberg, chairman of the Institute of Medicine committee that conducted the study.

The Institute of Medicine report notes that both lack of information about contraceptives and misinformation about some of their possible side effects contribute to the high rate of unplanned pregnancies. "Women think that oral contraceptives are more risky than pregnancy, whereas it is just the opposite: Pregnancy is riskier than taking oral contraceptives," said Allan Rosenfield, dean

of Columbia University School of Public Health and a member of the committee that wrote the study.

Financial barriers also play a role. Restrictions on Medicaid funding make it an "unreliable source of steady financing for contraception except for very poor women who already have a child," the study notes. And private health insurance often does not cover contraception at all.

"What we now have is an illogical system that wastes a lot of medical care dollars," said James Trussell, director of Princeton University's Office of Population Research.

In a separate study published in the April issue of the American Journal of Public Health, Trussell and his colleagues noted that only 20 percent of regular health insurers and 40 percent of health-maintenance organizations (HMOs) cover all five methods of reversible contraception—birth control pills, intrauterine devices (IUDs), Norplant, Depo-Provera and diaphragms.

"We're looking at 60 to 80 percent of health insurers and HMOs who don't cover these things," Trussell said. "It's not a plot, but the way we have always done things."

Yet by failing to cover contraceptive costs, health insurers—and ultimately consumers—wind up paying far more for unintended pregnancies. Trussell and his colleagues examined the costs of 15 contraceptive methods over a five-year period. They found that all contraceptives were "more effective and less costly" than using no method at all.

The most cost-effective methods of contraception were the copper-T-IUD, vasectomy (used to permanently sterilize men), Norplant (which is implanted under a woman's skin and slowly releases levonorgestrel, which prevents pregnancy by stopping ovulation) and Depo-Provera (which is injected). All were highly—and equally—effective at preventing pregnancy. They saved between \$13,000 and \$14,000 in medical expenses over the five years by preventing unintended pregnancies, even though the contraceptive costs ranged from about \$500 to \$1,300.

By comparison, other types of contraceptives, such as spermicides, condoms, oral contraceptives and diaphragms, cost less initially, but wind up costing more than the other methods because of their high failure rates or ineffective use.

"It doesn't really matter how good a birth control method is statistically, it matters how well a woman will actually use a method," Trussell said. "In order for it to prevent pregnancy, it has got to be used correctly and consistently."

And women need to have the money to pay for birth control. About two-thirds of women using oral contraceptives, for example, pay something out-of-pocket for their pills. Yet one unintended pregnancy costs a private health insurance company almost \$4,000, the researchers note.

WHISPERS

Moscow's ties with Washington, it would not surprise U.S. diplomats. They say that during Kozyrev's presummit visit to Washington, he often seemed unfocused and despondent and told his hosts that Russian President Boris Yeltsin was reserving final decisions on summit issues for himself—which could imply that he had diminished confidence in Kozyrev. The savvy Primakov, who served as an adviser to Soviet and Russian leaders beginning with Leonid Brezhnev, has strong credentials for the post: extensive foreign-policy experience, proven loyalty to Yeltsin and solid standing with Russian conservatives because of his hard-line, often anti-Western foreign-policy positions. While Kozyrev has maintained good rapport with many American leaders, Primakov's list of per-

sonal friends includes Iraqi leader Saddam Hussein.

CHANGE OF MIND

■ Although the White House responded coldly to last week's suggestion by Bob Dole that a bipartisan commission be appointed to study ways of coping with the soaring costs of Medicare (story, Page 44), until the night before the Senate majority leader made his proposal. Donna Shalala, the secretary of health and human services, privately was saying she would make the same recommendation at an upcoming congressional hearing. But after Dole floated the idea on a Sunday morning TV talk show, the White House political apparatus deep-sixed the idea, at least



Shalala

temporarily. The result: When Shalala was asked at the hearing held by the Senate Budget Committee last week whether the Clinton administration was in favor of Dole's proposal, the HHS secretary told Chairman Pete Domenici only that, "We have not committed ourselves to a commission."

HIGH COST OF PARKING

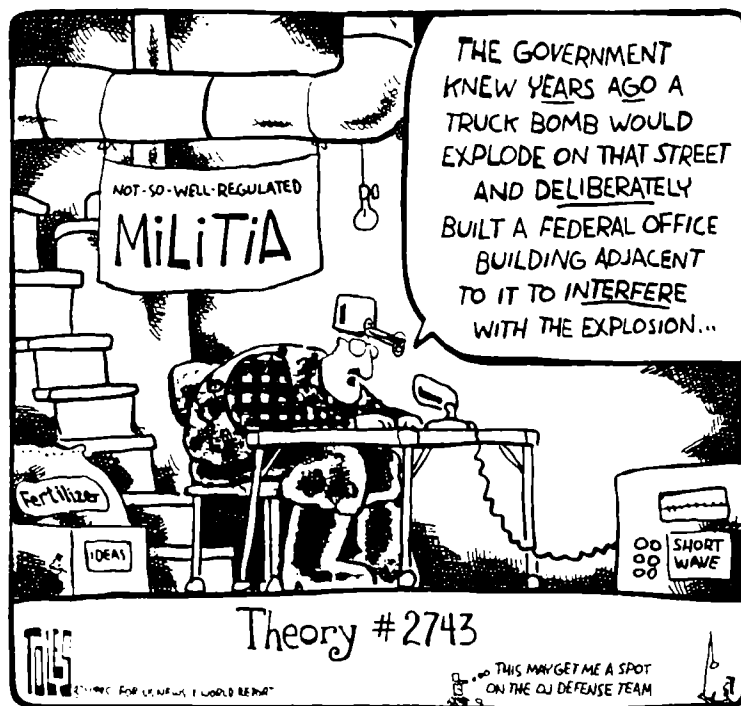
■ In the aftermath of the Oklahoma City bombing, federal security forces are locked in a bureaucratic battle with the District of Columbia. The issue: Metered parking alongside key federal buildings and monuments in downtown Washington. Officials at the Justice Department say that they want to stop tour buses from parking near the building entrance used by Attorney General Janet Reno—which happens to be

across the street from a popular Smithsonian museum. Moreover, without waiting for permission from local authorities, the FBI has summarily banned parking on a street adjoining the bureau's fortress-like headquarters. D.C. officials oppose the parking bans, insisting that there already is a severe shortage of parking spaces for the thousands of tourist vehicles entering Washington every day. But Washington, which teeters on the edge of bankruptcy, may have another reason for resisting the ban. According to the latest figures, motorists drop \$12.5 million annually into the city's parking meters.



By Gary Cohen with David Makovsky, Brian Duffy, Kenneth T. Walsh, Jeff Trimble, Alan Cooperman, Susan Dentzer, Michael Barone and Ted Gest

VIEWPOINT



OUT LOUD

"Let's just say I'm old enough to be cynical."

Vivian Ellis, a Georgia delegate to the White House Conference on Aging, on President Clinton's promise to preserve Medicare

"We have more stuffed animals, per capita, right now than any city in the world. . . . Frankly, what we need now is cash."

United Way official Tom Brown, on recovery efforts in Oklahoma City

"This is the hottest issue we will take up this session."

Texas state Sen. Eddie Lucio, after his colleagues adopted a resolution declaring the jalapeño the official state pepper

"I said move it, boy."

A guard addressing one of 300 shackled inmates as Alabama revived the use of chain gangs

Wall St. Jnl.; 5-9-95

Medicare Proposals Raise Questions—and Anxiety

By LAURIE MCGINLEY

Staff Reporter of THE WALL STREET JOURNAL

House Speaker Newt Gingrich's pledge this past weekend to drastically slow the growth of Medicare spending over the next seven years engendered new concerns among those enrolled in the program.

No matter that Mr. Gingrich promised that Congress would keep the current system as an option for enrollees who want it. Many people are nonetheless anxious and confused about the future of the government health-insurance program for the elderly.

Here are some answers to commonly asked questions about Medicare:

Q What does the budget debate mean to the 37 million Americans who are enrolled in the program, and to the doctors and hospitals who provide care?

A Specific Medicare changes will probably be debated for several months, but any substantial effort to curb Medicare growth is likely to affect everyone involved in the system. White House officials have suggested that, as a result of the GOP drive to cut costs, beneficiaries could end up paying an additional \$3,000 or more in out-of-pocket expenses over seven years—but critics say that number is based on faulty assumptions and is too high.

It's safe to assume that beneficiaries would face some increase in costs—whether from higher deductibles and premiums or the imposition of additional copayments. (The current monthly premium paid by Medicare beneficiaries is about \$46.)

Those electing to move into lower-cost managed-care networks would probably be spared the extra expense.

The Progress and Freedom Foundation, a think tank closely linked to Mr. Gingrich, has developed a proposal that would reduce projected Medicare spending

by \$250 billion over seven years by encouraging the wider use of managed-care arrangements and medical savings accounts. Under the plan, a traditional fee-for-service option would be retained for those who want it; but some services that are now fully covered, such as home health visits and laboratory tests, would require copayments by beneficiaries.

Hospitals are bracing for proposed changes affecting capital expenditures and inflation adjustments for inpatient procedures. Doctors are likely to face a further decrease in reimbursement rates.

In remarks yesterday, at the Heritage Foundation, Rep. William Thomas, chairman of the House subcommittee on health, said his panel would develop Medicare-reform recommendations that used a "balanced, shared" approach to shore up the system among beneficiaries and providers. And he said that down the road, Congress would have to consider raising the eligibility age for Medicare from the current 65; the age for full Social Security benefits will rise gradually to 67, beginning in the year 2000.

Q There is a lot of talk about moving the elderly into managed-care or similar arrangements. But didn't Speaker Gingrich say that no one would be forced into making such a change?

A Yes, the speaker and other Republicans, mindful of the political sensitivity of the freedom-of-choice issue, have repeatedly said the elderly won't be forced into managed-care or "coordinated care" networks. But they say many of the elderly will voluntarily make the change to get the additional benefits offered by many health-maintenance organizations, including coverage for drugs and eyeglasses. Rep. Thomas said flatly yesterday that those among the nation's elderly who opt to stay in the traditional, fee-for-service program probably would be required to pay more as the cost of the program increases.

Q Is it true, as the Republicans say, that Medicare is in financial trouble and needs attention?

A Yes. Last month, the Medicare system's trustees warned that unless changes are made, the hospital insurance trust fund will be insolvent by 2002.

But some Democrats argue that the extreme urgency in fixing Medicare has been manufactured by the GOP for political and budgetary reasons. They note that last year's trustees' report, which was similar to this year's, didn't stop the Republicans from blocking administration efforts to make major Medicare changes as part of comprehensive health reform.

Karen Davis, president of the New York-based Commonwealth Fund, contends that the insolvency projections are "highly uncertain" and extremely sensitive to economic and health-care trends.

There is little doubt, however, that Medicare faces a long-term funding crisis, especially as the baby-boom generation begins to reach eligibility in 2010. Action needs to be taken to shore up the program, and the sooner the better, many analysts say. "Any delay will require more dramatic cuts and program changes in the future," says June O'Neill, director of the Congressional Budget Office.

Q Aren't waste, fraud and abuse a big part of Medicare's problem? What's being done about that?

A No one knows exactly how much is lost each year to waste, fraud and abuse, but the General Accounting Office, in an admittedly rough estimate, puts the number at around 10% of the program's total budget. Last week, President Clinton announced "Operation Restore Trust," an intensive effort to ferret out fraud in five states—New York, Florida, Illinois, Texas and California—that together have nearly 40% of all Medicare and Medicaid recipients. The GAO said last week that "abuse of the Medicare program's billing system by doctors will cost the program \$1 billion over the next five years."

But Thomas Scully, president of the Federation of American Health Systems, which represents for-profit hospitals, contends that the best way to reduce fraud is to privatize Medicare. "There's much less fraud against the private carriers because they are much better at policing," he says.

Q What about the argument that scaling back the rate of Medicare spending growth without first passing comprehensive health-care reform will cause doctors and hospitals to raise prices for the privately insured patients to make up for lost revenue?

A: So-called cost shifting has become much more difficult in the current highly competitive, cost-conscious environment, analysts say. "Five years ago, people would shift costs," Mr. Scully says. "Now, they tend to lay off nurses or doctors, or buy less equipment. There just aren't many people to shift the costs to."

Q&A

L.A. Times; 5-9-95

Raising the Age of Medicare Eligibility to 67 Is Urged

■ **Legislation:** Chairman of a House health subcommittee says the program should match rise in Social Security benefits to 67 from 65.

By ROBERT A. ROSENBLATT
TIMES STAFF WRITER

WASHINGTON—An influential congressional chairman said Monday that Medicare's age of eligibility should be raised to 67 from 65 in the next century to assure the future solvency of the massive federal health care program.

"It does not make sense" for Medicare to be out of step with Social Security, said Rep. Bill Thomas (R-Bakersfield), chairman of the House Ways and Means health subcommittee. The age at which a retiree may receive full Social Security benefits, now 65, will be increased gradually starting in the year 2000, and will reach age 67 in the year 2027.

The nation must face the demographic reality of the huge baby boom generation and raise the eligibility age for Medicare or face a massive financial crisis for future taxpayers, Thomas said in a speech to

the Heritage Foundation, a conservative Washington policy organization.

This is not necessarily an issue for the current Congress, but something the country must grapple with in anticipation of the vast numbers of future retirees, Thomas said.

For the immediate Medicare challenge—the predicted bankruptcy of the hospital trust fund in 2002—Thomas said that his subcommittee will design a plan in the coming weeks to radically restructure the program and slow its "outrageous" 10% annual increase in spending.

Thomas warned of the need for financial sacrifices by the 36 million Medicare beneficiaries as well as the doctors and hospitals serving them. This likely will mean higher co-payments and deductibles by the beneficiaries and further restraints on payments to doctors and hospitals, he indicated.

Thomas also said that he wants to bring into the Medicare tax rolls the 3 million state and local employees who now are exempted. The Medicare payroll tax is levied on all wages, with workers and employers each paying 1.45%.

The subcommittee chairman declined to provide any details of the plan under development, admitting that the "difficult part" for his subcommittee will be crafting a plan that can win a majority in the House.

An estimated \$250 billion to \$300 billion over seven years, either in revenues or savings, is needed to restore fiscal solvency to the Medicare trust fund, according to the projections.

But Thomas and his fellow Republicans have rejected tax increases as a solution to the fiscal gap. "It makes no sense at all to put on the backs of employers increased taxes," he said.

Republicans have said that the short-term Medicare crisis can be managed by slowing the program's future growth rate from 10% a year to 7%, with the program spending \$1.1 trillion over the next seven years, instead of the \$1.4 trillion now projected. But Democratic opponents, supported by senior advocacy groups, doctors and hospitals, have said that the changes would harm both the availability and quality of care.

"One of the most annoying things is the role of groups representing seniors," Thomas said of the rising drumbeat of opposition from older Americans. Seniors "aren't getting a good package for the money" they put into Medicare, Thomas said. Their contributions include their co-payments, personal spending for things not covered by Medicare and supplementary health insurance.

"We've got to create a way for beneficiaries to get a

better deal," Thomas said.

He said that he believes the solution lies in managed care. The government could give Medicare enrollees a wide range of health plan choices, including health maintenance organizations and other networks of doctors and hospitals.

Such a system "doesn't have to be chaos," he said. The federal government could screen participating health plans and provide what amounts to a "Good Housekeeping seal of approval," he said.

Beneficiaries could remain in the current Medicare system, which allows them to select any doctor or hospital. But Thomas said that he thinks large numbers of Medicare beneficiaries would appreciate being able to choose among several health plans that offer things Medicare does not, such as coverage for prescriptions or the elimination of co-payments and deductibles.

However, such managed care plans would require the patient to choose from among a restricted list of hospitals or doctors.

There are HMOs available now in many areas but only 9% of Medicare beneficiaries have joined them. Republicans have said that they think enrollment could be expanded to 40% or more with eventual savings of billions of dollars in Medicare outlays.

Wash. Post; 5-9-95

Budget Debate Opens on Partisan Note

Senate Committee Democrats Accuse GOP of 'Class Warfare'

By Eric Pianin
Washington Post Staff Writer

The Senate Budget Committee yesterday began a historic debate over Republican proposals to eliminate the deficit—including nearly \$410 billion of savings in Medicare and Medicaid—amid harsh partisan exchanges that foreshadowed a difficult battle ahead.

Budget Committee Chairman Pete V. Domenici (R-N.M.), who will unveil his plan today for reducing spending by \$1 trillion over seven years, declared that balancing the budget and downsizing the government were critical to preserving the nation's living standard and sparing future generations an intolerable debt load.

"Like a family gathered around the kitchen table, we have made the difficult choices needed to protect and strengthen our future," Domenici said. "We have been thorough, and we have been fair."

But even before Domenici presents his plan, committee Democrats, sounding the theme of "class warfare," charged that Republicans were bent on enacting major spending and tax cuts at the expense of the poor and working-class families.

"We know enough now to call the winners and the losers—the millionaires and billionaires," said Sen. Barbara Boxer (D-Calif.). "The big losers will be the elderly, the children, working families and the environment."

Sen. J. James Exon (Neb.), ranking committee Democrat, said while Domenici and other moderate Republicans are opposed to tax cuts until the budget is balanced, "The cry to balance the budget is drowned out by the relentless drumbeat to cut taxes for the wealthy."

The House last month approved a tax cut package that would drain the Treasury of \$340 billion over seven years, and conservative leaders in

the Senate including Majority Leader Robert J. Dole (R-Kan.) and Sen. Phil Gramm (R-Tex.) have called for similar cuts in the Senate. Domenici's budget plan would not allow consideration of a tax cut until Congress enacts a budget plan certified to eliminate the deficit by 2002. Gramm had threatened to press for an amendment in committee providing for a tax package on a par with the House plan, but yesterday he said he would postpone his challenge until the budget resolution reaches the Senate floor next week.

The Senate GOP budget plan would freeze or reduce spending for most domestic programs with the major exception of crime programs; scale back spending for welfare and nutrition programs and a variety of agriculture subsidies; eliminate more than 100 federal agencies and programs; spend an average of \$270 billion a year on defense, which is more than President Clinton favors; cut foreign aid by a quarter; and significantly slow the growth of Medicare and Medicaid.

Spending for Medicare, the health insurance program for the elderly and disabled, and Medicaid, which covers the medical costs of the poor, is projected to grow by 10 percent a year through the turn of the century. The Senate GOP plan would restrict the growth of Medicare to 7.2 percent annually, for a projected savings of \$248 billion. Medicaid would be converted to a block grant program for the states and limited to 4 percent annual growth, or a total savings of \$160 billion.

House Budget Committee Republicans are shooting for \$280 billion of Medicare savings over the same pe-

riod and roughly \$160 billion of Medicaid savings. Domenici's plan calls for creation of a bipartisan commission to recommend by July 10 ways of achieving nearly two-thirds of those Medicare savings.

The Medicare trustees recently warned that the system will go bankrupt in seven years unless something is done. Republicans have criticized Clinton for refusing to participate in talks about ways to salvage the system.

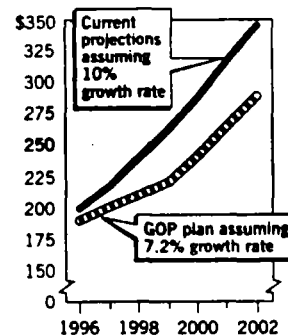
Rep. Bill Thomas (R-Calif.), chairman of the House Ways and Means subcommittee on health and Medicare, said he favors eventually raising the Medicare eligibility age for the elderly from the current 65 to 67 as part of a solution to the Medicare financing problem. "What else are you going to do?" Thomas told reporters.

But Thomas added that increasing the eligibility age should not be done precipitously, but should be gradually phased in between 2000 and 2027, to parallel the rise in the retirement age for Social Security. Later Thomas said that this would not be proposed immediately, but probably would be included in a "second wave" of proposals later on.

While outlining a number of steps to help ward off Medicare insolvency in his speech, Thomas declared: "Our solution will not increase payroll taxes."

House and Senate Republican leaders have been adamant that they would achieve a balanced budget without raising taxes. However, a proposal under consideration to raise additional funds by imposing "user fees" on the Federal National Mortgage Association (Fannie Mae)

PROJECTED MEDICARE COSTS UNDER GOP SENATE BUDGET COMMITTEE PLAN, IN BILLIONS



TOTALS OVER SEVEN YEARS

10% growth rate: \$1,989 billion
7.2% growth rate: \$1,621 billion
Projected savings: \$368 billion

SOURCE: Senate Budget Committee Republican staff

THE WASHINGTON POST

and the Federal Home Loan Mortgage Corp. (Freddie Mac) has provoked protests from some Republicans and the affected companies that Republicans were preparing to break their no-new-taxes pledge.

Former housing secretary Jack Kemp wrote a letter to House Speaker Newt Gingrich (R-Ga.) charging that the plan "does not make any sense politically or substantively."

The fees are projected to raise about \$700 million a year, part of a \$38 billion package of such fees, corporate loophole closing and other measures under consideration, in varying forms, by House and Senate budget leaders.

Staff writers Spencer Rich and Albert B. Crenshaw contributed to this report.

Wash. Times; 5-9-95

GOP senators first dig into deficit

To consider tax cut after balancing act

By Patrice Hill
THE WASHINGTON TIMES

Senate Republicans united yesterday behind a plan to put off tax cuts until Congress first balances the budget, clearing the way for approval of the plan by the Senate Budget Committee this week.

"There's been a great difference of opinion" in GOP ranks about whether and how much to cut taxes, said Senate Budget Committee Chairman Pete Domenici. "But I decided, and am now supported, that there will be no tax cuts until we have an enforceable balanced budget."

Once a plan to eliminate yearly deficits of \$200 billion by 2002 has passed the House and Senate and been signed by President Clinton, and the Congressional Budget Office certifies that balance will be achieved, then Congress can turn its attention to tax cuts, the New Mexico Republican said.

Republicans expect the budget agency to determine that their plan to cut spending by \$1 trillion over the next seven years produces an economic dividend of about \$170 billion in additional deficit reduction from lower interest rates and higher economic growth. That dividend can then be used to offset a modest tax cut, Mr. Domenici said.

Sen. Phil Gramm, Texas Republican and a leading advocate of tax cuts in the Senate, said he backs Mr. Domenici's plan, which could be approved by the committee as early as tomorrow.

"I will support this proposal to balance the budget because it is our number one priority," he said. But he added he would like to go beyond the budget plan to cut spending and taxes more dramatically, coming closer to the House's \$355 billion in tax cuts over seven years.

Noting that Mr. Domenici's budget would still allow spending to grow by 3.3 percent a year, Mr. Gramm said he will propose an amendment on the Senate floor to lower growth even further to 2.8 percent a year.

The additional cuts will come from Medicaid, the health care program for the poor, he said, as well as discretionary domestic



Senate Budget Committee Chairman Pete Domenici (left) confers with his aide J.W. Trujillo during a hearing.

Photo by Daniel Rosenbaum The Washington Times

programs that already are slated for cuts of \$250 billion below current levels in Mr. Domenici's plan.

The budget chairman's strategy enables the Republicans, for now, to avoid increasingly strident accusations by Democrats that they are cutting programs for the poor and middle class to pay for tax cuts that mostly benefit the well-to-do.

Committee Democrats yesterday called the plan "radical" and "Darwinian survival of the fittest." They particularly took aim at the budget's expected \$249 billion in savings from slowing Medicare's growth from 10 percent to 7.1 percent a year.

But despite Mr. Domenici's attempt to attract Democratic support by putting off tax cuts, hopes that a few key Democrats would throw their weight behind the budget plan appeared to be evaporating yesterday.

Sen. Paul Simon, Illinois Democrat and author of the balanced-budget constitutional amendment, said the plan's cuts in Medicare, education and poverty programs go too far, while defense should not have been left untouched.

He called the Republicans "courageous" for taking the political risk of proposing the cuts but of-

fered little hope that he would support the plan.

Sen. James Exon, Nebraska Democrat and ranking minority member of the committee, said the plan's cuts in Medicare and farm programs are too large.

"I am deeply concerned that this budget will be a tidal wave, washing away our rural economy," he said. "It is unfortunate that no one seems to be patrolling the halls of Congress, looking out for our poorest citizens," while many lobbyists are pushing for tax cuts.

Mr. Gramm said he has no apology for advocating a cut in capital

Cont'd on next page

N.Y. Times; 5-9-95

Round 1 on Republican Budget Begins in Senate Committee

By DAVID E. ROSENBAUM

WASHINGTON, May 8 — The Senate Budget Committee took the first tentative step today in the long march toward enacting the first Republican budget in history, with one senator after another staking out a political position for the days of debate that lie ahead.

In a morning devoted to opening speeches, Republicans held that the country's economic future rested on their plan to balance the Federal budget over the next seven years, the details of which have yet to be announced.

Democrats countered with the argument that the Republicans were not interested so much in fiscal discipline as they were in protecting the privileged at the expense of the poor and the aged.

On Tuesday, the committee's chairman, Senator Pete V. Domenici of New Mexico, will reveal the details of his budget proposal. The plan was developed in consultation with other Republicans. It is likely to be adopted intact by the committee later this week, over the solid opposition of Democrats.

Representative John R. Kasich of Ohio, chairman of the House Budget Committee, also plans to release his balanced-budget plan on Tuesday.

These proposals, called budget resolutions, are broad outlines that set spending levels for large categories of Government spending. The specific program reductions needed to meet those levels will not be deter-

mined until later.

The Senate and House plans are expected to be similar, with large cuts in projected spending for Medicare and many other areas of the Government, the abolition of several Government departments and agencies and a freeze more or less in military spending.

The cuts in Mr. Kasich's proposal will be deeper than those in Mr. Domenici's because the spending reductions in the House measure offset about \$350 billion in tax cuts over seven years that the House approved last month. Mr. Domenici has said that the budget he proposes will not include a tax cut.

One reason for the high political stakes is that this is the first time Republicans have been in control of Congress since it began adopting comprehensive budgets in the 1970's. Before that, spending and tax bills were approved piecemeal with little consideration of their overall effect.

In his opening speech this morning, Senator Domenici declared, "Our Government must be reined in."

"Over the next few days," he said, "we will have the debate so many of us have said we want — a debate to balance the Federal budget. America's future, for young and old alike, will be shaped by the outcome."

He promised to slow the rate of growth in Medicare spending to 7.1 percent from 10 percent and said his proposal would order the creation of a "bipartisan Congressional com-

mission" to recommend the changes needed in the Medicare system to reduce spending that much and prevent the system, which covers health care for 37 million elderly and disabled Americans, from running out of money by 2002. He also said he would recommend that lawmakers' salaries be frozen for the next seven years.

As for taxes, Mr. Domenici said, "It's not that I'm opposed to cutting taxes; it's just that I believe our first responsibility is to get to balance."

Democrats seized on the Medicare proposals to underscore their argument that the Republicans were out to do harm to the most needy Americans. Jim Exon of Nebraska, the top Democrat on the Budget Committee,

said: "They will take a hatchet to Medicare — but not to save the system. Oh, no! No one here is fooled by their Medicare crocodile tears. They will hack away at Medicare to pay for the House-passed Republican tax cut."

An influential Republican Congressman said today that, as one way of holding down spending, the age of eligibility for Medicare, now 65, should be gradually increased to 67.

The Congressman, Representative Bill Thomas of California, is chairman of the Ways and Means Subcommittee on Health. He has been working with Speaker Newt Gingrich on proposals to restructure Medicare.

CUTTING THE BUDGET

Estimated five-year savings from budget reforms proposed by Senate GOP task force. Figures are in billions.

International programs	
Bar contributions to World Bank development fund	\$6.2
Withhold contributions to development banks	2.5
Cut overseas broadcasting by 50 percent	1.3
Energy and science	
Cut energy-conservation research in half	\$1.3
Cut research on solar, nuclear and renewable fuels	1.3
Cut research on fossil fuels	1.0
Natural resources and environment	
Reduce agency employees by 15 percent	\$1.8
Consolidate federal land-management agencies	1.9
Lease Arctic National Wildlife Refuge	2.3
Agriculture	
Cut agriculture research by 15 percent	\$1.2
Reduce deficiency payments by 3 percent a year	11.5
Eliminate Export Enhancement Program	3.4
Transportation	
End funding for highway-demonstration projects	\$7.3
Phase out Amtrak operating subsidies	1.2
Phase out mass-transit operating aid	2.5
Privatize FAA air traffic control in 1997	15.2
Education and training	
Terminate the senior community-service program	\$1.7
Cut the youth job-training program	1.4
Eliminate the community-service corporation	4.0
End in-school interest subsidy for graduate students	2.6
Health	
Transfer Medicaid to states and cap growth at 4 percent	\$111.8
Changes by commission to reform Medicare	143.0
Income security	
Consolidate and cut low-income energy assistance	\$5.5
Reform and transfer welfare programs to states	40.0
Deny cash assistance to drug abusers, alcoholics	22.0
Curb abuses of Earned Income Tax Credit	27.0
Limit federal retiree COLAs and raise employee contributions	17.0
Mandatory two-week waiting period for unemployment benefits	5.2
Veterans Affairs	
Close underused Veterans Affairs hospitals	\$1.2
Delay construction of veterans medical facilities	2.1
Bar compensation for future non-service disabilities	1.1
General government	
Cut overhead in non-defense agencies by 15 percent	\$80.7

Source: Senate Budget Committee

The Washington Times

Cont'd from previous page

gains taxes and other tax incentives for wealth accumulation and business investment, because that leads to more jobs and a higher standard of living.

"Welcome to America. That's how our system works," he said, adding that he was never hired by a poor person because only those who save enough money to start businesses can create jobs.

As the Senate committee moved toward action on its budget, House Republicans were putting the finishing touches on their balanced-budget plan, which would cut spending further than the Senate

plan, by \$1.4 trillion, to pay for the House's tax cuts.

House Majority Leader Richard Armey, Texas Republican, informed the rank and file in a memo that the House budget will allow Medicare spending to grow by \$340 billion in the next seven years, trimming about \$283 billion from projected spending.

The Medicare reforms will be aimed at ensuring the solvency of the hospital insurance fund through 2010, when the baby-boom generation starts retiring. The fund currently is due to run out of money in 2002.

USA Today; 5-9-95

GOP: Medicare cuts to be done by panel

By William M. Welch
USA TODAY

5A

The GOP budget will make big reductions in the growth of Medicare, but the tough job of deciding where to cut health care for the elderly is being left to a bipartisan commission.

The head of the Senate Budget Committee, Sen. Pete Domenici, R-N.M., will unveil most specifics of his plan today for producing a balanced federal budget by 2002.

And to avoid partisan bickering, Domenici says he will leave details of where to cut Medicaid to a bipartisan panel. Similarly, he says he will leave it to those proposing tax cuts to find ways to pay for them separately from his budget.

Meanwhile, House budget leaders are moving toward their own proposals for even deeper cutbacks in Medicare and other programs. In a preview, Ways and Means subcommittee chairman Bill Thomas, R-Calif., proposed that the eligibility age for Medicare be raised to 67 from 65.

Thomas called for "means testing" — requiring wealthy elderly to pay higher premiums for Medicare Part B, which helps pay doctors' bills.

Domenici's budget plan will seek \$250 billion in savings over seven years from Medicare, the health program for 32 million elderly and 4 million disabled, by reducing annual



BUDGET TALK: From left, Sens. Phil Gramm, R-Texas; Pete Domenici, R-N.M.; and Judd Gregg, R-N.H., at Monday hearing.

growth from 10% to 7.1%.

The bipartisan commission would have a July 10 deadline for detailing Medicare cuts.

In a hearing Monday, the Senate panel set the stage for months of intense political warfare over a radical transformation of the federal government.

Domenici is asking Congress to contribute to the balanced budget: a seven-year freeze on congressional salaries.

Democrats and Republicans staked out their ground for the

coming debate:

► Republicans denounced President Clinton for not proposing ways to fix Medicare's future insolvency and end \$200 billion a year in red ink.

► Democrats accused Republicans of attacking programs for the elderly to reduce taxes for the wealthy.

► "No one here is fooled by their Medicare crocodile tears," said Sen. James Exon, D-Neb. "They will hack away at Medicare to pay for the ...

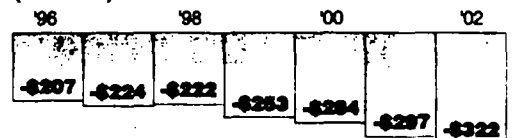
Medicare under the knife

Senate Budget Committee Chairman Pete Domenici's plan to balance the federal budget by fiscal year 2002 includes slowing the growth of Medicare spending from about 10% to 7.1% annually. The Domenici plan, to be unveiled today, would cut the seven-year spending on Medicare from \$1.86 trillion to about \$1.61 trillion.

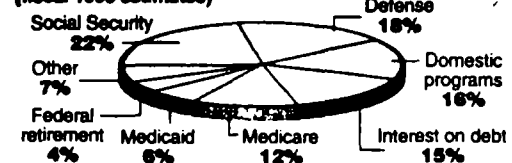
Medicare spending if no cuts made (in billions)



Federal deficit projections (in billions)



Distribution of federal spending (fiscal 1995 estimates)



Source: Congressional Budget Office

By Marcy E. Muftins, USA TODAY

tax cut."

And White House chief of staff Leon Panetta wrote Senate leaders urging the GOP to "drop such cuts now, clearly and unequivocally."

Behind the partisan rhetoric, the GOP majority is divided over tax cuts and fearful of the political consequences of touching Medicare.

Domenici says the only time to consider tax cuts is after Congress passes a measure that locks in spending limits

and assures a balanced budget. Then, he says, lower interest rates and economic growth will produce \$170 billion that can be used to cut taxes.

"It's not that I'm opposed to cutting taxes — it's just that I believe our first responsibility is to get to balance," he says.

But Sen. Phil Gramm, R-Texas, a GOP presidential candidate, says he'll seek tax cuts and deeper spending restraints once the budget reaches the Senate floor.

Wall St. Jnl.; 5-9-95

House GOP Budget Plans May Switch Costs Onto States, Localities and Others

By DAVID ROGERS
And CHRISTOPHER GEORGES *A22*

Staff Reporters of THE WALL STREET JOURNAL

WASHINGTON — House Republican budget plans could force a major shift of costs onto states and localities, regulated industries, and federal beneficiaries to bring the government's budget into balance and pay for tax breaks.

Hefty new user fees would be imposed on the broadcast, housing finance, and pharmaceutical industries. Veterans co-payments for medical care would be increased, and cuts in federal aid will force local governments to pay more to maintain transit and education services.

A new fee on the Federal National Mortgage Association and Federal Home Loan Mortgage Corp. is already drawing protests from fellow Republicans as a "new homeownership tax." Pharmaceutical manufacturers face a potential 40% increase in user fees paid to the Food and Drug Administration. And new FDA charges would be levied on the medical-device and food industries.

Final elements of the Republican plan aren't expected to be released before this evening, but House documents obtained yesterday call for more than \$1 trillion in proposed savings to balance the budget by 2002.

The GOP plan rests on the assumption that proposed reforms can dramatically slow the growth of the Medicare and Medicaid programs. Savings from the Medicare program for the elderly, estimated at about \$280 billion, remain controversial.

For Medicaid, a state block-grant program would replace the current structure. The health-care program for the poor that is jointly funded by the states and the federal government, initially would be allowed to grow at about 8% annually, but then would drop rapidly to a 5.5% and 4% annual pace. Failure to make the system more efficient could hurt the states, which would be left with responsibility for the care of poor residents.

For mayors and governors, proposed cuts from appropriations accounts that pay for more routine government operations and grants also will be significant. Many of the cuts are deeper than those affecting benefit programs such as Medicare.

The House documents outline more than \$230 billion in proposed reductions over seven years from current funding for non-defense programs. Title I grants for public schools would be scaled back to 1994 levels, and local public-housing authorities denied funds for any new housing construction. Community service block grants would be eliminated along with regional entities such as the Appalachian Regional Commission. And from mass transit to Amtrak and rural airlines, the loss of federal subsidies for transportation could force cost increases for consumers or

cuts in service.

For Republicans, agriculture is one of the most controversial areas targeted for savings. Both House and Senate Budget Committees appear to be converging on savings in the range of \$8 billion to \$9 billion, but this is substantially less than what Richard Lugar, chairman of the Senate Agriculture Committee, had proposed just a few weeks ago.

The Senate Budget Committee, which began its deliberations yesterday, has so far shied away from incorporating the tax cuts contained in the House GOP plan.

Also sidestepping a contentious spending issue, the committee leadership won't propose any savings from school lunch or breakfast programs. Instead, savings from nutrition programs will come mostly from the food-stamp program, where Pete Domenici (R., N.M.), Budget Committee chairman, is seeking a 10% reduction from projected spending. The popular Women, Infants and Children, or WIC, feeding program for pregnant women and small children would be protected, but the Senate plan would require middle- and higher-income families to pay a greater amount for subsidized day-care meals.

By its nature, the budget resolution is more of a blueprint for spending decisions than the final word. The House documents now circulating lack many details and are subject to change both by the budget panel and later by other committees charged with overseeing specific government departments or functions.

Chairman Domenici, for example, is proposing smaller savings from Medicare than the House GOP, and would slow Medicare's growth rate to 7.1%. But even as he was proceeding yesterday in his committee, he called for the appointment of a bipartisan commission to report back by July 10 with recommendations on handling the program's financial troubles.

President Clinton has shown no interest so far in such an approach. This was underscored again last night in a letter from White House Chief of Staff Leon Panetta to Speaker Newt Gingrich (R., Ga.) and Senate Majority Leader Robert Dole (R., Kan.). Mr. Panetta called on the joint House and Senate GOP leadership to drop demands for tax cuts.

While the House Budget Committee's plan doesn't offer specific options for trimming Medicare's growth, Rep. William Thomas (R., Calif.), chairman of the House Ways and Means Committee's health panel, said Congress ultimately will have to consider raising the eligibility age for new recipients. Currently, the age is 65. Thomas aides said the issue won't be considered in the first round of Medicare reforms this year.

—Greg Hitt contributed to this article.

Wash. Post; 5-9-95

'Generations Aging Together'

At the White House Conference, Lots of Energy and a Tip on Shoelaces

By Chalmers M. Roberts

Special to The Washington Post

Last week's White House Conference on Aging was an effort in participatory democracy, about as American as things can be: leaders, followers, ideas, alterations on the spot, discussions, arguments—and goal, goal, goal. I thought it was splendid; it made me feel, as an already older, that this nation has an ever-increasing determination and willingness to see to its elders, to give them aid and comfort, to make use of their brains and resources.

"Older persons need a dream as well as a memory," Arthur Flemming told the gathering. If any thought expressed the drive behind the conference, that was it.

Officially, the theme was "generations aging together," but that seemed to express the widely evident sense of defensiveness: the fear that instead of moving forward to new programs and other gains for aging America the Republican-controlled Congress may well back away at one or more current programs, most specifically Medicare.

President Clinton played on that fear by telling the 2,500 or so delegates and hangers-on that the GOP scheme is to cut Medicare to pay for tax cuts for the wealthy. The audience booed a mention of uninvited Speaker of the House Newt Gingrich, and the only Republican word was a softly stated admonition from Sen. William Cohen of Maine not to "ignore fiscal reality." After all, the conference had been mandated by a prior Democratic-controlled Congress and was run by the Clinton White House.

This retired Washington Post reporter went to most of the conference, as long as his feet held out, to see what it looked like from the perspective of someone already "aged" (in my 85th year, to be exact). I found a mass of very spry, very articulate and very committed men and women, ages 55 to 75 for the most part I'd say, though none of the badges gave ages. They knew what they wanted and they also knew the words of "The Star-Spangled Banner."

Amid the inevitable paper blizzard some delegates were plugging very specific items: "Veterans have earned those hospitals and are not going to give them up for anyone." Or, "laws, outlawing red-lining in real estate should be national, not just local."

Aging also has become big business, so lots of their representatives were on hand. The Thursday dinner was sponsored by G.D. Searle & Co. and the American Health Care Association. An advertising agency aptly named Older & Wiser Ltd. noted that next January the first 76 million baby boomers will reach 50 (I have three grown children coming along fast).

The California Partnership for Long-Term Care plugged its plan. Long-term care, preferably in homes rather than in nursing homes, got a lot of attention. Rep. Connie Morella (R-Md.) used her moment at the podium to plug the idea.

Florida came up with the most horrendous statistic: "There are as many Alzheimer's disease victims (estimated 339,000) in



Corinne Eltingham of Michigan stops to read a brochure at last week's White House Conference on Aging.

Florida as there are AIDS cases in the entire United States."

Last winter I saved this sentence from a Sarasota Herald-Tribune column: "In Florida, the oncoming driver may well be 85, have cataracts on both eyes, and brakes that have not been inspected in five years." I didn't run across any resolutions at the conference calling for more frequent eye inspections for older drivers.

I did hear one new idea, new to me at least. At one of the "speakout" sessions a delegate said Social Security should be free of taxation on the money paid into the system, plus interest, and after that all should be taxable. There weren't many cheers. Another delegate, a lady from South Carolina pleading for "death with dignity," got more cheers. "This isn't the only world and it could be better somewhere else," she said. Nobody cried out "Amen" but lots surely thought of it.

That lady was expressing the underlying sense of realism I felt at this conference. We oldersters have been so widely assaulted as "greedy geezers" who hang on like death to our "entitlements" that everyone was looking for an antidote. Hence the "intergenerational" themes, even some rousing songs by the Intergenerational Chorus from Kansas. I ran into a lot of under-50 people, many more females than males, who are into some aspect of the aging business. Some in this age group (they seemed to me in their thirties) were most effectively running the various delegate sessions at which

the resolutions, written earlier, were gone over line by line, often word by word.

And there was a very strong whiff of volunteerism about. Grandparenting is big: Somebody's statistics show that 53 percent of grandparents invite grandkids over for a meal in an average month. In Chicago, people who enjoy reading to children have created WITS (working in the schools) to help, for example, those in the Cabrini-Green public housing development.

My observation is that American society has a very large segment of people who care about others, that many may be poor but that the bulk of activists who have the time and energy are among the delegates to this conference. They seemed mostly, but far from all, a slice of well-fed, well-spoken older Americans who had made peace with the idea of aging and were determined to make something out of their elder years. I did find a couple of women sneaking outside for a smoke and some of both sexes were, yes, overweight.

There were true older persons too. Arthur Flemming, President Eisenhower's Health, Education and Welfare secretary and 90 next month, was the conference's champion. His booming voice demanded fulfillment of "the duties and responsibilities of the national community," otherwise known as "the national contract that extends back 60 years" to Franklin Roosevelt and Social Security. It was Flemming who credited an unnamed rabbi with having said at the first of the four White House conferences, back in 1961 (Flemming was the

chairman), that "older persons need a dream as well as a memory."

Finally, about shoestrings. The conference put out a list of six delegates 90 or older. One I knew: Irving Dillard, once the fiery editorial page editor of the St. Louis Post-Dispatch. He later became director of the Illinois Department on Aging. I found him in that state's caucus room retrying ladies' shoelaces.

Let me explain. Shoelaces criss-cross over the top of our foot and often create unpleasant, even unbearable, pressure. Dillard once saw a fellow on a riverboat, his feet up on the railing, and noted he had no criss-crossing laces. Thus he discovered a way to lace without crossing, causing no pressure.

After he had finished to the ladies' satisfaction, he relaxed me. Instead of the usual criss-crossing, on one side you lace straight up to the second hole and then straight across to the other side. On the other side you begin by not skipping a hole but going directly across the . . . And so on. I know that sounds confusing and, unfortunately, he didn't have a diagram. I told him he could make a million if he'd drawn one. He said the idea isn't patented (could it be?).

If you're interested, you'll have to track Dillard down in Collinsville, Ill. 62234. It could be the single most practical idea to come out of this White House Conference on Aging.

Chalmers Roberts reported local, national and international news for The Washington Post for 23 years. His latest book, written at 80, is "How Did I Get Here So Fast?" (Warner Books).

Monday, May 1, 1994
The Kansas City Star

Session on aging faces tough issues

White House conference must deal with shrinking federal resources, growing needs.

By GREG CLARK
Staff Writer

Clarence Arndt will take a simple message this week from Overland Park to the White House Conference on Aging: "We need more money and more trained people."

But the 82-year-old retiree and 2,258 other delegates face a Washington bent on cutting programs rather than bolstering bureaucracy. The conflict looms enormous: In 11 years the nation's 76 million baby boomers will begin turning 60. The outcome will affect Americans for decades.

"We need to look at a new blueprint...because there will be tremendous pressure put on the system for the aging," said Justin Orr of the U.S. Administration on Aging's Kansas City office.

"We've learned government

can't do it all by itself. We need coalition-building and partnerships with the private sector."

The conference begins work in earnest with President Clinton's 8 a.m. speech Wednesday. Satellite transmissions will carry his message to 14 sites nationwide, including John Knox Village Pavilion in Lee's Summit.

By the time the meeting ends Friday, delegates will have formed recommendations addressing:

- Comprehensive health services, including long-term care.
- Economic security.
- Housing options.
- Quality of life.

"The decentralization in Washington will impact the conference by getting us out of the old way of thinking that aging is an issue for just federal response," Orr pre-



BEVERLY BYNUM/The Star

Clarence Arndt of Overland Park is a delegate to the White House Conference on Aging.

dicted. "More and more, it will be placed on the local level."

City and state agencies should be more attuned with local issues,

said Greg Vadner, director of the Missouri Division on Aging. "On the other hand, there is a call for consistency" nationwide.

State officials acknowledge that changes appear inevitable — but they don't know whether to celebrate. See AGING, B-2, Col. 3

Continued from B-1

brate or grieve.

Washington's increasing austerity will force delegates to set priorities, said Bob Blancato, the conference's executive director. "The previous three White House Conferences on Aging produced 2,300 resolutions. Our goal is to produce 40."

The specter of diminished programs contrasts starkly with the previous White House Conferences on Aging, which ultimately led to Medicaid, Medicare and the Older Americans Act.

The uncertainty frightens some delegates, such as Elizabeth Ossorio of Kansas City. "If you're going to limit Medicare with the enormous increase in the baby boom generation coming up, I can only picture it as, 'Dear God, I'm

glad I won't live to see that disaster.'"

But delegates and government officials also see opportunity to improve life for older Americans, especially members of minority groups and women.

"Somewhere in the vicinity of 25 to 30 resolutions address questions of greater cultural and ethnic sensitivity in developing services and medical issues," Blancato said. "Also, it will address gender-based discrimination problems in Social Security and pensions."

Ossorio said the conference could lead to programs that enhance independent living. "Agencies would be saving one heck of a lot of money if people had more adequate services that would keep them well longer. What we're doing these days is using the most expensive options — hospitals and

nursing homes — unnecessarily."

She and Arndt cited the need for more transportation, particularly in rural areas, and improved food programs. They also emphasized that older adults should have more opportunities to help each other through volunteering.

"The volunteer gets something to do and a sense of well-being," Arndt said, "and the person on the receiving end gets the help that's needed."

After the conference, a committee will refine the delegates' recommendations and forward them to Congress and the president by Dec. 31. Organizers hope to schedule state and local follow-up events.

The effect won't be measured quickly, Blancato said. "It may take five to 15 years to fully implement."

Sunday, April 30, 1995 The Kansas City Star

U.S. must look at its elders

Today's policies will affect baby boomers, too

By JEAN HALEY
Of the Editorial Staff

Signposts for the way older Americans enter the 21st century will come out of the White House Conference on Aging this week in Washington, D.C.

More than 2,250 delegates will attend the fourth national conference Tuesday through Friday with the official assignment of mapping the country's aging policy for the next decade. Although the efforts of so many forces and lobbying groups were involved to give any single entity total credit, Medicare and the Older Americans Act followed the first conference in 1961. Succeeding conferences in 1971 and 1981 influenced other major programs.

This week in Washington, Missouri

will be represented by 33 delegates; Kansas has 21.

Ray Dieckmeier, executive director of the Area Agency on Aging, Warrensburg, and a Missouri delegate, said the issues will be refined to reflect their impact on Missouri and other states.

"The second thing we hope will happen is the reauthorization of the Older Americans Act," Dieckmeier said. "We're hoping there will be some shifting of emphasis."

On Wednesday, at least 800 persons are expected to participate in a conference downlink at John Knox Village, Lee's Summit, one of 14 such sites intended to promote grass-roots participation. In addition to a satellite broadcast of President Clinton's speech on a large screen, there will be 25 information exhibits, 12 problem-solving booths

See AGING, M-4, Col.2

AGING

Continued from M-1

staffed with social service employees, a film festival, band and other entertainment. The event is free and open to the public. For more information, call 524-8400, Ext. 2283.

What we can expect this week from the national event is talk, talk and more talk. Second, political candidates of all sizes and shapes will put on their "friends-of-aging" hats at the four-day event. There will be enough promises made to keep Santa Claus busy. Finally, long after delegates return home, a veritable epidemic of resolutions and drafts of model laws will find their way into the public domain.

But don't despair. In spite of appearances — and probably charges from critics — that the conference is more fluff than substance, it will influence the way the country deals with its elders the rest of this century and establish a framework for what happens to us old baby boomers in the next century.

Having the national spotlight on aging for nearly a week may be one of the most important effects of the event which kicks off the traditional observation of May as the month to pay special attention to U.S.

elders.

Realistically, attitudes and policies being developed will affect those of us now working and raising families far more than today's retirees. Lead time for writing new laws, for raising Social Security benefits or cutting Medicare, for example, runs into years. Pushing society into new ways of thinking about old age or creating change, such as replacing nursing home institutions with home care for the frail elderly, could take even longer than shifting the bureaucracy required to put new laws in place.

Where should the nation stand on issues critical to the elderly, particularly those with practical applications? The White House Conference on Aging will try to produce an official consensus this week.

From a vast array of concerns, many of them recommendations collected the past year from more than 700 pre-conference local, regional and state events around the country, officials grouped issues into four areas. Naturally linked matters will be considered as subtopics:

■ Comprehensive health care that includes long-term care.

Naturally related matters are Medicare, Medicaid, the Older Americans Act, veterans benefits and food stamps for the elderly; intergenerational questions about care-

givers and individual responsibility to plan for our own life span needs.

■ Economic security.

It covers Social Security and other retirement income, poverty and questions about pension reform and tax policy.

■ Housing and support services.

The issue is not just about the cost of a place to live, important as that is, but whether people have the option of choosing at any price housing that fits them as they grow more frail. In addition to a usable physical structure, they need a hand to remain independent — everything from help with routine housekeeping to medicine management.

■ Quality of life.

In this category, the conference will examine subjects as disparate as elder abuse and spiritual well-being; the image and roles of elders; legal concerns and elders as community resources and the heart of volunteerism.

Not surprising, medical care has been one of the enduring issues for America's elderly. It was absorbing in 1961; it topped pre-conference participants' priority list. For one reason, technology has outpaced steady improvements in public and private insurance plans for older persons. Medical inflation complicates health care for elderly

patients as it does for the rest of America; at the same time inflationary bills hit them more intensely because they use a disproportionate share of the nation's medical treatment in spite of their static incomes.

"Health was an overwhelming concern of the commenters," *The Federal Register* noted in outlining public response to a proposed agenda for the conference on aging published last fall. "The health issue received more than twice as many comments as the second-ranked issue, 'income security and other benefits.'"

One reason is the vague status of long-term care. Is a nursing home health care or housing? Should the nation focus on home care as an alternative and if so, when and how? Why haven't adult day care, and other options on the care continuum, been better developed?

The country's bill for long-term care is huge and growing. It's been brushed aside far too long with some variation of the notion that long-term care is too expensive to be included in standard insurance programs. But in one way or another, families or society already pay the bill.

If the 1995 White House Conference on Aging does nothing but force the country to delve into the long-term care issue, it will have accomplished a great deal.



PHOTOS BY ROBERT A. REIDER—THE WASHINGTON POST

Wash. Post; 5-9-95

THIS WON'T HURT A BIT 83

What is said to be the first vaccine for chickenpox was administered to children in Washington yesterday at the Massachusetts Avenue office of pediatrician Arthur G. Kreischer. At left, Virginia Kreischer, a nurse practitioner, administers a dose to Isabella Pearson, 2, as her mother holds her. The ordeal over, Isabella is left crying only a little, above.



BY JAY SIWEK, MD

Wash. Post; 5-9-95

Chicken Pox Vaccine

Q. *I've heard that a new vaccine for chicken pox will soon be available. I'm 24 years old and have never had this childhood illness. When I was pregnant last year, my doctor tested me and said I hadn't had it and that I should get the vaccine when it came out. Can adults get this vaccine, or is it only good for children? Should my two kids also get this immunization?*

A. The chicken pox vaccine will work in adults, although you'll need to get two doses instead of the single shot that kids will get.

Chicken pox is a childhood illness caused by the varicella-zoster virus. It's the same virus responsible for the painful skin rash known as shingles that typically occurs in adults.

The new chicken pox vaccine was scheduled to be released for use yesterday, although it may take some time before it's widely available. This newest immunization is recommended for children 12 to 18 months of age, but older children and adults can get it if they haven't had chicken pox.

Chicken pox is highly contagious, and most people get it during childhood. However, some adults haven't, and for them it can be a serious illness. Complications include pneumonia, which can be severe enough to require hospitalization.

In pregnant women, chicken pox pneumonia can be especially severe, even fatal. For this reason, women of childbearing age who haven't had chicken pox are one group of adults for whom the new vaccine is especially recommended. Others include health care workers, day care workers, college students, inmates and international travelers. However, anyone who hasn't had chicken pox is eligible for this vaccine.

The main side effects are temporary pain and redness at the injection site. The vaccine contains live but weakened virus. Because of this, people with unpaired immune systems shouldn't receive it. These groups include those with AIDS or certain cancers such as leukemia and lymphoma. As with other live vaccines, it should not ordinarily be given to pregnant women.

After getting the vaccine, avoid the use of aspirin-type medicines for six weeks. That's because of the connection among chicken pox, aspirin and an unusual complication called Reye's syndrome. The syndrome, a serious illness leading to liver and brain damage, is a rare complication of chicken pox and influenza that can be triggered by aspirin in affected people.

Children up to the age of 12 get one shot for full immunization. Adolescents and adults receiving this vaccine get two doses four to eight weeks apart.

Q. *A few weeks ago, you wrote about temporary foot paralysis due to pressure on a nerve in the leg. Well, I had a similar problem, which my doctor called foot drop; however, mine seemed to come from chemotherapy treatments I received for cancer. Are these conditions related?*

A. Yes. They both stem from damage to the peroneal nerve in your leg. In one case, the

In pregnant women, chicken pox pneumonia can be especially severe, even fatal. . . . Women of childbearing age who haven't had chicken pox are one group of adults for whom the new vaccine is especially recommended.

damage came from pressure on the nerve. In your case, it resulted from a side effect of one of your cancer medicines. The medical name for nerve damage is neuropathy, and there are several kinds of medicines that cause neuropathy as an adverse effect.

Besides attacking the cancer itself, powerful anti-cancer drugs also can damage healthy parts of the body, including nerves. When this happens, you might experience numbness, tingling or pain, or, as happened with you, nerve damage resulting in weakness of the affected area.

New drugs that combat infection with the AIDS virus also can cause neuropathy. Among them are Hivid, Videx and Zerit. But there is a long list of other medicines that occasionally can lead to neuropathy. The lesson is, if you develop a new symptom while taking a medicine, ask your doctor whether it might be due to the drug itself.

Also, it's a good idea to be familiar with the common side effects of medicines you take. That way, you can be on the lookout for any adverse effects when they start. Doing so might keep them from turning into something more serious.

Jay Siwek, a family physician from Georgetown University, practices at the Fort Lincoln Family Medicine Center and Providence Hospital in Northeast Washington.

Consultation is a health education column and is not a substitute for medical advice from your physician. Send questions to Consultation, Health Section, The Washington Post, 1150 15th St. NW, Washington, D.C. 20071. Questions cannot be answered personally.

USA Today; 5-9-95

Many shoppers bypass new food labels

By Nanci Hellmich
USA TODAY

2D

A year after the new food label was launched with great fanfare, about half of grocery shoppers aren't paying attention to it.

And no wonder. Almost three-quarters say the rules for healthy eating will change within five years anyway.

The Nutrition Facts label details what's in a product, including calories and fat. It is now required on almost every package in the grocery store.

In a poll of 1,000 shoppers, conducted for Prevention magazine and the Food Marketing Institute (margin of error 3%):

► 48% say they have not seen the Nutrition Facts panel.
► 43% say they've seen it, up

from 38% in February of 1994 when it was being phased in.

► 9% don't know if they've seen it or not.

The situation is not "horrible," but it could be better, says Thomas Dybdahl of Prevention. A reasonable goal: to have 60% to 65% looking at labels, he says. "About a third of people would not look at the label if you made it life-size and hit

them in the face with it."

Dr. David A. Kessler, Food and Drug Administration chief, says, "The whole purpose of the label is to give information to those who are interested so they can make choices."

And the label is having an impact, insists Bruce Silverglade of the Center for Science in the Public Interest. It has led consumers to demand more re-

duced-fat products, and "we all benefit from that," he says.

Still, shoppers are skeptical: 78% say it's likely that in five years experts will have a totally different idea about which foods are unhealthy. The conflicting advice "robs you of any incentive to change," Dybdahl says. People figure, "If I wait long enough, they'll tell me what I'm eating is healthy."

N.Y. Times; 5-9-95

Finding on AIDS Babies

CHICAGO, May 8 (AP) — Children infected at birth with H.I.V., the virus that causes AIDS, may live for years without symptoms and without anyone realizing they are infected, researchers say.

When such youngsters get sick, doctors may fail to recognize the source of the problem. And even if the virus is recognized, communities and schools may not appreciate their need for social and psychological help, the researchers said.

"The important thing to remember is that these children are out there," said Dr. Samuel Grubman, who led a study of 42 children from 9 to 15 years old who had been born with H.I.V. infections and were being treated for their infections at Children's Hospital of New Jersey in Newark in June 1993.

Ten children had no symptoms, the researchers reported in the May issue of the journal Pediatrics. Eight showed some signs of illness, but not enough for a diagnosis of AIDS, and the rest had the disease.

Thirty-six of the 42 showed no

signs of illness until they were 4.

Some of the children had not been tested for the AIDS virus by their pediatricians, even though they had telltale symptoms like lymph swelling, the researchers said. Dr. Grubman is now at St. Vincent's Hospital and Medical Center in New York.

Many pediatricians still do not realize that H.I.V. infection can show up in a previously healthy school-age child, the researchers said. Just as the disease may have a long latent period in adults, the same may be true in children.

A related study in the journal indicates that people who received blood transfusions as newborns before March 1985, when blood donors began to be screened for H.I.V., may be infected and not know it. The report urged that H.I.V. testing be considered for such children.

Wall St. Jnl.; 5-9-95 p. 1

SMOKERS CAN BE BANNED from government jobs in Florida, a court says.

North Miami's policy barring smokers from city employment was upheld by the state's Supreme Court last month. The justices ruled that the ordinance didn't violate privacy rights because "smokers are constantly required to reveal whether they smoke." The policy requires job applicants to sign an affidavit swearing they have not smoked tobacco for at least one year.

The city, which is self-insured, passed the ordinance to reduce health-care costs, said attorney Pedro P. Echarte Jr. With smokers costing employers about \$4,000 more annually in absenteeism and health care than nonsmokers, "it's the fiscally responsible thing to do," he said. But the American Civil Liberties Union, which represented the smoker denied a job, argues that the government cannot interfere with a worker's legal lifestyle choice. It has asked the high court to rehear the case.

At least 6% of private companies won't hire smokers, the ACLU says.

AIDS, from p. 1

na M. Martinez, a 38-year-old mother of seven children, one of whom died of AIDS and two of whom were born after she was found to have H.I.V. in 1991. "When God is finished with me, I'll go."

Of the four million babies born in the United States each year, an estimated 1,000 to 2,000 have H.I.V., according to surveys by the Federal Centers for Disease Control and Prevention in Atlanta. That estimate is based on a 1993 survey of hospitals that showed 7,000 infected mothers, with about 15 to 30 percent giving birth to children who had the virus.

The tests most hospitals use on newborns to track AIDS in the general population can only tell which babies' mothers have H.I.V., not whether the babies themselves are infected. Only months later, as their immune systems develop, is it possible to tell if the babies will have H.I.V., too.

But as scientists learn more about the effects of prenatal AZT and how to discern the amount of infection in a woman's blood, new hope has been offered for unborn children.

At a time when the rate of H.I.V. infection is increasing fastest among women and AIDS has become the leading cause of death of young Americans, the American College of Obstetricians and Gynecologists has recommended that all pregnant women be tested for H.I.V.

"Now, you can look at Mrs. Smith or Mrs. Suarez and we can say if you're infected, we can improve the odds your baby will be safe," said Dr. Louis Z. Cooper, director of

pediatrics at St. Luke's-Roosevelt Hospital Center.

"Talk to women who are at risk for Tay-Sachs or sickle-cell or cystic fibrosis," he said. "It's not hard for me to imagine a woman with H.I.V. wanting to leave a legacy of healthy children."

Not all health care experts feel that way. "To be a pregnant woman who is H.I.V.-positive is to say you're not in charge of your life," said Dr. Jane Pitt, an associate professor of clinical pediatrics at Columbia-Presbyterian Medical Center. "It's legitimizing who you are by being a mother — no matter the social or psychological costs. I recognize there are exceptions."

The Demographics Of a Dilemma

Unlike Sandy L., who is middle class and white, women with AIDS are most frequently black or Hispanic and poor. Mental health professionals who work with these clients say they often have not had the luxury of planning many aspects of their lives, including their reproductive choices.

Moreover, death and illness often do not have the same meaning to these women as they might to the middle class, the experts and women themselves said. They are women who have been denied access to good health care, who live in communities with staggering rates of violence and infant mortality and who know that their children already face overwhelming odds against having a good life.

While some of the women are married or have partners who support their decisions,

many others have partners who are absent, incarcerated, drug-addicted or themselves ill with the virus.

"For a lot of women in poor communities, H.I.V. is not the worst thing that can happen," said Tracie M. Gardner, the policy analyst for AIDS for the Federation of Protestant Welfare Agencies. "Having your man kicking your child's behind is. Losing your housing is."

Ms. Gardner told the story of a 22-year-old pregnant woman who lived in Bedford-Stuyvesant, Brooklyn. The woman was told she had AIDS and perhaps 10 years to live.

"She said: 'Ten years? That's nine more years than I thought I had. I could get hit in the head walking out the door,'" Ms. Gardner said.

Is a Short Life Worth Living?

Conversations with H.I.V.-positive women across the spectrum of class and race show that all profoundly believe that the decision to have a child is so personal that no one has a right to pass judgment on them.

"I see mothers screaming and berating and hitting their kids," said Sandy L. "Should legislation be passed preventing them from having kids? And what if my baby only lives five years? Who's to say that because it's a shorter life it was not a life worth living?"

Her husband does not have the virus. Sandy believes she was infected during a long-term, monogamous relationship with a man who told her he had tested negative for H.I.V. After learning her diagnosis, she said, one of her greatest sorrows was the thought of never having a child. She realized it was a sorrow she could not bear.

So she was artificially inseminated with her husband's sperm. They use condoms when they have sex.

"I'm a real, human person, not just someone who can be dismissed as irresponsible," Sandy said. "It was a rational, thought-out decision and I'm not a monster. It was a loving act."

She is now enrolled in a clinical trial in which she takes AZT five times a day and immunoglobulin to strengthen her immune system. She has no symptoms of AIDS. She plans to have her baby continue on AZT after birth. She will avoid breast-feeding because H.I.V. is found in breast milk.

After about two months, as the baby's immune system develops, Sandy and her husband will get the last test results revealing whether their child — a boy — has H.I.V.

"It's going to be a tough two months," she said. "I fantasize about the day we get the last negative result."

Bill, her husband, said he had his own fears. He said he did not worry about becoming a single parent anytime soon because Sandy was thriving despite the virus.

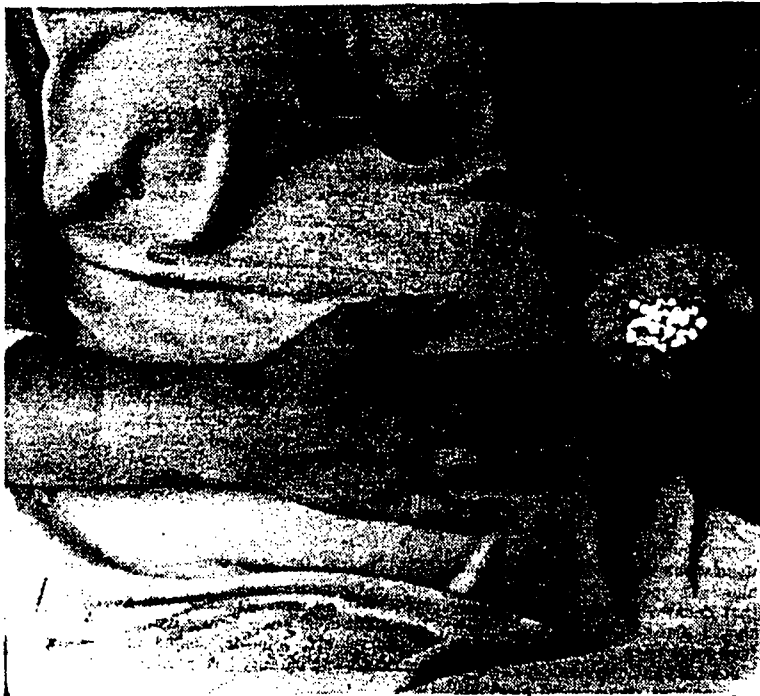
"My fear was that if the child became sick and Sandy became sick, I'd have to tend to both of them at the same time," he said. "That would be exhausting, emotionally and physically."

Ms. Hernandez, whose children are 11, 7, 5 and 2½, said she felt she had no choice but to have her baby. She and her new husband, who is also the father of the youngest child,

Cont'd on next page



"I don't plan on going anywhere anytime soon," said Donna M. Martinez, 38, who is pregnant and has AIDS. She is shown with her daughters Christina, right, and Rose.



Photographs by Michelle V. Agins/The New York Times

Studies suggest that by taking the drug AZT, women can reduce the risk that the baby will be infected with H.I.V. to 8 percent. Without AZT, the risk is 15 to 30 percent.

SYMPTOMLESS AIDS BABIES

Children infected at birth with the AIDS virus may live for years without symptoms, a study shows. *Science Times*. Page C7
Cont'd from previous page —

learned they both had H.I.V. when their daughter was found to have the virus after becoming repeatedly ill.

Then, Ms. Hernandez had an unplanned pregnancy and decided against an abortion. Before that, she said she could not find a doctor to sterilize her. Now, she is on a regime of AZT and iron pills that she hopes will ensure her baby is healthy.

"I just don't want to put that guilt over my head of murdering a baby," Ms. Hernandez said of abortion. "I have a feeling there's a reason this baby is here. I feel strong physically and mentally now. I'm going for it."

Contingency Plans And Faith

Ms. Hernandez, like the other women interviewed, has made plans for her children after she dies. The two oldest will go to live with their fathers, she said, and the others will go with relatives.

All the women interviewed said that people had accused them of being selfish or foolish or indulging in wishful thinking.

Ms. Martinez, the mother of seven, said her mother suggested that she have an abortion. But Ms. Martinez, who has two years of college and once worked as an accountant, said she does not believe in abortion.

She learned she had H.I.V. after her sixth child's pneumonia at 4 months was found to be the result of an immune system wrecked by H.I.V. She and her second husband tested positive, too. Ms. Martinez was two or three months pregnant at the time.

Her daughter suffered from heart disease

and spinal cord and brain damage, and died at 22 months.

Ms. Martinez has since had two more children, the youngest now 18 months old. Neither has H.I.V.

"After losing my other baby, knowing there would be another baby in the house made me happy," said Ms. Martinez, who took AZT during her latest pregnancy. "I'm a Christian. Inside my heart, I knew this child wouldn't have anything. I put it in God's hands and left it that way."

Virge Pina, the coordinator of the pediatric H.I.V. program at Beth Israel Medical Center, said it is not unusual to see women who have lost one child to AIDS have another.

"It's almost as if they have the power to make things better the second time," Ms. Pina said. "It's magical thinking: 'I see the baby fat and cute and everything else is fine.'"

Her colleague Dr. Janet Stein, the associate director of perinatology at Beth Israel, said one of her patients had three babies after learning she was H.I.V.-positive. She said that while few women terminate their pregnancies, they wrestle mightily with the decision.

"Telling someone there is a 25 percent chance of having a H.I.V.-positive child and an 8 percent chance with AZT, to a lot of people that doesn't sound so bad," Dr. Stein said. "They never had a 75 percent chance of something being good. They're making it day to day. Thinking about whether they'll be sick 10 years from now is not real — they're more likely to get shot in their neighborhood."

Sandy L. said she tried not to worry about what the future would bring. She said she never regretted her decision.

"I know there'll be a lot of things to deal with that are more difficult than we can imagine," she said. "But there'll also be a lot of joy."

Capital Notebook

Wash. Post; 5-9-95

No Downsizing Found in Directories

By Guy Gugliotta
Washington Post Staff Writer

A17

Over at the National Performance Review Vice President Gore may be creating a government that works better and costs less, but at Staff Directories Ltd. the evidence is hard to find.

Staff Directories Ltd. is the group that publishes the Federal Staff Directory, the Congressional Staff Directory and the Judicial Staff Directory, those incredibly heavy books that list almost everybody in the federal government who has a fancy-sounding title.

How heavy are they? Well, this year the just-published Federal Staff Directory weighs 5.9 pounds, down from 6.3 pounds in 1994. Does this therefore mean that the National Performance Review has cut enough fat from the executive branch to cause a quarter-pound weight loss?

No. What Staff Directories Ltd. has created is a *denser* government that may or may not work better, but certainly weighs less. "Our printers found some lighter paper with the same opacity," said publisher Ann Brownson. "The book's lighter, but we have more pages."

Indeed at 1,507 pages, the new directory, fire-engine red with the same picture of D.C. landmarks on the cover, is 159 pages longer than last year's and contains 40,470 entries, up from 33,375 in 1994. If the Clinton administration is downsizing government, it doesn't seem to be showing up here.

"There must be a reason for that," mused Brownson, 69, last week, a cheerful woman with a lovely laugh who founded Staff Directories Ltd. with her husband, the late former Indiana representative Charles B. Brownson (R), in 1959. "What we've tried to do is expand the helpfulness of the book."

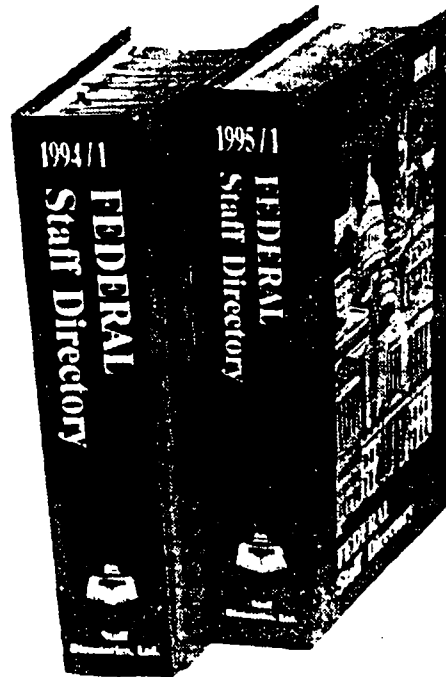
As to who's expanding, Brownson has done the math: The Commerce Department gained 18 pages over last year and Veterans Affairs gained 10. Housing and Urban Development, Energy, Interior, Justice, Labor and Transportation each picked up four. Health and Human Services stayed even, even though the Social Security Administration departed for independent status.

With the exception of Justice and HHS, all the departments mentioned above have incurred the wrath of the Republican Congress, and some may be marked for death. Finding out that their listings have expanded could be blood in the water for GOP budget sharks.

But wait. It turns out the directory decided to go "deeper" into the departments by listing more lower-level people in consumer-oriented areas. "We are trying to make the book more user-friendly," Brownson said.

So this could benefit the Democrats' view that the mean-spirited Republicans want to stroke the rich and cut "people programs," right? Staff Directories Ltd. is listing more entries for "people departments," which happen to be the same ones under the GOP ax.

Brownson's ducking that one. Staff Directories Ltd.'s business is settling arguments, she said, not starting them. Most of the time, she said, the directories get it right immediately, although it took several years to nail down the five-syllabled Gen. John Shalikashvili, now



chairman of the Joint Chiefs of Staff. "The first year we had him listed three times, and we spelled it differently each time," Brownson said. "I think that's about the worst we've ever done."

Brownson said the Federal Directory, ugly stepchild of the more venerable and prestigious Congressional Staff Directory, has never made a profit, but the time to break even may have arrived, especially since the price has gone up \$10 to \$79 per copy.

"We thrive on turmoil," and downsizing, she said, has given Washington several years' worth of chaos. Add to this the flip-flop in Congress, and the directories' business, generally, is booming.

As a rule of thumb, new administrations take about nine months after an election to get appointees appointed and jobs filled, so Staff Directories Ltd. usually needs a full year before things fall into place.

Since then Clinton administration turnover has been incredibly light—8 to 12 percent per year, Brownson said. This, in contrast to the Bush administration, which flipped 23 to 30 percent per year.

This may have happened, she said, because large numbers of young Republicans dropped into government jobs just long enough to find something in private industry. Or, perhaps they left because they sensed disaster approaching in 1992.

So, does that mean the Democrats today are feeling more secure? Or maybe, just like the GOP says, the Dems are all closet socialists unable to survive outside government's warm embrace.

Brownson's ducking that one, too.

L.A. Times; 5-9-95, p. 1

Senate GOP Moderates Feel Pressure From the Right

■ **Politics:** Domenici, Hatfield, Packwood alter positions. Impact of House 'contract,' presidential politics is felt.

By JANET HOOK
TIMES STAFF WRITER

WASHINGTON—While liberals and other critics of the GOP "contract with America" were taking a beating in the House earlier this year, they assumed that they had an ace in the hole: the U.S. Senate.

There, the money committees were run not by conservative zealots but by more moderate, old-school Republicans—Pete V. Domenici of New Mexico and Oregon Sens. Mark O. Hatfield and Bob Packwood. Certainly, the liberals thought, those three would ditch the most extreme conservative measures that careened through the House.

The three are indeed on the front lines of what may be a winning battle to greatly scale back the big tax cut approved by the House. But on other leading issues in the contract, they and other moderates are being buffeted by political forces that apparently are pushing them closer to the House's position. For example:

• Domenici, chairman of the Senate Budget Committee, on Monday unveiled a budget that would eliminate the deficit by 2002—a marked shift from his position of five months ago, when he was dubious about the possibility of balancing the budget and had suggested less ambitious

Please see SENATE, A3

Continued from A1

deficit-reduction targets.

• Hatfield, chairman of the Appropriations Committee, began the year cool to the idea of cutting the budget already approved for this year. Now he is shepherding a bill that would rescind \$14 billion or more in appropriations.

• Packwood, chairman of the Finance Committee, has embraced the core of the House welfare reform bill, which converts welfare programs into block grants for states. In some areas, Packwood may favor going even further than the House in freeing states of federal restrictions.

• While Domenici and Packwood had thrown cold water on the idea of reducing taxes as much as the House wanted, they are now under heavy pressure to do so because Majority Leader Bob Dole (R-Kan.) has promised a tax cut. The outcome of that intraparty dispute is likely to be a high-stakes test of the clout of GOP moderates.

Without question, there have been several important issues on which the Senate has moderated or stalled House initiatives. It rejected the balanced-budget amendment and a proposed moratorium on regulations and now seems likely to weaken ambitious House plans to limit liability in lawsuits.

But Senate Republicans are under rightward pressure because of presidential politics, as Dole and Sen. Phil Gramm (R-Tex.) vie for support from the GOP conservative wing, and from the large, more strident freshman class that wants to pass the House "contract with America."

"I had a very conservative member of the House tell me that he hoped the Senate was going to save the House from some of their excesses—including a number he voted for," said Sen. Patrick J. Leahy (D-Vt.). "I told him: If you're relying on the Senate, you're relying on a very thin reed indeed."

The outcome of tax, budget and welfare debates may be determined by just how far moderates like Domenici, Hatfield and Packwood go toward bucking their conservative colleagues. They are operating in a far more conservative political environment than at any time in their Senate careers.

The perception of Domenici as a political moderate is a measure of how far right the GOP has moved. Domenici is determined to get rid of the deficit. But he has not always been in sync with the new breed of tax-cutting Republicans.

Domenici drew conservative criticism in
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1990, when he helped craft a deficit-reduction plan that was the vehicle for President George Bush to abandon his "no-new-taxes" pledge. Earlier this year, he went head-to-head with younger conservatives over the line-item veto, which he wanted to water down.

The 1980s gave Domenici powerful lessons in the political risks of deficit reduction and fiscal risks of tax cuts. During the Ronald Reagan Administration, Domenici shepherded big spending cuts through the Senate but was no great fan of Reagan's tax-cutting "supply side" philosophy. He watched in dismay as deficits ballooned through the 1980s.

In 1985, Domenici helped Dole put together an ambitious deficit-reduction plan that, among other things, curbed Social Security increases. After the plan passed the Senate, Reagan pulled the rug out from under Domenici by dropping support in negotiations with the House.

Domenici began this year resisting tax cuts and being cautious in his deficit-reduction goals. In January, he suggested making only a "good down payment" on the deficit, setting an initial deficit-reduction target of \$318 billion over five years—far short of the amount needed to balance the budget.

But pressure built after the Senate rejected the balanced-budget amendment and GOP leaders went on to promise that they would eliminate the deficit in seven years anyway. Domenici concluded that there were great political costs to be paid by failing to balance the budget, with none of the political benefit of eliminating the deficit.

"If you're going to have to go through the pain of big cuts and big changes, why not do the whole thing?" Domenici said in an interview.

In the budget proposal presented Monday to the Senate Budget Committee, Domenici refused to make room for a tax cut as big as the House has passed. He did offer a compromise that would make about \$170 billion available for tax cuts—but only if a sound balanced-budget plan is enacted.

That is not enough for tax-cut true believers like Gramm and the GOP freshmen, but Domenici is confident that he can beat them on the Senate floor. "Are they going to vote to change [my budget] with regard to tax cuts? Yes," he said. "But I don't think there's a majority to do that."

Hatfield has made a career of facing off against the conservative majority of his

party. He was an early opponent of the Vietnam War. He was one of two Senate Republicans to oppose authorizing the Persian Gulf War. He was booed at the Republican National Convention in 1964 when he criticized the John Birch Society.

Fifteen years ago, Hatfield had more company in the moderate wing of the party. But the new conservatives, whose ranks are growing in the Senate, include some who are less forgiving of Hatfield's independent streak. That sentiment roared to the surface earlier this year when Hatfield was the only Republican to vote against the balanced-budget amendment, which lost by one vote.

A band of junior conservatives threatened to strip him of his appropriations chairmanship, saying that GOP leaders had a special obligation to toe the party line. With most Senate Republicans rallying behind Hatfield's right to vote his conscience, he was not disciplined.

Hatfield has said that he is utterly unchanged because he believes that his critics numbered no more than eight. Yet some colleagues said the experience inevitably puts pressure on him to downplay differences with his party.

"I'm sure he will try to appear to be a good Republican," said Leahy. The way Hatfield has handled the first big spending cut bill of the GOP Congress was an illustration of the limits of his moderating influence.

He initially was reluctant to push a recession bill, which would take back money that Congress already had provided. But House Republicans were eager to begin slashing to prove their budget-cutting mettle and pressure mounted for cuts to offset disaster assistance for California.

After the House passed its \$17-billion package of spending cuts, Hatfield did take some of the sting out by paring it back to \$14 billion.

Yet his role in producing cuts of that magnitude was a measure of how far the budget debate has shifted to the right. Last year, Congress barely managed to produce \$13 billion in cuts over five years. Now, \$14 billion in cuts in one year is just a prelude to even bigger cuts.

Asked in an interview how he feels as a moderate in a party that has moved steadily to the right, Hatfield lifted up his necktie. Given to him by a Republican who was unhappy with his balanced-budget vote, it was a red tie covered with dozens of white sheep—and one black sheep.

Packwood's reputation as a moderate

comes from his record on social issues. He is one of the GOP's leading supporters of abortion rights. He is one of only two Republicans who voted against confirming Clarence Thomas, Bush's nominee to the Supreme Court. He voted to override Bush's veto of a family leave bill.

But on fiscal matters, he has done much to earn conservative stripes. He championed a big reduction in tax rates in a 1986 overhaul. Later he was a leading proponent of reducing the tax on capital gains.

Still, many thought that the Senate would take a more moderate approach to welfare reform than the House. But soon after the House acted, Packwood defied those expectations.

"We will do almost the same philosophy of block grants that the House did," Packwood said in an interview. "I think we will take our lead from the governors," who favor block grants because they come with fewer federal strings attached.

Packwood said that he probably would drop the controversial House proposal to convert the popular school lunch program into a block grant. But he also endorsed the idea of creating a block grant where the House did not—out of the food stamp program.

One other factor is at play with Packwood: the protracted Ethics Committee investigation into allegations that he sexually harassed dozens of former staff members and other women over the last 20 years. Against that backdrop, some senators said that Packwood may be reluctant to cross Dole or the conservative majority of his party, because he may need their support as the ethics inquiry comes to a head.

One senator who has experience before the Ethics Committee said that Packwood's position is "a bit clouded" by the pending inquiry. Senators under ethics scrutiny are "a little bit restrained," said John McCain (R-Ariz.), one of five senators whose links to Charles H. Keating, owner of a savings and loan that failed, costing taxpayers \$3.4 billion, were investigated by the ethics panel in 1989-91. "You don't speak with the same authority. He's a little more reluctant to speak out."

Packwood said it would be "inappropriate to comment" on such speculation, but insisted that the ethics inquiry is not inhibiting his influence in policy debates. "I will go ahead and do my job and let the process play out," he said.

Wash. Post; 5-9-95 p. 1

Panel Sees Danger to White House Review Urges Closing Pennsylvania Avenue To Vehicular Traffic

By Pierre Thomas and Hamil R. Harris
Washington Post Staff Writers

An advisory committee examining security at the White House has recommended closing Pennsylvania Avenue after experts determined that a truck bomb outside the gates could do enough damage to injure persons inside the residence, sources familiar with the overview said yesterday.

The concern predated the April 19 Oklahoma City blast that obliterated a large section of the Alfred P. Murrah Federal Building. But the bomb's power underscored the threat to the White House, sources said.

"The concern was for the increased capacity of a few individuals to do harm," said one source familiar with the report, which has not been released. "The big problem was always Pennsylvania Avenue. If the truck gets there it's too late."

The committee's recommendation to close Pennsylvania Avenue from 15th to 17th streets NW is part of an overall review of security at the White House, including the performance of the U.S. Secret Service.

In September, a plane crashed on the White House lawn, nestling beside the mansion. In October, a man fired a semiautomatic rifle from the sidewalk in front of the building into the White House before being wrestled to ground by citizens. Then, in December, police fatally shot a homeless man allegedly brandishing a knife on the sidewalk adjacent to Pennsylvania Avenue.

Under the advisory committee's proposal, the area in front of the White House would become a pedestrian mall, which committee officials recognized has the potential to significantly disrupt traffic in Washington's downtown core. In addition, politicians dislike the symbolism of restricting access to such a landmark.

Clinton said last month that he hoped officials would find a way to secure the mansion without closing the street. "Millions of Americans go by Pennsylvania Avenue every year and see the White House and the overwhelming number of them are law-abiding, good American citizens," he said in an interview on "60 Minutes."

House Speaker Newt Gingrich (R-Ga.) said Sunday that he would oppose closing the avenue. "Keep it open," Gingrich said on "Meet the Press." "I mean there are limited risks in a free society."

Thus, the recommendation places

Ronald K. Noble, Treasury Department undersecretary for enforcement, in a difficult position. Noble's office declined to comment and it was unclear whether he would support the committee's recommendation.

"The president is awaiting the recommendation from the secretary of the Treasury and will review it when it arrives," said White House senior adviser George Stephanopoulos.

White House officials and sources close to the review say Noble is expected to formally present the report to Treasury Secretary Robert E. Rubin soon and that a final set of proposals is to be ready for the president's consideration not long after his return from this week's summit with Russian President Boris Yeltsin.

Closing down Pennsylvania Avenue for the short or long term would require the approval of the National Capital Planning Commission, said commission spokesman Lee Feldman. "Nothing has been submitted to us," he said.

"We have been on record for years calling for Pennsylvania Avenue to be closed," said Secret Service spokesman Eric Harnisfeger. "We can't do anything until the review comes out. We thought it would be out by now."

D.C. Delegate Eleanor Holmes Norton (D) said she initially was opposed to the idea. But Norton said a

few weeks before the Oklahoma City bombing she was briefed by Noble, who she said told her, "Our problem is that someone could come with a car bomb and there would be nothing we could do."

Now, after Oklahoma City, Norton said, "I think we have to do it." She and Noble have talked about a long-range proposal for tunneling traffic under Pennsylvania Avenue, she said.

Closing the street in front of the White House could worsen downtown rush hour traffic congestion, according to some traffic engineers interviewed late yesterday. The section of the avenue between 15th and 17th streets is heavily traveled by suburban commuters, with about 13,000 cars passing each way daily.

East of the White House, Pennsylvania links up with New York Avenue, a major artery for District and Prince George's County commuters. On the west side, Pennsylvania ties into the Potomac River bridges carrying Northern Virginia traffic and connects Georgetown with downtown. For many, Pennsylvania is the easiest way to George Washington University.

Traffic that now travels on the busy east-west artery would have to be diverted north to H, Eye and K streets NW, experts said, which already carry heavy loads of commuters.

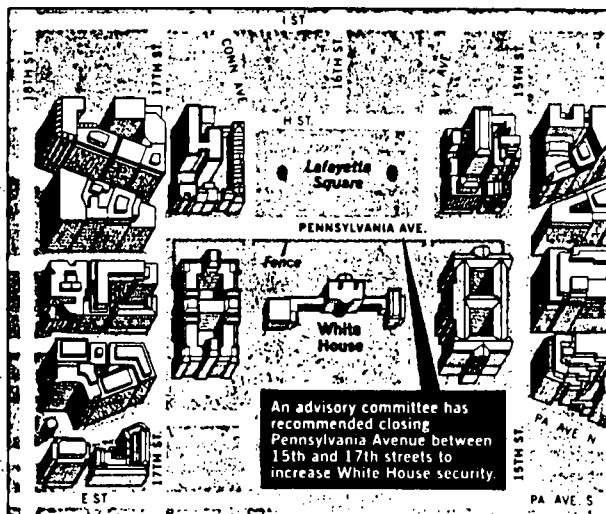
The advisory team considered a number of options, including check points, but determined that would also create traffic problems.

In addition, the report, the bulk of which will be classified, calls for a number of other changes at the White House, such as expanding the use of bulletproof windows. In one recent incident a bullet pierced a State Dining Room window.

One source described the report as placing "heavy emphasis on improving interagency communication" with the Secret Service. Although finding no significant problem with Secret Service performance in protecting the president, the review offered some criticism of the Secret Service, holding the agency responsible for some gaps in communication and coordination with Federal Aviation Administration and the U.S. Park Police.

Concerns about coordination surfaced after the plane crash; although a computer at National Airport recorded the aircraft as being picked up on radar, no one from the FAA was watching at the time. At the time of the incident, officials had difficulty finding a written agreement documenting the responsibility for protecting White House airspace. Reviewers also found some confusion as to the Park Police's responsibilities.

Staff writers Stephen Fehr and John F. Harris contributed to this report.



BY DAVE COON—THE WASHINGTON POST

THE FEDERAL DIARY

Wash. Post; 5-9-95

Benefits in the Cross-fire

By Mike Causey
Washington Post Staff Writer

The biweekly pay stubs of federal workers could show some more deductions after Senate and House budget cutters this week go after everything from take-home pay to health insurance premiums to the amount of inflation protection workers will have in retirement.

There will be no final decisions for some time, but this is the beginning of the end of the budget process.

Pick a benefit, and chances are somebody in Congress has a plan to "reform" (as in "reduce") it.

The Senate is looking at a plan to force federal workers to pay more for health care coverage or move into less costly health maintenance organizations that would give them less control over their health care than most fee-for-service plans. The proposal, outlined here last Tuesday, would put a dollar limit on the amount Uncle Sam would contribute to workers' health care premiums. That limit is now a percentage—the government pays about 72 percent of the total premium for nonpostal workers. If a dollar limit was imposed, the government would pay something like \$1,500 a year of the premium for a single policyholder and \$3,400 for a federal worker with a family plan. The employee would pay the rest.

The Senate may try to base employees' retirement benefits on the highest five-year average salary rather than the current high-three formula. That would be phased in over a two-year period, starting next year. It would mean smaller benefits for future retirees than they anticipate under the high-three system.

This week, the House Budget Committee could announce some of its proposed cuts in federal personnel costs. The *Washington Times* says they could include limiting full retiree cost-of-living adjustments to 2 percent. Any increase in inflation above the 2 percent level would be limited to a so-called diet COLA that was less than the full rate of inflation.

The Senate and the House

could complete work on their versions of the budget resolution (the spending blueprint) by the Memorial Day recess. Final action on a compromise budget might not come until just before the August recess.

This is going to be the first week of what promises to be a long, frustrating spring and summer for longtime feds trying to decide whether to hang on or retire before the rules change, as well as for younger, short-service workers who are wondering whether they will have federal jobs this time next year.

Secretaries Seminar

Susan Kidd, of WRC-TV (Channel 4), and Lorraine A. Green, deputy director of the Office of Personnel Management, will keynote the agency's issues seminar for secretaries and administrative personnel today and tomorrow at the Renaissance Techworld here. For times and location, call Carolyn Barbarito or Norma Ford at 703-312-7300.

AFSCME Win

Workers at the Agriculture Department's Rural Business and Cooperative Development Service have picked the American Federation of State, County and Municipal Employees to be their bargaining agent. AFSCME Council 26 is a coalition of union locals at Agriculture, Justice, the Peace Corps, the Library of Congress, the Civil Rights Commission and the Corporation for National and Community Service.

Bugged by Roach Comment

National Treasury Employees Union President Robert M. Tobias has demanded an apology from Rep. Jay Dickey (R-Ark.), who allegedly compared federal workers to bugs. On April 16, the Hot Springs (Ark.) Sentinel-Record covered a speech in which Dickey told a local Rotary Club that he would like to see the income tax replaced by a consumer tax. The paper said, "Dickey proposed selling the IRS building so the roaches can't come back in."

Whether he meant human or insect roaches, the newspaper says, Dickey's speech was well-received.

Tuesday, May 9, 1995

Wash. Post; 5-9-95

Buchanan Calls For Tougher Border Control

Candidate Wants to End 'Invasion of the Country'

Associated Press

Republican presidential contender Patrick J. Buchanan chided President Clinton and the GOP-controlled Congress yesterday for failing to secure U.S. borders and endorsed legislation that would deny automatic citizenship to children of illegal immigrants.

Buchanan also called for legislation making English the country's official language and for at least a doubling of the Border Patrol.

And he called anew for two other components of his immigration policy: a double security fence along the most porous section of the U.S.-Mexico border and a five-year moratorium on virtually all immigration so that newcomers to the United States could be assimilated.

Buchanan, who is seeking the 1996 GOP nomination, made his remarks at a news conference attended by leaders of a half-dozen groups active in the immigration debate. They were in Washington for a week of events to focus attention on immigration.

Buchanan said 95 percent or more of a situation he termed "an invasion of the country" could be eliminated within six months if his enforcement proposals were adopted.

The double security fence, which Buchanan endorsed in his unsuccessful 1992 presidential campaign, would be built along a 70-mile stretch of the U.S.-Mexican border, he said. That, an increase in the Border Patrol to at least 10,000 officers and use of the military when necessary would virtually halt illegal crossings, he said.

Under the moratorium, only spouses and children of immigrants already in the United States would be allowed to enter, Buchanan said. Making English the official language, he said, would help reduce racial and ethnic tensions. "We have got to be one nation and one people again," he said.

Buchanan called for national legislation along the lines of Proposition 187, the ballot initiative passed in California last year. The measure, being challenged in the courts, would deny health, education and other benefits to illegal immigrants and their children.

Current law awards citizenship to children born in the United States, even if their parents entered the country illegally. "It is outrageous that American taxpayers, as hard-pressed as they are . . . have to provide social welfare benefits for those whose accomplishments are to break the laws to get into the United States and to get on welfare," Buchanan said.

He said Clinton has "failed in his duty, failed miserably." But with Republicans now running Congress, Buchanan said, "There is going to be no excuse if the Republicans do not stand up and do their duty."

Wall St. Jnl.; 5-9-95

Possible Weapon Against Alzheimer's Is Found in Blood Protein, Report Says

By STEPHEN D. MOORE

Special to THE WALL STREET JOURNAL

BASEL, Switzerland — A British researcher who set out 20 years ago to identify a mysterious protein contaminating some experiments has uncovered a possible weapon against Alzheimer's disease.

Mark Pepys and colleagues at Hammersmith Hospital near London report in today's issue of the Proceedings of the National Academy of Sciences that an obscure blood protein called Serum Amyloid P component, or SAP, may play a role in the formation of a sticky "plaque" that clogs the brains of Alzheimer's sufferers.

Dr. Pepys and his team have hooked up with the drug company, Roche Holding Ltd., to develop a medicine that might trick SAP into destroying the damaging plaque. Years of research will be needed, however, to show that exploiting the blood protein is useful.

Dr. Pepys's research suggests that SAP shields deadly clumps of amyloid plaque from early destruction. Many scientists believe this plaque kills nerve cells and that one way to prevent Alzheimer's disease is to block plaque formation. Because similar plaques develop in joints of rheumatoid arthritis patients and the pancreas of adult diabetics, a plaque-blocking drug could offer potential therapy against those diseases as well.

In test tube experiments reported today, Dr. Pepys's team showed that a decoy chemical blocked SAP from binding with the plaque fibers and also stripped away SAP molecules already bound to fibers. Once the SAP shield was dislodged, other types of blood cells moved in and began breaking down the plaque.

Dr. Pepys stressed that the findings reported today "aren't yet real in terms of anything for Alzheimer's patients." The decoy chemical is far too unsophisticated to use in humans as a drug. But the research could provide an important blueprint model for further refinement, he said.

The Hammersmith group hopes to con-

firm its theory in animal experiments later this year using a strain of lab mice bred without the gene that produces SAP. Because they can't produce the SAP shield, those "knockout" mice shouldn't be able to develop amyloid-related diseases, Dr. Pepys explains.

Dr. Pepys admits the prospect of gradually dissolving amyloid plaques bucks medical wisdom. "Most people's perception is that once amyloid is there, it's like concrete, irreversible," he says. But he says studies he has done in patients with diseases other than Alzheimer's suggest patients' plaque "actually is in a state of dynamic turnover — being laid down and also going away continuously."

The amyloid theory for Alzheimer's disease is but one of several being aggressively pursued by scientists trying to pinpoint the exact cause of the disease.

Wall St. Jnl.; 5-9-95 C18

Heart Technology Inc. said the U.S. Food and Drug Administration completed its inspection of the company's production facilities, apparently without detecting major problems.

The Redmond, Wash., company, which makes specialized catheters used to remove plaque from artery walls, said the FDA issued a Form 483 with a single "observation" related to a new facility in Redmond. A Form 483 covers findings of the inspection, unlike a warning letter, it doesn't necessarily mean that violations were found.

The FDA began a reinspection of the company's facilities in April, as a result of issues raised by the agency in a warning letter to the company in October. The warning letter contended the company did not comply with certain regulations applicable to medical device manufacturers.

The agency's action in issuing the Form 483 suggests that most of the problems have been addressed satisfactorily.

Chgo. Trib.; 5-9-95

Gingrich foresees trouble in rush to limit abortions

ASSOCIATED PRESS

WASHINGTON—House Speaker Newt Gingrich warned Sunday that there could be a rash of illegal abortions if Republicans push through a constitutional amendment to limit abortions.

The Georgia Republican, a strong opponent of abortion, said the nation needs to go through a long process of dialogue on the subject and that simply amending the Constitution might backfire.

"We have to win the argument in the country," Gingrich said on NBC's "Meet the Press."

"If all we did tomorrow morning was pass an amendment, you would have millions of women going into back alleys having abortions."

The Republican platform calls for a constitutional amendment to

ban most abortions, but Republican leaders in Congress have been unenthusiastic about bringing up the issue. Instead, they are considering legislation, such as giving the states more power to withhold funding for abortions in the case of rape or incest.

Gingrich said his view is that life begins at conception and that "abortion is morally the same as infanticide."

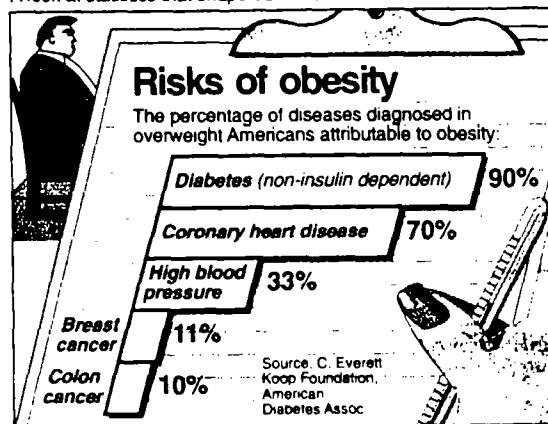
He acknowledged that "as a society, we are pro-choice but anti-abortion" and said that "in the case of life of the mother, rape and incest, there are legitimate grounds for establishing the right to have an abortion."

His objective, Gingrich said, is to "start to have a dialogue about how we can as a practical matter have the fewest number of abortions in America."

USA Today; 5-8-95

USA SNAPSHOTS®

A look at statistics that shape our lives



By Cindy Hall and Genevieve Lynn, USA TODAY

USA Today; 5-9-95

22nd suicide for 'Dr. Death'

Kevorkian attends death in Mich. of retired clergyman

By Carol J. Castaneda
USA TODAY

The man known as "Dr. Death" attended his 22nd suicide Monday, less than a month after Supreme Court action left Jack Kevorkian facing murder charges in Michigan.

Kevorkian was there when retired clergyman John Evans, 78, killed himself at his home in Royal Oak, Mich., said Kevorkian's lawyer, Geoffrey Fieger.

Medical ethicists and prosecutors say Evans' death signaled another attempt by Kevorkian to challenge the law in the nation's right-to-die debate.

Evans, who wanted to die in the sanctuary of a Unitarian church but feared his plans would be foiled by publicity, sought to make his suicide a statement in that debate.

In a letter released after his death, Evans asked the church and others to support the "freedom to choose the time, manner and place of one's death."

Oakland County Prosecutor Richard Thompson wouldn't say whether Kevorkian will face new criminal charges until he receives a report on Evans' cause of death.

Medical examiner Ljubisa Dragovic said a preliminary blood screening "left no question" that Evans died of carbon monoxide poisoning. An autopsy is to be performed today.

Kevorkian already has plenty of legal problems.

The Supreme Court last month let stand Michigan's position that there is no constitutional right to assisted suicide.

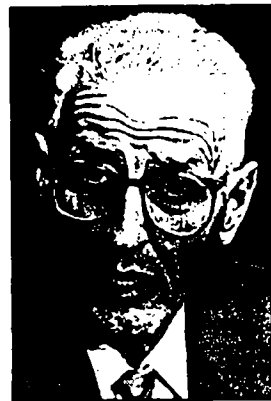
That gave Thompson the opportunity to pursue four charges against Kevorkian in connection with suicides: two murder counts and two assisted suicide counts.

The difference in charges stems from Michigan's 1993 ban on assisted suicide, which expired last year.

Kevorkian said after the Supreme Court ruling that he would not change his practices.



By Jon Frellich, AP
SITE OF SUICIDE: Police officer Tim Wood guards the house of retired clergyman John Evans in Royal Oak, Mich., Monday.



By Richard Sherman, AP
KEVORKIAN: Faces murder charges after high court ruling that upheld Michigan's position that there is no constitutional right to assisted suicide

A plea to 'choose time, manner and place'

John Evans had written a letter to several Unitarian Universalist churches asking if he could kill himself, with the help of a doctor, on church property. But, fearing the publicity might frustrate his plans, he decided not to mail the letter. The text of the letter, made public after his death:

I am making this request of several local Unitarian Universalist churches, hoping to receive an affirmative reply while time remains and my sickness moves its course. I have terminal pulmonary fibrosis.

UU churches have supported freedom of belief, opinion and speech. Now there is another freedom in need of support: freedom to choose the time, manner, and place of one's death. Unlike other issues or "causes" common in our churches, the right to die is

not only a principle to be supported in general or somewhere else — it is here, now.

The finality of this act has a religious quality to it that William James called "solemn, serious, and tender." This, as well as the vindictive behavior shown by civil authorities in such matters, makes the occasion one of sanctuary.

Without disturbing your schedule for use of your building, will you let me rent space, or a room, for my physician-assisted suicide? No special preparation would be required.

For some 20 years, as a minister, I served churches in the Unitarian Universalist Association. Now I need to ask if the movement that I have called "home" has a place for me.

Sincerely,

(Rev.) John E. Evans

"He's not going to be persecuted or intimidated into making people suffer," Fieger said.

If Kevorkian is prosecuted again for helping someone die, Fieger said the only thing any court could convict him of is "passion."

One ethicist said the right-to-die issue may be moving too quickly for the courts.

Legal changes have "to come gradually," said right-to-die author Alan Meisel of the University of Pittsburgh Center for Medical Ethics.

Eventually, Meisel said, prohibitions on physician-assisted

suicide will be found unconstitutional.

In the latest suicide, Fieger said Kevorkian was present when Evans died in a "manner consistent" with other deaths Kevorkian has attended.

The most recent deaths attended by Kevorkian have been by carbon monoxide.

As in the other cases, Evans suffered from a terminal illness. He had pulmonary fibrosis, a lung disease.

Evans was a cleric of the First Unitarian Universalist Church, which in 1988 became one of the few denominations

to pass a resolution allowing "terminally ill patients to select the time of their own death."

Evans at one time was a socialist. In 1950, he helped form a civil liberties group in Pittsburgh that the government labeled a communist front group during the McCarthy era.

That led to his firing as a librarian in Detroit, Fieger said.

Evans' wife, the Rev. Jan Evans-Tiller, was present at his death, Fieger said.

She issued a statement: "My husband was a courageous man who had the courage to do what is right."

Wash. Post; 5-9-95
NEWS AND NOTES

SHARP RISE REPORTED IN YOUTH SUICIDES

The rate at which teenagers and adolescents kill themselves has soared since 1980, according to a report from the Centers for Disease Control and Prevention.

The increases were sharpest for young black males; the suicide rate quadrupled among those aged 10 to 14. In the early-twenties age category, in which there was an overall slight decline, black males were the only group to go against the trend of declining suicide rates. The increase in the suicide rate was also very steep for white females aged 10 to 14.

Between 1980 and 1992, suicide rates rose 28 percent among Americans 15 to 19, and 120 percent among those aged 10 to 14, the CDC said. The suicide rate fell 7 percent among Americans aged 20 to 24.

"Although suicide among children is a rare event," the report concluded, "the dramatic increase in the suicide rate among persons aged 10 to 14 years underscores the urgent need for intensifying efforts to prevent suicide" in that age group.

Noting that the causes of suicide are "multiple and complex," the CDC said possible factors in the increased rate among young people include substance abuse, mental illness, family disruption, severe stress in school or social life, rapid social change and "increased access to firearms by the at-risk population."

Of the suicides among people under 25, nearly two-thirds (65 percent) were committed with guns. Hanging was the second most common method, and poisoning ranked third. Firearm-related suicides accounted for most of the increase in the suicide rate for teenagers between 1980 and 1992, the CDC reported.

After reviewing programs throughout the nation, the CDC said it has identified strategies for preventing youth suicide. These include training teachers and school officials to identify young people at highest risk for suicidal thoughts and attempts, educating young persons about suicide, and setting up referral programs and suicide crisis hot lines.

—Don Colburn

APPLICATIONS GROWING FOR MEDICAL SCHOOLS

Remember all those reports a few years ago about how the nation's best and brightest college students weren't becoming doctors because of all the hassles associated with medicine: the staggering cost of a medical education, the decline in prestige among doctors, the endless second-guessing by insurance companies and the rising price of malpractice insurance?

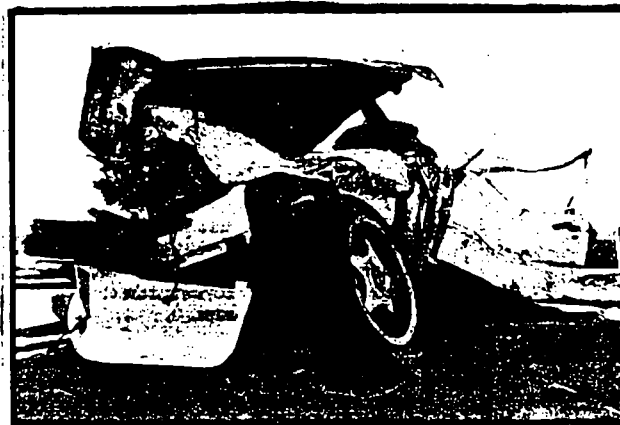
A new study, published in the April issue of Academic Medicine, says that the downturn in medical school applications that began in the late 1970s was a temporary phenomenon tied to fluctuations in the national economy rather than to perceptions about the relative value of a medical education.

When the job market is good, say the study's authors, Donald Kassebaum and Philip Szenas, officials of the Association of American Medical Colleges, the trade association for the nation's medical schools, fewer college graduates apply to medical school. When it's not, applications increase.

Kassebaum and Szenas note that from 1984 to 1988, applications to the nation's 125 medi-

Traffic fatalities in the Washington area increased 17 percent from 1992 to 1993, with 400 people losing their lives in accidents on the region's roads, according to a report released by the Metropolitan Washington Council of Governments.

COG noted that more than one-third of the fatalities (142) in 1993 occurred in accidents that were alcohol- or drug-related, a 48 percent increase from the preceding year. The council report also noted that a six-year decline in the number of arrests for drinking and driving continued in 1993.



BY JAMES M. THRESHER—THE WASHINGTON POST

NUMBER OF FATALITIES

■ Alcohol related ▴ Total

D.C.

25 61

Alexandria

4 8

Arlington Co.

6 10

Fairfax Co.

31 69

Frederick Co.

7 34

Loudoun Co.

3 9

Montgomery Co.

16 65

Prince George's Co.

39 123

Prince William Co.

11 21

* D.C. figure is an estimate

NUMBER OF VEHICULAR INJURIES

D.C. 12,771*

Alexandria 2,456

Arlington Co. 3,548

Fairfax Co. 15,004

Frederick Co. 2,248

Loudoun Co. 1,556

Montgomery Co. 11,607

Prince George's Co. 15,913

Prince William Co. 4,180

SOURCE: Metropolitan Council of Governments

cal schools declined steadily, to the lowest point in two decades. In 1988, only 26,721 people applied, as compared with a record at the time of 42,621 applications in 1974.

An analysis of data contained in the AAMC's Student and Applicant Information System shows that the years of the steepest decline (1984 to 1988) occurred during a period of restructuring of the U.S. economy when jobs in business, finance and real estate grew.

Another factor contributing to the decline, the authors note, is the fact that there were nearly 40 percent fewer reapplications in 1988; more people who had been rejected took no for an answer.

That was not true in the early 1990s as the number of applications to medical schools started to climb dramatically. Although the total number of applicants will not be final until the fall, the 45,657 applications recorded this year breaks all records.

—Sandra G. Boodman

MANY COMBAT VETS COPE WITH STRESS DISORDER

Rank, education and good coping responses such as humor help protect against post-traumatic stress disorder (PTSD) that can afflict soldiers who have engaged in heavy combat. So finds a 50-year study of World War II veterans.

Known as the Study of Adult Development, the Harvard University project began in 1938. The original participants were 268 Harvard undergraduates, selected during their sophomore year in college for being in the top half of their classes academically and in good physical and mental shape.

About 150 served overseas for at least a month during World War II, and about a third of them survived very heavy combat.

Surveys and regular physical exams have been conducted on the men regularly since the study began. Researchers have reported on the other results in scientific journals and in a book published in 1977. The most recent findings, drawn from 107 participants still alive in 1988, appear in the April issue of the American Journal of Psychiatry. They were gathered and analyzed by psychiatrist George E. Vaillant and his colleagues at the Brigham & Women's Hospital in Boston.

By 1988, only three of 32 participants who had been in heavy combat said that they still had PTSD symptoms, such as flashbacks of their experiences, nightmares and bouts of anxiety when faced with reminders of their combat experiences.

Other studies, especially those of Vietnam War veterans, have suggested that education and rank helped protect against PTSD. This latest study also found that using "mature" responses, such as humor, stoicism, altruism and sublimation (the ability to acknowledge what is happening but not to dwell on it) helped the soldiers cope with the psychological effects of heavy combat. Sixteen of the men who had been engaged in heavy combat but reported no PTSD symptoms relied upon these types of coping responses. By contrast, men who who relied on denial, projection (a way of not being in touch with their feelings about combat) and masochism as coping responses were more vulnerable to PTSD, the study found.

The study suggests, Vaillant said, "we should regard PTSD as a combat-related injury and not as the symptoms of a typical complainer who tries to get disability for complaints that they have had all their lives."

—Sally Squires



BY ORANG HERNDON—THE WASHINGTON POST

In 1991, Glenarden teamed up with Bowie State University in an effort to shepherd youth out of harm's way. Wash. Post; 5-7-95 p. 1

Loosening the Grip of Crime in Glenarden

P.G. Town Pulls Together, Becomes a Model for Curbing Violence

By Jon Jeter
Washington Post Staff Writer

The revolution came to the town of Glenarden on a late autumn evening four years ago. Born inside a half-empty banquet hall, the uprising was nothing quixotic. The community had simply grown weary of losing sons to early graves and was resolved to do something about it.

The collision of hope and frustration in this tiny but fiercely proud town in Prince George's County sparked a populist campaign against violence that has blanketed nearly every quarter of Glenarden. At the town hall and the elementary school, at the recreation centers and the churches, teachers, parents, schoolchildren, social workers, police and youth counselors have joined the struggle to make Glenarden safe.

No one can say for sure what impact their efforts have had. The crime rate in this all-black suburb of nearly 5,000 people has plunged by more than 10 percent in each of the last three years, but those drops coincide with declining crime rates in other municipalities in the county. And emancipation from violence is still a long way off; at the sprawling Glenarden Apartments complex, where almost a fifth of the town's people live, crime, drugs and fear have not retreated so much as an inch, residents say.

Still, Glenarden's attempt to shepherd its young people out of harm's way with everything from Bible study to basketball, mentors, tutors, mediators and workshops has shown promise. County police, philanthropic organizations, child welfare advocates and educators as far away as Texas are looking to

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this oddly shaped town of five square miles as a model for how communities can begin to turn back crime.

"We could see the crime that occurred in our streets every day, and we just decided that it was going to take everyone working together to make a difference," said the Rev. John Jenkins, pastor of First Baptist Church of Glenarden and a lifelong resident of the town.

"I see a lot of collaboration going on in Glenarden," said Tyrone Baines, an administrator with the W.K. Kellogg Foundation, which provided a grant to help launch the effort. "They've got all the actors in place . . . and they're really doing some creative stuff. I think there is every reason to be optimistic about Glenarden's future."

The seeds of that optimism were planted in 1991 when Bowie State University went searching for a community in which to try out a violence-prevention plan developed by one of its faculty members. The program consists of a wide range of lessons and workshops in schools, churches and other institutions to help young people adopt socially acceptable ways to resolve disputes and get along with adults. With a \$500,000 grant from the Kellogg Foundation, the university sponsored a series of forums in Prince George's.

"Of all the communities that we met with, Glenarden stepped up to bat first and foremost," said Jacquelyn Brown, who developed the strategy while she was a Bowie State psychology professor. "They were . . . just very serious about doing something about the crime problem."

Glenarden, three miles east of Washington, is an eclectic mix of garden apartments, detached homes, warehouses and woods surrounded by Landover, Kentland and Palmer Park—all inner-Beltway communities experiencing similar problems with drugs and crime.

When it was founded in 1939, the town was one of three all-black municipalities in Maryland. In the 1960s, the town, with its comfortable split-level houses, became a promised land for middle-class black families leaving the District for their own slice of suburbia.

By the time Bowie State came to town looking for a volunteer, the once rock-solid community had already begun to respond to the lawlessness that followed the introduction of crack cocaine into Washington and its suburbs in the 1980s.

In 1986, the town manager, G. Van Standifer, created midnight basketball for men ages 17 to 22 when he recognized that most crime in the community occurred from 10 p.m. to 2 a.m. For whatever reason, the

town's crime rate dropped nearly 60 percent the next year, and midnight basketball has since expanded to 50 cities.

But the crime rate rose 21 percent the next year. After the town went without a homicide in 1986, Glenarden reported two in 1987 and another in 1988. From 1989 to 1990, the number of assaults doubled from 24 to 48.

The pact between Glenarden and the university was struck in November 1991 inside the banquet room at the town hall, consummated by a stirring speech from the mayor at the time. Marvin F. Wilson told the audience of about 80 people that Glenarden was on the verge of becoming two distinctly different communities: one of second- and third-generation families who mowed the grass on weekends and sent their children to historically black colleges; the other poorer and newer to the community, renting garden apartments and sometimes groping for comfort in vials of crack, bottles of cheap liquor and the trigger of a gun.

"He ended the speech—and I remember this very clearly—by saying that Glenarden was not going to be a town divided," Brown recalled about the mayor's remarks.

It didn't take long for Brown and her team of instructors to converge on Glenarden, helping teachers draw up lesson plans, assisting social workers fashioning workshops for families and encouraging churches and recreation centers to extend their hours to provide havens for children.

"We said that everyone had to be involved," said Pamela Norwood, a social worker who helped Brown develop the strategy. "There is no benefit if you have school kids thinking about safety and they walk out into the streets and are gunned down, or they go home and they're abused and battered."

In 1992, violent crime in Glenarden fell 17.6 percent, compared with a drop of 5.7 percent in all of Prince George's. The next year, Glenarden's crime rate plummeted an additional 12.9 percent, while the countywide rate climbed 8.8 percent. Last year, violent crime dropped nearly 11 percent in the town and 6.6 percent countywide. Over a four-year period in Glenarden, the number of violent crimes—rape, murder, robbery and assault—reported to county police has declined from about 300 annually to slightly more than 200.

"It's going to take a long-term effort to turn things around," said David B. Mitchell, a former Prince George's police chief and now superintendent of the Maryland State Police. "But I would say that Glenarden serves as a model for how a community can come together."

A community-oriented police officer has been assigned to work with the town full time, and narcotics officers have responded to Glenarden's demands for more help with surveillance activities and undercover sweeps targeting street-level drug dealers, said Capt. James White, commander of the District 3 station in Kentland, the busiest in Prince George's.

The grant for the Bowie State project was exhausted last fall, but the quiet, small-scale revolt in Glenarden continues, and people like 12-year-old Patricia Woody are its soldiers.

Each day, after finishing classes at the middle school that she attends, the rail-thin girl is one of a dozen town youths who return to their former school, Glenarden Woods Elementary, to tutor younger children in math, spelling and arts and crafts.

"It's good for them to be in here after school rather than out there, because there's just a lot of stuff they don't need to see out there," said Patricia, leaning over two fidgety 9-year-old boys as they sat together in a classroom, trying to work a little magic with glue, brightly colored paper and handfuls of glitter.

The university's campaign has permeated Glenarden Woods.

Ten-year-old Yakini Graham and other peer mediators patrol the hallways for percolating trouble. Experienced teachers like Marilyn Thompson plan spelling and vocabulary

lessons around words such as "conflict" and "resolution." Retirees like Vernon Ward volunteer to help youths learn computer skills after school.

Fresh-faced teachers straight out of college like Darryl Boston and James Thomas recruit youths for Young Educated Brothers, a weekly class intended to teach boys about responsibility, the value of scholarship and the dangers of the streets.

"We're trying to give them the tools to prepare them for what's out there, because once they get into middle school and high school, they are going to be confronted with the possibility of real conflict," said Elaine Nelson, a school counselor.

That mission extends southeast along the crescent-shaped Glenarden Parkway to the town hall, where social workers meet with teenagers and their parents once a week to map out escape routes from danger. On a cool and breezy March night, 15-year-old Aaron Lee enthusiastically volunteers for a role-playing exercise in which he demonstrates how to avoid a classmate's taunts.

"I used to just go crazy when I got into a fight," Aaron said of his past, which includes fights and run-ins with school administrators. "I would be trying to kill somebody. But they've really helped me a lot here. I know how to control that anger a lot more."

Two months after Aaron and his father began coming to the weekly meetings, the fights have stopped, and Aaron has raised his grade-point average from 0.57 in the fall term to 2.57 in the winter term, according to Janelle Wallace, director of youth and family services for the city. Through encouragement from counselors, father and son have replaced their own physical confrontations with dialogue, according to Wallace.

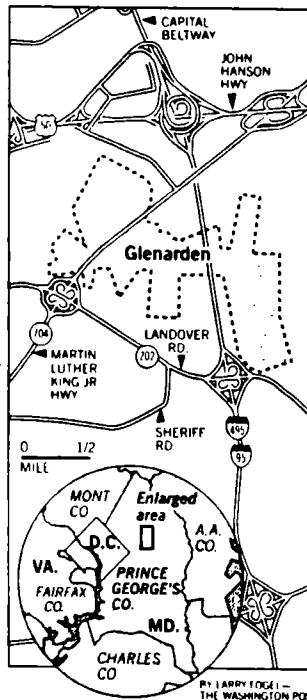
"The whole idea," Wallace said, "is just to get them to think about other ways to solve problems other than lashing out. That's all that some of them know."

Counselors have discovered that not every young person they have encountered is reachable, but success stories such as Aaron's are not uncommon, Wallace said. And that has left an impression on others.

The school board in Fort Worth last month approved hiring Norwood, the social worker who helped develop the Bowie program, to help that city replicate Glenarden's efforts, said Associate Superintendent Hardy Murphy, who recommended the program after visiting Prince George's last fall.

At the Justice Department's office of juvenile justice and delinquency prevention, officials say they are

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considering hiring Norwood next year to establish similar efforts in other communities.

"The concept that it takes a whole village to raise a child is what is at play here, and I think it has tremendous potential for organizing communities," said Emily C. Martin, an administrator with the juvenile justice office.

But the town-wide campaign is no panacea, and the Glenarden Apartments are proof of that. Located in a southern pocket of the town, the privately owned, garden-style apartments represent the most formidable challenge to the community's efforts to push back crime and violence.

Drug dealers punch holes in the walls outside the apartments to store their merchandise, then congregate on apartment steps while their young lookouts keep an eye out for police from the second-floor windows.

Gangs roam the neighborhood at night, tenants say, and the air is almost always pregnant with the anticipation of gunfire. In March, a round of semiautomatic gunfire cut short a tenants' meeting, forcing the five women in attendance to turn off the lights and crawl in the darkness for the phone.

"It's terrible living in the Glenarden Apartments right now," said Sharon Murphy, president of the residents' council.

The failure of the town's efforts to have much of an impact on the apartments reflects just how complex crime is, say police and academics.

Crime, for example, is increasingly mobile, and although a community may manage to clean up its own house, violence can be imported. In 1993, neither of the two people slain in Glenarden nor the suspects arrested in either case were residents of the town, police said.

Paradoxically, the apartments' tenants are not particularly mobile, and many have trouble taking advantage of the wide variety of activities and workshops that are available in Glenarden. Of the 583 households on the spit of land that includes the apartments, 237 don't own a car, according to the 1990 Census.

"We have found that transportation is a problem for a lot of people," said Jenkins, whose church offers many programs, including a track club, Boy Scout meetings and youth ministries. "A lot of times if we don't pick kids up, they can't make it."

Perhaps more important, 85 percent of the 510 households in the Glenarden Apartments receive some type of public assistance, said town council member Iris McConnell. Fifty-five percent of those households are headed by single women, according to the 1990 Census, and 33 percent live in poverty, more than double the



poverty rate for the town overall. That dense concentration of poverty provides a petri dish for crime, drugs and alcohol abuse, said scholars, police and town residents.

"Crime in urban centers today is terribly complicated," said Baines of the Kellogg Foundation. "But when a community makes up its mind . . . and says, 'Crime is not welcome here,' that community has as good a shot as any."

Wash. Post; 5-9-95]

“Little Sally Walker sitting in a saucer. Rise, Sally, rise, wipe your weeping eyes. Put your hands on your hip and let your backbone slip. Oh, shake it to the east, shake it to the west, shake it to the one you know the best . . .”

**BLACK
WOMEN
FIND
STRENGTH
IN A BREAST
CANCER
SUPPORT
GROUP OF
THEIR OWN**

BY DeNEEN BROWN

They arrived one by one at the Breast Cancer Resource Center in Northwest Washington. First they embraced with long, deep hugs and scanned each others' faces to measure how each woman was doing. Then the compliments flew.

"Oh, I like that style," said one woman, commenting on another's wig. "That looks really good on you."

"I liked this style so much, I went out and bought another one just like it," said another woman in a curly black wig. "At one time, when my skin was a different color, then I bought red hair."

The women laughed because they understood. They knew how the body changes and reacts to treatment. They knew how the skin sometimes gets darker. They knew what it is like to lose weight and to gain weight, to be so sick it's hard to care for one's family, to lose one's hair and to watch a new grade of hair grow back either more straight or more curly. They understood each other because they had two significant things in common: They were African American women and they had breast cancer.

"The biggest thing there is sisterhood," said Les Butler, director of communication for the Breast Cancer Resource Center. "You have a group of black women who can sit down and talk about some things that they do not feel comfortable talking about in front of white women. . . . They talk about husbands, kids, church, or they may talk about 'going off,' just losing it temporarily."

"You wouldn't talk that way or act that way if you are sit-

ting up there talking with a white woman from Chevy Chase," Butler said.

On a recent Saturday morning, there was Albertine Green, 51, a buyer for an oil company; Carolyn Brown-Davis, 48, who owns a marketing business; Rita F. Allen, 50, an office manager; Debbie Valentine, 44, a retired environmental specialist; Arleen Banks Tate, 52, a consultant and teacher; Melvina Warren, 49, a customer service representative; and Louanner Peters, 46, a political consultant.

These women are all successful in their fields. They work well with white colleagues and feel comfortable in integrated settings. Race, they say, is not an issue in the workplace. But because breast cancer is so intimate, so personal, so much about self-identity and sexuality, they just feel better discussing their concerns with women more like themselves.

"I can sit down and talk to my black sister about it more easily than I can do with a white sister," Valentine said. "There are other levels we can talk on as far as the disease is concerned, but when it goes down to certain issues, there is a difference in talking to a black sister as opposed to a white sister. I can't say why. I've been in both situations."

For two hours, they traded stories about when they discovered their lumps, what their doctors told them about their chances for survival, how they shared the news with their families and how they came face-to-face with their mortality. They talked about spreading the word to other African American women about how they survived and breaking the long-held secrets of cancer in the black community.

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"The little girls joined hands in a circle," said Zora Kramer Brown, 46, founder of the Breast Cancer Resource Committee. "There was always one in the middle. We'd tell Sally to rise, wipe your weeping eyes. A group of friends encircled you and gave you strength. You could lean on them. It was a bonding with someone else, which I think is so symbolic of what women with breast cancer need."

■ ■ ■
 Two years ago, Brown, who is my aunt, founded this support group for African American women. She comes from at least four generations of women who've had breast cancer. That includes all four of my father's sisters, Zora, Margaret, Dale and Belva. The generations also include my grandmother, Mama Helen, and my great-great grandmother and at least four of my great-great aunts.

Brown said she didn't realize the extent of cancer in the family until a researcher started digging into the family tree.

"My mother said because nobody talked about it, there was no reason to know," Brown said. The researcher found that both sides of Brown's family had histories of breast cancer. "There was no way we could escape it. The good news is we have long-term survival in our family."

Brown said she had her first mammogram at age 21 and 10 years later she found her first lump. "I was given several treatment options, which included chemotherapy to shrink the lump, lumpectomy with radiation therapy or modified radical mastectomy. I chose the modified radical mastectomy based on information available to me 15 years ago."

Brown said she started the support group because of the number of requests from women who were looking for comfort. The group of about 10 women meets once a month. Since it started, at least 80 women have come through the group, rotating in and out as need calls. "You don't come and stay forever. . . . It's not to supplant anything else going on," Brown said. "It complements what the American Cancer Society and the hospitals do."

Brown said she named the support group Rise, Sister, Rise because the purpose of the group reminded her of a song she sang as a child playing in Holdenville, Okla., where she and my father grew up in a family of eight children. She and her playmates would sing the song in a circle around a girl who sat in the middle of the ring.

The song has the perfect message for what women diagnosed with breast cancer needed: a circle of women gathered around them to lift them and support them in the battle against the odds.

Support groups such as Rise, Sister, Rise are a mainstay for cancer patients, said Lois Callahan, a spokesman for the D.C. division of the American Cancer Society, because they give people a chance to talk with others who have the same experiences and who can empathize like no one else. Many such groups operate in the Washington area, but Rise, Sister, Rise is one of the few that focuses on black women. Another group like it called Women of Color Breast Cancer Survivors Support Project operates in Los Angeles. Brown said breast cancer is not well understood in the black community and often is considered a white woman's disease. Ever since then-First Lady Betty Ford revealed she had breast cancer in 1974, women in the white community have made great strides in removing much of the stigma associated with the disease. But while white women are getting information about prevention, self-exams and mammography, Brown said, people in the black community still whisper about cancer, calling it the Big C. Or they refuse to talk about it. And all the while, more African American women are dying.

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"It has something to do with the culture," said Carolyn Brown-Davis, 48, who was diagnosed with cancer two years ago. "I can remember when I got my diagnosis. The doctor said it's cancer. My husband and I got on the elevator, got in the car and went to mass. The first people I told were our priest and the missionaries. . . . It was never a secret. This gal came to me and said she was a 21-year survivor, and she said, 'Carolyn, I'm telling you. You can survive this. I'm telling you this because you are a neat lady and I like you, but I'm telling you this in secret. Nobody can know.'"

That was the culture. Don't tell. "She went through that by herself. She wants to keep it buried."

■ ■ ■
 More than 180,000 women will develop breast cancer this year, according to the American Cancer Society, and the disease will kill 46,000 women. Although more white women are diagnosed with breast cancer in the United States, federal statistics show the death rate among black women diagnosed with breast cancer is higher. Younger black women are twice as likely to die from the disease as young white women. And the tumors growing in black women, say doctors who've studied the disease, often are larger and more aggressive.

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In January, the National Center for Health Statistics and the National Cancer Institute announced good news and bad news. It found that while the death rate from breast cancer among white American women fell 5.5 percent between 1989 and 1992, the mortality rate for black women rose 2.6 percent. Minority death rates also are higher for prostate cancer, cervical cancer, diabetes, hypertension, asthma, fetal distress syndrome and other diseases.

Earlier explanations for the high death rate from breast cancer among African American women had indicated that they were not screened as early, possibly could not afford mammograms, didn't have the right education, waited too long after finding a lump before going to a doctor. But more researchers are finding the high breast cancer death rates among black women cannot be attributed solely to poverty, lack of education, late detection or lack of access to medical care. My aunt Belva, who worked as a lobbyist in Washington, was thoroughly educated about the disease. She swore off caffeine and meat, exercised regularly and had regular exams. She died five years ago at the age of 49 from cancer.

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"We get it earlier. It's more aggressive. The fastest-growing group of women getting breast cancer are African American women under the age of 40. ... [But] the information we grew up with was we didn't have to worry about it because that was a white woman's disease," said Louanner Peters.

Peters, the political consultant, told the other women that it had been seven years and one week since her diagnosis. The circle applauded.

"When I found out, I thought, 'I really didn't have time for this. I was in the middle of a tough campaign. I identified the lump in October. I didn't do anything until January. I didn't want to deal with it. When I did, it was the size of a walnut.

"I still didn't have time. I had a hearing coming up. I had an 8-year-old in school. I never had time to get depressed."

Her doctor insisted she take time off for an operation. "My doctor said forget the campaign. I had all these things done before I went into the hospital so nobody could blow this election. I had to have a job when I came out."

■ ■ ■

Robert Siegel, associate professor of medicine in the division of hematology and oncology at George Washington University, where he is interim medical director of the Cancer Center, conducted a study whose results were published in the Proceedings of the American Society of Clinical Oncology in May 1994, in which he found that tumors in black women treated at the university's hospital were more aggressive.

"For years, it has been known white women have a higher incidence of breast cancer, especially among older patients. More recently, for reasons we don't understand, it seems young black women ... have a higher incidence of breast cancer," Siegel said. "Explanations have been all over the map."

Siegel began his study two years ago trying to find whether the death rate would be the same if black women and white women with the same degree of breast cancer were treated at the same institution. He studied 700 women with stage 1 and stage 2 breast cancer. (Stage 1 breast cancer is defined as a cancer that is less than two centimeters in diameter and there is no cancer in the lymph nodes under the arm or evidence of cancer elsewhere in the body. In stage 2, the cancer is usually between 2 and 5 centimeters or has spread to the lymph nodes under the arm.)

He studied the women between Jan. 1, 1987, and Dec. 31, 1993, at George Washington Medical Center. The cancers of the 445 white women and 253 black women were compared for their pathological features, treatment, stage of cancer when they sought medical attention, and survival.

Siegel analyzed lumpectomy versus mastectomy, the number receiving radiation therapy, the number receiving chemotherapy and the use of hormonal treatments.

Still, the survival rate for black patients with stage two cancer was significantly worse when compared with white patients with stage two. In addition, he found that black patients' cancer was more advanced at diagnosis and that the cancer had more pathological characteristics that suggested a more aggressive disease.

"What this information is suggesting is that although there may be socioeconomic variables that influence whether a woman lives or dies of breast cancer," he said, "there also seem to be biological characteristics, which, for unknown reasons, cause more aggressive cancers in black women than in white women."



BY MARGARET THOMAS—THE WASHINGTON POST

Although Carolyn Brown-Davis has attended many integrated support groups, she said it is easier to talk openly with the other women in Rise, Sister, Rise. "The truth never did come up in the other group," she said.

■ ■ ■

"Breast cancer is killing a lot of us. In the past six months, I've lost two dear people," said Valentine. "It's got to stop."

Valentine, who was first diagnosed in July 1991, said, "I was petrified when I found out I had cancer and I knew I would have to have an operation, because I keloid and keloids can be so hideous."

Peters nodded. She understood about keloids—hard, itchy scars that form on the skin. They are caused by a healing process in which excess collagen forms scar tissue. Keloids are more common in African Americans than white patients. "Yes, keloids are almost like tree roots," Peters said. "They keep growing and growing."

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Siegel found three different characteristics among African American women. First, black women were less likely to have breast tumors that were "estrogen receptor positive." This is a characteristic that is associated with a slower-growing cancer but also a feature that precludes the use of anti-estrogen hormones, an important component to treating both early and advanced cancer. He said that normal breast tissue can be manipulated by hormonal therapy. If cancer cells retain the hormonal sensitivity, then the patient can be treated with anti-estrogen hormones, but if the cells are more abnormal, the treatment is less promising.

Second, black women had higher-grade tumors, which is determined by the abnormality of the cells. Grades of tumors depend on how closely the cancerous cells resemble normal breast cells. If they are more similar to normal breast cells, they are called grade 1, which often means they will grow slower and the patient has a better prognosis. The higher the grade of cancer, the worse the prognosis, he said. For example, grade 3 often means the cancer cells are much more abnormal, and tend to grow rapidly and mean a worse prognosis for the patient.

The third characteristic was that the tumor division and growth was higher among black women, which also meant a worse prognosis.

He also found that a higher percentage of black women had stage two breast cancer when they sought treatment. Siegel said it could not be concluded from the study if that was a result of late detection. "We need a separate study for that," he said.

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Albertine Green, 51, waited almost an hour, listening to the other women before she spoke. She was diagnosed November 1993. "When you first find out, it's like you want to go and hide somewhere. You don't want anybody to see you. ... The Big C is a jolt. When it was told to me, I threw the X-rays in the back seat. I thought, 'You are crazy.' I didn't want to own up to it."

But Green said she finally had to face the reality and in doing so she strengthened her faith. "When things are going well, you put the Man out to the wind," she said. "But God plays an important part. He goes in front and goes in back. If

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you lean too far forward, he will catch you and if you lean too far back he's there."

■ ■ ■

Faith, food, family and feelings are some of the things the women don't feel comfortable discussing in mixed groups, they said.

"They are like in two different universes," Butler said in reference to the difference between the way the women interact in Rise, Sister, Rise and integrated groups. "When it comes down to food, I've heard women say, 'Fix yourself a good pot of greens and put a smoked turkey bone in there.'"

Butler finds that general books about nutrition for cancer patients often list foods that many African Americans don't cook. Such books often talk "about buying asparagus, broccoli, strawberries," Butler said. "We will tell them to buy collard greens, kale, mustard or turnip. It's something a black woman in Chevy Chase knows, as well as the woman in Carver Terrace."

Hair is another subject that sometimes separates African American women with breast cancer from their white counterparts, they say. Even among healthy women, there seems to be a cultural divide on understanding black women's hair. Women say that divide does not go away simply because a woman undergoes chemotherapy.

Valentine said she felt comfortable talking about her hair and skin with the others in Rise Sister Rise and pointed out the radical changes her hair went through during chemotherapy and radiation treatment.

"The first time it came back, it was curly," she said. "The next time it came back, it was soft and fine. This time it's come back it's thinner and straighter. I couldn't sit in a group of white women and talk about it because they don't understand our hair."

Skin color is another issue in the group. Siegel said that he has found that African American women's skin does seem to become darker immediately after chemotherapy. "It doesn't seem to happen as much among white women," he said.

When confronting these kinds of intimate details, the women said, they prefer to talk in a circle of African American women.

"It is very real," Peters said. "We have this support system. We can laugh about [hot] flashes. There are some deep feelings and realities that relate to our person. We don't just want to open up to anybody."

Brown-Davis said she had been to predominantly white groups and to Rise, Sister, Rise. "With white women, to put them in the circle [you have to] forget that 'Colored-Only' sign," the symbol of historic racism and discrimination. "I've sat at many integrated support groups and sat with Rise, Sister, Rise. I've seen women talk, but not really talk, and I would go over afterward and we would really talk. The truth never did come up in the other group."

Some things, of course, are not so different. The financial stress of having breast cancer, for example.

"I have a box like this of bills," Peters said, referring to a stack of hospital bills, some for as much as \$7,000. The other women nodded in agreement. "For five to six years, there were periods when I was getting eight [bills] a day. There is no desire to open them. You are going through enough."

"Hospitals should just stop sending them," Brown-Davis insisted. "I think that is one of the stresses when you are going through treatment."

Brown-Davis and other women looked around the room and smiled at the collective strength of the circle.

"We need for newly diagnosed people to come to the same place," Brown-Davis said. "They need to know a cancer diagnosis is not the signing of your death certificate. Those who are surviving need to spread the word. We are alive."

Resources

For more information on African American breast cancer support groups, call or write to the Breast Cancer Resource Committee, 1765 N St. NW, Suite 100, Washington, D.C. 20036; 202-463-8040.

For information about cancer, including breast cancer screening by mammography, call the National Cancer Institute's Cancer Information Service, 1-800-4CANCER. ■



BY LUCIAN PERKINS—THE WASHINGTON POST

Louanner Peters, left, shares a happy moment with Carolyn Brown-Davis during a meeting. Peters, a political consultant, was diagnosed with cancer seven years ago. "When I found out, I thought, 'I really didn't have time for this,'" she said.



BY MARGARET THOMAS—THE WASHINGTON POST

Carolyn Brown-Davis listens as Louanner Peters speaks. Since the group started, at least 80 women have come through. "You don't come and stay forever. . . . It's not to supplant anything else going on," founder Zora Kramer Brown said.

TANDEKA WAS NOT very steady on her feet, which was no surprise: a 3-year-old girl playing dress-up in adult heels is bound to take a few tumbles. But what struck me about Tandeka was her good humor

when she made a misstep and her curiosity about the world around her. Like Tandeka, 15-month-old Kamaria Woodard is curious about the world around her and "always on the go," according to Dorothy Carnes, who runs the day-care center that the two children attend. "This is a place for kids to enjoy and learn all year round," said Carnes. "We're open from 6:30 in the morning to 6 at night."

With its variety of educational toys and games, its full-day program and hot meals, the day-care center looks like an affluent institution. But in fact Carnes operates the 7-year-old center in her home, a modest bungalow in a moderate-income section of Atlanta. The six children under her care, ranging from 1 to 4 years old, get good food and good schooling—leaving their parents time for work or school. Carnes herself has received college-level child-care training because of an organization called Save the Children (STC).

For years, STC has helped parents throughout the world to support themselves and feed their families, stabilize their communities and give their kids secure and happy places to grow and learn.

Save the Children was created in England in 1919. Many Americans have heard about its work overseas—in the Third World and in war-ravaged countries. "When World War II came along, we sponsored refugee children who had fled Europe, then we expanded worldwide," said Charles McCormack, president of STC in America. "The American Save the Children was founded in 1932, specifically to help children here. There has never been a break in that focus."

The 27 worldwide organizations of Save the Children are coordinated, organized and advised by the International STC Alliance, situated in Geneva, Switzerland. Each organization has its own board of directors and governing body. Many, like the American branch, receive money from governments, corporations and foundations but rely mainly on individuals for support. In this country, individuals can "sponsor" a specific child for a monthly fee of \$20. They can pledge regular support to the child and become involved with the

A program best known for helping hungry children overseas is providing assistance to youngsters—and their parents—right here at home.

Save The Children



Dorothy Carnes with Kamaria Woodard, 15 months, one of six children who attend her day-care center.

For many years, Save the Children has helped parents across the world to support themselves, feed their families and stabilize their communities.

B Y M I C H A E L R Y A N

our own country. People's eyes light up when you tell them the statistics. They love the fact that Save the Children can help them do something about it."

Today, Save the Children sponsors projects in places ranging from the streets of Washington Heights in Manhattan to the Navajo nation in New Mexico and Arizona. "If we are going to maintain our leadership in the world, we have to take what we learned overseas and bring it back to the U.S.," Charles McCormack told me. The need, he explained, is great: "Almost a quarter of America's children live in poverty. That doesn't happen in

any comparable post-industrial country."

I saw the kind of difference Save the Children can make when I visited some of its programs. In Campbell County, Tenn., June Pyle runs the Parent Resource Center, which offers everything from preschool classes for 4-year-olds to GED courses for parents. Funds from the government and Save the Children are allowing the center to change the lives of entire families. STC money built a schoolhouse that allowed Campbell County to set up its second preschool, which gives parents a chance to find jobs or further their own educations. "We want to support people who are ready to make changes," Pyle said.

Jenna Thomas of Hardeeville, S.C., is a high school senior bound for college

youngster's life through correspondence, telephone calls or even occasional visits. The International STC Alliance also provides funding and helps promote various programs.

Phyllis George, the national spokesperson for Save the Children, has seen firsthand how necessary those programs are. "Many people don't even know what's going on in this country," she said. "One in five kids goes to bed hungry." When she became First Lady of Kentucky in 1980, George began sponsoring children herself. Later that year, she also held a charity event at the Governor's Mansion aimed at persuading other citizens to sponsor youngsters.

"The public notices when children in Nepal or Somalia are in trouble," George noted. "But there is a crisis going on in

and a medical career. She is also the president of Serious Teens Acting Responsibly (STAR), a youth group that has spent five years helping kids in cities throughout the South and in Bridgeport, Conn., to find their way to accomplishment. "When Save the Children got involved with STAR, I was amazed," said Jenna.

STAR's activities include sponsoring members on trips to college campuses, conducting leadership conferences on violence and setting up 4-H Clubs. When Save the Children heard about STAR, it offered not just money but also advice and encouragement.

I was surprised by how much of Save the Children's effort goes into helping parents. I saw it in action at a building across the street from Columbia Presbyterian Hospital Medical Center in Manhattan, where a dozen youngsters aged 3 to 4 listened attentively as their teacher read to them. This weekly activity is part of the Columbia University Head Start program, which trains and supervises people in child development, education and nutrition, so that they can make daily home visits.

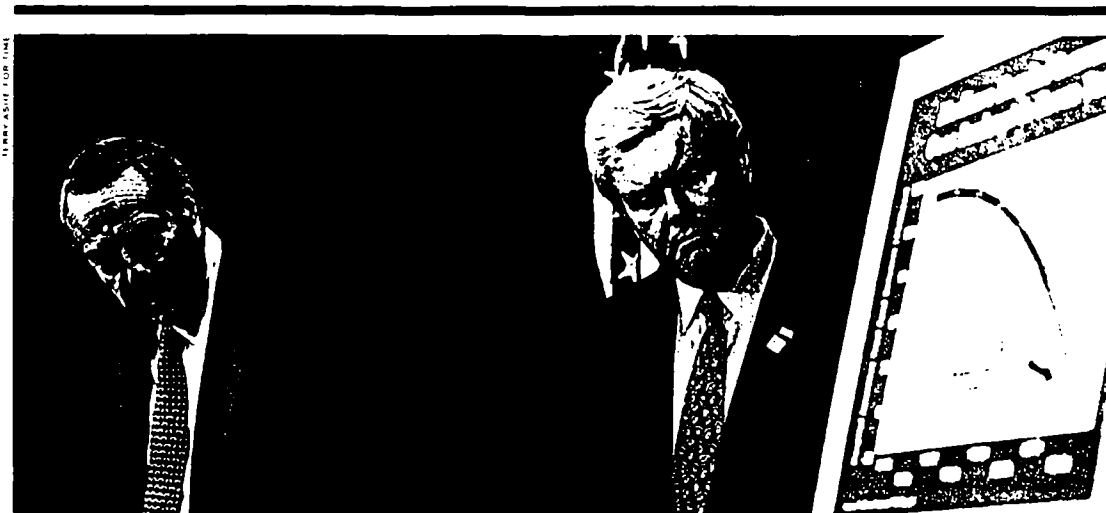
Next door, another kind of learning was going on. Adamaris Chico, president of the Head Start program's parents' association, and other mothers of the children were making handi-crafts. "They can sell these for about \$20," Chico explained. That brings more money for the program. Carmen Rodriguez, the program director, said Save the Children's funds have worked miracles for a number of families: "Developing marketable skills makes a mother self-sufficient. That has an impact on how the child sees the parents."

Federal funds pay for education in Rodriguez's Head Start program, but it is money from Save the Children that allows families to work together and develop their capabilities. "Save the Children funded a nutrition program and helped parents become the owners," Rodriguez said.

Programs like these are supported by Home Team USA, an STC plan that Phyllis George helped create. Members pledge monthly donations to help youngsters in this country. "People are excited to learn they can help children right here at home," George told me.

Save the Children is trying to do in America what it has long done abroad—and that, said President Charles McCormack, may turn out to be the organization's most important task. **LE**

For more information, write Save the Children, P.O. Box 900, Dept. P, Westport, Conn. 06881.



FROM OFFENSE TO DEFENSE: Dole and Gingrich raised the specter of a bankrupt Medicare but offered no plan for saving it

■ THE BUDGET

The Most Unkindest Cut

Medicare, farm subsidies, pensions and more are in the balance: Welcome to the second 100 Days

By SUNEEL RATAN

BOR DOLE AND NEWT GINGRICH didn't quite expect the table to be turned. Their prey had been the President, even though they spoke in statesmanlike tones at a press conference last week. "Come to the Capitol, sit down and visit with Republicans and see if we can't work this out," said Dole in an open invitation to Clinton. Such a summit would tackle the volatile subject of Medicare. Shouldn't the President start handling the crisis? Indeed, as Dole spoke, Gingrich pointed to a precipitous slope indicating Medicare insolvency by the year 2002. And then the questions began. Why, reporters asked, didn't Dole and Gingrich do anything about Medicare in the past when the situation was equally dire? "He wasn't the majority leader, and I wasn't the Speaker," Gingrich said defensively. Would Republicans use Medicare cuts to balance the budget? Said Gingrich, "Some people in this city have a budget psychosis." Less than 15 minutes after they started, the duo fled from the Senate broadcasting studio. Said Dole dryly as he left, "We certainly welcome these questions. We didn't know we would have any."

Welcome to the second 100 Days. The

confrontation was merely a taste of what Dole and Gingrich can expect as they begin the hardest part of their agenda: facing the enormous political risks involved in slashing Medicare and an array of other sacred-cow government programs to balance the budget and pay for the tax cuts Gingrich has termed the "crowning jewel" of the Contract with America. Indeed, there was cold sweat at a no-press-allowed retreat in suburban Virginia at week's end, where G.O.P. House members had to go to secure conference rooms to read numbered copies of House budget chief John Kasich's blueprint for slicing an astonishing \$1.4 trillion from federal spending over the next seven years. The plan would eliminate the departments of Energy, Commerce and Education, cut cost-of-living increases for federal pensioners, slash foreign aid sharply, and zero out Clinton's pet achievement, the national-service program. Even during the retreat, House members were forming "rump groups" to contest specific cuts, particularly the farm subsidies that Kasich has slated for major reductions. The hysteria will

mount this week when Senate Budget Committee Chairman Pete Domenici makes his plan public—a plan without the salve of tax cuts.

The G.O.P.'s panic contrasted markedly with the steady-handedness that characterized the new congressional majority's first 100 days. There were smiles, however, in the White House. For six months the President and his aides watched haplessly as the Republicans marched all over the political landscape. Senior Clinton adviser George Stephanopoulos, however, foresaw Democratic opportunity. Looking over the Republi-



HOT SEAT: Kasich's plan will draw howls of rage

can agenda last fall, Stephanopoulos, economic adviser Gene Sperling and First Lady Hillary Clinton predicted that the G.O.P. would become vulnerable when the time came to make the painful choices necessary to balance the federal budget by 2002. And they laid an ambush line down at Medicare, the \$176 billion health-care program for the elderly that is among the budget's most politically sensitive items.

The White House strategy has been to hope the G.O.P. would call for massive cuts in Medicare, which the Administration could then tag as an effort to balance the budget on the backs of senior citizens—much as it scored points off earlier Republican efforts to reform the school-lunch program. In January's State of the Union speech, Clinton said he would not allow the Republicans to slash Medicare to pay for tax cuts, a line he took up again in a speech before 2,200 senior citizens attending the decennial White House Conference on Aging—as it happened, the day after Dole and Gingrich's fiasco. "The Republicans promised they could balance the budget, cut taxes for the wealthy and leave Medicare and Social Security unharmed," Stephanopoulos told *TIME*. Clinton made the point more finely in his speech: "It is wrong simply to slash Medicare to pay for tax cuts for people who are well off."

That puts the G.O.P. in a major quandary. Putting a lid on Medicare and its \$90 billion sister program, Medicaid, represents the Republicans' best hope for

achieving much of the \$1.4 trillion in savings they must find if they are to balance the budget and pay for tax cuts. But over their April recess, G.O.P. polls began showing that people are just as protective of Medicare as they are of Social Security.

By late April, Republicans had begun to settle on a strategy of avoiding talking about Medicare as a budget issue and instead offering to reform the system to save it. But they were quickly tripped up by loose talk from Gingrich. In an April 28 speech to a conservative seniors' group, Gingrich offered to put Medicare reform on a separate track from consideration of the budget—a move that left even budget wizard Kasich scratching his head over what Gingrich meant. With Social Security and interest on the debt off the table, the budget simply cannot be balanced by 2002 without major savings from Medicare and Medicaid. "We were doing fine until Newt stumbled," House Republican Conference Chairman John Boehner of Ohio told *TIME*. "He jumped before all the rest of us were briefed and were on board with the direction we were going."

Republicans are naturally leery of touching a program that many term a third rail of U.S. politics. But the White House, by resorting to an approach that an aide



DOMENICI WILL LEAD: But will other Republicans follow?

described as "demagoguing" the issue, risks having to deal with G.O.P. charges that it is "taking a walk" on both Medicare's survival and balancing the budget. In fact, in his speech to the elderly last week, Clinton made clear he would continue to punt on questions of Medicare and reducing the deficit until Republicans produce their own specific plans.

Scared by pollsters into believing that Medicare cuts cannot be sold as a budget issue, Republicans and Democrats alike are evading the truth that the budget cannot be balanced unless something is done to rein in the explosive costs of the government's health programs. Left unchanged, Medicare and Medicaid are expected to grow at a rate of 10% a year over the next decade. By 2000, they will surpass Social Security as the largest category of federal spending. As for reforming Medicare by encouraging seniors to join health-maintenance organizations, even some G.O.P. budget analysts doubt the effects of such changes will kick in soon enough to help balance the budget in seven years, with or without tax cuts. But hope springs eternal. "When the public realizes and personalizes the financial situation of Medicare, they end up backing significant reform," says Republican pollster Frank Luntz.

Republicans can still hang on to a degree of public goodwill by arguing that they are preparing credible plans that just might balance the budget in the lifetime of most Americans. Administration officials acknowledge that at some point during the budget process they will have to negotiate constructively with the Republicans to avert an ugly impasse that shuts down the government. But if last week's G.O.P. disarray and partisan fire-fighting are any indication, the White House's Medicare ambush is the prelude to a long summer of bloody political trench warfare.

—Reported by
James Carney, John F. Dickerson and Karen Tumulty/Washington



PLAYING TO THE CROWD: Clinton punted on questions about Medicare's costs

■ U.S. NEWS

The Medicare fight and the budget war

As the Democrats attack, the Republicans feud

When House Republicans completed their two-night retreat outside the beltway last week, they roared out of historic Leesburg, Va., in three chartered yellow buses. Emblazoned across the sides of each of the motor coaches was the word SPARTEN, the name of a local bus firm. GOP aides say they didn't have ancient Greece in mind when they chose a bus company named — loosely — for the Spartans, the warriors known for their discipline and self-sacrifice. But the metaphor may prove apt. The congressional budget war has begun in earnest,

and last week President Clinton and the Democrats drew first blood.

With House Speaker Newt Gingrich suddenly shying away from the television cameras and Republican budget cutters still not ready to reveal their plans to balance the budget in seven years, the president seized the initiative in a debate over Medicare reform last week at a White House Conference on Aging. Knowing that Republicans hope to save \$250 billion to \$280 billion by reducing projected spending on Medicare, Clinton accused the GOP of using the health care savings to finance a gen-



erous tax cut for the rich. "I will not support proposals to slash these programs, to undermine their integrity, to pay for tax cuts for people who are well-off," the president said. Meanwhile, a report circulated by White House number crunchers seemed to catch Republican leaders off guard. It claims that the Republican Medicare proposals would cost the average beneficiary about \$3,500 more over the next seven years.

Partisan squabble. Gingrich tried all week to deflect the criticism by asking the president to come up with his own bipartisan plan to save Medicare, cautioning that if current trends continue, the portion of the program that pays beneficiaries' hospital bills essentially will be bankrupt by the year 2002. Gingrich and Senate Majority Leader Bob Dole even offered to take Medicare off the budget table for now and set up a bipartisan commission to resolve the program's solvency problems. But the slapdash remedy quickly alienated many Republican lawmakers who are counting on big Medicare savings to help finance the tax cuts they promised voters last November.

As it becomes clear that the Republicans' proposed savings from Medicare are too big and too fast, Clinton is relishing their dilemma—so similar to the turmoil he endured last year during his administration's failed effort to enact sweeping health care reforms and curb runaway medical costs. He refuses to offer his own Medicare prescription until after the GOP unveils its budget resolutions. Ultimately, though, his aides say, the president will leave an avenue open so he can cobble together some kind of grand compromise on health care. "He wants us to bash them but to get our rah-rah out of the way quickly," says a senior Clinton adviser. Short of a broad compromise, the White House wants Republican leaders at least to agree to funnel some savings from Medicare into subsidies to guarantee that virtually every child under 18 in the United States has health insurance, a step that would cost \$8 billion to \$10 billion a year.

For his part, Gingrich is waiting for Americans to decide whose approach to saving Medicare is more honest. "It's the politics of reason and facts versus the politics of demagoguery and distortion," he says.

Even in the face of the Democratic attack, however, GOP discipline has been something less than spartan. The Republicans are expected to pass their budget resolutions. But as the House and Senate budget committees unveil their spending blueprints this week, the GOP budget cutters will face turmoil on several fronts:

Tax cuts and deficit hawks. Although Pete Domenici of New Mexico, head of the Senate Budget Committee, was supposed to reveal his trillion-dollar budget reforms last week, leery GOP colleagues persuaded him to balk. They felt unprepared for the predictably incensed Democratic response on Medicare, a senior Republican Senate aide says, but also were unsure whether to include a tax cut in the balanced-budget plan. "There would have been a train wreck on the Senate floor" if Domenici had revealed the Republican budget last week, the aide says.

The infighting will continue. Unlike House Budget Committee Chairman John Kasich of Ohio—who is pushing for a tax cut with an estimated price tag of more than \$340 billion by 2002—Domenici will not make room for tax relief now. That de-

cision pits the deficit hawk and his crew of more-seasoned Republican senators against younger, Reagan-inspired Republicans who want tax cuts and deficit reduction now. "You can find us on a spectrum everywhere from no tax cut at all to the House version," the Senate aide says.

Presidential aspirants. The contest for the GOP presidential nomination is also complicating the Republicans' budget policies. Presidential hopeful Phil Gramm of Texas, a member of the Senate Budget Committee, desperately wants the Senate to match the House's generous tax cut and has been leading a mutiny on the committee to pressure Domenici. Although Domenici's plan won't include tax relief, Senate insiders expect Gramm to vote for it in committee anyway, to spare the party the embarrassment of an early budget defeat.

Later, Gramm is expected to try to score political points on the Senate floor by amending Domenici's budget to include the House's jumbo tax-cut package. But Majority Leader Dole, another presidential contender, fears being outdone by Gramm and will try to engineer his own tax cut. The internecine conflict is getting messy, says Sen. James Exon of Nebraska, the ranking Democrat on the Budget Committee. "I think the Republicans [on the committee] are totally in disarray," Exon says. In his view, a sober approach to balancing the budget "is taking a back seat to the political considerations of who can get the Republican presidential nomination."

Farm subsidies. In the House, Republican leaders now agree that the benefits of balancing the budget outweigh farmers' needs for costly crop subsidies. They may slash farm supports by as much as \$14 billion. But the race for the White House—which starts in Iowa—is making it harder for GOP senators to go along. To balance the budget, Domenici desperately needs deep cuts in farm programs. But as an ally of Dole (who is from Kansas), he knows that farmers in key political states will blame the majority leader for taking away their government subsidies if a \$14 billion cut gets passed—especially now that President Clinton has vowed to fight such steep reductions.

Exon says the Republicans are in a pickle. "Dole will have problems in the Iowa primary unless he can run as far away as he can from that \$14 billion figure," the senator says. "The Republicans are learning it's a lot easier to be in the minority."

BY JAMES POPKIN WITH MATTHEW COOPER
AND SUSAN DENTZER



ART BY STEVE BENSON FOR USAGM

CHRONICLES

WINNERS & LOSERS



VICTOR MATURE
Remake of his 1947 *Kiss of Death* suddenly makes him vogue

KEVIN REYNOLDS
Costner's *Waterworld* helmer abandons ship—the buzz says just in time.

RUPERT MURDOCH
FCC says his foreign vs. domestic holdings hold no conflict

PETE WILSON
Anti-immigrant candidate admits he hired one as a nanny

DAILY NEWSPAPERS
Across the country, nine of the Top 10 record losses

THE SONICS
Talented Seattle team bounced in first round of N.B.A. play-offs for second year in a row

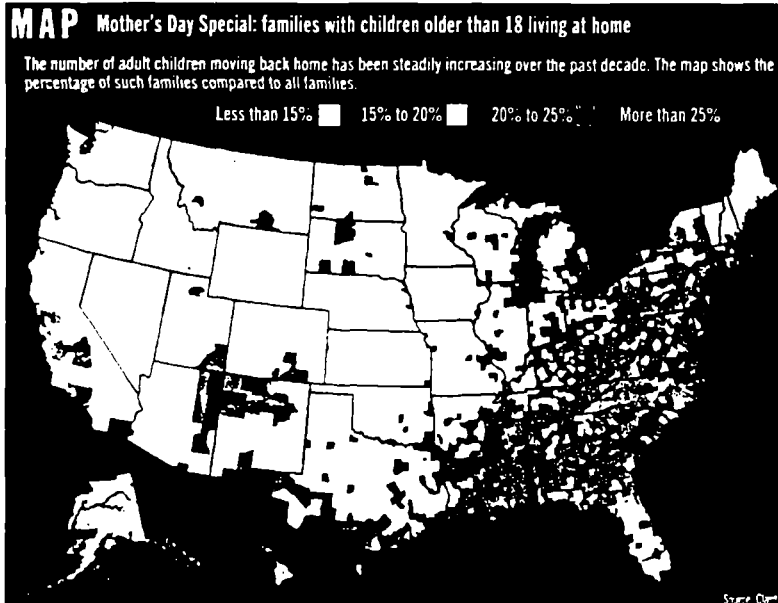


they will have to apply for admission to the U.S. through normal channels. As a humanitarian gesture, however (and in yet another policy reversal), most of the 21,000 refugees being detained at Guantánamo will be allowed to enter the U.S.

Medicare: You First
President Clinton and Republican leaders spent the week sniping over Medicare. Against a background of partisan budget wrangling, the President declined G.O.P. invitations to come up with a bipartisan solution to the program's ballooning costs. While the White House took the political cover of gravely insisting that Medicare remedies be linked to overall health-care reforms and a master G.O.P. budget plan, the President's strategists were not about to offer Republicans a hand with their balanced-budget/tax-cut promises by agreeing to deep slashes in Medicare.

It's Tougher in the Senate
Republicans learned that the second 100 days may be more difficult in the Senate. G.O.P. leaders failed to get enough votes to halt a de facto filibuster over a legal-reform bill that, like a version passed by the House, would cap punitive damages in all civil lawsuits. With the President calling the measure the "Drunk Drivers Protection Act of 1995" and threatening a veto, G.O.P. Senators regrouped to rework the bill.

Dr. Foster Comes Calling
Dr. Henry Foster, President Clinton's controversial nominee for Surgeon General, furthered his cause with a plain-spoken appearance at his Senate confirmation hearing, during which he explained that his inconsistent recollections about the number of abortions he has performed over the years were nothing more than "an honest mistake." Foster still faces tough floor opposition from G.O.P. presi-



Parental Advisory!

Which of these appallingly incendiary quotes are taken from the lyrics of gangsta rappers, and which are the products of right-wing talk-show hosts?

1. "It's gonna be a bloodbath of cops."
2. "Be a good killer or a damn good ducker."
3. "Get a gun and do something."
4. "Die, die, die, pig, die!"
5. "Head shots, head shots... Kill the sons of bitches!"

Answers: 1. Rappers (N.W.A.); 2. Rappers (Ice-T); 3. Talk-show host (Bob Grant); 4. Rapper (Ice-T); 5. Talk-show host (Gordon Liddy)



CHRONICLES



dential hopefuls Bob Dole and Phil Gramm.

Whitewater Again

Neal Ainley, the former president of an Arkansas bank that handled Bill Clinton's 1990 gubernatorial campaign funds, pleaded guilty to two misdemeanors involving false documents and agreed to cooperate with the Whitewater independent counsel. Prosecutors want to know whether Ainley conspired in 1990 with key Clinton aide Bruce Lindsey, now deputy White House counsel, to evade federal cash-withdrawal reporting requirements.

Clinton Slams Door on Iran

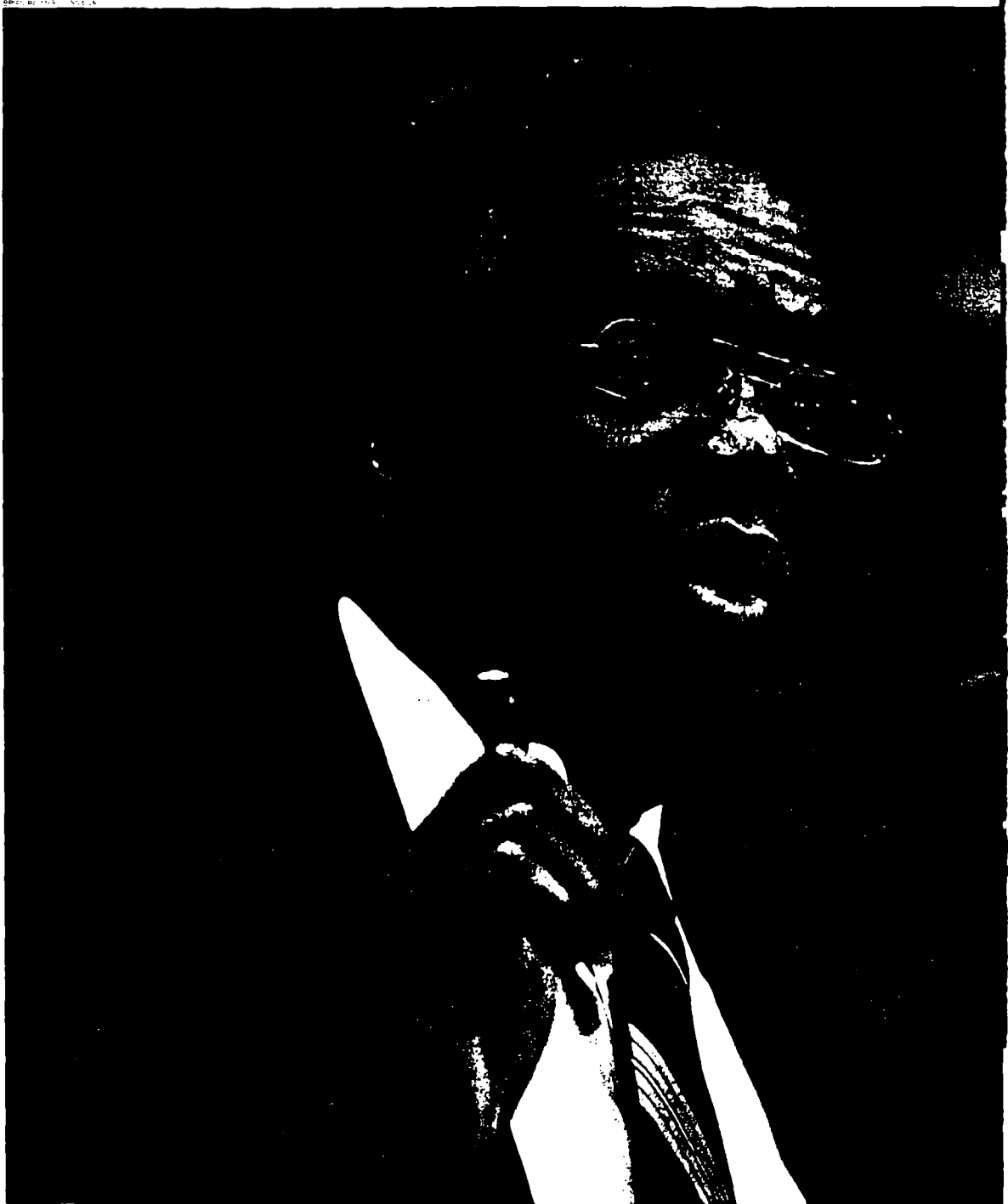
Characterizing the country as a continuing threat to peace and a major sponsor of terrorism, President Clinton announced a ban on U.S. trade and investment with Iran, settling an internal Administration debate over how best to handle Iran's menace and forestall even stronger measures from Congress. Major U.S. allies showed no interest in joining the embargo.

Did She or Didn't She?

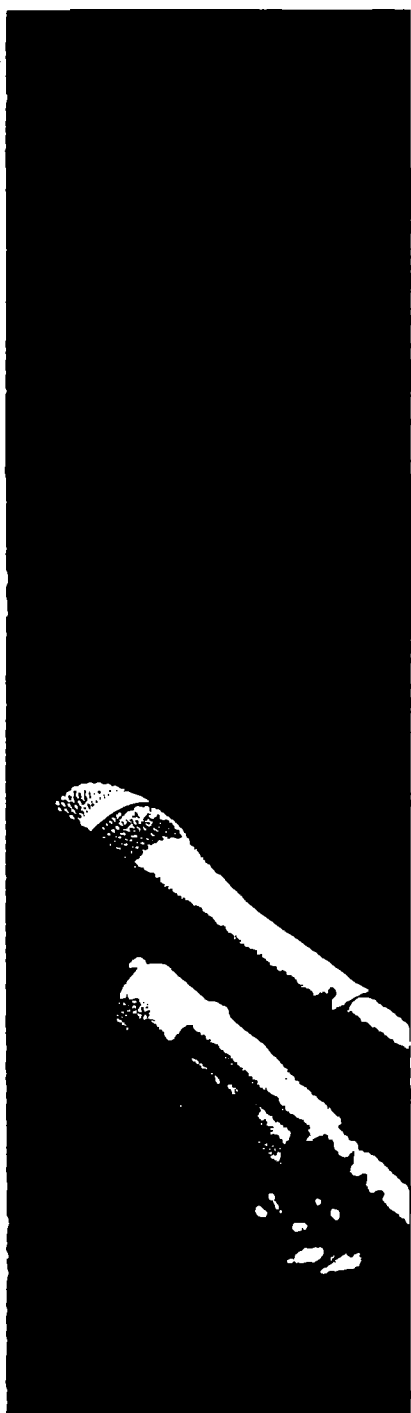
Federal prosecutors struck a deal with Qubilah Shabazz, the daughter of Malcolm X, whom they have accused of plotting to kill Nation of Islam leader Louis Farrakhan. Prosecutors agreed to drop charges in exchange for Shabazz's acceptance of "responsibility" for the plot and the equivalent of two years' probation. But once out of the courtroom, Shabazz denied having plotted anything, and her lawyers continued to insist that she was the victim of entrapment by a mercenary government informant.

The Simpson Trial

As yet another juror was excused and replaced with an alternate (there are now only five remaining), the prosecution began presenting the heart of its case against O.J. Simpson. Police chemist Gregory Matheson testified that pre-



Nashville nominee. First of all, I am a doctor. I am a doctor who delivers babies. My life's work has been devoted to



bringing healthy lives into this world."

OUTLOOK

One man's plea: Look at 'my life's work'

Sen. Nancy Kassebaum said it best when she opened the hearings on Dr. Henry Foster's nomination to be surgeon general. The obstetrician from Tennessee, noted the Kansas Republican, had been reduced to a "card-board caricature . . . a pawn in our abortion debates." After two days of testimony last week, Foster was still a pawn, but he was no longer a caricature. He came across as what he is: a private doctor, not a public performer, sometimes fumbling, always sincere, and deeply committed to his patients and his profession. "My life's work," he told the Senate Labor and Human Resources Committee, "has been devoted to bringing

ONE WEEK

healthy lives into this world."

Foster's foes had focused on his occasionally imprecise answers, insisting that their concern is his "credibility," not his competence. But Foster said he made only "honest mistakes" and explained: "I had never experienced anything like the media scrutiny that I attracted following my nomination." Talk about an understatement. Republican pros, from Dan Quayle to Newt Gingrich, to say nothing of Bill Clinton, have been charred to a crisp by the white heat of "media scrutiny." The White House deserves blame for not preparing and protecting its nominee, but every senator on the committee — from both parties — has to have some sympathy for the doctor's ordeal by sound bite and stereotype.

But Foster is not being judged on either his credibility or his competence. The real issue, for both sides, has been politics. Two leading candidates for the Republican presidential nomination, Bob Dole and Phil Gramm, have angered abortion opponents by refusing to make the issue a litmus test for a running mate. Since antiabortion forces are a powerful block in GOP primaries, Gramm is trying to mend fences by vowing to filibuster against Foster. Dole has gone one better, saying he won't even bring the nomination to the floor.

The White House is hardly immune to political calculation. A principal reason for picking and backing Foster is to appease African-Americans, a loyal Democratic constituency aggrieved by the assaults on black officials, from Joycelyn Elders, the departed surgeon general, to Mike Espy, the departed secretary of agriculture. Moreover, two African-Americans — Jesse Jackson and Colin Powell — may still challenge Clinton's re-election bid.

Democratic operatives see another political opening as well: The nomination can be used to aggravate the split in Republican ranks over abortion and appeal to abortion-rights moderates, many of them women, who fear the GOP's rigidity on social issues. No wonder Tom Daschle, the Senate's Democratic leader, threatened to disrupt Senate business if Foster's nomination is buried without a vote.

What gets lost in all this maneuvering and manipulation is Henry Foster himself. Senator Kassebaum said he deserves to be judged "on his whole record, his life experience and his current views." She's right. But not many of her colleagues seem to be listening. □ STEVEN V. ROBERTS

Foster is not being judged on either his credibility or his competence. The real issue, for both sides, is politics.

OUTLOOK

SNAPSHOT



► **Tremors in the East.** In Japan, where a 7.2 magnitude earthquake struck last January, a 4.3 magnitude aftershock rumbled through the city of Kobe. . . . In America—where seismic disturbances among veterans led to cancellation last January of the Enola Gay exhibit on the A-bomb, tarred as too sympathetic to Japan—the exhibit's director, Martin Harwit, fell at last on a sword handed to him last winter by Smithsonian superiors, resigning as head of the Air and Space Museum.

► **Nasty notices.** In New York City, *On the Waterfront*, a lavishly mounted stage version of the 1954 film classic, was widely panned by critics and closed after only eight regular performances at the Brooks Atkinson.

. . . In Albany, where "The George Pataki Show" was still in its first act at the Capitol, the producers pored over early reviews that did not bode well—the new budget-slashing governor's approval rating had sunk to 33 percent, 13 points lower than Mario Cuomo's numbers shortly before he was cashiered after 12 years of treading the boards.



Elders

► **Overexposed.** In England, one Mark Roberts, a streaker, joined ITV's "This Morning" program during a live weather forecast, cavorting in the nude on a 50-foot-wide map of Britain and Ireland aloft in the Liverpool Docks. . . . In America, one Joyceelyn Elders, who as surgeon general did everything to enrage conservatives except appear in *Playboy*, appeared in *Playboy*, baring only her cheek as she called Clarence Thomas "an Uncle Tom." Jesse Helms, a "typical white Southern, male bigot" and—using the "M" word that got her fired—speculated that Newt Gingrich may still belong to a minority: people who never make love to themselves.

BY GERALD PARSHALL

U.S. NEWS

LIMITING LAWSUITS—BUT NOT BY MUCH

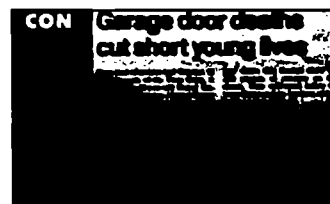
For nearly a decade and a half, crusaders against runaway litigation have urged Congress to impose national limits on excessive verdicts. So the capital's airwaves and fax machines were brimming with horror stories and alarmist rhetoric as the issue was debated last week in the Senate.

A coalition of businesses stung by multimillion-dollar damage verdicts aired a TV ad mocking personal-injury lawyers who take big cuts of jury awards. Product manufacturers staged a news conference to recall how the designer of a building was sued when a fire escape fell on a worker who used it to get to a parking lot. Foes of lawsuit limits told their stories, too: A California consumers group faxed lawmakers a "casualty of the day" sheet detailing what happened to persons injured by faulty products or medical malpractice—persons who arguably deserved large sums in damages. On the Senate floor, Tennessee Republican Fred Thompson recalled the sobbing constituent who told him how curbs on verdicts could preclude malpractice claims like the one she filed when her 5-year-old daughter died after a tonsillectomy.

By the time the procession of lobbyists and real-life examples ended, the once expansive legislation had been narrowed considerably. The Republicans who took over Congress this year wanted both to limit verdicts nationwide and to return government power to the states. Those goals may prove incompatible. The House of Representatives did vote for broad curbs on state litigation, but moderate Republicans in the Senate balked. "This is the only provision in the Contract With America that goes against our basic philosophy," said Thompson, who voted against stopping a filibuster and helped force proponents back to the bargaining table. Senators may agree this week on a dramatically scaled-back plan.

The Senate's liberal Democrats and centrist Republicans were not the only public figures opposed to the changes. Bill Clinton weighed in with his strongest veto threat yet. The president charged that early versions of the bill would protect drunken drivers, polluters and terrorists. "The Senate," he said, "should reserve its compassion for the people who deserve it."

Bob Dole's response: "Only President Clinton and his trial lawyer allies defend the status quo." America, it appeared, may end up with what amounts to a pilot project rather than a major overhaul of the nation's legal system. □ BY TED GAST



THE BATTLE OF TV SPOTS

- Firms named in damage suits aired plea to "stop greedy personal-injury lawyers."
- Consumer groups crusaded to preserve the right to sue for victims like 6-year-old Katie Fritz, crushed by a faulty garage door opener.

STILL NOT ENOUGH

- A federal judge said the \$3.2 billion Dow Corning fund established for women hurt by silicone breast implants may be too small. As a result, the company said it may seek bankruptcy protection, jeopardizing the biggest medical product liability settlement ever.



Costly. Breast implants

C H R O N I C L E S

THE WEEK

APRIL 30 - MAY 6

NATION

Still Searching

While Oklahoma City bombing suspect Timothy McVeigh continued to cool his heels in a federal prison, refusing to talk to authorities, law-enforcement officials were growing frustrated in their nationwide manhunt for the elusive second suspect, John Doe No. 2. Federal agents raided a small Missouri motel to capture and question a pair of drifters whose travels before and after the bombing paralleled McVeigh's. But the two men were quickly released for lack of evidence, the parallel taste in small towns and cheap motels an apparent coincidence. In Oklahoma City rescuers ended their search for bodies and survivors. The final toll: 167 people dead, including 19 children.

Presidential Tough Talk

Continuing the campaign he began in the aftermath of the Oklahoma City tragedy to still what he has called voices of hatred and paranoia, President Clinton used a commencement speech at Michigan State University to address militia groups nationwide that advocate violence. "How dare you call yourselves patriots and heroes?" demanded the President. "There is no right to resort to violence when you don't get your way. There is no right to kill people. . . . Those who claim such rights are wrong and un-American."

U.S. to Cubans: Stand in Line

Following secret negotiations with Cuba, the Clinton Administration announced the undoing of three decades of Cuban refugee policy. From now on, Cuban boat people will no longer be given special entry rights to the U.S., but will instead be returned to their homeland, where



CHECKUP OF THE WEEK: Dr. Henry Foster, the embattled nominee for Surgeon General, had to sit still for some poking and prodding on Capitol Hill

MARK YOUR CALENDAR

September 4, 1995

Not only is it Labor Day—it's also the day the O.J. Simpson jury will be reduced to 11 members, with no alternates, if it continues to lose panelists at its present rate of one every 21 days (in just five months, seven jurors out of the original 24 jurors and alternates have dropped out). Hey, Judge It—have a nice holiday!

SEE DADDY'S PINK SLIP

“It was traumatic that day because she was expecting to go in there and work with her dad . . . and then it's like all of a sudden she has to leave and be escorted out.”

—DAILEEN MEANS OF MILFORD, OHIO, DISCUSSING HER DAUGHTER'S REACTION AFTER MR. MEANS WAS FIRED FROM HIS ENGINEER'S JOB ON TAKE OUR DAUGHTERS TO WORK DAY

Periscope

ENVIRONMENT

Gondola Grime

VENICE'S WATERWAYS MAY be idyllic, but a new report by the environmental group Greenpeace indicates they are also toxic. The Grand Canal, according to the study, is contaminated with a high concentration of dioxin, a chemical found in pesticides. High levels of other toxic substances, including PCB and DDT, also are found in the Grand Canal, the report says. Even higher dioxin levels were found in water from the industrial area of Porto Marghera, which is still fished. It's also the site of a chemical plant. Local officials said environmental protection is a top priority and questioned Greenpeace's research methods.



Don't drink the water: Venice

WASHINGTON FAX

Rx for Foster

Before last week, prospects for Henry Foster's confirmation as surgeon general seemed so hopeless, Senate Democrats stopped counting votes. During prep sessions, Foster was "dreadful," White House aides say. Now it's likely he'll clear the Labor Committee, and he may even be approved by the full Senate. Why? At hearings he came off as articulate, credible and a passionate foe of teen pregnancy. Just as important, aides say, was sympathetic questioning from GOP Sen. Bill Frist. He told visitors privately that, as a fellow physician, he couldn't sit by as Foster's medical record was distorted.



Is a new documentary disinformation? The crash site

PAN AM 103

A Libyan Propaganda Ploy?

UNITED STATES OFFICIALS ARE OUTRAGED OVER A DOCUMENTARY about the 1988 bombing of Pan Am Flight 103, due for broadcast on Britain's Channel 4 this week. The plane crashed in Scotland, killing 270 people. A U.S.-British investigation traced the bombing to two Libyan agents, whom Muammar Kaddafi has refused to extradite for trial. Now comes the British film, which claims Washington directed investigators to ignore evidence pointing to Syria and Iran and to concoct instead a Libyan connection.

The U.S. officials charge that the film is Libyan propaganda. They say it was funded by more than \$1 million funneled to the production company Hemar from the Libyan-Arab Finance Corp., a Libyan government entity. When the film began, Hemar was a subsidiary of Metropole, controlled by British businessman Tiny Rowland—and partly owned by LAFICO. The FBI, asked by Scottish police, is preparing a rebuttal of the film. "It's Libyan disinformation," says Vincent Cannistraro, ex-head of CIA counterterrorism. "We know the funding sources cause a controversy," says a Channel 4 spokeswoman. "That doesn't necessarily make it propaganda." A Rowland spokesman says he "funded it out of his own pocket."

WHITEWATER

'He Will Fight'

CAN WHITE HOUSE LAWYER and longtime Clinton friend Bruce Lindsey survive? Lindsey has been told he's the target of Whitewater prosecutor Kenneth Starr, who is investigating whether he tried to evade IRS reporting requirements during Bill Clinton's 1990 gubernatorial campaign. Lindsey's attorney denies his client did anything wrong and vows he'll "stay where he is and fight." But some White House aides concede that he'll likely have to resign if he's indicted. One Clinton adviser wonders if Starr is "crass enough" to indict while the president is "on foreign soil" in Russia this week.

OKLAHOMA

Spotlight on The Spotlight

THE OKLAHOMA CITY BOMBING has focused new attention on The Spotlight, the weekly newspaper of the extreme right-wing Liberty Lobby. The paper has promoted the idea that Zionist agents manipulate the government. Police sources say chief bombing suspect Timothy McVeigh advertised in The Spotlight under his alias "T. Tuttle" and used a long-distance calling card bought from the paper. NEWSWEEK has learned that McVeigh



McVeigh

—or perhaps an accomplice—may also have tried to alert Spotlight editors before the blast. The day of the bombing, the editors received a postcard depicting a black dust storm over Oklahoma, postmarked two days earlier in Oklahoma City. The editors say they gave the card to the FBI and have no connection to McVeigh or to the bombing.

CONVENTIONAL WISDOM WATCH

May Flowers Edition

May is here and the CW is feeling softer and less cynical. After Oklahoma City the era of endless TV shouting and flaming pundits may be over. Time for a kinder, gentler CW?

Players

Conventional Wisdom

B. Clinton	↑	Sounding tough on militias, Medicare. Go ahead, GOPers, make my May.
N. Gingrich	↔	Resigns as GOPAC chief, saying, "they" screwed up. <i>They?</i>
H. Foster	↑	Call off the abortion, Dr. Bob. This nomination could go to term.
B. Dole	↑	Piling up GOP endorsements from Goldwater, others. Is he Bush '88—or Muskies '72?
P. Wilson	↓	¿Qué pasa, hombre? ¿Muchos problemas! ¿Hasta la vista, baby?
G. Liddy	↓	Why is he still on the air? Only 200 greedy station owners know for sure.

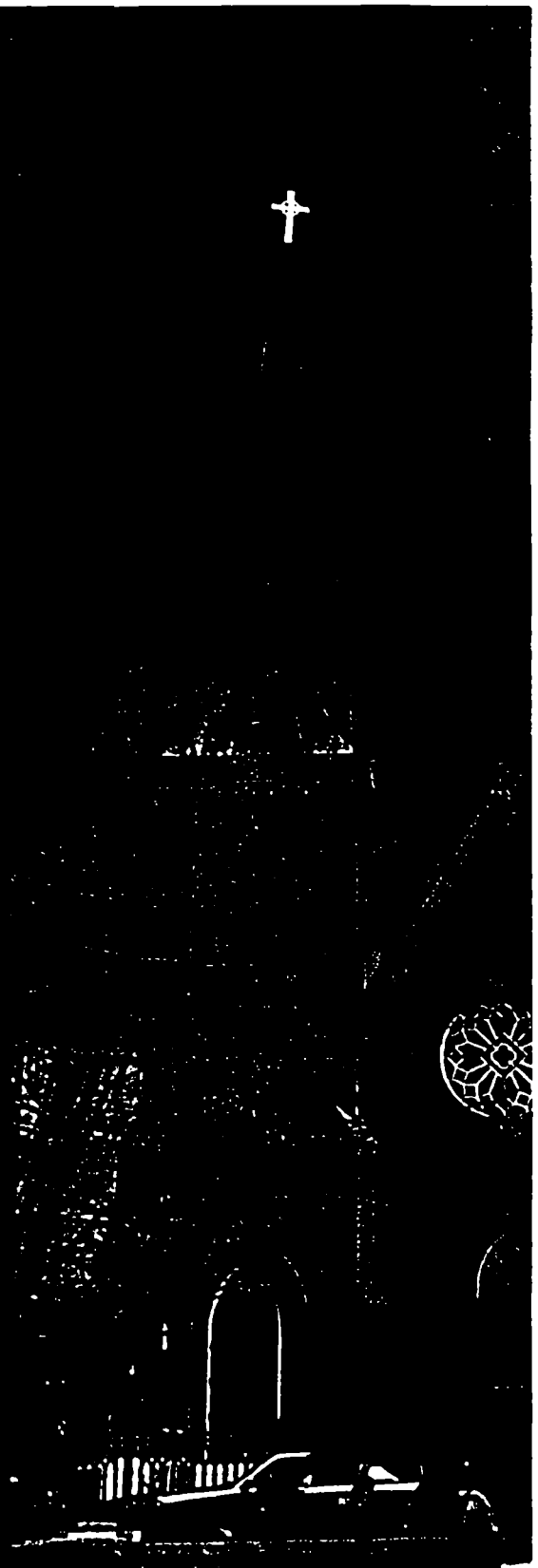
COVER STORY

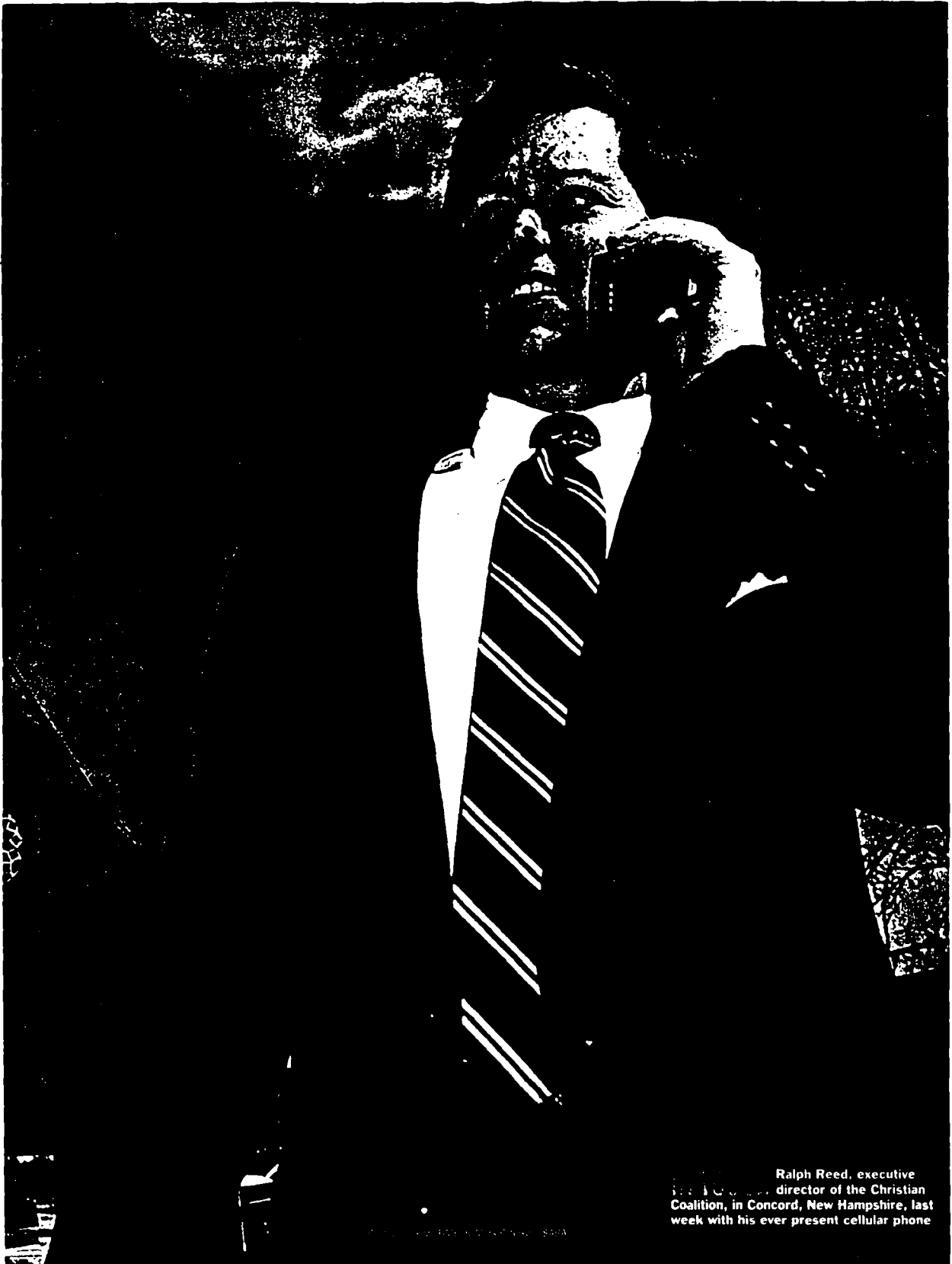
THE GOSPEL ACCORDING TO RALPH

Reed's burgeoning Christian Coalition evokes zeal and fear as it mobilizes to dominate the political center

By JEFFREY H. BIRNBAUM WASHINGTON

ON SUNDAY, RALPH REED RESTS—AT LEAST HE tries to. But on the night of April 30, his two-year-old, Christopher, lay awake for hours, badly sunburned from a picnic, leaving Reed little time for sleep in the modern, red brick house in Chesapeake, Virginia, that he and his wife Jo Anne recently purchased. Reed struggles for time with his family. "I get home as often as I can, even if it's only for a day," says the 33-year-old father of three. Still, the executive director of the formidable Christian Coalition has another mission, and at dawn on Monday he was up and off to catch a 7 o'clock flight to Washington, the beginning of a hectic but typical week of lobbying, socializing and expanding his movement. Tuesday morning he was in New Hampshire, where Governor Steven Merrill joked about Reed's imminent appearance before the state senate: "They want to know you don't have two heads, that you don't have horns." Reed, who looks every bit the eagle scout he once was, responded with a guffaw that was too loud by half for his 140-lb. frame. The New Hampshire senate, which usually deigns to listen only to would-be Presidents, paid close attention to his message. The ranks of conservative Christians, Reed said, are now "too large, too diverse, too significant to be ignored by either major political party."





Ralph Reed, executive director of the Christian Coalition, in Concord, New Hampshire, last week with his ever present cellular phone

Not long ago, the Christian right was dismissed as a group of pasty-faced zealots, led by divisive televangelists like Jerry Falwell, who helped yank the Republican Party so far to the right that moderates were frightened away. But Reed has emerged as the movement's fresh face, the choirboy to the rescue, a born-again Christian with a fine sense of the secular mechanics of American politics. His message, emphasizing such broadly appealing themes as support for tax cuts, has helped make the Christian Coalition one of the most powerful grassroots organizations in American politics. Its 1.6 million active supporters and \$25 million annual budget, up from 500,000 activists and a \$14.8 million budget just two years ago, hold a virtual veto on the Republican nominee for President, and will exert an extraordinary influence over who will occupy the Oval Office beginning in 1997. In fact, Reed's success represents the most thorough penetration of the secular world of American politics by an essentially religious organization in this century. To some, this ascendancy evokes more ancient spirits—say, that of 17th century New England theocracies, which were as invasive as they were close-minded. To the movement's adherents, however, it signifies a bracing, expansive and historic spiritual Renaissance.

Even as he courts centrist voters, however, Reed has been determinedly pressing Republican politicians to move toward the Coalition's right-wing policies. Last week the Coalition lobbied hard against the nomination of Dr. Henry Foster as Surgeon General. Next week the Christian Coalition and many of its G.O.P. allies will unveil their sequel to the Contract with America: the Contract with the American Family. Meanwhile, presidential candidates are dropping in on Reed for counsel. Bob Dole's attack on the morals of Hollywood was the result of consultations with Reed. Lamar Alexander, who last summer held that Washington should neither subsidize nor prohibit abortion, began shifting his view to the right after calling on Reed, who then rewarded the candidate by describing him as "pro-life." Says William Lucy, chief strategist for Dole's presidential bid: "Without having significant support of the Christian right a Republican cannot win the nomination or the general election." Reed is so hot a commodity that the presidential campaign of Senator Phil Gramm of Texas offered to hire him as its political director, the No. 2 staff job. Reed declined. It would have been a demotion.

As executive director of the Christian Coalition, Reed is master of a much more powerful and effective machine than is almost any presidential candidate. By mobilizing eager volunteers down to the



GRACE Reed joins in a moment of prayer at the Cat 'n Fiddle restaurant in Concord, New Hampshire, before the start of a coalition breakfast

ON DISPLAY Reed walks the halls of the New Hampshire state capitol with Governor Merrill, right, before addressing the senate



We [can] be larger and more effective and reach more

precinct (and local church) level and handing out 33 million voter guides—often in church pews—prior to last November's election, the Coalition is credited with providing the winning margin for perhaps half the Republicans' 52-seat gain in the House and a sizable portion of their nine-seat pickup in the Senate. As a result, Ralph Reed is the man to see among G.O.P. lawmakers and candidates for President. He stands astride the most

potent faction in the ascendant Republican Party. And with that power comes scrutiny and criticism—from both the left and the right.

Behind Reed's cool blue eyes is steel. He is no innocent, talking tough politics like the late Lee Atwater, a Republican operative of decidedly secular mien. Last week TIME got a close look at Reed and his organization by traveling with him as he moved from Washington to New Hamp-



FOCUS In the Washington office of Senator Dan Coats of Indiana, discussing a new school-prayer bill and efforts to kill the Henry Foster nomination

PEP RALLY The executive director speaks to a crowd of local Christian Coalition supporters in Hollis, New Hampshire, during his visit last week



people than the Republican and Democratic parties.

shire and back. He also provided a rare insider's glimpse at the real source of his clout—the satellite-Internet-and-fax machine juggernaut employed by his soldiers in the field.

Reed got this far by refocusing the Coalition on more than its basic agenda of support for school prayer and opposition to abortion. It now works hand in hand with the congressional Republican leaders and defines its purpose loosely

as "pro-family," which encompasses such mainstream issues as deregulation and welfare reform. Acting then as a team player for the C.O.P., the Coalition poured more than \$1 million into the effort to pass the Contract with America, including \$250,000 for advertising, direct mail and phone-bank work on behalf of the balanced-budget amendment—not generally considered a scriptural imperative.

Now it's payback time. With the back-

ing of prominent Republicans, the Coalition next week will unveil its Contract with the American Family. Its centerpiece, TIME has learned, will be a proposed constitutional amendment to protect "religious expression"—including a voluntary moment of silence in schools, the use of religious symbols in public places and religious invocations at public ceremonies. The bill would also expend \$30 million to fund an experiment in "school choice" in low-income regions; it would end federal funding for such allegedly liberal efforts as the National Endowment for the Arts, the Corporation for Public Broadcasting and the Department of Education. In addition, the bill would probably include a federal ban on D&C abortion procedures, which are used primarily in late-term abortions.

That the religious right could virtually dictate an important part of the congressional agenda was unimaginable when the modern movement began in 1979. Back then, such conservatives as Paul Weyrich and Richard Viguerie helped Falwell set up the Moral Majority. Their idea was to mobilize white Evangelicals in the South and border states—many of whom had once supported Jimmy Carter—against Washington's perceived intrusiveness. The Moral Majority gained legitimacy, along with White House access, during the Reagan years, but Falwell neglected to build real foundations at the grass roots. So other groups were formed to fill the void, including Pat Robertson's Freedom Councils. After Robertson ran unsuccessfully for the Republican nomination for President in 1988, he converted his huge mailing lists into the Christian Coalition and turned its operations over to Reed, then 27. Reed sought to build the organization from the bottom up, making it largely community-based, with activists much more involved in local issues. The strategy has paid off. A survey by *Campaigns & Elections* magazine reported last year that the Christian right exercised considerable control of Republican parties in 13 states and completely dominated 18 others.

"The future of America is not [shaped] by who sits in the Oval Office but by who sits in the principal's office," Reed told a group of activists in New Hampshire last week. If the Coalition grows large enough, he advised, "then everyone running for President will be pro-family; they'll have to come to us." And so they have. The latest closed-door meeting of Coalition state directors held in Washington in January drew both Dole and Gramm. Furthermore, Coalition lobbyists sat among the select group of outsiders who met regularly in Newt Gingrich's suite to coordinate the campaign to pass the Contract with America.

Reed gets that kind of respect because he can deliver. With a fat war chest and so many activists on call at all times, the Coalition can stir a flurry of telephone calls and letters to lawmakers on almost any subject within a matter of hours. To train its operatives, the Coalition runs leadership schools, instructing supporters to form rapid-response networks, connected by phone, fax and modem, in hundreds of counties, located in every state in the Union. They update their information on the third Tuesday of every month by attending satellite downlinks of "Christian Coalition Live," an hour of specific instruction on political organizing at which Reed himself plays host. The broadcasts feature target lists of lawmakers to contact regarding specific legislation. More than 200 conservative evangelical churches serve as the meeting places for these high-tech gatherings; the Coalition hopes to have 1,000 downlink sites by year's end.

Such meetings are not confined to the Bible Belt. Last month, for instance, 20 activists braved the rain to attend a showing at the Bethel Full Gospel Church in Rochester, New York, and that was just one of 12 downlink sites in what is supposed to be a liberal state. The meeting began when the county chairman, Tom Jessop, bowed his head and said, "Let's come together in prayer." But he moved quickly to such topics as how to become a Republican committeeman and how to "blitz E-mail." Indeed the group was nothing like the Coalition members uncharitably described by the *Washington Post* in February 1993 as "poor, uneducated and easy to command." Jessop, 54, is a senior project engineer at Eastman Kodak. His deputy Rahm Goswami, 44, is a research chemist with a Ph.D. A similar meeting a month earlier in Charleston, South Carolina, was attended by several lawyers and physicians—all in business suits. Another misconception is that the Coalition is exclusively white. Two blacks came to the meeting in Rochester. "I don't look at it as a color thing," explained Angie Whitlock, one of the African Americans there. "I don't know why more of us don't join up." The chief reason is the blind eye the Christian right turned to segregation in the 1960s.

Despite its increasing sophistication and secularization, the movement remains insular, distrustful and eager to impose what it sees as a Bible-backed morality on the public at large. Reed was brought up short by his own people when he agreed not to press for a school-prayer amendment earlier this year in the House and instead backed the Contract with such fervor. To keep peace, he gave what is now called his "litmus-test" speech, in which he warned that a presidential candidate who



GODFATHER Pat Robertson, elder statesman of the Coalition, with his protégé at a Senate Republican reception in Washington

ONWARD! Participants at a coalition "leadership school," a training session in political organization, held in Oklahoma City last March

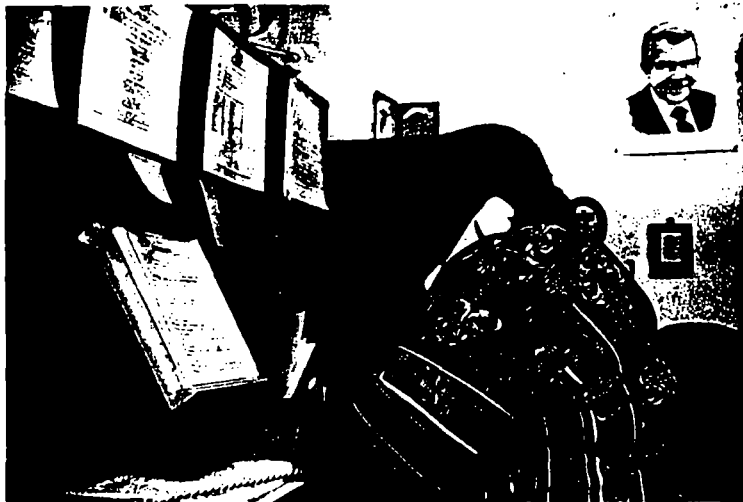


He represents a dangerous trend in this country.

did not oppose abortions would not be acceptable to conservative Christians. Meanwhile, a fund-raising letter in March stated in unusually harsh terms that the Coalition was committed to saying "NO to condom distribution in the schools, NO to taxpayer funding of abortion, NO to sex-education classes in the public schools that promote promiscuity [and] NO to homosexual adoptions and government-sanctioned gay marriages." Some of its officials

insist that solely the Coalition knows the way, the truth and the right. During a training session in Oklahoma City this spring, Fred Sellers, the state chairman, said, "Only we can restore this nation. Only the people here today, and people like us, can turn this around ... only Christian believers doing the work ... in the thick of battle."

Still, Reed is actively trying to cast a "wider net." After the litmus-test speech,



BIG PUSH Part of the phone bank at the Christian Coalition headquarters in Virginia, where operators urged members to lobby against Foster

SALES A booth at last February's Conservative Action conference promoting the Christian Coalition and featuring Reed's book, *Politically Incorrect*



We should keep religion and politics separate.

he tacked back a bit and said he had issued no ultimatums. And he wants to attract both blacks and Jews to the fold, which is almost entirely made up of white evangelical Protestants and traditionalist Catholics. He is even toying with the idea of starting a Jewish auxiliary, an idea that has a long way to go.

Robertson is the founder and guiding spirit of the Coalition. But he has ceded operational control to his young protégé. "I

am, if I can use that exalted term, moving more into the elder statesman's role," the 65-year-old Robertson told TIME. That transition began when Reed and Robertson sat next to each other at a dinner honoring George Bush's Inauguration. At first, Reed wondered whether the broadcasting tycoon seriously wanted a brass-knuckled pol like himself to run the operation. Reed, then a doctoral candidate in American history at the University of Georgia, was a vet-

eran of Republican headquarters in Washington and the rough-and-tumble campaigns of Jack Kemp and Jesse Helms. But Robertson, the son of a Virginia politician, readily allowed Reed to suffuse the Coalition with a new professionalism. Reed continues to work unstintingly to plane the rougher edges off Robertson's image. In the meantime, his own book, *Politically Incorrect*, is considered the manifesto of the movement. With Robertson's approval, he is working on a second.

Ralph Reed Jr. was born in 1961, the son of a Navy physician from Portsmouth, Virginia. Nicknamed "Buddy," Reed displayed his nature from the beginning. Asked what her son always aspired to be, his mother Marcy told the *Atlanta Journal-Constitution*, "In charge." Raised a Methodist, Reed was an indifferent Christian—though an avid Republican—through his early college years. He wrote a rabid column while at the University of Georgia, taking hawkish positions on gun control and the nuclear freeze. (He resigned from the paper after a reader charged him with plagiarism.) As a student, he ran school campaigns and gained a reputation as a player of dirty tricks.

However, in 1983, shortly before he became the director of a national G.O.P. student committee, Reed not only gave up booze and cigarettes but also found God. At about that time, he had seen a politician he admired—a "pro-family, traditional values" type—drinking and fooling around with someone he was not married to. The sight disgusted Reed and helped lead him toward being "born again." He apologized to one of his political victims, picked up a phone book, found an evangelical church and started attending. "Since 1983, I haven't been involved with anybody in politics for whom I bear a grudge in my heart," Reed told TIME. "Which doesn't mean I don't want to win. It means a religious person in politics understands that he's working for goals more universal than taking the next election."

As Reed made his rounds among the nation's most important politicians last week, he looked for all the world like a junior executive, neatly attired in a crisp, dark suit and starched button-down shirt, dashing, luggage in hand, from taxicab to commercial aircraft. At times, he thumbed through his history book of the moment, Doris Kearns Goodwin's new biography of Franklin and Eleanor Roosevelt. But there was nothing mundane—or junior level—about his encounters. In addition to New Hampshire's Governor, he met with Senator Dan Coats to discuss the Foster nomination and a new bill on school prayer and choice. He then socialized with a collection of the G.O.P.'s movers and shakers in New Hampshire. Through it all he kept in con-

The Doctor in the Lion's Den

By NINA BURLEIGH WASHINGTON

HENRY FOSTER COUNTERED FAMILY VALUES WITH FAMILY VALUES. THE Christian Coalition had been running full-page ads against him that screamed "If You Liked Joycelyn Elders, You'll Love Henry Foster." A spokeswoman for the Family Research Council, a conservative think tank, declared that anyone who votes for Foster "will regret it when it comes to election time." Indeed, Republican presidential candidates cannot afford to alienate the pro-life wing by allowing Foster to be confirmed as Surgeon General; and last week, Senate majority leader Bob Dole threatened to withhold a full-floor vote on Foster even if Clinton's nominee got through the Senate Labor and Human Resources committee. What was Foster to do? Speaking forcefully and earnestly, he "set the record straight," saying the initial conflicting numbers on the abortions he performed were an "honest mistake ... but there was never any intent to deceive." He added that in his 38-year career he had performed 39 abortions but that "most obstetricians" out in practice have, too. And then he talked movingly about his life and his work. "I am a doctor who delivers babies. My life's work has been devoted to bringing healthy lives into this world ... I fear doctors who don't feel their patients' pain." He talked of his hardworking father



Foster's testimony revived a doomed nomination

and the inspiration of his unschooled grandmother who stressed education. He shed a tear and showed anger at accusations that he knew of the Tuskegee experiments that withheld treatment from black men with syphilis. The two-day performance was a remarkable comeback for a nominee consigned just weeks ago to the valley of the shadow of death. By the end of last week, Foster had enough bipartisan support to break a threatened filibuster by Phil Gramm of Texas and Bob Smith of New Hampshire.

"I am certain he will be the next Surgeon General of the United States," said Ted Kennedy of the Senate Labor Committee, which will vote on his nomination within the next several weeks. "But he might have to be confirmed on a voice vote at 5 o'clock in the afternoon" to protect Republicans who support him from their right flank. "It's a triumph," says Mike McCurry, White House press secretary. "The fact that he's gone from dead-on-arrival to having a chance at confirmation is a stunning turnaround. Maybe every once in a while the good guy wins."

Nevertheless, White House head counters had identified only 50 Senate votes for Foster by the end of the week—still one short of confirmation. The Christian Coalition plans to lobby Senators until the vote. Dole too can refuse to bring the nomination to the floor. His taste for blood, however, is uncertain—despite his courtship of the religious right. No candidate wants to highlight the differences between moderate Republicans and the anti-abortion right.

The most surprising support for Foster came from Bill Frist of Tennessee. A heart-and-lung surgeon and conservative first termee who is against abortion, Frist startled Republicans and Democrats with sympathetic questions for Foster from the committee. Frist said he understands the problems obstetricians and gynecologists face treating low-income women. "I know he must have seen botched abortions, women coming in the hospital door, bleeding," said Frist, adding he was aware too of the segregation suffered by black doctors. "I'm the only person on that panel who knows what it was like in the South in the 1960s."

stant touch with his headquarters in Virginia and his Washington office by way of a cellular phone.

At the state capitol in Concord, New Hampshire, the local press was all over him after his senate appearance. But he was not universally applauded. State senator Burt Cohen, a Democrat, left the chamber in a huff even before Reed spoke. "He [Reed] represents a dangerous trend in this country. We should keep religion and politics separate," Cohen said later. Another state senator, Jeanne Shaheen, a Democratic stalwart, heard Reed out. But she also was offended. She said, "Anytime you paint yourself as having the right answers because of a direct connection to God, that's very dangerous."

Theirs was a minority view in the heavily conservative and Republican senate. Reed was welcomed at a lunch at the estate of a conservative and politically active couple, Ortwin and Pat Krueger. Neither is a member of the Christian Coalition yet, but they love politics and professed to like the Coalition's approach. So with an eye toward helping the Coalition raise money, they happily played host to 10 current and potential contributors at their huge, old house, overlooking a pool, a tennis court and 130 rural acres. George Fellendorf, a semi-retired teacher of the deaf who is the state chapter's unpaid chairman, told Reed that after 18 months of organizing, it was time for the state association to get a full-time, paid executive director. "We're at a turning point," he said. Looking around at his affluent welcome, Reed could not help agreeing. That night he attended another, larger gathering of activists—this one involving 250 people—and expanded on his optimism. The Coalition had just registered its 1,600th county chapter, he said. "We're the McDonald's of American politics."

Maintaining that momentum will take patience, and, Reed admitted, "some degree of retraining of me." Though he says he dislikes the word control, dominance of the G.O.P. remains the movement's ultimate objective. But by grabbing for too much of it too soon, he could squander the incredible gains he has made.

He must also fend off insinuations from liberal adversaries that his movement's antigovernment stands contributed to the poisonous rhetoric spewed by violent extremists like those responsible for the Oklahoma City bombing. "We must forsake violence of the fist, the tongue and the heart," he said last week, quoting Martin Luther King Jr. "The Christian Coalition provides an avenue to bring alienated citizens into mainstream political action. Were we not here, the ranks of the disaffected would be much larger." He adds

The Christians are close to winning the whole war; they might do it by '96.

correctly that the Coalition, despite its conservative agenda, does not coordinate with the National Rifle Association, nor does it lobby on gun issues. Nevertheless, at the grass-roots level, there is a large overlap among Coalition supporters and anti-gun-control activists.

Reed tries to keep his eye on the long term. "I'm asking myself where do I want this movement located in the political system in the year 2025," he told TIME. "If I fall for the temptation of acting as a power broker within a given political party, then 25 or 30 years from now I will be where the labor unions are today."

But to this point, Reed has steered the Coalition solely into the arms of the Republicans. It is supposed to be non-partisan, but it clearly plays favorites. Former Coalition staff members hold key positions in the campaigns of Dole, Alexander, Gramm and Pat Buchanan. None work for Bill Clinton. Democrats are concerned the Coalition may be eating into their dwindling base. Voters are looking for more morality in their politics, and the Coalition is providing it. "Thanks in great part to people like Ralph Reed, they have become a mainstream constituency," said Democratic consultant Mark McKinnon, who is based in Austin, Texas. "I have been advising my clients that we get ourselves in a lot of trouble by attacking the religious right. Instead of inciting them, we ought to try to co-opt them. We need to show we have a backbone of morality in this party."

Still, acclaim for Reed and his Coalition is far from universal, even within the Republican Party. Senator Arlen Specter launched his campaign for President with a broadside against Reed and his alleged "intolerance." Congresswoman Marge Roukema, a moderate Republican from New Jersey, said flatly, "Ralph Reed and the Christian Coalition will create a lot of trouble for the Republican Party." And, in fact, if Reed succeeds too well at moving the G.O.P. in his direction, he stands to alienate the middle-of-the-roaders, whose votes, while notably absent in Republican primaries, tend to decide general elections.

Meanwhile, powerful figures on the religious right feel the G.O.P. isn't right

enough for them, posing a danger for Reed if he continues to accommodate himself to the party's moderate elements. In March, James Dobson, head of the powerful Focus on Family organization, fired off open letters to G.O.P. chairman Haley Barbour, complaining bitterly about the lack of immediate payoff from the November election. Fearful of compromising with "anti-family" elements, Dobson argued that it was time to fold the all-inviting "big

portance of Reed. Says Gary Bauer, a former Dobson associate and now head of the Family Research Council, a conservative think tank: "I don't think the movement depends on Bauer or Dobson or Reed or any of the names the press focuses on. I see this as a permanent force in American government and politics, and I think it will have a lot to say about public policy for the foreseeable future."

At the moment, however, Reed is the most attractive name attached to the movement—and he shows no sign of resting. "You have to organize, organize, organize, and build and build, and train and train, so that there is a permanent, vibrant structure of which people can be part." He speaks about forming a cadre of at least 10 workers in each of the country's roughly 175,000 political precincts, raising his budget to between \$50 million and \$100 million and gaining access to 100,000 churches, compared with his current reach of 60,000 churches. "If we do all that," he told an audience last week, "we will be larger and more effective and will reach more people than the Republican and Democratic parties combined."

"The Christians are close to winning the whole war; they might do it by '96," says Frank Luntz, the pollster behind the Contract with America. "By playing hardball they may win everything, but hardball also risks losing everything." Reed frankly admits, "We're on the very threshold of having to make that kind of decision. It's fraught with both opportunity and hazard. If we make this decision the wrong way, 20 years from now we're going to look back and regret it."

Whatever Reed decides—to press for control of the G.O.P. now or to rise above partisanship for a while—the religious right is moving toward center stage in American secular life. Henceforth, Reed told TIME, "issues are going to have a moral quotient." The Christian Coalition, says Arthur Kropp of People for the American Way, "won't be content to be background music." They will want the oomph of the big band. And a choirboy will lead them. —With reporting by Laurence I. Barrett, traveling with Ralph Reed, and Richard N. Ostling/New York



AT HOME Ralph Reed with his wife Jo Anne and their children Brittany, Ralph III and Christopher

tent" of the Republican Party. In contrast, Reed argues for a more inclusive Coalition and struggles to appear more secular (in New Hampshire last week, for example, he declined an invitation to give the invocation before the senate because he did not want TV cameras to record him in prayer). There are two faces to the religious right, says Michael Hudson, executive director of the liberal People for the American Way, "the moderate face that meets Bob Dole and the grass-roots state chapters that are still bashing gays. Ralph Reed is trying to create a big tent in the religious right, but can he sell political expediency to his grass-roots movement?"

Other conservatives play down the im-



Surgeon John Najarian has saved hundreds of lives. Now he's fighting to save his reputation

By J. MADELEINE NASH MINNEAPOLIS

PATIENTS THINK OF HIM AS A guardian angel. Nurses call him a god. Virtually every week for the past three decades, pioneering transplant surgeon John Najarian—an Olympian figure with the physique of a linebacker and the self-confidence to match—has ventured into the operating room at the University of Minnesota Hospital to battle death. And more often than not, he has won. Patients he has saved can vividly recall the surge of hope they felt when Najarian gave them his simple vow: "I can do it."

His vision and skill have opened new

ONCE A HERO

frontiers for transplant surgery. Thanks to Najarian's work, diabetics are no longer told that transplants are too risky for them. And it was Najarian who proved that patients could safely receive kidneys donated by living relatives. "We're not talking about just any doctor," says ethicist Arthur Caplan of the University of Pennsylvania, "but a giant of 20th century medicine."

So the shock and sorrow were profound last month when Najarian was indicted by a federal grand jury on 18 felony counts related to his work. Najarian, 67, who has pleaded not guilty, is accused of offenses ranging from embezzlement and income-tax evasion to conspiring to deceive the Food and Drug Administration. "When I heard the news," said Beverly Masseege of Ranger, Texas, who credits Najarian with saving her daughter's life. "I sobbed."

Najarian's trial, scheduled to begin later this year, is already shaping up to be a compelling courtroom drama. Prosecutors will seek evidence of duplicity from university administrators and government officials, while the defense is expected to summon an army of patients to portray a man motivated by nothing but the Hippocratic oath. "I'd go to the ends of the earth

AWAITING TRIAL: Forced out of his faculty post, the doctor still does transplants at the school that, he says, "turned on me"

for him," says Charles Fiske of Bridgewater, Massachusetts, whose 11-month-old daughter Jamie in 1982 became the world's youngest recipient of a successful liver transplant performed by Najarian. Scott Jameson of Minneapolis, Minnesota, who recently marked the 25th anniversary of his kidney transplant, is already considering what he'd like to tell the jury. "I've seen one side of the man," he says, "and he's been nothing but good."

Najarian's life had seemed the very model of an American success story. The son of Armenian immigrants, he attended the University of California, Berkeley, on a football scholarship and later turned down an offer to play for the Chicago Bears in favor of going to medical school at the University of California at San Francisco. He stayed there for a residency in surgery, joined the faculty and soon became one of the first practitioners in a glamorous new field of medicine: organ transplantation.

First in San Francisco and later as chief of surgery at the University of Minnesota, Najarian focused on kidney transplants, struggling to improve the dismal success rate. Early on, only a third of patients survived more than three years. They were dying, Najarian knew, mainly because of tissue rejection. Their immune systems targeted transplanted organs as foreign and marshaled white blood cells to destroy the invaders. But Najarian saw a solution. With a colleague, he worked out a method for purifying a new drug called antilymphocyte globulin, or ALG, a potent cocktail of antibodies capable of countering the lethal reaction.

Minnesota ALG, as it became known, turned out to be highly effective. As patient survival rates improved, other surgeons clamored to get hold of the potion. Between 1970, when Najarian obtained permission from the FDA to produce and use the compound on an experimental basis, and 1992, when the FDA shut down the operation, Minnesota ALG was shipped to 175 transplant centers around the world and was used by more than 50,000 patients. Along the way, it generated an estimated \$80 million in revenues, enough to finance a \$13 million production facility on the University of Minnesota's St. Paul campus.

Still widely regarded as one of the safest and most effective antirejection agents, Minnesota ALG is now Exhibit A in the controversy surrounding Najarian and his former colleague and co-defendant Richard

Condie, who also pleaded not guilty. They stand accused of failing to tell the FDA about adverse reactions associated with ALG (including nine deaths); neglecting to recall one lot suspected of causing bad reactions; and concealing the fact that ALG, an experimental drug that was supposed to be sold at cost, was making a handsome profit. According to the indictment, the two coconspirators were driven by a desire to enhance Najarian's power and prestige. The surgeon denounces that allegation as ludicrous. "I didn't need to enhance my power and prestige. I was one of the original transplant surgeons in the U.S. and, in fact, the world!"

Najarian's celebrated career began to implode on Aug. 13, 1992, when FDA offi-

Najarian abruptly resigned his faculty post.

Now awaiting trial, Najarian has retreated into his private practice. At the University of Minnesota Hospital, where he still performs two or three transplants a week, the embattled physician can often be seen striding down corridors in his white coat and surgical greens or sitting behind the desk in his out-of-the-way office, musing quietly amid pictures of his adult sons. On the advice of his lawyers, Najarian is saying little about the charges he faces, but he makes no secret of his anger and sense of betrayal. "The university," he says, "turned on me because they were afraid they might be held culpable."

If what Najarian was doing was so wrong, his supporters ask, why did the FDA

a desperate need. Whatever the reason, by the time the FDA barred ALG production in 1992, two drugs capable of taking its place had come on the market. "We're using the alternatives now," says Sutherland. "and it's a good thing they're there."

As long as ALG remained the central issue, Najarian's defenders could claim he had done nothing more immoral than run afoul of federal bureaucrats. But earlier this year, university officials disclosed irregularities in the surgery department's handling of federal grant money, including apparent diversions of funds to support the ALG program. Investigators also released documents suggesting that Najarian sometimes cheated on his expense accounts. Seven years ago, for instance, he allegedly asked the corporate sponsor of a conference held in Stockholm to reimburse him for \$4,122 in travel charges after submitting a bill to the university claiming a similar amount.

The surgeon's defenders argue that whatever mistakes he made, they were not the product of greed. Though Najarian earned as much as \$600,000 a year and liked to fly first class, he shunned ostentatious cars and sent all his children to Minneapolis public schools. "My father could have made millions of dollars a year as a surgeon for the rich and famous," observes Jon Najarian, the eldest of four sons. "But it was never his goal to make millions of dollars. It was his goal to help people."

While Najarian may not have been greedy, he was certainly ambitious. He saw himself, says a former colleague, as a pacesetter who was moving the field of transplant surgery forward, someone who couldn't be bothered with the details of the rules because he was changing the rules. And while Najarian is a personable man who enjoys chatting with patients, he's also an opinionated, imposing figure who can intimidate friends and foes without even trying. University president Hasselmo sees Najarian's situation as "a tragedy in the classic sense. It's the story of a hero who is destroyed by arrogance."

Just wait for the trial, says Najarian, who believes he will be vindicated. In the meantime, his downfall has already produced heavy casualties. Transplant patients have lost a good drug, the University of Minnesota has lost millions of dollars in annual income, and the field of transplant surgery has lost a charismatic leader.

One larger lesson is that medical-school departments should not be allowed to operate as independent fiefdoms with little external oversight. At the University of Minnesota, at least, the lax administrative system that let Najarian get in such serious trouble is belatedly undergoing a radical overhaul—in hopes that none of the school's other stars will fall so far so fast.



GRATEFUL FOR LIFE: After his kidney transplant, four-year-old Scott Jameson was all smiles for his mother Louise and his doctor. Najarian gave the boy an autograph—and a chance to grow up. Now, 25 years later, Scott is preparing to praise his savior before a jury



TINY MIRACLE: In 1982, 11-month-old Jamie Fiske (shown here a year later) was the youngest recipient of a successful liver transplant. Today the seventh-grader plays piano and soccer

cials marched into the office of University of Minnesota president Nils Hasselmo to announce that the agency had imposed a hold on clinical use of Minnesota ALG. The following month university auditors uncovered evidence suggesting that Condie, director of the ALG program, had been selling a by-product of the production process and pocketing the proceeds. In November the university hired two law firms and accountants Coopers & Lybrand to delve into the ALG program. And in December 1992 the U.S. Attorney's office in Minneapolis launched a grand-jury probe that subpoenaed 22 years' worth of records kept by Condie and Najarian.

As the investigations have proceeded, Najarian has suffered one blow after another. In 1993 he was forced out as chairman of Minnesota's surgery department. Last year he signed a consent decree with the FDA that prohibits him from conducting trials of experimental drugs. Then last February, shortly after a faculty panel found him guilty of academic misconduct,

and the university wait so long to act? "The paper work [required by the FDA] didn't get done," observes transplant surgeon David Sutherland, Najarian's longtime colleague. "But the paper work hadn't been getting done for more than 20 years." Moreover, the sale and success of ALG were never a secret. From the beginning, says University of Minnesota medical historian Leonard Wilson, Najarian told the FDA that he intended to produce the drug for more than his own use. Says Wilson: "The FDA would have to be deaf and blind not to know what was going on."

Fellow transplant surgeons speculate that the FDA crackdown may have been triggered by complaints from commercial drug companies. These companies, the thinking goes, were annoyed that their university-based competitor was selling an experimental drug as if it had been approved for full marketing. Or it may be that regulators, who sent letters to Najarian complaining of infractions, were unwilling to cut off the supply of a drug that filled such

The Corporation



STRATEGIES

SO BAXTER DOES HAVE A PULSE

Cost-cutting is reviving the health-care giant

Mike Hudson has never been a betting man. The 40-year-old general manager of hospital supplier Baxter International Inc. hates financial risks. As a young boy, Hudson watched his father lose the family farm after fire destroyed a harvest and he couldn't pay his debts. But last year, Hudson borrowed \$1.3 million to buy 50,000 shares of Baxter. "I never thought I'd take out a loan that big on anything," he says.

Of course, it's tough saying no to the boss—and Baxter's controversial Chairman and CEO Vernon R. Loucks Jr. did not leave Hudson much choice. One of the health-care industry's most chronic underachievers, Baxter in recent years has suffered a steep margin slide, a plunging stock, and criticism over tainted blood products and its cooperation with the Arab boycott of Israel. Things got so bad that by mid-1993, investors were calling for Loucks's ouster. To keep them at bay, he ordered a major restructuring at the Deerfield

(Ill.) company—and to make sure his top managers went along, the embattled CEO urged them to borrow twice their annual compensation to buy stock. "I was looking for help," says Loucks, who doubled his own shares, to 700,000.

So far, it looks as if he got it. A year after 63 managers spent \$122.2 million snapping up 4.7 million shares, Baxter's health is returning. After a loss from continuing operations of \$268 million in 1993 on sales of \$8.9 billion, Baxter's profits jumped to \$596 million on sales of \$9.3 billion in 1994. And Baxter's operating cash flow soared to \$954 million, three times 1993's \$292 million (charts).

Better still, Baxter's stock, which fell

OFF THE HOOK

Loucks's restructuring comes none too soon for investors. Now, the CEO's job appears safe

to 22 in late 1993, now trades at 34. Although that's still below Baxter's late 1991 high of 40, investor anger has dimmed—and Loucks's job seems safe. "The board has been supportive of Loucks, often to [Baxter's] detriment," says one big shareholder. "But their patience seems to be paying off. He's done a good job."

It hasn't been easy. A decade after acquiring American Hospital Supply Corp., Baxter still

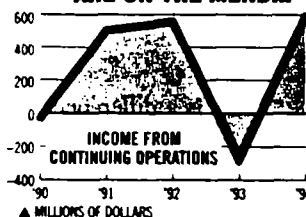
faces big challenges selling AHS's low-margin products, such as medical gowns and surgical trays, to hospitals. As cost-cutting repeatedly hit health-care companies, Baxter's sales and earnings stagnated. Meanwhile, Baxter's lucrative medical specialty business, which makes kidney dialysis machines and cardiovascular products, was booming. Unhappy shareholders wanted the company split, but Loucks resisted. His plan: shrink costs and boost cash flow in the mature supply market, then use the cash to fund specialty-unit growth.

OLD WOUNDS. Since 1993, Loucks has pared Baxter's workforce 5%, to 53,500, and slashed management. Most important, he has radically altered the medical sales force's operations. Until last year, dozens of salespeople from Baxter's divisions would separately hawk their wares to hospitals. Now sales reps work in teams. For example, 11-year veteran Jim McGorry, one of 180 account managers, oversees relations with 10 hospitals in North Carolina. When buyers need something, they deal directly with him.

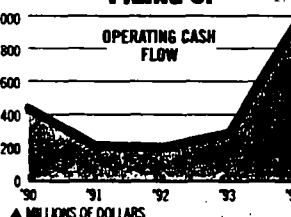
Still, Baxter hasn't fully healed the wounds its old system caused with customers. Although Joan Ralph, a purchasing executive at Good Samaritan Hospital in Downers Grove, Ill., finds Baxter easier to deal with, she's not convinced it has eliminated other problems, such as constantly running out of supplies and charging her higher prices than neighboring hospitals. "It's a trust issue," Ralph says. "I still have memories of the past, and they don't go away overnight."

With cash flow now

BAXTER'S EARNINGS ARE ON THE MEND...



...AND CASH IS PILING UP



DATA: COMPANY REPORTS, BLOOMBERG FINANCIAL MARKETS

The Corporation

king, sales rep McGorry is pushing customers such as Duke University Medical Center to pay faster. By cutting bureaucracy from the invoice process and offering better prices if Duke pays sooner, McGorry has cut the center's "days receivable"—the outstanding goods that haven't yet been paid for—by 30 days, to 8. Controls on inventory are also being tightened. By scrapping redundant products and installing information-management systems to better coordinate shipments to its big hospital clients, Baxter has reduced inventories 12%, to 88 days. By 1998, Loucks is aiming for 50 days.

If he can achieve such gains, analysts expect Baxter to generate operating cash flow of roughly \$1 billion a year. Loucks

will spend much of that expanding Baxter's high-margin global medical specialty business. It's easy to see why. While Baxter's U.S. hospital-products business, with 1994 sales of \$5.7 billion, is growing at a 3% rate, its medical specialty sales, which hit \$3.6 billion last year, are growing around 8% annually and even faster in Latin America, the Far East, and Eastern Europe. The surging unit—specialty products grew 17% in 1995's first quarter—now accounts for 38% of Baxter's sales and 61% of earnings. "That's really our oyster," says Loucks.

Still, Loucks's strategy is not without risk. Kenneth Abramowitz, health-care analyst with Sanford C. Bernstein & Co., warns that Baxter is playing catch-

up overseas. And Baxter's new-product pipeline is thin. A home-dialysis machine introduced late last year should hit sales of \$100 million in 1995, but a device that pumps blood through the heart, though approved in Europe, isn't expected to be O.K.'d in the U.S. until 1998. And Baxter's new blood substitute for use in emergency rooms—potentially a \$3 billion market—faces stiff competition. "In the next three to five years, they're going to need some significant additions to their product line," says CS First Boston analyst Amelia McDonald. Loucks may have won himself some breathing room, but Baxter's recovery is far from assured.

By Ron Stodghill II in Deerfield, Ill.

74 BUSINESS WEEK / MAY 15, 1995

Editorials & Op-Ed

SPRINGFIELD News-Leader Friday, April 28, 1995

A pact to change welfare

The issue:

The federal government has given Missouri permission to try a new welfare reform plan.

We suggest:

The plan incorporates ideas many citizens have been asking for. Officials deserve a chance to see if it will help get clients off welfare and into jobs.

Welfare reform is on its way in Missouri. On Monday the federal government signed Missouri's waiver program to replace the federally directed program we had been using.

But it's not party-hat time yet. Talk at the water cooler, where people responsible for these reforms share their concerns, is that the measures will require deep pockets and even deeper resolve.

If they work, they'll save money in the long run by getting people off welfare and into jobs. But it will be many dollars down the line before we see a return on our investment.

Richard Koon has an idea of just how monumental is the task. He directs the state's Futures program, an experimental program that predated the program sanctioned Monday.

Futures clients, who receive Aid to Families with Dependent Children, sat down with case managers and planned strategies aimed at getting them into jobs. Koon estimates it cost \$4,000 a year to support clients with staff management and services such as child care.

Only 8,200 of the state's approximately 91,000 AFDC recipients participated in the Futures program. Some recipients are exempt from participation because of reasons such as illness, age and the necessity of caring for an ill family member.

The numbers participating in Missouri's new program are expected to stay about the same, at least in the near future. It simply costs too much in staff and supportive services to put clients through the program. Is it worth it?

We believe it is. The economic payback to get welfare clients into jobs will be great, and we have to be tough enough to prime the pump if the program proves itself. Part of the success of Missouri's program, and others being implemented in other states, will de-

pend on the vigilance with which the press monitors its gains or losses.

The main underpinning of the new system is that participants and case managers will formulate self-sufficiency pacts, plans of action aimed at helping a client become employed within two years. A pact may include child care paid for by the state, job training or other education, with which the state will also help. A client who doesn't do his or her part can lose all or partial benefits.

The majority of welfare recipients are on the program temporarily. Nationally, only 20 percent of AFDC recipients have been on the program more than five consecutive years, and 34 percent receive benefits one year or less. There are major economic factors that affect a poor family's ability to succeed, and the new program addresses several of them:

- Clients who comply with their pacts will be allowed to accumulate more assets and one automobile without being disqualified for benefits. This will allow families to truly raise their standards of living by working, rather than staying on the same levels they were on while receiving benefits.

- The state is beefing up the job pool by offering to transfer a worker's AFDC benefits to a company hiring that worker for nine months and even longer in some cases.

- The state will forgive child-support debt owed to the state by noncustodial parents who are increasing support of their children through job training or other efforts.

For people to get off welfare they must acquire skills that make them employable: we must remove the disincentives that in some instances lower their standards of living when they get jobs; and there must be consequences for not trying to become employed.

Missouri's plan includes action toward all those goals. It's a good start.

SEATTLE POST-INTELLIGENCER May 5, 1995

No child support, no driver's license

We're hard-pressed to fathom the House Republican majority's ideologically aberrant opposition to the state Senate's welfare reform bill because of a provision to seize drivers' and occupational licenses from parents who don't make support payments.

Why object to a provision that would save the taxpayers money, thus freeing money for the most needy, and force parents to live up to their court-ordered obligations to support their own children — so other taxpayers don't have to?

Yet the proposal to revoke drivers' and professional licenses of non-supporting parents has been identified as the reason for House Republicans' rejection of welfare reform legislation.

"If you take a lemon or an orange," says Rep. Mike Carrell, R-Lakewood, "and squeeze it, do you think squeezing any harder is going to make any juice?"

Carrell, co-founder of a fathers' advocacy group, is talking about not squeezing fathers too hard. But

when the dads don't pay, it's the taxpayers who get squeezed.

Children in this state are owed \$1.4 billion in delinquent child support. Of that, about \$884 million is owed to children on the welfare rolls. That's a nearly \$1 billion drag on the treasury.

As such, license seizure should be the first step in welfare reform. Before there is any action to give less money to welfare moms raising children, there should be strong action to get more money from the fathers of their children.

Comprehensive welfare reform is too complex and vital an issue for slap-dash bill-making in a time-pressured special session, and would receive more appropriate treatment in a regular session.

License seizure, however, can and should be adopted during this special session. A lot more squeeze on non-supportive parents can mean a little less squeeze on the taxpayers — something to warm the cockles of any conservative Republican's heart.



BY ABIGAIL TRAFFORD

Wash. Post; 5-9-95

We Love the Child, but What About the Children?

It was the baby in the firefighter's arms—little Baylee Almon covered with dust and blood—who became the symbol of the nation's agony in the Oklahoma City bombing. Long after rubble from the bombing is cleared, we remember Baylee and the others in the doomed day-care center.

Suffer the children.

We are a nation that loves children. Obsesses about children. The child in pain, the child in triumph—we hang on every detail. We open our hearts—and our pocketbooks—to help a high-profile child in need. Children are our conscience.

Or are they?

You would certainly think so from the way we respond to children in the news. We have a track record for turning the child in the public spotlight into a metaphor of what kind of people we are and who we care about most.

We held our breath when Jessica, the 18-month-old toddler of Midland, Tex., was buried for 2½ days in an abandoned well in 1987. And cheered when she was hauled out by a crane into the glare of television lights and cameras.

We agonized over David, the boy in the bubble. Born with a rare immune disease, he died in 1984 after spending most of his 12 years of life inside a sterile plastic cage that kept him away from common germs—and away from human touch.

And last year, we grieved for Michael, 3, and Alexander, 14 months, the two boys of Susan Smith, the young South Carolina mother who confessed to sending her sons to a watery grave.

Suffer the children.

Every child who makes the news taps into the public's huge reservoir of concern for children in trouble, for children who are victims. But this outpouring of anguish and generosity usually stops with the high-profile case.

The fact is that as a nation we neglect our children, particularly the ones who are sick and poor. That was the conclusion of a 1991 bipartisan national commission on children. "...at every age, among all races and income groups, and in communities nationwide, many children are in jeopardy," stated the commission in its executive summary. "If we measure success not just by how well most children do, but by how poorly some fare, America falls far short."

Advocates for children like to point out that the United States is the only industrialized country that doesn't have a national policy to support children. While a patchwork of government and private programs help certain groups of children, there is no comprehensive commitment to the young the way there is to the elderly. As Sara Rosenbaum, co-director of the George

Washington University Center for Health Policy Research, explains: "Children are the most vulnerable segment of society. They don't have the clout that other population groups have. If children are falling apart, it has tremendous consequences for the nation."

To be sure, the prime responsibility for the health and safety of children rests with the family. But some families cannot provide the basic supports. The needs, according to the bipartisan report, involve many aspects of children's lives including housing, education and protection from abuse.

One of the biggest needs is health insurance. An increasing number of children do not have health coverage from private or public sources. There is no national health plan for children that automatically covers them as the Medicare program does for the elderly.

"We care about children as individuals. We don't care about them as a nation," says Burt Harvey, professor emeritus at the Stanford University Medical School and past president of the American Academy of Pediatrics.

"It's a crisis of conscience and it's a crisis of consciousness," adds Susan S. Aronson, clinical professor of pediatrics at the Medical College of Pennsylvania and Hahnemann University. "We've lost our perspective as a society that we are responsible for children."

Statistics tell the dismal story. Since 1991, the number of uninsured children has risen from 9.5 million to 11.1 million in 1993, according to an analysis by the Employee Benefit Research Institute. The percentage of uninsured children has also increased and of the additional 1.1 million Americans who have recently lost health coverage, more than 920,000 are children. This increase occurred despite expanded coverage of children under Medicaid.

What's more, private coverage of children has declined. The largest jump in uninsured children took place in families where the father was working for a small firm with fewer than 10 employees, researchers found.

Three basic options to cover all children and pregnant women have been circulating in the backwaters of the nation's capital for some years: provide subsidies for the uninsured to purchase health coverage, create a Medicare type program for children, and open up Medicaid to more families. While there is a general consensus that all children ought to have access to basic medical services, there is not a lot of agreement on how to get there. And right now there's very little apparent interest in Congress or the Clinton administration to do much of anything. As Harvey observes: "It doesn't seem like a high priority—it doesn't seem like a priority at all."

Suffer the children.

■ ON SOCIETY

BY JOHN LEO

Promoting no-dad families

David Blankenhorn has a question: Why isn't there some debate about the fact that American sperm banks sell sperm to single women?

As usual, the elite culture in America will hear this question in one way; the rest of the country will hear it differently.

Elite response: Here comes another attack on privacy and individual rights, particularly the right of women to control their own bodies. Besides, it insults women to imply that they need a man around to raise a healthy child.

Rest of the country: Why is it so obvious that a wide-open commercial market in the production of fatherless children is a social good? The consensus of studies is that no-father children, as a group, are at risk in all races and at all income levels. If so, doesn't society have a stake in discouraging the intentional creation of fatherless children, in the suburbs as much as in the inner city?

Blankenhorn is head of the Institute for American Values in Manhattan. While researching his new book, *Fatherless America*, he fielded many queries from journalists about the practice of selling sperm to single women. He said virtually every question came from Japanese or European reporters, who were shocked that the United States is so casual about a free market in sperm.

Other nations have indeed taken the issue more seriously. France has banned the sale of sperm to single women. Britain and Spain allow it. Japan makes it difficult, but not impossible, for single women to acquire donor sperm. Italy has no law, but last month its national association of doctors voted to deny artificial insemination to single women. European guidelines, produced by the Council of Europe in 1989, say sperm should be made available only to heterosexual couples.

Stuck with "rights talk." At least 3,000 fatherless babies are produced each year through artificial insemination. Why has serious moral debate occurred in other developed nations but not here, where most of the world's sperm banks are located? Well, for one thing, the United States is the only nation that discusses almost all its social issues in "rights talk," a language with a built-in tendency to grant individuals untrumpable rights against even the most sensible social policy. The American "rights" dialect is so pervasive that even its opponents are usually required to speak it (in this case by arguing that children have a "right" to have a father around).

The abortion wars played a part, too. The sharp focus on women's rights and choice was inevitable, but part of the psychic fallout has been a tendency to downplay the

role of the male, as if the father had no stake at all in the fate of the fetus or in reproductive issues in general. Feminists, some strongly hostile to men, have been prone to portray all procreative issues as principally a female concern. Fathers and fatherhood have virtually dropped out of the literature and the discussion of reproductive matters. In an age of antagonism between the sexes, it's a short step here to the view of fathers as troublesome, marginal and essentially irrelevant inseminators.

Alas, the American open market in sperm, virtually unquestioned and undiscussed, institutionalizes this view of the irrelevant, irresponsible male. Men can spawn children with no responsibility. Women can raise them without putting up with a male. Writing in the *Utah Law Review*,

Daniel Callahan, bioethicist and head of the Hastings Center, sees "an acceptance of the systematic downgrading of fatherhood brought about by the introduction of anonymous sperm donors. [It is] symbolic of the devaluation of fatherhood."

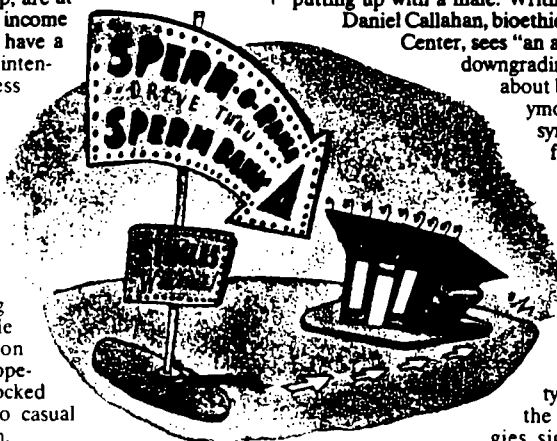
People on the other side of this nondebate understand what's at stake.

Here is John Edwards, a sociologist at Virginia Polytechnic Institute, writing in the *Journal of Marriage and the Family*: Sperm donation "purposely makes paternity problematic. . . . In theory, the new reproductive technologies signal the obsolescence of marriage and the family . . . implicitly the innovations suggest that the family of the future may merely consist of one socialized adult and an offspring."

Biological fatherhood was once understood by society to carry with it permanent moral obligations to the child. Now it can involve nothing more than a financially strapped college student masturbating into a cup for \$50 and writing a vaguely caring letter to an offspring he will never see or care about.

Edwards and Callahan are basically saying the same thing: Artificial insemination of single women is not just about ticking biological clocks and the urgent desire to have a child; it is, in effect, an expression of a whole new social policy that turns away from the ideal of an intact family toward what we used to call a nonintact or broken one.

This is the most glaring example of what Daniel Patrick Moynihan calls "defining deviancy down." Take a devastating social problem—fatherlessness—and redefine it as an acceptable and even inevitable model for the future. In this new model, the father is either infantilized, absent or simply dropped out of decision making and nurturance. In any of these cases, male irresponsibility is basically licensed and legitimated. Before this model gets more firmly established, let's have a real national debate. ■



Wash. Post; 5-9-95

More on Medicare

"WE'RE PREPARED to make the tough decisions," House Speaker Newt Gingrich said on television Sunday, but apparently not yet. The speaker acknowledged that the House and Senate budget committees will propose deep cuts this week in Medicare, a savings over seven years of more than a quarter-trillion dollars, or a sixth of estimated spending under current law. Would that mean a reduction in services, he was asked. "I don't know that there have to be any reductions," he replied. "I'm . . . not willing to say that I think that's a major factor in what we're going to do." Would it then mean an increase in co-payments. "I can't tell you," he said. "But it's not going to be our primary strategy. Our primary strategy is to give you six or seven options."

In fact, it's pretty plain that to meet their goals of balancing the budget over seven years without increasing taxes (much less while cutting them) and without cutting Social Security or defense, they'll have to do both things: Reduce the services that the government will pay for and increase the cost to patients of the services that are left. That doesn't mean it's wrong to do. Congress ought to cut the rate of growth of Medicare and Medicaid costs. They are the engines that are driving the budget and that have to be slowed if the deficit is to be reduced. But whether either

program can take as much slowing in as little time as the Republicans propose without doing harm to both health and the health care system is something the Republicans themselves have scarcely begun to face up to.

Mr. Gingrich suggested on Sunday that the Republicans were facing the issue already. "Forget the budget pressure, let's find out what number saves Medicare. We'll plug that into the budget. We're not going to find out what number the budget needs and try to reshape Medicare to that effect." But what he means by saving Medicare is not saving some level of care. It's the trust fund that he proposes to shore up, and the trust fund is no more than an accounting device. It's dollars the Republicans are seeking.

They need to cut the cost of these programs; that's good. But they need to do it in a way that won't exact enormous social costs by stranding large and vulnerable sectors of the population. That's the part to which the thought has not been given. There's talk now of seeking the appointment of a commission to help point the way and, in the process, to diffuse political responsibility. The Democrats don't want to let the Republicans off the hook. That's a tempting political posture, but it can't be held responsibly for very long. Sooner or later, the budget and the health care cost problems, which are essentially the same, both will have to be solved.

E. J. Dionne Jr.
Wash. Post; 5-9-95

Then They Met Medicare

When the House Republicans passed their big tax cut earlier this year, they were not at all interested in what President Clinton or the Democrats had to say about it. They wanted the credit for doing what they said they would do in their Contract With America. And they got it.

But now the time has come to pay both for the tax cut and for an even bigger promise, a balanced budget by the year 2002. Suddenly, the Republicans are whining that the president has refused to take the lead in cutting Medicare and Medicaid, which is what the GOP needs to do to make any sense of its budget promises.

Let's see: When it comes to passing around the goodies, the House Republicans are prepared to take full responsibility. When it comes to paying for the goodies, they want a Democratic president to take responsibility. And they act shocked, shocked when he refuses to play along.

You can't blame the Republicans for trying. It's a clever, if transparent, strategy. But the president and the Democrats would be fools to assume their assigned roles. So far, they have demonstrated unusual discipline in absorbing the Republicans' rhetorical fire and insisting that there can be no negotiations until the Republicans show the country exactly what they have in mind for Medicare and the rest of the federal budget.

If the Democrats hold firm and force the Republicans to produce, the coming months could

be immensely useful—useful for the voters, useful for the political debate, useful for finally producing a long-term solution to the deficit problem. This time around, the voters may actually be given some real choices about what and how much government should be doing.

What's been missing from the political debate for 15 years is a clear sense of how a Republican Party given free rein would keep all the promises it has made about tax cuts and smaller government. As long as Democrats controlled one or both houses of Congress, a large group of conservative Republicans could stand at the sidelines, clamor for more tax cuts, attack a vague entity called "big government" and vote no on every budget. They could even vote against budgets put forward by Republican presidents (as Newt Gingrich did against George Bush's 1990 budget) and blame Democrats and sell-out Republicans for deficits, taxes and whatever else was wrong.

What will be on the table now is not "big government" as an abstraction but Medicare, one of the government's most popular programs, and a long list of smaller programs with intense constituencies behind them. The coming budget fight will make clear that the choice facing the country is not, as the speaker often argues, between giving money to "bureaucrats" and letting citizens put more money in their own pockets. The so-called bureaucrats take a very small

percentage of government outlays. The big money goes either to national defense or directly to the people for the things the people support, such as medical care and Social Security. The choices are over how much we want to spend on such things and how to pay for them.

Already the reality of making choices has strengthened the hand of Republicans who are serious about government, as against those who just like to attack it. Senate Budget Committee Chairman Pete Domenici is one such serious Republican, and his own budget proposal will start by putting off consideration of the big tax cuts passed by the House. It's hard enough, he says, to get the budget balanced.

On the other hand, even Domenici wants to finesse a large chunk of the Medicare issue. Yesterday, he called for a bipartisan congressional commission to decide on changes in the part of the program that pays for hospital stays. This is a sophisticated way of further postponing the Republicans' day of reckoning while also forcing Democrats to accept terms of debate set by Republicans. If the only issue such a commission decides on is how to cut Medicare, then all the other choices that should be at stake in this budget fight are relegated to a secondary position.

The Democrats will not give up the Medicare issue that easily. Of course they have their own

purely partisan reasons for using it as a club against the Republicans. But the Democrats also have substantive grounds for arguing that (1) it is unfair and impractical to consider Medicare cuts apart from the broader problems in the health system, and (2) there is no point in even negotiating on Medicare if House Republicans insists that big tax cuts are a non-negotiable part of the deal.

Sen. Bob Kerrey, a Nebraska Democrat who actually supports Medicare cuts, said last week that bipartisan negotiations would be possible if the Republicans moved on those issues. White House Chief of Staff Leon Panetta has sent similar signals. If the Republicans reject those terms, they will have to explain why. And therein will be the beginning of the first truly honest budget debate the country has had in a long time.

When it comes to balancing the budget, Kerrey said, the choice is clear enough: "We either ask Americans to pay more, or we give them less, or some combination of the two." That breathtakingly obvious point was ignored in election after election because so many politicians kept insisting that government could be cut magically or that revenues could be increased miraculously by cutting taxes. Now the Republican budget makers will demonstrate conclusively that while Medicare exists, magical budget cuts and miraculous revenues do not. That in itself is a large step toward sanity.

Wall St. Jrnl.; 5-9-95

Gingrich Can Avert GOP Disaster Over Medicare

By PETER J. FERRARA

The Republicans face a potential political disaster over Medicare. The reform plan developed over the past several weeks at the House and Senate staff levels would impose penalties on elderly Medicare beneficiaries unless they choose to receive their health care from health maintenance organizations. The plan would then squeeze Medicare payments to the HMOs and let the HMOs ration retiree health care.

If this sounds familiar, it should. It was the essence of the Clinton health plan last year, the most decisively rejected idea in American politics since slavery.

But it gets even worse. The current staff proposals would increase Medicare premiums paid by the elderly, already totaling \$1,100 per year for a couple. These Medicare premiums are deducted directly from Social Security checks. The planned premium increases would consequently reduce net Social Security payments. Politically, this would inevitably be seen as a cut in these benefits, directly contrary to repeated Republican promises to leave Social Security alone.

The political impact can be seen in the fight over catastrophic health insurance in the late 1980s. Congress at that time increased Medicare premiums on the elderly to finance added Medicare benefits. The result was a political firestorm that forced the repeal of both the added premiums and the added benefits. Unfortunately, some Republicans in a position to pose as reform strategists now want to adopt the same premium increases, but without the added benefits.

House Speaker Newt Gingrich, whose staffers are among the few who have recognized these problems, pulled the Republicans back from this course last week. He effectively called for the development of a new plan outside the budget process that would leave managed care as just one option among many.

Mr. Gingrich now seems to be leaning in favor of a proposal already developed by free-market and conservative organizations, led by the National Center for Policy Analysis in Dallas. The essence of that proposal is to allow the elderly to withdraw their share of funds from Medicare, including Parts A and B, and purchase their coverage from any alternative private source they may prefer. The private options would include Medical Savings Accounts (MSAs), HMOs, employer health plans, or any other private insurance.

The share of Medicare that each elderly retiree could withdraw to purchase private coverage would be limited to grow no faster than Medicare revenues, averting the program's impending financial collapse. Each retiree's share of Medicare would also be risk-adjusted to reflect his or

her age, geographic area and health risk. Consequently, those who are older and sicker would receive more from Medicare to purchase private coverage, reflecting what they would need to buy it. In contrast, those who are younger and healthier would receive less, reflecting the lower amount they would need to buy private coverage. Each retiree would be perfectly free to stay in Medicare and not choose any private coverage.

Under the MSA option, each retiree could devote his or her share of Medicare funds to the MSA, as well as the amounts that would have been paid in Medicare premiums and private Medigap insurance. The retiree could also contribute the funds that would otherwise be paid out of-pocket for health care, estimated by the American Association of Retired Persons to be about \$1,500 per year for each retiree. Actuaries have calculated that funds from these sources would be sufficient to buy private insurance covering all health expenses over a \$3,000 deductible, with more than enough remaining to put \$3,000 in the MSA. The MSA funds would then be used to pay for expenses below \$3,000. Whatever MSA funds the retiree did not spend by the end of the year could be withdrawn and used for any purpose.

Employers have already begun adopting MSAs around the country and are finding that the powerful cost control incentives they provide sharply reduce their health expenses. MSAs would produce much the same savings for Medicare, helping the program to hold expenditures within available revenues.

The final component of the reform would be to add an up-front deductible to the program adjusted each year to ensure that costs for those staying within Medicare do not exceed available revenues. This would reduce Medicare expenditures for the smaller, routine expenses that could be managed by most of the elderly, while maintaining essential coverage for higher expenses. The poor would be exempted from these increases, and the rest of the elderly could purchase private insurance to cover it to the extent they desire.

The deductible increase is more politically feasible because it leaves the funds in the hands of the elderly, and they choose when and how to spend it. By contrast, increased premiums hand more retiree funds over to the government, with the government making those decisions.

This proposal solves the Medicare financing crisis, with huge overall budget savings, essentially by giving the elderly direct control over the program's funds. Retirees can consequently profit by wise use of those funds. By avoiding unnecessary expenses, they can each pay themselves a large rebate each year under the MSA option. When they get sick, this reform would allow them to escape the increasing rationing of health care under Medicare, which is reducing the quality of care and access to care for the elderly. Instead, they would be free to choose the doctors, hospitals, treatments and benefits they want. These and other benefits of the plan would make the necessary reductions in program expenditures politically possible.

Mr. Ferrara, senior fellow of the National Center for Policy Analysis, is based in its Washington, D.C., office.

St. Louis Post-Dispatch (MO); 5/8/95

GOP Takes Aim At Medicare

GOP lawmakers who denied only a year ago that the nation was facing a health insurance crisis are changing their minds. Their thinking has shifted in part as a way to prepare the public for attempts to cut Medicare spending.

The GOP leaders of the House and Senate budget committees previously suggested that a third of the cuts needed to balance the budget by 2002 should come from health programs, including Medicare, the tax-supported health insurance program for the elderly. House Speaker Newt Gingrich has since tried to deflect this point by saying Medicare reforms won't be part of budget-balancing efforts.

Proponents of less Medicare spending say program-benefit outlays rose to \$110 billion from \$70 billion between 1985 and 1991. The rise shouldn't come as a surprise, however, given the growth in the nation's elderly population and in health-care prices, which rose much faster during that period than the cost of living did. GOP leaders have talked of curtailing costs by shifting more Medicare patients into managed-care programs. Whether this approach would save substantial amounts of money is unclear.

Most Medicare recipients enrolled in managed-care programs tend to be healthier and in need of fewer services. Hence, managed-care providers can treat them more cheaply. The same might not be true if managed care were extended to cover all Medicare patients. Before Congress starts adding up the savings from managed care, it first needs to make sure its projections are based on a representative sample of the Medicare population, not just the relatively healthy segment.

Another way GOP lawmakers propose to save money is to require Medicare recipients to bear more of the costs. Congress must avoid placing on the shoulders of the elderly more medical expenses

than they can reasonably bear. Already, the elderly must pay \$46.10 per month for the optional Medicare Part B coverage for physician services, laboratory tests, medical equipment used in the home and a range of other medical services. And they pay a \$716 deductible on Medicare Part A, the hospital insurance, which is financed with a 1.45 percent payroll tax.

Nor should it be forgotten that many of the nation's elderly also must pay for their prescription drugs, which aren't covered by Medicare. Some argue that the well-off elderly should be given fewer Medicare benefits. That's means-testing, which is the first step in turning Medicare into a welfare program. Besides, insurance coverage by its nature should be across-the-board.

Come 2002, the Medicare trust fund is not expected to have enough money to pay benefits fully. That means there is plenty of time to devise solutions without making wholesale cuts.

Congress must acknowledge that shoring up the Medicare program cannot be based on some arbitrary budget-balancing deadline. The program's problems must be addressed in ways that don't adversely affect care to the elderly or force providers to quit taking Medicare patients.

Mr. Gingrich invited President Bill Clinton to discuss ways to cut Medicare with House and Senate leaders, but the president wisely declined, preferring to let the Republicans stew in their own juice. Besides, Mr. Clinton pushed through cuts in projected Medicare spending of \$56 billion last year. When the president addresses the White House Conference on Aging today, he will undoubtedly remind the 2,200 delegates of the Republican drive to shift more of the health-care burden onto the pocketbooks of the elderly.

PUBLIC LIVES

AARP? ARRGH.

Why baby boomers should reject the senior citizens' lobby

BY JOE KLEIN

EVERY SEVEN YEARS," A FRIEND OF MY GRANDMOTHER'S used to say, "your body changes." She told me this when I was 7, and again when I turned 14 (I believed it when I turned 14). She was gone by the time I hit 21 (another big one), and my next three sabbaticals passed uneventfully. But I am now pushing 49... and I've just received an interesting piece of mail: an invitation to join the American Association of Retired Persons. Yikes.

All right. We all get old. Even baby boomers. But being a classic self-absorbed, quasi-messianic member of my generation, I cannot let the occasion pass without deep reflection. Actually, some deep reflection may be called for here. As our demographically grotesque horde drifts toward decrepitude, a significant political decision looms. Do we really want to support a group that is arguably the most powerful lobby in Washington and has become, over time, a narrow, encrusted and slightly cheesy bastion of anachronistic liberalism?

AARP has done some good things. It had a significant role in the creation of Medicare and Medicaid, and the indexing of social security. Because of these successes, the elderly—who represented the poorest demographic slice of the population in the 1930s—are no longer impoverished. Indeed, they are, on average, the wealthiest Americans. Which raises the question of whether it has come time to shift some of the nation's resources, especially some of the money for a projected explosion in health-care benefits, away from the elderly—and toward our children, who will bear a terrifying financial burden if the current spending trajectory is not impeded.

My invitation to join AARP comes at a rather dicey moment in the organization's history. It is under investigation by Wyoming Sen. Alan Simpson for possible conflicts of interest stemming from its vast, and highly profitable, commercial enterprises (only 42 percent of AARP's revenues come from dues; the rest come from selling products—prescription drugs, insurance and so forth—to the elderly). But, more important, it is sure to be challenged politically this summer as Medicare reform becomes the hottest issue of the Republican Congress's second hundred days. "That's the centerpiece, and I hope we'll be able to convince AARP to come along on this one," says Newt Gingrich, who also said he'd quit as Speaker if the House GOP doesn't support his quest for a balanced budget by 2002. "I've been absolutely clear on it. If they aren't on board for this, they don't need me as Speaker."

Although there was a sudden outbreak of jelly-knees among congressional Republicans last week—a new poll commissioned by the American Hospital Association showed Medicare was more popular than a week in the Caribbean—Gingrich can be reasonably certain that his House GOPs will go along. They promised a balanced budget. They can't get one without reform-

ing Medicare. They will look craven and foolish if they don't. But getting AARP to cooperate will be a different story. Oh, AARP's executive director Horace Deets—who could pass for Orville Redenbacher's smoother brother—comes across all buttery and reasonable: "The status quo is not an option on Medicare," he told me. But he cools off in a hurry when the talk turns to *real* reform, like means-testing.

Awful numbers: Then again, so does Newt. The Republicans hope to reduce Medicare's rate of increase by \$250 billion over the next seven years. They suspect they can do this by giving seniors a range of options, like HMOs (which could offer some incentives, like prescription drugs). Such strategies have helped limit costs in the private sector—and they might have an impact, over time, on Medicare. Or they might not: older people tend to need more health care. There will be lots more older people in the near future. It will cost lots more money to take care of them. In recent testimony, Deborah Steelman—who chaired George Bush's advisory council on social security and Medicare—laid out some incredibly awful numbers. For example, the average one-earner couple retiring in 1995 will use an estimated \$126,700 more in Medicare benefits than they paid in taxes and premiums. For example, Medicare will pay out \$730 billion more over the next seven years than it collects. Steelman's solution is not cheery. Either the elderly have to pay more—she favors a sliding scale of co-payments, according to income—or the rest of us do. Or, if we don't move toward real entitlement reform now, our children do.

This may be the defining political battle of the decade. It will, obviously, be a test of whether the new breed of Republicans are fiscally responsible. Some of the old-timers, like Senate Budget chairman Pete Domenici, clearly are: he let his colleagues know last week that if they didn't get serious about Medicare, there would be no tax cuts. This will also test Bill Clinton. He has a choice. He can take the easy political route and hammer Republicans for wanting to "cut" Medicare. That's how Republicans have behaved whenever he's tried to be fiscally responsible. But the old Scare-Seniors-to-Death strategy flopped in last fall's campaign, and the president has to be wondering if a responsible effort to cooperate with the Republicans now might appear more presidential than the usual Washington screechathon. AARP has a choice, too. It can continue its reflexive opposition to entitlement reform. It can stand with flagrantly self-interested groups like the American Hospital Association. Or it can begin to recognize that its past successes, which won an unprecedented level of security for the elderly, have now imperiled the nation's financial security—and that it's time to think about the future. As for me, I won't join AARP until I'm convinced it's as concerned about my children's well-being as it is about mine.



Cozying up: The Conference on Aging

Medicare may be the defining political battle of the decade

L.A. Times; 5-9-95

Cut Insurance Profits, Not Nurses

■ **Health:** They provide more than TLC. Doctors, patients and the level of care would lose.

By RUTH ROSEN

As I lay in a hospital bed recuperating from major surgery, thousands of nurses were marching to the White House to protest the "restructuring" schemes that would replace many skilled nurses with inexperienced aides.

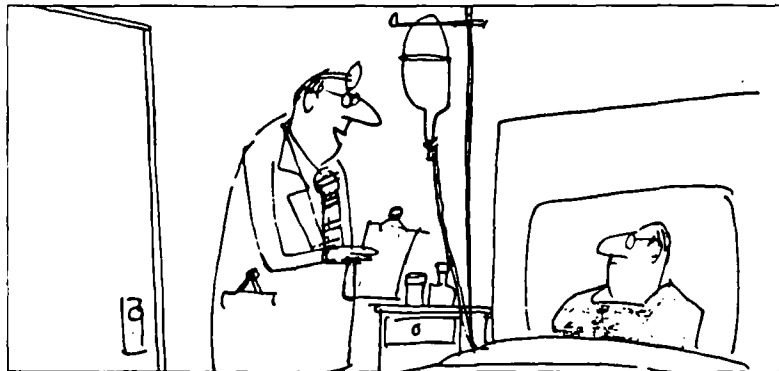
"We are the last patient advocates in America," said the organizers. How right they are.

I am among the privileged in our society. The University of California pays for my medical insurance and I received excellent care from the doctors, nurses and aides at Alta Bates Hospital, a prestigious medical complex in Berkeley.

Yet six hours after I returned home, the MacNeil Lehrer NewsHour featured a story about the "showcase" hospital I had just left: Alta Bates, along with thousands of other hospitals around the country, is planning to lay off many of its staff nurses and replace them with "multiskilled technicians" who often have no more than three weeks of training in patient care.

Are nurses really replaceable? Of course not. Aides can and should perform many unskilled tasks that free nurses to provide clinical care to patients. But judging from my brief hospital stay, that is how the system already works. There are, moreover, good clinical reasons for skilled nurses to take vital signs, to change dressings, to check intravenous drips, to administer medication. By attending patients, nurses use their clinical experience to observe existing or potential problems, watch for post-operative complications, gauge the patient's comfort and need for a physician's attention. Nurses are the eyes and ears of our doctors.

When hospitalized, nearly everyone feels vulnerable, anxious and overwhelmed by existential dread. Nurses' aides can perform many tasks, but they cannot offer the



HARLEY SCHWADRON, Ann Arbor, Mich.

"You need a vitamin, mineral and income supplement."

confident answers that a skilled nurse can provide. One aide, for example, entered my room confused about what kind of medicine or food I was to receive. The nurse entered, checked the chart and, familiar with my surgeon's orders, knew exactly what was needed.

Then why can we no longer afford nurses? And who profits from laying off skilled nurses? As Deep Throat taught us, follow the money.

What we have in the absence of universal health insurance is a chaotic system of managed care. I would estimate that the hours I and my physicians have spent wrangling with numerous medical bureaucrats would have paid for all the nurses who took care of my post-operative needs.

Upon returning home, for example, I received a letter from my insurance company saying that they had authorized only one night's stay at the hospital. I guess they think I spent the second night—still dazed from three hours of surgery and general anesthesia—caring for an orgy of luxury.

Medical cost containment is necessary. But cutting nurses will no more control medical costs than eliminating school lunches will reduce the national debt. The real cause of escalating costs is that greedy

insurance companies and hospitals are fiercely competing for the one-eighth of the American economy devoted to health care.

The insurance industry and hospital administrators defend their "downsizing" by arguing that the nursing profession is merely interested in protecting jobs. Of course they are. But we also need the nurses.

Every society must ultimately be judged by how it treats its most vulnerable citizens. Let hospital CEOs eager to lay off nurses languish in a hospital bed for a few days. Let them encounter the hesitant aide who knows how to wash a floor but not how to check a medication chart.

After being hospitalized, I am even more convinced that the only way to control medical costs is to create a single-payer system and eliminate a medical insurance industry that cares more about profits than about patients.

Meanwhile, let's support the nurses. Eventually, most of us will discover how much they support us.

Ruth Rosen, a professor of history at UC Davis, writes regularly on politics and culture.

Oregonian, 4-25-95
**Setting the record straight
 on immunizations for children**

To the Editor: I read with disbelief and dismay the misinformation presented by Tony Snow in his column about immunizations (April 18).

First, DTP vaccine protects against tetanus, pertussis and diphtheria, not typhoid and pneumonia.

In Oregon, more than one in three children have not received the lifesaving vaccines needed by age 2. Many diseases preventable via vaccines are still a threat to our children. For example, from 1989 through 1992 there were 55,000 cases of measles nationwide, with 12,000 hospitalizations and more than 100 deaths.

Why aren't all Oregon children immunized on time? First, not everyone can afford vaccinations. The Vaccines for Children program provides a far better safety net for poor children than we have had in the past. Rather than dismantle it, we must work toward improving it.

Second, many parents don't understand the importance of vaccines. Columns such as Snow's do not help, because they downplay the problem and distort the truth. And third, the immunization schedule is complex and difficult to follow. By 2, kids need to have four DTP, three oral polio, three hepatitis B, one measles, mumps, rubella and three or four, depending on vaccine type, *Haemophilus influenzae b* immunizations.

The Oregon Health Division, county health departments, the Oregon Preschool Immunization Consortium, private practitioners and concerned citizens are working together to improve immunization rates. Rates have gone from 30 percent to 65 percent in the last two years.

National Infant Immunization Week is April 22-29. I encourage anyone interested in special immunization clinics to call their health care providers, the local health department, or 1-800-SAFENET. If nothing else, parents might use this as an opportunity to make sure their children's vaccinations are up to date.

DAVID FLEMING, M.D., epidemiologist
 Oregon Health Division
 Northeast Portland

James K. Glassman
 Wash. Post; 5-9-95—

Another Galloping Entitlement

Congress is finally starting to work on the budget, and it's clear that cutting the deficit to zero wouldn't be nearly so difficult if it weren't for entitlements—those mandatory programs that grow and grow without any fixed annual constraints.

For example, Medicare (health care for the elderly) cost the federal government just \$6 billion in 1970; it now costs \$178 billion and is projected to hit \$458 billion in another 10 years.

How does an entitlement grow from \$6 billion to \$178 billion? Take a look at the newest one, the Vaccines for Children program (VFC), which was slipped into the massive budget bill of 1993 as a stalking horse for the Clintons' health reform plan.

Health reform, of course, never made the race, but the ill-conceived VFC gallops on. Once born, entitlements never die.

Immunizing children against measles, mumps, tetanus and the like is admirable and necessary, but this government program is expensive, impossible to manage and based on a faulty premise—which is that the reason children aren't fully vaccinated before the age of 2 is that vaccines are too expensive.

To solve this non-problem, the Clinton administration is buying up the vast majority of the pediatric vaccines in the country (at a cost of \$493 million this year) and providing them free to poor children who are eligible for Medicaid and other children (no matter what their parents' income) whose insurance doesn't cover the shots.

The Department of Health and Human Services says the program will cover an incredible "60 percent of the nation's children." This time-honored entitlement strategy—giving free benefits to middle-class people who can already afford them—dates back to Franklin D. Roosevelt's political prescription for Social Security. It builds a stronger constituency than an entitlement strictly targeted to those who actually need it.

It's true that many young children don't get all their vaccinations, but as an official of the General Accounting Office reported to the Senate Finance Committee last Thursday, the reason isn't cost.

Most under-immunized children are poor—and, the GAO points out, they already "have access to free vaccine through Medicaid or public health clinics."

Even more remarkable, these kids see doctors and nurses "an average of six to eight times during a given year," according to research by the Centers for Disease Control (CDC). The children could easily get their free shots then—on occasions that are called (in health care jargon) "missed opportunities."

The GAO calculates that if toddlers in Rochester, N.Y., were given polio vaccines during "missed opportunities," their immunization rates

would rise from 80 percent to 95 percent.

Who is to blame for children missing their shots and thus running the risk of getting terrible diseases? Mainly parents—not the evil drug manufacturers which, as President Clinton put it, are pursuing "profits at the expense of our children."

When the VFC program was announced in 1993, said Douglas Besharov of the American Enterprise Institute at a recent AEI conference, "It was very hard to be mean and nasty and say, you know, it's the parents, stupid—because you were immediately labeled as some kind of right-wing ideologue."

Now, the evidence is clear. Most parents act responsibly, but the ones who don't need a little coercion. They already have it when their children are older: School districts won't admit kindergarteners who haven't been vaccinated, and as a result, by age 5 nearly 100 percent have had their shots.

But coercion can be applied earlier as well. For example, the state of Maryland in 1992 began reducing a family's welfare grants by \$25 a month for every preschooler who wasn't properly immunized. The state also gives \$20 bonuses for every family member who receives an annual check-up.

"The information from our health department is that immunizations are up," says Grace Clark, the Maryland official in charge. "It's very exciting."

In fact, says Helen Szabla, an official of the state's Department of Human Resources, "If you compare the immunization rate for our welfare clients who have the carrot-and-stick approach vs. middle-class children and working poor without this approach, I'll bet you our rate is higher."

Besharov says that other states have introduced similar carrots and sticks, and successful experiments have linked receipt of federal Women, Infant and Children's (WIC) food vouchers to immunizations.

Meanwhile, however, the VFC and its attendant promotional programs are consuming \$843 million a year in taxpayer funding—and that number will certainly rise. You can see the entitlement growth path emerging already: More vaccines will be added to the list, then other pharmaceuticals besides vaccines, then drugs for adults as well as children. . . .

Judging from the incredulous reactions of some of the senators at last week's hearing, many legislators simply didn't understand what the Vaccines for Children program was all about. One who did was liberal Sen. Dale Bumpers (D-Ark.), who last year described it as "a bureaucratic nightmare" and "an impending train wreck."

One big problem is that "vaccine investment is suffering under VFC," says Robert Goldberg, who heads Brandeis University's Gordon Public Policy Center. With the government having just about nationalized the market, drug companies are reluctant to spend money to develop new vaccines.

What can be done? Not much. Rep. John Porter (R-Ill.), who heads the appropriations subcommittee that oversees health spending and who is highly critical of the program, told the AEI conference in March: "Very frankly, it would be very difficult to zero out the VFC."

After all, it may be misguided and expensive, but it's for the kids. And, better yet, it's an entitlement program—which, in Washington, makes it immortal.

-Wall St. Jrnl.; 5-9-95

The Ultimate Raid

Fussing over positions on Henry Foster's nomination may seem like an important activity to Republicans preparing a family-values brief for 1996. But the GOP is falling asleep at the switch if its focus on Dr. Foster causes it to drop the ball on Alicia Munnell.

The Surgeon General is not an important job. A Fed Governorship is another matter. The President's advisers reportedly plan to forward Ms. Munnell's name to the President, paying the way for nominating her to the Federal Reserve seat being vacated by John LaWare. If confirmed, Ms. Munnell, who currently serves as assistant secretary for economic policy at Treasury, would be the third Clinton name installed at the bank, holding a seat that expires in 2002. The Fed is responsible for our money, which of course has a lot to do with our national well-being, so it matters what Ms. Munnell thinks about the nation's economic life.

Without descending to the ad feminam level, we would first of all note that while a vice president at the Boston Fed, Ms. Munnell displayed a disconcerting enthusiasm for intrusive government. She is most widely associated with a controversial redlining study that used mortgage data to argue that banks were discriminating against blacks. Among other effects, this effort led to last year's proposal to require small businesses to fill out a "race form" delineating the racial composition of their payroll when they want to borrow money. But nowhere is Ms. Munnell's enthusiasm for government power more evident than in her proposals affecting private U.S. pension funds.

There's close to \$4 trillion accumulated in the employer-sponsored pension system in this country, and liberal strategists have talked for years about tapping into it somehow. The Clinton Labor Department already talks about "Economically Targeted Investments" (ETIs), aimed at tempting pension fund assets toward public housing, infrastructure and the like. Alicia Munnell is no exception to this impulse. Over the years she has published arguments again and again for raiding some of that dough.

In a 1992 article in the New England Economic Review, Ms. Munnell asked, "Current Taxation of Qualified Pension Plans: Has the Time Come?" In it she attacks the tax deductibility of pension benefits. Reflecting the class-based obsessions of her current boss, she wrote: "Qualified plans pro-

vide retirement income to a steadily declining and decidedly non-poor portion of the population. . . ." And: "In short," she writes, "the favorable tax treatment of compensation received in the form of accrued pension benefits does not appear to be achieving high-priority social goals."

Currently, pension funds aren't taxed until withdrawal. To achieve her "goals," Ms. Munnell wants to end the special tax status of pensions. She would go one step further and levy a tax of 15% on annual contributions and pension earnings at the fund level, and a one-time assessment of 15% on existing funds.

The funds she is talking about constitute one-third of all equities currently trading in U.S. markets. A 15% tax means Ms. Munnell wants \$600 billion, the equivalent of all personal and corporate income taxes paid in the year she published. Ms. Munnell's reach almost rivals Hillary Clinton's effort to rope in 14% of GDP. Of course, this scheme assumes that all of this money would flow into Uncle Sam's coffers rather than disappearing down thousands of tax-dodge rabbit holes, such as municipal bonds.

Then there's the matter of savings. Alarm bells are already ringing that national savings are too low to support the 76 million baby boomers about to retire. The Council for Economic Development, a private nonprofit group of corporate executives and university presidents, last week put out a paper entitled "Who Will Pay for Our Retirement?" Demography alone is already mugging our national retirement systems; Ms. Munnell's proposals bid to deliver the knockout punch.

Some may argue that an economist with ideas on the fiscal fringe doesn't automatically translate into a clear and present danger to monetary policy. But we live in an integrated economic system, and somehow the idea of having a charter member of the Democratic class-warfare club sitting on the Fed doesn't sit very well. In her confirmation hearings for appointment as assistant Treasury secretary, the Senate let Ms. Munnell get by without a long discussion about pensions or, for that matter, how economies grow. But if the Republicans somehow think it is important to pull over to the side of the road for days to investigate a proposed Surgeon General, it had better find time to check out what's driving Mr. Clinton's likely nominee for the Federal Reserve Board.

ST. LOUIS POST-DISPATCH, MAY 2, 1995 -

Henry Foster Must Provide Answers

Anti-abortion forces have succeeded in turning the nomination of Dr. Henry Foster for the post of U.S. surgeon general into a litmus test for Senate Republicans. For that reason, his confirmation hearings, which begin today, could turn into political grandstanding.

The Clinton administration is partly to blame for the Foster nomination being in trouble. Neither Dr. Foster nor the White House was frank from the start about his role in performing abortions. He initially said he had performed fewer than a dozen. He later conceded that the number was 39 and that he had supervised a medical study involving the use of a drug that induced abortions in 55 women.

The initial evasiveness gave the political right an excuse to hunt for and find contradictions in Dr. Foster's record and put the administration on the defensive. Clearly, Dr. Foster had nothing to hide in having performed a medical procedure that's protected by law. Nor should the administration have allowed abortion opponents to make an issue of Dr. Foster's role in the do-it-yourself abortion drug. After all, the administration is supporting clinical trials of RU-486, another abortion-inducing drug.

But the ethical issues surrounding the nominee are more knotty. He will have to explain more fully the hysterectomies he performed as a way of steril-

izing several severely mentally retarded women during the 1970s. Senators and the public will want to know what alternatives he might pursue if confronted with the same ethical issue today.

Even more disturbing ethical questions surround Dr. Foster's knowledge of a government study that denied medical treatment to 400 black male victims of syphilis. Some abortion opponents dug up this issue because they are leaving no stone unturned in their efforts to undermine Dr. Foster's nomination. Motive aside, however, Dr. Foster must explain what he knew about the study, when he learned of it and whether he spoke out against it.

On the positive side, Dr. Foster is highly regarded in the medical field, and he can take credit for espousing a policy of abstinence and sex education to discourage teen pregnancy among the poor. He is founder of Nashville's "I Have a Future Program." It provides counseling to teens from the city's public housing developments and urges them to put careers ahead of sexual activities and childbearing.

Impressive as Dr. Foster's reputation and the program are, they might not be enough to offset the many questions that have been raised about him. But the Senate and the public should keep an open mind and give him an opportunity to make a case for his confirmation.

Voice of the people

Chgo. Trib.; 5-7-95

Test pregnant women for HIV

CHICAGO—Your April 2 editorial "Common sense on prenatal testing" was somewhat misleading in certain points that it raised.

First, you stated that "HIV testing as a routine part of prenatal care may not even reach large numbers of women in the high-risk groups, who are less likely than others to seek medical care." Yet you suggested that counseling by doctors who then will recommend HIV testing "is a better way." How will counseling first, followed by testing, help resolve the problem you cite of women not seeking prenatal medical care?

Second, you said that, "There are definable high-risk groups for HIV-infected women." While it is true that a substantial number of HIV-infected women still belong to this traditionally defined high-risk group (intravenous drug users and women who have sexual relations with men in high-risk groups), behavioral risk factors are shifting. Many HIV-infected women are not aware of their own or their partner's risk of HIV infection. Almost a third do not report risk factors commonly associated with HIV acquisition.

For example, a recent study from Harlem documents the failure of voluntary testing to identify HIV-infected women in many instances. This led the researchers to conclude that there is a "strong rationale for routine HIV testing during pregnancy." Furthermore, HIV infection in women is no longer confined to urban areas or ethnic distribution. Thus it is evident that the infection spreads to all women and a "selective" approach to HIV screening will miss a substantial number of infected women.

Third, you cited the guidelines from the Centers for Disease Control and Prevention

(calling for doctors to counsel all pregnant women about HIV and recommend testing and treatment for those at risk.) For the 190,000 pregnant women annually in Illinois, this means almost 100,000 hours of counseling. Who will pay for it? If one-on-one counseling is as effective as some people claim (95 percent acceptance of the test), we will still have to pay for the test, which you incorrectly called expensive. It runs approximately \$10 per test.

Unfortunately, too many primary-care providers are inadequately prepared to counsel pregnant women about HIV. Thus, a central agency (such as the Illinois Department of Public Health) should develop written guidelines and educational materials that will be culturally sensitive and comprehensive. All pregnant women should receive these materials so that they will be appropriately educated about HIV and the options they have. Routine HIV testing of all pregnant women should still allow a woman to agree or disagree to take the test. Thus, we imply that the test is strongly recommended and will be done unless she signs a refusal form. Such an approach will result in the largest number of pregnant women being tested.

Now is the time for routine HIV testing of all pregnant women. Such an approach will improve the medical care of HIV-infected women and prevent the suffering of children who would otherwise be infected by the HIV virus and die of AIDS.

Ram Yoge

Professor of pediatrics, Northwestern University Medical School

Director, Section of Pediatric and Maternal HIV Infection
Children's Memorial Hospital

Wash. Times; 5-8-95

Men have to face up to their responsibilities

As a pro-life feminist — yes, we do exist — I could not help but be offended by the attitude portrayed in Robert Kimball's April 26 letter.

That attitude is a very common one held by men who refuse to accept their responsibility when a new life is created. The man is just as responsible for the creation of life, and therefore must be held accountable, as must the woman.

Suggesting that a woman should be solely responsible for a child because she chose not to kill it is chauvinistic at best. Such an attitude clearly shows a tendency to consider a woman as an object to be used for pleasure and nothing more. The woman is not alone at the moment of conception, and conception is the natural outcome of sexual relations. By agreeing to have such a relationship, both parties are actively participating in an action that has certain risks. We

make choices every day in our lives, some more important and far-reaching than others, but all of these choices have different possible outcomes as a direct result. We must live with and take responsibility for those outcomes.

If a man does not want to be responsible for a child, then the only way to make sure that he does not find himself with such a responsibility is to abstain. To deny your own responsibility for a choice you have made simply because an immoral alternative is legal is just an excuse for irresponsible behavior.

It is true that there are cases where children are aborted even though their fathers of love them and want to raise them. However, as a volunteer at a crisis pregnancy center, I can assure you that the opposite is much more common. Women come to us considering abortion because their male partners encourage them to do so or because the men in their lives have

deserted them. Women rarely consider abortion in healthy relationships where both partners love each other. It is an act of desperation when a woman feels she has no other choice. When the man is supportive of the woman, she is much more likely to choose not to kill her child.

The early feminists were quick to realize that abortion was just another way for men to take advantage of women. Although I do not believe that male-bashing is productive or helpful to women, one cannot deny that men have oppressed women for centuries. Abortion allows them to continue to do so.

So-called feminists who so jealously guard their right to "choose" have played right into the hands of the men who would continue to use us as objects.

SUSAN M. ZELNO
Falls Church

Chgo. Trib.; 5-9-95 Medicare cuts

CHICAGO—In your story on Congressional plans to cut Medicare (Main news, April 30), Newt Gingrich argues that he must cut the program in order to save it.

We seniors may be old, Mr. Gingrich, but we're not stupid. Cutting \$305 billion, the target being discussed in the House Budget Committee, from Medicare will ravage the program, not save it. The cuts will, however, push premiums, deductibles and other out-of-pocket costs to levels that will be unbearably painful for many senior citizens.

These cuts may also involve an attempt to herd millions of seniors into HMOs, even though experience with Medicare HMOs so far does not indicate that big savings will be gained. What will be lost, of course, is seniors' freedom of choice.

It is hard to believe that Medicare must be cut by \$305 billion while Congressional leaders are planning to give away \$345 billion in tax breaks, breaks that will certainly not benefit the average senior.

So don't bother sugar-coating the poison pill of Medicare cuts, Mr. Gingrich. We see it for what it is, and we're going to fight it.

Gerald Prete
President
Illinois State Council
of Senior Citizens

Wash. Times; 5-7-95

Medical mishaps are used as smoke screen to hide lawyers' lust for lucre

An Associated Press article in your March 19 paper led readers astray ("Medical malpractice has own death toll," Nation).

Patients are indeed safe in our nation's hospitals. True, breakdowns in patient care do occur. No one condones or dismisses them. The particular mistakes cited — at institutions in Tampa, Fla.; Michigan; and Boston — should not have happened.

Systems and rules are in place through the Joint Commission on Accreditation of Healthcare Organizations and through other American Medical Association standards, which were not followed. Humans failed, but our systems should have caught the failures. There have been investigations, changes and discipline.

But let's not lose sight of the big picture. There are nearly 6 million successful patient-physician encounters each day. More than 99 percent of the hospital patients receive the highest quality health care. Those are the findings of the often-quoted Harvard Medical Practice Study, which revealed that only 1 percent, a tiny fraction of hospital patients, are injured as a result of negligence by health care workers.

So why are these egregious cases coming forward lately? Frankly, it's no coincidence. These stories serve as smoke screens for lawyers bent on maintaining their contingency fees. It would be unfortunate if we didn't look beyond these few cases to the big picture and reform our medical malpractice, or "liability," sys-

tem. Only then can we remove the wedge the liability system has driven into the physician-patient relationship, reduce overall health care costs and ensure that truly injured patients receive compensation for all of their economic losses, including medical expenses, lost wages, future earnings and rehabilitative costs.

Harvey Rosenfield, referred to in the article as a "consumer advocate," might disagree with me, but he is a lawyer. What we need in this country is more patient advocates who believe in better and more cost-effective health care.

ROBERT E. McAFEE, M.D.

President
American Medical Association
Chicago

N.Y. Times; 5-8-95

Pentagon Takes Gulf Syndrome Seriously

To the Editor:

Re "C.I.A. Nominee Misled on Gulf Syndrome" (letter, May 5): Since veterans of Operations Desert Shield and Desert Storm first began reporting illnesses, the Department of Defense has made every effort to meet three goals.

First, we have sought to provide all these veterans caring and compassionate medical care. Together with the Department of Veterans Affairs, we are and have been providing such care to every affected veteran who steps forward.

Second, we have made every effort to determine the cause or causes of these illnesses, employing military medical resources as well as expert

independent review panels. To date, we have been unable to identify unambiguously what made these veterans sick.

In particular, we cannot corroborate reports of chemical weapons use during Desert Storm. Nonetheless, we continue to search for explanations, and we retain an open mind.

Third, we have attempted to conduct our response to this illness openly and honestly. We well understood the mistakes this department committed by failing early on to acknowledge the serious medical consequences of military use of Agent Orange in Vietnam.

In all my comments I have tried to convey the uncertainty the department still has about the facts of this illness, hence my caveat that we believe we can rule out "widespread" use of chemical weapons, but that it would be unscientific to state categorically that we are certain there was no use or presence of any chemical or biological agent during the Persian Gulf War.

I am astounded that former Senator Donald W. Riegle Jr. and his former staff assistant would accuse me or anyone else at the Defense Department of a cover-up. Our veterans and public discourse would be better served by continued examination of the evidence rather than groundless charges.

JOHN M. DEUTCH
Deputy Secretary of Defense
Washington, May 5, 1995

Balt. Sun; 5-9-95

Smokers' In-Your-Face Attitude Is Sad

I am compelled to respond to a letter in *The Sun* April 26 condemning the recent smoking ban now in effect in Maryland.

The writer argues that her "rights" are being trampled upon: that she no longer feels compelled to be concerned about the reaction of others to her smoking (or about her children's public behavior), and that she will "vote with her wallet" and patronize only those establishments and states in which smoking is more freely allowed.

First, if smoking is a "right," it is one only in a very narrow sense.

Because we are becoming more and more aware of the very real hazards associated with smoking, a large segment of the population agrees that it is an activity which needs to be set within the larger context of public health, safety and well-being.

This includes sharply limiting or curtailing smoking in many places. The "right" of individuals to smoke must be balanced against the "right" of children, non-smoking adults, asthmatics, the ill and those in enclosed spaces with limited ventilation to breathe (relatively) fresh, smoke-free air.

And a preponderance of evi-

dence and opinion suggests that the latter, in most cases, weighs more heavily in the balance scale of rights than does the former.

Second, the "in your face" attitude tacitly endorsed by the letter writer is sad and very unfortunate.

Yes, there is a rancor and shrillness on both sides of the debate over smokers' rights. For the most part, it is counter-productive, because, as the letter writer herself demonstrates, it encourages even relatively tolerant persons to become rude and thoughtless.

But let's keep a few things in perspective. As a pastor, I've had to bury people who died a painful early death because they had lung cancer or emphysema from smoking.

I've seen kids with really bad asthma whose parents wouldn't or couldn't stop smoking even for the sake of their own child's health. I've witnessed women aged long before their time, toting portable oxygen machines around as they drag on one cigarette after another.

I've seen a grown adult refuse to stop smoking in an elderly mother's sickroom, even though she was dying of cancer that had spread to her lungs and was constantly on oxygen.

I've listened to people with multiple allergies and respiratory diseases wheeze, cough and gasp when they're exposed to cigarette smoke in public places.

I've had parents and youth group advisers corroborate the findings of a recent survey — that teens who smoke are at considerably greater risk than nonsmoking teens of engaging in other dangerous activities — including drinking, experimentation with drugs and premarital, unprotected sex.

No, the new smoking ban may not eliminate these tragedies. But it may prevent a few, or at least lessen their impact.

So, yes, I do get angry and impatient when anyone loses her perspective about what's at the core of the drive to limit smoking. This isn't a simple, innocent pleasure, comparable to M&Ms or Twinkies.

It is one fraught with risks and the potential for very great harm to smokers and those who must endure their smoke, alike.

Laws limiting public exposure to cigarette smoke are in the best interest of the largest number of people.

Rev. Cathy Ammlung
Woodlawn

Wash. Times; 5-6-95

Federal employees aren't getting a sweetheart deal on their retirement

You carried Commentary columns by Robert Moffit ("Fighting on after the 'Contract,'" April 25) and David Mason ("Preferred pension status," April 26), which discussed the congressional and federal civil service retirement systems. Both writers work at the Heritage Foundation.

Mr. Moffit's column uses the term "full benefits" without defining what those "full benefits" are. Based on the retiree's highest salary averaged over three years, those retiring after 30 years receive, as an annuity, 56.25 percent of that amount; with 20 years it is 36.24 percent; and with five years it is 7.5 percent. If the retiree chooses to provide for a spouse, that annuity is purchased by decreasing the employee's annuity by a minimum of 10 percent. The actual decrease is dependent on the age difference between the spouses, increasing with an increasing age difference. Social Security provides for payment to a spouse without any such reduction.

In calling for a comparison between government and private-sector plans, Mr. Moffit fails to point out that the government plan requires a 7 percent contribution of the employee's before-tax salary to the retirement trust fund. Many private-sector plans are funded solely by the employer. The private sector plans also may be supplemented by tax-deferred investments, such as 401(k) plans, profit-sharing and other benefits. A 1991 Bureau of Labor Statistics Report showed that employees of large and medium-sized companies, retiring with 30 years of service, can expect to receive 62 percent of their pre-retirement income, compared with 56 percent for government employees.

Both columns discuss the unfunded liability of more than \$500 billion and propose a reduction in federal employee annuities to overcome it rather than require honesty in the management of the trust fund. Trust-fund money comes from five sources: employee contributions, matching contributions from the employing agencies, Treasury interest payments on the unfunded liability and military service credit, other appropriations, and interest earned from investment of funds from the first four. The money is invested by the Treasury in government securities.

The federal employee's annuity can be considered an entitlement only to the extent that the interest on any government security can be

considered an entitlement. The Heritage Foundation is essentially proposing that the way to reduce the deficit is to default on those securities in the retirement trust fund. If the government defaults on these, can defaults on other government securities be far behind?

BERNARD L. POPPERT
Gaithersburg

The Heritage Foundation's Robert Moffit ("Fighting on after the 'Contract,'" Commentary, April 25) suggests that one of the key ingredients for success for the new Congress is to take on the congressional and federal civil service retirement system.

This blatantly political recipe displays an ignorance of the 1986 reforms that restructured the federal retirement system to mirror retirement programs found in the private sector. The fully funded Federal Employee Retirement System, which is replacing the older Civil Service Retirement System and covers all workers hired after 1983, integrates a small annuity with Social Security and an individual savings account. In the private sector, an employer-provided pension is integrated with Social Security and a variety of individual savings plans, including 401(k)s, stock options and other types of capital-accumulation programs. The most significant difference between federal and private-sector retirement programs is that federal workers are required to contribute a portion of their earnings to a trust fund administered by their employer, the federal government, while the Department of Labor reports that 95 percent of the nation's medium to large employers require no employee contributions.

Mr. Moffit adds some artificial sweeteners to his recipe when he characterizes the federal retirement system as "embarrassingly generous." According to the Office of Personnel Management, the fully taxed monthly annuity of a federal retiree is \$1,468. Moreover, the Department of Labor reports that Civil Service-covered federal retirees, with 30 years' service, will earn 56 cents on the dollar of their pre-retirement income, while comparable private-sector retirees, with a pension and Social Security combined, get more than 62 cents on the dollar of their pre-retirement

income.

Just for good measure, Mr. Moffit mixes in a pinch of "unfunded liability" to evidently hype a nonexistent threat to the American taxpayers. He provides only a pinch because the fact is that the "unfunded liability" of the Civil Service Retirement System (CSRS) is an actuarial measure, a bookkeeping entry, that reflects the amount of money it would pay at one time all the earned annuities for current retirees and active federal employees covered by CSRS. There will never come a day when the earned annuities of all current and former federal workers come due.

As the nonpartisan Congressional Research Service (CRS) noted in a recent report, "This can never happen in the Federal retirement system." Current federal retirees receive their earned annuities one month at a time. The "liability" for current federal workers will not come due until they retire and, again, the benefits will be paid one month at a time. The earned annuities of federal workers and retirees, as noted by CRS, "cannot come due all at one time, unlike the situation that arises in the private sector when an employer goes out of business and must pay all promised pension obligations at once. Thus, unlike private employers, the government need not fully prefund the retirement system in order to insure against having to pay off all earned benefits simultaneously." The federal government will not go out of business. But if it ever were to, we will have far greater concerns than government annuity obligations to its former employees.

Sadly, Mr. Moffit is among those who do a great disservice to the men and women who choose public service as a career. The earned, work-related retirement benefits of federal workers and retirees represents an employment contract. It is wrong to change the rules of the race after it is under way and, indeed, when it has already been run. With an increased concern about "contracts," and with an increasing awareness of the job done by federal workers, it would seem wrong to make federal employees scapegoats for a political attack to disarm ideological opponents.

AL JAMES GOLATO
National Vice President
National Association of Retired
Federal Employees
Bowtie

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World-Wide

REPUBLICANS PROPOSED competing House and Senate budget plans.

The proposals rely on cuts from non-defense spending and changes in health-care programs to bring the budget into balance by 2002. The Senate plan assumes that over \$430 billion would be saved by slowing the growth of Medicare and Medicaid, and comparable cuts would come from appropriations bills that fund government operations. Though details of the House plan won't be made public until today, the proposal depends on large across-the-board savings to help finance tax cuts. (Articles in Column 6 and on Pages A8 and A16)

The House would go further than the Senate plan in altering the Consumer Price Index to lower the future cost of benefits such as Social Security.

The Senate cleared the way for likely passage of a product-liability bill that would mark a historic, if limited, assertion of federal power to revamp the civil-justice system. The bill's bipartisan sponsors garnered the 60 votes they needed under Senate rules to end a three-week debate on the measure. (Article on Page A3)

Clinton joined Russia's Yeltsin and other world leaders in Moscow to mark the 50th anniversary of the defeat of Nazi Germany. Clinton and Yeltsin will meet today to discuss their differences over the breakaway region of Chechnya, planned sales of Russian nuclear technology to Iran and NATO's eastward expansion.

A U.S. Coast Guard cutter returned 13 Cuban refugees to their country. The group was the first to be repatriated under a new U.S. policy denounced by Cuban-Americans. The Cubans had been picked up from two boats by a passing cruise ship near the Cayman Islands last week.

U.N. peacekeepers conceded they are unable to protect Sarajevo from Bosnian Serb shelling. The Serbs "got away with murder," U.N. spokesman Ivanko said in the Bosnian capital after U.N. officials ruled out retaliatory air strikes for a Serb attack that killed 11 people Sunday.

A state of emergency was declared in New Orleans and several neighboring areas after a violent storm dumped 19 inches of rain on the city in eight hours, killing five people. City authorities said the storm was the worst in 30 years.

A standoff at a refugee camp ended in southwest Rwanda when several hundred Hutus finally departed for their villages. Government troops had blockaded the Hutus in the compound without food and water since April 22, when soldiers massacred at least 2,000 people there.

A quarantine was ordered for a city in western Zaire after 100 people died of a mysterious disease. A World Health Organization consultant said the notorious Ebola virus was responsible for the deaths in Kikwit. However, a specialist with the U.S. Centers for Disease Control and Prevention said doctors haven't confirmed the cause.

Two former radicals were sentenced in Chicago to prison terms for their role in a 1985 plot to blast a Puerto Rican nationalist out of jail in Kansas. Claude Marks, 46, who received a six-year term, and Donna Willmott, 44, sentenced to three years, led middle-class lives during nine years on the FBI's most-wanted list.

Britain's prime minister announced that his government would go ahead with ministerial talks with the Irish Republican Army's political wing, Sinn Fein. Doubt had been raised about today's scheduled talks after Sinn Fein demonstrators forced Major to halt a planned tour last week of the Northern Ireland city of Londonderry.

Philippine President Ramos claimed a strong mandate for his proposed economic reforms as the ruling coalition headed for a big victory in senatorial elections held Monday. Military gunships, meanwhile, chased gunmen in the south as election-related violence left 40 people dead.

U.N. troops in Haiti confronted rock-throwing students to break up a brawl over teachers' salaries. The peacekeepers stepped in after Haitian police failed to halt a second day of violence in Port-au-Prince.

Thousands of Iranian students rallied in front of the former U.S. Embassy in Tehran to protest President Clinton's executive order prohibiting American companies from trading and investing in Iran.

THE GREEN SHEET

News About the U.S. Department of Health and Human Services

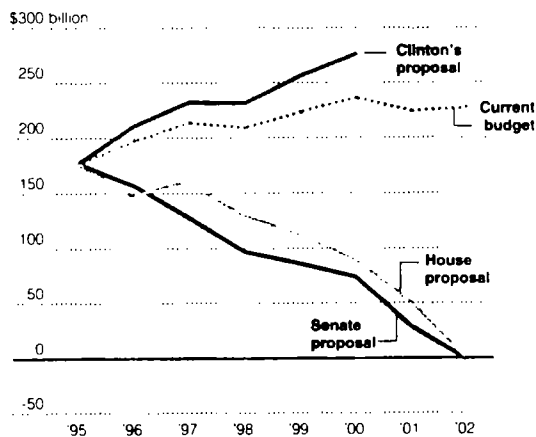
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AT A GLANCE

Comparing Budget Deficits

Annual Federal budget deficit projections



Sources: Congress and White House

The New York Times

N.Y. Times; 5-10-95 p. 1

COMMITTEE PUTS BALANCED BUDGET ON SENATE TABLE

FIRST FOR REPUBLICANS

Much-Anticipated Resolution
Lacks Detail in Some Areas
but Offers a Framework

By DAVID E. ROSENBAUM

WASHINGTON, May 9 — After months of making many promises but offering few specifics, Republican Senators today proposed a historic plan that showed in actual dollars and cents how they hope to balance the Federal budget with cuts in projected Government spending of nearly \$1 trillion over the next seven years.

Money would be saved in virtually every area of Government except Social Security, which would be untouched, and law enforcement, where spending would be allowed to rise by about 20 percent over the period. Military spending would basically be frozen, with no increase allowed for inflation.

The plan, called a budget resolution, is the first step in what is expected to be an arduous journey that will take most of the rest of the year and almost certainly dominate political discourse. Republicans in the House of Representatives will present their budget plan on Wednesday.

In many respects, the Senate plan

is short on details. Democrats maintained that the Republicans still had no notion of what some of the biggest spending reductions would entail. They were especially critical of the total lack of specifics about how to save money in Medicare. The Republicans would turn over decisions about Medicare to a bipartisan commission rather than bear the political heat of making the decisions directly.

In terms of dollars saved, the biggest bite would come in the Government's health programs — Medicare, which covers the elderly and disabled, and Medicaid, which covers the poor. Under the plan, Medicare spending would be \$255.6 billion, or 15 percent, below what it would be without changes in the law governing the program. Medicaid spending would be \$175 billion less, or 18 percent. But few details were offered about what policies would be changed to achieve those savings.

Spending for the programs would continue to rise, but the rate of growth would be slowed, to 7.1 percent from 10 percent for Medicare and to 5 percent from 10 percent for Medicaid. Republicans said the Medicare savings were needed in part to keep the trust fund that finances hospital care from going bankrupt in 2002.

As an indication of the political wars ahead, dozens of retirees spread across Capitol Hill today to protest the Medicare figures. Many wore buttons asserting that retired people would have to pay \$900 a year more for their health care under the Republicans' plans.

Some smaller Government programs would be cut even more deeply in percentage terms than the health programs. Energy programs, for example, would be cut by 39 percent, and spending for community and regional development programs would be 32 percent lower.

See BUDGET, p. 8

N.Y. Times; 5-10-95

Congress's Medicare Plans Rejected by Clinton Aides

By ROBERT PEAR

WASHINGTON, May 9 — Stepping up the political war over Medicare, the Clinton Administration today rejected many of the leading options being discussed in Congress to shore up the finances of the health-insurance program for the elderly.

The Secretary of Health and Human Services, Dr. Donna E. Shalala, told the Senate Finance Committee that the Administration did not want to raise the eligibility age for Medicare, increase premiums or other costs for beneficiaries or reduce payments to hospitals serving large numbers of poor people.

In addition, Dr. Shalala scorned Republican proposals to give elderly people vouchers to buy insurance, and she said she saw little merit in tax breaks to encourage private saving for medical needs.

Medicare serves 37 million elderly or disabled Americans. Dr. Shalala said private medical-savings accounts "would appeal to the young, the healthy and the wealthy, but most of our seniors are none of these."

She testified on a day when the battle over Medicare was fully joined in Capitol Hill, as Democrats and lobbyists for the elderly denounced Republican proposals as blatant attempts to balance the budget and give tax cuts to the affluent at the expense of the old and the sick.

At a news conference this afternoon the assault on the Republican budget was remarkable. Arthur S. Flemming, Secretary of Health, Education and Welfare in the Eisenhower Administration, said that he had pleaded with Republicans in Congress "not to go down in history as the party that destroyed Medicare and Medicaid."

Senator Edward M. Kennedy, Democrat of Massachusetts, told the Republicans to "keep your greedy budget-cutting hands off our Medicare system."

Representative Richard A. Gephardt, the Democratic leader of the House, said Democrats were eager to get down to shoring up Medicare, but not "until this tax cut that they're lusting for is taken off the table."

"Democrats oppose the G.O.P. tax giveaway," Mr. Gephardt said, "and there is no way we will be co-opted into helping gut Medicare to pay for it."

That, he said, was the equivalent of a burglar's breaking into a house

and asking the homeowner to help carry the television set out the door.

Dr. Shalala testified four hours before the head of the Senate Budget Committee, Pete V. Domenici, Republican of New Mexico, announced proposals to balance the Federal budget in seven years. Mr. Domenici's plan would cut projected spending on Medicare and Medicaid \$430 billion, or 16 percent of the \$2.7 trillion that would otherwise be spent.

Mr. Domenici did not specify how to achieve the savings, but he said he would squeeze \$256 billion from Medicare over seven years. That represents 15 percent of the \$1.7 trillion that the Congressional Budget Office says will be spent on Medicare if there is no change in policy or law.

Under current law, Medicare would grow about 10 percent a year. Under the assumptions in Mr. Domenici's budget, it would grow 7 percent a year, from \$178 billion this year to \$283 billion in 2002.

Mr. Domenici's budget, which Senate Republicans generally support, would make even sharper cuts in spending for Medicaid, the Federal-state program for poor people. Under his proposal, each state would receive a lump sum of Federal money, or block grant, for Medicaid, and the growth in Medicaid spending would be halved, to 5 percent a year over the next seven years. Mr. Domenici would cut projected Federal Medicaid spending by \$175 billion, or 18 percent of the \$955 billion that would be spent under current law.

His plan is a blueprint for the Budget Committee and the Senate. The House also has to adopt a plan. The spending figures will then have to be carried out through changes in Medicare and Medicaid, which are subject to approvals by the Senate Finance Committee, the House Ways and Means Committee, the House Commerce Committee and, ultimately, Congress as a whole.

Senator Bob Packwood, Republican of Oregon and chairman of the Finance Committee, said Dr. Shalala and the Administration were making themselves irrelevant by rejecting changes that inevitably have to be made to shore up Medicare.

Medicare savings of \$256 billion over seven years are doable, Mr. Packwood said, adding that beneficiaries would have to bear much of the burden. "I don't think you can perpetually dun the providers," he said, referring to cuts in payments to doctors and hospitals.

The Clinton Administration told Congress last month that the Medicare Hospital Insurance Trust Fund would run out of money in 2002 if there were no changes in the law. Stanford G. Ross, a trustee of the fund who was Social Security Commissioner under President Jimmy Carter, told the Finance Committee today that Medicare was "clearly unsustainable in its present form."

THE PLAIN DEALER / MONDAY, MAY 1, 1995

Work together for victory, Dodd urges area Democrats

By MICHAEL SANGIACOMO

PLAIN DEALER REPORTER

CLEVELAND — U.S. Sen. Christopher J. Dodd looked out on the sea of faces at Swingo's at the Statler last night and said he feared what would happen if Bob Dole or Phil Gramm was elected president.

"And if that is not a frightening concept to you, you should not be in this room tonight," said the Democratic senator from Connecticut, pausing for applause.

The newly elected general chairman of the Democratic National Committee, a senator since 1980, got no argument from the hundreds in the room, all there for the annual Cuyahoga County Democratic Dinner.

It was a night for optimism and bold speeches as the Democrats plot to unseat the Republican majority in Congress next year.

"Cuyahoga County is the key to the state of Ohio," said Joel Hyatt, who ran unsuccessfully for the Senate last year. "No Democrat can get elected to state office without Cuyahoga County."

Dodd, 49, took Hyatt's remarks a step further.

"If we don't carry Ohio, there will be no victory," he said. "Ohio is a key state."

Another speaker, Health and Human Services Secretary Donna E. Shalala, continued the theme. The Cleveland native

spoke of "pride and spirit" and of meeting the Republican challenge.

"I feel we can run elections the right way, the high road," she said. "We have a lot of solid issues and good people to run. The other side is mean-spirited. We can do better than that."

Also in attendance was Mary Ellen Withrow, the former state treasurer from Marion County, who was sworn in as the nation's treasurer March 1.

The proper Democratic tone was set early in the evening with the invocation by the Rev. J. Brendan McNulty, pastor of St. Philip and James Catholic Church on the West Side.

"We welcome the rich and the poor, the gay and the straight, the born, the unborn and the born again," McNulty said.

Dodd said the Republicans should not gloat.

"They go after the student lunches, they go after the student loans," he said. "They cut and cut until they save \$17 billion. And what do they do with it? Does one red cent go towards the national deficit? No, it goes to a tax cut for the wealthy. If you make \$200,000 a year or more, you save \$16,000. If you make \$35,000 to \$40,000 a year, you get a paltry \$100. That's the Republican Party's idea of fairness and reform."

SEE DODD/2-B

Work together for victory, Dodd urges Democrats

DODD FROM 1-B

He lambasted the GOP as being against the workingman.

"Since 1940, we Democrats invested in people," he said. "How many here got a college education through the GI bill? Or got a house through VA mortgages? It wasn't cheap, but it allowed our country to have the highest standard of living in the world."

He continued, "In the 1990s we must learn to think creatively if we are going to close the gap between the rich and the poor, the gap the Republicans want to widen. Is it fair that 1 percent of the people in the United States control 40 percent of the wealth?"

He touted the accomplishments of the Clinton administration.

"There were 6 million new jobs created, 650,000 in Ohio alone," he said. "Bush and Reagan didn't do that, did they? Under the Clinton administration, we'll have a smaller government, a government that is investing in people."

Dodd reminded the audience that 80 weeks remain before the 1996 general election. He said Democrats would fail if differences could not be put aside to allow people to work together.



CHRIS STEPHENS / PLAIN DEALER PHOTOGRAPHER

Sen. Christopher J. Dodd of Connecticut chats with Health and Human Services Secretary Donna E. Shalala during introductions at last night's Cuyahoga County Democratic Dinner at Swingo's at the Statler.

IN THE LOOP

Wash. Post; 5-10-95

1-800-WHATTA WASTE

By Al Kamen
Washington Post Staff Writer

House Speaker **Newt Gingrich** has never been short of new ideas. Just last Sunday, on "Meet the Press," he suggested setting up an 800 hot-line number so folks could report Medicare abuse.

"You give us a call," he suggested, "and if you've proved that . . . there's fraud or there's a level of waste that is just flagrant mismanagement, we'll give you 10 percent of what you save."

A dynamite idea. That's probably what Congress thought in 1863 when it voted to give citizens a right to sue people who defraud the government. Health and Human Services Secretary **Donna E. Shalala**, testifying to the Senate Finance Committee yesterday, said she didn't "know what kind of history he studies," but "we actually have on the books a law that allows Medicare beneficiaries to receive 10 to 30 percent of recoveries." HHS already has an 800 number for Medicare fraud.

Shalala said the government has received more than \$240 million since 1988 and \$25 million went to the people who blew the whistle.

But Gingrich did suggest something that would be new. "I would not have a problem, as a matter of philosophy, if we put together a national park trust fund and asked people to pay a dollar to visit Yellowstone and the dollar went straight into improving the national parks."

It already costs \$10 per car (\$4 a head if you're hiking in) to visit Yellowstone. The park service collected \$51 million in entrance fees last year. But the money did not go directly back to the parks.

The speaker's suggestion backs a park service proposal to increase fees at some parks and impose fees for the first time at others. The service goes one step further, suggesting that all of the increase not only go to national parks but actually to the park where it is collected.

A version of this failed to pass in the House when the Democrats were in control. It may not do better this time. Seems when Interior Department folks were to testify this week, Rep. **James V. Hansen** (R-Utah), chairman of the House subcommittee on national parks, disinvited the department.

1-800-YOU ARE WIRED

■ Incoming CIA director **John M. Deutch** won't have to wait long for controversy. There are rumblings that the agency, looking for meaningful work in the post-commie world, is promoting a new communications operation for all U.S. embassies overseas. There are now two separate operations, one run by the State Department and another by the spooks. The idea would be to merge them and save bundles of money in the long run. But the question is: "Who is going to be in charge?" The non-CIA folks have a queasy feeling about all this.

Outmoded and Banished to [Classified]

■ Speaking of the agency, there is sad news to report. Two of our favorite secrecy classifications—WNINTEL or "Warning

Notice—Intelligence Sources or Methods Involved" and NOCONTRACT, meaning "Not Releasable to Contractors/Consultants"—"are no longer authorized for use," according to acting director **Adm. William O. Studeman**. "The markings . . . have clearly outlived their usefulness," he said in a memo last month to "Intelligence Community Executive Committee Principals."

Not to worry. For another three months, as a little transition, you can still use golden oldies like NOFORN, "Not Releasable to Foreign Nationals," or ORCON, that's not for termite control but for "Dissemination and Extraction of Information Controlled by Originator." After the transition, those terms will be out.

Good old PROPIN, for "Caution—Proprietary Information Involved," is fine, and there'll still be plenty of classics like Secret and Top Secret, and the codewords for the various "compartments" (as in SCI, or "Sensitive Compartmented Information"), which are themselves classified, to take care of all your needs.

Russians Tighten Grip in Red Square

■ The Russians may be making nice on camera in Moscow, but things got a little tense there yesterday for one White House aide. Seems press aide **Jeremy Gaines** ran afoul of Russian guards at Red Square when he escorted some of the press pool around. "For a few minutes, there was a standoff as the Russian guards refused to allow them to return to the motorcade," said the pool report distributed by the White House.

Gaines "attempted to explain that we were properly credentialed White House press . . . but he was forcibly restrained by one large soldier who pushed him backward with a hand to the chest," according to the pool. "The *coup de grâce* was delivered by a second soldier, who applied a different kind of pressure to the intrepid Mr. Gaines' private parts."

"That got my attention," young Gaines said later. His heart and mind followed.

It's Official . . .

■ **John P. White**, director of the Center for Business and Government at Harvard's Kennedy School of Government and a former assistant secretary of defense, will be the nominee for deputy secretary of defense. Speaking of the Kennedy school, former Indiana representative **Philip R. Sharp** (D) is to be the new director of the school's Institute of Politics. Sharp has been a lecturer at the school since retiring from Congress last year.

Richard W. Roberts, principal assistant U.S. attorney here, No. 2 in the office, has been named chief of the criminal section of the Civil Rights Division at the Justice Department.

Washington labor lawyer **Lance Compa** has been appointed deputy director for law and economics of the Labor Secretariat, based in Dallas, one of the four organizations to be set up under side agreements to the North American Free Trade Agreement.

Wash. Times; 5-10-95

Medicare and its discontents

Unless Congress and the Clinton administration fix Medicare soon, its hospital insurance trust fund will go bankrupt by 2002 — so say trust-fund trustees Robert Rubin, Robert Reich and Donna Shalala, respectively the secretaries of the Treasury, Labor and Health and Human Services. President Clinton can abdicate his responsibility to address the Medicare budget crisis, but his determined inaction cannot forestall inevitable bankruptcy.

The arithmetic is straightforward. For 1995, Medicare expenditures total \$157 billion. By 2002, the Congressional Budget Office (CBO) projects spending to double to about \$315 billion. Unless checked, Medicare's annual growth rate for the next seven years will continue the trend of 10 percent annual increases of the past 10 years, according to the CBO.

Fiscal 1995 Medicare spending for hospital insurance (Part A) will total \$112 billion. As annual Part A expenditures exceed earmarked revenues beginning next year, the \$136 billion balance in its trust fund will become a negative \$7 billion in 2002, reaching de facto bankruptcy. Expenditures in 1995 for supplementary medical insurance (Part B) will be \$45 billion — after subtracting \$20 billion in premiums paid by beneficiaries at the rate of \$46.10 per month. The amount by which the Clinton administration expects general tax revenues to subsidize Medicare Part B will increase from \$45 billion in 1995 to \$84 billion in 2000.

According to recent testimony from Deborah Steelman, who chaired George Bush's Social Security and Medicare advisory council, the average single-earner couple retiring in 1995 will consume Medicare benefits that will exceed by \$126,700 the amounts they will have paid in taxes and premiums. Trends of this sort will cause Medicare over the next seven years to spend \$730 billion more than it takes in through premiums. Looting and bankrupting the hospital-insurance trust fund will finance less than 20 percent of this \$730 billion. The balance will come from general tax revenues. Even the New York Times editorial page has expressed dismay at the largess of the \$2,500 annual Medicare subsidy each elderly beneficiary receives.

As gloomy as these figures appear, bear in mind that they reflect a rosy scenario that precludes any recession in the next seven years. Moreover, recall that when Congress established the Medicare program in 1965, government actuaries predicted annual costs of Medicare would total \$9 billion by 1990. Actual costs that year were \$99 billion.

Still licking the wounds they suffered from the failure of their massive health-reform plan last year, the Clintons and their White House colleagues seem determined to avoid the necessary Medicare surgery, preferring instead to harangue the reform process from the tall grass. Convinced that the Republicans ambushed his high-minded efforts to grab control of the 14 percent of gross domestic product that health care represents, the president conveniently ignores the fatal dagger then-Senate Finance Committee Chairman Daniel Patrick Moynihan hurled at the heart of Mr. Clinton's leviathan proposal (1,364 pages) by calling Hillary Rodham Clinton's figures "fantasy." CBO Director Robert Reischauer confirmed Mr. Moynihan's analysis when he reported to Congress that the Clinton plan understated its six-year impact on the deficit by \$133 billion (about \$100 million per page).

Yesterday, the Senate Budget Committee released its balanced-budget plan that would restrict the annual growth of Medicare to 7.2 percent compared to Mr. Clinton's 10 percent, generating a seven-year savings of \$256 billion. Still, Medicare would double in 10 years. Reforming the Medicare program to meet these budget goals will be a difficult political task, no doubt made more onerous by Clinton adviser Stanley Greenberg's prediction that the Medicare battle will be "school lunch times 10."

To considerable effect, the president and his party demagogued the block-granting of school lunches in order to preserve the 30 percent subsidy for children of upper-class families, including those of congressmen (annual salary: \$133,600). The Republicans know what to expect should they be so bold as to increase Warren Buffett's (1994 net worth: \$9.2 billion) Part A hospital deductible and Part B premium beyond what median-income families pay, when he becomes eligible for Medicare on Aug. 30.

The Atlanta Journal - Constitution GA 5/04/95

Older Georgians keen spectators of Medicare fight

Should wealthy pay own bills? Many fear means testing would reduce support for medical aid for the nation's elderly.

By Ann Hardie
STAFF WRITER

Washington — Virginia Lockwood, a retired schoolteacher from Douglas, Ga., says older Americans are like tea bags:

They don't know how strong they are until they get into hot water.

Wednesday, the 38 Georgia delegates attending the White House Conference on Aging were flexing their political muscle.

They arrived in the nation's capital just in time for the knock-down, drag-out fight brewing over the future of Medicare, which pays the health care bills of 33 million older Americans.

At the center of the fray is Georgia's own House Speaker Newt Gingrich, who advocates fear will try to slash Medicare to pay for tax cuts for the wealthy and balance the federal budget.

The 2,250 conference delegates heartily embraced President Clinton's promise to preserve Medicare, Social Security and Medicaid, which pays for nursing home care.

But the Georgia delegates say they are watching Clinton as carefully as they are Gingrich. "Let's just say I'm old enough to be cynical," said Vivian Ellis of Lafayette. "I'm looking forward to seeing him produce."

Josephine Gould, a Gingrich supporter attending as the speaker's delegate, said Medicare should not be used to pay the medical bills of wealthy older Americans.

"I think Medicare needs to be trimmed," said Gould, a retired employee of the Internal Revenue Service. "I think people who can afford to pay for health care should."

While some other delegates voice the same sentiment privately, they publicly are against tying Medicare to income, fearing an erosion of the coalition the elderly and their supporters have built over the years.

Advocates voiced concern here that older Americans increasingly are under attack.

"We have to balance the budget, but not on the backs of one population," Ellis said.

Some Georgia delegates fear that the current tornado around Medicare will take the wind out of the many other aging issues that need to be addressed in the next several days.

"The Older Americans Act, that's what I want to work on," said Val Archer of Stockbridge, referring to the federal legislation that funds a multitude of programs for the elderly — including meals on wheels, senior centers and transportation.

During Clinton's speech to the delegates Wednesday, he reiterated his support for a national policy to care for the chronically ill, called long-term care.

Most delegates here are pushing for more money to pay for programs to keep disabled Americans — most of whom are older — living in their own homes and out of nursing homes.

"It is our belief that if they pull back the covers and look, they'll like what they see," said Martin Miller, a delegate from Valdosta, who provides such services.

Miller says he's glad Gingrich is from Georgia. "Whatever influence and power he has here, he is still elected in Georgia," he said. "I think he'll listen more to Georgians."



Associated Press

President Clinton has a kiss Wednesday for Liz Carpenter, former press aide to first lady Lady Bird Johnson, before addressing the White House Conference on Aging.

The Kansas City Star; 5-4-95

CLINTON, KIDS OF ALL AGES



The 1995 White House Conference on Aging was carried live by satellite Wednesday at John Knox Village in Lee's Summit, where President Bill Clinton and area second-graders were highlights of the day. The Calico Gals sang. **Stories, A-5**

DAVID PULLIAM/The Star



Clinton fights GOP plan on Medicare, Medicaid

Proposal would be threat to programs for elderly, he tells session.

From Star News Services

WASHINGTON — Rallying more than 2,000 people at a White House conference on aging Wednesday, President Clinton vowed to oppose Republican plans to cut growth in Medicare and Medicaid spending.

He said the GOP's plans would threaten coverage for the elderly.

"The status quo is not an option," the president said, acknowledging the financial pressures on the Medicare system.

But he repeated his view that savings must come in the context of overhauling the health-care system and insisted: "I will not support proposals to slash these programs, to undermine their integrity, to pay for tax cuts for people who are well off."

Unmoved by the request of House Speaker Newt Gingrich and Senate Majority Leader Bob Dole to draft a bipartisan solution, or by Gingrich's pledge to consider Medicare spending separately from the rest of the budget, Clinton sought to keep the Republicans on the run on an issue that the White House thinks will damage whoever blinks first and offers specific proposals to cut costs.

Neither side seemed inclined to budge in the increasingly testy political impasse.

"I think the hope is diminishing that we can quietly lower the rhetoric," said Sen. Pete Domenici, Republican of New Mexico, chairman of the Budget Committee.

The administration says the trust fund, which pays nearly two-thirds of the cost of Medicare, will be insolvent by the year 2002 if nothing is done. But except for his broad requirements that any changes do no harm, the president declined to offer any details of his own. Instead, he called again on Republicans to spell out their budget proposals.

During the Clinton health-care plan went down to defeat last year, the White House refuses to give congressional Republicans a proposal that they could pick apart to meet their own promises to cut taxes and balance the budget by 2002.

Instead, it has moved swiftly to paint the Republicans as enemies of the sick and the elderly, and this week's long-scheduled conference — the fourth on the topic since 1991 — gave the president a forum for politicking with one of the nation's most powerful electoral constituencies.

Almost all Americans over the age of 65 are enrolled in Medicare, which cost \$159 billion last year. Republicans in Congress have said they intend to reduce projected spending by up to \$300 billion, and the White House contends that such cuts are the only way the Republicans could finance their their promised tax cuts and balance the budget.

Area second-graders a hit in satellite link of session on aging

By GREG CLARK

Staff Writer

Organizers billed this week's White House Conference on Aging as an intergenerational event, but they didn't expect the observations of some Lee's Summit second-graders to upstage President Clinton.

But laughter resounded Wednesday in John Knox Village Pavilion as the pupils' ideas on "What It Means to Be Old" were beamed by satellite from Washington as the conference got under way.

Even Donna Shalala, secretary of health and human services, couldn't keep a straight face when she read Cole Julo's comments: "Growing old means you don't have to brush your teeth anymore. You just take them out at night." She kept grinning as she read others from Meadow Lane Elementary School.

■ Justin Pannullo: "When people get old they get wrinkles in their face, but their brain gets smarter."

■ Tyler Willis: "My grandmother runs a lot and has a man."

■ Marc Kelso: "Old people are smart, and Bill Clinton is old."

For the most part, Clinton's comments also drew a warm response. An estimated 420 persons from throughout the Midwest listened attentively at John Knox Village as Clinton kicked off the aging conference, the first since 1981.

They cheered when he pledged to protect Medicaid, Medicare and Social Security — though he warned people to expect change. They applauded when he announced a plan to

root out fraud, abuse and waste in the entitlement programs.

"I like his dynamic attitude toward doing what is right," said Mary Madison, 70, of Kansas City. "There's a great deal of fraud, and until we get rid of it, we won't be able to do things right."

Bill Davidson, 74, of Lee's Summit said Clinton had reassured older adults. "This is what they wanted to hear. Medicare and Medicaid are definitely a godsend for many people."

But Paulie McWilliams, 68, of Raytown, said the president did not offer enough solutions. "Those are good words, but it's not something we can vote on."

John Knox Village was among 14 key sites nationwide to receive the satellite transmissions from Wednesday's conference session.

"It's the first time I've seen this type of technology," said Gomer Jenkins, 70, of Lee's Summit. "It's just like you're right there."

Some people were drawn by the opportunity to include their opinions on a videotape that will be sent to Washington. Others were attracted to the on-site "Got a Problem?" area, where representatives from numerous agencies offered advice.

The White House conference, which will discuss health services, economic security, housing options and quality of life, ends Friday. For Wednesday's session, the Meadow Lane pupils were stars, at least at John Knox Village.

"The kids were really cute," said Betty M. Tejada, 76, of Kansas City. "We Hispanics say that a drunk and a kid always tell the truth."

The president's spokesman suggested Wednesday that the price of cooperation would be high.

Clinton said any proposed change in Medicare or Medicaid should not eliminate services or charge elderly people on fixed incomes "more than they can possibly be expected to pay," or force them to enter managed-care programs "whether they're good ones or not."

At a White House briefing, Donna Shalala, the secretary of health and human services, said the GOP reductions could result in a seven-year increase of \$3,100 to \$3,700 in out-of-pocket costs for beneficiaries.

Gingrich called the president's address "enormously disappointing" and accused him of "exploiting senior citizens for the narrowest of political purposes."

BUDGET, from p. 1

The resolution, the first ever offered envisioning a balanced budget, was presented to the Senate Budget Committee by Senator Pete V. Domenici of New Mexico, the chairman.

Representative John R. Kasich of Ohio, the chairman of the House Budget Committee, plans to offer a parallel measure on Wednesday. Tonight, he issued a sketchy statement indicating that the cuts he would

Continued on Page D20, Column 1

Continued From Page A1

make in projected spending would be even deeper than Senator Domenici's.

That is because over the seven-year period the House measure must offset about \$350 billion in tax cuts that were approved by the House last month. The Senate has not acted on the tax bill, and Senator Domenici's proposal makes no allowance for such a loss of revenue.

The purpose of a budget resolution is to set dollar limits for broad categories of Government programs like transportation, agriculture, education and the military. The resolution makes suggestions for how the targets can be met, but they are only for guidance, and the actual policy decisions are left for later.

In many instances, though, Senator Domenici's proposed budget resolution offers precise suggestions for how the savings could be achieved.

It recommends, for example, eliminating Federal operating subsidies for mass transit and Amtrak. It suggests abolishing the Commerce Department and transferring that department's most essential agencies to other departments. It would terminate President Clinton's volunteer service program and cut financing for the National Endowments for the Arts and Humanities in half.

But in places where the political choices are tougher to make, especially Medicare and Medicaid, the Domenici proposal was shy of specifics. In the case of Medicare, for instance, the chairman proposed only that the bipartisan commission develop the policies necessary to reduce spending by 15 percent.

The administration of Medicaid would be turned over to the states, and poor people might no longer be



Stephen Crowley/The New York Times

Senator Pete V. Domenici, who has long sought a balanced budget, yesterday presented the first budget resolution to envision one.

entitled to benefits as long as they met the eligibility requirements. Beyond that, no details were offered about how the spending target could be hit.

For Senator Domenici, scarred from many budget battles of the past, the submission of his proposal today was the fulfillment of a dream. "I'm thrilled today to present the first balanced budget in about 25 years," he told his committee. "I'm very proud."

For years, he has argued for a balanced budget. Democrats have always responded, "Put up or shut up."

Today, whatever the drawbacks in his offering, he answered that challenge.

Under criticism from Democrats that he was protecting the privileged while cutting programs for the poor and elderly, Senator Domenici declared, "It's going to turn out to be fair."

But Democrats were skeptical. Referring to the plan to have a commission figure out what cuts to make in Medicare, Senator Ernest F. Hollings of South Carolina said, "You and I have been in Government long enough to know that's a cop-out."

If Senator Domenici's resolution prevails, no large tax cuts would be at hand, but he held out the possibility that some might come later.

Economists believe that if Congress adopts a credible balanced budget plan, the nation would enjoy a stronger economy because interest rates would fall. The Congressional Budget Office has estimated that this economic dividend, small at first, might save \$170 billion over the next seven years in interest payments on Government bonds.

Senator Domenici proposed that this dividend go for tax cuts. But the amount would be tiny in the first few years and reach a meaningful level only after the turn of the century.

Senator Phil Gramm of Texas, who is running for the Republican Presidential nomination, has promised to offer a tax-cut amendment when the budget resolution reaches the Senate floor, probably next week. But by most accounts, the Gramm amendment will be voted down.

In fact, the Republicans' party discipline is such that the budget resolutions are likely to sail through the Senate and House unscathed. But the solid front may crack when the time comes later in the year to tally up who would lose the most from the budget cuts.

Already, Senator Domenici has made some concessions to politics. Cognizant of a furor that developed in March after the House voted to reduce the Federal school lunch program, Mr. Domenici left that popular program alone.

Based on the material presented tonight, the House budget resolution would one-up Mr. Domenici in several respects. Where the Senator would abolish one Cabinet department, for example, Mr. Kasich would shut down three: Commerce, Education and Energy.

"We're doomed without this," Mr. Kasich said tonight after he had outlined his proposal for fellow Republican representatives. "It's now or never."

Wash. Post; 5-10-95 p. 1

Senate GOP Offers Major Spending Reductions

Slashing of Expenditures Could Threaten A Faltering Economy, Some Experts Fear

By John M. Berry
Washington Post Staff Writer

While economists generally applaud the congressional push to balance the federal budget by 2002, many caution that the budget cutting could create serious problems for the U.S. economy over the next few years.

The danger, they say, is that sharp cuts in federal spending will further slow the economy at a time when it is already beginning to weaken after three years of strong growth.

The economists explain that cutting government spending will reduce consumption—and probably also increase savings, investment and exports. Economists from both par-

ties agree that deficit reduction will benefit the economy over the long run, but they stress that in the short term, the adjustments may be quite painful.

As the Congressional Budget Office (CBO) stressed in a recent analysis, "The major beneficiaries of a balanced budget may be future generations, who would gain from both the nation's increased productive capacity and a lower burden of debt." The current generation, however, may suffer from lower growth, lower consumption and a reduced standard of living.

Analyzing the impact of moving to a balanced budget is a highly uncertain enterprise, the economists

See DEFICIT, A10, Col. 1

NEWS ANALYSIS

Limit Approved On Jury Awards

■ The Senate yesterday approved a limit on jury awards in lawsuits over faulty products, after rejecting a broad overhaul of the nation's civil litigation system.

NATION, Page A6

Water Debate

■ The House opens debate today on revisions in the Clean Water Act favored by industry groups and conservative lawmakers but opposed by the administration and environmentalists.

NATION, Page A8

Domenici Plan Cuts Hundreds of Programs; Goal Is to Balance Federal Budget by 2002

By Eric Pianin
Washington Post Staff Writer

Senate Republicans yesterday offered a politically daring and far-reaching plan to balance the budget by 2002 by substantially reducing Medicare and Medicaid, slashing foreign aid, accepting a further decline in defense spending and ordering deep, potentially painful cuts in hundreds of other popular domestic programs. The seven-year budget plan, unveiled by Senate Budget Committee Chairman Pete V. Domenici (R-N.M.), would save nearly \$1 trillion and eliminate the Commerce Department, the Interstate Commerce Commission and more than 100 other federal programs and agencies. It would phase out funding for Amtrak and other mass transit programs; halve the budgets of the National Endowment for the Arts and the National Endowment for the Humanities; and end President Clinton's national service program.

Domenici's plan is the first detailed attempt by either party to make the politically difficult choices necessary to achieve the first balanced budget since 1969—the end of the Johnson administration.

House Budget Committee Chairman John R. Kasich (R-Ohio) last night gave a preview of the House GOP plan that includes even more in

[Cont'd on next page]

■ Highlights of the Senate GOP plan to balance the budget. Page A23

DEFICIT, From A1

stress, because it involves making what one called "heroic" assumptions about how various parts of the economy, especially financial markets, would respond.

However, there is broad agreement that cutting federal spending would tend to restrain the economy and increase the risk of a recession in coming years. The question is whether financial markets and the Federal Reserve would respond to a credible plan to eliminate the government's persistent red ink by lowering interest rates enough to stimulate investment—and thereby offset the direct impact of the spending cuts.

Officials at the Fed, including Chairman Alan Greenspan, economists in the Clinton administration and at the CBO and a number of private forecasting firms have all concluded that the budget cuts—which over the next seven years would average about 0.4 percent of the gross domestic product annually—wouldn't necessarily tip the economy

into a recession. But everyone stresses the uncertainty of that conclusion.

In congressional testimony earlier this year, Greenspan, who strongly favors balancing the budget, acknowledged that "there would be some strain" on the economy before the benefits began to arrive. But at the same time, "long-term interest rates will fall significantly. . . . That will, as it did in 1993, offset" most if not all of the fiscal drag.

And if lower rates don't do the trick, the Fed chairman said, "my presumption is that there will be monetary adjustments that might be required." In other words, the Fed would act to take up the slack.

White House economist Laura D'Andrea Tyson said the administration's opposition to the Republican-backed balanced budget amendment to the Constitution, which narrowly failed in the Senate this year, was largely the result of concerns that it would lock the government into having a balanced budget regardless of the state of the econ-

omy—not opposition to moving toward balance.

Tyson cautioned, though, that the administration believes that "how one does that is as important as the goal itself. . . . To judge the economic effects, you have to know" what programs would be cut to achieve the balance. "It's all in the details," she said.

Economists say that to understand the effects of budget cutting, you need to see the economy whole—in "macro" terms. Broadly speaking, they say, cuts in the federal budget would reduce aggregate demand in the United States for goods and services. That, in turn, would mean that consumer spending would rise less rapidly than it otherwise would; but if interest rates fall, as expected, investment in new plants and equipment would go up and more of U.S. production would be exported.

"As government goes down, investment and exports go up," while consumption falls, said economist Laurence H. Meyer of Laurence H. Meyer & Associates, a forecasting

firm in St. Louis. "There is an enormous degree of sacrifice implicit in deficit reduction because you cut the sum of private and public consumption. But people don't see the benefits from the investment for a long time, not really for decades."

Still, Meyer said, "that is exactly what needs to happen in the long run."

The decline in interest rates is a key part of the budget-cutting scenario. Many analysts have estimated that with a balance, inflation-adjusted interest rates would drop from 1 to 2 percentage points, which the CBO said "would leave real long-term rates at between 1 percent and 2 percent—lower than they have been since the 1950s—and real short-term rates close to zero."

"How quickly rates would fall depends on many poorly understood factors, but the drop in rates would probably anticipate any actual reduction in the deficits by a year or so," the CBO said.

Rates would fall for several reasons, including simply that the federal government would be borrowing steadily less money each year. In addition, Greenspan and other analysts say, investors would be less concerned that some day the Fed might be forced to help finance a large deficit in a highly infla-

tionary fashion. Reducing the deficit would reduce or eliminate the "risk premium" embedded in rates because of that worry.

The lower level of rates should encourage more investment in housing and business structures and equipment, spending that would partially offset the decline in consumption caused by the government spending cuts. Of course, some of the spending cuts to be proposed this week could involve investments, such as in highways, federal buildings and research facilities, as well as in income support programs and other activities.

The payoff from moving toward a balanced budget is likely to be very slow, Meyer and other analysts said, because it takes an extended period of increased investment to have much of an impact on the nation's stock of productive capital—the stock of buildings, equipment and technology—and therefore on its productivity.

Part of the adjustment process will be a decline in the dollar, according to Meyer's view.

"If U.S. interest rates fall by 1.5 percent age points relative to the rest of the world. . . . Wow! That would drive the dollar to a very low level and then it will bounce back," Meyer said.

Budget Chief Touts 'Fiscal Responsibility'

Cont'd from previous page

proposed savings and that would eliminate the Departments of Energy and Education as well as Commerce. The House GOP plan, which will be unveiled today, would also redefine the Consumer Price Index and lower cost-of-living adjustments for Social Security recipients and federal retirees beginning in 1999. "The budget that we put before you makes hard choices, and I make no apologies for that," Domenici told Senate Budget Committee Democrats and Republicans earlier in the day. "This is a budget plan that will restore fiscal responsibility to government spending and insure a better future for our children. It responds to the unequivocal expressed American public majority that wants a balanced budget."

Neither the Senate nor the House GOP plans would touch Social Security, as Republican leaders have promised. Both plans also provide for an overall increase in Medicare and Medicaid spending over seven years, although at a substantially lower levels than current projections. Medicare spending would be \$256 billion less than projections and Medicaid \$175 billion less under the Senate plan. The House plan would achieve savings of \$270 billion in Medicare and \$184 billion in Medicaid over projections.

Under the Senate plan, Medicaid, the federal-state health insurance program for low-income families, would be transformed into a block grant program turned over to the states to spend as they see fit and the rate of spending increases would gradually decline from 10 percent to 5 percent a year. Meanwhile, a bipartisan commission would be established to advise Congress on how to avert the projected bankruptcy of Medicare, the health insurance program for the elderly.

Democrats denounced the Senate plan, saying it would gut social safety net programs, provide for the rich at the expense of the poor and dilute health care benefits for the elderly.

"This is a retreat from what this country is about, on our values about the environment and caring for those who are poor and sick," Sen. Barbara Boxer (D-Calif.) said. "When I see it in writing, it's uglier than it sounded." Under the plan, which will likely win committee approval late this week and reach the Senate floor early next week, spending for the White House and the executive



At markup session, from left, are Sens. Paul Simon (D-Ill.), Kent Conrad (D-N.D.), Christopher J. Dodd (D-Conn.) and Pete V. Domenici (R-N.M.).

branch would be reduced by a quarter; federal judges' salaries would be frozen; the Pennsylvania Avenue Development Corp., the National Capital Planning Commission and the Commission on Fine Arts would disappear; and the Office of Personnel and Management would be downgraded.

In a few areas, spending would increase. Overall spending for the FBI, the Drug Enforcement Administration, the Immigration and Naturalization Service and the Violent Crime Reduction Trust Fund would shoot up. Funding for programs like Head Start, special education, Pell grants for college education and community service block grants would be maintained at current levels.

In one of its most surprising features, Domenici's proposal would make no change in the defense figures recommended by Clinton. Republicans had talked about the need to reverse the steady decline in military expenditures over the last 10 years. But the GOP Senate plan would allow this year's \$270 billion defense budget to dip to \$255 billion over the next three years and then begin to rise back to \$270 billion by 2002.

Six months after Republicans swept to control of Congress, the GOP this week is finally delivering on its promise to provide a detailed plan for eliminating the deficit by early in the next century—by slowing the rate of growth of federal spending from a projected 5 percent a year to 3 percent and without raising taxes.

Under Domenici's proposal, overall government spending would grow from \$1.5 trillion in 1995 to \$1.9 trillion in 2002. The result would be a projected \$175 billion deficit in 1995 but a \$2 billion surplus in 2002.

Kasich's plan, which will be voted on today by the House Budget Committee, is similar to the Senate GOP

plan in many ways but also provides for a major tax cut that could drain the Treasury of more than \$340 billion over seven years.

Domenici is opposed to a tax cut, but as a concession to other tax cut proponents—including Senate Majority Leader Robert J. Dole (R-Kan.) and Sen. Phil Gramm (R-Tex.)—he has designated \$170 billion of long-term savings that might be used for tax cuts after Congress approves a budget that is certified to eliminate the deficit.

Kasich told reporters last night that "we have a very revolutionary, bold and innovative plan that is able to accomplish everything we said we were going to do. . . . We're here today to prove all the skeptics wrong."

According to Kasich, the plan would eliminate 283 programs, 14 agencies and 68 commissions; terminate more than 80 job-training programs and replace them with job-training block grants to the states; save billions through welfare reform; privatize the General Services Administration, the Corporation for Public Broadcasting and administrations that sell power; eliminate corporate subsidies; and revamp veterans, student loans, housing and agriculture programs.

The House version would make deeper cuts in the farm program than the Senate plan, with subsidies scaled back to 40 percent of current levels by 2002. The House plan would provide slightly more in spending for defense than the Senate plan, but Kasich pledged Republicans would transform the Pentagon, adding that it "is going to end up being a triangle when we're done." The House plan would also reduce foreign aid by 20 percent, similar to the Senate proposal, and revamp State Department programs.

The Republican plan will also base its projections and cost-of-living adjustments on a consumer price index that is lowered by 0.6 percentage

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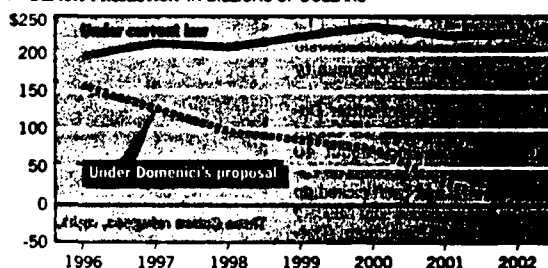
DOMENICI'S PLAN

Sen. Pete V. Domenici's budget proposal saves about \$961 billion from current spending levels over seven years and creates a \$2 billion surplus by 2002.

► CHANGES IN CURRENT SPENDING IN BILLIONS OF DOLLARS

	1996	1997	1998	1999	2000	2001	2002	TOTAL
Defense	4	0	-2	-2	-6	-6	-6	-22
Non-defense	-13	-27	-29	-30	-29	-31	-31	-190
Social Security	-	-	-	-	-	-	-	-
Medicare	-12	-22	-27	-36	-44	-53	-62	-296
Medicaid	-4	-8	-15	-23	-30	-37	-44	-191
Other mandatory	-14	-25	-29	-31	-34	-37	-39	-209
Interest on debt	-1	-5	-11	-19	-28	-39	-52	-165
Debt service	-1	-5	-11	-19	-28	-39	-52	-165
TOTAL DEFICIT REDUCTION	-10	-32	-41	-47	-53	-60	-68	-312

► DEFICIT PROJECTION IN BILLIONS OF DOLLARS



*Totals differ due to rounding.

NOTE: The baseline used by Senate Republicans to assess the impact of their proposed cuts assumes that non-defense discretionary spending would remain frozen at 1995 levels and makes no allowances for the effects of inflation. If inflation were factored in, the proposed cuts in non-defense spending would total \$446 billion over seven years, according to the Center on Budget and Policy Priorities, far more than the \$190 billion figure contained in the GOP budget documents.

SOURCE: U.S. Senate Budget Committee

Cont'd from previous page

points beginning in fiscal 1999—to adjust for what Republicans, some economists and Federal Reserve Board Chairman Alan Greenspan contend is a price index that overstates inflation. The CPI is used in computing cost-of-living increases in Social Security and other programs and even a fraction of a percentage-point difference could have huge financial implications for the government. House Republicans estimate they could save \$30 billion to \$40 billion by reducing the CPI by less than a percentage point.

The Senate Republican budget plan is based on the assumption of the Congressional Budget Office (CBO) that the economy will continue to enjoy relatively smooth sailing through the end of the century. Senate GOP committee aides acknowledge that an unexpected recession, like the downturn in the early 1990s, "would raise federal deficits significantly above CBO's and the administration's estimates."

Moreover, the Senate Budget Committee Republicans are measuring the effect of their policy changes with a new yardstick, or "baseline," that critics contend woefully understates the effect of the cuts on non-defense discretionary spending—general govern-

ment outlays that cover such diverse activities as federal prisons, border guards, job training, scientific research, veterans hospitals and environmental programs.

The new GOP baseline assumes a freeze on spending for those programs and makes no allowances for the long-term effects of such factors as inflation on the quality of government programs. According to Domenici's budget estimates, overall projected spending for those programs would decline by nearly \$190 billion, or more than 12 percent, over seven years.

If inflation and other factors were taken into account, the cuts would total \$446 billion over the same period, or a 29 percent reduction, according to the estimates of the liberal Center on Budget and Policy Priorities.

Domenici insisted that he devised his plan "without blue smoke," but Democrats charged that House and Senate Republicans were engaging in budgetary chicanery and that it was unrealistic to assume that the deficit could be wiped out without raising some taxes.

Staff writer Stephen Barr contributed to this report.

Wall St. Jnl.; 5-10-95

Nondefense Spending, Health Care Targeted by Rival GOP Blueprints

By DAVID ROGERS
And CHRISTOPHER GEORGES

Staff Reporters of THE WALL STREET JOURNAL

WASHINGTON—Senate and House Republicans proposed competing budget plans that rely on deep cuts from nondefense spending and wholesale changes in federal health-care programs to bring the government into balance by 2002.

The Senate proposal assumes more than \$430 billion would be saved by slowing the growth of the Medicare and Medicaid programs, and comparable cuts would come from appropriations bills that fund government operations.

New spending caps anticipate a steady reduction in the annual level of nondefense spending, which would drop to \$248.1 billion by the end of the seven-year period from \$277.6 billion today. This translates into a \$188 billion cut over seven years when measured against current spending. But the same number equates to a massive \$446 billion cut when compared with future spending estimates that take into account inflation, according to the Center on Budget and Policy Priorities.

The full details of the House plan won't be made public until today, but as outlined by Republicans last night, the proposal depends on even larger savings across the board to help finance tax cuts adopted last month. For example, the Medicare-Medicaid package of savings is about \$24 billion larger than in the Senate plan. Also, the House would go further in altering the consumer price index to lower the future cost of such government benefits as Social Security as well as tax provisions indexed to inflation.

The House GOP change would reduce the CPI by six-tenths of a percentage point, three times the adjustment proposed by Senate Republicans. Though the provision wouldn't take effect until 1999, it would yield an estimated \$52 billion in savings and revenue over the remainder of the seven-year period.

Both plans clearly share a desire to use the budget process to reshape the government and roll back President Clinton's domestic initiatives. Both would eliminate the Commerce Department, and the House plan also would launch an assault on the Education and Energy departments.

Not surprisingly, the House GOP has more of a conservative bent, phasing out federal support for the Legal Services Corp. and the Public Broadcasting Corp.—both of which are preserved by the Senate. In a move that is sure to anger environmentalists, both plans would make deep cuts in wildlife programs even as they would capture revenues by opening up oil exploration in the Arctic National Wildlife Refuge.

Commerce Secretary Ron Brown dismissed the attack on his department as the "height of nonsense." But with Republicans in full control of the appropriations process for the first time in 40 years, Speaker Newt Gingrich (R., Ga.) has

vowed to aggressively use Congress's "power of the purse" to withhold funds from the administration.

The Senate plan, put forward by Pete Domenici, Budget Committee chairman, assumes \$80 billion in long-term savings from welfare-reform legislation not yet enacted by the chamber. And in what is sure to be a sensitive topic, Mr. Domenici has opened the door to debate on the earned-income tax credit for lower-income working families.

Though some details remained unclear last night, the plan assumes \$13 billion in savings from changes in the earned-income tax credit over five years; about 25% of the savings would come from denying the benefit to families without children.

The sharp partisan exchanges in Mr. Domenici's committee yesterday were a harbinger of the debate ahead. When Sen. Ernest Hollings (D., S.C.) addressed Mr. Domenici as "son," the New Mexico Republican snapped: "I am not your son, and I don't appreciate being referred to in that way."

Rather than offer their own budget plan, the Democrats' strategy will be to focus on targeted amendments to try to highlight differences with the GOP. At the same time he must fight those efforts, Mr. Domenici is walking a political tightrope in his own party where conservatives want him to move toward the House on tax cuts.

"We're going to have tax cuts," Senate Majority Leader Robert Dole flatly declared yesterday, and the Kansas Republican and presidential contender may offer his own tax package on the Senate floor. Mr. Domenici emphasized that some accommodation might be possible this fall if his plan proved successful in the eyes of the Congressional Budget Office's arbiters. That decision could come in mid-September when committees would be charged with reporting back legislation to implement the ambitious reforms in benefit programs such as Medicare.

Mr. Domenici said that if the CBO credited the plan with additional savings from lower interest rates and an improved economy, a bill to redistribute these funds in the form of tax cuts could be brought quickly to the Senate floor.

John Kasich (R., Ohio), House Budget Committee chairman, who briefed reporters last night, said he hopes to move his plan through the panel as quickly as today. Speaker Gingrich predicted yesterday that a proposed multibillion-dollar user fee on the Federal National Mortgage Association and the Federal Home Loan Mortgage Corp. would be dropped. Also, while Mr. Kasich clung to the hope of ending some business tax breaks, he appears have been outmaneuvered by Bill Archer (R., Texas), chairman of the Ways and Means Committee.

Mr. Gingrich said yesterday that he would like to see the GOP leadership in

both the House and Senate agree on a common Medicare figure before the floor debate starts next week. But even if both houses reach an agreement on Medicare and complete action on their budget plans this month, negotiations to resolve other differences could run into July.

Mindful of this, the House Appropriations Committee will begin moving its spending bills for the next year without waiting for a final compromise.

As a practical matter, these appropriations bills—spelling out how cuts will be allocated in the fiscal year beginning Oct. 1—will be the earliest true test of the proposed spending limits.

The White House recognizes this as well. Leon Panetta, chief of staff, has sought to reach out this week to Bob Livingston (R., La.), chairman of the House Appropriations Committee, and his Senate counterpart, Mark Hatfield (R., Ore.), chairman of the Appropriations Committee. Mr. Panetta's immediate issue is a spending-cut bill for the current fiscal year. But the negotiations are crucial if the different sides are to maintain a working relationship going into the tough months ahead.

More than in past budget fights, the debate is a contest of both policy beliefs and promises. President Clinton, who promised tax cuts in the 1992 presidential campaign, feels battered for having emphasized deficit reduction in his first years. Now, the White House wants the GOP to back off its vow to cut taxes as a precondition for budget talks.

Wash. Post; 5-10-95

Brown Blasts Plan for Commerce Dept.

Elimination Would Hurt U.S. Firms in Global Trade, Secretary Suggests

By Martha M. Hamilton
and Stephen Barr
Washington Post Staff Writers

Commerce Secretary Ronald H. Brown yesterday denounced efforts by congressional Republicans to eliminate his department, saying that it amounts to "suggesting unilateral disarmament in the battle for global competitiveness."

Senate Budget Committee Chairman Pete V. Domenici (R-N.M.) yesterday proposed the "gradual elimination" of the Commerce Department as part of his plan to balance the budget over seven years through cutbacks in Medicare and Medicaid and the elimination of more than 100 federal agencies or programs.

Last night, House Budget Committee Chairman John R. Kasich (R-Ohio) outlined his balanced budget plan, saying he would eliminate Commerce and two other departments, Education and Energy. Another 14 agencies and 68 commissions that will be identified when the House panel releases its fiscal blueprint today also would be abolished, Kasich said.

Budget-cutting proposals in the past have seldom singled out departments for elimination, but House GOP freshmen and Republican leaders have repeatedly pledged to shrink the size and scope of government since taking control of Congress. The Clinton administration also has stepped up its efforts to "reinvent" or restructure several departments, guaranteeing a yearlong debate over the role of government. A number of

the GOP and Clinton proposals call for turning programs over to the private sector or shifting them to states and localities.

Domenici and House Republicans described the proposed elimination of the Commerce Department as a measure to save money, but Brown disputed the suggestion that it would offer significant savings, noting that functions representing about two-thirds of Commerce's budget would simply be shifted to other agencies.

Brown said that the Senate proposal appeared aimed at two of the department's most successful programs—international trade and export promotion, and technology development.

"Talking about leveraging dollars—through a \$250 million international trade administration budget we have helped secure \$25 billion in contracts for American companies," Brown said. "We ought not to eliminate the Department of Commerce without thinking carefully about how we would provide a substitute organization focused on trade and exports," said Jerry Jasinowski, president of the National Association of Manufacturers.

Brown had not been briefed on the Senate proposal and based his comments on a bare-bones description released by the committee.

He said that in addition to eliminating the trade and technology functions, the proposal also appeared to cancel the department's minority business development efforts. "I can't find a line item for that," he said.

House Republicans said they would convert the Education Department into a small agency, perhaps a White House office, and sell off parts of the Energy Department, including federal power agencies and the Elk Hills oil reserves. Energy's nuclear weapons programs and hazardous waste clean-up effort would be transferred to a new, independent civilian agency, perhaps located in the Defense Department, they said.

In international affairs, the Senate budget plan would abolish the Arms Control and Disarmament Agency, and consolidate and reduce programs at the Agency for International Development and U.S. Information Agency. The House plan would end "non-military overseas broadcasting" and phase out operations of the Voice of America and Radio Marti, which is aimed at Cuba.

Both GOP plans also would eliminate scores of smaller agencies. Domenici would abolish the Office of Personnel Management (OPM) and replace it with a small civil service commission. OPM oversees the government's hiring and promotion practices and administers federal employee health and pension plans.

Domenici and Kasich also would phase out the Appalachian Regional Commission. Kasich would terminate the Tennessee Valley Authority.

Other Senate proposals would reduce mass transit spending, prohibit the construction of a new Food and Drug Administration complex and phase out construction of veterans hospitals.

USA Today; 5-10-95

GOP budget plan ambitious but risky

'Hard choices, no apologies,' says budget panel chairman

By William M. Welch
USA TODAY

GA

Unlike anything ever seen before in Congress, the first Republican-written federal budget plans would shrink the size of government with changes that touch the lives of virtually all Americans.

From ending mass transit subsidies for commuters, to

NEWS ANALYSIS

scaling back health coverage for the elderly and poor, the plans House and Senate Republicans unveiled Tuesday are ambitious, if politically risky, attempts to deliver on the GOP promise to balance the federal budget by 2002.

"The budget that we put before you presents hard choices, and I make no apologies for that," said Senate Budget Committee Chairman Pete Domenici, R-N.M., said. "The American people by overwhelming majorities ... want a balanced budget."

The proposals came under immediate attack from Democrats and others who protested the plan will hurt an entire generation in the name of budget-cutting.

But even Democrats gave credit to Domenici for producing a plan unprecedented in fiscal austerity and political boldness.

"I don't agree with everything," said Sen. James Exon of Nebraska, ranking Democrat on the panel. "But I've never seen anyone with the courage to do what you've done. ... At least you're taking important steps in the right direction."

House Republicans are following today with a similar seven-year budget blueprint.

One big difference: The plan unveiled in the House makes even bigger budget reductions to pay for \$345 billion worth of tax cuts passed by the House.

The Senate GOP plan — without tax cuts — proposes

Long, winding road to a budget

The budget packages unveiled Tuesday by Republicans kick into high gear a lengthy process needed to produce a budget for 1996 and the next six years.

The first step came when President Clinton proposed his budget in January — a document largely ignored by Congress. The Republican versions are a month late; full budget resolutions (setting targets for spending) were supposed to be approved by April 15.

This date is often missed, though, and the GOP plans will be voted on in the House and Senate budget committees this week. Once approved, they will go to the full House and Senate. Clinton does not have to sign the final blueprint, which has no force of law.

The budget process then splits into two tracks:

► **Appropriations:** Thirteen subcommittees in each house will make specific spending decisions for military, foreign aid and domestic programs, not including entitlements. Those bills must be agreed upon by both houses and ultimately signed by Clinton by the Oct. 1 start of the fiscal year. If not, a continuing resolution is needed to keep the government operating.

► **Reconciliation:** The House and Senate tax-writing committees decide the rest — how much to spend on entitlement programs such as Social Security, Medicare and Medicaid, and how much to raise in taxes. Those bills also must be reconciled (agreed upon by both houses) and signed by the president.

cutting government spending by \$961 billion over seven years, by Domenici's own calculations.

Democrats say it should be compared to projected future growth, and contend the cuts total \$1.2 trillion.

What's actually been presented is a budget resolution, a document that doesn't carry the full force of law but sets guidelines for Congress to follow in later spending. Actual decisions on program cuts will fall to other committees.

Domenici called for a special bipartisan committee to make the tough choices on Medicare, the health-care plan for the elderly, which will bear the brunt of the cuts.

Congress has used spending limitations in recent years to hold down the growth of government.

But never before has this system of federal budgeting



By Willrado Lee, AP

EXON: Democrat lauds 'courage' of budget plan

seen restraints so severe, and the GOP's resolve to follow through will be strongly tested by the reaction once millions of beneficiaries realize their programs and benefits are on the chopping block.

Cont'd on next page

Wall St. Jnl.; 5-10-95

Clinton Hopes to Improve Image as Republicans Scrap Over Politically Painful Budget-Cut Plans

By RICK WARTZMAN
Staff Reporter of THE WALL STREET JOURNAL

WASHINGTON — On second thought, being irrelevant may not be all that bad for President Clinton.

As Republicans begin struggling to convince the public that their plans for huge spending cuts to balance the federal budget won't be too painful, Mr. Clinton and his advisers are poised to reap the benefits—largely by staying out of the way for now and watching the GOP squirm for a change.

"They're playing it right," says the Brookings Institution's Robert Reich, who until earlier this year was director of the Congressional Budget Office. Noting that Mr. Clinton was in Moscow yesterday while Senate and House Republicans unveiled their draft budgets, Mr. Reich says he concludes that the Clinton "game plan" is to try to sit on the sidelines as long as he can. The president's hope, he explains, is "that the unity within the Republican Party comes unglued as the debate turns from the broad goal of balancing the budget to the specific measures of trying to achieve that goal."

So far, the strategy seems to be working. As the public grows increasingly worried about the Republicans' plans, polls show, Mr. Clinton—buoyed by his handling of the bombing in Oklahoma City—finds his overall popularity on the rise. But there is a risk in being so passive-aggressive. By waiting to weigh into the fray, the president could be seen by the public as simply playing politics. Even more important, he may blow a historic opportunity for further serious deficit reduction.

White House Reads Warnings

Of course, the White House—sensitive to charges that the president is no longer "relevant," as one reporter suggested at a recent televised news conference—won't stand totally silent. Administration officials are busy preparing warnings about what sacrifices the GOP's more than \$1 trillion in proposed savings over the next seven years would mean; senior Clinton aides are expected to begin making their case in briefings today. Moreover, Mr. Clinton has already talked about the dangers of the Republicans' inclination to slow Medicare spending. And he has insisted on some specifics, like linking any tax breaks to helping families pay for education.

But until now, there has been broad consensus within the administration to take a relatively low-key stance on the budget, save for waving around ketchup bottles to oppose cuts in the school lunch

program and making a few other such quick and easy gestures. Without any formal Republican plans on the table, that was "just common sense," says Pat Griffin, the White House's director for legislative affairs.

Administration Split?

Now that the GOP's proposals are finally being laid out, however, a split within the administration seems inevitable. Some of the president's economic advisers, including Budget Director Alice Rivlin and Treasury Secretary Robert Rubin, give the utmost importance to deficit reduction; they see stemming the red ink as the president's most significant accomplishment through his first two years in office and believe he can continue building on that achievement. But White House political advisers will surely be more interested in continuing to take shots at the GOP and, by extension, Mr. Clinton's would-be Republican challengers in the 1996 presidential race: Sens. Robert Dole of Kansas and Phil Gramm of Texas.

Timing is critical. By extending a hand to the Republicans too soon, the president could come across as weak and allow the GOP to take all the credit for whatever dent in the deficit is ultimately made. But by waiting too long, Mr. Clinton could be seen as helping to perpetuate the kind of gridlock the public says it loathes.

Eyes of the Beholder

"Whether you are seen to be saving a program" from reckless cuts "or just playing politics with it is often in the eyes of the beholder," says Van Doorn Ooms, research director at the Committee for Economic Development, a business-backed public policy group. Some political analysts thought Mr. Clinton was guilty of shameless politicking a few weeks ago, for example, when he went to Iowa and vowed to protect farm-support programs from the GOP budget ax.

Mr. Clinton has said he's willing to shrink the deficit beyond the \$81 billion over the next five years that he proposed in his own budget blueprint. "Reducing the deficit is terribly important," the president told a senior-citizens conference last week. But he quickly added that "it is also important that Congress protect" Medicare, vowing not to "slash these programs, to undermine their integrity, to pay for tax cuts for people who are well-off."

All the while, Mr. Clinton has avoided saying where his bottom line really is—a posture that deficit hawks say shows a lack of leadership. After making tough choices and sharply reducing the deficit at the beginning of his administration, the president "just took his ball and bat and went home," says Martha Phillips, executive director of the Concord Coalition, an advocacy group seeking to balance the budget.

Giving Clinton an Opening

Some senior White House officials express confidence that, as the months pass,

rank-and-file House Republicans will come to realize that their pledge to balance the budget by 2002, while also providing large tax cuts, is unrealistic. And if the House leadership is forced to abandon their promises, the thinking goes, it will provide the president with the opening he needs to help shape a budget more to his own liking.

"I suspect that the over-promising that has been done will be recognized," says Laura Tyson, head of the White House's National Economic Council. The Republicans' "period of collective denial," she adds, "is over or just about to be over."

Some administration officials say they foresee a dance between the White House and Capitol Hill that eventually leads to a budget summit with the Republicans, similar to what transpired between President Bush and the Democrats in 1990.

But other Clinton aides seem less sure that the Republicans will bend. Leon Panetta, the White House chief of staff, said in an interview last week his instinct is that there's "a certain digging in" by the Republicans. The GOP and the White House, he says, could well be headed for a "train wreck."

"Sometimes what happens in this town is that there is a real temptation on both sides to play that game of chicken," says Mr. Panetta, who as a former chairman of the House Budget Committee is no stranger to the thrust and parry of fiscal politics. "There is a temptation on both sides to play this up to the end."

For the White House, Mr. Panetta says, the key to opening any meaningful discussion with the Republicans is for the GOP to greatly reduce the level of tax cuts they have proposed; give up the idea of making deep Medicare cuts without comprehensive health-care system reform; and abandon the notion of balancing the budget by the "arbitrary date" of 2002.

The flash point may come in the fall, when Congress faces a must-pass vote on raising the federal debt. But if it gets that far, without any real move toward compromise between Mr. Clinton and the Republicans, some fear it will be too late to achieve much of anything substantive.

"The worst scenario is where you take the country to a point in late September or early October where you don't have a budget, you don't have your appropriations bills, you don't have reconciliation, you're facing the need for a debt-ceiling increase, and the threat is one of shutting down the government because you can't put anything together," Mr. Panetta says.

"The problem with that—and I've been there before—is that nobody wins," he adds. "The president doesn't win. The Democrats don't win. The Republicans don't win. And I think the American people have a lot to lose."



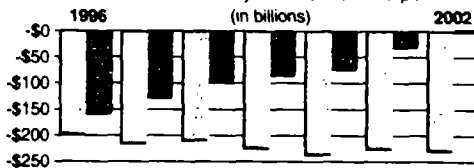
Bill Clinton

Senate plan vs. current spending: \$961 billion less

Senate Budget Committee Chairman Pete Domenici, R-N.M., unveiled a plan Tuesday that he says would balance the federal budget by fiscal year 2002. He would spend \$961 billion less than current law calls for by slowing the growth of Medicare and Medicaid and other programs. Comparing Senate plan spending to that of current law:

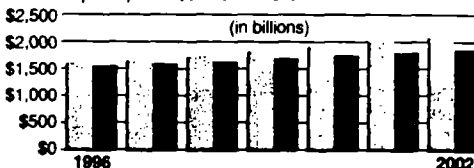
Deficit projections

Deficit would decline each fiscal year under Domenici plan.



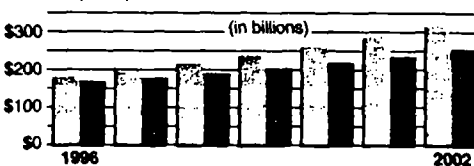
Projected spending

Domenici plan spends \$961 billion less.



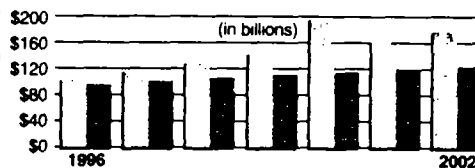
Medicare

Domenici plan spends \$256 billion less.



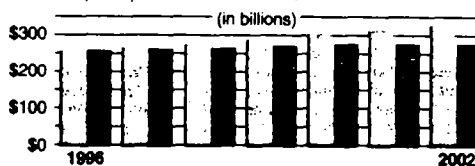
Medicaid

Domenici plan spends \$175 billion less.



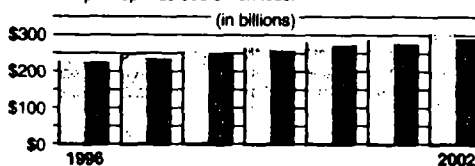
Interest on debt

Domenici plan spends \$155 billion less.



Welfare, food stamps, other benefits

Domenici plan spends \$83 billion less.



Source: U.S. Senate Budget Committee

By Marcy E. Mullins, USA TODAY

Cont'd from previous page

For example, the proposed limits on Medicare are almost certain to mean both higher costs and less medical care for the elderly. The Clinton administration predicts the elderly would pay \$900 a year more, on average, for health care.

"The level of Medicare and Medicaid cuts are breathtaking ... a frontal attack on America's families," said Gene Glover, head of the National Council of Senior Citizens.

Although it is smaller than the health program for the elderly, Medicaid is targeted for even more dramatic reductions under the Domenici plan. Its growth, running over 10% a year, would be brought down to 4% — and the program handed over to the states.

"I believe this is the time to get the federal government out of the Medicaid business," said Domenici.

Advocates for the poor as

well as health-care providers are ready to fight back, arguing the Medicaid program already provides too little.

Domenici's plan doesn't touch Social Security, although the House plan proposes slightly reducing annual cost-of-living increases.

The Senate plan also keeps the Pentagon budget close to current levels and continues pension programs to retirees.

Domenici also would cut \$190 billion from almost all other levels of government — they would be cut an average of 18% from current levels.

But Democrats say that figure underestimates the economy of reductions in those programs: When compared to projected future growth, the cuts total \$250 billion dollars and approach 30%.

Domenici proposes killing off more than 100 agencies, including the Department of

Commerce. House Republicans would cut 365 programs.

Some samples: Veterans Affairs hospitals would be frozen at current levels and new construction phased out. Loans for graduate students would see an increase in rates. President Clinton's Americorps volunteer program would be killed. Air traffic control would be turned over to private businesses. Amtrak would lose its federal subsidies.

Domenici's budget is virtually certain to pass his committee nearly intact. But problems with his own party will come on the Senate floor, when Phil Gramm, R-Texas, will insist on tax cuts as well, as proposed by the House.

Democrats will fight the plan, using the opportunity to score political points by complaining about the effect on tens of millions of Americans. But Democrats are put in an

uncomfortable spot because they don't have an alternative that produces enough savings — without raising taxes — to end \$200-billion-a-year deficits. The only Democratic proposal on the table is President Clinton's, which envisions even more federal borrowing and has few defenders.

Tough fights lie ahead over individual spending bills that follow the budget blueprint, and an omnibus reconciliation bill that locks the budget into law and probably also incorporates welfare reform and block grant proposals.

That will be the real test: to see if Republicans are right in believing their 1994 election mandate reflects a new public willingness to make the sacrifices necessary to end the flow of red ink.

► Senate plan, 1A
► Budget questions, 7A

THE WASHINGTON POST

... WASHINGTON, MAY 10, 1999 ...

THE FEDERAL PAGE

Senate Republicans' Blueprint to Balance the Budget

Senate Republicans yesterday presented their plan to balance the federal budget by the year 2002 by slowing the growth of Medicare and Medicaid, and eliminating the

Commerce Department and more than 100 other programs. The plan, presented by Senate Budget Committee Chairman Pete V. Domenici (R-N.M.), calls for

about \$961 billion in savings over seven years and projects a budget surplus in 2002 of \$2 billion, the first since 1969. Here is how specific areas of the budget would be affected:



DEFENSE

Military outlays will continue to decline in real terms through 1998, reflecting the ongoing downsizing of the military, followed by a rise through 2002 as Pentagon procurement resumes.

Total savings: \$25 billion over seven years. Non defense discretionary spending would go down by \$190 billion*.

- Reduces military outlays of 7.4 percent for 1996 and 3.1 percent for 1997.
- Increases \$2.7 billion over the next 10 years for housing.
- Logistics system savings, such as Patriot, Tomahawk and Inert II missiles.



INTERNATIONAL AFFAIRS

Funds State Department, Agency for International Development, U.S. Information Agency and the Arms Control and Disarmament Agency, trade promotion, U.S. participation in multilateral development banks and the United Nations.

Total savings: \$18.1 billion.

- Reduces State Department funding by \$381 million over 5 years.
- Reduces USAID programs by \$2.7 billion over 5 years.
- Stalls the Arms Control and Disarmament Agency, saving \$53 million over 5 years.
- Reduces export financing and trade promotion programs by \$404 million.
- Limits voluntary peacekeeping funding to Israel and Legal for Camp David Accords, saving \$768 million over 5 years.
- Cuts contributions to U.N. peacekeeping to 1991 level, saving \$1.2 billion over 5 years.



HEALTH, MEDICARE, MEDICAID

Includes mandatory spending for Medicare, Medicaid and the retiree portion of the Federal Employees Health Benefits program; discretionary spending for health services, the National Institutes of Health, the Centers for Disease Control and Prevention, the Indian Health Service, and consumer and occupational health and safety programs.

Total savings: \$256 billion for Medicare, \$202.3 billion for Medicaid and other health areas.

- Transfers Medicaid into a trust's grant and allows annual growth rate from 10 percent to 7 percent, saving \$175 billion.
- Reduces funding for the Agency for Health Care Policy and Research by 75 percent.
- Reduces funding for OSHA and Mine Safety & Health Administration by 80 percent.
- Medicare reform will be addressed under separate legislation calling for reductions in annual growth rates from 10.5 percent to 6.9 percent.



WELFARE, FEDERAL RETIREMENT

Includes food stamps, federal retirement, housing, nutrition and major cash and in-kind welfare programs.

Total savings: \$82.9 billion.

- Shifts welfare programs to the states with block grants.
- Eliminates welfare benefits for non-citizen immigrants.
- Eliminates cash cost of living adjustments for Social Security but changes the pension base from the three highest years of earnings to two.
- Eliminates the Limited Income Tax Credit for undocumented workers.
- Eliminates Congressional retirement to federal civilian retirement.



EDUCATION, TRAINING, EMPLOYMENT, SOCIAL SERVICES

Includes 321 educational, cultural and job training programs across departments and independent agencies.

Total savings: \$59.4 billion.

- Eliminates AmeriCorps.
- Increases funds for 90 job training programs by 25 percent.
- Eliminates funding for National Endowment for the Arts and National Endowment for the Humanities by 50 percent.
- Increases required advertising for Corporation for Public Broadcasting.
- Provides tuition fees.



COMMERCE AND HOUSING CREDIT

Includes discretionary housing programs, such as subsidies for single and multifamily housing mortgage insurance provided by the Federal Housing Administration, spending by the Postal Service, and discretionary funding for the Commerce Department.

Total savings: \$12.5 billion.

- Eliminates the Commerce Department, saving \$1 billion a year.
- Reduces costs of the U.S. Census in the year 2000.
- Provides or eliminates mortgage servicing on rural home loans held by USDA.
- Eliminates user fees for the regulatory agencies.



TRANSPORTATION

Includes the federal and highway program, mass transit operating and capital assistance, rail transportation, Amtrak, the Interstate Commerce Commission, the FAA, aviation facilities, water transportation through the Coast Guard and the Maritime Administration.

Total savings: \$51.3 billion.

- Eliminates the Interstate Commerce Commission.
- Phases out federal funding for Amtrak and mass transit.
- Provides FAA or traffic control by 1997, saving \$14.7 billion.



AGRICULTURE

Includes farm income stabilization programs and agriculture research and services.

Total savings: \$14 billion.

- Reduces Agricultural Research, Service and Cooperative State Research Extension and Extension Service by 10 percent.

*Cuts corporate subsidies to the Foreign Agricultural Service.



GENERAL SCIENCE, SPACE AND TECHNOLOGY

Includes NASA, Energy Department research and the National Science Foundation.

Total savings: \$6.7 billion.

- Reduces NASA contract management, saving \$2.7 billion.
- Reduces NSF research by \$100 million.



ENERGY

Includes the civilian activities of DOE, including solar, renewable, fossil, conservation research and development, civilian nuclear waste disposal, state energy conservation grants, Rural Utilities Service, Nuclear Regulatory Commission, Uranium Enrichment Corp. and Tennessee Valley Authority's power program.

Total savings: \$11.5 billion.

- Eliminates and streamlines Energy Department programs, saving \$1.6 billion.
- Provides and gets non-governmental assets, such as the Naval Petroleum Reserves (NPRs) and the Uranium Enrichment Corp. (\$1.5 billion) and four power marketing administrations (\$1.6 billion) and strategic petroleum reserves (\$900 million).



NATURAL RESOURCES

Includes funding for water resources, conservation and land management, recreational resources and pollution control.

Total savings: \$23.7 billion.

- Reduces costs of Army Corps of Engineers and Bureau of Reclamation, saving \$1.3 billion over 5 years.
- Reduces NOAA outlays.
- Reduces budgets of Forest Service, National Park Service, Fish & Wildlife Service, Bureau of Land Management by 10 percent.
- Eliminates National Biological Service.
- Increases 8 percent of 14 million acre Arctic National Wildlife Refuge, saving \$1.4 billion over 5 years.
- Provides the President.
- Provides the National Reserve, saving \$27 million over 5 years.



COMMUNITY AND REGIONAL DEVELOPMENT

Funds community and regional development and disaster relief, including programs administered by HUD, Appalachian Regional Commission, Tennessee Valley Authority, Economic Development Administration, Bureau of Indian Affairs, Federal Emergency Management Agency and the Department of Agriculture.

Total savings: \$20.1 billion.

\$7.6 billion over 5 years.

- Phases out the Appalachian Regional Commission, saving \$500 million over 5 years.
- Cuts the flood insurance subsidy for buildings constructed before 1975, saving \$1 billion over 5 years.



LAW ENFORCEMENT, JUSTICE

Includes the Department of Justice, the judiciary, Customs and other law enforcement functions in the Department of the Treasury as well as independent agencies, such as the Legal Services Corp.

Total savings: Spending will increase by \$27.4 billion over 7 years due primarily to enactment of the Violent Crime Reduction Trust Fund, which funds prison construction and community police.

- Reduces funding for the Legal Services Corp. by 65 percent.
- Increases funding for the FBI, DEA and IRS by \$2.7 billion.



GENERAL GOVERNMENT

Activities of the legislative branch, the Executive Office of the President, U.S. Treasury fiscal operations (including tax collection), personnel and property management and general purpose fiscal assistance to states, localities and U.S. territories.

Total savings: \$6.8 billion.

- Reduces spending for the Executive Office of the President by 75 percent.
- Reduces construction and renovation of federal buildings by 25 percent.
- Saves \$1.4 billion from legislative branch spending through reductions in committee and support office staff.
- Eliminates the Office of Technology Assessment.
- Eliminates pay for members of Congress until the budget is balanced in 2001.
- Changes fees for parking at federal buildings.



VETERANS

Programs directed toward veterans of the armed services.

Total savings: \$15.1 billion.

- Phases out construction of VA facilities.
- Limits future benefits to those injured while in the service, not afterward.
- Provides a higher requirement for upper income vets.

MISCELLANEOUS

Total savings: \$73.6 billion.

- Reduces the Davis Bacon Act to reduce federal construction costs.
- Reduces the number of public apartments from 2,800 to 2,000.
- Streamlines environmental legislation.

SOURCE: FY 1999 baseline budget resolution, chairman's mark, Republican staff of the U.S. Senate Budget Committee.

*When figure is adjusted for inflation it rises to \$440 billion. Savings are in today's dollars unless otherwise specified.

Officials puzzled by drop in welfare

By Doris Sue Wong and Scot Lehigh
CLOSE STAFF

A detailed breakdown of the reasons people have given for dropping off of welfare has failed to explain why the state's caseload has fallen by 3,100 families in the last two months.

After analyzing the data, the Department of Transitional Assistance has found that people are leaving for the same reasons this year that caused them to leave last year, only in greater numbers.

Although Lt. Gov. Paul Cellucci and other administration members have used the caseload decrease to tout their economy-boosting and welfare-tightening efforts, welfare officials who have reviewed the termination-reason records concede those claims are more supposition than fact. They admit the sharp decline has them stumped.

"It is somewhat of a mystery to us," said Ed Sanders-Bey, assistant commissioner for policy and program management at the Department of Transitional Assistance. "But logically we believe that if people are leaving, they are leaving because they no longer require cash assistance."

With the state saving \$3 million to \$3.5 million for every reduction in the welfare caseload of 1,000, policymakers are eager to see the trend continue and to understand why it is happening.

'I don't think people should get terribly carried away by these numbers.'

PHILIP JOHNSTON
HHS administrator

Many people's guess is that an improving economy is primarily responsible for moving welfare mothers off the rolls. But the number of women who told state officials they left welfare because of new earnings is not large enough to account for the sharp drop in the caseload.

Of the 15,000 women who left Aid to Families with Dependent Children, the main welfare program, during the first three months of this year, only 4,100 cited some form of increased earnings or assets as their reason. That compares to 3,300 of 13,100 families last year during the same period. The difference translates into barely more than a 2 percent change in the number of families reporting improved financial circumstances.

Human service advocates fear that women and families that truly need state help no longer believe that help is available. But they, too, admit that their evidence is sketchy and anecdotal.

Bruce Callahan, a supervisor at the transitional assistance office in Rovers and president of the welfare chapter of Local 609, Service Employees International Union, believes some women now are simply afraid to seek state

aid and are making do in other ways.

"What has apparently happened is women are being frightened into not applying for assistance thinking they are not going to get it," Callahan said. "The word is out on the street that welfare is going to be tougher than it was before. You are not dealing with a bunch of empowered women."

But Philip Johnston, head of the New England regional office of the US Department of Health and Human Services and the human services secretary under Gov. Michael Dukakis, says he doubts the tougher welfare law has had much effect.

"All the research that has been done on welfare - and there has been a lot of it - suggests that the caseload generally tracks economic trends," Johnston said. "I just don't believe that tough political rhetoric during the past several months has led to large numbers of people either not applying for AFDC or getting off the rolls."

Johnston notes that during the mid to late 1980s, when the state's super-charged economy created a shortage of workers, the caseload was lower, hitting a nadir of about 80,000 families, compared to the approximately 99,000 families currently on the rolls.

"I don't think people should get terribly carried away by these numbers," he said. "We are still about 20 percent higher than we were."

Theresa Hill, 35, of the South End, said the debate over welfare reform prompted her to push even harder last year for expanded hours as a part-time cafeteria worker for the Boston public schools.

"I started to get nervous," Hill said. "I said, 'I don't want to be sitting here with these three hours a day and then they cut me clean.' My friends were encouraging me to stabilize my job situation."

For Hill, who had been receiving AFDC since her son was born in 1979, the effort paid off. Her hours were doubled from 15 to 30 hours a week and her pay rose from \$7.50 to \$8.50 an hour last fall.

But Annetta Carter, 32, a single mother, said her personal situation, and not the stricter attitude toward welfare recipients, had determined her behavior.

Carter said she applied for AFDC when pregnant and gave birth in September 1993. After 15 months on the rolls, Carter was offered a full-time job at Redbones, a popular Somerville restaurant. "I just decided I was ready to go back to work," she said. "I like working."

Her job pays her \$255 to \$260 a week, compared to the \$223 she received every two weeks on while on AFDC. Under a state program, she still receives her health care through Medicaid, she said.

TODAY'S EXTRA

Clarion Ledger Jackson, MS 4/20/95

Fraudulent welfare claims targeted in investigation

■ Probe will shift focus from southern to central areas of the state.

By Butch John
Clarion-Ledger Staff Writer

Fresh off success in southern Mississippi, welfare fraud investigators have begun hunting fresh prey in central portions of the state.

"We are not doing the witch-hunt thing," said Robert Cook, head of program integrity for the state Department of Human Services. "We want people entitled to services to receive them. We're after those out to defraud the state."

Human Services began "Operation Make A Difference" on July 1, 1994, in several southern counties to ferret out individuals

illegally receiving food stamps and Aid to Families With Dependent Children, commonly called AFDC.

The initial southern phase concluded with 297 actions, including 83 fraud convictions and others pending for more than \$456,280 in fraudulent payments. The second phase began Monday in the tri-county and immediate outlying areas.

"We're hoping to repeat the success we had earlier, but again, our intent is not to harass the people who are eligible for services," Cook said.

The operation will continue through the end of the calendar year, he said, and will run concurrently with routine fraud investigations in other areas. Fraudulent claims resulted in

See FRAUD, 13A

CAUGHT IN THE ACT

The state Department of Human Services intensified its investigation of fraud and abuse claims in fiscal year 1994, which ended June 30 last year, resulting in significant increases in collections and cases:

■ DHS received 204 food stamp fraud convictions and 903 restitution agreements, a 266 percent increase from FY '93.

■ Courts ordered \$982,728 in restitution and waiver agreements, a 55 percent increase.

■ Forty-seven fraud convictions represented a 175 percent increase.

■ AFDC restitution agreements jumped to 386, a 75 percent increase.

Sources: Department of Human Services, Division of Program Integrity.

Fraud

From 1A

prosecutions in 36 counties during the last fiscal year.

While the first portion of the operation racked up impressive numbers, the second phase might be a little trickier, particularly in the crowded judicial system of Hinds County, Cook said.

A former deputy sheriff himself, Cook said he expects fraud cases will be taken seriously but perhaps will not be given the priority they have had in other counties.

City and county officials already have thousands of outstanding warrants. Court dockets are already teeming with backlogged cases that include murder, rape, aggravated assault and other felonies, Cook said.

Then, too, the city's size, large transient population and high number of off-the-books employment possibilities will hamper in-

Cont'd on next page

MAKING A DIFFERENCE

On July 1, 1994, the Division of Program Integrity of the state Department of Human Services began "Operation Make a Difference," an effort to combat widespread welfare fraud in Mississippi. The program began in the coastal and southwestern counties of the state and will expand into central Mississippi, including the tri-county area, later this spring.

The results of early efforts:

- 29 indictments totaling more than \$74,860 in fraudulent payments.
- 156 referrals for prosecution awaiting grand jury action totaling more than \$208,620.
- 83 convictions totaling more than \$122,800.
- 29 outstanding warrants totaling more than \$49,000.
- 418 restitution agreements, amount unavailable.
- 19 special investigations ranging from employee fraud to various criminal acts.

Source: State Department of Human Services, Division of Program Integrity

Cont'd from previous page

vestigations, DHS fraud investigator Faye Jones said. Jones said she hopes to see 80 percent of the cases filed eventually prosecuted.

"We have so many people in Hinds County who get out and brag about it: 'I have a job and I'm still getting food stamps,'" Jones said. "We want those people to know we're going to get you."

Although food stamps are issued from 100 percent federal money, Mississippi receives a bounty of one quarter of recovered fraud payments, which is added to the state's general fund, Cook said.

The state also recoups one quarter of restitution on AFDC fraud cases. AFDC is set up on a three-to-one, federal-to-state contribution basis.

In addition to returning taxpayer dollars to the state treasury, the early probe appears to have had an added benefit of keeping them there.

"Once news of the investigation got around, public assistance applications at county offices began to drop off considerably. People heard about them and cleaned up their act," said Circuit Judge Keith Starrett of McComb, who heard several of the cases.

The state issued \$398 million in food stamps and \$6.58 million in AFDC to nearly a half-million Mississippians last year, said JoAnn Coleman, DHS director of state operations for the Division of Economic Assistance.

In the month of March, new food stamps claims totaled \$409,837 and new AFDC claims came in at \$134,034, Coleman said. If claims are suspect, Coleman said, her office contacts Program Integrity, which begins the investigation.

The process is relatively simple, Jones said.

Investigators use computers to cross-check employment records with welfare recipients' Social Security numbers and those of other family members. They also look for unusual expenses, such as a recipient purchasing an automobile for more than \$4,500, Jones said.

If investigators get a match or dis-

cover excessive spending, they call the recipient to explain the situation, Jones said. Because of the potential danger, investigators generally do not make home visits, preferring to discuss the case in their office or in a neutral setting.

DHS officials said they can't estimate the cost of welfare fraud, but law enforcement officials say food stamps are used as underground currency, in particular to purchase illicit drugs.

"Almost every major drug bust, you'll find food stamps," Cook said.

Jones said violators tend to fall into one of two categories: People who don't realize their error and those who intentionally receive and attempt to hide benefits to which they are not entitled.

"We do consider honest mistakes, people who lack education or those who don't understand the system, people with disabilities," Jones said. "We're not wanting to put people in jail."

Recipients whom investigators believe made mistakes are offered several ways to return an overpayment, usually by a slight benefit reduction over a long period of time.

Suspected cheaters are treated in two ways. Those who received \$1,000 or less usually go through Justice Court or an equivalent, Cook said. Cases against those who got more are sent to the grand jury for indictment and prosecution.

"It gives the welfare system a bad name when people are getting benefits they aren't entitled to," said Pike County District Attorney Dunn Lampton. "It's kind of like insurance fraud. It's a form of corruption."

Lampton said by the time the district attorney's office gets involved, Human Services investigators have all but finished the case. Starrett said on most occasions the recipient enters a guilty plea.

"Generally when we refer them to prosecution we feel very comfortable we have an air-tight case," Cook said. He said DHS is not interested in jailing fraud offenders unless there is no other recourse

available.

Thus, he said, a typical felony guilty plea might result in what Starrett handed out last month to James Stone, 48, of McComb — a suspended three-year prison sentence, restitution, \$1,000 fine and 50 hours of community service.

This is not to say freeloaders get a relatively free ride. "If they don't abide by the terms of probation, then they will certainly spend some time in Parchman. I feel strongly welfare fraud is a serious crime," Starrett said.

Stone said he got caught double-dipping food stamps during a 1993 situation where his son took a part-time job. State law requires recipients to notify DHS of as little as a \$25 monthly income change within 10 days. Stone said he didn't report it because his son wasn't turning any of the money over to him.

"I didn't think that was wrong. If he had a regular job, not just working two days a week, I would have turned it in," Stone said. "But I have to pay for it, and I am paying for it — twice as much as I got in the first place."

Jones, who has been investigating fraud claims for well over a year, said she's heard every excuse and reasoning imaginable.

In some areas, law enforcement and judges also tend to look the other way, she said. "It's like, 'Just go ahead and let them fraud. It's OK because this county is very poor,'" Jones said.

Not unlike a cop, she has learned to insulate her feelings for children who suffer for their parents' excesses.

Jones said she is also getting tired of such arguments as "everyone else cheats" and "a little fraud never hurt anyone."

"I interviewed a client last week for a fraud case who said she couldn't afford to lose her food stamps," Jones said. "She asked me, 'What about all these people who're out there driving Cadillacs? Why not go after them?'"

"You don't see many people who need our help driving Cadillacs."

The News & Observer Raleigh, NC 4/26/95

Harsh welfare changes on horizon

Analysts call state welfare reform proposals the strictest in the nation. Already, one leading Democrat says he'll soften the Senate proposal.

BY MARY E. MILLER
STAFF WRITER

North Carolina has a national reputation as a great place to live. But if you're on welfare, it could soon be among the worst.

Policy analysts say elements of the two main welfare reform bills pending in the legislature could give North Carolina the harshest welfare laws in the nation.

The Republicans' bill, approved by a committee last week, cuts off Aid to Families with Dependent Children cash payments to any mother who has a child out of wedlock. The bill also changes welfare eligibility rules to figure in the value of food stamps and housing subsidies, the first such proposed requirement of its kind in the country.

According to state officials, that clause alone could cut off or limit benefits to 70 percent of AFDC recipients.

The Democrats' plan, which has not yet been debated, requires recipients to sign contracts that outline a plan to get off welfare. The bill, sponsored by Sen. Bill Martin of Greensboro, is the product of a legislative study commission and the Governor's Welfare Reform Task Force.

But critics are fighting a new provision in the Senate bill that allows the state to take away children if a parent willfully violates the contract and puts a child's health at risk.

Rep. Cherie Berry, who sponsored the Republican plan, took more than her share of heat about its punitive aspects last week — until she got a good look at the Democrats' bill.

"We're taking the cash, but they're going after the kids!" she said.

Martin, however, now says he didn't intend to set up a law to take children away from parents. He said he will change the bill.

"What we're trying to do is, after a certain point, when a recipient is not complying and there are sanctions, there's a possibility that the child could be

Rigid on welfare

Both welfare reform plans circulating in the General Assembly include carrots — incentives to encourage people to move to self-sufficiency — and sticks — sanctions that will force people to get jobs or get off welfare. Here's a glance at how they differ.

DEMOCRATS' PLAN

CARROTS:

- State pays for day care while recipients are in job training or working.
- Transitional day care and health care benefits lengthened for working recipients.
- Resource eligibility limits raised so recipients can have a better car; sets up special savings account to purchase health care, education or a home.

STICKS:

- All recipients have to set up a personal contract to become self-sufficient. Without a plan, there are no benefits.
- Teen parents must live at home or with legal guardian and finish school or lose benefits.
- No increase in benefits for children born while mother is on welfare.
- Once placed on job-active status, recipients have two years to get off welfare. They can't come back for three years.
- If parent willfully violates contract, the state can investigate whether child is at risk. If children are harmed, state can take them away.

REPUBLICANS' PLAN

CARROTS:

- Recipients can have one car of any value, or tools if they are self-employed.
 - Sets up a special savings account of up to \$10,000 to purchase education, health care or a home.
 - All recipients will be drug tested, and if addicted, state will pay for treatment.
- ##### STICKS:
- Cuts off AFDC and food stamps to any mother who has child out of wedlock. Mother gets WIC and Medicaid. Children get WIC, Medicaid and food stamps.
 - Teen parents must live with parents, legal guardian or state-approved residence or lose benefits.
 - No increase in benefits to mothers who have children while on welfare.
 - Counts food stamps and housing subsidy as income in determining eligibility.
 - Benefits limited to two years.

Hearings on welfare

House Republicans will conduct a public hearing on welfare reform today at 4 p.m. in Room 643 of the Legislative Office Building.

Senate Democrats will also have a welfare reform hearing May 2 at 5 p.m. in the General Assembly auditorium.

able-bodied will have two years to get a job or be in job training before they are kicked off welfare. Both bills also prohibit cash increases for mothers who have babies while on welfare.

Other states are also talking about capping benefits, but some lawyers question whether that's constitutional. At the very least, critics say, the plans attempt to change adults' behavior, but punish children.

Suzanne Reynolds, a family law professor at Wake Forest University, says the Republican plan is "social engineering at its worst."

"The clearest violation is the illegitimacy exclusion," she said. "We have never never allowed children to suffer solely for their status as illegitimate."

She also said she believes family caps and the potential removal of children may violate the constitution.

"The removal of child from home for failure to comply with these provisions is very bad — it may not have the impact the illegitimacy exclusion has, but as far as deprivation of human rights and civil liberties, it doesn't get any worse than that."

But Berry says the system is out of control and abused by those who would rather collect welfare than go to work.

"We are sending a message for people to get a job," she said. "Is that so wrong?"

The proposed changes anger Shirley McClain. The executive director of N.C. Hunger Network has protested the House plan and had hopes that the Senate bill would be less stringent. Now she fears that either bill might pass.

"If either of these bills pass in their present form, we will see the results of these negative provisions in our schools, on our streets, in our hospitals, in our mental health centers," she said.

in danger," he said. "This is a trigger to come in and take a closer look."

Even though Martin's bill apparently will be rewritten, policy experts say the Republican bill sets a national standard for toughness.

"The Republican plan seeks to impose an 18-year penalty on all children born out of wedlock," said Mark Greenberg, a senior staff lawyer with the Center for Law and Social Policy, a Washington think tank. "No state has sought federal permission to do

anything remotely like that."

On a philosophical level, lawmakers have debated using carrots or sticks — incentives that encourage people to move off welfare, or sanctions that force people to find jobs.

Both plans have some carrots, such as establishing temporary benefits for people who get jobs, raising limits for savings and the values of cars and setting up a special fund that gives cash to families in crisis.

But both bills also have sticks. Welfare recipients who qualify as

The News & Observer

Montgomery Advertiser AL 4/24/95

Study shows quality of life for Alabama's youths bleak

By Gita M. Smith
ADVERTISER STAFF WRITER

Alabama ranks 44th in the United States for quality of life for children, up from 46th last year, according to a national study released today.

The 1995 Kids Count report, compiled by the Annie E. Casey Foundation in Baltimore, looked at 10 factors to rank the 50 states and District of Columbia for children's well-being.

Among the factors: the number of children living in poverty; percentage of families with single mothers; births to unmarried teen-agers; juvenile violent crime arrests and court referrals; idle teens (not in school or working); and infant mortality.

"Alabama last year ranked 46th, and from 1989 through 1993 held steady at 48th. This year's ranking shows change is possible," says Art Turner, director of Alabama Kids Count.

"The Casey Foundation report shows too many Alabama children are growing up without fathers," he said, "and too many

children are being affected by crime and violence. But change is possible and education is our greatest hope."

The Kids Count report used 1991-92 data — the most recent year with complete information — to compile the rankings for this year.

The state inched higher in national standings, thanks to improvement in two factors: the infant mortality rate and an indicator called "idle teens," meaning the percentage of teens who are neither working nor in school, Mr. Turner said.

A separate report released today by Mr. Turner's organization showed that, within Alabama, Montgomery County ranked 50th of 67 counties.

Overall, Shelby ranked No. 1.

Autauga ranked 17th, Dallas ranked 62nd, Elmore ranked 31st, Lowndes ranked 58th and Macon ranked 66th.

Bullock ranked 67th.

Dallas County's low ranking was due, in part, to its rate of juvenile violent crime — the second worst in the state.

"Only Mobile County was worse.

move toward creating a Legislative Children's Caucus will lead to more improvements next year.

"I believe if you raise people's consciousness about the plight of Alabama children, change will come," Ms. Wagnon said.

"Voices for Alabama's Children takes the Kids Count data out into the state to motivate people to improve health, safety and education for our children."

Nearly 20 percent of Alabama's children are living in households with no adult male present.

"While thousands of children are being raised successfully by single parents across Alabama, statistics clearly indicate that children in father-absent families face greater risks," Mr. Turner said.

He said such children are five times more likely to be poor and 10 times more likely to be extremely poor as compared to children in two-parent families.

Boys whose fathers are absent face a higher probability of growing up unemployed, imprisoned and uninvolved with their own children, he said.

Ms. Wagnon said unmarried teen-age girls in mother-only families tend to believe that is an OK model of a family.

In Alabama, one of every eight births in 1993 was to an unmarried teen-ager.

The county rankings (1 is best, 67 is worst) for fatherless households include: Shelby, 1; Montgomery, 57; Autauga, 23; Bullock, 67; Dallas, 63; Elmore, 27; Lowndes, 65; and Macon, 66.

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Mr. Turner and his staff prepare the Alabama Kids Count report using the same indicators as the Casey Foundation used in compiling the national report.

Preserving families

Connie Wagnon, executive director of Voices for Alabama's Children, said the statewide report shows the problems of fatherless children and violence are worsening.

However, the state is making progress in battling one problem: children who live away from their families in foster care or

other custody arrangements.

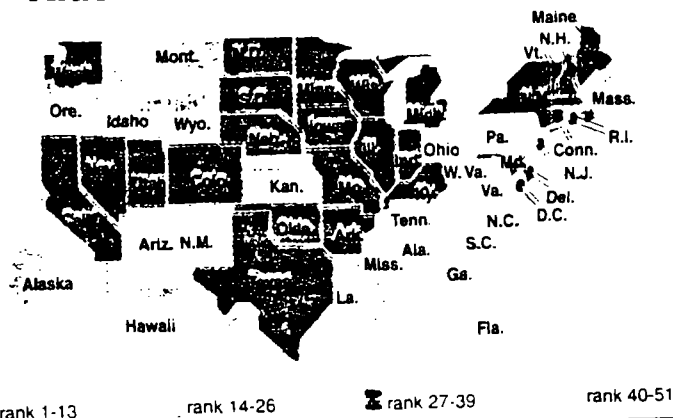
Mr. Turner credits the Department of Human Resources' efforts to keep families together in accordance with a court settlement called the "RC consent decree."

"The category of children living out of their own homes clearly shows improvement since 1987 when we first started collecting data," Mr. Turner said.

"Between 1987 and 1994, we see a definite decrease statewide of children sent to live in custody, and I believe that is because the emphasis is on family preservation."

Ms. Wagnon hopes that the

Kids Count national rankings



Reno Gazette-Journal (NV); 4-27-95

Violence toward young called a health crisis

■ Washoe official:
Says report is no surprise.

By Sevil Omer
GAZETTE-JOURNAL

Northern Nevada's child advocates say violence toward babies and young children has become a public health crisis, evident from a federal study showing an epidemic proportion of child deaths in the United States.

The U.S. Advisory Board on Child Abuse and Neglect on Wednesday released its first comprehensive report showing that more children die at the hands of their parents than in car accidents, house fires, falls or drownings.

"It's no surprise," said May Shelton, director of Washoe County's Social Services. "They're heinous crimes purported against helpless people."

The national study shows the

vast majority of abused and neglected children are under 4 years old.

"We've known that to be true," said Connie Martin, division of Child and Family Services in Carson City. "The number is significant with children under 5 and a good portion of them are under 2."

Of 233 children under 10 who died in Nevada in 1994, 29 were in Washoe County. Of those, three died of abuse, two less than in 1993.

Martin and others in child welfare agencies say the federal report is long overdue and comes at a critical time.

"It has been evolving to this point and what it reflects is a general disregard for human life. It reflects our social attitude all the way around," said Dr. Ellen Clark, a pathologist who often performs the autopsies on Washoe County's children killed by abuse or neglect.

In the nation, at least 2,000 children, the vast majority age 4 and younger, die every year of abuse

See **ABUSE** on page 8A

Washoe County child deaths

Category	Age			Total
	Under 1	1-5	6-10	
1994				
Natural	16	4	2	22
Accident	1	3	0	4
Homicide	2	1	0	3
Total	19	8	2	29
1993				
Natural	36	8	3	48
Accident	1	3	2	5
Homicide	1	4	0	5
Total	38	15	5	58
1992				
Natural	19	3	2	24
Accident	1	2	1	4
Homicide	1	0	0	1
Total	21	5	3	29
1991				
Natural	6	3	2	11
Accident	2	2	2	6
Homicide	2	1	0	3
Total	10	6	4	20
1990				
Natural	37	0	2	39
Accident	1	3	3	7
Homicide	0	0	3	3
Total	38	3	8	49

Source: State Health Division

Mark Nowlin/Gazette-Journal

Abuse

From page 1A

and neglect, the federal panel cited. An additional 18,000 children are permanently disabled and 142,000 are seriously injured.

Most physical abuse fatalities are caused by men who are enraged or under extreme stress — fathers, stepfathers, boyfriends or other male caretakers, the report said.

Men primarily assault infants and small children by beating their heads and bodies, shaking them

violently, intentionally suffocating them, immersing them in scalding water, and other brutal acts. Mothers are held responsible for most deaths caused by severe neglect, the study said.

Washoe County has many examples.

■ A 27-year-old Reno father last week pleaded guilty to the murder of his 3½-year-old stepdaughter, Mailin Stafford, who was beaten to death in 1994 and then dumped in a southern California ravine. The mother was sentenced to 15 years in prison because she stood

by the man during the beatings.

■ A 32-year-old Reno man on Tuesday was arraigned on a charge he killed a four-month-old infant by shaking him to death in February.

■ Eleven-week-old Colin Johns of Sparks died on April 5 from injuries suffered from shaken baby syndrome. No one has been charged.

"Violence towards very young children has reached the level of a public health crisis and is similar in scope to the destruction of teenagers by street gunfire," the panel concluded. "Abuse and neglect

has become one of the biggest threats to the lives of infants and small children in America."

Wednesday's report, "A Nation's Shame: Fatal Child Abuse and Neglect in the United States," lists the horrible ways children die.

Deaths from abuse and neglect of children age 4 and younger outnumber those from falls, choking on food, suffocation, drownings, residential fires or car accidents. Motor vehicle accidents kill about 1,000 preschoolers, infants and toddlers a year.

TO YOUR HEALTH

Balt. Sun; 5-9-95

Family Doctors Make a Comeback

General practitioners gain with patients, HMOs

By Patricia Meisol **LD**
Sun Staff Writer

Brandon stares ahead, listless, his eyes tinged with pink. His family doctor has found swollen glands and, peeking inside the 2-year-old's ears, claims to see Simba.

No response.

"You're too sick to care, aren't you, sweetie?" Dr. Alex Rocha asks the sad towhead. He turns to Brandon's mother, Dawn Goodman: "He's got tonsillitis," the doctor says.

A few minutes later, Dr. Rocha is talking to an 80-year-old farmer about the arthritis in his leg and stops to examine his sandpaper hands.

"Look at these mitts," he tells Howard Leister, who recently painted 12,000 feet of white fence. "You've worked hard all your life."

"And no money," the patient replies, grinning.

Doctors like this were once called general practitioners — jacks-of-all-trades who treated the entire family's ailments before they were pushed to medicine's fringes by specialization. Now, in demand by insurance companies and patients, family doctors are making a comeback.

Across the country, residencies in family medicine are filled to capacity for the first time since their creation in 1969. The University of Maryland has 19 students in family doctor residency programs, up from 12 last year. Even the Johns Hopkins School of Medicine, famous for training spe-

cialists, is sending six students to family medicine residencies this year.

The reason for the surging interest: jobs. In Maryland, there are 650 family doctors, and demand for more than twice as many. Holy Cross Hospital in Silver Spring will open the state's fourth residency program this summer.

Along with pediatricians and internists, family doctors are sought after by health maintenance organizations and other managed-care companies to serve as "primary care physicians" — the gatekeepers who direct patient care and, in many cases, limit access to expensive specialists and medical tests.

"In the past two years, it has finally been realized: every person should have a basic physician to guide them in their health care," says

Cont'd on next page



Dr. Alex Rocha checks ears of Jessica Beverly, 8.



JED KIRSCHBAUM/SUN STAFF PHOTO

(Left) Dr. Rocha tells Jessica and her mother, Susan, that he's prescribing a cough medicine. (Above) Dr. Rocha administers TLC.



JED KIRSCHBAUM/SUN STAFF PHOTO

Cont'd from previous page

Edward J. Kowalewski, a champion of family medicine, who trained Dr. Rocha at the University of Maryland.

Dr. Rocha, 39, a father of two who wears suspenders decorated with penguins and duck ties, is in the vanguard of the new wave of family doctors.

Five and a half years ago, after finishing his residency at the University of Maryland, he and a partner opened a practice in the burgeoning Carroll County suburb of Hampstead. Today, it serves 8,400 people and is attracting 120 new families a month.

Dr. Rocha just hired a fifth doctor, who starts in August, to help handle the new patients. Last month, he moved his growing business into a new suite of offices and is considering whether to open a satellite office in Finksburg.

Dr. Rocha had no idea family medicine would lead to such success when he entered medical school at Maryland in the mid-1970s. He had a master's degree in physics, but decided he wanted to be a doctor so he could work with people. He settled on family medicine early on because he wanted to be a generalist.

Dr. Rocha was trained to do a little of everything — deliver babies, perform surgery, treat high blood pressure, even offer marital counseling. He went through a three-year residency program just like any other specialist, making him far better trained than the old general practi-

tions are far higher. A starting position in Chicago was offered at \$140,000 and one in Phoenix at \$250,000 in advertisements in April editions of the *Journal of the American Medical Association*.

A new generation

Unlike the doctor of old, who sometimes treated patients in a wing of his own house or traveled to the patient's house in his own car, the new generation of family doctors often practice in a fully equipped, free-standing office — in Dr. Rocha's case, inside a Carroll County shopping mall.

In his 3,000-square-foot suite of offices, he offers one-stop shopping for the family. With a staff of 19, including a physician's assistant and a registered nurse, the office tests blood and urine samples, takes throat cultures, and gives EKGs. Nebulizer treatments to asthma patients, and intravenous fluids to flu victims. The only thing missing is an X-ray machine.

In the course of a morning, Dr. Rocha examines a woman with painful red eyes; a 9-month-old baby; an 8-year-old with a sore throat and fever; a patient with lower back pain, and a second-grader with a stomachache. Between appointments, he dictates his orders, sees four or five drug company representatives dropping off samples, and munches on a bagel with jelly. He also takes phone calls from patients.

"You have to get very good at figuring out what is going on over the phone," he says. A stiff neck, for instance, could be the result of an odd sleeping position or a sign of meningitis.

Knowing their patients

In most cases, knowing the patient is just as important as knowing his or her symptoms. Dr. Rocha says, "After six years, I know some of my patients very well."

The relationship between the family doctor and the patient "is extremely important, probably as sacred as that between a priest and a person," says Dr. Kowalewski, the retired professor.

In a good relationship, he says, the patient is able to confide about things large and small, and the doctor is able to treat the physical and the emotional side of illness. Patients don't delay getting a problem taken care of or hesitate to call to ask about something that's worrying them.

When 8-year-old Jessica Beverly comes in to see Dr. Rocha for a cough and stomachache, her mother confides that she's worried about something else: Jessica has outgrown all her clothes in one week. Dr. Rocha tries to allay her fears that Jessica could be developing a weight problem.

"Eighty percent of girls and women in this country think they are fat, and it's not true," Dr. Rocha says.

"Don't worry about it, she's supposed to grow!" he says. Then he picks Jessica up from the examining table and stands her in the middle of the room: "Look at her, how skinny this girl is!"

Dr. Rocha also makes himself available to his patients — even in the middle of the night. One of the most frustrating experiences of some patients who join HMOs or other managed-care programs is that they cannot get an appointment with "primary care" doctors, much less develop a relationship with them.

When Mrs. Goodman's daughter, Lisa, now 7, became ill some years ago, Mrs. Goodman would call Dr. Rocha at 3 a.m. or 4 a.m. "Whenever I call him, I always get him," Mrs. Goodman says.

It was Dr. Rocha who detected Lisa's illness — Perthe's disease, a deterioration of the bones — and sent her to a specialist she now sees in consultation with Dr. Rocha.

The entire Goodman family goes to Dr. Rocha now, as do Mrs. Goodman's three brothers, ages 27, 26, and 22. "I've recommended him to so many people," she says.

For Brandon Goodman's tonsillitis, he prescribes an antibiotic. "Popsicles, Jell-O, ice chips. Don't worry about solids," he says. "Clear liquids, soda, ginger ale are fine."

For another child, Ryan McComas, 8, who came in with a fever and an upset stomach, he prescribes TLC (tender loving care) and CNS (chicken noodle soup). The McComas boys used to go to a pediatrician, but now the whole family sees Dr. Rocha, Mrs. McComas says. She says it is much more convenient for all of them to see one doctor.

About half of Dr. Rocha's patients belong to HMOs, which pay him a flat monthly fee (\$11 for an adult and \$30 for infants) to care for the patient, whether or not the patient is sick.

It is in his economic interest to keep them well and to refer them to specialists sparingly. Dr. Rocha doesn't mind being called a gatekeeper, although it is sometimes used in a derogatory way.

"I think it takes some ingenuity to work with the new rules," he says. "But the training we got was very consistent with managed care — to give cost-effective, high-quality care, not to over-refer."

Without a doctor in charge, a patient with problems might end up seeing six or seven specialists.

"The family physician can get the patient through [the system] with lower costs and higher patient satisfaction," says Patrick B. Harr, chairman of the American Academy of Family Physicians and a family doctor in Maryville, Mo., for 21 years.

The risk for Dr. Rocha and other family doctors who see HMO patients is that they won't have time to develop the very relationships with patients that make for good care.

Eventually, patients in that situation will leave, Dr. Harr says.

"Patients are our sole focus, and as long as the focus is maintained, the family physician will fare well," he says.

So far, Dr. Rocha is faring well. Although doctoring is hard work, he arranges his schedule so that he has time for his wife, Carolyn, and daughters, Holly, 3, and Allie, 18 months. He works 8 a.m. to 1 p.m. four mornings, and all day Friday and Saturday. Afternoons, after meetings at the hospital or with vendors, he can be found at home handling the business side of his practice on his computer or playing with his children.

He still does house calls. Not many, but some — usually to patients with cancer or patients in hospices. "It's too stressful to do any more," he says. "I get lost, my car phone doesn't work..."

Family doctors continue to face a struggle in Maryland. "We live in a state where people have forgotten there ever were family physicians," says Kevin S. Ferentz, a family doctor and director of the residency program at Maryland.

But the signs of change are everywhere, from the demand for residency positions to the new requirement that medical students take family medicine classes and complete a rotation in family medicine.

Dr. Rocha has no regrets about his choice. "I've always been happy," he says.

66 After six years, I know some of my patients very well. 99

DR. ALEX ROCHA

tioner. General practitioners usually took nine months to a year of additional training after medical school and faced no licensing test before they set up shop.

Condescending attitudes

Although the family medicine program at Maryland included rigorous training in internal medicine, pediatrics, surgery, emergency medicine and psychiatry, plenty of other doctors still looked down their noses at Dr. Rocha.

Typical was one surgeon's reaction when he learned that Dr. Rocha was headed for family medicine. "Geez, I thought you were too smart for that," the surgeon told him.

"You have to be pretty committed to stand up to all the abuses," Dr. Rocha says, noting that most of his teachers were specialists. In a class of 170, only 20 chose family medicine and only eight made it through, he says. The rest got talked out of it.

These days, though, Dr. Rocha's choice is looking pretty smart.

When he opened his practice, a good starting salary for a family doctor was about \$79,000 — far less than most other doctors were making. Today the median salary for a family doctor just out of residency is \$106,000, according to the American Academy of Family Physicians.

In some parts of the country, sala-

Focus

Wash. Post; 5-9-95

Mothers and Sons

By Laura Sessions Stepp
Washington Post Staff Writer

This coming Sunday morning, Lynda Young will be sitting at the kitchen table, her hawk eyes trained on James, 15, as he prepares her Mother's Day breakfast. *Poached eggs over toast, please, and don't let them slide off the bread. Chunky applesauce, not smooth. And a little garnish over there. Make it look pretty.*

Suggest to Young, a single mother, that she's over-parenting her only son, and she'll suspect you're crazy. Tell her that the Robert Bly of the world say she needs to back away from James so that he can develop his manhood and she'll take that as positive proof.

"The more involved I am, the more guarantee I have that he will become someone society is proud of, not afraid of," Young says with confidence.

To which five recent authors, all mothers of sons, say, "Amen."

The long-held assumption that mothers who stay close to their sons risk raising wimps is not borne out by the research or experience, these writers say. Strong, confident mothers have been raising strong, confident sons for generations. Mothers need to stay involved; the only question is how. To suggest that they back away—when many fathers are either physically or emotionally absent—is tantamount to abandoning their boys altogether.

"If we tell women that they can't raise sons without a man, or that they must step aside at a certain point in their sons' development so that the boys' fathers become the dominant influence, then many of those boys will be, for

traditional wedding ballad for fathers and daughters. So in 1991 she sat down at her kitchen table in northern New Jersey and penned "A Song for My Son." More than 150,000 copies later, the orders keep coming.

This newfound interest may be in part a reaction to the polemics of the more extreme wings of the men's/fatherhood movements, but it also reflects the sobering fact that an increasing number of boys in this country are being raised without fathers, and that boys are increasingly endangered, especially adolescent boys.

"It used to be you only worried about your daughters," says Ann Caron, author of "Strong Mothers, Strong Sons." Then the research started pouring in. It showed that boys tend to be punished disproportionately in school and assigned more frequently to special education classes. Adolescent boys and young men are four times more likely to be killed in accidents than girls, and far more likely to be murdered and commit suicide.

In her book "Saving Our Sons," Marita Golden describes the concern that such statistics engender, particularly in African American mothers. "By the time we ordered dessert," she says of herself and her friend Elaine, "we were talking about our sons, ours and everyone else's. . . . We talked about them because if we had not yet lost them, we feared we would. And looking into each other's eyes, hearing the confusion in our own voices, we wondered who could tell us how to get them back."

For a few years mothers of sons will feel as if they've lost them, Golden and these other authors say, for boys naturally pull away from their mothers, often earlier than daughters. "A mother finds that as her son grows in height and weight, their arguments often increase in number and in intensity," Caron writes.

Lynda Young first noticed James distancing himself when he started insisting that he be called James, not Jaime. At age 13 he grew several inches and developed a preference for over-sized sweat shirts and caps worn backward. "You're not going out with me looking like that," Young would say. "Back upstairs!"

Part of the separation process will include anger, the authors say, and the closer the mother and son are, the fiercer the anger may be. That's when the dance begins, a difficult pas de deux in which the boy eventually leads, but with the firm hand of his mother on his shoulder.

A healthy mother-son relationship begins with the mother recognizing that her boy is going to behave differently than most girls she knows, including the girl she once was, four of these five authors say. Evelyn Bassoff, author of "Between Mothers and Sons," says even the most independent of women have come to understand that "equity doesn't mean sameness. Boys and girls are different and that's a very good thing."

Boys tend to be more physical, for example. Their rough-and-tumble play is not only normal but necessary and should be humored, Bassoff says, tempered, of course, with skills to help them avoid being harmful or destructive. Boys also tend to take more risks than girls, says Bassoff, a positive trait often causing anxious moments.

Bassoff writes poignantly about the time her son Jonathan sustained a major concussion while trying to steal second base during a baseball game. Once the hospital discharged him and he returned to school, he asked to rejoin the team. Bassoff first said no, but changed her mind—reluctantly—after consulting the family physician. During his first game back, she watched him steal second, this time without getting hurt. "I made a secret vow that from then on, I would no longer dwell on the bad things that could happen to Jonathan when he played sports," she writes.

"Instead, I would join in his excitement and respect whatever in him moved his spirit."

Bassoff urges mothers to convey to their sons that they respect these boyish traits. Phillips agrees: Mothers need to be able to say, "You are going to be a man and a man is good." Women who have been badly hurt by men will find this hard to say, both authors admit, but to show contempt or disrespect for men in general is to condemn what the son is becoming. "I know a child who has told me he doesn't want to grow up," Phillips says, "because he is being raised in an atmosphere

"Mothers hold their children close and safe; fathers push them into the world. Mothers affirm their children unconditionally; fathers challenge them."

—Evelyn Bassoff

where men are considered bad and he doesn't want to be one."

Olga Silverstein is the dissenter in this group when it comes to gender differences. She says that gender research shows that, with the exception of boys' level of physical energy, "there are more differences within genders than between them." She worries that mothers who focus on their child's masculinity are tempted also to encourage or at least tolerate traditional "male" behaviors they wouldn't otherwise approve of, particularly ambitiousness, aggression and denial of feelings. Mothers should think of their boys as "just children," she says, and encourage the traits "human beings" should have such as caring and communication.

Boys will be steered toward traditional masculine roles by peers on the playground, men they meet and the media, Silverstein says. On this, she and the other authors agree: Mothers

must act as a counterweight to those larger cultural forces.

Caron calls this "adding on" rather than "subtracting from" what boys already do: Boys don't learn to talk about their feelings from other boys or, in many cases, from their dads. The "minimalist crypto-speak" they employ—Phillips's words—are like a foreign tongue to many mothers.

Without putting down those communications skills, mothers can gently and cautiously help their sons dig into that private, inner core and learn new words, Caron says. For instance, if a son has been ugly with a friend, his mother can say, "You know, there are other ways to talk to your friends" and give him alternate language to use. Once the son starts dating, a mother can ask, "How much do you care for this girl and how do you show it?"

Avoid interrogation, Silverstein recommends: "Every time you ask a direct question, he thinks he's being tested." Silverstein prefers dialogue beginning, "I heard about . . .

Cont'd on next page

"It used to be you only worried about your daughters."

—Ann Caron

all intents and purposes, parentless," says Olga Silverstein, a Manhattan therapist and one of the five writers.

From the time of Homer, whose Achilles died from a wound to the heel where his mother once clung, mothers have been dogged by the notion that if they were too close to their sons, the boys would grow up weak and unhappy. In her book, "The Courage to Raise Good Men," Silverstein notes that a 1985 review of 125 professional articles on male development referred to 72 different psychological disorders attributed to mothers. Popular culture has been equally unkind, she says: Movies as diverse as "The Karate Kid," "Boys N the Hood," and "Little Man Tate" suggest that a boy must choose between his mother and success.

"The result of this barrage of mother-blaming has been to intimidate mothers, to make them doubt what are often their own best impulses," Silverstein writes. "What mother . . . has not feared for the damage she might inflict on her sons by being either too loving (over-protective, over-close . . .) or the reverse (unresponsive, rejecting . . .)?"

But as the arrival of these five books indicates, attitudes may be shifting. Forrest Gump worshiped his mother, grew up a hero, and snatched away six Academy Awards this year. In 1994, Robert Munsch's book, "Love You Forever," a simple tale of the enduring love between a boy and his mother, topped the New York Times all-time best-seller list for children's books.

Mikki Viereck, a wedding music writer and performer, can also attest to the surge of support for mothers and sons. Mothers of prospective grooms had complained to her that they had nothing similar to "Daddy's Girl," a

N.Y. Times; 5-9-95

Battle for Baby J: Foster Mother Fights Family for Permanent Custody

By MIREYA NAVARRO

HOLLYWOOD, Fla. — By most accounts, Kathryn A. Reiter is an intelligent and caring woman with the credentials to match: a Ph.D. in education, duty on the Town Council and service as a foster mother. But in March she became a fugitive when she absconded with her 2-year-old foster daughter after losing custody to the girl's family.

She was back three weeks later and now, under house arrest, must wear an electronic anklet. She faces up to five years in prison on a felony charge of concealing a child in violation of a court order. No trial date has been set.

Mrs. Reiter remains defiant, saying she returned her foster child, known in court as Baby J, only temporarily. She has filed for adoption and has vowed to fight a system that, she said, led her to believe that she could adopt the girl she took home at the age of 6 months, only to yank the girl away two years later.

"We're her family," Mrs. Reiter said, speaking of herself, her husband, Sidney, and their young son. "This is the best place for her."

The Florida Department of Health and Rehabilitative Services has acknowledged that it erred both in rejecting some of Baby J's relatives as potential custodial parents and in allowing Mrs. Reiter to take care of a foster child whose adoption she so clearly wanted.

The goal of foster care, department officials said, is to have the child reunited with the parents or at least relatives, and they said foster parents should help achieve that goal. But often the people most enthusiastic about becoming foster parents — and in many cases the most successful — are those who also most want to adopt.

Aside from underscoring failings of the foster care system in Florida, the case of Baby J reflects the plight of many foster parents around the nation who are mired in what Florida's Secretary of Health and Rehabilitative Services, H. James Towey, calls "an inherent conflict in foster parenting": They want to adopt but often must wait years while child welfare officials give numerous opportunities to family members to work out their problems.



Kathryn Reiter's adopted son, Thomas, and the foster daughter, Baby J, whom she and her husband want to adopt.

"You want them to provide a loving home," Mr. Towey said, "but at the same time they're not mommy and daddy."

There is a growing national debate over whether the bias for preserving biological families is always in the child's best interest. Federal and state guidelines give child welfare agencies 18 months to make a permanent placement either with the family or through adoptions, but experts say either route can take years because of bureaucratic delays and because many judges are reluctant to terminate parental rights quickly. In the meantime, the bond between the foster child and foster parents grows stronger.

Custodial disputes between foster parents and relatives are common, officials from child welfare agencies say, and the relatives usually win out on the strength of blood. Some argue, however, that in certain cases the children are better off staying in the foster home even when there are family members who want them.

"Any time you move the child, you damage the child," said Mary Beth Style, a vice president of the National Council for Adoption, an advocacy

group that represents private adoption agencies. "What a lot of us are saying is that you ought to look at the impact on the child."

Foster Children Usually Go Home

Florida child welfare officials support legislation to provide for faster termination of parental rights in cases where the biological mother has given birth to more than one drug-exposed child, as was the case with Baby J.

Some states have put foster parents who want to adopt on a faster track. Many prospective parents go through foster care rather than private adoption arrangements because it is cheaper and can be faster, or because they are looking specifically for children with special needs, experts say. For the last three years, New Mexico has matched these parents with the children most likely to be free for adoption because of a family history of abuse or abandonment.

In most states, foster parents are still primarily expected to be temporary caretakers. But often, foster parents complain that they are misled into thinking they will end up keeping the child.

"We deal with this repeatedly," said Carole Shauffer, executive director of the Youth Law Center in San Francisco, a public interest firm. "The counselor says, 'We want to reunify, but you'll end up keeping the child.' It's not right, especially if they haven't explored all the relatives."

Nationally, the overwhelming majority of foster children are eventually returned to their homes. Of the 10 percent or so who are adopted, nearly half stay with their foster parents, many of them non-relatives. In Florida, more than two-thirds do, health department officials say.

Mrs. Reiter, who is in charge of academic services for the osteopathic college at Nova Southeastern University in North Miami Beach, took the gamble. And it paid off. In 1993 she and her husband, a retired financial adviser for Dade County, were able to adopt a foster son, now 7, after he had been in their care for

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THE GREEN SHEET ^{27.}



Caron Young helps son James, 15, with his collar before she heads to work and he to school.

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What do you think? Caron says sons are more apt to open up when they're doing things with Mom—washing the car, attending a soccer game, taking a computer course together.

Research suggests that this inability to express one's feelings, particularly one's negative feelings, may contribute to boys' higher rates of suicide, according to Phillips.

Golden warns mothers not to expect their sons to show emotion the way they do, nor to expect the sharing to be done necessarily with them. In addition to moms, she says, sons need men in their lives who can model the caring behavior and negotiating skills that the mothers want their sons to have.

Bassoff agrees. She urges more strongly than the others that mothers back away and allow their sons to develop strong relationships with their dads. Mothers have "over-functioned," she says. "We've claimed parenthood as our turf and in the process we've pushed away the male parent."

"Mothers and fathers provide different things," she continues. "Mothers hold their children close and safe; fathers push them into the world. Mothers affirm their children unconditionally; fathers challenge them."

Golden offers an example from her own life: When her son Michael was in junior high, he got into an argument with another boy. He knew this boy kept a gun in his locker and

when he came home, he told Golden he didn't want to return to school the next day. It was Golden's husband, Michael's stepfather, who convinced both of them that Michael should go back to school. If he felt anything was amiss, he was to go to the principal's office. "My husband felt it was important for him to deal with this. We couldn't be with him all the time," Golden remembers. Michael returned, and nothing happened.

The attention of a dad, even a dad whom the mother no longer respects, is important to a son, several of these authors say. "The person who left is the person he is going to be like," Phillips notes. "Running [the dad] down runs down the child."

On this Silverstein takes strong exception. "The idea that any man is better than none is frightening," she says. She and the other writers do agree, however, that needed attention can come from other men, including grandfathers. "Very often, men who weren't very good fathers can give quite a lot as grandfathers," Bassoff says.

Uncles, too, can be a source of support. When Young, an assistant hotel sales manager, left her husband on the West Coast seven years ago, she brought James back to her family's home in the Petworth section of Washington where her brother, Vincent Brown, was living. Brown and James became close and remain so today, even after Brown married and moved to Rockville.

Young considered moving, too, when neighbors in one house on the block started selling cocaine. She knew that no matter how capable she was, she needed a community of people around her to help her raise James, an environment in which she could gradually let go and believe he was still safe.

But her house was paid for. She and James knew and liked most of the other neighbors. So Young decided to stay and fight back. She and others in the community formed a watch group that, with the help of police, eventually forced the cocaine dealers away—and taught James that bravery and standing up for one's rights are not gender-specific.

That took care of the neighborhood problem. Then there was the school problem. Young had enrolled James in a magnet school in Southeast D.C., a relatively safe area near several federal buildings. After he was hassled twice outside by gangs who took his money, she placed him in a Catholic school closer to home and, she hopes, safer. She made sure he was able to keep his old friends whom she trusted and whose parents she knew—other members of that protective web.

She also sees to it that he keeps busy with sports after school, then homework and chores. "You should hear her," he grouches good-naturedly. "My foot hasn't hit that first step inside before she's yelling, 'James, did you take out the trash? You didn't take out the trash, did you?'"

Thus Saturday night, he'll be stepping across the stage at Archbishop Carroll High School three times to receive trophies for football, basketball and track.

"My mom'll be there; I know that," he says.

Resources

Among reading possibilities:

"Between Mothers and Sons: The Making of Vital and Loving Men" (Dutton, \$20.95), by Evelyn S. Bassoff.

"Strong Mothers, Strong Sons: Raising Boys in the '90s" (Henry Holt and Co., \$22.50), by Ann F. Caron.

"Saving Our Sons: Raising Black Children in a Turbulent World" (Doubleday, \$18.50), by Marita Golden.

"The Trouble With Boys" (Basic Books, \$23), by Angela Phillips.

"The Courage to Raise Good Men" (Penguin Books, \$21.95), by Olga Silverstein & Beth Rashbaum.

"A Song for My Son," an orchestrated ballad sung by Mikki Viereck. CD, \$9; tape, \$7; sheet music, \$6. Call 800-447-6647.



Photographs by Jennifer Podia for The New York Times

Kathryn A. Reiter faces up to five years in prison on a felony charge for absconding with her foster daughter after losing custody to the girl's family. She is under house arrest, required to wear an electronic ankle.

Cont'd from previous page

three years. They decided to try becoming foster parents again in April 1993, she said, because they believed their son needed a sibling.

Mrs. Reiter, 37, said she had chosen not to give birth to children because she wanted instead to devote her efforts to nurturing children in need. Both of her foster children had drug-addicted mothers. And state health officials said the Reiters did a good job of rearing the boy, who had been physically abused and did not speak and was prone to tantrums when they got him.

Hope to Dismay To Desperation

Baby J was born prematurely in October 1992, and when cocaine was found in her blood, the rehabilitative services department placed her at a children's shelter. Department officials said they had already removed three older siblings from the mother's custody and had placed them with their father. Baby J's father was never located.

Though Mrs. Reiter said she was clear about her desire to adopt, case notes from workers at the shelter show she was cautioned that the girl's case might be contested. One month after the child welfare officials placed Baby J, then 6 months old, with the Reiters, cousins of the biological mother by marriage filed for adoption.

But a staff member recommended against taking the girl from the Reiter home, "where she is clearly attached to the foster family," to place her with people the agency described as "non-relatives."

Anita M. Bock, the Health and Rehabilitative Services administrator for Dade and Monroe Counties in South Florida, now calls the denial of custody to the cousins in November 1993 "a tragic error in judgment."

Mrs. Reiter said that as the cousins were rejected and the biological

mother repeatedly failed drug treatment programs, she grew more confident that she would be able to keep Baby J. Officials at the rehabilitative services department emphasize that the Reiters signed a contract in which they agreed that the placement of the child in their home was temporary and that they were not to interfere in reunification efforts.

Mrs. Reiter said that she signed similar papers for her foster son and that department staff members led her to believe the contract was "a formality."

Then another couple, blood relatives of Baby J's mother, sought custody of the little girl. In early March, after they were found suitable and upon Ms. Bock's recommendation, a judge awarded the child to them.

But on March 8, when she was supposed to turn the girl over to health agency workers, Mrs. Reiter vanished with Baby J and her son.

During an interview in her home, Mrs. Reiter was advised by her lawyers, who were also present, not to answer questions about the disappearance, except to say that she had never left the state. But she also said she had fled because "H.R.S. wouldn't listen to me."

"I did what I morally had to do to keep my family together," she said, adding that she returned because "you can't fight if you're hiding."

For those who know Mrs. Reiter, her boldness was surprising but not out of character. Colleagues on the seven-member Council of Bay Harbor Islands, on which she served from 1989 to 1993, said Mrs. Reiter was often the lone dissenter in votes.

Readjustment And Resentment

Members of Baby J's family, who spoke on condition that their names not be published, said they deeply resented the Reiters' efforts to keep

the girl. They said the mother was always clear that she wanted the child in the family. They did not come forward sooner, they said, because the mother disappeared for months and did not tell them that she was pregnant or had given birth.

The cousin by marriage who was rejected for custody said of Mrs. Reiter, "We don't feel hate, but she wanted to hold onto something that wasn't hers."

The girl is now with a cousin of the biological mother, a 47-year-old computer operator, and his 42-year-old wife, who also live here. The couple have two teen-age children.

During a recent meeting with reporters, the girl looked happy, playful and comfortable in the lap of her new custodial mother. The woman, a full-time housewife, said the girl ate and slept well and had shown no visible problems as a result of her abrupt separation from the Reiters.

The couple said that they wanted to adopt Baby J and that her mother, 32, did not object. Addicted to crack cocaine for nearly three years and now on her third drug rehabilitation program, the mother lives with her fifth and youngest child, also born cocaine exposed, and that child's father, a chef.

"I can't take care of her now," the mother said of Baby J. "I can't handle it now. I made a mistake, but my girl doesn't have to pay for it."

Ms. Bock, of the rehabilitative services department, said she thought that placing Baby J with relatives was in the girl's best interest because it would have been more traumatic for the child to have been cut off from family members for whom she would eventually have searched. Ms. Bock said her decision partly stemmed from Mrs. Reiter's lack of cooperation in letting the mother and other family members visit with the girl regularly, an assertion Mrs. Reiter disputes.

"We would have been postponing the trauma this child would have gone through," Ms. Bock said. "When children get older, they want to know."

Speeding the Process May Be Difficult

Many advocates agree with the emphasis on reunification.

"Kids really belong with the family first," said Ms. Shaffer of the Youth Law Center. "We don't want to redistribute children."

But many fear psychological harm to the children when they are taken from the only family they have known for years. More than half of Florida's 9,300 children in foster care are not placed in permanent homes, either through reunification or adoption, before the 18-month guideline, and advocates for children say some remain in limbo for five years or more.

Mrs. Reiter's case came to public attention shortly after the settlement of a lawsuit against the State of Florida in which the state agreed to step up efforts to find a permanent home for children still in foster care after 18 months. Ms. Bock is not optimistic about success, because she expects her budget to be cut 10 percent this year, at a time more money is needed to reduce caseloads.

"The department is overwhelmed," she said. "It's going to get 10 times worse next year."

In the meantime, the Reiters vow to pursue their adoption petition as far as the Supreme Court, arguing that separation would cause Baby J irreparable harm. Their son is hurting too, they say. After bouncing from home to home before he was adopted, he wonders now if his family is for real, they said.

"He asks, 'When am I going?' because the baby left," Mrs. Reiter said.



Laura Solomon, reads to her younger daughter, Maya, at their home in the District. Solomon says the fact that she's lesbian is not a cause of harm to her children.

Wash. Post; 5-9-95

For Gay Parents, a Cloud of Conflicts

By D'Vera Cohn
Washington Post Staff Writer

Laura Solomon's two daughters spent their youngest years believing that every child everywhere, and all the animal babies, had two mommies just as they did.

Solomon, who lives in the District, promoted this idea until the girls were nursery-school age, old enough to notice that other families were different. Then she sat them down for a talk: It is a shame all children can't have two mommies, she said. But families come in all shapes and sizes.

The girls have only one mother now; Solomon's partner was killed in a traffic accident nearly two years ago. But Solomon's older daughter, Tessa, is as certain as a 9-year-old can be that two mommies are best. "If you have a problem with one," she said, "you can go to the other."

Solomon, a special-education consultant, says the fact that she's lesbian is not a cause of harm to her children but an opportunity to teach them tolerance. She thinks it's ridiculous that the Virginia Supreme Court last month denied lesbian Sharon Bottoms custody of her toddler son, citing among other reasons her homosexuality. Although the court had questioned her sporadic employment history and ability as a



Soji Bergeron, right, gives a hug to her lesbian mom, Sandra Gillis. Years before, Gillis said, she lived in "terror," fearful her daughter would be taken away.

parent, it said that "social condemnation" of homosexual parents could "impose a burden on a child."

The Virginia decision dealt a setback to gay men and lesbians as growing numbers are becoming parents—either caring for children from their failed marriages or having them after coming out. Local gay men and lesbians say they try to shield their children from hostility by creating supportive social networks. But they also try to prepare them—much as parents of minority children do—for the casual insults or organized harassment they may face.

Some of the parents feel welcome in their neighborhoods, especially in Takoma Park, Northwest Washington and other areas with a significant homosexual presence. These days, parents say, school officials don't blink when two adults of the same sex and home address are listed on a child's enrollment form, especially if they're not identified as spouses.

"That's the scary part to me—it does feel so ordinary," said Susan Silber, a lawyer who lives in Takoma Park with her partner and their two children. "So when a case like Bottoms's comes along and the court says there's this huge cloud called stigma, one gets the sense of being in a very different part of the country."

Cont'd on next page

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No question, though, it can get rough, especially in the teenage years when relations between parents and child often are strained anyway. Children choose carefully which friends to tell. Some sons and daughters ask their lesbian moms not to hold hands in public. Or they tell their gay dads that only one of them should come to school meetings.

Solomon, now a single mother, knows she could "pass" as heterosexual but doesn't, because "I'm very happy with who I am." She takes her daughters to gay rights marches, and they know in a general way what it means to be a lesbian.

Down the road, she knows they may ask her not to be so open, and she believes "it's okay to respect that to the extent that it doesn't compromise you as a parent."

"It's tough growing up anyway," she said.

When Soji Bargerón's family moved to Northern Virginia nine years ago, she was razed so much by other students about her lesbian mother that sometimes she'd just cry and flee. She yelled at her mother for putting her through it.

Always, though, she would apologize later. And Bargerón said those experiences made her stronger. Now a high school junior in Manassas, she talks back, or walks away. It helps, she said, that her teachers don't judge her, and "a lot of my friends think it's cool" that her mom is a lesbian.

"It's so unfair what they did to her," Bargerón, who is 17, said of the Sharon Bottoms ruling. "Nobody asked the kid, and it should be the kid's decision. Look at me. I've lived with my mom being a lesbian for 13 years, and I've turned out fine."

Bargerón's mother, Sandra Gillis, was in "terror all the time Soji was growing up, thinking that every time she got in trouble with the school or needed special services that they would find out [about Gillis's lesbianism] and take her away from me."

"I've never had any trouble with the public school system . . . but the fear is always there," said Gillis, executive director of the national office of Parents and Friends of Lesbians and Gays.

Ten years ago, when Jan Nyquist's two boys were growing up in Columbia, one neighbor refused to allow her daughter to play with them because Nyquist was a lesbian living with another woman. So Nyquist went over to talk.

"They got to see me as a human being," Nyquist said, "and the children were allowed to play, and there was no big deal."

Alexandra Fagelson doesn't hesitate to tell anyone that her father is gay and lives with a man. After word got around when she attended Richard Montgomery High School in Rockville, some students became more sensitive, and others knew she would take them on if they made a derogatory remark about homosexuals. "I almost never heard the word 'faggot' after that," she said.



Sandra Gillis at home in Manassas with her daughter, Soji Bargerón. The high school junior said she thinks the Sharon Bottoms child custody ruling was unfair: "Nobody asked the kid, and it should be the kid's decision."

Courts Send Mixed Messages in Custody Cases

Legal specialists need only one word to describe the trend in legal protections for lesbians and gay men in child custody cases: mixed.

Eight state supreme courts have ruled that a homosexual parent should not automatically be denied custody, and five have ruled the opposite, according to the National Center for Lesbian Rights. The U.S. Supreme Court has never tackled the issue.

Locally, District law says sexual orientation should not play a role in awarding child custody. Some Maryland judges have given custody to a gay man or a lesbian over the other parent's protests, but others haven't.

Even in Virginia, some homosexual parents have won custody of their children when the other parent objected—but only by agreeing to live without a lover, according to Alexandria lawyer James Lowe. It's easier if the other parent doesn't object, and some homosexual parents have accepted reduced child support as the price of winning agreement, he said.

Virginia was in the spotlight last month because of the state Supreme Court ruling denying Sharon Bottoms custody of her son partly because she is a lesbian. But some lawyers view that ruling as a small advance for homosexual parents.

That's because the decision said homosexuality alone is not a reason to deny custody, said American University law professor Nancy D. Polikoff. But the Bottoms ruling, she said, also offered "a blueprint to any judge who wants to deny custody to a gay or lesbian parent": Just find another reason.

Homosexual parents find fewer obstacles to adopting children. Only New Hampshire and Florida prohibit adoption.

The District is the easiest jurisdiction locally for homosexual parents to adopt children in, but it can be done in Maryland and Virginia, lawyers and gay rights advocates say.

— D'Vera Cohn

"Most people who have prejudice against gays and lesbians will say they don't know any," said her father, Jim Fagelson.

Christie Lewis, 17, lived with her gay father for part of her middle school years in Gaithersburg. She didn't tell her friends about her dad then because she was scared they wouldn't want to come over to her house.

Later, she attended a conference with other children of lesbians and gay men, where sharing experiences made her surer of herself. Now, she not only tells people her father is gay but she jumps in when she hears a derogatory remark about gay people in general.

She now lives in New Mexico with her mother but keeps in touch with her Maryland friends. Last summer, when she told them her father was gay, they were so accepting that "in a way I felt stupid for never telling them."

"I can't say it's not going to be painful at all," said her father, Ron Lewis, former president of the local Gay Fathers Coalition. "It is somewhat painful. But all of us in our lives are faced with pain, whether it's because of your appearance, if you're African American or some other minority. Again, that's life."

University of Virginia psychology professor Charlotte J. Patterson, who has studied homosexual households, said the Virginia court's concern about social disapproval "is not based upon any research finding that I'm aware of" and is irrelevant anyway.

"The crucial issue for children is not whether they are teased but whether they have the support of loving parents in learning how to deal with it," Patterson said.

All the research, some published in prestigious journals, shows there are no "significant differences" between children who grow up with homosexual parents and children of comparable heterosexual households, Patterson said.

Conservative groups question those studies, saying they are biased because most were conducted by gay researchers with a political agenda.

Besides, "you don't need a study for everything," said Robert H. Knight, director of cultural studies for the Family Research Council. Homosexual parents may have the best of intentions, he said, but "the sexes are not interchangeable."

Knight approves of the Bottoms ruling and endorses social disapproval of homosexuals: "The behavior itself, and not the person, ought to be discouraged as we discourage other unacceptable behavior," he said.

Many homosexual parents say social condemnation won't work because they believe that sexuality is determined by biology, not by choice. But "there are some people who feel, 'I don't want my child to be gay because it's so hard,'" Ron Lewis said.

Life without a gay father "definitely would have been easier," Alexandra Fagelson said. "[But] not as interesting."

Q & A

What is chickenpox?

A disease characterized by an itchy rash on the face, scalp and upper body that forms blisters that dry and become scabs in two to four days. Other symptoms include fever, fatigue, loss of appetite and headache.

How is it transmitted?

By inhaling air contaminated by coughing or sneezing of someone infected by chickenpox or through direct contact with a chickenpox blister.

Who gets it?

There are an estimated 4 million cases of chickenpox a year. More than 95% of Americans get chickenpox by adulthood.

How long does it take to develop?

Within 10-21 days after infection.

Can it be life threatening?

Yes. Up to 100 persons die from complications of chickenpox in the United States each year, most of them young children.

What is the vaccine?

It is made from a live, weakened form of the varicella virus that causes chickenpox.

How many shots are needed?

The manufacturer recommends a single injection for children 12 months to 12 years of age who have never had chickenpox. Those 13 and older and adults who have never had chickenpox should receive two injections four to eight weeks apart.

When should the shots be given?

At the same time as the combination shot for measles, mumps and rubella in the case of 1-year-olds.

L.A. Times; 5-10-95

PUBLIC HEALTH

Chickenpox in Retreat?

Beginning this month, a vaccine is available for chickenpox, a disease that strikes nearly 4 million people a year in the United States. Though usually more of a nuisance than a danger, chickenpox nonetheless kills 100 Americans annually. Here is a look at how the Varivax vaccine works and a review of how other major vaccines have performed:



Mother and son at vaccination clinic.

Does the vaccine have side effects?

Possible side effects are pain, redness, swelling, rash and stiffness at the site of the injection. Fever was noted in nearly 15% of those who underwent testing.

How much does the vaccine cost?

It costs doctors and other health care providers \$39 a dose. Final price for a visit and injection will vary by provider.

Is the United States the first nation to develop a chickenpox vaccine?

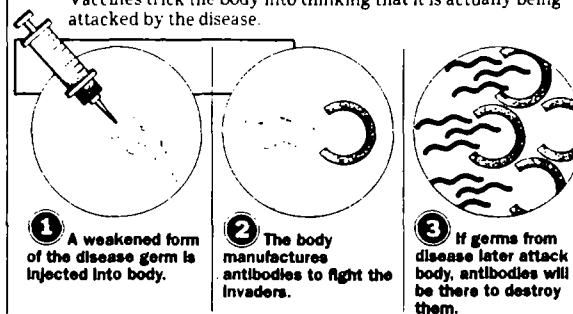
No. The Japanese developed a vaccine in the early 1970s, which is licensed in Japan and several other countries. The U.S. vaccine is based on the same strain of the virus as the Japanese vaccine.

Who shouldn't receive the vaccine?

- Children under age 1
- Pregnant women
- People who have had chickenpox before
- Anyone with a suppressed immune system
- People allergic to the drug neomycin

How All Immunizations Work

Vaccines trick the body into thinking that it is actually being attacked by the disease.

**Immunization Rates**

- Proportion of children fully immunized by kindergarten: **96%**
- Proportion of 2-year-olds who have received recommended shots: **87%**

Top States

Percentage of 2-year-olds immunized:	
1 Tennessee	72.0%
2 Minnesota	71.4
3 Massachusetts	70.8
4 Vermont	70.4
5 Connecticut	70.3

Bottom States

50 Michigan	42.1%
49 New Jersey	45.1
48 Texas	45.8
47 Utah	49.3
46 Ohio	50.0

California's rate is: **87.2%**

Prices of Vaccines

Some health insurers cover the cost of vaccines. HMOs often cover immunizations and they are free at public health clinics or are given for a small fee.

	Doses	Public	Private
Polio	4	\$2.21	\$10.47
Measles, mumps, rubella	2	15.71	25.87
Diphtheria, tetanus, pertussis	2	9.81	18.09
Hepatitis B	3	7.09	18.17
H. influenzae type B	1	4.17	15.13

Voices

"Getting children properly immunized is one of the most important things every parent and caring adult can do to ensure that all our children get a healthy start in life. Not only is vaccinating children the right thing to do, it also saves money. Every dollar spent to immunize a child saves \$14 on the other end in health care costs."

—**Marian Wright Edelman**, president, **Children's Defense Fund**

"I have been extremely concerned about the unacceptably low levels of immunization among America's children. Immunization may be our most cost-effective way to prevent disease."

—**David Satcher**, director, **Centers for Disease Control and Prevention**

"We can only relax our guard once disease is completely conquered."

—**James R. Allen**, vice president for Science, Technology and Public Health **American Medical Assn.**

"Immunization is one of the smartest, wisest things we can do as we address a medical crisis in the U.S. and keep it under control."

—**Lawton (Bud) Chiles III**, national director, **Hope for Kids Immunization Outreach program**

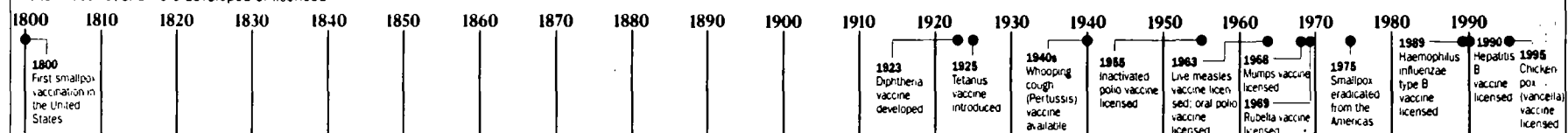
Success Rates

Figures show the drop in number of cases in peak years compared to the 1993 figures, the most recent available.

Disease	Number of cases	1993	% change
Diphtheria	206,939 (1921)	0	-100
Measles	894,134 (1941)	277	-99.9
Mumps	152,209 (1968)	1,630	-98.9
Whooping cough (Pertussis)	265,269 (1934)	6,132	-97.9
Polio (paralytic)	21,269 (1952)	0	-100
Rubella (German measles)	57,686 (1969)	188	-99.7
Tetanus	1,500 (1923)	9	-99.4

Vaccine Timeline

When vaccinations were developed or licensed:



Sources: Centers for Disease Control and Prevention, Merck Vaccine Division, Merck & Co., Massachusetts Department of Health, National Vaccine Advisory Committee Report, Public Health Service, U.S. Department of Health and Human Services. Researched by ANNA M. VIRTUE, Los Angeles Times

PATRICIA MITCHELL, Los Angeles Times

Wash. Times; 5-10-95 p. 1

Adoption problems laid at doorstep of Congress

Registries, rights for fathers at issue

By Cheryl Wetzstein
THE WASHINGTON TIMES

Tug-of-war custody battles like the "Baby Richard" and "Baby Jessica" cases could be headed off if more states set up registries for presumptive birth fathers, says a national adoption organization.

But a Washington lawyer said such registries are "a gimmick" and called for policies that require adoption consent from birth fathers as well as birth mothers.

Congress takes up the issue today as the House Ways and Means subcommittee on human resources hears testimony on federal policy regarding adoption and family preservation.

Many lawmakers and family and pro-life groups see adoption as

a preferable permanent solution for children who are abandoned, abused or neglected. The House welfare-reform bill included a \$5,000 tax credit for middle-class families to offset adoption costs.

But paternity establishment — a problem in welfare reform and child-support enforcement — is also an issue in adoption, since many children offered for adoption are born out of wedlock.

In the past, a child could often be freed for adoption with just an unwed mother's consent. That policy changed in 1972 when a Supreme Court decision said, in essence, that unmarried birth fathers have some rights regarding their offspring.

see ADOPTION, page A12

ADOPTION

From page A1

Since then, states have required certain good-faith efforts to notify unwed fathers of pending adoptions, but these requirements have too often been met by placing ads in obscure publications.

Unwed fathers began fighting back. The nation's two most notorious adoption battles — 1993's Baby Jessica and this year's Baby Richard — arose when birth fathers sought custody of children given up for adoption without the father's knowledge.

The resulting court cases and eventual return of the children to birth parents drew widespread attention — and calls for reform.

"Obviously, the best way a father can ensure he has legal rights to a child is to not have a child out of wedlock," said Wade Horn, director of the National Fatherhood Initiative.

About 30 states now have some kind of "putative" or presumed fathers' registries, where single men can identify themselves as fathers, protect their rights, seek custody of their children — and receive a child-support order.

More states should have registries — and men who don't sign up or make other efforts to identify themselves should have their par-

ental rights terminated after 30 days, said Mary Beth Style, vice president for policy of the National Council for Adoption.

Ron Henry, a lawyer who often speaks on behalf of the Children's Rights Council, dismissed the registries as "a gimmick by which you give lip service to due process."

Men and women are parents at birth and deserve to be treated accordingly, Mr. Henry said.

If public policy protected the rights of fathers, Baby Richard cases could be avoided, he said. "In many cases, Dad is around and is known to the mom, but no one wants to reach out to him."

A uniform adoption act, approved last year by the National Conference of Commissioners on Uniform State Laws, offers national guidelines for these and other contentious areas in adoption policy. The guidelines are not effective, however, unless adopted by state legislatures.

Meanwhile, a bill moving through the Illinois legislature would require mothers and health care providers to identify the fathers or face disciplinary measures.

The bill "could have prevented the Baby Richard case, and if it becomes law, it will definitely prevent others," said Jeffery Leving, a Chicago lawyer who helped craft the bill.

NEW YORK STATE

N.Y. Times; 5-10-95

Court Upholds Child Support Payment Formula

ALBANY, May 9 (AP) — New York's top court, ruling today against a man who resisted paying an extra \$93 in child support, upheld and expanded the state's ability to calculate child support payments.

Chief Judge Judith S. Kaye of the State Court of Appeals said the state's formula for calculating child support in cases involving couples earning up to \$80,000 a year should apply to wealthier families as well.

"Obviously, it was a landmark decision for child support cases," said Perry Reich, the losing lawyer in the case. "I think it will increase the amount of money that is being paid out in child support."

Mr. Reich represented Dominick Cassano, a Queens man who objected to lower-court rulings increasing his child support payments from \$125 to \$218, a week. The Court of Appeals also rejected his request to be freed from paying a share of his

children's medical expenses.

Mr. Cassano and his wife, Maryann Cassano, divorced in 1986 and she was awarded custody of the couple's two children. In 1989, Ms. Cassano asked for an increase in child support.

A hearing officer, using the couple's combined annual income of \$99,944, calculated five years ago that the child support should be \$218 a week. Mr. Cassano objected, arguing that the formula approved by the State Legislature should not be automatically applied in cases in which the parents earned more than \$80,000.

But Assemblywoman Helene E. Weinstein, a Brooklyn Democrat, who sponsored a bill establishing the child support formula in 1989, said that lawmakers wanted the formula applied in most cases regardless of parents' income level. "The decision is very good in terms of what we

intended to do," she said. "All income is available for child support."

Judge Kaye, who has received criticism from women's groups for urging increased use of out-of-court mediation in divorce cases, was praised today by the co-chairwoman of a domestic relations law task force for the state chapter of the National Organization for Women.

"I think it's a wonderful decision," said Gloria Jacobs, a White Plains lawyer. "A lot of courts regarded the \$80,000 mark as a cap for implementing the child support formula."

A leader of a fathers' rights group had no comment on the state court ruling but said the formula for calculating child support was unfair, even before the decision. David Landesman, state vice president of the Fathers Rights Association, said, "The No. 1 complaint I have from fathers is they are being killed by those child support guidelines."

The Atlanta Journal-Constitution 5/03/95

Children who keep shots up to date doubles at clinics

By Anne Rochell
STAFF WRITER

The number of children who kept up to date with their immunization schedules at Georgia's public health clinics more than doubled during a six-year period, the Centers for Disease Control and Prevention said Thursday.

From 1987 to 1993, the proportion of kids attending clinics who were up to date increased from 35 percent to 80 percent, the Atlanta-based CDC said. The 220 public health clinics provide vaccinations to 70 percent of the state's children under age 2.

The report attributed Georgia's success to a four-point strategy that was implemented in 1987. The strategy involves:

- Assessing vaccination levels, using birth certificates and vaccination records.
- Giving this information to each clinic.
- Awarding plaques to health districts and clinics meeting coverage goals.
- Giving out other information to each clinic, such as maps showing where immunization levels are low.

The strategy is not intended to bring new children to the clinic for vaccinations, said Eugene Dini, a public health advisor with the National Immunization Program. "This program spoke to the problem of keeping children on schedule and reducing dropout rates," he said. "It was meant to establish an immunization mindset among providers, so they're always looking for opportunities to vaccinate."

The report comes on the heels of good news from the private sector regarding immunizations. The number of Georgia doctors enrolled in President Clinton's Vaccines for Children program has more than doubled since the initiative began last year. And Gov. Zell Miller last week signed into law a bill requiring commercial insurance companies to cover routine checkups, including immunizations, for all children younger than 6.

PROTECTION FOR EVERY CHILD
Wilmington (DE) News Jnl.; 4-28-95

Government should assure immunization for every youngster

WHERE WE STAND

If other countries can eradicate diseases, why can't the most medically advanced country in the world?

WHAT SHOULD BE DONE

Ask the president and Congress to assure funds and plans are available to give every child protection against preventable diseases.

The United States has not had a new case of polio in three years and 145 countries reported no polio in 1994. The vaccines developed by Drs. Jonas Salk and Albert Sabin have been an obvious success. Smallpox has been wiped out not only in this country but around the world.

And yet we should not be congratulating ourselves. We seem to be doing as much research as possible to find the cause and possible cure of the HIV virus and AIDS.

But we aren't using existing preventive measures widely enough to protect our children against disease.

All too often we must look to other countries to see what can be done. Finland a few months ago announced that it had eradicated all home-grown cases of mumps, rubella (German measles) and measles. It took more than a dozen years but that country vaccinated all children between the ages of 16 months and 6 years. The government bought the live-virus vaccine from Merck & Co. and made sure every youngster got the free shots.

Finland's task was easier because it is a much smaller country than the United States, but is there any reason our federal government cannot find the same determination to immunize its children? Is any expenditure more worthwhile? Recent efforts to make free childhood vaccines available to needy children bogged down in a dispute involving federal and state governments and drug companies.

No better way can be found to commemorate the 40th anniversary of the Salk vaccine than to develop quickly a program that protects every American boy and girl against preventable diseases.

INSIGHT

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Three for five



(Top Photo) Brenda Jones, RN and Clinical Coordinator at Model Cities discusses the importance of childhood immunizations to Claudine Banks and her baby Lenell at last week's Immunization Awareness Day held at the Hallie Q. Brown/MLK center.

The event was held Saturday, April 22 and kicked off the observation of National Immunization Week, April 22-29. While larger state events were held, Jones saw the need for a more local focus. She says the 55103 zip code was found to have the lowest rate of immunizations in St. Paul. Three agencies, Model Cities, Hallie Q. Brown center and My Special Place Child Care combined to encourage local residents to get their kids five immunizations before the age of two. No shots were given at Saturday's event. Jones estimated about 50 to 60 parents and children attended.

(Bottom photo) —Organizers Gaydean Edwards, Nedra Robinson and Brenda Jones.



Wash. Times; 5-10-95

Lowry retreats from health program

OLYMPIA, Wash. (AP) — Gov. Mike Lowry signed measures virtually repealing the state's health care reform law, saying congressional inaction and a powerful business lobby forced his hand.

Mr. Lowry signed three bills Monday that basically kill the law and its goal of bringing affordable health insurance to all by mid-1999.

The 1993 law, which Mr. Lowry once called a model for the nation, was the same "managed competition" plan that President Clinton failed to push through Congress

last year.

The legislation wiping out most of the law's major elements passed the Legislature last month after hard lobbying by business and insurance interests.

The signing ceremony was jammed by smiling representatives from companies ranging from Boeing to Aetna insurance.

Mr. Lowry, a Democrat, said the state law was crippled by congressional refusal last year to allow Washington to require all employers to pay half the cost of health insurance for workers by

mid-1999.

Without business involvement, the financing scheme was gone, and so was the main element of cost control — a uniform system whose size would act to hold down costs.

"Congress caved to big business," Mr. Lowry said. "We wish it was different, but it isn't."

Mr. Lowry said powerful business and Republican House opposition convinced him to fight for what he could get — expansion of the state's subsidized health insurance for the working poor.

HMOs neglect minority physicians, some contend

By Andy Miller
STAFF WRITER

About 10 years ago, Dr. Philip Wiltz felt sudden pain in both arms. The symptoms signaled serious trouble.

But Wiltz, an orthopedic surgeon, drove past several hospitals to reach Southwest Hospital & Medical Center — where there were black doctors who knew him.

To Wiltz, the extra miles were worth it. "Here I'm a doctor, but I'm black first," he says. "I wanted to go where my interests would be best served."

Wiltz, who eventually had heart surgery at another hospital, tells the story to illustrate a point about minority patients.

"Many patients feel more comfortable being with doctors of their own ethnic background," said Wiltz, chairman of the Georgia State Medical Association, which represents about 700 minority physicians.

But he and others contend that as managed care plans such as HMOs draw more minority patients, they disproportionately exclude minority doctors.

In a 1994 survey, most said they belonged to a least one HMO or other managed care network. But 49 percent of the association's members also said they had been denied access to an HMO or pre-



RENEE HANNANS / Staff

Dr. Philip Wiltz says HMOs disproportionately exclude minority doctors.

ferred provider organization (PPO). In addition, 40 percent said they had been dropped from an HMO or PPO.

"African-American physicians are getting locked out of the system," Wiltz says.

But members of the managed care in-

dustry say there's no evidence of discrimination.

"It's an indisputable fact that minority specialists are being dropped [from HMO networks]," said Don White, of the Group Health Association of America, which

represents HMOs. "But majority specialists also are being dropped."

The Georgia Association of HMOs "has had the door open continually" to minority physicians, said Martin Wilson, chief counsel for the association.

Still, some managed care companies locally say that while they have good minority membership in their networks, minority physicians at times have been ignored by the industry.

Chris Binkley, regional manager of Kaiser Permanente here, says 30 percent of the HMO's physicians are minority. But, he says, "the industry in general has overlooked how the minority physician population fits into the networks."

To promote minority health care concerns, an alliance of minority physicians recently was formed.

The goal is "to ensure minority patients have access to minority physicians, and that minority physicians have access to minority patients," says Dr. Ralph Jackson of the Metropolitan Alliance of Minority Healthcare Providers.

"First and foremost, we're not pushing ethnicity," Jackson adds. "We're pushing quality first. What we're trying to do is let all payers know there are minority physicians that can meet credentials."

Balt. Sun; 5-9-95

AIDS virus may be undetected in child infected at birth

Associated Press 10b

Contrary to widespread belief, children infected with the AIDS virus at birth may live for years without symptoms and without anyone even realizing they are infected, researchers say.

When such youngsters get sick, doctors may fail to recognize the source of the problem. And even if they are diagnosed, communities and schools may not appreciate their need for social and psychological help, the researchers said.

"The important thing to remember is that these children are out there," said Dr. Samuel Grubman.

He led a study of 44 children ages 9 to 15 who had been born with HIV and were being treated for their infections at Children's Hospital of New Jersey in Newark in June 1993.

Ten children had no symptoms, the researchers reported in the May issue of the journal *Pediatrics*. Eight children showed some signs of illness, but not enough for an AIDS

Many pediatricians do not realize that HIV infection can show up in a previously healthy school-age child, researchers said.

diagnosis, and the remainder had the disease.

Thirty-six of the 42 had shown no signs of illness until they were at least 4.

Some of the children had not been tested for AIDS by their pediatricians even though they had tell-tale symptoms such as lymph swelling, the researchers said. Dr. Grubman is now at St. Vincent's Hospital and Medical Center in New York.

Many pediatricians still do not realize that HIV infection can show up in a previously healthy school-age child, the researchers said.

A related study in the journal indicates that people who received blood transfusions as newborns be-

fore March 1985, when blood donors began to be screened for HIV, may be infected and not know it.

The authors of that study, led by Loren E. Lieb of the Los Angeles County Health Department, recommended that all children who received transfusions in that era be considered for HIV testing.

The researchers identified every child they could find who had received a transfusion between January 1980 and March 1985 at a single unidentified hospital. Of 644 children identified, 10 had died of AIDS or AIDS-related illness.

Twenty-three others were HIV-infected, including 14 who didn't know it, the researchers said. One

infected child was symptom-free eight years after receiving a transfusion.

The studies are not the first to show how HIV-infected newborns often live well into childhood.

"Most people think HIV babies get sick as infants and die within the first three or four years of life, and that they stay sick the whole time," said Dr. Mardge Cohen, director of the Women and Children HIV Program at Cook County Hospital in Chicago.

While that may be true of about one-third of infected newborns, it is not true of the rest. "Many of them are doing well into their early adolescent years," Dr. Cohen said.

Many older infected children have lost parents to AIDS and are being cared for by relatives who don't want anyone to know, Dr. Cohen said. Besides medical attention, they need social and psychological help, Dr. Grubman's team and Dr. Cohen said.

N.Y. Times; 5-10-95

New Syringe Idea Wins Science Prize

The invention of a nonreusable syringe to help prevent the spread of AIDS brought two New York City teenagers top honors in a science and technology competition.

Elizabeth Nathan and Gabriella Pollack, 17-year-old juniors at the Brearley School in Manhattan, beat more than 450 teams of high school students from New York and New England this week to win the Nynex Science and Technology Awards competition in Boston. They will each receive a \$15,000 college scholarship and have access to grants for the development of their invention.

Their design would prevent drug

addicts from re-using syringes — thereby exposing themselves to the AIDS virus and other blood-borne diseases — by immobilizing the plunger after it is used. If the plunger is pulled out again, it simply breaks off.

Ms. Nathan thought of the project after reading an article about AIDS and drug users. She and Ms. Pollack, with the help of their science teacher, Laurie Seminara, tried 14 solutions before choosing one of Ms. Pollack's designs.

The two students plan to refine and test their syringe model next summer, after they graduate.

Wash. Post; 5-10-95 p. 1

D.C. General AIDS Center Down to Only One Doctor

By Amy Goldstein
Washington Post Staff Writer

Until last week, three doctors worked at the AIDS center at D.C. General Hospital, dispensing specialized treatment and a measure of security to 800 patients who struggle against a fatal disease without the money to pay for medical care.

Now, one doctor is left.

The clinic's director and a young specialist in infectious diseases have quit. They found other jobs because they feared they would be laid off during the hospital's budget crisis, even though their positions are paid for through a special city grant.

The departures of Joseph Timpone and Joseph

Toerner are starting to affect the already strained AIDS treatment services for the poor in Washington, where the epidemic is spreading more quickly than in any other U.S. city.

More than a third of the patients with appointments at the AIDS center this week are being told to return another time because no doctor is available to treat them, according to one D.C. General physician. Some are showing up at the Whitman-Walker Clinic, the only larger source of AIDS treatment in the District, but the clinic cannot accept many new patients.

"We're already maxed out with what we've got," said Peter Hawley, Whitman-Walker's medical director. "There are going to be some very,

very sick people who aren't going to get access to care quickly."

Timothy Hollins, 42, who has been treated at the hospital for the cancerous lesions on his lungs that are caused by AIDS and that make it hard for him to breathe, said, "It's a shame, because they helped a lot of people in many, many ways."

Why the doctors decided to leave offers a glimpse into the climate of confusion and scarcity at D.C. General, the city's only public hospital. It is the first example to emerge of how critical services to patients can be eroded as the hospital tries to make do with less.

A major contributor to the city's projected \$722

See DOCTORS, A14, Col. 1

Doctors' Leaving Adds to Center's Strain

DOCTORS, From A1

million budget shortfall, the hospital just laid off 194 workers, including 41 doctors. There are sporadic shortages of medicine and supplies. Advisers to Mayor Marion Barry (D) have urged him to convert the hospital into a private institution. Other politicians have suggested closing it.

Hospital officials insist the disruption in AIDS care is temporary. "We are absolutely committed to the center and its continuation," said Lawrence B. Johnson, the hospital's medical director. He said that the hospital is "actively recruiting" doctors and that it expects "to get back up to full speed very shortly."

But AIDS activists, medical school administrators and some doctors at D.C. General are far more pessimistic. "The reality is, who is going to step into a situation that is as unstable as D.C. General?" said Christopher H. Bates, administrator of D.C. CARE Consortium, an umbrella organization of AIDS groups.

The hospital's HIV Center was created in the late 1980s and has been financed largely with a grant from the D.C. Agency for HIV/AIDS. The grant of \$630,000 this year pays for doctors, nurses, social workers and other staff.

The center is reserved for the hospital's most complex AIDS cases, including many patients in the late stages of the disease, when many body systems falter at once. All the patients are poor, most are African American, and 10 percent to 20 percent are women.

Some patients are admitted. Some are seen frequently for checkups and treatments such as blood transfusions. They have access to new medications that are not widely available, because the center is affiliated with the AIDS

clinical trials at Georgetown University Medical Center.

By the time Timpone became director in late 1993, the center was well established, but he began trying to broaden its role and cement its future. He negotiated with Georgetown about the possibility of adopting the center. And he conferred with federal public health officials about whether the center might take part in a network of AIDS clinics being contemplated for neighborhoods east of the Anacostia River, where poverty is common and AIDS services are scarce.

But he discovered internal obstacles to improving the center's ability to help patients.

A social worker, hired through the city's AIDS grant to work with HIV-infected pregnant women, worked virtually full time in another hospital department, Timpone said. And he was unable to persuade hospital administrators to sign agreements with several pharmaceutical companies that wanted to give the center subsidies.

By the time Timpone hired Toerner in September, bringing the medical staff to full strength, there were rumors of impending layoffs, but administrators said the AIDS jobs would be safe. "I was told the funding for my job came from a grant," Toerner recalled.

But in January, the doctors said, they were told by Johnson, the medical director, that their jobs were being considered as part of the regular medical staff as he planned for layoffs. They said they were told that the hospital's four positions for infectious disease specialists, including the three AIDS jobs, would be cut to 2½ and that they had a good chance of being laid off because they were relatively new. They began to look for other work.

Johnson's account differs. "Obviously we couldn't provide an airtight guarantee, but we told them it was very unlikely they would be displaced," he said.

By March, Timpone, Toerner and the third AIDS specialist all had other offers. Johnson asked the three to stay, telling them the grant-funded positions would be protected. One agreed to remain. Timpone, with an offer from the American Foundation for AIDS Research, and Toerner, with one from the University of California at San Diego, agreed to defer their departures to give the hospital time to replace them. But they had decided that the future at D.C. General was too unstable.

On administrators' advice, Timpone said, he continued to make appointments for patients and told them to look forward to meeting their new doctor in May. But since Timpone and Toerner left April 28, there have been no new doctors to meet.

Even though two physicians are filling in for a few hours, no doctors are scheduled this week for eight of the center's 18 clinical sessions, according to a doctor familiar with the center who asked not to be identified.

Whitman-Walker is the only other place in the District that routinely treats large numbers of indigent patients in the late stages of AIDS, but it cannot provide hospital care. Georgetown has a large AIDS center, and other local hospitals treat smaller numbers of such patients. But they are sometimes reluctant to admit expensive-to-treat patients who have no means of paying their bills.

Hollins, the patient with lung cancer, said he thinks care at D.C. General has become so poor that he might not return, although he is unsure where else he can find medical help.

Milton Williams, 36, said that



BY DAYNA SMITH—THE WASHINGTON POST
Joseph Timpone packs after quitting as chief of the hospital's HIV Center.

when he called last week to make an appointment, he was told that Timpone had left. He was given an appointment for June but is uncertain whether to keep it since his doctor will not be there. "I feel bad he is gone," Williams said.

Timpone and Toerner said they feel bad, too. They worry about the center's future.

"I really went there with a lot of enthusiasm," Timpone said. "Maybe right now the fertile ground isn't there for it to flourish."

DIVIDED OVER DEVICES

FDA rules force medical tests overseas



Photos by Tim Dillon, USA TODAY

OPERATING: Drs. Richard Worland and Douglas Jessup, left, perform knee replacement surgery in Richmond, Va. Worland invented a shoulder implant he can't use in the USA.

COVER STORY

USA Today; 5-10-95 p. 1

Clinical trials in U.S. called 'endangered'

By Tim Friend
USA TODAY



DEVICE: Dr. Richard Worland demonstrates his shoulder implant.

Richard Worland will probably have to go to England to get the latest, most effective shoulder implant device to treat his arthritis.

The implant is approved and widely used in Europe, Latin America and Australia, but not in the USA.

Ironically, Worland is its inventor.

"It will be at least three more years before patients in America can benefit from the device," says Worland, an orthopedic surgeon in Richmond, Va. "I myself need the operation and I can't get it here. This is pathetic."

Because of speedier approvals in other countries, frustration over the lengthy process required by the Food and Drug Administration, and payment issues involving Medicare, the USA is losing its cutting edge in high-tech medical devices to Europe.

As a result, people in other countries are increasingly the first to benefit from U.S. innovation.

A new, unpublished survey conducted by the Health Industry Manufacturers Association, which represents more than 700 medical device companies, shows a major exodus among makers of devices that are required to go through clinical trials. Such devices include pacemakers, joint implants and cardiac catheters. In the last 10 months:

► 50% of companies have already moved some clinical trials of devices offshore.

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COVER STORY

FDA defends the need for strict rules

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► 56% are limiting existing device studies in the USA to non-Medicare patients.

► 75% plan to move their device trials to Europe.

Medtronic Inc. of Minneapolis has trials in Europe of spinal cord stimulators for chronic pain and devices to control tremors in Parkinson's disease — but not in the USA.

HIMA says if trends don't change, innovation won't be coming back.

"In Europe and other countries, products are being brought to market more swiftly and with fewer barriers, and I'm afraid ultimately we'll lose our leadership in devices," says Jim Benson, association vice president who is also a former FDA acting commissioner.

About three years ago, the FDA began requiring more stringent patient studies of so-called "substantial risk" devices before they'd win approval for marketing.

FDA has regulated devices since the 1980s, but a massive internal audit of the device division, called the Temple Report after FDA official Robert Temple, concluded that rules were too lax.

Some experts likened the earlier regulations to "fifth-grade science."

Manufacturers and inventors like Worland became increasingly frustrated with the tighter rules and delays in approvals. In 1994, FDA took 823 days to approve substantial risk devices vs. 250 days in Europe.

"I understand we need to protect patients from potentially harmful devices," Worland says. "But why does it have to take so long?"

Worland says he waited four years after developing the "bipolar shoulder implant" to get FDA permission for a study. By then, the manufacturer already had approval in Spain, the United Kingdom, Denmark, Sweden, Switzerland, Japan, Australia, Brazil, Mexico and Germany.

In general, regulatory agencies in other countries require less rigorous clinical data and permit more risk up front in patients than the FDA. So companies get their devices on the market more quickly and patients there get the benefits first.

The tradeoff: When devices are defective, patients in other countries will be the first to suffer.

For example, a "70-degree" Björk-Shiley heart valve that was approved in Europe, but not in the USA, was later associated with a 50% increased death rate due to fractures in the valve.

"While most people believe that using the most advanced device is best, the data aren't in yet," says Dr. Greg Koski, who oversees clinical studies at Massachusetts General Hospital in Boston. "You could take the position that restricting access limits exposure to a device that might be less effective."

Nevertheless, last summer the conflict over device studies and the exodus of innovation hit a flashpoint.

After years of billing Medicare for costs of investigational device studies, hospitals found themselves under investigation for Medicare fraud.

Medicare rules exclude unapproved devices from reimbursement.

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By Tim Dillon, USA TODAY

AT WORK: Douglas Jessup, left, Richard Worland and Clarence Wilborn at work on knee replacement in Richmond, Va., hospital. USA Today; 5-10-95

Getting FDA approval for new device lengthy process

Orthopedic surgeon Richard Worland in 1990 designed a new "bipolar" total shoulder implant for people whose joints have been destroyed by rheumatoid arthritis.

His design, he says, overcomes problems of wear and dislocation found frequently with the existing model.

His journey to seek FDA approval will take at least seven years. Meanwhile the device is already approved and used successfully worldwide.

A timeline:

► July 1991. Worland files first application with FDA for market approval. The application, called a 510K, asserts the device is substantially similar in design to a bipolar hip implant used since the 1970s and includes no new materials. If approval is granted, no clinical trials will be required.

► May 5, 1992. Gets a response from the FDA rejecting the 510K application.

► June 23, 1992. Files first Investigational Device Exemption (IDE) to do a clinical trial. The FDA required Worland to compare the device to one considered obsolete by doctors at the time. Worland goes back to the drawing board.

► March 10, 1993. Worland submits a second IDE.

► February 1994. Worland submits a second 510K with more clinical data.

► November 1994. Second IDE is conditionally approved and 510K is rejected. His study is expected to take three years to obtain device approval.

The average time for approval of his device in other countries was one to two months. No clinical trials were required.

Process depends on device's risk

There are two basic types of devices:

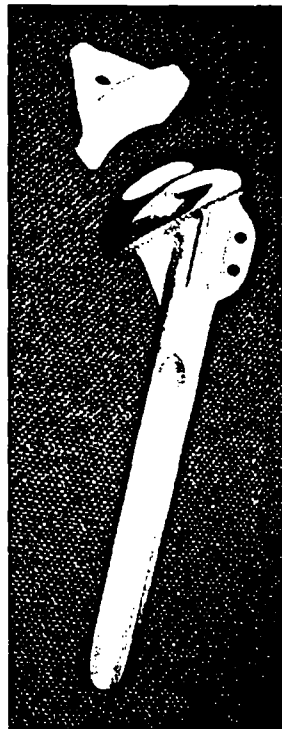
Significant risk devices generally require a surgical procedure — pacemakers and joint implants, for example. These devices must be proved safe and effective in laboratory testing before they can be tested in humans.

Test results are submitted for an Investigational Device Exemption. Reviewers examine laboratory data, determine how the study will be done, who the patients are, whether the methods will achieve the stated goals, whether the study is ethical and how it will be monitored.

If these and other criteria are met, the FDA grants the IDE and trials can begin.

If an investigational significant risk device is proved to be substantially similar to an existing device, however, an approval known as a 510K may be obtained and no clinical studies are required.

Non-significant risk devices, such as blood-pressure cuffs, are those that pose no more risk to a person's health or safety than that encountered in day-to-day life. No trials are needed.



OLD DEVICE: Richard Worland designed his shoulder implant to replace the standard device seen here.

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ment, but hospitals have always billed for their costs and Medicare has always paid.

Suddenly, in July 1994, the Office of Inspector General issued subpoenas to more than 130 of the nation's leading medical centers requesting nearly a decade's worth of billing records on cardiac devices.

Susan Waltman, general counsel for the Greater New York Hospital Association, says hospitals did not believe they were doing anything wrong and were shocked at the allegations of fraud.

But the Health Care Financing Administration, which administers Medicare, says hospitals should have known better.

"We have had a policy all along under which we didn't reimburse for investigational devices," says spokesman Tom Hoyer. "The inspector general had uncovered cases in which people were inappropriately billing Medicare. The issue goes back to the beginning of the Medicare program.

"It is analogous to people speeding down the highway at 70 miles an hour and suddenly seeing a highway patrol pull behind. But the speed limit has always been 55."

Faced with possible federal charges and potentially millions of dollars in fines, hospitals slammed on the brakes — either shutting down all device studies or excluding Medicare patients from them.

Several hospitals have canceled all studies, including those on drugs.

"The bottom line is many of the hospitals have substantially changed the way they are conducting clinical trials," says Waltman.

The subpoenas created a domino effect — hospitals closed studies, limiting access to devices by Medicare patients. Doctors were no longer able to provide what they considered the latest treatments to many older patients. And some companies said, "Enough."

Medtronic has made more than half the world's pacemakers. Most of its new products for the last five

years have been available first in Europe. Last November, it moved its research and development division to the Netherlands. It probably will never be back.

"No question that both the slow regulatory process and restrictions on the reimbursement for investigational devices have had a chilling effect on medical innovation in the U.S.," says Medtronic's Paul Citron.

Until the investigation is concluded and hospitals learn whether they'll be prosecuted, clinical studies of investigational devices involving Medicare patients will mostly cease.

"We are getting down toward the end of looking at all of the records we subpoenaed and should have all data gone through in the next month to two months," says inspector general spokeswoman Judy Holtz.

While hospitals cry foul and cancel device studies, and doctors complain they can't deliver "state of the art" treatment to patients, the IG does have evidence that at least some doctors at some institutions have cheated.

The issue that appears to be behind the subpoenas is a violation of FDA rules called commercialization.

FDA device branch chief Bruce Burlington says companies are permitted to recoup development costs but not to make a profit from investigational devices.

During a study of an investigational device, doctors and hospitals are expected to follow strict protocols. The number of patients who can receive an unapproved device is tightly controlled and patients are supposed to receive devices only in the setting of a study.

The concern is doctors decide before a study is completed that a device is superior to the approved product, that it therefore represents the "state of the art."

Doctors begin implanting it in all their patients, and Medicare is billed. But Medicare considers "state of the art" to mean FDA approved.

How widespread commercializa-

tion of investigational devices is may come out in the IG investigation.

Doctors like Worland, device makers and HIMA's Benson argue that less regulation should be placed on devices that are so-called "next generation." These are devices most often involved in commercialization. Such devices may have only minor modifications and ought not have to go through clinical trials, they argue.

Burlington says the agency is speeding up approvals and working more closely with companies to get products through the pipeline. But he says clinical studies are needed to prove what works and what doesn't.

He cites a modified hip implant — a second-generation device — that crumbled after it was implanted and was found during clinical trials to be worse than its predecessor.

Consumer advocate Sidney Wolfe, of Public Citizen Health Research, is normally one of FDA's stronger critics. But his group is often one of the first to learn of faulty devices. In this case, he agrees with Burlington.

"I get tired of hearing the phrase 'state of the art' as a buzz word for 'trust us, but we don't have the evidence.' It's why we have regulations," says Wolfe. "Over and over again devices have to be recalled because they're defective and Medicare has to foot the bill for the negligence. It's an outrageous issue with tens, if not hundreds, of millions of bucks down the tube."

In the end, the preservation of medical device innovation in the USA boils down to two points:

► How much risk is the patient willing to accept to maintain access to new devices?

► Who should pay for their development?

While the questions are being debated, the clock is ticking.

"Clinical trials of medical devices are an endangered species," says attorney Steven Spell, of the manufacturers association. "And like all endangered species, once they're extinct you won't get them back."

N.Y. Times; 5-10-95 p. 1

56 Die in a Month In Zaire Outbreak Of Mystery Disease

By LAWRENCE K. ALTMAN

International teams of scientists, some equipped with protective suits and respirators, are being sent to Zaire to investigate an outbreak of a mysterious disease that has killed at least 56 people and put another 100 in hospitals in the last month, an official of the World Health Organization said last night.

Initial reports said the disease has caused high fever and severe bleeding, among other symptoms. The outbreak was centered in the city of Kikwit, 250 miles east of Kinshasa, the capital.

Among the dead were 10 health care workers, including 2 Italian nuns, who had been caring for patients with the illness. Soldiers blocked routes into Kikwit, a city of 600,000 that was placed under quarantine. The Associated Press reported.

Experts in Zaire, at the federal Centers for Disease Control and Prevention in Atlanta, and at the World Health Organization, a United Nations agency in Geneva, said that the nature of the symptoms and spread of the disease to medical personnel focused immediate suspicion on a member of the so-called hemorrhagic fever virus family as the cause of the outbreak.

One such virus under suspicion is

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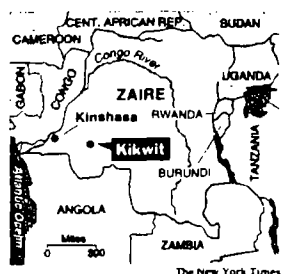
Ebola virus, which is one of the deadliest viruses known. The Ebola virus was discovered in a different area of Zaire in 1976. Ebola kills about 90 percent of those it infects and there is no treatment or vaccine.

Ebola and other hemorrhagic fever viruses typically start suddenly with malaise, fever and flu-like symptoms, which can be followed by rashes, bleeding and kidney and liver failure as the virus turns those solid organs to mush. The virus is spread through bodily fluids and secretions, though not through casual contact.

But the experts said that such symptoms can also be caused by a wide range of other infections, including shigellosis and toxic strains of *E. coli* bacteria.

More than a dozen blood samples from victims in Zaire arrived yesterday at the Centers for Disease Control, where scientists began testing for a wide variety of infectious agents.

As a standard precaution, scientists in Atlanta were treating the samples as a Biosafety Level 4, the highest level of laboratory protection against infection. They donned white protective suits and worked in a maximum-security laboratory built with ventilation systems designed to protect against airborne transmission of virus and other infectious agents. The scientists show-



The outbreak of a mysterious disease is centered in Kikwit.

er in disinfectant when they leave the laboratory.

No results of the tests were available last night. Dr. Clarence J. Peters, an expert in hemorrhagic fever viruses at the disease centers, said in an interview.

The State Department urged people who plan to travel to the Kikwit area of Zaire to postpone their travel plans in light of a possible outbreak of a hemorrhagic fever in the region.

"Until the level of public health threat is better known, and the fever more clearly identified, any individuals planning on traveling to or near the specified area should consider postponing such travel," the State Department said in a statement.

Dr. James W. LeDuc, an expert in hemorrhagic fevers at the World Health Organization, said in an interview that his agency had received word on Sunday from its regional office in Brazzaville, Congo, that at

least 72 people were infected and 56 had died.

"The working diagnosis is a hemorrhagic fever," Dr. LeDuc said. "It could be Ebola or Crimean-Congo or Marburg or other viral hemorrhagic fever."

There was an unconfirmed report that the outbreak may involve two sites. One of the Italian nuns apparently went to another, unidentified city for medical care, where she died. Her doctor is now reported to be ill with a similar disease, Dr. LeDuc said.

Officials at Zaire's Health Ministry told The Associated Press they have traced the outbreak to a surgical patient at a Kikwit hospital, who on April 10 contaminated medical personnel there.

Sixty-three people remained hospitalized with the illness in Kikwit yesterday, said The Associated Press, which also reported that more than 100 people have died. Health officials equipped with gloves, masks and other protective equipment were being sent to the city to deal with the outbreak.

One team of experts from the World Health Organization has begun investigating the outbreak. Two additional experts are in Brazzaville and are expected to enter Zaire today, Dr. LeDuc said. The C.D.C. said it was sending a team of three or four investigators tonight, equipped with protective suits and respirators. Dr. LeDuc said the full team, which will include experts from the Institute Pasteur, is expected to arrive in Kikwit by the weekend.

The outbreak of the mysterious

disease was preceded by another outbreak two months before, which involved symptoms that included bloody diarrhea, Dr. LeDuc said.

Samples from the victims initially were sent to the Tropical Disease Institute in Antwerp, Belgium, but had to be forwarded to C.D.C., through the Belgian Embassy, because scientists there no longer are working on hemorrhagic viruses, Dr. LeDuc said.

"It just shows the deteriorating capacity of the world to diagnose these diseases," Dr. LeDuc said. He was reflecting the view of a number of leading experts who, in recent years, have called attention to the threat from new and emerging viruses, like Ebola, and deplored the ability of laboratories to detect them.

At the C.D.C., where the blood samples arrived mid-yesterday, Dr. Peters said, "We're still in the stage of trying to read tea leaves from third hand overseas reports."

To try to identify the agent causing the outbreak, C.D.C. scientists are using a variety of laboratory techniques like polymerase chain reaction, antigen capture and classic isolation of a virus. If the samples are well preserved and if the agent is one that is known, scientists hope to have an answer in the next few days.

But Dr. Peters said: "We don't know how long it will take to get an answer. It's like planting a garden, sometimes everything comes up quickly, other times it takes longer."

He said the C.D.C. would be obligated to release results of the tests through the Zairian Government.

'Emerging Viruses' in Films and Best-Sellers

"Emerging viruses" is the medical world's understated phrase for the several strange and often deadly pathogens, little explored in Western textbooks, that have appeared out of the blue or expanded well beyond their range in recent years.

While doctors still debate whether the new agents are home-grown ones that have acquired a special virulence or exotic agents unleashed on the world as civilization invades their forest refuges, writers and film makers have rushed in to chronicle the horrors of mystery viruses.

The Ebola virus is the villain of the "The Hot Zone" by Richard

Preston, published last year and still on the best-seller list after 30 weeks. The book focuses on an outbreak of Ebola virus in 1989 among monkeys in a holding facility in Reston, Va., and gives a hair-raising account of an outbreak of the disease among humans in Zaire in 1976, where it killed 18 of 21 people infected by a single individual.

The Ebola virus and other emergent pathogens, like those of Legionnaires' disease, AIDS and Hantavirus, are described in "A Dancing Matrix: Voyages Along the Viral Frontier" by Robin Marantz Henig and "The Coming Plague: Newly Emerging Diseases in a World Out of Balance"

by Laurie Garrett. Both books emphasize the incompleteness of medical knowledge and the need for surveillance systems to detect the new pathogens at an early moment.

A fictional work on the same theme is the 1987 thriller "Outbreak" by Robin Cook, made into a current hit movie as well as a television movie called "Robin Cook's Virus," which was broadcast Monday on NBC.

"The Hot Zone" was also destined for Hollywood, under the title "Crisis in the Hot Zone" but was dropped when "Outbreak" seemed to have won the virulence race.

Wash. Post; 5-10-95

Fever Outbreak in Zaire May Be Deadly Virus

By John Schwartz **A3**
Washington Post Staff Writer

An outbreak of a devastating hemorrhagic fever—possibly the deadly Ebola virus—has caused as many as 50 deaths in Zaire, including more than a dozen health care workers, public health officials said yesterday.

"We have informal information that there is an outbreak of disease which is consistent with Ebola in Zaire," said Ralph Henderson, assistant director general of the World Health Organization in Geneva. "We are working with the CDC [Centers for Disease Control and Prevention in Atlanta] and the Pasteur Institute of Paris and others to provide some support to the Zairian government," which is leading the effort to control the outbreak. Unofficial sources said that about 100 cases of hemorrhagic fever have been reported. Attempts to reach the Zairian Embassy by telephone late yesterday were unsuccessful.

The U.S. State Department on Monday issued a statement that the "possible outbreak" occurred in Kikwit, an area in the Bandundu Province of Zaire about 250 miles east of the capital city of Kinshasa. The State Department announcement warned that anyone planning to visit that area "should consider postponing such travel" until the level of public health threat is better known.

An Associated Press report from Kinshasa put the death toll at 100 and said that Kikwit, with a population of 600,000, had been quarantined by the government; soldiers reportedly blocked routes into the city. The report quoted officials at Zaire's health ministry who said the outbreak began April 10 when a surgical patient at Kikwit's hospital contaminated medical personnel there. That report also quoted a consultant to the World Health Organization, microbiologist Muyembe Tamfun, as saying that the cause was Ebola virus.

But Henderson of WHO said that other viruses, including Marburg virus, can cause similar symptoms of fever and hemorrhage, and that the cause of the current outbreak, while showing some of the characteristics of Ebola, had not yet been conclusively identified.

A CDC spokesman said the organization had dispatched a team of scientists to work with others from the World Health Organization;

those scientists are expected to arrive in Zaire by Thursday. The spokesman added, "We are also evaluating some blood samples that have been sent to us for the presence of hemorrhagic fever viruses," including Ebola virus and Marburg virus, which is nearly as deadly.

Ebola kills nine out of 10 patients who contract it. It produces fever, hemorrhage and vomiting as tissues dissolve. It is generally passed by close contact, such as exchange of bodily fluids or use of improperly disinfected needles or syringes. There is no known cure or vaccine. The disease primarily strikes monkeys, pigs and other animals, but has occasionally jumped to human populations. Two Germans working with African monkeys were infected in 1967 in Germany, and the disease also ravaged towns in Sudan and Zaire in 1976; that Zairian outbreak killed 276 of 300 people infected with the virus.

Staff writers Thomas W. Lippman and Susan Okie contributed to this report.

Atlanta-Jarb; 6 Const.; 5/5/95

CDC decries threatened budget cuts

By Anne Rochell
STAFF WRITER

One year after unveiling a plan to overhaul the nation's system for detecting diseases, the Centers for Disease Control and Prevention is taking some important, concrete steps toward that end.

But Republican lawmakers, bent on streamlining every facet of the federal government, are threatening to take away almost half the money needed to accomplish this year's goals, according to the CDC. The Senate is expected to consider the cuts next week, CDC officials said Thursday.

With \$6 million from the existing CDC budget for 1995, the National Center for Infectious Diseases has, among other things, set up centers in Minnesota, California, Oregon and Connecticut to gather data on certain diseases.

They will also test a new way to investigate unexplained deaths in young people. These cases, if studied, can lead to the discovery of emerging diseases.

But Congress may take back \$2.6 million from this year's budget for emerging infections, NCID officials told the center's Board of Scientific Advisors Thursday. If that happens, the CDC won't be able to fund efforts by state and local health departments to revamp their surveillance systems, said Dr. Ruth Berkelman, deputy director of NCID.

Board member Michael Osterholm of the Minnesota Department of Health jokingly said the country needed "a catastrophe," meaning an epidemic that the existing public health system is unable to control.

"Maybe then the public would get a sense of how out of whack the priorities are," he said. "We spend less than \$2 million on these four [surveillance] sites but we spend \$225 million on bands in the military. Which one are you going to choose in the middle of an epidemic?"

The Atlanta Journal -- Constitution GA 4/28/95

Pollution threat

The number of American children under 13 exposed to more than .085 parts per million of ozone in 1991-93.*

Race/ethnicity	Number	%
White	19,130,940	50.8
Black	4,642,386	61.3
American Indian/ Alaskan native	160,149	28.9
Asian/Pacific Islander	1,103,601	67.7
Hispanic	4,293,657	69.2

The number of American children under 13 exposed to more than 1.25 parts per million of ozone in 1991-93.**

Race/ethnicity	Number	%
White	8,232,215	21.8
Black	1,748,779	23.1
American Indian/ Alaskan native	67,388	12.2
Asian/Pacific Islander	650,276	39.9
Hispanic	2,738,062	44.2

* Exposure was over an eight-hour period on four or more occasions; exposures at this level can cause harmful effects.

** Exposure was over a one-hour period on four or more occasions; exposure exceeds the levels that the U.S. Environmental Protection Agency deems safe.

Source: Centers for Disease Control and Prevention

PAIGE BRADDOCK / Staff

High ozone levels put kids at risk, CDC says

By Anne Rochell
STAFF WRITER

One in four of America's children ages 13 and under lives in areas where ozone air pollution exceeds federal limits, the Centers for Disease Control and Prevention and the American Lung Association said Thursday.

In Georgia, that figure is even higher. More than 581,000 — or 42 percent — of Georgia's children live in the metropolitan Atlanta area, where ozone levels exceed federal limits, federal statistics show.

Children are at higher risk for the respiratory problems associated with excessive levels of ozone smog in the air, because they spend more time outdoors during the summer months and because their lungs are still developing. Kids with asthma are especially at risk.

"When ozone levels peak, there's a well-documented increase in emergency room visits and hospitalizations due to asthma," said Dr. LeRoy Graham, an Atlanta pediatric lung specialist.

The U.S. Environmental Protection Agency mandates that ozone levels not exceed

0.12 parts per million more than four days a year. Atlanta exceeded the limit on four days in 1994 — fewer days than in other years, because of heavy rains last summer.

The ALA is trying to change the limit to a lower, stricter level of 0.085 ppm. Studies have shown that people suffer adverse health effects at lower levels than the EPA limit.

More than half of all American kids — or 27 million — live in some 400 areas where ozone levels are higher than 0.085 ppm, the ALA said in its new report, "Danger Zones: Ozone air pollution and our children."

Minorities, who often are concentrated in urban areas, are at an even greater risk of exposure to bad air.

Parents of children with asthma should watch for news reports of high ozone levels, Graham said.

The EPA classifies Atlanta's pollution as "serious," which means it is not as bad as "severe" cities such as Los Angeles and not as clean as "moderate" cities.

New auto emissions standards went into effect this year to help ease the smog.

Wash. Times; 5-10-95

Clinton may help Florida suit against tobacco companies

By Joyce Price
THE WASHINGTON TIMES

President Clinton has expressed interest in having the Justice Department join a \$1.4 billion lawsuit that the state of Florida brought against the tobacco industry to recover the taxpayers' costs of treating Medicaid patients for smoking-related disorders.

Florida Gov. Lawton Chiles said in a letter to Attorney General Janet Reno that he wanted to "carry forward" a discussion with Mr. Clinton that began when the president visited Florida last month.

"The President expressed interest in having the Justice Department participate in ... Florida's lawsuit against 'Big Tobacco,'" said the letter, a copy of which was obtained by The Washington Times.

Justice Department spokesman Jim Sweeney confirmed that Miss Reno received the letter and that "the matter is currently under review."

It remains uncertain whether the lawsuit will even go forward because the Florida Legislature has repealed the state's Medicaid Third Party Liability Law, which made it easier for the state to sue tobacco companies.

The law, which passed last year and was opposed vigorously by tobacco and other companies, would have barred cigarette manufacturers from arguing that Medicaid patients knew smoking's risks.

It also would have allowed into evidence general statistics linking smoking to heart disease as well as lung cancer, emphysema and other respiratory illnesses. Without this language, the state would have to prove that smoking caused illnesses in the patients whose treatment was covered by state Medicaid dollars.

Mr. Chiles has vowed to veto the repeal measure and to lobby hard against an override, which would require two-thirds majorities in both houses of the Legislature.

Even if the Florida lawsuit cannot go forward, Minnesota, Mississippi and West Virginia also have filed similar suits, giving the Justice Department more options for targeting tobacco companies.

"The federal government has

the biggest and broadest shoulders. ... We would welcome their involvement," said Tom Pursell, deputy attorney general for Minnesota.

Mr. Pursell said existing state law makes it as easy for Minnesota to sue tobacco companies as did the Florida Medicaid liability law before it was repealed.

Mr. Sweeney said the Justice Department has made no decision on Florida's request, "and I can't speak to any other possibilities."

Tim Howard, a lawyer coordinating the Florida tobacco lawsuit, said it would be "damn near impossible" to try the case unless the Medicaid liability law is restored.

"There were 104,000 Medicaid patients in this state hurt by tobacco last year," he said, and the state would be forced to establish unequivocally that tobacco caused each one's illness.

But with the law in force, Mr. Chiles said, "The presence of the Justice Department would enhance the cooperation of federal agencies, assist us in obtaining witnesses and give us greater strength in fighting off the powerful tobacco lobby."

West Virginia's suit also may not be a good opportunity for the Justice Department to go after the tobacco industry. First, state Attorney General Darrell W. McGraw Jr. filed the suit without consulting Gov. Gaston Caperton and having him bring other state agencies into the matter.

As a result, last week a state judge dismissed eight of the suit's 10 counts, saying Mr. McGraw "could not prosecute ... on behalf of claims of other agencies," said Dana Eddy, Mr. Caperton's general counsel.

Walker Merryman, vice president of the Tobacco Institute, said the industry views the suits as "serious threats" but so far is encouraged by the resistance they're encountering.

He said he's also encouraged by an item that appeared last month in a newsletter of the New York investment firm Bear Stearns and Co., which he said "predicted tobacco companies ultimately prevail in all the cases, even though litigation is likely to persist for many years."

Wash. Times; 5-10-95

Ex-smokers' stroke risk stays higher for 20 years, study says

All
Authors of two earlier reports stand by five-year figure

NEW HAVEN, Conn. (AP) — Former smokers still face a higher-than-normal risk of a stroke more than 20 years after they quit, a study suggests.

Previous research indicated that within five years of quitting ex-smokers faced the same odds as people who never smoked.

"The message to smokers out there is simple: The earlier you quit this habit, the better your chances are for decreasing the risk of stroke or other vascular diseases," said Dr. Lawrence M. Brass, an associate professor of neurology at Yale and the study's co-author.

The findings will be presented today at the American Academy of Neurology's annual meeting in Seattle.

The authors of two previous studies showing smokers in the clear after five years questioned the validity of the new survey's data.

Researchers from Yale and the U.S. Department of Veterans Affairs conducted a mail survey of 7,116 men, ages 56 to 67, who were listed in the National Academy of

Science National Research Council Twin registry. About 60 percent said they had been smokers at one time.

The research found that risk for stroke decreased somewhat within a few years after quitting but didn't return to a normal range until more than 20 years.

For those who had stopped smoking 10 to 20 years earlier, the risk was still more than 30 percent higher than for lifetime nonsmokers.

Stroke is the third leading cause of death in the United States, behind heart disease and cancer. Cigarette smokers are nearly twice as likely as nonsmokers to have a stroke.

A long-running study of residents of Framingham, Mass., indicated that after five years, smokers who kicked the habit had the same risk for stroke as nonsmokers.

A 1993 study of nurses at Brigham and Women's Hospital in Boston said women who quit smoking virtually eliminate their added risk for a stroke within four years.

"That just didn't make much

sense, and it tends to minimize the risk of smoking," said Dr. Brass. "For example, your lungs suffer damage from smoking. They don't just get better once you quit."

Dr. Ichiro Kawachi, assistant professor of medicine at Harvard Medical School and the lead researcher on the nurses' study, agreed that smoking's effects on organs like the lungs and heart are long-term. But he said he believes Dr. Brass' results may have been skewed by people's memories.

"You can get recall bias, people saying they quit a long time ago, because they feel guilty," Dr. Kawachi said.

The Nurses' Health Study has been observing more than 87,000 women since 1976 with biennial questionnaires checked against medical records.

The Framingham study started in 1950 with about 5,000 residents, and is now down to 1,200 survivors who are examined every two years.

The Framingham study's principal investigator, Philip A. Wolf, also questioned Dr. Brass' survey method.

Wash. Times; 5-10-95

Smoking ban begins without much fuss

No noticeable effect observed on business

By Tom Stuckey
ASSOCIATED PRESS

ANNAPOLIS — At Chick and Ruth's Dilly on Main Street in Annapolis, the ash trays went out the door the day the state smoking ban took effect.

A couple of customers complained, and one left, saying, "You won't see me again," said owner Ted Levitt.

But most smokers are adjusting, he said. Nonsmokers appear to be happy about the change, and there has been no noticeable effect on business.

Many Maryland businesses joined Mr. Levitt and banned smoking when the regulations took effect at the end of March. But others have held off, not sure what they should do or unwilling to tell customers they can't smoke.

In the first five weeks after the ban went into effect, the state Division of Labor and Industry received more than 1,000 calls from employers, workers and customers with questions about the ban, said Carolyn West, regulations coordinator.

Only 24 of those calls were formal complaints from workers whose employers had not banned smoking. "Letters have been sent to those employers, and some have already responded," Ms. West said.

Some employers have acknowledged they are covered by the law and plan to ban smoking in their businesses, she said. Others are confused or believe they are exempt, Ms. West said. In those cases, state regulators will work to try to clear up the confusion and persuade employers to comply with the ban if they are covered, she said.

Regulators still plan to give employers about six months to comply with the law before they begin assessing fines.

The ban is among the strongest in the nation.

The regulations were adopted under the state workplace safety law and apply to most places in Maryland where people work indoors. Smoking is allowed with some restrictions in hotels, restaurants, bars and other places where liquor is served.

Officials of organizations that represent restaurants and retail stores say they have heard few complaints from their members.

Brendan Flanagan, director of government relations and public relations for the Maryland Restaurant Association, said there is a lot of confusion among restaurant owners about what the law requires.

"Many restaurants are going smoke-free," he said. But there is a mixed bag of responses, with different restaurants taking different approaches, he said.



Photo by Ross D. Franklin/The Washington Times

Ted Levitt, owner of the smoke-free Chick and Ruth's Dilly in Annapolis, helps customers with orders.

terent approaches, he said.

The law bans smoking in all retail stores. Thomas Saquella, president of the Maryland Retail Merchants Association, said the ban did not bring about a change for large retailers because smoking already was banned in areas open to the public.

But even small stores are now covered, and big stores can no longer allow employees to smoke indoors unless they set up smoking areas with separate ventilation systems.

"I haven't heard any com-

Regulators still plan to give employers about six months to comply.

plaints yet. I think the problem is going to be with allowing employees to smoke in the back room, and I've told them you can't do that," Mr. Saquella said.

Some store owners do not like the ban.

Dennis Claude, owner of a small antiques store half a block from the State House, doesn't want any bureaucrat "who has never been elected, whose sanity might be in question," telling him what he can do in his store.

Mr. Claude and co-owner Ron Baldwin are both smokers who go outside their store to light up out of consideration for non-smoking customers. But if a customer wants to bring a cigarette into the store, they are not about to say no.

ABOUT NEW YORK

Michael T. Kaufman

N.Y. Times; 5-10-95

'Enough Already': Smokers Find a Friend

IN the month that Local Law 5 has been in effect, smokers, who were its target, have been finding sanctuary, solidarity and solace in Drake's Drum. Like the persecuted once hounded into catacombs, they huddle in the restaurant on Second Avenue at 90th Street, puffing away and castigating the smoke-free air act as an unconscionable intrusion on personal liberties and on humankind's God-given right, since Eden, to choose its own poison.

"Enough is enough is enough already," said Jimmy Duke, the owner, explaining his hatred for the bureaucratic dictates that led him to evade the ban on smoking in restaurants and turn the place he has owned since 1968 into a refuge for smokers and those of their nonsmoking cohorts willing to brave secondhand fumes for friendship, charm and company. Because the law applies only to establishments with 35 or more seats, Mr. Duke has avoided its jurisdiction by reducing the capacity of the dining room, throwing out more than three dozen chairs and keeping precisely 34.

At the bar, regulars, augmented by some newcomers, were happily inhaling while they complimented Mr. Duke for his open-minded hospitality while condemning what they considered to be outrages of antis smoking zealotry.

"At Yankee Stadium and Shea, they are throwing people out for smoking," said Tom Klapak, a construction supervisor. "For crying out loud, I used to go to Yankee games, but I'm not going

anymore. I guess I'll just have to wait until Steinbrenner moves the team to New Jersey, where they haven't banned smoking yet."

SUSIE JACOBS, a freelance business writer, said: "It's ridiculous. I can't go into a diner and smoke over a cup of coffee like I used to just a month ago. Diesel trucks are spewing exhaust up and down the street while I am being made to feel like a criminal for doing what is perfectly legal. I pay my taxes. I'm a good citizen and, you know, my mother knows I smoke."

Al Robbins, the bartender, said that the night before a customer had told him she had been told by a Park Ranger to leave Central Park for smoking. "Can you believe it? What's next?"

In fact, a Parks Department spokesman, J. D. LaRock, said this seemed an exaggeration. He said that as applied to parks, the law bans smoking only in playgrounds and buildings. He added that no one has been arrested or issued a summons for illegal smoking in parks since the law went into effect. Still, given the level of defensiveness in Drake's Drum, it was easy to see how the patrons could believe the report. They are ready to believe any al-

Cont'd on next page



Fed up by the bureaucrats sticking their noses into his business — and smelling smoke — the owner of Drake's Drum created a sanctuary for smokers. A customer at the bar, Dan Guerra, lit a cigar.

N.Y. Times; 5-10-95

Restaurant Owners Plan Fight Against Smoking Restrictions

By THOMAS J. LUECK B3

New York restaurant and tavern owners yesterday began what they called a counteroffensive against New York City's sweeping, four-week-old restrictions on smoking in public places, lining up members to testify at a city hearing and releasing a survey of owners who said their businesses were hurt by the rules.

About 250 restaurant and tavern owners met yesterday at a midtown hotel in hopes of forging a strategy for the law's repeal. The meeting, called by the Manhattan Tavern and Restaurant Owners Association, attracted people from all five boroughs, all of whom appeared to agree with the organizers' contention that the smoking ban is an unfair invasion of business owners' rights, and is costing them business.

"The issue here is not whether smoking is good or bad for people," said Joan Borkowski, the owner of Billy's Tavern in Manhattan, who was the chief organizer of the meeting. "This is a matter of economic

survival. We are a service industry, and it is our job to serve customers. It is not our job to be policemen."

Mrs. Borkowski said the next step for restaurant and tavern owners who oppose the ban will be to attend a meeting next Tuesday before the New York City Health Commission, to be held in the commission's offices on Worth Street. At her urging, dozens of people at the hotel gathering filled out forms necessary to testify against the law.

Since it took effect on April 11, the law has banned smoking everywhere in New York City restaurants with more than 35 seats except at their bars. It replaced a law, accepted with little protest by the restaurant industry, that required separate smoking and nonsmoking sections for diners.

To provide evidence of what they called the harsh impact of the new regulations, the organizers of yesterday's meeting released the results of a poll of 1,000 restaurant owners and managers from all five boroughs, showing that most said their businesses had been disrupted.

The poll, conducted from May 3 to May 6 — when the law had been in effect only three weeks — by a firm from Alexandria, Va., was designed to elicit opinions about the impact of the law instead of provide a precise gauge of its long-term impact on business.

The poll showed that most of those who participated were troubled by the ban. About 56 percent of those surveyed said that they had experienced a decrease in sales, compared with 38 percent who said sales had not been affected by the ban. Those who said sales had decreased estimated their losses at 16 percent.

The poll also found that a large majority of participants — 81 percent — agreed with the assertion that the new smoking ban is "government over-regulation of small business."

'Enough Is Enough Already': Smokers Find a Friend

Cut'd from previous page

legation of indignities imposed on smokers.

Mr. Duke, the man who has championed these people, does not smoke. "I just got fed up, with all sorts of bureaucrats sticking their noses into my business," he said, explaining his motivation. "I run a pub. I'm not a psychologist. I don't do behavior modification."

He went on to say that the old system of having smoking and non-smoking sections seemed highly satisfactory. "People should be free to settle things on their own. We never had a serious fight. Sometimes somebody moved from one end of

the bar to another. Sometimes, somebody just put out their cigarette. Why should bureaucrats get involved?"

MR. DUKE said one example of unnecessary municipal meddling related to the tables he keeps outside on the sidewalk. "I pay the city \$3,000 a year to use that space," he said. "I have 24 seats out there on Second Avenue. You realize it is still perfectly legal to smoke while walking or standing on the street. But what about sitting?"

"The new law says that in such outdoor cafes, only 25 percent of the

customers can smoke. So what am I supposed to do when more than six customers out there are smoking? Maybe I should tell them take turns puffing, or to stand up and pretend they are pedestrians."

Mr. Duke, a former rugby player from Liverpool, said he was alarmed the first time he heard about the legislation.

"I could see what was coming," he said. "I was pretty sure that if I did nothing and accepted the ban, I'd be out of business in three months. You know the 28 percent of the public that smokes buys a considerable amount of the alcoholic drinks sold. So I scaled down and redid the place.

I threw out the chairs, put in a new ventilator. It cost about \$40,000. I hired a top chef and upgraded the menu so we could charge a bit more to make up for the smaller room."

"We also changed the name a little, from just Drake's Drum to Drake's Drum — The Smoke Inn. We put signs in the window and handed out fliers explaining what we were doing."

So, has the strategy worked? "It's still too early to tell," said the pub keeper, looking at his customers who were happily smoking and eating, smoking and drinking, smoking and spending.

THE FEDERAL DIARY

Wash. Post; 5-10-95

Reinventing Civil Service

By Mike Causey
Washington Post Staff Writer

Federal agencies could hit poor performers with a 25 percent pay cut under a civil service reinvention package the Clinton administration plans to send to Congress shortly. Under it, bosses also would be allowed to give special treatment and protection—when hiring and firing—to top-notch workers who lack seniority or veterans preference.

The sweeping changes are part of Vice President Gore's National Performance Review project.

Depending on how you look at it, and how it is used, the proposal is either a blueprint for a streamlined and flexible operation or a change of rules that would strip workers of rights long guaranteed by law or merit-system rules.

Under the proposal, which would have to be approved by Congress, federal agencies could:

- Cut the salary of poor performers by 25 percent for as long as 120 days.
- Give individual cash awards ranging from \$10,000 to \$25,000 to outstanding individuals.
- Create a special category of "nonpermanent" workers who could be hired for five years for relatively short-term projects. Nonpermanent workers could receive an extension of another five years in rare cases. Workers would pay their own health and life insurance premiums for the first year. After that, the government would begin paying its share (about 72 percent of the total health premium) and the nonpermanent workers would be eligible for retirement benefits.
- Conduct their own recruiting and testing for all jobs and design their own performance management systems.
- Set the salaries of workers at any level within a specific grade. Currently there are 10 steps in each grade. Workers

get promoted to the next step (and get a 3 percent within-grade pay raise) each year for the first three years of service, every two years for the next three steps and then every three years in steps seven and above. This plan would allow an agency to start a worker in the middle or at the top of the grade or pay band.

■ Deny workers advancement to the next step of their grade—based on performance—without giving them any appeal rights to the Merit Systems Protection Board.

■ Set up their own "alternative personnel systems" without getting prior approval from Congress or giving warning—and a comment period—through the Federal Register.

■ Allow agencies to set up programs that would protect "well qualified" employees who lacked veterans preference or seniority from being laid off during reductions in force.

■ Appoint employees with "exceptional academic qualifications" to any kind of job at Grade 7 (\$24,441 to \$31,770) and below. Under current law, those appointments are limited to professional and administrative jobs.

■ Create "optional procedures for evaluating job applicants" without being bound by the current rules that require agencies to choose from the three candidates who have the highest ratings, scores or evaluations.

Food Drive

Members of the National Association of Letter Carriers will be collecting nonperishable food items on Saturday at designated drop-off centers in the Washington area and across the country.

Last year, the letter carriers collected 32 million pounds of food that was distributed to community food banks and shelters.

For drop-off locations, call the association at 202-393-4695.

Wednesday, May 10, 1995

Wash. Times; 5-10-95

GOP encourages acts of violence, Rep. Miller says

By Ruth Larson
THE WASHINGTON TIMES

Rep. George Miller yesterday denounced recent criticism of government by Republicans, saying they are encouraging acts of violence against federal law enforcement agents.

"In the wake of the horror of Oklahoma City, it is the responsibility of all Americans ... to end the casual demeaning of federal employees who risk their lives every day to defend public property and U.S. citizens," the California Democrat said.

He was especially critical of Sen. Larry E. Craig of Idaho, who last week called for disarming about 7,000 federal officers patrolling national forests and wildlife refuges, citing a growing fear of armed federal agents.

In a statement of clarification, Mr. Craig said: "I believe there is a role for law enforcement in our nation's forests and on our public lands. But it should come from the local level and not from the federal level."

Mr. Miller has called for hearings by the House Resources Committee, which oversees management of natural resources, to respond to threats against land management officials in the West.

But Dan Kish, the committee's chief of staff, says the problem stems from intrusive laws that encroach on the lives of Western residents, not from sentiments expressed by Republican lawmakers.

"It's Congress' fault, really, for saying, 'You can't trust those people out there. We need to pass laws to protect them from themselves.' It just shows the arrogance of Washington-based power," Mr. Kish said.

Government influence is especially contentious in the West, where the federal government may control as much as 90 percent of the land in a particular county.

"Nothing warrants violence against government officials —

they're just the messengers from Washington," Mr. Kish said. "Unfortunately, they're on the front lines."

He said the committee hears from many federal agents who are uncomfortable with laws they are required to enforce among friends and neighbors. Laws on grazing rights and mining on federal lands are particularly sensitive issues.

"The federal government has become a colonial slum lord in many people's minds. It owns enormous amounts of land, and it doesn't really manage it very well," Mr. Kish said.

He said the committee held several field meetings to hear from private citizens.

While no decision has been made on Mr. Miller's call for hearings, "We intend to let people know we're sympathetic to their concerns that Big Brother is encroaching on their lives," Mr. Kish said. "Our approach is to try to return power to local governments."

Growing displeasure with federal control is evident from the number of threats against federal agents in Western states. In October, a bomb exploded in the Reno, Nev., office of the Bureau of Land Management. On March 30, a bomb exploded in U.S. Forest Service office in Carson City, Nev. Many agents have been threatened with bodily harm.

In response, the Forest Service has urged field workers to travel in pairs and stay in radio contact, and also suggested they consider wearing civilian clothes and not use official vehicles.

Mr. Miller blames the escalation of violence on statements by officials like Rep. Barbara Vucanovich, Nevada Republican, who suggested that federal officials show more sensitivity to avoid armed confrontations. "This is Nevada — people are armed," she warned.

Mr. Miller said such remarks legitimize contempt for government.

Wash. Post; 5-10-95 p. 1

Growth Hormone's Downside

Use on Healthy Children Raises Ethical Concerns

By Rick Weiss
Washington Post Staff Writer

Treating healthy short children with regular injections of a growth hormone can, in many cases, add inches to their final adult height, researchers reported yesterday.

Experts said the new findings, presented at a pediatrics meeting in San Diego, are sure to intensify the debate over the appropriateness of using the growth-enhancing drug to perform what some see as cosmetic medicine in short but otherwise normal children. Genetically engineered human growth hormone has been approved for treatment of children who are short because of growth hormone deficiency. It must be injected three times a week throughout

childhood until adolescence at a cost of about \$20,000 a year.

"If growth hormone didn't work on these [healthy] kids there would be no ethical problem," said Raymond Hintz, the Stanford University pediatric endocrinologist who led the study. "But on average it does, so now we have a problem."

Researchers predicted the findings would prompt many more parents to seek the treatment for short children. The market for the drug is \$300 million per year, with an estimated 30,000 children receiving the injections because of hormone deficiency or other medical problems.

Arthur Caplan, director of the Center for Bio-

See HORMONE, A16, Col. 1

HORMONE, From A1

medical Ethics at the University of Pennsylvania, said the growth hormone results "raise a deep question" about the role of modern medicine. "Should it just respond to the wishes and preferences of people?" he asked. "Being very short can make some people unhappy, but so does not having a house or a nice car. Should that be a doctor's responsibility too?"

Recombinant human growth hormone is a synthetic version of a growth-promoting hormone normally produced by the pituitary gland in the brain. The Food and Drug Administration approved it in 1985 for children who make inadequate quantities of the hormone on their own, most of whom would end up between four and five

feet tall without treatment. The drug typically adds five to eight inches in the shortest of the short.

Less certain are the drug's effects on those with normal levels of the hormone—children who are short for some other reason (most often because their parents are short), or average-size children who want to be basketball stars. Short-term studies have shown that growth hormone injections speed growth in otherwise normal short children, but preliminary results of an Italian study published last August suggested these children simply attain their less-than-average adult height a little bit sooner.

In the latest study of 51 children—the biggest of its kind to report final results—Hintz and his colleagues at 10 medical centers gave human

growth hormone to children who consistently passed the standard tests for normal growth hormone production but whose growth was lagging at least two years behind that of peers. Their predicted adult height, based on X-ray studies of their bones, fell into the shortest 2 percent of the population.

Compared to their predicted heights at the beginning of the study—and to three different control groups of extremely short children who received no treatment—the treated children ended up with an average of two to three extra inches after three to seven years of injections, Hintz reported yesterday at the annual joint meeting of the American Pediatric Society, the Society for Pe-

See HORMONE, A17, Col. 1

HORMONE, From A16

diatric Research and the Ambulatory Pediatric Association in San Diego.

The study was funded by Genentech Inc. of South San Francisco, maker of the best-selling version of genetically engineered growth hormone in the United States. The company's former vice president for sales and marketing is to be tried in federal court this summer on charges, filed by the government last year, that he was involved in a kickback scheme to illegally boost sales of growth hormone.

Several researchers said the results confirm two problems long recognized by pediatric endocrinologists: The standard blood tests that measure pituitary growth hormone production are far from perfect, giving varying

results from day to day, and the widely accepted cut-off between "normal" and "abnormal" is arbitrary. Indeed, parents intent on getting the drug for their child have been known to repeat the test several times until they get the low results that will grant them a prescription and insurance coverage.

Unfortunately, Hintz said, children's response to growth hormone in his study also varied inexplicably from person to person. About half of the treated children grew an extra two inches or more, with some gaining an extra four or five inches. But the other half gained less than two inches, and about one-quarter never even reached the height that doctors had expected without any treatment. "We still don't have a way of predicting who will benefit," Hintz said.

More answers may be forthcoming from the biggest and best designed study of the effects of growth hormone on normal short children, now underway at the National Institutes of Health. But that study will not have results for another five or 10 years, nor will it answer the hotter question of whether the hormone can add inches to children of average stature. A British team is expected to present preliminary results from a study in children of normal height in June. In that group, the hormone treatments had little or no effect, Hintz said.

Meanwhile, researchers said they expect to see an increased demand for prescriptions. Already, said Lindsay, "we are inundated with short children who want the hormone."

USA Today; 5-10-95

Estrogen may benefit heart, aid Alzheimer's

By Marilyn Elias
USA TODAY

2D

SAN FRANCISCO — Estrogen therapy shows promise as a treatment that could prolong the lives of women with heart disease, and significantly improve memory in Alzheimer's patients, scientists say.

A panel reported the latest estrogen findings at the American College of Obstetricians and Gynecologists meeting here. Hormone replacement — known to cut heart attack risk — now is emerging as a therapy that may extend survival time even for older women who already have heart disease, says cardiologist Jay Sullivan, University of Tennessee Medical School, Memphis.

His long-term study followed 943 women after coronary bypass surgery. Among those who were taking estrogen at the time of their pre-surgical angiogram or started it after bypass, 69% were still alive after 10 years; 46% of women not on estrogen had survived.

Several other studies find that whether a woman takes estrogen is directly linked to how healthy her arteries appear on a coronary angiogram. And the hormone correlates with longer survival even if there's mild to severe heart disease. "It does seem to benefit women who already have coronary disease," says Sullivan.

Recent lab studies show that estrogen clears LDL, the "bad" cholesterol, and therefore helps to keep coronary arteries clear and healthy.

The hormone's potential benefit for Alzheimer's pa-

Blues-free menopause

Does menopause really send women into major depression?

Not if they are mentally healthy when menopause sets in, researchers say.

There's no increase in depression in normal women 45 to 55 years old, says Dr. Barbara Sherwin, McGill University.

But a small group of women seek treatment at menopause clinics complaining of emotional changes. These women often suffer moderate depression, and clinical experience shows they tend to benefit from estrogen replacement therapy.

But estrogen is no substitute for antidepressants, she cautions. "It can help with depressive symptoms, and it may improve mood," she says. "But it's ineffective for treatment of major psychiatric disorders."

tients may be partly due to estrogen receptors in areas of the brain that affect memory, says Dr. Barbara Sherwin of McGill University, Montreal.

Sherwin's pilot studies suggest estrogen enhances memory even in women who already have the disease. "But we need larger, prospective studies to know the magnitude of that effect," she says.

years, total fat intake of kids in the intervention group dropped from 33.4% to 28.6%; the saturated fat from 12.5% to 10.2%.

Kids in the control group lowered their total fat and saturated fat slightly. Findings:

► Cholesterol for the intervention group fell to 183; for the control group, to 186.

► There was no significant difference in height, weight.

During puberty there is a normal drop in cholesterol, explains Dr. Ronald M. Lauer, University of Iowa, Iowa City. But the intervention group's fell more, significant when transferred to large numbers of children, he says.

N.Y. Times; 5-10-95

Low-Fat Diet Can Help Children At No Peril to Growth, Study Says

By JANE E. BRODY

Children with high cholesterol levels can safely be placed on low-fat diets to reduce their risk of future heart disease, a new study shows. Over a three-year period, children in the study lowered their blood cholesterol levels without interfering with their growth, nutritional status or emotional well-being.

The study, being reported today in The Journal of the American Medical Association, is the first large, controlled clinical trial to examine the benefits and possible risks of a cholesterol-lowering diet among prepubertal children. Since such children are in a phase of rapid growth, there has been considerable concern that limiting their diet might somehow interfere with normal physical and psychological development.

The children, 636 elementary school pupils from six regions, were divided into two groups, one of which was encouraged to eat less total fat, less saturated fat and less cholesterol than they normally would. Over a three-year period, those in the group that was given intensive dietary guidance reduced their total cholesterol levels by about 3.5 milligrams more than the comparison group of children who received the usual medical care.

Although the decline was not large, the researchers say they believe that even small decreases in the level of harmful cholesterol during childhood could have a significant effect on the chances of suffering a heart attack years later. And, they say, small changes in cholesterol levels in the population at large could save thousands of lives that might otherwise be lost to premature cardiovascular disease.

Moreover, the decline in cholesterol levels that the researchers observed among the study's participants represented an average among all the children in the intervention group, about a third of whom are believed not to have followed the dietary advice and another third of whom made only about half the recommended changes.

"This is probably what we can expect from the way life is for children in this country," said Dr. Ronald M. Lauer, the study's director.

Dr. Lauer, a professor of pediatrics and preventive medicine at the University of Iowa in Iowa City, not-

ed that "other forces play on children than the forces we place on them," adding, "We could do a lot better if the forces within our society improved, such as the offerings in school lunch programs and peer pressures about where to eat."

Dr. Russell V. Luepker, head of epidemiology at the University of Minnesota School of Public Health in Minneapolis, who wrote an editorial applauding the study's findings, said in an interview: "It's difficult enough to get adults to adhere to a cholesterol-lowering diet. Kids are a particular challenge, especially at an age when they have more free choice. They have allowances and they do what their friends do."

The goal for those in the intervention group was to limit their total dietary fat to 28 percent of calories, saturated fat to less than 8 percent of calories and polyunsaturated fat to no more than 9 percent of daily calories. In addition, the children were supposed to limit their cholesterol intake to less than 75 milligrams for every 1,000 calories they consumed, as long as they did not go above 150 milligrams a day. These levels are about a third lower than the amount of fats and cholesterol normally consumed by children in the United States.

If the diet were stricter, Dr. Luepker said, it probably would result in a greater reduction in blood cholesterol. But there is a trade-off: "The lower in fat the diet becomes, the poorer the adherence is likely to be."

All the study's participants were drawn from an initial population of 44,000 prepubertal school children whose blood cholesterol levels were tested. Those found to be in the upper 25 percent of cholesterol readings but below the top 2 percent were selected for possible participation in the study. The researchers excluded certain children, among them those already on special diets or taking medication that might affect their growth or cholesterol level. The final group of participants was randomly assigned to either the intervention group or a comparison group that was given only a booklet on healthful eating.

The intervention included frequent group sessions at which the children and their families were taught about the sources and effects of dietary fat, especially saturated fat and cholesterol. The intervention group was also given guidance in shopping, reading labels and dining out healthfully.

In addition, at family sessions with nutrition counselors, individual food preferences were considered and families were taught how to select and prepare foods differently to curb dietary fat and cholesterol.

USA Today; 5-10-95

Low-fat diet won't stunt kids' growth

By Nanci Hellmich
USA TODAY

2D

Cutting back fat in kids' diets lowers cholesterol without harming growth, says a study in today's *Journal of the American Medical Association*.

Researchers at six medical centers recruited 663 kids, ages 8 to 10, with high cholesterol, a mean of about 200. An acceptable level: Below 170.

Kids were divided into two groups — a control and another taught new eating habits.

Families in the intervention group learned how to cut fat from their diets. After three

L.A. Times; 5-10-95 p. 1

L.A. Researchers Report Major Step in Gene Therapy

■ **Medicine:** Three children are thriving after two years. Permanent insertion of the material is breakthrough.

By THOMAS H. MAUGH II
TIMES MEDICAL WRITER

The first newborns to undergo gene therapy are healthy and the inserted genes are working normally nearly two years after the procedure, researchers from Childrens Hospital in Los Angeles will announce today.

Dr. Donald B. Kohn of Childrens, head of the team that performed the therapy, is scheduled to declare the effort a qualified success at a meeting of the American Pediatric Society in San Diego.

The results are encouraging for more than just the three children who underwent the procedure in Los Angeles and San Francisco. This is the first time that researchers have been able to insert genes into the blood cells of humans permanently, said Dr. W. French Anderson of USC. In all previous cases, the insertions have been only temporary, which means the procedures had to be repeated at regular intervals.

Kohn said this advance represents "a major step toward gene therapy" for the treatment of a broad variety of genetic diseases. And, he concluded, "If we can correct genetic defects at birth, we can prevent the severe problems that follow."

The three infants were born lacking an enzyme called adenosine deaminase, or ADA, whose

absence prevents immune systems from fighting off viral and bacterial infections. That absence produces a rare, normally fatal disorder called severe combined immunodeficiency disease, or SCID—the disorder suffered by David, the well-known Houston "bubble boy" who died from it in 1984 at age 12. Since David's death, researchers have developed a drug called PEG-ADA to treat the enzyme deficiency, but it costs \$250,000 a year.

Kohn and his colleagues isolated white blood cells from the infants' umbilical cords at birth, altered the cells so that they began to produce ADA, and reinfused the cells into the infants four days later.

In an interview, Kohn said the Childrens team is "very encouraged" by the results to date. "There are no problems from it [the gene therapy], and we are confident that we might have a permanent benefit from it. . . . Based on these results, we would definitely apply it to other kids."

Only about 25 children with ADA deficiency are born in the United States each year. But the technique pioneered by Kohn could have much wider application. It could be used to treat many of the thousands of children born each year with one of the 3,000 congenital disorders caused by defective genes.

Tuesday afternoon, Andrew Gobeia, the first infant to receive the therapy, was playing at his home in the Imperial Valley and preparing for his second birthday tomorrow. "He goes everywhere and does anything that a normal 2-year-old does," said his mother, Crystal Emery. "We're very pleased with the results so far."

Andrew, who underwent the procedure in Los Angeles, is still receiving weekly shots of PEG-ADA that were begun at birth to ensure his health while the team studied his white cells to determine whether the engineered cells were surviving. When they were confident that the cells had survived, Kohn began tapering off the shots and hopes eventually to eliminate them altogether, much to Emery's relief. Andrew "runs away from the shots. He doesn't like them at all," she said.

The other two children, who underwent the procedure in San Francisco, are healthy and live out of state, the scientists said.

The gene therapy procedure itself is theoretically quite simple. Researchers insert a copy of the healthy ADA gene into a common virus, called a retrovirus, that



GINA FERRAZI, Los Angeles Times

Andrew Gobeia, gene therapy recipient, and his mom, Crystal Emery

invades dividing cells and inserts its genes into the cells' own genetic material. They draw blood from the patient, expose the white blood cells to the virus so that the healthy gene is inserted into the cells, and then put the cells back into the bloodstream.

This is the procedure that Anderson and his colleagues at the National Institutes of Health had previously used on two older girls, Cynthia Cutshall, now 14, and Ashanthi DeSilva, now 9. The technique restored their immunity, and the pair have now been healthy for five years. But because white blood cells are cleared slowly from the bloodstream, the girls have had to have the procedure repeated every six months to two years to provide a fresh batch of engineered cells.

In an effort to make the "cure" permanent, researchers have attempted to engineer stem cells, the relatively small number of white blood cells that reside in the bone marrow and serve as the progenitors, or parents, of all blood cells.

But human stem cells divide very slowly, and it has proved extremely difficult to get the retroviruses to infect them and insert the healthy gene. In fact, Anderson said Tuesday, attempts to engineer Cynthia's and Ashanthi's stem cells have failed.

Many of the stem cells in newborn infants, however, are still

dividing and are readily attacked by retroviruses. Instead of collecting these cells from the infants, Kohn chose the less invasive procedure of isolating them from the blood left behind in the umbilical cord at birth. It was these cells that were engineered and reinfused into the children.

Kohn's team collects blood samples from the children each month and analyzes them for the presence of white blood cells containing the ADA gene. He will tell the San Diego meeting that cells containing the healthy ADA gene have remained in the blood since birth and that the number of such cells has been growing in recent months as physicians have tapered off the ADA replacement drug.

Kohn concedes that the technique is not perfected. In particular, researchers need to put the healthy gene into a much larger percentage of the patient's stem cells than is now possible. In Andrew's case, the gene found its way into only 0.01% of his stem cells.

But that small percentage is producing a much larger percentage (5% to 7%) of crucial immune cells in the blood that contain the healthy gene, and they hope that percentage will continue to grow. That is very promising, Kohn concluded, because some studies have shown that only 10% of the normal amount of ADA is sufficient to prevent symptoms of SCID.

Wash. Post; 5-10-95

Virginia Mother Allegedly Gave Heroin to Her Baby

By Peter Baker

Washington Post Staff Writer



RICHMOND, May 9—Her baby cried and seemed out of sorts. Nothing would settle her down. So, according to authorities, Jacqueline Rosetta Edwards did the only thing she knew to do: She fed heroin to her own 4-month-old daughter.

Edwards, a 28-year-old resident of this city's South Side, appeared briefly in Richmond Juvenile and Domestic Relations Court this morning to answer charges of drug distribution and felony neglect and abuse of her child. But the brief court hearing answered none of the larger questions her case presents as more children are born to addiction.

"It's pretty incredible that anyone would do that," said Assistant Commonwealth's Attorney Karen M. Matthews. "We do not see many cases [of mothers giving their babies heroin]. This is the first one I've had."

According to authorities, Edwards told police that she has been hooked on heroin and cocaine for a dozen years and assumed her daughter was born addicted, as well. Instead of seeking medical help, though, she decided that small amounts of heroin would help the baby through withdrawal, officials said.

The case stands out even in a city that, much like Washington, has been plagued by a drug epidemic and the runaway violence that often accompanies it. Richmond hospitals and schools have been struggling to cope with the increasing number of

"crack babies" born to addicts, and Virginia recently changed policies to give pregnant women priority for openings in substance abuse treatment programs.

Specialists said instances of parents giving their children drugs to ease the suffering of withdrawal are extremely rare, and they strongly warned against the practice.

"I don't know of any that have done what that woman is claiming to have done," said Tim Harmon, director of residential substance abuse treatment for the Fairfax-Falls Church Community Services Board. "It won't have much [medicinal] effect for one, but it's also extremely dangerous. I mean, this is craziness. She could kill her child."

A study by the National Institute on Drug Abuse estimated that 221,000 women who gave birth in the United

States from October 1992 to August 1993 used illicit drugs during their pregnancies, or about 5.5 percent of all mothers in that period.

The Richmond case came to light when Edwards was arrested April 3 on a larceny charge. She had her baby with her at the time and told the officers who took the infant about her condition, police said.

After social workers took the baby to the hospital, tests detected traces of drugs, and police charged Edwards Friday.

Edwards, who remains in the city jail on \$20,000 bond, did not enter a plea today and had a lawyer appointed to represent her at a June 20 preliminary hearing. Attorney Prescott L. Prince said he could not discuss her case because he had not yet talked with Edwards.

Karen James, a specialist with the

National Association for Perinatal Addiction Research and Education, said a 4-month-old baby could not still be hooked on heroin from pregnancy without being given the drug routinely since birth. Heroin, a white, crystalline powder derived from morphine, is a powerful, habit-forming narcotic, but unlike cocaine, which can create a permanent condition in babies, heroin addiction usually passes in a matter of days, she said.

Lt. Albert J. Scott, head of the police department's youth services enforcement unit, said of Edwards: "She said she gave it to the child to try to ease the withdrawal and to calm it down because it would cry a lot and carry on. Who knows how many kids out there are being given drugs like this?"

Editorials & Op-Ed

Robert J. Samuelson
Wash. Post; 5-10-95

The Medicare Mess

The sudden furor over Medicare demonstrates once again the difficulty—perhaps the futility—of trying to control federal spending without acknowledging that the elderly are the largest beneficiaries of federal programs. More than a third of the budget goes to the elderly, and the proportion is rising. Both Democrats and Republicans want to seem aggressive budget balancers without agitating the elderly. It's an awkward act.

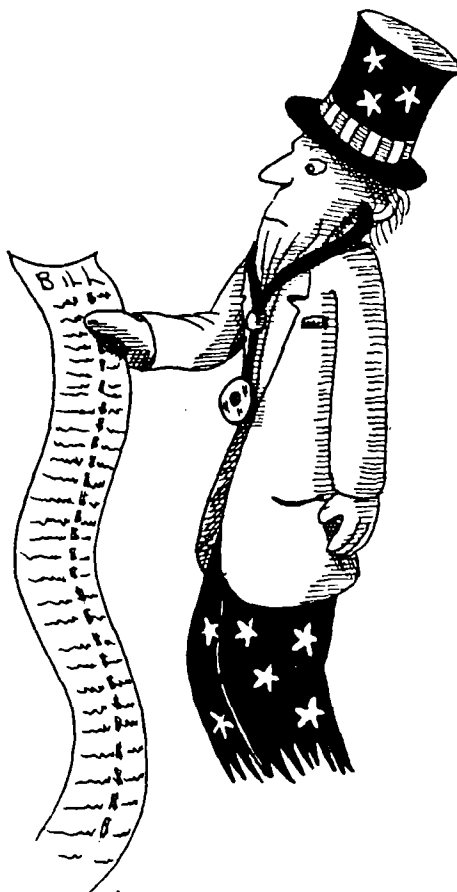
The Medicare debate pits a Democratic president who has done little to curb the program's explosive growth against House Republicans, who may be proposing cutting too much too soon. That Medicare (health insurance for the elderly) bloats budget deficits is undeniable. Since 1975 it has jumped from 4 percent to more than 11 percent of federal spending. By 2002 it will be 16 percent, predicts the Congressional Budget Office. It now accounts for about 25 cents of every extra dollar of spending.

The Republicans disclaim "cutting" Medicare. Spending growth, they say, would merely rise more slowly: about 5 to 7 percent a year rather than the present 10 percent. This isn't cruel, the argument goes. Maybe. But Republicans haven't yet shown how they would achieve the slowdown, and President Clinton accuses them of threatening essential health services to pay for tax cuts for the "well to do." Any assault on Medicare, say Democrats, would violate Republican campaign pledges not to cut Social Security. Republicans argue that the two programs exist apart.

They don't. In the public mind, they blend. A poll for the American Hospital Association found that 64 percent of the respondents think Medicare cutbacks would break promises not to touch Social Security. On the other hand, Clinton claims to be tough on the deficit, when he isn't. He hasn't proposed a balanced budget for this or any other year. He also supports unwise tax cuts and resists all efforts to include the largest programs—those for the elderly—in the budget debate.

All that unites Democrats and Republicans is the common quest to be seen as hard on the budget and soft on seniors. The result is massive public confusion. In the Hospital Association poll, for instance, 53 percent of respondents said Medicare is a "program where people get the benefits their taxes have already paid for." Only 33 percent saw Medicare as an "entitlement," which it is. Even if people's past taxes had been saved (and they weren't), they wouldn't cover benefits. For an average wage-earner, these taxes—plus assumed interest—amount to only about 26 percent of expected benefits, estimates the CBO.

Rather than lead public opinion, the president and Congress reinforce its inconsis-



BY MARGARET SCOTT

tencies. About 70 percent of Americans want to balance the budget by constitutional amendment. But 48 percent say, in a Wall Street Journal/NBC poll, that government doesn't spend enough on the elderly. "To anyone who has studied the federal budget, those sentiments are astounding," writes the Journal's Gerald Seib. The trouble is that most people don't study the budget. If they're constantly told that the budget can be balanced without touching Social Security—and Social Security is code for programs for the elderly—then why not believe it?

Medicare cannot continue indefinitely in its present form. Spending pressures will ultimately prove intolerable. In 1995 the program will cost an estimated \$176 billion; by 2000, CBO projects that to be \$286 billion. There are only five ways to curb spending, none easy or popular:

- Cut reimbursement rates for doctors and hospitals: This has been done repeatedly—with only modest success—but is tempting, because it doesn't directly affect the pro-

gram's 36 million beneficiaries. For example, about a third of the nation's hospitals receive "disproportionate share payments" for treating low-income patients. Eliminating this would save almost \$4.5 billion annually between now and 2000, says the CBO.

- Make recipients pay more: They now pay about 31 percent of Medicare doctors' insurance (Medicare, Part B) through a monthly premium, but present law would cut that to 25 percent in 1996. If a 31 percent level were retained, savings would average about \$6 billion annually between now and 2000. In 1996 this would mean a monthly premium of about \$54 instead of \$45.

- Trim coverage: In addition to monthly insurance premiums, Medicare beneficiaries now typically pay 20 percent of most doctors' bills. But some services (home health care, laboratory tests) don't require patient co-payments. Imposing 20 percent co-payments on these services might raise about \$5 billion a year and, presumably, would reduce lab tests and home health care.

- Restrict eligibility: People could become eligible for Medicare later if retirement ages were raised. Or higher premiums and co-payments might be imposed on those with higher incomes.

- Make the program more efficient: Less than 10 percent of Medicare recipients now use "managed care" (health maintenance organizations and similar groups) that, its advocates say, involve lower costs. If so, then Medicare's growth could be trimmed if more beneficiaries joined managed-care groups.

Sooner or later, Medicare may have to be weaned from fee-for-service medicine, which encourages the inefficient use of health services. But that possibility lies in the future, and even tamer proposals will arouse opposition. Some will be self-serving. Medicare is a huge pot of money; it provides a third of hospitals' revenues. Still, many objections may be legitimate. Though change is necessary, it should be gradual. It would, for example, be unfair to force millions of Medicare beneficiaries into HMOs and disrupt existing doctor-patient relationships. People need time to adjust; but the longer change is delayed, the more wrenching it is likely to be.

The aging of the baby boom will intensify all Medicare's problems. The illusion is that these can be dealt with as dry, technical matters, when they involve basic questions of public and private responsibility. It is in this sense that Medicare and Social Security are inevitably fused. Should retirement ages be raised? Should the well-to-do elderly bear more of their own costs? Perhaps the Medicare furor will finally flush these questions into the open, which is where they belong.

THE DES MOINES REGISTER ■ THURSDAY, MAY 4, 1995

Medicare's harsh reality

Neither Republicans nor Democrats can avoid it for long; some suggestions.

Today's political maneuvering over Medicare is somewhat reminiscent of grammar-school diplomacy, in which a couple of rival schoolboys try to get each other in serious trouble with the playground bully. Today, Republicans and Democrats are trying to lure each other into the gun sights of a geriatric firing squad.

The Republican Congress is telling the Democrat administration to go first in proposing a solution to the Medicare crisis. President Clinton is instead holding the door for Congress. Neither wants to be associated with the harsh reality.

Medicare, which pays much of the health costs of the elderly and disabled, is going broke. Responsible projections put its demise just seven years down the road, when the savings built up through payroll taxes and general revenues are gone.

Paying the bills under the present formula will break the bank in the year 2002. The only logical solutions will incur the wrath of some powerful elderly voters who have been spoiling for a fight ever since they KO'd the Catastrophic Coverage Act of 1988.

What's wrong with Medicare? A costly combination of demographic and economic factors. First, a greater share of Americans than ever are in the Medicare-eligible over-65 age group.

Compounding that is the fact that we're living longer, meaning we'll eat up health-care resources for more years. Present retirees will burn far more Medicare dollars than they paid into the system while working.

Next, the cost of today's medical treatment — yesterday's miracle — keeps going up, and today's miracles tend to cost more than yesterday's.

As a result, Medicare, which years ago had to start tapping general revenues to stay afloat, must either hold out its hand for even more tax money, or reduce its coverage. The former is fiscally irresponsible.

The latter is political suicide.

Given the choice, it's little wonder neither Congress nor Clinton wants to go first. It's much more comfortable to let the enemy suggest the solution and take the heat.

The Catastrophic Coverage Act of 1988 shows why. It was good legislation, proposed by the Reagan administration, endorsed by a Democratic Congress and adopted into law. Some of the elderly are saddled with catastrophic drug bills beyond the scope of Medicare coverage. Under the '88 law, a few of the very richest elderly would have paid up to \$800 per year — peanuts, at their income level — to finance the added coverage.

The American Association of Retired Persons and other responsible senior-citizen groups backed the measure — but due to a barrage of misleading allegations that it would be costly to all seniors, the elderly screamed bloody murder, and Congress reversed itself.

But reality says that any viable reform of Medicare must include larger co-payments by the recipients, and the size of those co-payments must be linked to ability to pay.

Another part of the solution is health-care reform that embraces much more than Medicare. It will succeed in cutting costs only if health-care providers profit by saving money rather than by spending it. That means applying the HMO concept on a broader scale.

Other necessities may include rationing care, to exclude from coverage treatments with huge costs offering minimal chance of improving the recipient's life to any meaningful degree. That sounds painfully cruel. But society must recognize that, morally, it cannot pay six-figure medical bills to prolong lives lacking quality when it means denying help to hundreds who could benefit immeasurably.

Painful reality, political suicide and ultimate necessity.

USA Today; 5-10-95



By John Deering, Arkansas Democrat-Gazette, for USA TODAY

USA Today; 5-10-95

Get smart on health care

The destructive power of good intentions is awesome to behold, and if you ever doubted it, ponder this cautionary tale.

It starts with the American health-care consumer, who expects the most modern care but who shrinks from the risk inherent in emerging medical technologies. This has led the Food and Drug Administration to impose super-high standards for approval of medical devices from artificial joints to heart catheters. To meet those high standards, the FDA requires extensive clinical trials, which are the nub of this story.

Until last summer, hospitals routinely enrolled Medicare patients in FDA-approved trials of new medical devices and routinely billed Medicare for that care.

Trouble is, hospitals aren't allowed to bill Medicare for devices that aren't FDA approved. The goal: Taxpayers shouldn't pay for private companies to test their new products.

The rule has been regularly ignored, largely because it had never been enforced. But last summer, the Office of the Inspector General of the Department of Health and Human Services suddenly subpoenaed the billing records of 132 major hospitals. This quickly reminded hospital lawyers that illegal Medicare billing can be considered fraud and that fraud carries heavy

finances and jail terms.

The response was fast and furious. Many hospitals stopped enrolling Medicare patients in clinical trials. Other hospitals stopped all their trials. And this in turn has encouraged manufacturers, already chafing under FDA standards, to look overseas. Medtronic, a leading pacemaker maker, has moved its entire R&D division to the Netherlands. Others have limited their trials to non-Medicare patients.

What a mess. The exodus costs jobs and helps dull the nation's technological edge. More immediately, it means less access, slower access, to new innovations for Medicare recipients and everyone else.

Solution? Allow Medicare patients to enter relevant clinical trials. That's smart research because it gives Medicare patients access to emerging technology while hastening the availability of that technology to all. And to the degree such trials cut costs and improve outcomes for future Medicare patients, it's a smart investment, too.

Don't forget the moral, either. The law of unintended consequences is omnipresent. When a deficit-minded Congress begins slicing up Medicare spending this week, it had better use a scalpel, not an ax.

► Research exodus, 1A

PETE DU PONT

Wash. Times; 5-10-95

Health care's ERISA shelter

Suddenly health care reform is a congressional battleground once again. A group of governors, liberal legislators like Sen. Paul Wellstone, Minnesota Democrat, and Rep. Jim McDermott, Washington Democrat, and health policy wonks are trying to do at the state level what President Clinton could not accomplish at the national level: regulate every employer health care plan. Their goal is to force employers to offer their employees a standard benefits package of health care coverage and to pay for part of it.

The vehicle they want to use is something called an "ERISA waiver." Enacted in 1974 (I voted for it as a member of Congress), the Employee Retirement Income Security Act (ERISA) was intended to protect employee pension funds, primarily for the country's largest employers and unions. But in the fine print was a section that permits companies to self-fund their health insurance plans and remain free from state regulation and taxation. Many companies have used it.

ERISA is important to employers because state rules tell insurers what benefits and provisions they must include in their policies in order to sell health insurance. Many states have enacted a long list of required benefits — called mandates — which force employers either to purchase a Cadillac plan loaded with extra benefits — like in-vitro fertilization in Texas, for example, or hairpieces in Minnesota, pastoral counseling in Vermont, and naturopathy in Arkansas — or remain uninsured. The phenomenal increase in state mandates, from a total of eight in 1965 to more than a thousand today, has forced many smaller employers to choose between canceling their

coverage or escaping the mandates by self-insuring under ERISA.

ERISA has worked — more people are insured than would be the case had it not been passed. Today more than half of all employees and their dependents are covered under self-funded plans. While initially ERISA was intended for the largest employers in excess of, say, 1,000 employees, smaller and smaller companies are switching to self-funded plans.

This is what bothers the liberals — that smaller employers who are moving into self-funded plans are trying to escape providing adequate health insurance coverage to their employees. The truth is that these small companies are going to extreme efforts in order to maintain health insurance coverage for their employees. The National Center for Policy Analysis has estimated that as many as one in four uninsured people lack health insurance because of the costly burden of state mandates. By avoiding those mandates, companies that might not otherwise have been able to afford health insurance can continue to keep their employees covered.

Moreover, by operating under federal law, companies with employees in several states can construct one health insurance policy for all of their employees. Without ERISA, national employers would have to provide different health insurance policies in each state in which they operate, an administrative and financial nightmare.

But the Washington liberals are unimpressed — they want regulation. And they have an unusual ally in some of the nation's governors.

Because many of the state health care plans passed in 1993-94 in anticipation of national reform depend on the ability to set premi-

ums and tax all employers in a state, the governors are in a bind. ERISA allows some employers to escape state standard benefits packages, cost-containment rules and taxes. So the governors want ERISA repealed — or "waived" to allow them to tax and regulate the health care plans of all the companies in their states.

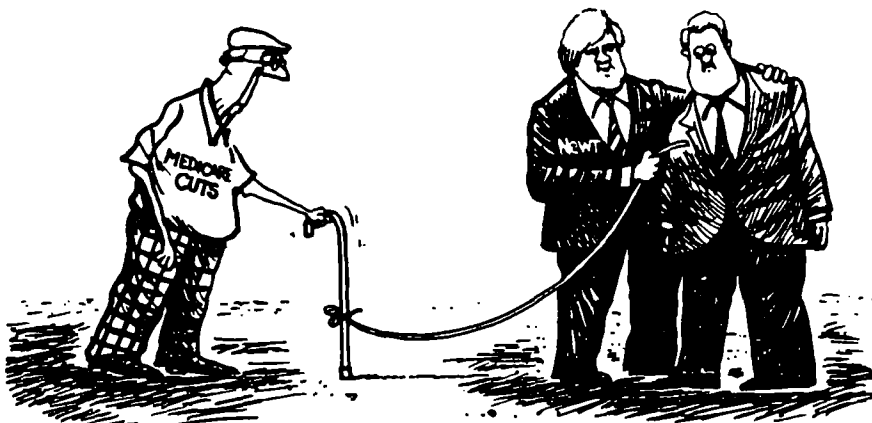
An alternative approach would leave the largest companies exempt from state oversight, but let the states intervene in small and medium-sized, self-funded health care plans, say those in companies with fewer than 1,000 employees. But this compromise is very unfair — it lets the big guys off the hook simply because they are big, while forcing smaller companies with little money or political power to comply with state mandates and regulations.

Because it is the states that are clamoring for ERISA waivers, some in Congress perceive this battle as a federalism issue. The solution, they think, is to strike down or modify the federal ERISA law and return control of health insurance to the states, letting them regulate as they choose. But the real issue here is regulation, not federalism. By maintaining ERISA intact, or even better, expanding it so smaller employers, by voluntarily banding together, can utilize ERISA, the federal government would ensure that employers have the freedom they need to establish affordable health insurance policies, and that more and more employees have health insurance.

And that, after all, was the original goal of the health care reform effort.

Pete du Pont, former governor of Delaware, is policy chairman of the National Center for Policy Analysis.

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Drawing by [unclear]



Wash. Post; 5-10-95

Mr. Domenici Makes His Mark

THE "CHAIRMAN'S mark," or starting point, for deliberations that Senate Budget Committee Chairman Pete Domenici issued yesterday may be a document of historic importance. If carried out even in large part, it will end the destructive policy of borrow-and-spend that has characterized federal affairs for the past 15 years. The huge budget cuts it entails would also greatly diminish the federal role in the society.

The chairman proposes to balance the budget in seven years. That's a political goal. It's not clear that Congress needs to go all the way to balance, nor go that fast. And most likely, Congress will do it differently in the end. But the direction is right. A policy—current policy—that continues to add to the national debt at the rate of close to a trillion dollars a presidential term is wrong. Too large a share of this generation's obligations are being passed along to the next.

The chairman's mark says balance the budget first, then cut taxes. That's right. Too many other Republicans would give a tax cut now, as would the president. A government whose revenues are already such that it has to borrow \$200 billion a year to pay its bills can't afford to give up more.

The senator is also right to propose what would amount to limits on the future growth of the health insurance programs, Medicare and Medicaid, which are now the fastest-growing major element of the budget. We think the limits he suggests are tighter than can be imposed without doing serious damage to health or the health care system, and the Medicaid proposal would shift too heavy a burden to the states. He cuts too much—but there have to be cuts; the present growth rates aren't sustainable.

The caps he would place on domestic appropriations—basically, the budgets for all the domestic federal agencies from the Treasury to the

forest service—may also be too tight. In real terms he would cut the total by more than a fourth. But there's time to adjust that later if it pinches, and though the Budget Committee merely sets the targets and doesn't prescribe how to meet them, Mr. Domenici offers some ideas. He'd sharply reduce Amtrak and other federal mass transportation subsidies, for example, privatize the air traffic control system, abolish the Commerce Department (but keep its major components; they'd merely be lodged in other agencies) and phase out further federal contributions to the revolving funds through which state and local governments build sewage treatment plants.

Some of these are good ideas; some may not be. If it's thought as the budget process unfolds that Mr. Domenici's plan and the one to come today from House Budget Committee Chairman John Kasich put too much pressure on the health care programs, other programs for the poor and domestic appropriations, how might that be eased? One way would be to make some savings in Social Security, which is a fifth of the budget but which for political reasons the Republicans have taken off the table. Why exempt it when a principal effect is to require deeper cuts in Medicare, which serves the same population? One way to save some Social Security money would be to limit cost-of-living adjustments in benefits for a number of years, and put similar limits on indexation of federal civilian and military retirement benefits and the inflation-adjusted elements of the income tax. You'd raise an enormous amount of money in relatively small amounts spread across almost all the population. Why not? Nor is there anything magic about the Republicans' seven years. Why not take eight or nine if that will do less harm? But Mr. Domenici points the right way, and he makes a good start.

San Francisco Chronicle MONDAY, MAY 1, 1995

Congress Pondering Rules on Collecting Child Support

It may become significantly easier to collect past-due child support, partly thanks to keen government interest in fixing the nation's ailing welfare system.

Congress, with the support of President Clinton, is currently considering a host of initiatives that would make it easier to establish paternity, find noncustodial parents and penalize child-support scofflaws. These initiatives are not all new. A few of them have already been implemented in various states, including California, Illinois, Arizona, Kansas, Massachusetts, Oklahoma and Oregon. However, congressional action would make the reforms national

in scope and would aid millions of families who have been unable to enforce child support judgments because the paying spouse moved out of state.

This is a welfare issue because roughly a quarter of the recipients of Aid to Families with Dependent Children — the nation's cornerstone welfare program — would need less government support if they could collect court-ordered child support payments for their children, government officials estimate.

However, it's not just welfare recipients who are owed child support. Roughly half of all "custodial

PERSONAL FINANCE *Kathy Kristof*

parents" — about 90 percent of them are women — are not collecting all the child support their children are due. About 25 percent of the children who are owed support from an absent parent get nothing; another 24 percent receive only a portion of what they're owed, government officials say. Only about 30 percent of these children live in households collecting welfare, child support officials estimate.

The solutions being debated in Congress attack nonpayment of child support on several fronts.

First, they'd make it somewhat easier to establish paternity by sponsoring a voluntary process at the hospital that would allow both parents to sign the birth certificate. The father's signature creates a "presumption" of paternity.

While not legally binding, this declaration of fatherhood gives government officials somewhere to start when attempting to establish support agreements later. It's important to do this at the hospital because about 90 percent of fathers attend the birth of their children, even when the parents are not married and don't intend to maintain a lasting relationship, says Michael Kharfen, spokesman for the U.S. Department of Health and Human Services' Administration for Children and Families.

Welfare mothers often profess to know no more than the father's first name when child support officials start looking for a working parent to pay back the welfare system, says Leslie Frye, chief of the office of child support at the California Department of Social Services in Sacramento.

Second, Congress would create a new hire databank. In simple terms, this would require employers to supply the names and Social Security numbers of their newly hired employees. This information could be used to find missing parents and establish child support withholding orders.

These orders require employers to withhold court-ordered child support payments from an

absent parent's paycheck each month — just as federal taxes and Social Security contributions are withheld from take-home pay. Child support is then sent directly from the employer to the custodial parent — or a state welfare agency, if the custodial parent is receiving government aid.

Legislators also propose to create a national information service — and national standards — that states could tap to find and collect

from parents that have fled their home states. Roughly one-third of all child support cases involve a parent who has moved across state lines, government officials say. Since child support enforcement is currently handled by individual states — and each state has somewhat different rules — a simple relocation can make it difficult to collect.

Finally, there's an effort afoot to suspend, revoke or simply not renew occupational, professional, trade, business, hobby and driver's licenses of parents who have past-due child support bills. While some say revoking a professional or driver's license is too extreme, license revocation has been among the most successful child support experiments conducted at the state level, says Marilyn Ray Smith, president of the National Child Support Enforcement Association and chief legal counsel for the Massachusetts Child Support Enforcement Division.

Already, 19 states have implemented various license revocation programs, she notes. One of the reasons the programs are considered successful is that the threat is often enough to spur payment, Smith says. In Maine, which launched a driver's license revocation program in mid-1994, the state collected \$23 million in back child support from 12,520 parents — 60 percent of the targeted group — within a year of sending out its first notices.

The Atlanta Journal Constitution GA 5/04/95

Working women on path to poverty

Last year, then-Texas Gov. Ann Richards gave a speech to young girls urging them to be self-reliant. Hers was a prescient message. But the colorful politician was soundly criticized for delivering it.

"You cannot count on Prince Charming to ... take care of you," Richards said. "Because Prince Charming may be driving a Honda and telling you that you have no equal, but that won't do much good when you've got kids and a mortgage and he has a beer gut and a wandering eye."

Republicans promptly branded her "anti-family," then beat her in November.

But in light of recent reports about working women, Richards' speech was right on target.

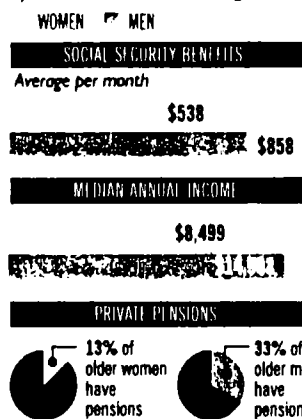
The latest bad news is that despite how long and hard women work, they face a bleak retirement in which they earn far less than men.

Today one in four women over 65 lives in poverty, says a report unveiled last week at the White House. Because of biases built into Social Security and private pensions, even women who begin careers in 1995 and work 40 years will fare no better in retirement than their mothers.

The "path to poverty," the report says,

The retirement gap

The economic disparity between men and women widens in retirement, according to a new study by the Older Women's League.



STAFF

begins the day women start working at low-wage, no-benefit jobs. Full-time working women still earn only 76 percent of men's wages; they still make up two-thirds of those working at minimum wage. As Richards put it: "When Mama works, she's not usually an architect or a lawyer."

In retirement, women earn just over half the income paid to men. That's because Social Security and most pension plans are based on salary and years employed. Women are more likely to work part-time or interrupt their careers to care for children or elderly relatives.

There are some obvious solutions here: Equal pay for equal work is one. Better enforcement

of anti-sex bias laws is another. Educating all employees about retirement in a less secure economy is a third. Women, in particular, should become better educated on personal finances and begin planning now for old age.

Finally, young girls must get the message that while marriage and motherhood are worthy goals, they must grow up educated and capable of supporting themselves. That's all Ann Richards was saying. And look what she got for saying it.

The Atlanta Journal - Constitution GA 4/29/95

A nation killing its kids

Perhaps it is too horrible for us to contemplate.

The death of a child at the hands of parents is the antithesis of a civilized society. Maybe that's why the American public continues to regard parents' violence against their own children as a rarity.

Sadly, it is not.

A new report by the U.S. Advisory Board on Child Abuse and Neglect should serve as a wake-up call to all caring Americans. The killing of babies and children under 5 has reached a 40-year high, the study found.

Some 2,000 American children — five a day — died last year from physical abuse or neglect. The majority were under age 2; 41 percent were infants. Since the 1990 death of Adam Mann — a 5-year-old whose death from his stepfather's beating became a symbol of the nation's failure to protect children — 10,000 more American children have died at the hands of their parents or caretakers.

It is a stunning indictment that today, this nation's children are more likely to die from abuse or neglect than from car wrecks, drownings, fires or other injuries. Yet we devote more money, time and concern to diseases and injuries that claim fewer lives.

"The truth is that we're a nation that's killing our kids," says J. Tom Morgan, DeKalb County district attorney and one of the national advisory board's 15 members. "When you read that a child is more likely to die of child abuse than these other things, then we need to look hard at ourselves."

While the number of deaths is not particularly new, the report sheds new light on the

extent of lifelong damage done to abused children who survive. In 1990 alone, 141,700 infants and children suffered serious injuries; an estimated 18,000 children are permanently disabled each year. The report suggests that up to 28 percent of all disabled Americans may be so because of child abuse or neglect.

So what do we do?

The report makes 26 recommendations, urging

a national commitment to researching and combating child-abuse fatalities. One problem is the lack of information about how many children die from the violence of caretakers. You can easily get the exact number of automobiles imported into this country on a given day, but you can't find out exactly how many children died of abuse in a year.

Then prevention is key, the report emphasizes. If we know that toddlers and babies are most at risk, then we must intervene to help young families who lack the financial and emotional re-

sources to cope with a baby.

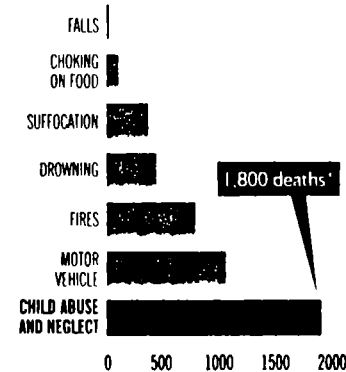
State laws must also make clear that the protection of a child is more important than the preservation of a family. No child should be forced to withstand continued brutality simply to keep a family intact.

Finally, it is time that child abuse, like the battering of women, be viewed as the crime it is. The brutality of one adult by another is not treated as a social problem, nor should child abuse be.

Until children are no longer viewed as the property of parents who are entitled to treat them however they please, reports such as this will continue to be an annual event.

What kills our children

Deaths in 1994 for children 4 and under



*There were 200 deaths for children over 4

Source: U.S. Advisory Board on Child Abuse and Neglect

Staff

The Atlanta Journal - Constitution GA 4/24/95

Helping the needy

The major beneficiaries of crackdowns on welfare cheaters will be the nation's neediest families and children.

As a result of aggressive screening of welfare applicants and monitoring of welfare recipients, millions of dollars will now be available for those who legitimately need help. It is money that otherwise would not be available because of resistance to higher taxes for social services and a flawed system that has done little to discourage abuse or encourage recipients to get a job.

Florida officials estimate a savings of \$5 million statewide since an investigation program was launched last July by the state Department of Health and Rehabilitative Services.

The Northeast Florida division alone saved \$864,163 as a result of investigations of 747 applicants, finding 402 ineligible and 81 approved with reduced benefits.

Just the first month of a new investigations program by the Auditor General's Office's Division of Public Assistance Fraud turned up 21 fraudulent applications alone in Northeast Florida for Aid to Families with Dependent Children.

Similar crackdowns elsewhere are significantly reducing abuse by those whose prime ambition in life is to milk social services programs.

New York, for instance, has seen a dramatic drop in the number of applicants for city housing assistance since a stepped-up investigation program was launched in January, according to New York City Mayor Rudolph Giuliani. City housing assistance applications dropped 60 percent, compared to the same period a

year ago, and only 43 percent of those were found eligible for benefits compared to 80 percent approved during the first three months last year, Giuliani said. He predicts a whopping \$80 million a year savings, based on the initial investigations that turned up phony addresses and Social Security numbers, as well as false income and asset information on applications for the city's home relief program.

There were jeers when Ronald Reagan spoke of welfare queens during the 1980s.

But, in the 1990s, there are concrete examples of greedy welfare queens and entire families who are ripping off taxpayers for millions of dollars.

Examples of fraud and abuse in our own back yard, uncovered during a few short months of greater enforcement,

provide strong argument for reforming the welfare system, and quickly. Investigator Scott Anderson was floored when he found out a woman, who was living in Jacksonville public housing and getting food stamps and AFDC checks, had a husband whose \$30,000-a-year income (more than the investigator makes) was supplemented by a \$300 a month off-base military housing allowance.

Another investigation found that a Westside couple claiming poverty circumstances and a need for food stamps owned two homes valued at nearly \$200,000. Yet another woman was driving a \$17,000 car while she was on the dole.

Stories from these recent investigations make it more clear than ever that the solution to the welfare dilemma is to fix a broken system, a system that discourages work and encourages abuse.

Examples of fraud and abuse in our own back yard provide strong argument for reforming the welfare system, and quickly.

San Francisco Chronicle; 4-30-95

The Hidden Epidemic Of Fatal Child Abuse

MORE HEART-RENDING and sickening to the nation than anything else in the tragedy of the Oklahoma City bombing were the terrible images of innocent children — helpless, bloodied and dying.

Our collective anguish was a sorrowful reminder that children, above all else, are our greatest asset, the essence of goodness and our best hope for the future.

Child abuse surpasses accidents as the leading cause of death among young children

But a startling new report on child abuse also reminds us that the national outrage over the profound evil in Oklahoma City is a mere echo of the obscene cruelty and even murders that occur almost daily behind closed doors.

"A Nation's Shame: Fatal Child Abuse and Neglect in the United States" — by the U.S. Advisory Board on Child Abuse and Neglect — found that each year 2,000 children die from violence in the home and 140,000 are seriously injured. Head trauma is the leading cause of child-abuse deaths. Violence and neglect surpass accidental falls, choking, suffocation and drowning as the leading cause of death among young children.

"There is no disease or natural disaster or trauma that is killing more children under 4 than abuse and neglect," said Deane Tilton Durfee, chairwoman of the advisory board, which also reported the alarming fact that the number of murdered children 4 years and younger is at a 40-year high. The report describes the tiny victims as America's "invisible kids" because their age usually leaves them out of sight of the commu-

nity at large. So when a father, stepfather or boyfriend — those whom the report found caused most physical-abuse fatalities of children — lashes out in rage because a baby is crying too much or refusing to eat or failing to catch on to toilet training, there is often no one around to witness the act or to take notice of tell-tale bruises and behavior changes in the child.

Equally as disturbing as the high numbers of child-abuse fatalities and injuries is the lack of legal sanctions for child abuse; the routine reduction of child homicides to lesser crimes; the lack of training in officials who routinely misidentify intentional abuse as accidental or natural and the seeming indifference to the crisis.

"You can call the Centers for Disease Control and Prevention and find the number of children who had a brown recluse spider bite last year, but you certainly can't get correct information on child abuse and neglect," said Barbara Bonner, a University of Oklahoma authority on child abuse.

Recommendations from the report's authors include better training for police officers, prosecutors, doctors, teachers and social workers in identifying cases of abuse and in learning where to report them; regulations for child autopsies; better research and reporting on child-abuse fatalities; increased funding for family-support services and more child-abuse prevention.

Panel chairwoman Durfee said the natural reaction to the horrifying news of an epidemic of fatal child abuse is denial. "We're hoping with this report to change that . . . Until the children become real, the nation will not be convinced this is a problem," she said. In Oklahoma, the nation showed it can rally to the children when the need is there. As the report shows, the need for a determined effort to reverse the trend toward child abuse is evident.

CAPITAL JOURNAL

By GERALD F. SEIB

Wall St. Jnl.; 5-10-95

Best of Times, Worst of Times For Bob Dole

Alb

FOR BOB DOLE, these are the times that try a man's soul. The three toughest jobs in Washington are running the Senate, running for president and being president. Sen. Dole has the first two jobs right now, and wants to get the third.

But that's not even the most trying part. The real problem is that Senate Majority Leader Dole just can't get the Senate to cooperate with his presidential ambitions. This isn't entirely surprising, considering that the Senate can make Britain's royal family seem predictable and well-behaved by comparison.

Still, consider where things are headed. A month from now, it's just possible that the Senate will have confirmed the nomination of Henry Foster as surgeon general despite Sen. Dole's misgivings; will have passed a legal reform bill that Sen. Dole had to dramatically water down to get passed; and will be operating under a budget resolution that doesn't include the tax cut Sen. Dole wants.

None of this would exactly be music to the ears of the Republican Party's conservative activists, whom Sen. Dole is wooing hard. If all this comes to pass, will conservative stalwarts:

- A) Give Sen. Dole credit for at least fighting their good fight and securing some partial victories; or
- B) Excoriate Sen. Dole for failing to deliver the whole bill of goods?

THIS, IN FACT, may turn out to be the most important question of the entire 1996 presidential campaign. For while it's true that the first primary election occurs next February in New Hampshire, Sen. Dole's first primary effectively occurs in slow motion over the next six months. That's when he has to deliver the Senate on the Republican Party's agenda, thereby buttressing his central contention that he's a proven leader who gets things done by the end of the day.

Never has the difficulty of this challenge been on clearer display than this

week. First of all, Sen. Dole has been locked in a marathon battle to pass a bill scaling back lawsuit abuse, something conservatives want badly. He took a gamble on the issue; he seized a narrow bill limiting manufacturers' exposure to product-liability lawsuits and tried to broaden it to rein in lawsuits against doctors and small businesses as well. He personally offered an ambitious amendment capping punitive damages in all civil cases.

Those changes would have brought the legislation more into line with an ambitious tort reform already passed by the House. But the gamble faltered when senators twice refused to bring the broader bill to a vote (with 10 Republicans abandoning their leader along the way). The effort then collapsed Monday, when senators refused to vote on a slimmed-down version. That left the Senate yesterday to try to pass an even narrower bill that largely limits manufacturer liability in defective-product suits, without a firm cap on punitive damages.

Meanwhile, Republican Sen. Pete Domenici of the Budget Committee yesterday unveiled a budget resolution that doesn't include the tax cut Sen. Dole has promised. And some Republicans are agitating for Sen. Dole to drop his idea of blocking the Foster nomination from reaching a floor vote.

ONE CAN SYMPATHIZE with Sen. Dole. He doesn't have a filibuster-proof margin in the Senate, even when all Republicans side with him. And the Senate is about the last place a presidential candidate, even the leading one, can expect much deference. Fully 13 current senators have themselves run for president at some time; four are doing so right now. It's a safe bet that the number who secretly think they should be president is more like four score.

So what's Sen. Dole to do? First of all, he probably needs to be more careful about over-promising on things he doesn't truly believe in or can't really deliver. The talk of blocking a Foster vote now seems ill-advised, for instance. Given the Senate's limitations, most Republicans will be satisfied if Sen. Dole simply makes good on most GOP spending and program cuts, wins some kind of tax cut and gets real welfare overhaul.

He also may need to crack the whip harder within the Republican caucus. But it's also worth remembering that running the Senate has advantages as well as burdens. Sen. Dole privately hints, for instance, that he now just might have in his pocket the one additional vote he lacked earlier this year to pass a balanced-budget amendment. If that's so, as leader he can pull that vote out at an appropriately dramatic moment later this year — and today's problems would become faded memories.



Sen. Bob Dole

Tuesday, May 2, 1995 • DAILY NEWS

A fair hearing

Three months after President Clinton nominated him to be surgeon general, Dr. Henry Foster finally will get a Senate hearing today. But whether it will be a fair and honest hearing remains very much in doubt.

Already subjected to a vicious character assassination, Foster is now caught in two political crossfires. Sens. Bob Dole and Phil Gramm, both presidential candidates, are eager to derail the nomination to wound Clinton. And Dole, eager to show he is more conservative than Gramm, suggests that he may not even allow a full Senate vote, thus topping Gramm's filibuster threat. Very clever politics — and absolutely wrong.

The battle over Foster's confirmation should be waged *after* the hearing — with a vote on his qualifications. And so far, nothing has emerged that should prevent Foster from being America's chief public health official.

Certainly nothing about the abortion issue should disqualify him. Foster concedes that in a medical career of nearly 40 years, he performed about 40 fully legal abortions, which is not surprising for an obstetrician-gynecologist. He also estimates that he delivered some 10,000 babies — a fact never mentioned by the anti-abortion activists seeking to quash his nomination. Moreover, he has had a distinguished career, including creating a widely praised program aimed at preventing teen pregnancy.

More troubling are questions of his veracity. Both Foster and the White House hurt themselves with their oft-changing "facts" on the abortion issue. Another issue likely to get scrutiny concerns what and when Foster knew about an infamous syphilis experiment conducted at Tuskegee Institute.

Those questions, and a few about current public health issues, should be asked — which is what confirmation hearings used to be about. They could be again — if Dole and Gramm would put their presidential campaigns on hold.

SAN FRANCISCO
CHRONICLE

MONDAY, MAY 8, 1995



BY TOM MEYER/THE CHRONICLE

SATURDAY, MAY 6, 1995

ST. LOUIS POST-DISPATCH

Gridlock And Henry Foster

With confidence and wit, Dr. Henry Foster used two days of Senate hearings to bolster his case for confirmation as the next surgeon general. His responses to questions about abortion and teen pregnancy should reassure any members of the Senate Labor Committee who might have had doubts about his fitness. The decent thing for the committee — and the full Senate — to do is confirm him.

By assuring the committee that he is, first and foremost, a doctor who delivered babies, Dr. Foster took the sting out of efforts by anti-abortion groups to make an issue out of the handful of abortions he had performed. He went further by insisting that abstinence was the answer to teen pregnancy.

He also argued convincingly that he did not know prior to 1972 of a government study that included denying treatment to 400 black men with syphilis. He added that he was outraged and had said as much once he learned all the ramifications of this study.

He seemed to have convinced the panel that the hysterectomies he performed on some severely retarded women in the 1960s and 1970s were well within then-accepted norms of medical practice.

The Labor Committee is expected to vote within

three weeks on Dr. Foster's nomination. It can either send it to the floor with a favorable recommendation or no recommendation or send the nomination back to the president.

Even if the majority does the right thing by approving the nomination, there's no guarantee that the full Senate will exercise equal common sense. Many of its members undoubtedly will be influenced by anti-choice groups still seeking to make this nomination a litmus test for Senate Republicans.

That fact may explain why two GOP senators with presidential aspirations — Majority Leader Bob Dole and Phil Gramm of Texas — are trying to outdo each other in appeasing anti-abortionists. Even before Dr. Foster had a chance to testify, Mr. Gramm had threatened to wage a filibuster against the nomination if it reaches the Senate floor. Then, not to be upstaged, Mr. Dole said he might not bother to call up the nomination for a vote.

The public is poorly served by this selfish political game of gridlock for gridlock's sake. If the committee clears the nomination, the full Senate should vote to confirm Dr. Foster on the basis of his impressive record and his persuasive testimony.

The Atlanta Journal - Constitution GA 5.02.95

A public servant headed for a political execution

If everything goes according to schedule, they'll start burning Dr. Henry Foster at the stake today. The only question is whether he'll be slow-roasted or cindered on the spot.

The spot being the Senate Labor and Human Resources Committee.

As fair-minded inquisitors, the Republicans on the committee will give Foster a chance to speak first — to recant or, failing that, to explain his lapses from Republican orthodoxy.

But in the manner of any sound auto-da-fe, President Clinton's nominee for surgeon general will be put to the torch even if he repents. Regretted sin is still sin.

Don't be misled. The issue here is anti-abortion politics, and that's the only issue.

There will be a lot of fine blather about credibility and other abstractions, but as an obstetrician and gynecologist, Foster has performed a few abortions.



TOM TEEPEN

The religious right hates that, and this is the sort of matter about which the GOP these days only asks, "How fast?" when the Christian Coalition and like-minded groups say, "Dance."

People for the American Way has been tracking the religious right's campaign of smear and slander against the physician.

A commentator for James Dodson's Family News in Focus said Foster "has blood on his hands." Patrick Mahoney of the Christian Defense Coalition characterized Foster's views as "radical and extreme."

James Smith of the Southern Baptists' Christian Life Commis-

sion called the nominee the "Condom King." Judie Brown of the American Life League said he is "a ghoul," and the Traditional Values Coalition called him "a Dr. Kevorkian." The Christian Coalition's Marshall Wittman said Clinton chose Foster in order to "pursue a left-wing agenda . . . of condom distribution." Pat Robertson, the proseytizer of conspiracy theories, even managed to muddle the Foster nomination together with some supposed homosexual agenda.

The real man lost in all this political caricature is a rather mild-mannered and politically moderate physician and medical educator. He has been regarded highly in his profession and often honored by it.

The "I Have a Future" program that Foster developed to cut teen pregnancies was so successful it was recognized as one of President Bush's "Thousand Points of Light." It certainly allows for birth control — no sen-

sible program can fail to — but it emphasizes sexual abstinence.

It is possible there are enough vestigial Republican moderates on the committee — Sen. Nancy Kassebaum of Kansas will be key — to send the nomination to the floor, though if so, probably without a recommendation.

If it does reach the full Senate, sly Phil Gramm, Br'er Fox, will be waiting to pounce on Foster, by way of proving his bona fides to the religious right and advancing his presidential ambitions.

Henry Foster is the sort of accomplished, caring person who, in the recent past, would have been hailed for taking up public service.

These days, he is just another victim of a venomous politics that, allowing no quarter, rushes to demonize anyone put forward who does not perfectly suit its doctrinal hard line.

Tom Teepen is national correspondent of Cox Newspapers. His column appears Tuesdays and Sundays.

The Tennessean Nashville 5/01/95

Foster exactly right for surgeon general

THERE'S only one thing standing between Dr. Henry Foster and the position of United States Surgeon General.

Politics.

If Foster's appointment hinged solely on his years of dedicated service and his devotion to the future of health in this nation, his nomination, due for review by a Senate committee beginning Tuesday, would be a breeze. As it is, however, the debate over Foster threatens to center less on his commitment and more on the politics of abortion. And it will include a power play of a few key figures, including Republican candidates for president.

Foster's career is impeccable. And it would have been hard for anyone to challenge him had it not been for a bungled start to his nomination. The White House goofed by not addressing Foster's history on abortion when it researched his record. And, it should be noted, Foster himself goofed when he first attempted to answer questions about his background. He at first said he had performed fewer than a dozen abortions, when further review showed he had been responsible for 39.

To his credit, Foster acknowledged his misstep. But it was too late to stop his detractors. They had something to seize upon, and they ran with it.

If Foster is not confirmed as surgeon general, it will be the nation's loss.

Unfortunately, the Foster nomination has become a political skirmish in the larger war for the presidency. Already,

Frist is in unique position to help Foster

Senate Majority Leader Robert Dole, R-Kansas, and Sen. Phil Gramm, R-Texas, both of whom now seek the GOP nomination, have threatened to block a vote on Foster in the full Senate. Clearly, Foster gives them fodder to appeal to right-wing forces that could boost their campaigns.

The most maddening aspect of the Foster fight is the characterization that he is an "abortionist." The truth is that Foster, an obstetrician/gynecologist, has devoted his professional life to reducing teen pregnancies and giving young people a future. He works to prevent abortion. For that work, he should be embraced by anti-abortion activists.

Tennessee Sen. Bill Frist, the Senate's lone physician and a member of the Labor and Human Resources Committee, is in a unique position to help Foster. His unequivocal support for Foster would say a lot to fellow senators.

The surgeon general's job is essentially a bully pulpit for leadership about health issues in this nation. There's no more pressing issue than troubled teens. And there's no better voice on that issue than Henry Foster. The Senate will serve the nation best by paying much more attention to Foster himself tomorrow than to the political winds around him. ■

The Courier Journal Louisville, KY 4/24/95

A fight worth fighting

THERE are so many fights going on in Washington right now — big fights over big issues like welfare reform, crime and the budget — that the arguing over Dr. Henry Foster's nomination to be surgeon general seems in some ways silly.

Should the President really distract himself from the big issues to fight about a position that is mostly ceremonial? Wouldn't it make more sense for him to save his energy for other battles and give in to the Republicans who want him to give up on his nominee?

For two reasons. President Clinton should stand by Dr. Foster. First, the obstetrician-gynecologist is the right person for the job, and, second, this is a good chance for Mr. Clinton to demonstrate how trapped the Republicans are by their right-wing minority.

By any logic, Dr. Foster is the type of physician who ought to be embraced for the job of surgeon general. Yet he's being touted as an "abortionist" by Republicans who want his name withdrawn.

He is no abortionist. In his 30 years of medical practice, he did perform some abortions — 39, a review of medical records show, and he oversaw 55 more. But he dedicated his life to something else: to stressing sexual abstinence to teen-agers in a program he created in Nashville for the poor.

"My life's work has been dedicated to making sure young people don't have to face the choice of abortion," he says. George Bush thought so highly of that work that he made Dr. Foster one of his "Thousand Points of Light."

Yet the Republicans are dedicating their lives right now to making him look like an abortionist. They are threatening to turn Dr. Foster's confirmation hearings into a referendum on abortion.

Let them.

Let Senate Majority Leader Bob Dole — once a moderate Republican but now hellbent on satisfying the far right — lead filibusters and refuse to call Dr. Foster's nomination for a vote. Let Sen. Nancy Kassebaum, a Republican

who has always supported abortion rights, chide the President for his nominee. Let Lamar Alexander, who like Dr. Foster is a Tennessean, explain such double-talk as, "I know Dr. Foster well. He is a good man. But he is the wrong man for that position."

Let the Republican presidential contenders be so threatened by the religious right that they forget that they ought to be more threatened by the polls that show Americans overwhelmingly favor abortion rights.

The issue of abortion has no place in the question of Dr. Foster's qualifications, since he has spent 30 years preaching what the most conservative of Republicans say they favor: abstinence. Unfortunately, those very Republicans are missing that point.

And they seem to be missing some other points as well: that the Republicans' success in the last election was largely due to Democrats looking like hostages of special interests, and to voters agreeing that government should play a smaller role in their lives.

Wilmington(DE) News Jnl.; 4-28-95

Dr. Foster's hearing should focus on his real values

WHERE WE STAND
Abortion is a phony
issue in this nomination fight.

For a party that has wed itself to the concept of a return to traditional family values, the Republicans have created a strange enemy in Dr. Henry W. Foster Jr., the

embattled nominee for surgeon general who begins his nomination hearings today.

Until he began to be slandered by the anti-abortionists and the far right, Dr. Foster is best known for his high profile crusade against sexual promiscuity, particularly among the young. You can't get a much more rock-bottom traditional family value than that. So why do the Republicans think he is an enemy? Because years ago, he performed some legal abortions. And when asked about it, he gave conflicting numbers until he went back through his records.

Let's make no mistake about it. Some Republican senators on the Labor Committee are going to throw up the "issues" of credibility and suitability, but the real issue is abortion. The Christian Coalition has targeted Dr. Foster in order to prove it has enough muscle to make things happen — or not happen — in Washington.

Dr. Foster says he finds abortion distasteful, but, as a physician, he refuses to condemn it absolutely. That probably is the way the majority of lay Americans feel.

As an ultra-conservative political issue, however, it is handy to use against Dr. Foster, whose position in government would be largely symbolic in any case.

Not only is Dr. Foster being attacked being politically incorrect on abortion — from the conservative viewpoint — but, being an African-American, he also makes a nice unspoken target of those who assume that he is an affirmative action "quota." Ultra-conservatives are looking for a twofer on this one.

The Senate Labor and Human Resources Committee shouldn't give it to them. Dr. Foster should be approved by the committee and his nomination ratified by the full Senate as promptly as possible.

THE
NEW REPUBLIC

MAY 22, 1995

THE CHILDREN'S PRESIDENT

There has been enough time now since the horrifying event in Oklahoma City to remark on an oddly memorable moment. On Saturday, April 22, three days after the bombing, President Clinton and Hillary Rodham Clinton held a session in the Oval Office with a crowd of toddlers. The First Parents told the children that they shouldn't panic because a band of maniacs in the heart of America had just bombed, among other things, a day-care center. We do not know whether the children in the Oval Office were calmed by this presidential reassurance. We certainly hope they were.

We weren't. The children's session after Oklahoma was well-intended, but it was symptomatic of a now well-established tendency in this administration literally to infantilize adult national issues. It began two years ago with the campaign to immunize all children, a laudable goal, but one which, even under the Vaccines for Children program, is still elusive. The reason for many ghetto children's poor health is not, alas, simply a lack of a new, federal entitlement. Nor is it that we don't somehow care about children enough. The reasons for this kind of child poverty—economic inequality, welfare-dependency, family breakdown, racial division, crime—are complex and, well, adult. And they can only be grappled with if adults, and not children, are the objects of policy.

The temptation to believe otherwise, however, has dogged the president for the last two years. The following is what Bill Clinton had to say about the recent Republican bill to reform welfare: "[It] punishes young children for the sins of their parents. I think that's wrong. Rich or poor, black, white or brown, in or out of wedlock, a baby is a baby, a child is a child. It's part of our future and we have an obligation to those children not to punish them for something over which they have no control." But, of course, any attempt to overhaul welfare will require some sanction on parents, and so possibly hurt children. Clinton's own, much better, bill, for example, would cut off welfare mothers who do not seek work after two years. This is not pleasant; and it may hurt kids; but it's indispensable if we're going to "end welfare as we know it." And the benefits of that

could accrue to many, many more children in the future than those who are temporarily hurt today.

The Democratic objections to Republican spending cuts have betrayed an equally craven reflex. In the middle of a much-needed budget debate, the Democrats could only chant in unison: "school lunches." Even the debate over the right level of public funding for television was reduced to Al Gore joining Mr. Rogers in matching cardigan sweaters in a blistering attempt to defend a large, purple, velour dinosaur. Last week, the president tried to turn the judicial matter of the scope of federal power (see "Fed Up," by Jeffrey Rosen, page 13) into a children's issue. He said last Wednesday's Supreme Court ruling "could condemn more of our children to going to schools where there are guns."

Is this just clever politicking? The administration may think it's scoring political points by converting every issue into a debate over who loves children more. And maybe they're right. The Republicans, after all, have used children for years—gamely defending them from Hollywood producers, Washington bureaucrats and countercultural McGovernicks, among other menaces. But in almost every case—on both sides—the politics of children are the politics of denial: denial of the morally and politically troublesome choices involved in real welfare reform, sensible budget cutting and the right kind of government reinvention. For the president right now, such a denial is proof of both his intellectual confusion and his growing political irrelevance.

This is not to say there aren't genuine children's issues in the country today. The most glaring one is our abandonment of generational equity: accumulating massive debt that the next generation will have to pay off. But in this debate, the roles are reversed. It's our children who, as adults, will be punished; and the adults today who continue to be, well, children. It is partly to distract ourselves from that reality that kiddies are continually being thrust before the cameras and waved aloft as political pawns. Isn't it time we grew up? *



CAL THOMAS

Wash. Times; 5-10-95

A Michigan State University last Friday, President Clinton said that you cannot pretend to love your country while hating your government. No, but you can love your country while hating what your government, in the hands of overzealous and power-hungry regulatory zealots, is doing to you.

In a new publication from the Heritage Foundation titled "Red Tape in America," there is enough material to make anyone except such zealots angry.

"The purpose of this book, is to illustrate how the burden of excessive government regulation affects the average American," writes House Majority Whip Tom DeLay in the foreword. "This book contains real-life horror stories of individuals who have lost their property or had their business harmed because of overzealous government regulators."

Here you'll read about John Thorpe, whose plans to build on his own property were thwarted by the Fish and Wildlife Service, which

demanding to know what steps he had taken to preserve the salt marsh harvest mouse. Though Mr.

The cost of out-of-control regulation is astounding. The EPA alone now has 18,000 staff members and an operating budget of \$4.5 billion, quadruple its original size in 1970.

Thorpe wanted only to develop mostly on the dry, upland portion of his property, an agency of the U.S. government theorized that when

global warming melts the polar ice caps, the Pacific will rise and inundate the habitat of the salt marsh harvest mouse on his lowlands, forcing it to seek refuge on his highlands. For this science fiction theory, Mr. Thorpe was denied permission to develop his land.

In another section, you can read about an Equal Employment Opportunity Commission attorney who, on being asked about an employer's obligation under the Americans With Disabilities Act, commented, "Whether or not a personal assistant would be required for toileting and eating is going to have to be determined on a case-by-case basis."

Also, there is a regulation that treats children's teeth as "toxic waste" with accompanying regulations for their disposal. Does this mean the tooth fairy is required to wear the proper government-regu-

lated gloves and mask when exchanging a tooth for money under a child's federally approved pillow?

There are stories of overzealous Internal Revenue Service agents breaking into people's homes, handcuffing them and seizing property without a warrant and, in not a few cases, mistakenly. There are stories about intolerable delays and outrageous bureaucratic requirements by the Food and Drug Administration before a drug can be approved. Reading the section on the FDA will help you understand one reason why drug prices are so high. The FDA also conducts raids, closing down businesses and practices it deems violate its regulations.

My favorite horror story concerns a decision by the Environmental Protection Agency to ban bear repellent in the form of cayenne pepper spray. In Alaska,

people swear that a shot of this bear repellent in the snout stops a 700-pound bear, but the EPA ruled that cayenne pepper spray could not be advertised as a bear repellent because it had not been registered as a pesticide or tested for effectiveness. EPA Region 10 worker Lyn Frandsen said there was no scientific proof that the \$40 pepper spray stopped charging bears. "We need efficacy data," he said, talking like a bureaucrat who has never been in the woods. Sen. Frank Murkowski, Alaska Republican, said, "The EPA admits that the spray is probably safe to eat, if not smell. It seems like you can use it on dead bear, you can use it on bear stew, but you cannot use it on a live bear if the bear is after you."

The cost of out-of-control regulation is astounding. The EPA alone now has 18,000 staff members and an operating budget of \$4.5 billion,

quadruple its original size in 1970. Its inflation-adjusted spending has gone up tenfold.

All citizens pay the regulatory bill. Thomas Hopkins, an economics professor at the Rochester Institute of Technology and former Office of Management and Budget administrator, estimates regulation is costing roughly \$400 billion a year, or about \$4,000 per household. Other estimates are even higher.

On "Meet the Press" last Sunday, Speaker of the House Newt Gingrich said, "There is a much deeper fear of Washington than people in Washington realize." The regulatory book from Heritage shows why that fear, and some of the anger that goes with it, is justified.

Cal Thomas is a nationally syndicated columnist.

Tales of trepidation from the regulatory crypt

Balt. Sun; 5-9-95

They're 'Not a Part' of America

By LEONARD PITTS Jr.

Let us begin at my dinner table. There, a few nights ago, my middle son Marlon related an incident that had taken place on the basketball court.

It seems that a white kid got frustrated that his shot wouldn't drop and started yelling at his black playmates. His tirade included an evil name, older than his grandparents, that brought a stillness to the air.

"I'm getting tired of that name," mumbled Marlon balefully, his eyes on his plate.

"What name?" I asked, knowing the answer but needing to hear it anyway.

He looked up. "Nigger," he said.

I was surprised afterward by the things I did not feel in that moment. Surprise. Outrage. A need to seek out the child's parents.

The only thing I felt was tired.

This remains SUCH a racist country. We don't discuss it all that much anymore.

In the first place, the complexities of the issue are daunting. In the second place, we have made great progress in the last 30 years. And in the third place, racism per se is not the most urgent problem facing Afri-

can-Americans in a day of black-on-black slaughter and family meltdown.

That's why many of us have grown comfortable talking about racism the way doctors talk about polio. As an obsolete scourge that once crippled us back in a less enlightened day.

But we underestimate the tenaci-

ty of the disease. That child on the playground, secure enough in the power of his whiteness to slander a group of black kids, was not an accident. He was taught his ignorance. It's not a difficult lesson to pick up here.

Suppositions of superiority are so deeply rooted in the national soul as to often go unnoticed and unre-

marked. Many of us seem to take it for granted that there's something natural about so many "others" living in ignorance and want. It is barely worth discussing. And so we don't. When it comes to race, we debate, pontificate, obfuscate with practiced ease. But seldom do we "communicate." Seldom do we frankly share truths and fears in lowered voices

ited two telling responses.

In the first, a hateful white man called from the Florida Keys to condemn the ideal. "You guys," he said bitterly, talking about blacks, "are not a part" of America.

A day later, a black man called from Miami, troubled with his own perception of the nation's unrelenting racism. And, oddly — or maybe

Maybe we no longer believe in common ground.

Seldom do we reason together on the road to common ground.

Maybe we fear what we might hear.

Maybe we no longer believe in common ground.

A few days ago I wrote about that in the context of the Oklahoma bombing, about being "one nation indivisible." Those three words elic-

not — he used the same language as the Keys man.

"When there's a black problem ... somehow or another, it's just a black problem," said Leroy Anderson.

"The poor black people, we need to do something about them. But now, a white man blows up a building, it's 'all America working togeth-

er.' I don't FEEL like all America."

He feels, he said, not a part.

That stopped me. "Not a part." Not a part of a nation that talks our talk, walks our walk, jams to our beat, lifts itself by our poetry, praises our jump shot, benefits from our science and markets our soul?

Not a part?

Not a chance, I said.

He laughed at my naivete, chuckled over the reflexive idealism of the Eternal Other on the road to common ground.

I am, I told him, too damn stubborn to give up that road.

But I know how he feels. Isolated. Objectified. Angry.

Lord, I've felt that way myself more often than I'd want to admit. My son felt it just the other day, after a ball game became a racial confrontation. They didn't talk, of course. That's too much to hope for. Outraged, the black kids chased the white boy from the court.

The game broke up a few minutes later. Disillusioned, Marlon picked up his ball and started the long journey home.

Leonard Pitts is a columnist for the Miami Herald.

Balt. Sun; 5-10-95

Single-Payer Health Plan Is a Better Mousetrap

In the May 5 lead editorial, "Managed Care for Medicare," you note, "Until a better idea comes along managed care provisions should form an essential part of ... legislation to bring Medicare (and Medicaid) under control."

Have I got good news for you (and for President Clinton and Speaker Gingrich if they are paying attention). That news is Rep. Jim McDermott's, D-Wash., single-payer bill currently being politely ignored in Washington ...

Understand some people may prefer to have their health care under one roof of an HMO, but the data is clear. HMOs do not provide answers. If you check, you will find significant problems around the country with Medicaid managed care.

Moreover, a report just issued by the Congressional Budget Office points out that most forms of managed care make little difference in health costs.

Staff model HMOs are the exception. The more common independent practice association model shows scant savings over fee-for-service coverage using utilization review.

Further, as larger proportions of citizens move into HMOs, those

managed care companies will lose their ability to negotiate below-market fees with suppliers since there will be nowhere else to shift costs.

In comparison, if the McDermott single-payer plan had been enacted, there would be health coverage for everyone.

Everyone would be able to select their own health care providers. Coverage would be more comprehensive than in most current plans.

Prescription medications and long-term care would be included. No supplemental health insurance plans would be needed. There would be no deductibles.

The only co-payments would be for long-term care. And the costs for individuals would be 2.2 percent of a person's taxable income. Businesses would be required to pay 8.7 percent of payroll into the system.

Studies in a variety of states, including Oregon, Minnesota and Alaska, have shown that a single-payer plan would provide payment for more services to more people at lower cost than any alternative approaches.

So too have studies by the U.S. General Accounting Office and the

Congressional Budget Office. In fact the CBO has reported that there would be savings of over \$100 billion by the year 2003 if the single-payer bill were passed by Congress.

But the single-payer approach to health financing reform has been distorted by its opponents and too often ignored by those who simply believe it has no chance to be enacted.

The fact, however, is that we would not be hearing the current rhetoric about a crisis in Medicare if single-payer legislation had been enacted last year. Any effort to control costs will not occur until we have universal health financing.

Representative McDermott's plan (now with 59 co-sponsors) is a better mousetrap. The alternative is what *The Sun* suggests.

We individual Americans will have lost our choices about where we receive medical treatment. And the insurers will have won their long-term quest to control the delivery of medical services rather than just the payment for those services.

Albert P. Cohen
Snow Hill

In America

BOB HERBERT

N.Y. Times; 5-10-95

Guantánamo's Kids

"I am 17 years old. My mother and father are both dead. Our home was used as a voting bureau during the 1990 elections and so after the coup, in 1992, the military came to our home and shot my father. I saw him killed before my very eyes. Right after that my mother and I went into hiding but we went to two different places. The military found my mother and beat her so bad that a few days later she died in the hospital. . . . My older brother died at sea, when he was attempting to escape Haiti. . . . I am afraid to go back to Haiti. All my family has been killed. I have a relative in New York. Please let me go there."

No dice. This terrified teen-ager, who had been held in U.S. custody at the Guantánamo Bay Naval Base in Cuba, and who had sponsors ready and able to provide him with a new life in the United States, was forcibly repatriated to Haiti two months ago.

If he had been Cuban, the red carpet to America would have been rolled out. But he is Haitian.

There are more than 200 unaccompanied Haitian children still being held at Guantánamo. The conditions there are not good. The kids are isolated and fearful. They live in tents that tend to leak when it rains. They are ill-clothed (some do not even have shoes) and receive inadequate medical attention. Many of the youngsters are depressed and some have attempted suicide.

In 1994 waves of Haitian and Cuban boat people fled their homelands for the U.S. More than 20,000 Haitians and 30,000 Cubans ended up in custody at Guantánamo. A report on the plight of unaccompanied Haitian children at Guantánamo, prepared by Cheryl Little, an attorney with Florida Rural Legal Services, said:

"While the U.S. Government plans to parole into the U.S. virtually all of Guantánamo's Cuban refugees, it has forcibly returned to Haiti almost all of Guantánamo's Haitian refugees. Among Guantánamo's Haitian refugees were 356 children who arrived there unaccompanied by any adult. Most of these children had witnessed close family members being murdered by Haiti's paramilitary forces, and some of them had barely escaped Haiti with their own lives. While all of their Cuban counterparts have long been admitted to the U.S., by the end of April 1995 the U.S. Government had granted parole to only 23 of these Haitian children."

Relatives and other sponsors in the U.S. are anxious to end the terrible ordeal of these youngsters. "We

have a list of sponsors a mile long that far exceeds the number of children needing sponsors," said Ms. Little. In addition, the U.S. Catholic Conference has notified the State Department that it is willing to resettle all Haitian children who are paroled from Guantánamo. But these humane offers are, for the most part, being ignored. By the end of April, more than 60 of the Haitian children had already been sent back to Haiti, and the plan is to send back as many more as possible.

"The children that I have spoken to are terrified of being sent back to Haiti," said Ms. Little, "and they should not be sent back under these circumstances." She noted that violence and political unrest continue in Haiti, and that sending children, who have already been so traumatized, back into that atmosphere is not in their best interest.

Florida Rural Legal Services, which sent a fact-finding team to Haiti in late March, said children already repatriated have fared poor-

It's time to end the cruel treatment of the young Haitian refugees.

ly. A 12-year-old boy found himself abandoned within hours of his arrival in Port-au-Prince. One girl, who had insisted that her father was dead, was returned to Haiti when authorities at Guantánamo insisted even more strongly that he was alive and perfectly capable of caring for her. He was, in fact, dead.

Two children were found "living on the streets with no money, no shelter, and no family." Three children located by the fact-finding team had no parent in Haiti, but "each of these children has a parent living in the U.S."

It is time to end the cruel treatment of the Haitian children at Guantánamo. Bring them into the U.S. where they can be sheltered with relatives or others who are willing to care for them. We should treat the Haitian children as if they were Cubans, which is to say, as if they were human. □

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World-Wide

REPUBLICANS RESISTED pressure to limit planned Medicare and Medicaid cuts.

Senate Republicans pressed ahead with their plans for balancing the budget by 2002 while also providing big tax cuts. But the White House and Democratic lawmakers lambasted the GOP effort to reduce spending on Medicare and Medicaid as "outrageous" and "irresponsible." Meanwhile, Republicans on the House Budget Committee tried to move their balanced-budget plan through the panel in a single day. (Articles in Column 6 and on Pages A3 and A18)

Republicans are eager to finish committee action so the full House and Senate can take up the measures next week and act on them before Memorial Day.

A U.S.-RUSSIAN SUMMIT FAILED to resolve key policy issues.

Clinton and Yeltsin made only limited progress during the four-hour meeting. The closest thing to a U.S. breakthrough was persuading Russia to agree again to join the Partnership for Peace, bringing together NATO and Eastern Europe. Clinton also got Yeltsin to agree not to sell a nuclear centrifuge to Iran, though Russia still apparently plans to sell at least one reactor. (Related articles in Column 1 and on Page A13)

On Chechnya, Clinton only mildly contradicted Yeltsin's contention that a Russian assault is over, though attacks reportedly were under way yesterday.

A SECOND MAN WAS CHARGED in last month's bombing in Oklahoma.

Federal prosecutors charged Terry Nichols with bombing the Oklahoma City federal building, making the Army buddy of accused bomber Timothy McVeigh the second person to be charged in the April 19 blast. The charge, "the malicious damage and destruction by means of fire and explosion" of U.S. government property, is the same one that was lodged against McVeigh, and carries the death penalty.

Nichols was transferred to Oklahoma from Kansas yesterday. He previously was charged with making bombs with his brother in Michigan.

The Senate approved product-liability legislation, challenging the House to scale back its own ambitious overhaul of the civil justice system to avoid a presidential veto. Senators voted 61-37 to enact the bill, which would set federal limits on suits against makers and distributors of faulty products. (Article on Page B6)

A five-year farm bill was proposed by the Clinton administration that would keep a safety net under eligible farmers and food-stamp recipients. Agriculture Secretary Glickman urged members of Congress to prohibit anyone with \$100,000 or more in nonfarm income from collecting any agri-

cultural subsidies.

A home test for HIV would be used by people at risk for AIDS who haven't already sought testing, a new government study indicated. Although a test for the AIDS virus isn't available yet, both Johnson & Johnson and Chem Trak have submitted applications to the FDA.

Thirty-five military bases were added to the Pentagon's target list for possible closure. The additions include all five major Air Force maintenance centers, which employ a total of 63,000 civilians.

A deadly virus in Africa isn't likely to spread to the U.S., federal officials say. The disease, suspected to be Ebola, is reported to have killed over 100 people in Zaire. Officials in Atlanta expect to identify the virus within days, based on blood samples. (Article on Page B3)

Arab states plunged a U.N. conference on extending a landmark nuclear treaty into disarray with a last-minute call to condemn Israel's nuclear program. Arab and Western diplomats continued talks to resolve the issue, which was threatening to rupture the fragile consensus on making the nuclear nonproliferation treaty permanent.

Former President Bush resigned from the National Rifle Association to protest an NRA fund-raising letter made public after the Oklahoma bombing that described federal agents as government thugs. Writing to the NRA, Bush said he was outraged when the group's executive vice president defended comments in the letter.

Total food-stamp recipients fell in February, after four years of record growth that ended with more than one in 10 Americans participating in the federal government's largest welfare program.

Wash. Post; 5-11-95

Administration Launches Assault on GOP Budget Plans

A12

By John F. Harris
Washington Post Staff Writer

In outraged and accusatory tones, the Clinton administration yesterday began what White House aides promised would be a sustained attack on proposals by congressional Republicans to balance the budget by 2002. While Cabinet secretaries denounced the cuts, White House Chief of Staff Leon E. Panetta singled out planned reductions in Medicare and Medicaid as allegedly the most draconian and unfair.

"The Republican budgets confirm our worst suspicions about the direction they want to take the country," said Panetta, his voice occasionally rising to a near shout. He predicted a "second-class health care system" for senior citizens and poor people if the GOP plans to slow the rate of growth in the government's two largest health programs are realized.

While Clinton in February invited Republicans to come forward with proposed cuts after he submitted his budget—which forecasts large annual federal deficits for the indefinite future—the White House did not give any nods to Republicans for political fortitude.

Instead, Laura D'Andrea Tyson, the director of the White House's National Economic Council, argued that a balanced budget within seven years may not be a good idea even in the abstract, no matter what programs are affected.

"It exposes the macro-economy to considerable downside risk," said Tyson, predicting balancing the budget in seven years might cause or exacerbate a recession, especially combined with likely state and local cuts.

She argued "any effort to reduce government spending takes a dollar out of the economy [which] means a dollar in reduction in demand in the economy, so it increases the contractionary risk on the economy."

Tyson's emphasis on the risks of bringing government spending into line with tax revenue is a shift from



White House Chief of Staff Leon E. Panetta, right, speaks to reporters yesterday at the White House. He is accompanied by, from left, Laura D'Andrea

Tyson of the National Economic Council, Larry Haas of the Budget Office, HHS Secretary Donna E. Shalala and Budget Director Alice M. Rivlin.

the previous administration stance, which held that balanced budgets were the goal as long as the specific spending cuts were chosen judiciously.

In January, for example, Vice President Gore said on CBS's "Face the Nation" that it was both possible and desirable to balance the budget by 2002.

Yesterday, however, the administration's emphasis was focused on criticizing the Republican budget plans. Panetta, who directed the administration's response while Clinton was traveling in Russia, said the House Repub-

lican plan to spend hundreds of billions of dollars less than projected on Medicare, the health care program for senior citizens, would be "used to fund the crown jewel of the 'Contract [With America],' which is their huge tax cut for the wealthy."

"In trying to fulfill their contract," Panetta concluded, "the Republicans have broken our nation's contract to working families and their parents."

House Majority Leader Richard K. Armey (R-Tex.) accused Clinton and other Democrats of demagoguery.

"The Democrats' political strategy of using the issue to scare seniors will harm them in the long run because it will reinforce this sad truth: The party that once lived by the motto, 'We have nothing to fear but fear itself' has been reduced to the motto, 'We have nothing to offer but fear itself,'" Armey said at a forum sponsored by the American Enterprise Institute.

While Republicans have proposed a bipartisan commission to avert the predicted bankruptcy of Medicare early next decade, Clinton has rejected

Wash. Times; 5-11-95 HHS set to cut bureaucracy, employees

The Clinton administration plans to streamline the Department of Health and Human Services, a sprawling bureaucracy that touches more Americans' lives than any other, by cutting headquarters staff and consolidating dozens of health programs.

The proposed changes for HHS, part of Vice President Al Gore's push to "reinvent" the federal government, are scheduled to be announced today.

According to administration officials and documents obtained by the Associated Press, the vice president's blueprint will save \$453 million by the year 2000 while cutting 2,400 jobs from a work force that now totals 62,000 employees.

GOP contention that Medicare costs are rising faster than private health care costs. And she said slowing down the rate of growth in Medicaid, which pays for health care for poor people, would hurt many in the middle class. That is because many of the people in nursing homes are old people who have reduced their assets; middle-class children, she said, would end up shouldering more of the burden for elderly parents.

"It's scalp-taking time," Energy Secretary Hazel R. O'Leary said of the House Republican plan to eliminate her department and merge its functions with other departments.

Education Secretary Richard W. Riley, whose department would also be eliminated under the House plan, said if Republican cuts are approved it would represent a "collapse" of the long-standing tradition of bipartisan support for federal education spending. "The whole idea is wrong for children, and wrong for America," Riley said. "It's extreme, short-sighted, and not in touch with the reality of the times."

Officials at the National Institutes of Health speculated that next year's budget could be cut by 10 percent to 25 percent. With a budget this year of \$11.3 billion, the agency finances most of the non-military, non-pharmaceutical medical research in the United States. The projected cuts range from \$1.1 billion to \$2.5 billion.

"This is a terrible outrage," said Veterans Affairs Secretary Jesse Brown whose ambitious plans for more veterans hospitals would be cut short by the GOP spending proposal. "Under no circumstances will the veteran community and the American people support an effort to balance the budget by defaulting on our most sacred obligation, that of caring for our veterans."

Staff writers Dan Balz, Stephen Barr, David Brown, Bill McAllister and Rene Sanchez contributed to this report.

that idea unless Republicans abandon their proposed tax cut for wealthy Americans.

Panetta also complained that a Republican plan to scale back the earned income tax credit "represents a tax increase on 12 million working families earning less than \$27,000."

Across the government, senior officials aimed their rhetorical guns at other aspects of the Republican budgets.

Health and Human Services Secretary Donna E. Shalala disputed the

Veterans' Voice; 5/95 p.1

SECRETARY SHALALA CLARIFIES HER SENTENCE

Donna Shalala, Secretary of Health and Human Services, was part of a talk show "The Capital Gang" discussing the Vietnam war and 'should we have, could we have' questions when one of her sentences appeared to be an insult to the soldiers. The controversy is over whether she said "We sent not the best and the brightest sons to Vietnam..." or whether she said, "the brightest's sons" referring to the parents whose sons got deferments. The typed transcript does not have the 's but it does have her entire paragraph. When read in its entirety, one hears her intent clearly to refer to the exempted children of the wealthy.

"Donna Shalala: We should have gotten out, and we tore the country—we tore this country apart on that war which was ill-advised. We sent not the best and the brightest sons to Vietnam. We sent young men from small towns and rural areas. We sent kids from the neighborhoods I grew up in and we exempted the children of the wealthy and of the privileged and it tore this country apart and we must never do that again."

In a letter written in response to the furor about her being misunderstood, Shalala explains, "I am writing to set the record straight and to assure you that I did not—and would never—disparage or denigrate those who served our nation so valiantly."

"The point I was making is that the burden of fighting the war fell disproportionately on poor and middle-income families, and that the sons of the so-

called "best and the brightest" were rarely called.

"In that context, and in the flow of conversation, I was using the term the "best and the brightest" to describe those who had engineered the war—ironic shorthand popularized by the author David Halberstam in his book of the same title.

"In fact, as the enclosed transcript from "The Capital Gang" makes clear, I wholeheartedly agreed with panelist Eleanor Clift who suggested that the term the "best and the brightest" be redefined to mean the brave men and women who served in Vietnam.

"I deeply regret that my remarks were misinterpreted and apologize for any pain I may unintentionally have caused."

Fellow cabinet member Jesse Brown, Secretary of Veterans Affairs, wrote to Shalala saying, "...I want you to know that I understand what you were saying—it is mainly the poorer kids of this country who have traditionally fought our wars, not just in Vietnam, but in all conflicts. You are absolutely right. The foundation of freedom and democracy has often rested on the deed of the low-income, least powerful and not well-connected."

Brown shows support for Shalala as a friend of the veteran community and noted her cooperation and support.

Perhaps the World War I soldiers understand how hard it is to correctly hear and repeat what one thinks one hears. Remember, 'Mairzy doats and dozey dotes..?' No? Try, 'Mares eat oats and does eat oats.' MFJ

Clinton's Wisconsin
contingent at center of
today's issues

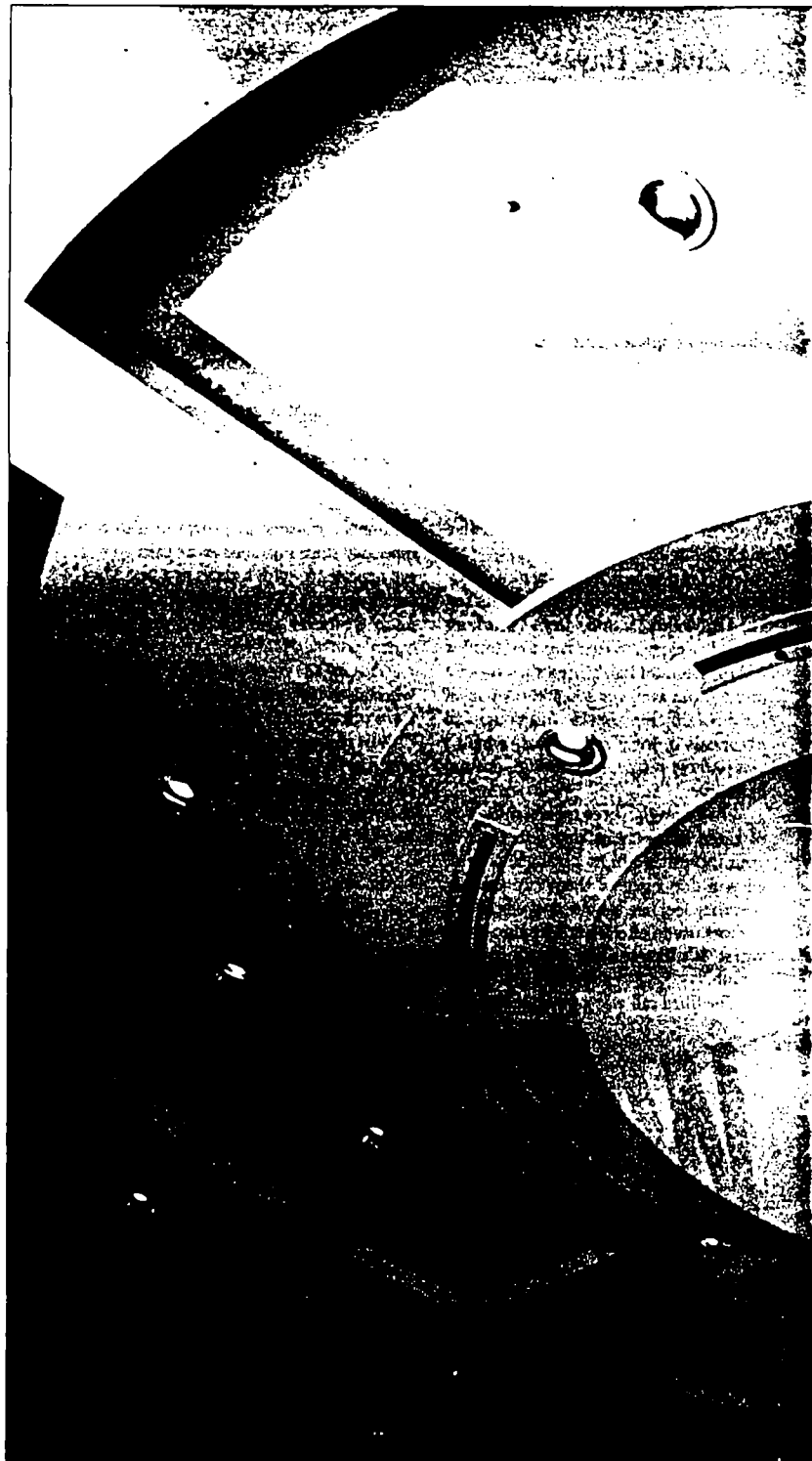
In the thick of it

By Patrick Jasperse

From the intricacies of patent law to the shadowy world of the CIA, from the battle over welfare reform to the perils of the Whitewater affair, from trying to seal the border with Mexico to trying to open new export markets in Asia, Wisconsinites play a key role in shaping America's future.

Les Aspin
knows
firsthand how
rough life in
Washington
can be. He
gave up a
relatively
secure House
spot for a
short-lived
position as
secretary of
Defense.

Eight people from Wisconsin serve in high places in the Clinton administration. They have found the work rewarding, discouraging, challenging, frustrating, exhilarating and exhausting.





GARY PORTER



Donna Shalala (above), secretary of Health and Human Services, has already testified before Congress eight times this year. Donald Sykes, director of the office of Community Services, says government officials are having to decide "between good things that have to be cut."

**“I’m a
program
policy wonk
and this is
heaven.”
—Donald Sykes**



"I'm thrilled," says Bruce Lehman, an assistant secretary of Commerce who grew up in Beloit. "I've loved every second of it. It was my life's ambition."

Abner Mikva, who grew up in Milwaukee and now is President Clinton's lawyer, says "when I come home at night, somewhat later than I used to, I tell my wife, 'Well, I wasn't bored again today.'"

"I'm a program policy wonk and this is heaven," says Donald Sykes, who left Milwaukee to head the Office of Community Services.

Some moved directly from Wisconsin to Washington when Clinton took office in 1993. Others grew up in the state and then lived elsewhere before being called on to serve in the executive branch.

All say they were influenced by what they call "the Wisconsin idea," the notion that public service is

a noble calling. That belief is not particularly popular in today's political climate, in which government is widely reviled and "federal bureaucrats" are held in contempt. Yet, these federal bureaucrats are proud of their work, the positions they have attained and what the government does for its people.

With Clinton past the midway point in his four-year term, now is a good time to see how his advisers with Wisconsin ties are doing.

DONALD SYKES:

Fighting for the disadvantaged

After working with low-income people in Milwaukee for nearly 20 years, Sykes saw his new job in Washington as a chance to influence national policy in that area. He arrived just in time to see the new Republican congressional majority try to dismantle many of the welfare programs that his office oversees.

"We are still the wealthiest country in the world and we should never lose sight of that," says Sykes, 58, who worked in Milwaukee as director of the Social Development Commission and later as executive director of the New Hope Project. "The question really comes down to where do we want to invest our resources?"

As the director of the Office of Community Services within the Department of Health and Human Services, Sykes is in charge of distributing \$8 billion a year in grants for social services, heating assistance and other programs. With

the federal government trying to cut its budget to shrink the deficit, Sykes says. "The frustration comes in the fact that you are oftentimes making decisions between good things that have to be cut."

"I'm frightened by some of the things I see," he says. "Poor people have become the whipping boys of this country."

He also is bothered by the relentless attacks on federal bureaucrats.

"Lord knows, I am not blind to the problems," Sykes says. "I think we can improve. But I think it's bogus and disingenuous to just attack bureaucracy as if there's something evil in it."

DONNA SHALALA:

In the middle of the health care debate

As chancellor of the University of Wisconsin-Madison, the Cleveland native had plenty of different constituencies to contend with: students, parents, professors, taxpayers, the Board of Regents and the Wisconsin Legislature. Being secretary of the Department of Health and Human Services is easier in some ways, because "the lines of authority are clearer."

Being in Clinton's cabinet has hardly been a cakewalk. Shalala was in the middle of the health care debate for the last two years and now is the president's point person on welfare reform. She regularly appears on television networks' Sunday morning talk shows and was called on to testify before congressional committees eight times during the first two months of this year alone.

"I'm worn out," says Shalala, 54. "I'm numb. I'm numb. I'm probably working harder than I've ever worked before."

Since the last time she worked in Washington, under President Carter as an assistant secretary in the Department of Housing and Urban Development, the city has become "more ideological," Shalala says. "People are put in little places and identified either as liberals or conservatives."

"It used to be that you came here to enhance your career. It was a positive. Now, I think people aren't so sure. I mean, you're lucky if you come out limping."

She says the increasingly poisonous atmosphere will make it more difficult to find good people to serve in government.

"There's more scrutiny. There's more chewing up of prominent people. Congress is tougher on public officials. They're not as polite. You're not allowed to make mistakes anymore. If you have made mistakes or written something sloppy or written something earlier in your career that was radical, — look out."

Shalala has no regrets about taking the job.

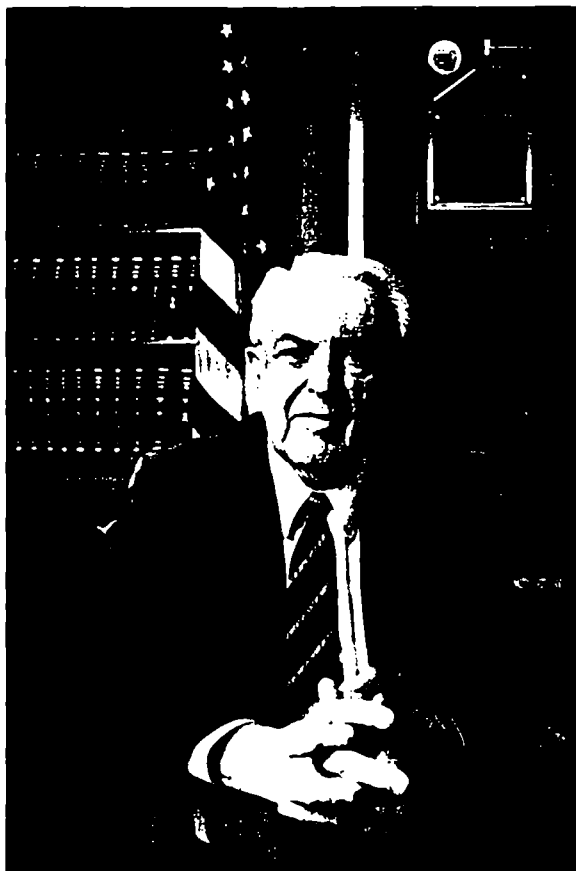
When she heads home at night, often around 10 or 11 p.m., she says she derives satisfaction knowing "that I fought a good fight on behalf of the working people in this country."

ABNER MIKVA:

A governmental balancing act

As the White House legal counsel, Mikva has an office on the second floor of the White House and talks to the president daily.

"I get involved in literally every piece of government," says Mikva, who was born and raised in Milwaukee and



GARY PORTER

attended UW-Madison. "We do everything from helping the

president with his judicial selections to advising him on constitutionality and policy considerations for legislation that he has to sign, to working on the executive orders, to helping him sign off on covert activities — to acting as the ethicist for the White House."

The last area is where Mikva gets the most attention, as he handles the White House's response to the Whitewater affair, controversial presidential appointments and various investigations of cabinet members. He's also overseeing Clinton's legal defense fund for the Paula Jones case. Jones has filed a sexual harassment lawsuit against the president.

He sometimes worries that he is not able to deal as thoughtfully as he would like with all those urgent matters.

"It's not the kind of thorough, thoughtful approach to problems that I used to be able to take and that I like to take," says Mikva, who served as an Illinois congressman and a federal appeals judge. "When I get something really hard, when I get something I need to think about, I've learned not to try to do it during the day. I take it home with me and fuss with it."

Mikva, 69, receives a judicial pension and accepts no salary in his current post. He sees the job as a perfect way to close a career in which he has served in all three branches of government.

As White House legal counsel, Milwaukeean Abner Mikva is involved "in literally every piece of government," including the White House response to President Clinton's involvement in the Whitewater affair and the Paula Jones sexual harassment litigation.

**“I’m worn out.
I’m numb. I’m
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before.”
—Donna Shalala**

DORIS MEISSNER:

Immersed in immigration issues

Handling a high-profile issue such as immigration means that Meissner is in constant demand.

Members of Congress want to talk to her.

Reporters want to interview her. Representatives of advocacy groups and foreign governments want to see her. She has endless meetings with people above her in the administration and below her in the agency.

"You have to be just sort of monolithic," says

Meissner, commissioner of the Immigration and Naturalization Service. The 53-year-old was born in Milwaukee, grew up in Mequon and graduated from UW-Madison.

"You do the work and that's it. You just don't have time for anything else. I hardly even read the newspaper. . . . Your world becomes very focused. I mean, I'm a very boring dinner partner. But that's the way these jobs are: You have no other life."

Tensions in Mexico, the initiative passed by California voters to deny most government services to illegal aliens, and the recent crises in Cuba and Haiti have made immigration a hot topic. Meissner, who has worked on the



GARY PORTER



Doris (top) and Charles Meissner comprise a husband-and-wife duo in the Clinton administration. Doris works on immigration issues, while Charles tackles foreign trade problems.

issue throughout her adult life, sees this as a "precious opportunity to be here at a time when people are really paying attention."

Meissner, who held an assortment of posts in the Justice Department and INS in the Nixon, Ford, Carter and Reagan administrations, says what is different this time is "the preoccupation with the media. The kind of minute-to-minute, almost, reaction of government officials to what's going on in the media — and vice versa, the media's minute-to-minute reaction to what's going on in government — really...makes it very, very difficult to govern wisely."

"What it takes to effectively move issues forward, develop public understanding, change organizations, react to a post-Cold War world just cannot be done minute-to-minute. It's a much longer-term process and there's just so little patience even with the most aggressive approach on the part of government officials."

CHARLES MEISSNER:

Seeking new job markets abroad

His office of 180 people doesn't receive nearly as much attention as his wife's agency of 19,000 people, yet in many respects their jobs are intertwined. Charles Meissner's job as an assistant secretary of Commerce for international economic policy is to develop new markets abroad for American products.

Meissner, 54, was born in Milwaukee, grew up in Whitefish Bay and received his bachelor's, master's and doctoral degrees from UW-Madison.

He spends a good deal of his time working to implement the North American Free Trade Agreement in Mexico, which is designed in part to reduce illegal immigra-

tion, a problem his wife is fighting.

The pace is grueling and the pay relatively modest, considering the hours. Like the other officials from Wisconsin, Meissner is in his office by 8 a.m. and rarely goes home before 8 p.m. He travels frequently and often works on weekends.

Meissner is paid \$115,000 per year, certainly more than the average American's income, but far less than what he could earn in the private sector.

Except for Mikva and Les Aspin, the other Wisconsin officials all earn more than \$100,000, ranging from Sykes' salary of \$107,379 to Shalala's salary of \$148,400.

Meissner does not like being away from home so much and says the most difficult part is "family separation [and] trying to get enough personal time to get balance in your life. There isn't balance in your life. It's

really dedicated to the longer hours."

He thinks the sacrifices are worth it, because he knows that new export markets abroad will generate jobs at home. "You really have a direct link to people's prosperity," he says. "You aren't dealing in some international ether of relationships."

BRUCE LEHMAN:

Positive about government

Lehman has not lived in Wisconsin since 1970, but he is fond of the state whose progressive tradition shaped his belief that government has a positive role to play in society.

"Probably one of the noblest professions that anyone can ever have is to serve the public in good government, in honest and efficient administration of government," Lehman says.

He was born and raised in Beloit, received his bachelor's and law degrees from UW-Madison, and



GARY PORTER

Bruce Lehman, an assistant secretary of Commerce, calls public service "one of the noblest professions anyone could ever have."



Ada Deer, assistant secretary of Interior, says her patience is often tested by the "glacial umetable" of the governmental bureaucracy.

worked many years for former Wisconsin congressman Bob Kastenmeier.

Today, at 49, Lehman is an assistant secretary of Commerce and commissioner of the U.S. Patent and Trademark Office. That may sound like an esoteric job, but getting a patent in a timely fashion may determine whether a business can compete in the world economy in an increasingly technological age.

Lehman says he has no complaints about his job, but he is frustrated because he thinks President Clinton has not received enough

credit for reducing unemployment, the deficit and the number of federal workers. "No president in history has been treated more unfairly than Clinton."

He pins most of the blame on the news media.

"We have a cancer right now in this country. The cancer is the professional tearer-downers in this Washington pundit class and the politicians who want to take advantage of that."

"What does [radio talk show host] Rush

Limbaugh know about government? What does he know about anything, other than to make a lot of people mad and reveling in it? It's really dangerous because the strength of America is in its unity and its patriotism."

ADA DEER:

In fast gear for change

After losing a bid for Madison Republican Scott Klug's House seat in 1992, Deer landed on her feet when the president appointed her to be an assistant secretary of Interior. She heads the Bureau of Indian Affairs, which serves 550 tribal governments spread over 278 reservations and 56 million acres of land.

Deer grew up on one those reservations.

Now 59, Deer was born on the Menominee reservation in Wisconsin and has lived in the state most of her life, graduating from and later becoming a lecturer at the UW-Madison.

"When I think about the major policies that I've had the opportunity to influence, it's a source of great fulfillment and joy," she says of her role. "On the other hand, working in the government is also frustrating."

Deer says her patience is often tested by the "glacial timetable" it takes to hire people, make changes and move decisions through the various levels of the bureaucracy.

"Things take longer than I would like. I'm fond of saying the Deer is in fast gear and the world is in slow gear."

"I would like, and I believe the citizens would like, more timeliness. However, we have to remember that this is the federal government and it is a large country and we are spending taxpayers' money and we need to be accountable and so there are various levels involved in all these decisions."

Deer says Washington can be a difficult place, with all its lawyers and lobbyists and with 535 members of Congress who often have different agendas.

"There are many events and there are many players here and you have to have a high degree of energy and conviction so that you're not sidetracked."

"There are many opportunities for people to sabotage your efforts and this occurs quite often, but the point of it is to maintain your

vision and carry on."

LES ASPIN:

Playing the power game

If anyone knows firsthand the perils of being a power broker in Washington, it is Aspin.

He gave up a relatively safe congressional seat in Wisconsin and his influential post as chairman of the House Armed Services Committee to become Clinton's defense secretary in 1993. A year later, he was forced out of the job. He was an apparent sacrificial lamb for the administration's first-year foreign policy blunders, blunders for which even Aspin's critics say he was only partly to blame.

Aspin, 56, remains a loyal soldier. He has never publicly criticized Clinton and continues to serve the president as the chairman of the Foreign Intelligence Advisory Board and as chairman of a separate review commission that is studying the structure and purpose of the nation's intelligence-gathering operations. Both positions are unpaid.

Aspin also holds posts with Marquette University and the Center for Strategic and International Studies, a Washington think tank.

The Milwaukee native says the highlight of

being in the executive branch — both in conducting a comprehensive review of the military as defense secretary and in studying the Central Intelligence Agency in his current assignment — is the chance to take a fresh look at the role of America's defenses and try to answer new questions posed by the end of the 40-year Cold War.

He says the frustrations at the Pentagon were being sidetracked by social issues such as gays in the military and the Tailhook sexual harassment scandal.

"In the executive branch you can't pick and choose issues. You get everything that comes down the road. In the legislative branch, to some extent, you get to choose."

Aspin says he has no regrets about giving up his House seat for his short-lived cabinet post. What happened, he says, "is part of the game."

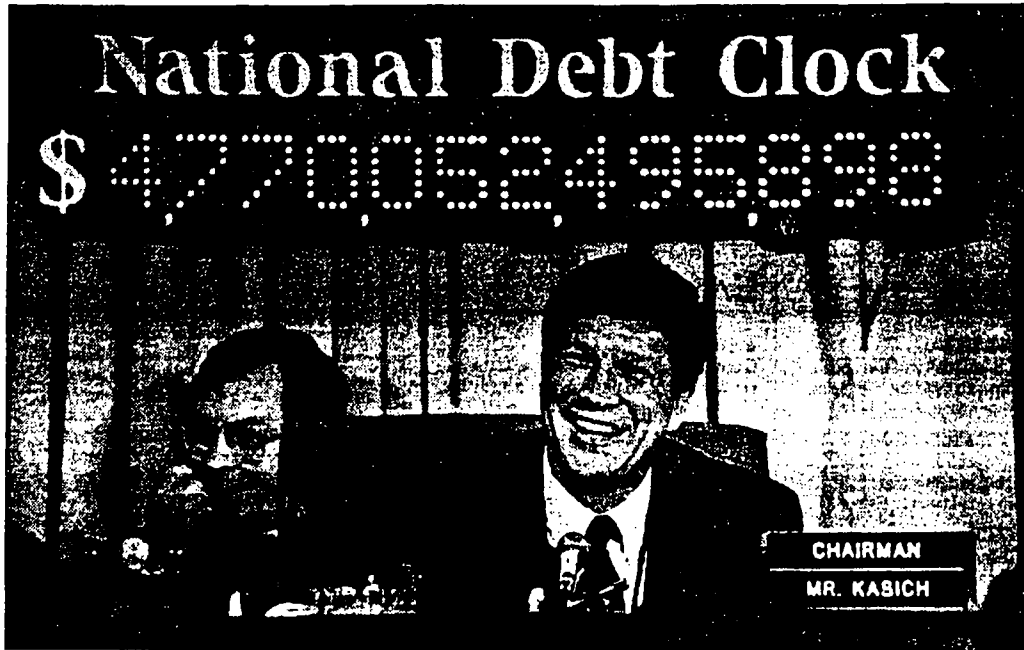
Patrick Jasperse is a reporter in the Journal Sentinel's Washington bureau.

 (Government service is) a source of great fulfillment and joy. On the other hand, working in government is also frustrating. 

-Ada Deer

Wash. Post; 5-11-95 p. 1

House GOP Plan Seeks \$1.4 Trillion in Savings



CHAIRMAN
MR. KASICH

BY RAY LUSTIG—THE WASHINGTON POST

Man of the hour:
Colleagues conclude that Rep. John R. Kasich's relentless nature aids his obsessive pursuit of a balanced budget.

Budget Takes Aim At More Than 300 Programs, Agencies

By Eric Pianin
Washington Post Staff Writer

House Republicans, who led a political revolution last fall promising to balance the budget and cut taxes, yesterday presented a radical plan to scale back social spending dramatically and shrink the size of government.

The GOP plan, introduced by Budget Committee Chairman John R. Kasich (R-Ohio) a day after the Senate Republicans offered a similar approach, would eliminate the Departments of Commerce, Education and Energy and kill off 13 other agencies, 284 programs and 69 federal commissions.

The House Budget Committee last night moved to pass the seven-year plan to balance the budget and cut taxes. More than a third of the plan's \$1.4 trillion in savings come from Medicare, Medicaid and other social welfare programs.

Kasich described his deficit reduction plan as "revolutionary" and said it addresses Americans' growing concern that runaway government expansion is saddling future generations with suffocating debt.

"Mothers and fathers will do virtually anything for their children, and in their guts they know that if we do not balance the budget, that their children's future is at risk," he said. "They believe the pendulum has swung too far in terms of transferring power and money and influence and control to this city."

Federal programs both prominent and obscure would fall in droves. Continued on next page

■ Related stories appear on Pages A6-A14 and on Page A21.

An Irresistible Force Tackles an Immovable Object

By Michael Weisskopf and David Maranss
Washington Post Staff Writers

The abiding obsession of John Richard Kasich grew ever more intense this year until it finally seeped into his subconscious. He began dreaming about the federal budget. His budget dreams were invariably ugly, he said. When he fell asleep his restless mind encountered the same nocturnal furies—fellow members of Congress who appeared before him red-faced and screaming: "How could you do this to us! We didn't know about this!"

As chairman of the House Budget Committee, which yesterday began the historic but precarious task of slashing programs to balance the federal books by the year 2002, Kasich's confronta-

tions, real and imagined, might now get nastier. He has reached the critical moment of his congressional career, a time when his obsession, his dreams and the fate of his party have become inextricably linked. How he handles the pressure—whether he lives up to his reputation as an

INSIDE THE REVOLUTION THE BUDGET BROKER

honest broker willing to take on turf-conscious colleagues and special interests traditionally aligned with the GOP—could define the Republican revolution far more than the "Contract With America" of the first 100 days.

Kasich is so central to the budget enterprise that many observers consider his position equal to that of his older and better known superiors, House Speaker Newt Gingrich (R-Ga.) and Majority Leader Richard K. Armey (R-Tex.). "I consider John the key man of the whole first session," said Republican former congressman Bill Frenzel (Minn.), a deficit hawk who served as one of Kasich's mentors. "Some Republicans will say we need to protect traditional Republican constituents, and therefore there are some things they don't want cut. That's where John does a good job. He doesn't want to protect anything."

It was with a brassy show of confidence that See KASICH p. 14



PHOTOS BY RAY LUTTIG—THE WASHINGTON POST
Senate Budget Committee Chairman Pete V. Domenici (R-N.M.), at left, conducts a daylong budget hearing. At right, Rep. Martin O. Sabo (D-Minn.), ranking Democrat on House budget panel, who warned of a "polarization of income."

Hundreds of Agencies Targeted Under House GOP Budget Plan

Cont'd from previous page

der the House GOP plan, including President Clinton's national service program, the Corporation for Public Broadcasting, the Tennessee Valley Authority, the Appalachian Regional Commission, the Legal Services Corporation and the Maritime Commission.

The federal Highway Demonstration Projects, a major source of pork barrel spending, would be eliminated, along with Amtrak, VISTA, the National Endowment for the Arts, the National Endowment for the Humanities, and a raft of vocational education and job training programs. In the Washington area, federal funding would dry up for Gallaudet University, Howard University and Howard Hospital, while the Pennsylvania Avenue Development Corp., which has presided over downtown development, would be put out of business.

In all, the House GOP plan would reduce projected spending by \$1.4 trillion over seven years, according to staff figures, compared with slightly less than \$1 trillion of saving under the Senate Republican approach. The House needs far more in savings to help pay for a tax cut that will drain the Treasury of about \$360 billion over seven years.

The House plan includes a 25 percent cut in foreign aid, including aid to Russia; about \$46 billion more in defense spending over five years than either the president or Senate Republicans favor; stiff cuts in agriculture subsidies and research programs; and deep cuts in discretionary spending for a wide array of domestic programs and government services.

Unlike the Senate GOP plan, House Republicans are claiming an additional \$180 billion of savings by assuming a lower cost-of-living adjustment for Social Security recipients and federal retirees beginning in 1999, and by assuming other economic benefits that would accrue from eliminating the deficit. While Republicans say they are not tampering with Social Security, future benefits would be reduced.

The House plan would redefine the Consumer Price Index and lower cost-of-living adjustments by 0.6 percentage points beginning in 1999. House Republicans and many economists believe the price index overstates inflation and that the government could save at least \$30 billion in retirement benefits by reducing the CPI by less than a percentage point.

Both the House and Senate plans provide for an overall increase in Medicare and Medicaid spending over seven years, although at substantially lower levels than current projections. Medicare spending would total \$283 billion less than projections and Medicaid spending would fall \$184 billion below the projections under the House plan, compared with a \$256 billion Medicare savings and a \$175 billion Medicaid savings under the Senate plan.

Both the House and Senate plans would convert Medicaid, the federal-state health insurance program for the poor, into a block grant program turned over to the states to spend as they see fit and the rate of spending increases would gradually decline from 10 percent to 4 percent. House Republicans are studying plans to avert the projected bankruptcy of Medicare, the health insurance program for the elderly. Senate Republicans have called for a bipartisan commission to make recommendations by July.

Congressional Democrats and White House officials were quick to condemn the House and Senate plans as a thinly veiled attempt to transform the financially ailing Medicare and Medicaid programs to a "second-class health system" and to finance tax cuts for wealthier Americans at the expense of the poor.

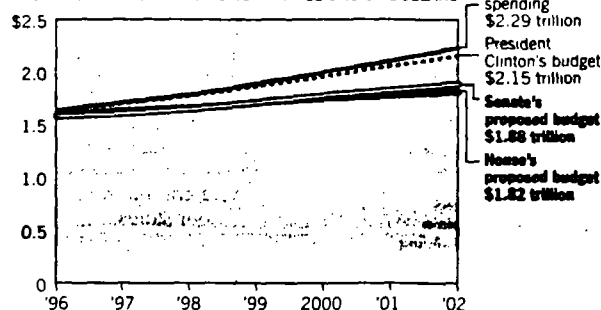
"The Republican budget is wrong for working families, it is wrong for the elderly, it is wrong for the economy and I think it is wrong for the country," said White House Chief of Staff Leon E. Panetta, a former House Budget Committee chairman. Health and Human Services Secretary Donna E. Shalala said the proposed Medicare and Medicaid reductions would "make every elderly American and every disabled American much poorer."

Cont'd on next page

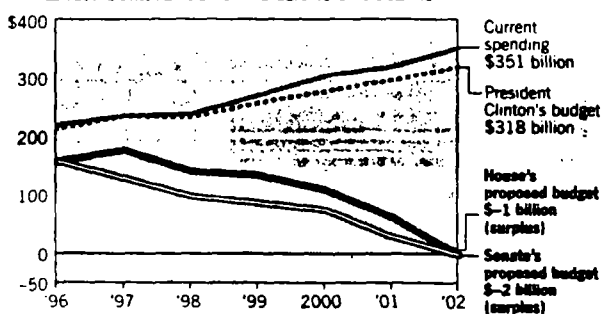
COMPARING BUDGETS

A look at projected spending and deficit levels under budgets proposed by the House, the Senate and President Clinton compared with the current levels.

► SPENDING COMPARISONS IN TRILLIONS OF DOLLARS



► DEFICIT COMPARISONS IN BILLIONS OF DOLLARS



NOTE: Under the House plan, the \$1.408 trillion spending savings over 7 years includes about \$150 billion of assumed additional economic benefit from balancing the budget and \$30 billion of savings from reducing the rate of increase in the Consumer Price Index by 0.6 percentage points beginning in 1999. The Senate Budget Committee estimates do not make these assumptions.

SOURCES: House and Senate Budget committees

HOUSE BUDGET

- Cuts projected spending by \$1.4 trillion over seven years.
- Eliminates the departments of Commerce, Education and Energy, and 366 other programs, agencies and commissions.



- Includes a \$360 billion tax cut package.

- Increases Clinton's proposed five-year defense budget by \$46 billion.

SENATE BUDGET

- Cuts projected spending by nearly \$1 trillion over seven years.

- Eliminates the Commerce Department and more than 100 other programs, agencies and commissions.



- Does not include a tax cut.

- No increase over Clinton's proposed defense budget.

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Rep. Martin O. Sabo (Minn.), ranking Democrat on the House Budget Committee, warned that the nation was experiencing a "growing polarization of income between rich and poor" and that "the basic fundamental thrust of this [GOP] document is one that escalates rather than helps to solve that problem."

But Kasich insisted the plan was evenhanded. "No one got out of the barrel," he said. "We've gone over it with a fine-tooth comb under a microscope. . . . We're downsizing government, shifting power from this city and giving American families tax relief."

The far-reaching proposals of the House and Senate Republicans represent the first step in a long process of shaping long-term budget policy before the start of the new fiscal year Oct. 1. The proposed budget resolutions provide a broad outline for Congress for how to eliminate the deficit by 2002, including suggestions for specific program changes and cuts. However, the budget resolution is not binding on other committees, which can cut spending and change or kill programs, provided they achieve specific targets for the savings contained in the resolution.

In the Senate, Democrats wasted no time taking aim at the budget released Tuesday by Budget Committee Chairman Pete V. Domenici (R-N.M.). In particular, they objected to the savings in Medicare and warned that the Domenici plan, while it does not provide for a tax cut, contains fine print that opens the door to one.

"There is a tax cut lurking," said Sen. J. James Exon (Neb.), senior Democrat on the Budget Committee, at a panel hearing. But Domenici responded, "I'm not trying to hoodwink anybody."

The Domenici plan does not set aside any of the seven-year savings for a tax cut. But it does allow the expected fiscal dividend from lower interest rates and a stronger economy to go to tax reductions, provided there is an ironclad program in place to achieve a balanced budget by 2002.

Sen. Frank R. Lautenberg (D-N.J.) sought to amend the Domenici plan by requiring any fiscal dividend to be applied to Medicare and Medicaid accounts, but the move was defeated on a straight party-line vote. However, the committee approved an amendment offered by Sen. Barbara Boxer (D-Calif.) requiring that approximately 90 percent of any tax cut resulting from a dividend go to working families.

The daylong committee meeting produced several testy exchanges as Democrats sniped at Domenici's handiwork.

When Lautenberg displayed a large chart outlining what he claimed was a Republican budget plan that cut Medicare while providing a \$20,000 gift to people earning more than \$350,000, Domenici snapped, "It's an insult to put that up there."

Democrats also charged that the budget proposal would hit working families by curbing the growth in the earned income tax credit for low-income individuals. "The conclusion that this is soak the poor to pay the rich is pretty inescapable," said Sen. J. Bennett Johnston (D-La.). "That's ridiculous," Domenici said.

Staff writer Dan Morgan contributed to this report.

KASICH, from p. 11

Kasich opened the budget deliberations yesterday. He alternately played the role of television game show host and earnest statesman. After gaveling his committee to order at 10:06 a.m., he bounded from his high-backed chair and unveiled a National Debt Clock on the wall behind him, a digital contraption that blinked every second to add another \$9,386 to the \$4.7 trillion meter. Then he bragged about his Elvis Presley tie and compared the rarity of a balanced budget—a "zero sighting" he called it—to the infrequency of Elvis sightings. Soon he was more somber, evoking the stately ambience of the committee room, with its pale green walls and oil portraits and brass chandeliers, as he declared that he and his Republican committee colleagues had united behind a "bold, innovative and revolutionary" document that would erase the annual budget deficit in seven years.

But behind his assertive exterior, Kasich was battling the same anxieties that haunted his dreams. He thought of the budget document as a painting, he had explained in a private moment—"And you just kind of say, this is a great painting, and you know they're going to take it and smash it and run over it with their car." The painting smashers in Kasich's image were not just Democrats, but some fellow Republicans upset with his handling of issues ranging from highway funds to military pensions.

The budget of the United States and Chairman Kasich might seem the unlikely of pairs, the immobile financial behemoth embraced by the wiry and fidgety politician.

Kasich, at 42, remains constitutionally incapable of keeping still, the antithesis of the placid bean-counter. "Whenever I see him, I'd like to give him a shot of Ritalin," a drug for hyperactivity, said Alan Krawnowitz, a friend and business lobbyist. "He wears me out." At a news conference with Gingrich and Armey the other day, he kept bobbing and weaving in and out of camera range, never once calming down for a motionless moment. His eyes blinked like a hummingbird's wings; 36 times in a minute, a time span when the more inert Armey blinked twice. He radiates so much energy that colleagues in the Ohio delegation, weary and looking for sleep, dread the thought of getting seated near him on flights back to the Midwest.

His detractors in Congress find Kasich's personality traits more tiresome than winning. They characterize him as an argumentative and self-righteous whirling dervish, a bachelor who devotes all his time and energy to cutting the government, finding pleasure in an act that can

bring pain to others. Kasich mocks the notion that his proposed cuts bring pain. "Let's talk about job training programs," Kasich said in making his point. "Am I going to say, okay, I just lost my job, but, honey, we don't have to worry about it because I just got myself a slot in the federal job training program? Are you kidding? So if we're going to cut federal job programs back we're going to have pain?"

Yet though Kasich's friends and colleagues find him exhausting, they have concluded that his relentless nature aids his obsessive pursuit of a balanced budget. Last winter, as Kasich was making the first preparations for the budget battle, pollster Frank Luntz went back to Columbus, Ohio, with him and conducted a focus group session at which Luntz asked 13 citizens how they felt about the national deficit and how they would react to various budget cuts. Kasich sat on the other side of a one-way mirror and watched.

A few minutes into the session, Luntz began receiving scraps of paper sent in by Kasich with new questions for the respondents. The notes came faster and faster, more and more pointed, until Luntz had a stack on his lap and only a few minutes left in the two-hour session.

"He wanted to know what's driving people, how can he address it," Luntz recalled. "I'd ask a question, and he'd tell me to ask it a different way or push harder. There were close to two dozen notes."

Luntz said he has had members of Congress fall asleep during focus groups; only with Kasich, Luntz added half-jokingly, did he wish the lawmaker had taken a Valium.

The Mailman's Son

Kasich likes to say that he is from "the Rocks," slang for McKees Rocks, Pa., a blue-collar suburb on the western rim of Pittsburgh. It is a poetic place to be from, for a Republican who views himself as a populist and wants to distance himself from his party's old country club image. In fact, he grew up in the town next door, Stowe Township, which is like McKees Rocks in every way except that its name sounds more leafy suburban.

His roots were far from the country club nonetheless. His Croatian grandfather was a steelworker and his father was the town mailman who drove his car to the post office every morning, gathered the letter bag, drove back home to the two-story brick house on Elizabeth Street, and walked the same daily route, befriending nearly everyone. John Kasich's energy and gregariousness came from his father, who was killed along with his mother in a traffic accident in 1987: they were pulling out of a Dairy Queen and got blindsided.

His persistence came from trying to compete on the dusty playing field at Fen-



BY RAY LUNTZ — THE WASHINGTON POST

"Some Republicans will say we need to protect traditional Republican constituents, and therefore there are some things they don't want cut. That's where John does a good job. He doesn't want to protect anything."

—FORMER REPRESENTATIVE BILL FRENZEL ON REP. JOHN R. KASICH (R-OHIO), ABOVE

ton School as a scrawny little boy. "As a smaller guy I always had to give it everything," Kasich said. The first reward for his persistence came late one fall evening in 1960, when he was 8 and his mother drove him downtown for the celebration when the Pittsburgh Pirates won the World Series. Antsy little Kasich weaved his way through the crowd to get his baseball autographed by Bill Mazeroski, whose home run beat the Yankees.

Although his parents were Democrats, as were nine out of 10 residents of his home town, Kasich became a Republican at Ohio State University. He says it was the classic expression of campus bureaucracy—the registration line—that made him turn. "I became a Republican because I don't like hassles. I don't like orders, bureaucracy, rules, red tape, mazes or anything else."

The second reward for his persistence came during his university days, when he got riled by a rule that made all the men in his dorm, even those not responsible for it, pay a share of the cost for a broken window. He spent three weeks demanding to get in to see the Ohio State president, Novice Fawcett. When he finally got his visitation, Fawcett mentioned that he was going to see President Richard M. Nixon later that week. Kasich asked if he could come along. No, Fawcett said. How

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about taking a letter to the president for me? Kasich asked. The administrator relented. The letter so impressed Nixon that Kasich soon got a White House invitation of his own.

The Obsession

Budget cuts were always Kasich's political cause, going back long before his rise in Congress to his time as an aide and later a senator in the Ohio legislature. Bob Blair, a colleague from the Ohio days, remembered Kasich's usual reaction when the two young aides would walk through the state administrative buildings. "We would go into these state agencies and see hundreds of people sitting around, and John would ask, 'What are they doing? What are they working on?'"

As a junior member of the Ohio legislature, Kasich began a tradition he would take with him to Washington: drafting detailed budgets as alternatives to administration proposals. "He was always provocative back then," said Curt Steiner, an officer in the Ohio Senate. "He is the kind of person who could get excited about budgets, which a lot of people can't."

After his election to the U.S. House in 1982—another reward for persistence in a year when few other Republican challengers succeeded—Kasich's eternal restlessness did not sit well with some veterans in his party. He became known as somewhat of a lone wolf, better at challenging authority than at negotiating. Until his ascension to the Budget Committee chairmanship this January, his most notable efforts at coalition building over the last decade involved alliances with Democrats, first, as a member of the House Armed Services Committee, when he joined forces with Democratic Chairman Ronald V. Dellums (Calif.) to derail the B-2 bomber program, and later when he teamed with a maverick Democrat, Timothy J. Penny (Minn.), on a deficit reduction plan.

Penny came to think that Kasich shared not only a desire to cut the budget but also a belief that the budget was more than a million lines of type. It was one big idea, they concluded, and focusing on it was far more worthwhile than developing an expertise in a narrow congressional field, as some of their elders instructed them to do.

Penny came to think of his unlikely sidekick as a tempestuous little brother. "He can get frustrated at times, but he vents and gets it out of his system," Penny said. "If we ran up against a roadblock, he would say, 'We're dead in the water! What are we going to do?' A defeatist emotion would come through for a half-hour, and then he would get it out. It was a hoot."

Kasich has similar relationships with Gingrich and Armey. At the leadership news conference last weekend, every time Kasich finished answering a ques-

tion, Armey would smile, shake his head, place an oversized hand on Kasich's shoulder and pat him like he was patting a little brother who had just won a neighborhood fight. Sometimes the pats are not so loving.

One came earlier this year when Kasich, in his role as a military reformer, voted to reject a commitment to deploy a "Star Wars"-like antimissile defense system favored by Republican defense hawks. Armey thought Kasich had made a political mistake and told him so: The vote, he said, might hurt the budget chairman's standing with defense hawks later during budget deliberations.

His relationship with Gingrich is closer but more volatile. He enjoys making fun of the speaker's third wave vocabulary. "I became, to use Newt's word, a facilitator, I *unlocked* people," Kasich said sarcastically in a recent interview, describing the role he played as mediator in a dispute between Gingrich and freshman Rep. Mark W. Neumann (R-Wis.), who had bucked the leadership in a key defense vote in the Appropriations Committee. "Power does not intimidate me," Kasich said.

The Dusty Schoolyard

He has only a brief window of opportunity, Kasich said on the eve of the budget deliberations, to turn that horizontal string of digits into zeroes. His colleagues, including Gingrich, keep warning him that his mission now will be harder than anything he has ever tried. Before, when Republicans were in the minority and presenting alternative budgets that had no chance of passage, all they needed was a strong kayak to shoot the rapids of public opinion, Gingrich warned Kasich in a memo. Now they need something more durable, a submarine that can survive the incessant attacks that will be coming on the floor and in conference.

To Kasich, the situation he now confronts is less a mission impossible; it reminds him of his boyhood days on the Fenton schoolyard. "We got up there at 9 in the morning, and we'd have 18 guys show up and we played baseball all day, and when we would get done, you would be so dry, you go to the garden hose, and that water would touch your mouth and it was a little bit of heaven. Back then we were all very enthusiastic about playing. We played hard, we played fair. And as a smaller guy, I had to give it everything. And that's where my arguing came from, never giving up on an argument."

"Because let me tell you, when you thought the ball was out, and they thought the ball was fair, and this was the bottom of the seventh inning and you're gonna lose the game, and you've been playing this game for hours, you don't give in."

N.Y. Times; 5-11-95 p. 1

HOUSE COMMITTEE ISSUES 7-YEAR PLAN TO ERASE DEFICIT

The Proposals Compared



Major areas where the budget proposals made by the House and Senate Republicans differ. Figures cover 1996 to 2002.

	HOUSE	SENATE
TAX CUT	\$340 billion	None
SPENDING SAVINGS	\$1.4 trillion	\$981 billion
TOTAL DEFICITS	\$768 billion	\$569 billion

DEPARTMENTS TO BE ELIMINATED

HOUSE	SENATE
Commerce.	Commerce
Education.	
Energy	

Source: House and Senate Budget Committees

The New York Times

SENATE IS OUTDONE

Medicare and Medicaid Are Main Targets of G.O.P.'s Proposal

By MICHAEL WINES

WASHINGTON, May 10 — House Republicans followed the Senate today and released their own detailed plan to wipe out the Federal deficit by the year 2002, in large part by reining in Medicare and Medicaid and by cutting a wide swath through the Cabinet and hundreds of lesser Federal offices.

But while the two proposals reach the same end, the House blueprint outlines broader reductions in Federal programs and greater savings — between \$1.1 trillion and \$1.2 trillion over seven years — than does the Senate proposal. The House plan must dig deeper to pay for \$340 billion in tax cuts that the Representatives passed in April.

Those tax cuts came in for the strongest denunciation yet from the White House, which insisted again today that it would not seriously negotiate over spending reductions until Republicans abandon those parts of the tax package that benefit the wealthy. [Page B12.]

The Senate Budget Committee today debated its budget plan, which was unveiled Tuesday, but quit before taking a vote that is almost certain to send it to the Senate floor. A bristling debate in the House Budget Committee, however, ran all day and into the night.

"We've gone a long way toward reversing the trend of higher taxes and bigger Government for most Americans," the panel's chairman, Representative John R. Kasich of Ohio, said of his budget as his hearing opened.

"It is a revolution," he said. "It is a bold plan. We will downsize Government, shift power away from this city, give Americans a tax cut."

The Democrat Mr. Kasich replaced as chairman, Representative Martin Olav Sabo of Minnesota, expressed admiration at Mr. Kasich's political feat of uniting Republicans

behind a budget chock full of painful spending cuts. But he had no kind words for the budget itself.

Government is obligated to address society's central problem, the growing gulf between the very rich and the very poor, Mr. Sabo said. But "I frankly find that the basic, fundamental thrust of this document is one that escalates rather than solves the problem," he said. "This is a document that is moving us backwards."

Outside the chambers, endless lines of legislative aides and lobbyists snaked down halls, awaiting a chance to sit in on the conflict. In the Capitol, lobbyists for the elderly attacked plans to keep spending on Medicare from rising as fast as projected and a proposal that would have the effect of changing cost-of-living allowances for Social Security recipients. That move, they argued, broke a Republican pledge to exempt Social Security from any budget cuts.

Democrats lustily joined them, condemning the reductions — especially those in the politically sacred Medicare program — as cruel assaults on the poor and elderly. In the Senate, they forced Republicans into difficult votes by offering amendments, all rejected, to scale back spending reductions in Medicare and other popular programs. In the House, they argued that the Republican plan would leave so little money for Medicare that services would inevitably be cut and premiums raised.

But the Democrats were badly hobbled by the fact that neither they nor the White House has any alternative proposal that would both erase the deficit and keep the programs they support intact.

For their part, Republicans repeatedly accused the Democrats of fiscal demagoguery. They noted that while the House proposal would indeed spend about 15 percent less on projected Medicare spending through 2002, it would still allow spending to increase by 5.4 percent a year over current levels.

"Only in Washington could you call an increase in spending a cut," said the Republicans' Medicare expert, Representative Christopher Shays of Connecticut.

The House plan does make cuts from current levels in many programs and abolishes more than a few. Some parts make the budget offered on Tuesday by the Senate Budget Committee chairman, Pete Domenici of New Mexico, seem pallid by comparison.

The Senate plan would eliminate the Commerce Department; the House plan abolishes that and the departments of Education and Energy, too. The Senate plan would pare some \$250 billion from projected spending on Medicare; the House plan ups the ante to \$270 billion. The Senate would allot \$100 billion to foreign aid and diplomacy, a 20 percent reduction from what is envi-

sioned under current law; the House would shave that by another \$12 billion.

The Senate would reduce projected spending on space exploration. The House would take its shining jewel, the space shuttle, and sell as much as possible to private investors.

All those are but recommendations; the actual shape of changes is up to appropriations committees that will have to tailor programs to meet the spending levels that the Budget Committee has proposed. But House Republicans indicated that many of the proposals have been cleared with their appropriations panel, and some — like a proposal to return welfare to the states — have already passed the House.

The House proposal would kill 13 Federal agencies. The Economic Development Administration, which dispenses grants to state and local governments seeking to attract new business, would go; so would the Federal Maritime Commission, the main Federal patron to the nation's shrunken domestic shipping and shipbuilding industries. The Legal Services Corporation, the Corporation for Public Broadcasting, the Federal Transit Administration, and the Travel and Tourism Administration would all bite the dust or, in the case of public television, lose their funding in stages.

The House proposes to eliminate 284 Federal programs, from the Education department's Goals 2000 initiative to an outreach program to socially disadvantaged farmers to the National Endowments for the Arts and Humanities. President Bush's Points of Light Foundation would lose its Federal aid; so would President Clinton's Americorps program of volunteer service.

It also proposes to sell the Federal petroleum reserves, from Elk Hills to Teapot Dome, that serve as a backstop to future oil shortages, and it would end Federal funding for President Franklin Roosevelt's Tennessee Valley Authority and President Lyndon Johnson's Appalachian Regional Commission.

Representative Kasich declared that the Republicans had pored over Government expenses "with a fine-tooth comb under a microscope." And they had done it without political influence, he maintained, eliminating \$25 billion in corporate tax loopholes and billions more in what he called corporate welfare programs geared to business interests.

"I've had Cabinet secretaries come to my office and tell me, 'There's one good thing about your coming to power: now we can get some reform,'" Mr. Kasich said.

Turning to his Democratic colleagues he said, "You only had 40 years to do this. You only had 40 years."

But the House budget also leans heavily in its deficit arithmetic on a

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series of economic assumptions that the more conservative Senate committee, led by Senator Pete Domenici of New Mexico, shunned as too speculative. Fully \$170 billion of the savings in the House plan rest on an assumption that balancing the budget will lower interest rates and reduce Federal borrowing costs. Another \$52 billion is premised on the assumption that the Government will refigure its main inflation gauge in 1998 to lower estimates of price increases by six-tenths of a percentage point.

COMPARISON

The House and Senate Budget Proposals

The House and Senate Budget Committees have proposed deep and broad cuts in projected Federal spending over the next seven years, with the goal of balancing the Federal budget by 2002. Once approved by Congress, the Budget Committees' decisions lock in the total amounts to be spent in each of a dozen Congressional committees, which share responsibility for the categories listed below.

While the two budget committees have made recommendations about how to meet the new limits, it is up to the House and Senate Appropriations Committees to identify specific programs for specific reductions. Here are the spending targets for the largest categories and some of the budget committee's recommendations. Figures are in billions of dollars.

	Fiscal 1996*	7-year total
SOCIAL SECURITY		
Current law**	\$354.2	\$2,910.2
House	354.2	2,888.0
Senate	354.2	2,910.2

House panel favors cutting Consumer Price Index adjustment by six-tenths of a percentage point in 1998, which would reduce increases in benefits tied to the index.

	Fiscal 1996*	7-year total
WELFARE AND FEDERAL PENSIONS		
Current law	\$231.4	\$1,890.7
House	225.0	1,549.0
Senate	225.9	1,807.8

Senate recommends block grants to states for welfare, cuts in Congressional pensions, no cuts in school lunches. House favors block grants to states for nutrition and child care programs, cuts in housing for the elderly and disabled.

	Fiscal 1996*	7-year total
MILITARY		
Current law	\$257.4	\$1,812.7
House	255.1	1,904.7
Senate	262.4	1,838.8

House would cut Defense Department's civilian force.

	Fiscal 1996*	7-year total
MEDICAID		
Current law	\$181.7	\$1,713.3
House	176.8	1,431.0
Senate	189.5	1,457.7

Senate recommends that a bipartisan commission come up with specifics for 15 percent cuts over 7 years. House would set up a House and Senate task force to come up with deep cuts.

	Fiscal 1996*	7-year total
HEALTH		
Current law	\$126.1	\$1,153.7
House	122.3	955.4
Senate	120.8	951.4

Category covers Medicaid, the health program for the poor, and all other Federal health spending.

except Medicare, the health benefits for the elderly and disabled, and health benefits for Federal employees. Senate recommends cutting growth rate in Medicaid spending to 5 percent from 10 percent. House would cut spending growth to 4 percent.

	Fiscal 1996*	7-year total
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EDUCATION, TRAINING, EMPLOYMENT, SOCIAL SERVICES

	Fiscal 1996*	7-year total
Current law	\$55.7	\$449.0
House	\$2.3	\$21.1
Senate	\$1.7	\$89.6

Senate recommends 25 percent cut in job training, 50 percent cut in National Endowment for the Arts, more advertising for the Corporation for Public Broadcasting, sale of Sallie Mae. House favors deeper job training cuts, privatization of Corporation for Public Broadcasting.

VETERAN AFFAIRS

	Fiscal 1996*	7-year total
Current law	\$37.2	\$284.3
House	36.9	276.5
Senate	36.9	289.2

Senate and House recommend end of construction of new hospitals and other facilities and more co-payments for upper-income veterans.

TRANSPORTATION

	Fiscal 1996*	7-year total
Current law	\$39.6	\$278.8
House	38.8	258.3
Senate	38.3	227.5

Senate recommends terminating the Interstate Commerce Commission, Amtrak and mass transit subsidies. House would eliminate Federal Maritime Commission and support for the Tennessee Valley Authority.

NATURAL RESOURCES AND ENVIRONMENT

	Fiscal 1996*	7-year total
Current law	\$21.4	\$150.8
House	20.2	131.1
Senate	20.4	126.8

Senate recommends lease of part of Arctic National Wildlife Refuge to oil companies, sale of San Francisco's Presidio park, 10 percent cuts in Forest Service, National Park Service, Fish and Wildlife Service. House favors cuts in these three services' construction budgets.

	Fiscal 1996*	7-year total
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ADMINISTRATION OF JUSTICE

	Fiscal 1996*	7-year total
Current law	\$18.2	\$145.5
House	17.8	117.4
Senate	19.5	172.9

Senate recommends extra money for the Federal Bureau of Investigation, Drug Enforcement Administration and Internal Revenue Service, while freezing judges' pay. House would cut construction and building purchases.

SCIENCE, SPACE & TECHNOLOGY

	Fiscal 1996*	7-year total
Current law	\$16.9	\$120.0
House	16.9	109.6
Senate	16.7	113.3

Senate recommends cutting Energy Department research and deep cuts in NASA contracts. House favors privatization of space shuttle.

INTERNATIONAL AFFAIRS

	Fiscal 1996*	7-year total
Current law	\$17.5	\$117.6
House	17.0	88.7
Senate	16.9	99.5

Senate recommends sharply cutting State Department budget and foreign aid to European countries. House recommends cutting aid to Asia and Africa.

AGRICULTURE

	Fiscal 1996*	7-year total
Current law	\$13.1	\$86.8
House	11.8	79.8
Senate	11.9	72.9

House and Senate recommend cuts in farm price supports and other subsidies.

KEITH BRADSHAW

* Outlays. **Current law figures already assume substantial cutbacks in services for non-defense programs other than Social Security because of a freeze on future appropriations already enacted, which the Senate Budget Committee assumes will be extended.

N.Y. Times; 5-11-95

G.O.P. Suggests Smaller Benefit Adjustments

By ROBERT PEAR B17

WASHINGTON, May 10 — As part of their plan to eliminate the Federal budget deficit, House Republicans today recommended a reduction in the annual cost-of-living adjustment for Social Security and other Government benefits, starting in 1999.

At the same time, Republicans on the House Budget Committee suggested vast changes in Medicare, which would increase costs for many elderly beneficiaries.

More than 43 million people receive Social Security, and 37 million are enrolled in Medicare. The annual cost-of-living adjustment in Social Security is based on changes in the Consumer Price Index. Republicans said their proposal was justified because the price index, in its current form, overstated inflation by as much as 1.5 percentage points. Many economists agree that there is some overstatement, but the amount is in dispute.

Lobbyists for the elderly said the proposals violated the Republicans' campaign pledge to make no changes in Social Security. Martin A. Corry, director of Federal affairs at the American Association of Retired Persons, said: "Prior to and after the elections, Republicans made unequivocal statements that Social Security was off the table. Today's proposal is a repudiation of that campaign promise." He predicted "a firestorm" of opposition to any reduction in the inflation adjustment.

The average Social Security benefit for retired workers is \$698 a month. In recent years, the annual cost-of-living adjustment, or has been around 3 percent, and in the next decade it is expected to be 3 to 4 percent. The House Republicans would make a one-time permanent reduction of six-tenths of 1 percentage point in the Consumer Price Index, with a corresponding reduction in the inflation adjustment for 1990. This would reduce the basic amount on which future adjustments are calculated, and the cumulative effect could be substantial, totaling several hundred dollars a year for the average beneficiary over five years.

The Bureau of Labor Statistics, which computes the Consumer Price

Index, was already planning a revision for 1998. But the Congressional Budget Office said this revision was likely to slow the growth of the index by just two-tenths of 1 percentage point.

The Medicare proposals unveiled today by Representative John R. Kasich, chairman of the House Budget Committee, are far more detailed and specific than those suggested by Senate Republicans, who called for a bipartisan commission to deal with the politically explosive issue.

Republicans on the House Budget Committee recommended three dozen ways to slow the growth of Federal Medicare costs. They include higher premiums, deductibles and co-payments for beneficiaries and

Taking a slice out of the cost-of-living increase.

strong new incentives for them to join health maintenance organizations, which provide comprehensive care in return for a fixed monthly fee.

Mr. Kasich said the Republican proposals would "expand health care choices for the elderly." But Mr. Corry said the Republicans were "creating a coercive environment in which Medicare beneficiaries will be herded into managed care and out of traditional fee-for-service arrangements."

Under one of the leading options, Medicare beneficiaries would receive Federal vouchers worth a fixed amount, around \$5,100 a year, to enroll in an H.M.O. or other private health plan. They would have to use their own money to make up the difference if the cost exceeded the amount of the vouchers, but they could keep most of the savings if they chose less expensive plans.

The Republicans also recommend a stiff financial penalty for new Medicare beneficiaries who refuse to join H.M.O.'s. "Beginning in 1999, all new enrollees choosing Medicare fee-for-service would pay a premium \$20 higher than that of current Medicare beneficiaries," one of the

Republican recommendations says. The premium is now \$46 a month.

The House Republicans would also reduce payments to doctors and hospitals, especially teaching hospitals and those that serve large numbers of low-income patients.

The Budget Committee recommendations are not binding on other committees. The Ways and Means Committee, for example, could choose other policies to achieve the savings required in the annual budget resolution.

But the options recommended today by Mr. Kasich were developed with House Republican leaders and are widely seen as a road map for the type of changes that will be endorsed by the full House and Senate as they try to shore up the finances of Medicare and revamp the program for millions of baby boomers who will retire in the next century.

Confidential documents from the House Budget Committee show that the Republicans are also recommending these changes:

¶Double the amount that beneficiaries must pay for doctors' services before Medicare coverage begins. The annual deductible, now \$100, would be raised to \$200 and then increased automatically to keep pace with the growth of the program. The deductible has been raised only three times in the 30-year history of Medicare.

¶Increase the monthly \$46 premium by \$5 in each of the next four years, then by \$6 in 2000 and in each of the following two years.

¶Charge higher premiums for beneficiaries with incomes exceeding \$70,000 a year. The premium would more than triple, to \$164 a month, for individuals with incomes of more than \$95,000 a year and couples with more than \$115,000.

¶Charge patients for a portion of the cost of home health care provided to elderly people residing in their own homes. Republicans said such a charge would discourage overuse of home health services, but lobbyists for the elderly said it would be a tax on frail elderly people.

The House Republicans are proposing similar charges for the use of medical laboratories and skilled nursing homes.

THE FEDERAL DIARY

Wash. Post; 5-11-95

Less Pain in Senate Plan

By Mike Causey
Washington Post Staff Writer

Federal workers would get smaller pensions, executives could be in for a seven-year pay freeze, and government contributions to health premiums would be capped for both groups under the budget plan proposed by Senate Republicans.

At a time when a good day for federal workers is one when they don't get totally flattened by somebody's budget-cutting steamroller, the Senate plan is downright mild compared with what apparently is being worked up in the Republican-run House Budget Committee.

The big-ticket item in the Senate budget package would mean smaller benefits for future retirees. Their civil service annuities would be based on their highest five-year average salary. Now benefits are based on employees' highest three-year average salary. The House-passed tax cut bill also calls for the high five-year formula, in addition to an increase in employee contributions to the pension plan. The Senate budget proposal—as predicted here April 27—does not include the higher contribution rate, which would amount to a 4 percent cut in take-home pay for a typical employee.

The Senate budget plan would change the way the government determines its contribution to employee health premiums. Under the complicated formula used now, Uncle Sam pays about 72 percent of the total premium.

Under the Senate plan, the government would pay a fixed amount each year for an employee's health insurance, about \$1,300 for single coverage and \$3,400 for family coverage.

The Senate plan doesn't list effective dates for the proposed changes. The change in health plan contributions could begin as early as next year. The changes in the retirement formula (moving from a high-three formula to a high-five formula) could begin as early as October, the start of the fiscal year. The House version bases annuities on the highest four-year average

salary for employees retiring in 1996 and on the high-five formula for anyone retiring in or after 1997.

The Senior Executives Association has asked Senate Budget Committee Chairman **Pete V. Domenici** (R-N.M.) to exclude members of the Senior Executive Service from a proposed pay freeze on members of Congress. The idea is to make the pols live on what they are paid until the budget is balanced. The Senate plan aims to balance the budget in 2002. Most SES members—whose salaries range from \$96,000 to \$126,000 a year—are career civil servants.

The SEA says it is one thing for politicians—who control spending and the budget—to freeze their own salaries, but it is unfair to hold career civil servants hostage to something they cannot control.

Friday Events

The Federal Real Property Association will have a special luncheon at tomorrow's training session at the Sphinx Club to honor past presidents **Donald E. Johnson**, Veterans Administration; **Donald Trost**, Energy Department; **John Sorenson**, Postal Service; **Leonard Sandelli**, Federal Aviation Administration; and **Johanna Eggers Roark**, General Services Administration. For details, call **Richard Q. Vawter** at 202-501-3070.

The Federal Bar Association is sponsoring a leadership seminar tomorrow afternoon at the Fort Myer Officers Club. For details, call **Debbie Anderson** at 202-638-0252.

Tax (36 percent) Increase

Rep. Frank R. Wolf (R-Va.) wants Senate Republicans to amend the House-passed tax cut bill to eliminate the increase—about 2.5 percent of salary—in federal employee retirement contributions. The proposed increase would work out to a "36 percent hike in payroll tax" for federal workers, Wolf said. He told Senate Majority Leader **Robert J. Dole** (R-Kan.) that "if this same tax increase was being imposed upon any other workers in the country, Republicans would never stand for it."

Thursday, May 11, 1995

Wash. Post; 5-11-95

Medicare War Opens With Skirmishes Over Terms: What Constitutes a Cut?

AG

By Barbara Vobejda and Spencer Rich
Washington Post Staff Writers

An epic political battle over the future of Medicare intensified yesterday with Republicans and Democrats arguing over a single, simple word: cuts.

Republicans insist that the budget proposals they have unveiled over the past two days will cure the federal health care program for the elderly by letting it continue to grow, but more slowly than it would otherwise.

Spending, said Rep. Christopher Shays (R-Conn.), "just won't continue to increase as much. And only in Washington would this be considered a cut."

Democrats counter that the GOP plan would do great harm to the cherished program by drastically shrinking it.

"You can't make cuts of that order and not hurt people," Senate Minority Leader Thomas Daschle (D-S.D.) told a news conference.

Can both Daschle and Shays be right?

The answer to that question—is Medicare being cut or not—lies at the heart of the debate, but it is certainly not the only point of contention.

The political parties, advocacy groups and experts also disagree over whether such stringent cuts are necessary and whether proposals to overhaul the program—giving elderly persons government vouchers to buy care, for example, or shifting elderly into managed care plans—would work.

Despite these controversies everyone agrees that something has to be done to reduce the skyrocketing cost of Medicare.

The Medicare trust fund that pays for hospital bills is expected to go bankrupt by the year 2002, the result of annual increases in Medicare spending of more than 10 percent a year.

Medicare costs have been driven up by a combination of factors, including the rising number of elderly and the increase in health care costs generally. But a significant portion of the rise is due to the fact that the nation's

elderly are getting more health treatment, from hip replacements to bypass surgery to cataract removal.

Still, finding a politically painless way to rein in this spending is proving to be enormously difficult. First, many Americans view Medicare with a sense of entitlement. Unlike welfare, Medicare is financed in part by a payroll tax, giving the program an image close to that of Social Security—a benefit many Americans feel they have earned.

Second, the program has grown so large—it delivers health care to one-seventh of the population—that it has become a major source of revenue for the nation's doctors and hospitals.

Finally, the elderly in this country remain a powerful political force. Medicare spending has been expected to grow by about 10 percent a year.

The Republicans proposed this week holding that growth rate to 7.1 percent, which would reduce expected spending by some \$256 billion to \$283 billion over the next sev-

en years. To accomplish this they outlined several options, such as:

- Offer the elderly financial incentives to join managed care plans. Typically, these plans are in the form of health maintenance organizations, or HMOs, which provide health care for an annual fee.

- Give Medicare enrollees government vouchers that allow them to choose among a number of health care plans, with incentives to choose cheaper options. The voucher would be worth a fixed amount, adjusted for age, gender, disability and location. If enrollees wanted a plan costing more than the voucher, they would have to pay the additional premiums.

- A series of other options are also under consideration. They include holding down increases in payments to hospitals, doctors, nursing homes and other providers, increasing the portion of the treatment costs paid by patients; increasing premiums; and making well-to-do recipients pay higher premiums

than others. Democrats, however, have attacked many of the GOP proposals, arguing that, if spending does not climb fast enough to keep up with inflation and the growing number of elderly, it will mean less money per person in Medicare. Daschle argues that it will be \$900 less per person in the year 2002. And that, Democrats insist, is a cut.

Republicans do not accept this logic. Shays, for example, argued that spending per Medicare beneficiary would rise under the GOP plan from \$4,684 in 1996 to \$6,293 in 2002. That, he said, is not a cut.

Democrats are also likely to argue that such drastic spending cuts are not necessary to rescue the Medicare trust fund from bankruptcy.

That view was supported by Marilyn Moon, senior health specialist at the nonprofit Urban Institute, who argued that spending reductions of about \$100 billion over the next seven years would enable the hospital trust fund to remain solvent until about 2008.

Chgo. Trib.; 5-10-95

Cuts in Medicare 'doable'—maybe

By William Neikirk
WASHINGTON BUREAU

WASHINGTON—Republican plans to cut Medicare growth would go far beyond preventing the popular program from going bankrupt and likely would cause dramatic increases in out-of-pocket medical payments for the elderly, budget experts said Tuesday.

The GOP proposals also could result in reduced hospital services and undermine health care for the elderly as they try to meet a goal of balancing the budget in seven years.

"It's difficult, but doable in a programmatic sense," said Robert Reischauer, former director of the nonpartisan Congressional Budget Office. "Whether it's doable in a political sense is an open question."

The proposal submitted Tuesday by Sen. Pete Domenici (R-N.M.), chairman of the Senate Budget Committee, would cut the program's annual growth rate to 7 percent from 10 percent by 2002. Over this period, the government would spend \$256 billion less on Medicare than it would have spent without any cuts.

Rep. John Kasich (R-Ohio), chairman of the House Budget Committee, presented a plan that would cut \$270 billion from expected growth in the program over seven years. He also proposed a major overhaul of the system giving seniors the right to choose what would be, in effect, a government voucher so that they could buy private health insurance.

It is not clear how this new "defined contribution" would work, but the House GOP's budget writers said the amount of the voucher would be adjusted for age, gender, geographic location and disability.

The House Republicans said they will offer 35 proposals to reform the Medicare system that would create more choices for the elderly and offer incentives that increase competition and cost-effectiveness.

On the Senate side, Domenici said a bipartisan congressional commission will be appointed to look into ways to restructure the Medicare system. But it's clear a chief aim of both House and Senate Republicans will be to push more of America's elderly population into managed-care health care plans such as health maintenance organizations.

Less than 10 percent of seniors now belong to such managed-care

plans. Health-care experts said that the generation of Americans now receiving Medicare grew up with the fee-for-service system in which they enjoyed an unrestricted choice of doctors and hospitals. It will be hard to change, the experts believe.

Although a supporter of Medicare overhaul, Reischauer said restructuring the system may not produce the amount of savings the GOP anticipates. "Restructuring is something that would require a decade or so of experience before you begin to harvest any fruit," he said. "It's not something you rely on for the kinds of savings they are talking about by 2002."

The White House will launch a major offensive against the GOP Medicare proposal on Wednesday, administration officials said. "Clearly this [Medicare cutbacks] is a budget-driven number," one official said. "There is no way that they can do that without hurting senior citizens."

Reischauer and Karen Davis, economist and president of the Commonwealth Fund, a New York-based financial mutual fund, said the GOP did not need to cut so much from Medicare to head off insolvency in Part A of the program, which covers hospital costs. Part B covers medical expenses.

"This is far more than you need to address the insolvency problem between now and 2002," Davis said. "In fact, it's roughly twice as much."

The impact will be "extremely severe," she added. "It's hard to see how you would generate that level of savings without forcing recipients to pay higher co-payments and deductibles."

Davis said such reductions would put an additional financial burden on already-pinched hospitals and doctors, whom she said would likely try to make up the difference by cutting back on the free care they provide for the uninsured and indigent.

Reischauer said there's a danger that the deep cutbacks could undermine the quality of health care for the elderly. In recent years, he said, health-care providers have been squeezed by Medicare cutbacks to the point that slashing payments further could cause them to reduce health services.

Republicans said they are not proposing cutting the Medicare program at all, only restraining its growth. But budget experts said this cannot be done painlessly as the population ages and medical costs continue to skyrocket.

Wash. Times; 5-11-95

Medicare bill prods Clinton to find savings

By Major Garrett
THE WASHINGTON TIMES

The House Ways and Means Committee yesterday approved a bill requiring the Clinton administration's Medicare trustees to recommend ways to rescue the system from its fiscal woes.

The 20-15 party-line vote set a June 30 date for the seven trustees — three of them Cabinet members — to recommend ways "to control Medicare hospital insurance program costs ... and more effectively control Medicare supplemental medical insurance costs."

The legislation is expected to be passed by the House next week and receive favorable treatment later in the Senate.

The trustees recently reported that the Medicare trust fund for 35 million elderly and disabled recipients will be insolvent in the year 2002. Medicare is supported by payroll taxes that cover current medical expenses and supplement a government-run trust fund.

Medicare costs have risen by 53 percent over the past five years, absorbing a greater-than-expected share of the trust fund. The program's annual costs are projected to rise by more than 10 percent annually for several years.

Republicans are proposing to reduce the rate of Medicare growth from 10 percent to roughly 7 percent. Projections show a savings of more than \$250 billion over the next seven years.

"Everybody knows it's going broke if we do nothing," said Rep. Bill Thomas, California Republican and chairman of the Ways and Means health subcommittee. "There are no alternatives. And those who say we should do nothing are really part of the problem."

Rep. Sam Gibbons, Florida Democrat and ranking member of Ways and Means, said Republicans are exaggerating the insolvency issue to build support for tax cuts. "I've read these trustees' reports for years," he said. "They're all pessimistic. I don't panic over the insolvency question."

MARY McGRORY

Wash. Post; 5-11-95

A2

Foster, the Senate and Character

Improbable as it seems, the Senate may be about to finish a story with a happy ending for Bill Clinton and a clear moral, which is, character counts.

Henry W. Foster Jr. brought his nomination to be surgeon general back from the grave with a bravura appearance before the Senate Labor and Human Resources Committee. He also disentangled it from the clasp of two GOP presidential rivals, Senate Majority Leader Bob Dole and super-conservative Phil Gramm. They had prepared a one-two punch. Dole was going to block its path to the Senate floor. On the off chance it got there, Gramm promised to talk it to death.

The Democrats, for once, are united behind the president. They applaud him for hanging in with Foster when it was raining cats and dogs, and they find Foster a most engaging candidate for the post that was stormily vacated by Joycelyn Elders, another born-poor southern doctor. Elders was an outspoken advocate of condoms for sexually active teenagers, and her views on masturbation were terminal. Foster, baby-faced and benign, had been deeply instructed by his White House munders to use the word abstinence as often as possible.

It is no longer the fashion, except in antiabortion circles, to bash Foster, and predictions of his victory abound. Naturally, Republicans would prefer that abortion not be debated at this time—they show the chasm in the party on the issue—but there is now strong sentiment that Foster deserves a turn on the floor. His angelic countenance, his simplicity and good will disarmed his inquisitors, at least most of them.

Among those who would plainly like to see the whole affair swept out to sea is GOP Whip Trent Lott of Mississippi, who has begun to speak of the surgeon general's post as a nothing job, which should not detain a busy Senate. He has made a whip count, but will not reveal it. He doesn't trust it, he says, with "people jumping around like bullfrogs." He paid grudging tribute to Foster. "He handled himself well last week."

Former Senate whip Alan Simpson of Wyoming is keen on Foster and looking forward to voting for him. Sen. Ted Stevens of Alaska barks "probably" when asked if he is a yes. Even Sen. Dan Coats of Indiana, who quizzed the baby doctor most insistently and still is not satisfied with Foster's answers about when he knew about the infamous Tuskegee experiments on black syphilis patients, thinks he is "a kind individual—he impressed me by his

lifetime of service to the underserved and the poor."

Dole has begun the long trip back from the end of the limb that he sought out when Foster looked like an easy kill. He reasoned that Foster, who bragged about delivering 10,000 babies but took three tries to get the right number of abortions he had performed, had been so damaged by his White House handlers that he offered a new occasion for humiliating Bill Clinton, the at-the-time "irrelevant" president.

White House communications director Mark Gearan, who, with staff secretary John Podesta, took over the heavy-duty briefing when the nominee appeared to be sinking in a morass of contradictory statements, says, "The burden of proof has shifted. It's gone from a question of his veracity to the Senate's need to justify why they can't confirm a doctor with a lifetime of experience, who admitted his mistakes."

Health and Human Services Secretary Donna Shalala thinks that the nomination has now become a "fairness" issue: How can Republicans refuse him a vote? Gearan and Podesta had to warn the doctor about Washington pitfalls, the sound bite, the stakeout and the pouncing press.

The committee vote may come within a week or two. Chairman Nancy Landon Kassebaum, Dole's Kansas colleague, will not predict the outcome. Like Coats, she was not entirely satisfied with Foster's answers about Tuskegee. Even if he did not know before 1972, she thinks he should, as president of the local medical society, have taken more drastic action to help the victims—"he should have done more once he knew." She also found him "fuzzy" about parental notification when minors seek abortions.

She thought the nomination process was "terrible." She blames the sleepless young men at the White House who "should know what they are getting, should know what is likely to come up and how to handle it."

Dole is playing it cool. He told "Meet the Press" he wanted to meet with Foster before making any further decisions, which colleagues took to mean he was taking back a bad idea. All he said, turning to Kassebaum at a chairmen's meeting last Tuesday, was "when is that vote coming up, Nancy?" She told him in a week or two, his one consolation may be that if he takes lumps, so does Gramm. The Texas senator is going to filibuster, no matter what other senators think. He could be a lonesome cowboy.

Balt. Sun; 5-11-95

Democrats urge Dole to allow Foster vote *Kof*

WASHINGTON — Fifty-four House Democrats voiced support for Dr. Henry Foster yesterday, urging Senate Majority Leader Bob Dole to allow a vote on the nominee to be surgeon general.

"Dr. Foster is right when he said that he had a right to be heard and a right to a vote," the Democrats told Mr. Dole in a letter. "Please schedule a vote on the Foster nomination in the near future and use your authority to block a filibuster to the vote."

Mr. Dole had suggested in the past that he might not call up the nomination for a vote, even if the Senate Labor and Human Resources Committee — which is expected to vote in the next two weeks — recommends it. But he said last weekend that he will meet with Dr. Foster before deciding how to proceed.

Chgo. Trib.; 5-9-95 p. 1

Senate leader Dole tested by candidate Dole's needs

By Steve Daley
WASHINGTON BUREAU

WASHINGTON — To hear the pollsters tell it, Senate Majority Leader Bob Dole is sailing toward the 1996 Republican presidential nomination.

But on Capitol Hill, the neighborhood the Kansan has called home for 34 years, Dole is struggling with the contradictions of directing a GOP majority in the Senate while pursuing his White House ambitions.

Since he took charge of the new majority in January, Dole has endured a number of defeats and found himself ensnared in a series of controversies, most recently the troublesome nomination of Dr. Henry Foster to be surgeon general.

Early on, Dole pledged to block a floor vote on the Foster nomination, which had been bungled by the Clinton White House and all but abandoned. But the Nashville obstetrician revived his candidacy after two days of testimony before the Senate Labor Committee last week, and Dole faced mounting pressure to let the nomination move to the full Senate.

Some of the pressure came from his fellow Kansan, Sen. Nancy Kassebaum, head of the committee that heard Foster's testimony.

And another GOP presidential aspirant, Sen. Arlen Specter of Pennsylvania, chided Dole, saying: "The American people will respond very badly to a filibuster on

a nominee of Dr. Foster's caliber."

All the while, Sen. Phil Gramm (R-Texas) — yet another presidential-campaign rival — was assuring anti-abortion conservatives he would filibuster the Foster nomination and kill it if Dole relented.

Over the weekend, Dole flinched. He announced he would meet with Foster before deciding whether to block a Senate vote, exposing himself to criticism from the dominant, social-conservative wing of his party.

"Some of Bob Dole's dilemma is tied up in the fight for the soul of the Republican Party," said Don Sweitzer, a Democratic political consultant. "Conservatives like Gramm and [Senate Majority Whip] Trent Lott and even [House Speaker] Newt Gingrich have no interest in making Dole's life any easier. He's not going to get any slack on something like Foster."

Tending the Senate in the runup to an election year has been a painful learning experience for Dole, who is 71.

Dole's pragmatic instincts as a lawmaker, with an emphasis on compromise and negotiation, are bothersome to the deeply conservative voters who dominate GOP presidential primaries.

"What the guys running against Dole are telling folks in the states [where early primaries are scheduled] is that you can't trust him, that he's a Washington creature," said an aide to one of those GOP rivals.

"It's why other people like [former Democratic Senate Majority Leader] George Mitchell don't run for president even when that job looks like a terrific starting point," said Sweitzer.

"Gramm has no leadership responsibilities. The other guys, [California Gov.] Pete Wilson and [former Tennessee Gov.] Lamar Alexander, can sit back and portray Dole as the Washington insider, the deal-cutter."

At the same time, Dole cannot be seen as incapable of enforcing party discipline: Gingrich set a lofty standard in controlling the votes of his 240-member caucus in the House as he pushed his "Con-



AP photo

Senate Majority Leader Bob Dole (left) and Prime Minister Yitzhak Rabin of Israel field questions Monday after a meeting on Capitol Hill. Rabin also met with House Speaker Newt Gingrich.

tract with America."

But the perception problem doubles back on Dole, who long has fought off a reputation for being mean-spirited and short-tempered, the man who in 1988 angrily told George Bush to "stop lying about my record."

Dole is being tested in ways unfamiliar to others in pursuit of President Clinton's job.

Earlier this year, for example, his push for a balanced-budget amendment to the Constitution fell one vote short of passage in the Senate.

Sen. Mark Hatfield (R-Ore.), chairman of the Appropriations Committee and a colleague of Dole's for more than 25 years, spurned the majority leader's frantic plea to provide the winning margin.

Few inside the Republican Party were willing to criticize Dole on the record, but his GOP rivals made certain that the defeat in the Senate was contrasted with the success in Gingrich's House, where the amendment passed by a comfortable margin.

Last week, Dole, whose legislative skills have rarely been questioned, endured a double-barreled embarrassment on the arcane issue of product-liability reform.

The majority leader was bent on writing a product-liability bill as sweeping — and as appealing to conservatives — as the legislation that moved through the House last winter.

After loading up the original Senate legislation with amendments, however, Dole fell 14 votes short of the 60 needed to end debate, losing 10 GOP senators in the process.

Facing a repeat of the balanced budget debacle, he was forced to strip the bill of several amendments, including one of his own, before trying again to marshal his forces.

On Monday, Dole again came up short, with only 43 votes to end debate. And while the rest of the GOP presidential field dreamed of New Hampshire and Iowa, the majority leader headed back to the legislative shop to repair the damage.

N.Y. Times; 5-11-95

Women Are Becoming Equal Providers

Half of Working Women Bring Home Half the Household Income

By TAMAR LEWIN **A27**

Working women say they are providing about half of their families' financial support, according to a new survey by Louis Harris & Associates Inc.

More than half the employed women surveyed — including single and married women — said they provided at least half of their household's income. And 18 percent said they were their household's sole provider. Even among married women, 48 percent said they provided half or more of the family income.

"Women are the new providers," said Colleen Keast, executive director of the Whirlpool Foundation, the philanthropic arm of the Whirlpool Corporation, a sponsor of the study. "They have firm roots in both the worlds of work and home. This study calls for an end to the debate over whether women should or shouldn't work."

According to Bureau of Labor Statistics data on earnings by married women who worked full time throughout 1993, women contributed a median of 41 percent of the family's income.

"It's been edging up slowly, from 39 percent in 1987," said Howard Hayghe, an economist at the bureau. "Certainly, women are a major source of family income. And in 1993, women earned more than men in 23 percent of the married-couple families where both spouses worked."

Although women over all are providing such a large chunk of the family income, 64 percent of the women in married-couple households in the survey released yesterday said their husband's jobs offered more financial security than their own jobs.

The survey, also sponsored by the Families and Work Institute, a non-profit New York research group, was based on interviews with 1,502 women age 18 to 55, two-thirds of them employed outside the home at least part time. On some questions, the women's responses were compared with those of a similar group of 460 men, and, to show changes over time, with findings from Harris's 1981 Study of Family Values.

Employed outside the home or not, 9 out of 10 of the women surveyed said that it was their responsibility to take care of the people in their families.

"This study shows that women challenge the zero-sum model, the idea that if women give more to their work, they give less at home," said

Arlene A. Johnson, vice president of the Families and Work Institute. "It challenges the persistent notion that women's earnings are supplemental. And it challenges the assumption that part-time work is fundamentally different from full-time work."

When asked what kind of life they would prefer, if money were no object, a third of the women — and only slightly fewer men — said they would choose part-time work. Full-time work was the most attractive option for about one-sixth of the women, and one-third of the men.

And 31 percent of the women, and 21 percent of the men, said that they would prefer to be home caring for their families, if they had enough money to live comfortably. In 1981, 39 percent of the women said they would prefer to be home caring for their families.

One in five women, and slightly fewer men, said that, absent finan-

their work — and only 7 percent mentioned the paycheck. Men, for their part, cited the quality of work just as often, but 26 percent also talked about pay.

More than half the employed women said they do work for their jobs at home at least some of the time — and college-educated women, and those who earn more than \$50,000, are especially likely to work at home.

The new study confirmed that education plays a key role in improving women's lives: Among women who were college graduates, 95 percent said that things were going at least fairly well, compared with only 3 percent of the women who had not completed high school.

The survey is based on telephone interviews with a representative national sample of 1,502 women age 18 to 55, conducted last November and December, for which the margin of sampling error is plus or minus three percentage points. The 460 men were interviewed in February.

Generally, women said their greatest social concern was that people did not care enough about others. Other concerns were with health care and the quality of education.

In questions about the debate over "family values," only 2 percent of the women and 1 percent of men defined family values as being about the traditional nuclear family. Five percent of the women and 1 percent of the men defined family values as being connected with religion or the Bible. Nine out of 10 women defined family values as loving, take care of, and supporting each other, knowing right from wrong or having good values, and 9 out of 10 said society should value all types of families.

A study finds husband's jobs still offer more financial security.

cial pressures, they would choose volunteer work.

The survey found that women who were employed full time feel highly valued for what they do at home somewhat more often than those who work part time, are unemployed, or care for the families full time.

For all the similarities between men and women, the study also found some significant differences. Among both men and women, more than a quarter said that what made them feel successful at home was having good relationships with their family, and spending time together.

But while 22 percent of the women said that having well-adjusted healthy children was a defining factor of success at home, only 8 percent of the men mentioned their children's well-being. And while 20 percent of the men said that being able to afford things was an important component of success at home, only 5 percent of the women mentioned finances.

Asked what makes them feel successful at work, 51 percent of the women mentioned the quality of

Wash. Post; 5-11-95

Poll Finds Women Favor Dual Roles

Most in Survey Proud of Ability to Blend Work, Home Responsibilities

By Jay Mathews
Washington Post Staff Writer

B13

NEW YORK, May 10—A survey of American women today provided explosive new information in the war between the sexes. Despite their pleas for help from men at home, a majority of women said they do not really want to give up any of their responsibilities there.

The Louis Harris and Associates Inc. survey, conducted with the Whirlpool Foundation and the Families and Work Institute, reported that 56 percent of American women do not want to give up either home or work duties despite severe time pressure. The percentage rises to 60 percent for women under age 35.

Instead of the widespread image of women torn between home and office, the survey revealed a generation proud of its ability to take care of both jobs and families. The researchers said they were surprised to find that women who worked outside the home were more valued by others for their contributions to their family than women who stayed at home.

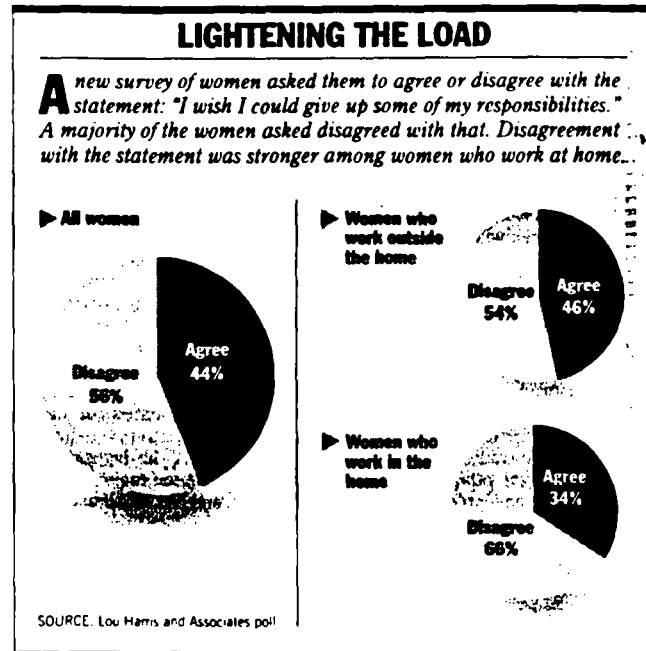
A majority of the working women in the survey said they provided half or more of their families' incomes, a figure the researchers said matched U.S. Labor Department data.

"Although they are troubled by the time pressures, they embrace both the breadwinner and care-giver responsibilities in their new role," said Colleen Keast, executive director of the Whirlpool Foundation, which conceived of and funded the study.

The "New Providers" study, one of the most detailed looks at female lifestyles in a decade, may rekindle marital disputes between wives who complain of lazy husbands and husbands who say their efforts to help are rejected as inadequate. The researchers said they also will be doing more work on the causes of stress in women's and men's lives.

Ifueko Okundaye, 30, a nephrologist in training in Chicago and the mother of three, said she fits the survey's profile of a woman who likes to be busy both at work and home. "I have been on this path for many years," she said. "This is what has defined me as me. It is fulfilling. I don't want to give up one for the other."

A middle view was expressed by Madeleine Green, 48, vice president of the American Council on Education in Washington. She said her husband, a Georgetown Uni-



versity professor, is extremely helpful in caring for their home and their two daughters.

"I also believe that if you delegate it, you delegate it," she said. "It may not be the way you'd do it but you have to rise above your own standards."

Arlene Johnson, one of three

"Although they are troubled by the time pressures, they embrace both the breadwinner and care-giver responsibilities in their new role."

— Colleen Keast, executive director, the Whirlpool Foundation

principal study investigators from the New York-based Families and Work Institute, said she was encouraged by the reexamination of gender roles so that individuals can make choices that are best for them. The percentage of women who prefer to work at home if money is not a problem has dropped

from 39 percent in a Harris survey in 1981 to 31 percent today. Men are showing strong interest in staying home in the new survey—21 percent said they would like to do full-time family care.

Other choices if "you had enough money to live as comfortably as you'd like" were: full-time work, 15 percent of women and 33 percent of men; part-time work, 33 percent of women and 28 percent of men; and volunteer work, 20 percent of women and 17 percent of men.

The 1,502 women reached in the telephone survey, which has a margin of error of about 3 percent, said "people not caring about others" was their greatest societal worry.

They also expressed concern about reduced benefits to employees and a sense their employers did not value them. Women who worked at home were even more concerned than women who worked outside about job pressures poisoning home life.

Most of the women surveyed were hopeful about the future, however. "In contrast to the harshness and mean-spiritedness they see around them," said Ellen Galinsky, a principal investigator with the institute, "women believe that people caring about each other is the pivotal first step to solving society's problems."

CLOSE TO HOME

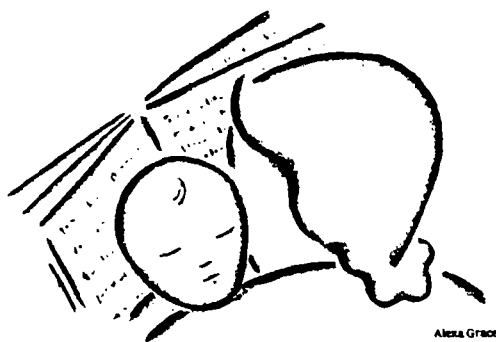
N.Y. Times; 5-11-95

Words
From
Mothers'
Hearts

By JAN BENZEL

MY first impulse when I became pregnant with my first child was to read. Books on pregnancy, childbirth, babies, toddlers, Dr. Spock, Penelope Leach, "What to Expect When You're Expecting," Bruno Bettelheim, Tracy Hotchner — I read as voraciously as I ate, hungry for the information that would prepare me to be a good enough parent.

Hundreds of pages of advice and soothing common sense helped the nine months pass and cracked open the door to some of the mysteries, but my two daughters themselves have proved to be my best guides. I still scan the shelves in the ever-expanding child-rearing sections of bookstores for advice on safety, discipline, birthday celebrations and how to make a vegetable — any vegetable — appealing to a 3-year-old. But I've found only a couple of books essential to our lives:



ALEXIA GRACE

SOLVE YOUR CHILDREN'S SLEEP PROBLEMS by Richard Ferber and **SLEEPING WITHOUT REVELRY** by Adele Faber and Elaine Mazlish. Who wouldn't want to sleep a little more, squabble a little less?

Ultimately, the advice books go only so far. They hint that both mothers and fathers might experience some emotional upheaval, but don't begin to address the maelstrom of feelings, the fierceness of love, the combination of pride and grief that washes over parents as their children take faltering steps toward independence. The advice books don't prepare their readers for their own lump in the throat as their 5-year-old boards the school bus for the first time, or their teen-ager heads off to college. And no one lets on that you may not sleep uninterrupted for the next 20 years.

Luckily, the literature of motherhood is rich, and getting richer. I'm grateful to find a connec-

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tion in books, where I get to know other mothers through novels or memoirs. I imagine them writing the way I read, for three minutes at a stretch, lurching between subway stops, or in great bursts during odd hours of the day or night, surrounded by toys and unfolded laundry, or just after dawn, before the rest of the house stirs. Can there be such a thing as a room of one's own? Probably not in their houses, or mine.

Louise Erdrich took her baby with her to her little writing house in New Hampshire, where she wrote **THE BIRDS AT THE BAY**, an impressionistic journal of the births of her three daughters. Their stories are woven like the fine strands of lost hair — donations from family brushes — that a bird has woven into an exquisite nest.

"It is almost too painful to hold the nest," Ms. Erdrich writes, "too rich, as life often is with children. I see the bird, quick breathing, small, thrilling like a heart. I hear its song, high and clear, beating in its throat. I see that bird alone in the nest woven from the hair of my daughters, and I cannot hold the nest because longing seizes me. Not only do I feel how quickly they are growing from the curved shape of my arms when holding them, but I want to sit in the presence of my own mother so badly I feel my heart will crack."

Anne Tyler illuminates each detail of domesticity in a way that gives the lives of her characters, ordinary people all, a sense of dignity and place in the world. Her new novel, **LARGER OF YEARS**, is about a mother who loses herself in the years she spends taking care of her family, a theme she also explored in **BREATHING LESSONS**. Like Alice Hoffman in books including **TURTLE MOON** and **ILLUMINATION NIGHT**, Ms. Tyler writes of lives lived for children and the simple gifts, hurt feelings and unspoken emotions that swirl as a family grows up, apart and sometimes together again. "Jesse would slam out of the house, and how flat things seemed after he left!" she writes of a boy and his parents in "Breathing Lessons."

"How shallow, how lacking in spirit! Maggie and Ira gazed at each other bleakly across the living room. Maggie blamed Ira; he was too harsh. Ira blamed Maggie; she was too soft." She continues, "She would have made a better mother perhaps, if she hadn't remembered so well how it felt to be a child."

Other writers address the unspeakable fear of losing a child, and the unfathomable grief when it happens. Toni Morrison in **BELOVED**, Sue Miller in **FAMILY PICTURES** and **THE GOOD MOTHER**, Robb Forman Dew in **FORTUNATE LIVES** and Lynne Sharon Schwartz in **DISORIENTATIONS IN THE FIELD** explore reverberations in families where children are lost. Elizabeth Mehren writes from her own experience in **DOWN TOO SOON**, the story of the short life of her tiny daughter, born 15 weeks prematurely.

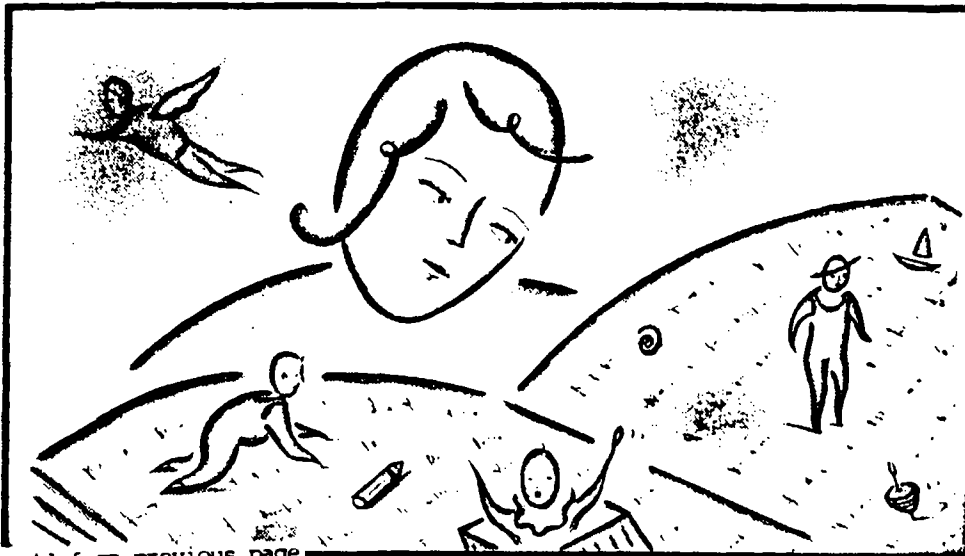
The books are celebrations of life, however brief, and of the feelings that that life has evoked. Ms. Dew also writes of forging ties with her

Novels and
memoirs on
life with
children.

own child; **THE FAMILY HEART: A MEMOIR OF WHEN OUR SON CAME OUT** is a moving account of her sometimes awkward attempts to come to terms with her son's homosexuality.

"Maybe it was simply impossible to sleep once you had children," Ms. Hoffman writes in "Turtle Moon." "You had to use that time to worry. You had to do it for the rest of your life."

Laurie Colwin, a mother whose own life was too brief — she died last year at 48 — wrote stories, novels and quirky cookbooks that revel in



Cont'd from previous page

the pointillistic art of evoking the domestic. The protagonist of her last novel, **A BIG STORM KNOCKED IT OVER**, anticipates the birth of her child and struggles with the anxieties and insecurities attendant to the enormous responsibility.

Anna Quindlen became something of a feminist folk heroine writing her life as a Dickensian serial in a weekly column in *The New York Times*, collected in a book, **LIVING OUT LOUD**. I still remember turning to her final "Life in the 30's" column in the paper and reading the first line: "Her name is Maria." Her readers knew that this third child of hers had been long considered and that a daughter had been long hoped for. As her children grew, she sorted out what Ms. Erdrich calls "divided consciousness," the conflicting demands of family and work, with humor and compassion.

Anne Lamott's idiosyncratic and funny-sad **OPERATING INSTRUCTIONS: A JOURNAL OF MY SON'S FIRST YEAR** has been passed from mother to mother, a word-of-mouth success, as many of these books have been. Ms. Lamott's son, the product of a one-night stand, prayer and some soul-searching, arrived just as her best friend learned she had cancer.

Ms. Lamott's memoir is poignant and outrageous, often in the same breath. "Part of me wants my body back," she writes about nursing, "wants to stop being a moo-cow, and part of me thinks about nursing him through kindergarten. I know a woman who nursed her daughter until the

girl was almost four, and of course we all went around thinking that it was a bit too much, too 'Last Emperor' for our blood. But now when Sam and I are nursing, it crosses my mind that I will never, ever be willing to give this up. It'll be okay, I think to myself, we can get it to work, I'll follow him to college but I'll stay totally out of the way."

She adds, "This is the easiest, purest communication I've ever known."

Do they write for themselves, to hang on to those moments that pass so quickly? Yes, but they write for me, too, letting me know that even the sweet, damp smell of children in summer, the incredible softness of their cheeks, a belly laugh that goes on and on, are things to savor, to lock into memory as best I can.

The author who has offered me the most laughs and insights lately is Mary Kay Blakely, whose memoir, **AMERICAN MOM**, chronicles her life as a divorced mother of two sons, scraping to make a living. She brought up her children during an early, heady wave of feminism, finding strength in her female friends and coming to grips with the impossibility of supermomism when, sick and exhausted, she fell into a nine-day coma and spent a year recovering. "You slept for nine days?" other mothers marveled.

Of course the province of the heart is not solely a mother's. And as mothers join the work force and fathers are drawn more deeply into their children's lives, men are venturing

into print with observations of the domestic life. Michael Dorris, who is married to Louise Erdrich, wrote eloquently about his adopted son, damaged by fetal alcohol syndrome, in **THE BROKEN CORD**. John Irving, in **THE WORLD ACCORDING TO GARP**, gave voice to "the undertoad," the panic that lurks in the pit of parents' stomachs, the primal radar that wakes us

to check a sleeping child's breathing, or to worry until the gravel crunches in the driveway.

Between entertaining wisecracks about competitive parents, Bill Geist stands on the sidelines as a child comes of age in **LITTLE LEAGUE CONFIDENTIAL: ONE COACH'S COMPLETELY UNAUTHORIZED TALE OF SURVIVAL**. "We still play catch in the yard, my son and I," Mr. Geist concludes. "But it's more pleasant now. No more expectations, no judgments, no instruction, no disapproval, no hard feelings."

"Just a game of catch. He is careful not to throw the ball too hard."

Two other books on my shelf that give voice to a mother's heart happen to be by men and happen to be for children: Robert Munsch's **LOVE YOU FOREVER** tells of a mother who never stops creeping into her son's room to watch him as he sleeps, even, goofily enough, after he grows up and moves across town and she has to strap a ladder to her car to climb to his window. Written in 1946, the book is in its 42d printing. **THE GIVING TREE** by Shel Silverstein is about an apple tree that gives a boy everything she has. Finally, the boy is so old and tired that all he needs is all she has left to give: a stump to rest on. Finally she is happy. My girls like the story, but they don't get it. "Why are you crying, Mom?" they want to know as we read it together. I wish I could tell them.

Bookshelf: Literature of Motherhood

Mary Kay Blakely: **AMERICAN MOM**. Algonquin Books of Chapel Hill, \$19.95.

Laurie Colwin: **A BIG STORM KNOCKED IT OVER**. HarperCollins, \$22.

Robb Forman Dew: **FORTUNATE LIVES**. HarperCollins, \$10; **THE FAMILY HEART: A MEMOIR OF WHEN OUR SON CAME OUT**. Addison-Wesley, \$21.15.

Michael Dorris: **THE BROKEN CORD**. HarperCollins, \$12.

Louise Erdrich: **THE BLUE JAY'S DANCE**. HarperCollins, \$21.

Bill Geist: **LITTLE LEAGUE CONFIDENTIAL: ONE COACH'S COMPLETELY UNAUTHORIZED TALE OF SURVIVAL**. Macmillan Publishing Company, \$17.

Alice Hoffman: **TURTLE MOON**. Berkley Publishing Group, \$5.99; **ILLUMINATION NIGHT**. Crest/Fawcett, \$4.95.

John Irving: **THE WORLD ACCORDING TO GARP**. Ballantine Books, \$5.95.

Anne Lamott: **OPERATING INSTRUCTIONS**.

TIONS: A JOURNAL OF MY SON'S FIRST YEAR. Columbine/Fawcett, \$9.50.

Elizabeth Mehren: **BORN TOO SOON**. Doubleday, \$20; paper, Pinnacle Books, \$4.50.

Sue Miller: **FAMILY PICTURES**. Harper Paperbacks, \$5.99; **THE GOOD MOTHER**. Dell, \$6.99.

Toni Morrison: **BELOVED**. Plume/NAL, \$10.

Robert Munsch: **LOVE YOU FOREVER**. Firefly Books, \$4.95.

Anna Quindlen: **LIVING OUT LOUD**. Columbine/Fawcett, \$12.

Lynne Sharon Schwartz: **DISTURBANCES IN THE FIELD**. \$10.95, Bantam Books, 1985.

Shel Silverstein: **THE GIVING TREE**. \$13, HarperCollins, 1994.

Anne Tyler: **LADDER OF YEARS**. \$24, Alfred A. Knopf, 1995; **BREATHING LESSONS**. \$5.99, Berkley Publishing Group, 1989.

USA Today; 5-11-95

Preteens want to be close to their parents

By Kim Painter
USA TODAY

7D

If you have preteen kids, a new study suggests you should go home tonight and have a good talk with them — before they turn into teen-agers.

The survey of 1,023 children ages 10 to 13 shows the number who feel uncomfortable talking with parents nearly doubles between fifth and eighth grades, when kids turn 13.

"Those 10 to 12 years old still very much want to be involved with their parents," says Dr. Alvin Poussaint, a Harvard Medical School psychiatry professor who helped interpret results.

The survey — from KidsPeace, a non-profit group that offers parenting advice — shows parents are the most important people in the lives of 10- to 13-year-olds.

It found:

► 93% say their parents love them "all the time." About three-quarters say friends, siblings and teachers always care.

► 65% worry their parents might die; 47% worry their parents won't be available to talk when needed, and 38% worry parents will get divorced.

► 61% say talking to parents has helped them deal with serious problems.

► 43% say they have no role models, but among those who do, parents are tops.

► 23% are uncomfortable talking to parents in fifth through seventh grade; 43% feel that way by eighth grade.

"I think parents might be surprised that children of this age are saying, 'We want to be close to you. We need you and we're still afraid. We need the sense of safety and security that you supply,'" Poussaint says.

Among the things kids fear in their future: AIDS (54%), being unhappy (47%), getting involved in drugs (41%) and having no close friends (40%).

The survey has a margin of error of plus or minus 3 percentage points.

USA Today; 5-11-95

Babies at risk from short hospital stays

By Marilyn Elias
USA TODAY

7D

SAN FRANCISCO — The trend to shorten hospital stays after childbirth is endangering the health of some mothers and babies, doctors warn.

"It's called 'drive-through delivery' or 'McDelivery,' but it's no laughing matter," says Dr. Michael Mennuti, University of Pennsylvania Hospital.

Medical groups advise a two-day stay after normal vaginal births, four days after Caesareans. But insurers often limit women to 24 hours after admission for a vaginal delivery or 72 hours for Caesarean, he says. "Some are now saying up to 12 hours after vaginal birth."

The safety of early discharge is unproven, he told the American College of Obstetricians and Gynecologists Wednesday.

Increasing reports of medical problems are surfacing when mothers and babies go home shortly after birth, says Dr. Carol Miller, University of California School of Medicine, San Francisco. Examples: babies with severe jaundice and life-threatening dehydration. A study at her hospital showed rising readmissions and more babies brought for acute care after the average stay was cut from three days to 36 hours.

Wall St. Jnl.; 5-11-95

Study Bolsters Those Backing Home Tests For the AIDS Virus

Such a Tool Would Be Used By People at Risk of HIV Who Haven't Been Tested

By ELYSE TANOUYE
Staff Reporter of THE WALL STREET JOURNAL

A new government study bolsters arguments that an at-home diagnostic test for the virus that causes AIDS would be used by people at risk who haven't already sought testing.

A home test for the virus, HIV, isn't available yet, but two companies, Johnson & Johnson and Chem Trak Inc., have submitted applications to the Food and Drug Administration. Johnson & Johnson's kit, called Confide, appears to be furthest along and might be approved as early as this year.

The issue of home testing for HIV has been mired in controversy for years. But support for home HIV testing has grown in recent years in part because most people at risk of HIV infection haven't been tested despite the availability of testing services for years, says an editorial in today's New England Journal of Medicine, which also includes the new government study.

"It's disheartening to hear people are still appearing in emergency rooms with symptoms. It means they've missed a lot of opportunities to have their immune system monitored over time and to receive various treatments," said Jeff Stryker, one of the authors of the editorial and a former opponent of home HIV tests.

Opponents say the home HIV test is inadequate. "Testing alone without adequate counseling and adequate referral to services is simply not going to help the problem. What we need is to increase access to... counseling tailored to the individual's need," said Christopher Portelli, executive director of the National Lesbian and Gay Health Association in Washington, D.C.

A user of the proposed home test will prick a finger and place a few drops of blood onto special sample paper marked with an identification number, which is then sent to a company-designated laboratory. About a week later, the test user can call a toll-free number for the results. Callers with a positive result will be switched to a counselor.

In the survey of about 21,000 people conducted by the National Center for Health Statistics in 1992 and analyzed by researchers at the University of California at San Francisco, 29% of all respondents and 42% of those at risk said they were likely to use a home test if available. Surprisingly, 63% of those at risk for HIV hadn't ever been tested.

Notably, people with less access to health care and HIV testing — those with less education and lower incomes — were more likely to say they would use a home test.

USA Today; 5-11-95

New chickenpox vaccine is a hit with busy parents

By Anita Manning
USA TODAY

As soon as she heard her pediatrician had a supply of the new chickenpox vaccine, Eve Whiteley of Kensington, Md., trooped her three little girls into his office.

"I've had chickenpox and so had my husband. It wasn't any fun for us — it isn't fun for parents or kids," she says. "I figured if there's a way to avoid it, we were going to go ahead and do it."

Daughters Grace, 6, Mary Scott, 4, and Margaret, 19 months, had "no reaction at all," Whiteley says, to the vaccine that has been available to doctors in the U.S. only since May 1.

Her pediatrician, Dr. Arthur Kreischer, says in the first four days he had the vaccine, he inoculated about 20 patients, including two mothers. Parents who remember their own experiences with chickenpox hope to spare their children, he says. "Where both parents work, they're just trying everything they can to keep their kids healthy, so that one doesn't have to take time off — chickenpox means about a week's time off. Others have had a bad experience or heard about bad experiences with chickenpox and don't want their kids to get it."

Kreischer, whose office is in Washington, D.C., recommends the new vaccine to patients because, "I believe in protecting children from as much illness as possible, even though it's a relatively benign disease in children."

One reason Kreischer is enthusiastic about the vaccine is that the illness isn't always minor. Complications are "very, very rare," he says, but during his residency in the 1960s, "I saw one case of chickenpox encephalitis. I don't ever want to see another one."

The vaccine, manufactured by



POX PROTECTION: Dr. Arthur Kreischer gives a shot of the new chickenpox vaccine to Grace Whiteley, 6, while sisters Mary Scott, 4, and Margaret, 19 months, wait their turn.

Know the basics before you get the shot

Fast facts on the first vaccine against chickenpox in the U.S.:

► **Age:** Children ages 1 to 12 years old receive a single dose; Adolescents and adults age 13 and older receive two doses, four to eight weeks apart.

► **Duration:** The duration of protection is not known. Clinical studies show immunity lasts at least six years. Kaiser Permanente of Northern California will conduct a 15-year study to assess

long-term effects of the vaccine in 25,000 patients.

► **Effectiveness:** In trials involving 9,000 children who were vaccinated, 80% were protected from chickenpox; 20% reported mild cases.

► **Who shouldn't get it:** People who are sensitive to gelatin or neomycin; people with compromised immune systems (including people with AIDS); those with active TB; and pregnant women.

Merck & Co. under the brand name Varivax, is so new that many insurance providers haven't yet determined whether the cost will be covered. "We do know Prudential will be covering it and U.S. Healthcare, but we have no other specific carriers' names," says Merck spokeswoman Kim Bradley.

Managed care programs, including HMOs, will cover the fee for the vaccine — \$39 for doctors, who will

tack on their own costs — says Don White of Group Health Association of America.

Whiteley doesn't know if her insurance will pay, and she doesn't care. "I'd pay for it, covered or not," she says. "It's worth it to me not to have to go through it."

Her family is too busy to be sick, she says. "This is a nice time of year to be doing things outside — and not inside taking oatmeal baths."

N.Y. Times; 5-11-95

Deadly Virus Is Identified in Outbreak in Zaire

By LAWRENCE K. ALTMAN

Scientists have found preliminary evidence that the Ebola virus, one of the deadliest infectious agents known, is the cause of a mysterious disease that has broken out in Zaire, officials of the World Health Organization and the United States Centers for Disease Control and Prevention said last night.

The disease has killed at least 50 people in Zaire, and health officials fear that panic may be making the situation there worse. Perhaps as many as 300 patients, doctors, nurses and other health care workers have fled hospitals in the affected areas, said Dr. Ralph H. Henderson, an assistant director general of W.H.O., a United Nations agency in Geneva.

It is not known how many of those fleeing may be infected with the virus.

An announcement of the preliminary laboratory findings, which were made at the Centers for Disease Control headquarters in Atlanta, is to be made in Zaire this morning, said Dr. James M. Hughes, an official of the Federal agency.

Ebola is one of a family of viruses that cause high fever and severe bleeding, and it is one of the new and emerging infectious agents that leading experts have warned could cause outbreaks unexpectedly anywhere in the world.

The Ebola virus was discovered in 1976 in Zaire, where it killed 90 percent of the nearly 600 people infected, and in the Sudan. It caused another outbreak in the Sudan in 1979, again killing 90 percent of the vic-

A CLOSER LOOK

The Ebola Virus

The Ebola virus was first identified in western Sudan and nearby Zaire in 1976. A second outbreak occurred in the same region in 1979.

SYMPTOMS Sudden malaise, fever, muscle pain, headache and sore throat followed by vomiting, diarrhea, rash and heavy bleeding. Virus affects liver, spleen, kidney and, to a lesser extent, pancreas, central nervous system and heart. Fatality rates range from 50 to 90 percent.

TRANSMISSION Direct contact with infected blood, organs, secretions, semen or contaminated needles.

INCUBATION 2-21 days.

SUSCEPTIBILITY All ages.

TREATMENT Relief of some symptoms only. No known cure.

Source
American Public Health Association

diseases in developed countries. A major reason for the spread in poorer countries appears to be that hospitals often lack adequate supplies of needles and syringes, making their reuse necessary. In addition, doctors and nurses may not always obey two cardinal principles of medicine: washing their hands and using antiseptic techniques, because clean water is not always available.

Federal and international health officials said the risk of the spread of the Ebola virus outside of Zaire from the current outbreak was very small. Nevertheless, they are alerting quarantine inspectors at major airports to check for signs of illness among travelers from Zaire.

Health officials also want to alert doctors to consider the possibility of a hemorrhagic fever in any patient who has fever and bleeding, said Dr. James M. Hughes, an official of the Centers for Disease Control.

The new Ebola outbreak is centered in the city of Kikwit, 250 miles east of Kinshasa, Zaire's capital.

One of the principal tasks of teams of scientists entering the area will be to calm panic, said Dr. Henderson of W.H.O.. Information about those who have fled hospitals came from W.H.O. sources in Zaire and was

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tims. There is no specific treatment or vaccine to prevent it, although general hygienic and medical precautions can help curtail its spread.

Of great concern among experts is that health care systems throughout the world are unprepared to detect such outbreaks, to care for those made ill, or to deal with panic of the sort that seems to have occurred in Zaire. Concerns about outbreaks, initially raised by infectious disease experts and public health officials, have been popularized by books that are now on the best-seller list and movies that are among the top box-office attractions.

Some recently discovered viruses, like those that cause Lassa fever and Marburg disease, are believed to have been responsible for the outbreak of disease in Africa for many years. But the viruses were detected only after infected people were treated in the United States and Germany. The Marburg virus, for example, was discovered among Germans who died after they handled monkeys imported from Africa.

Jet airplanes have increased the threat of spread of such infections because people incubating a deadly virus can travel from an infected area to another area of the world before becoming ill.

Yet for all the concern there has been little, if any, spread of such

Wash. Post; 5-11-95

Health Officials Cite Lack of Plans For Dealing With Emerging Diseases

By John Schwartz
Washington Post Staff Writer

A5

The World Health Organization and many developing nations are not sufficiently prepared to deal with outbreaks of emerging diseases like the one that has killed scores of people in recent weeks in Zaire, international health officials said yesterday.

But WHO Assistant Director-General Ralph Henderson said at a news conference in Geneva that his agency does not expect the outbreak to spread beyond Zaire.

"This is not a public health emergency in the sense of a wild spread either in Zaire or internationally," he said. "It is a very serious outbreak in the area it concerns."

WHO said 189 cases of the disease—apparently caused by the deadly Ebola virus—have been reported so far in the Zairian city of Kikwit, and that the official death toll is "at least 59." A missionary working in the country published a report via the Internet that put the death toll at more than 450 people.

The deaths include 10 health workers, two of whom were Italian nuns working in Kikwit as nurses, WHO said. The Associated Press reported that the Italian Poverelle order issued a statement that two other nuns are in serious but stable condition.

The city of 600,000 has been sealed off by Zairian soldiers. However, the AP reported yesterday

that a second apparent outbreak, with three deaths, has been reported in a city 75 miles west of Kikwit.

In an interview yesterday, Henderson called the outbreak "a wake-up call" for the world's health officials. Scientists from WHO, the U.S. Centers for Disease Control and Prevention and other international health organizations arrived in Kikwit yesterday.

Although the response to the outbreak has been rapid and thorough, Henderson said, there is no coordinated global action plan to deal with such emerging diseases. He said international health officials "really let our guard down since the eradication of smallpox" and were surprised by a recent epidemic of bubonic plague in India and the Zairian outbreak, which began April 10.

Georgio Torrigiani, director of WHO's division of communicable diseases, said that such an action plan is scheduled for consideration at the organization's governing World Health Assembly meeting, now taking place in Geneva. The program, already approved and funded preliminarily by the WHO executive board, will set up an international communication and reporting system for emerging diseases.

The United States has had such a system in place since last year, said Stephen Ostroff, associate director for epidemiology at the CDC's center for infectious diseases.

Ebola virus has been tentatively

identified as the cause of the Zairian outbreak, a CDC official told ABC's "Nightline" last night. The CDC has been analyzing blood samples that arrived from Zaire on Tuesday, initially testing for antibodies to the disease.

Definitive tests involving DNA analysis probably will be completed by next week, Ostroff said.

Ebola is one of a class of "hemorrhagic fever viruses," including the Marburg virus, which cause a devastating breakdown of the body's systems. Symptoms include fever, bloody diarrhea and blood running from the ears and eyes. There is no vaccine for the disease and no cure; up to 90 percent of those infected with Ebola virus die.

The disease, however, is not highly contagious. It can be spread through poor sanitation or intimate contact that leads to exchange of bodily fluids. In previous outbreaks, most cases occurred in hospitals where medical instruments might be reused, and some cases have been linked to Zairian funeral practices that require family members to handle the dead person's intestines.

Ebola's gruesome symptoms and high fatality rate have made it something of a media celebrity—discussed in such recent books as "The Hot Zone" and "The Coming Plague," and sensationalized in the movie "Outbreak" and the TV drama "Robin Cook's 'Virus'."

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"fragmentary," he said.

"It will be a challenge to find those who fled and we have to insure that those who have been in contact with infected people get as good care as possible," Dr. Henderson said.

All but 20 or so patients left the hospitals, he said, and they were so sick that they could not flee.

On Tuesday, Dr. James W. LeDuc, a W.H.O. official, said that the Ebola outbreak had spread from Kikwit to another, unidentified part of Zaire.

During an outbreak of Ebola in the late 1970's patients also fled the area but there was only one transmission of the virus outside of the infected area. That case involved a nurse who treated a patient who went to Kinshasa for care, said Dr. Peter Piot, who was a member of the team that

investigated that outbreak and who is now an official of W.H.O.

"From the information we have so far, it seems like a repeat story of what happened in Zaire in the late 1970's," Dr. Henderson said. The virus is named for the area of Zaire in which it was first detected. "The potential for spread outside of Zaire is very small indeed," Dr. Henderson said. "You have to work very hard to get the disease. It's not like measles or influenza."

Still, he said, the virus could be spread from one passenger on an airplane to another, for instance, but "the people at risk would be to the passenger next to the person with the disease and only if that person was quite ill, coughing and having a lot of secretions."



The Ebola virus has apparently spread outside Kikwit.

Wall St. Jnl.; 5-11-95

Deadly Virus in Zaire Has Little Chance Of Spreading to U.S., Officials Indicate

By JERRY E. BISHOP **B3**
And SUSAN CAREY

Staff Reporters of THE WALL STREET JOURNAL

The mysterious virus that is killing people in Zaire has little chance of making its way to the U.S., authorities indicated.

"At this time we don't see that as a problem," said a spokeswoman for the U.S. Centers for Disease Control and Prevention in Atlanta, when asked about the possibility the virus unwittingly could be brought into the U.S. from Zaire.

Unlike in the situation last fall when bubonic plague broke out in India, health officials at Kennedy airport in New York said they hadn't received any special instructions to monitor passengers who might be coming in on connecting flights from the epidemic area.

Since there are no direct flights between the U.S. and Zaire, passengers from Zaire have to make connections in Europe for flights to the U.S. A spokeswoman for Sabena, the Belgian airline that flies between Brussels and Kinshasa, the Zairian capital, said the airline will work with a Belgian embassy physician in Kinshasa to spot any passengers with symptoms of the illness. "We're being very careful," she said. Air France said it is continuing to sell tickets for its weekly flight each Monday from Paris to Kinshasa.

The virus is reported to have killed more than 100 people in the last 30 days in the city of Kikwit, 350 miles east of Kinshasa.

The epidemic in the remote part of Zaire is grabbing headlines in the U.S. largely because news of the outbreak coincides with a popular movie and a drama shown on NBC television last Monday night about a deadly Ebola virus sneaking into the U.S. and sweeping through an American city.

The outbreak also coincides with two nonfiction books, "The Hot Zone" and "The Coming Plague," both current best sellers, which deal with the dangers of deadly viruses, including the Ebola virus, and other microbes that are emerging as new threats to humans. The Ebola virus, often called the deadliest virus yet found, caused an epidemic in Zaire in 1976, killing 274 people, or nine of every 10 infected.

The current virus — though suspected of being the Ebola virus — probably won't be identified for another two or three days, after scientists at the Centers for Disease Control and Prevention laboratories test blood samples from Zaire.

If the virus is Ebola, it would pose a threat to Americans only if an infected person made his or her way to the U.S. in less than a week after infection and before the most serious symptoms develop. This would be somewhat difficult given the 350-mile distance of Kikwit, from airlines in Kinshasa and the infrequency of flights to Europe. The Zairian government has quarantined Kikwit but otherwise hasn't interfered with travel in the nation.

The Ebola and related viruses are spread only through blood and other fluids secreted by an infected person after symptoms develop. Thus, only those in direct contact with the blood, such as nurses or family, are in danger of infection if they are unaware of the patient's condition.

Nicholas Lomangino, director of the

medical facility at Kennedy airport, said that when local and federal health officials went on alert to spot cases of bubonic plague from India last fall, in contrast to the response to the Zairian outbreak, "high risk" flights were identified and screened. That alert also involved procedures for quarantining such aircraft and working with federal plague experts in Fort Collins, Colo.

USA Today; 5-11-95 p. 1

Zaire outbreak is Ebola

By Anita Manning
USA TODAY

The mysterious and deadly Ebola virus has been found in blood samples taken from desperately ill people in Kikwit, Zaire.

The Centers for Disease Control and Prevention in Atlanta confirmed the finding, says Ralph Henderson, World Health Organization.

WHO and CDC experts arrived in Zaire Wednesday.

More than 100 people have died. The disease — transmitted through close body contact — causes fatal hemorrhaging, with blood coming out of the victims' ears, eyes and other orifices.

It kills up to 90% of its victims and there is no treatment or vaccine, says Dr. Peter Piot, who co-discovered the Ebola virus in 1976.

Zairean officials quarantined Kikwit, population 500,000, where the outbreak has been centered so far.

But Doctors Without Borders, an international group, reported 10 suspected cases in Mosongo, near Kikwit.

The State Department is urging people to postpone traveling to Zaire.

But both the CDC and WHO say there's no need for concern outside of the central African nation.

▶ Virus stirs panic, 6A

USA Today; 5-11-95

Ebola outbreak triggers terror

By Jack Kelley
and Chris Erasmus
USA TODAY

Villagers are torching their homes. Hospital patients are fleeing from their beds.

An outbreak of the deadly Ebola virus that has so far claimed more than 100 lives in Kikwit, Zaire, is sending shock waves worldwide.

"People are streaming in large numbers out of Kikwit and into the surrounding jungle to escape this outbreak," says doctor David Tembo, a World Health Organization official in Johannesburg.

Doctors went on the offensive Wednesday trying to calm a nervous public:

► "This is not a public health emergency," says Ralph Henderson, assistant director-general for the Geneva-based World Health Organization. "(It) can be stopped on a dime if we can just get in there and ... get things done."

► "This one is deadly, of course, but it's not infectious in the way that the plague or influenza is infectious. It's not airborne," says WHO spokesman Thomson Prentice.

Still, the Ebola virus — named after a north Zairean river where the first outbreak was reported in 1976 — may be spreading.

The international aid group Doctors Without Borders reports that at least 10 people in Mosango, 75 miles west of Kikwit, may also have been infected. Three of the 10 have died.

The Little Sisters of the Poor, an order of Catholic nuns based in Bergamo, Italy, says two sisters have died in the past two weeks in Kikwit. Two other members of the order, Sisters Danieangela Soru, 48, and Dinarosa Bel-

leri, 58, are in "stable but grave condition" at a Kikwit hospital, a statement says.

"What is worrying me and many others ... is that for every hour that goes by without having proper isolation procedures, the greater the chances that someone will transmit the infection to a major urban center in Africa, Europe or North America," Tembo says.

Recent media hype appears to be contributing to the growing concern, too.

Monday's NBC-TV movie Robin Cook's Virus and a best-selling book, The Hot Zone by Richard Preston, which focuses on an outbreak of the Ebola virus among monkeys outside Washington, are adding to concerns.

Additionally, the movie Outbreak released in March in the USA and now showing in Europe, tells the story of hundreds of people in a California town infected by a virus carried by a pet monkey from Zaire.

"I'm afraid this could be the next AIDS," says Stephen Olsen, 22, of Frankfurt, emerging from a German theater after watching the film. "It's going to spread quickly."

Still, nowhere is the fear as great as in central Africa.

"There are other missionaries in the area who are afraid," says an Italian missionary, Father Julio Albanesi of the Comboni Missionaries in Nairobi. "When you get it, in less than six days ... you die."

Adds Sister Maria Antonelli, a Jesuit nun based in Nairobi: "Our sisters have never prayed harder than since the Ebola broke out. First AIDS, now this."

► Zaire virus, 1A



By Vincenzo Lombardo, AP
NUN'S DEATH: Clara Angela Ghilardi worked in Kikwit, Zaire. She died of an illness caused by the Ebola virus.

USA Today; 5-11-95

Deadly virus's cause, cure puzzle scientists

Doctor Ralph Henderson, assistant director-general of the World Health Organization in Geneva, is involved in international efforts to diagnose and contain the spread of the deadly Ebola (Pronounced: EE-bola) virus outbreak in Kikwit, Zaire. According to Henderson, here's what's known about the mysterious virus:

Q. What exactly is the Ebola virus?

A. It is one of a group of viruses that cause hemorrhagic fever, characterized by massive internal bleeding. After an incubation period ranging from two to 21 days, symptoms start with a sudden fever and headache. The disease leads to bloody vomiting and diarrhea, bleeding from the nose and gums, pain and mental stupor or disorientation. Death may occur within 10 days.

Q. How is it treated?

A. There is no treatment, but in past epidemics, people who have survived have produced antibodies, the rest died and the virus ceased to spread. It may be possible to extract serum from survivors and use it to help treat victims with newly acquired disease.

Q. Where did it come from?

A. No one knows how or why humans get it. Scientists have examined rats, monkeys, bats and dozens of other creatures, but have yet to find the reservoir for the virus. Given that scientists don't know where it comes from, it's difficult to predict where it will happen next.

Q. When and where has it occurred in the past?

A. It was first recognized in outbreaks in Zaire and Sudan in 1976 and again in Sudan in 1979. It's named for the area of Zaire where it was first seen. A total of 500 people were infected in those outbreaks and 80% died. Since then, there have been no outbreaks.

But in 1989, a strain of Ebola virus was detected in monkeys imported to Reston, Va., from the Philippines. Human handlers developed antibodies to the virus, but they did not develop symptoms of illness.

Q. How contagious is it?

A. It appears to require "prolonged, intimate contact" with a person who is ill. In previous epidemics, cases have involved medical personnel or family members who cared for sick people and were exposed to coughing, or blood, feces or other body fluids.

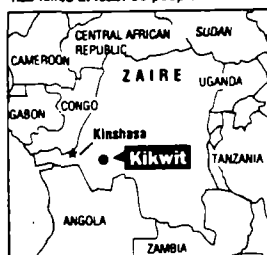
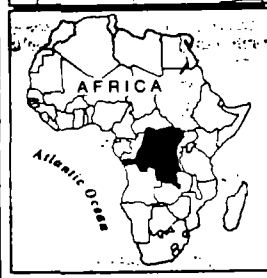
Q. Is anybody studying the virus to find a cure?

A. Yes, but it is a very rare disease, killing hundreds or thousands, at most, and must compete for research funds with diseases like tuberculosis that kill millions each year. Public panic is not warranted. You have to work hard to get this disease.

— Anita Manning

CITY OF DOOM

Zaire has closed off the city of Kikwit, where a mysterious disease that may be the "doomsday" virus Ebola has killed at least 90 people.



The Washington Times

Wash. Times; 5-11-95

Viral epidemic spreads in Zaire

Ebola suspected in 2-city outbreak

FROM COMBINED DISPATCHES

LONDON — An outbreak of one of the world's deadliest viral diseases may have spread to a second location in the central African country of Zaire, medical aid agencies reported yesterday.

Reports from the capital, Kinshasa, said the government has sealed off the city of Kikwit, where the epidemic erupted among its half-million people as doctors struggled to control what may be the "doomsday" Ebola virus.

Ebola was the subject of the best seller "The Hot Zone" and is similar to the virus in the Dustin Hoffman movie "Outbreak."

Zairian officials said at least 90 persons have died of hemorrhagic fever brought on by the mystery virus. Reuters news agency reported from Kinshasa.

The viral disease, for which no cure has been found, and an unrelated outbreak of dysentery struck Kikwit, 310 miles east of Kinshasa.

"The town has been placed in quarantine," state-controlled television said yesterday. Earlier, it

see Zaire, page A12

ZAIRE

From page A1

said three of the dead were Italian nuns.

The outbreak was probably caused in part by a deteriorating environment and inadvertent human actions that encouraged its spread, researchers in New York said yesterday.

At Zaire's request, the U.S. Centers for Disease Control and Prevention in Atlanta prepared a team of medical investigators for immediate dispatch to Kikwit, a provincial capital.

CDC biologists also were testing the first blood and tissue samples from Zaire to try to determine the cause of the epidemic. Results were expected today, CDC spokesman Bob Howard said.

Ebola, part of a family of hemorrhagic fever viruses, is a likely candidate for the outbreak, researchers said. The symptoms of Ebola infection include high fever, a "leakiness" in blood vessels and a high death rate.

Army infectious-disease specialists at Fort Detrick, Md., readied medical air-evacuation teams and high-security isolation wards to provide any assistance required, spokeswoman Cheryl Par-

rott said.

The aid agency Medecins Sans Frontieres (Doctors Without Borders) said doctors in Musango, a Zairian town 190 miles from Kinshasa, have several patients with symptoms similar to those from Ebola infection, the London Daily Telegraph reported.

The agency said at least 10 persons in Musango have been infected with the disease, probably as a result of coming into contact with a patient evacuated from Kikwit. Three of the 10 have died.

The aid group said its doctors have reported 179 deaths in Kikwit in the month since diagnosing the first cases of hemorrhagic fever, the Telegraph reported.

The United States has warned its citizens not to travel to the area, citing the outbreak of hemorrhagic fever.

In Geneva, the World Health Organization said the mystery killer could be the Ebola virus, which kills up to 90 percent of the people who contract it.

Ebola, named after a river in north Zaire, causes fever, hemorrhaging and vomiting as tissues dissolve.

A special Zairian medical commission has identified two diseases in Kikwit — one characterized by bloody diarrhea, the other

by fever, vomiting, and generalized bleeding.

WHO officials played down suggestions the disease could spread outside Zaire in an "Outbreak"-type scenario.

"Impossible is too strong a word, but this is not a public health emergency," WHO Assistant Director-General Ralph Henderson said.

He said the Ebola virus is only spread by close contact with victims, and its transmission can be stopped through basic precautions by medical workers such as wearing gloves or masks.

"This probably is an epidemic that can be stopped on a dime if we can just get in there and get the gloves in and get things done," Mr. Henderson said.

But a doctor with the special commission set up by the Zairian government to combat the disease said, "The situation could get totally out of control."

"Something happened that made this epidemic," said Dr. Robert Ryder, an infectious-disease specialist at Yale University who has lived in Zaire.

"You're probably dealing with people living right at the edge — no running water, no electricity, many people on marginal sustenance," he said.

L.A. Times; 5-11-95 p. 1

U.S. Team to Seek Source of Lethal Outbreak in Zaire

By MARLENE CIMONS
TIMES STAFF WRITER

WASHINGTON — A team of federal disease detectives was dispatched to Zaire on Wednesday to investigate a deadly outbreak of what health officials strongly suspect is viral hemorrhagic fever—a devastating illness that can cause death within days by dissolving the body's organs.

Three physicians from the Atlanta-based Centers for Disease Control and Protection, armed with a high level of protective gear—suits, gloves, respirators and goggles—will conduct a full range of field epidemiological studies and will remain in Zaire "as long as it takes" to find answers, said Bob Howard, a CDC spokesman.

The mysterious outbreak, which originated in Kikwit, a town in southwestern Zaire near the

Angola border, has killed and sickened scores of people, health officials said.

There have been conflicting accounts of the caseload and death toll and confusion about whether the illnesses were caused by the same or different agents. Some accounts placed the death toll at 100 people or more.

At least 59 people have died from 189 known cases of bloody diarrhea between Jan. 1 and April 24, which may have been caused by shigellosis or typhoid fever, the World Health Organization said Wednesday.

But 33 more cases of suspected hemorrhagic fever have been reported in the same town between Feb. 6 and April 8, raising the possibility that all of the illnesses and deaths could have been caused by viral hemorrhagic fever. WHO

Cont'd on next page

Balt. Sun; 5-11-95

Zaire quarantines site of deadly virus outbreak

Town of 500,000 sealed off; 100 die

From Wire Reports

3A

KINSHASA, Zaire — Zaire has sealed off a town of a half-million people as doctors struggled yesterday to control a suspected outbreak of the incurable Ebola virus.

Officials say more than 100 people have died of hemorrhagic fever, brought on by the mystery virus — the subject of the recent best seller "The Hot Zone" and similar to one in the new movie "Outbreak."

The virus and an outbreak of dysentery struck Kikwit, 310 miles east of the capital, Kinshasa.

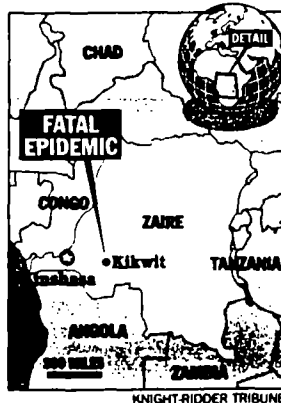
The town has been placed in quarantine, state television said yesterday. Earlier, it said three of the dead were Italian nuns.

In Geneva, the World Health Organization said the cause could be Ebola, which can kill up to nine out of 10 people who contract it.

A team of international experts from WHO arrived in southwestern Zaire on Tuesday, and results of blood specimens sent to the Centers for Disease Control and Prevention in Atlanta should be ready today, WHO said.

WHO said specialists from CDC, the Paris Pasteur Institute and South Africa's National Institute of Virology also have been sent to investigate.

But WHO officials played down suggestions that the disease — un-



like the panic scenario in "Outbreak" — could spread outside the central African state.

Like HIV, the virus that causes AIDS, Ebola is spread through body fluids and secretions. The virus is not normally spread through casual contact and, unlike the plot in "Outbreak," it is not airborne.

"Impossible is too strong a word, but this is not a public health emergency..." WHO assistant director-general Ralph Henderson told reporters in Geneva.

He said the Ebola virus can be stopped quickly if medical staff took basic precautions such as wearing gloves or masks.

But the head of WHO's Africa office, Ephraim Samba, said the risk of Ebola spreading could not be



Clara Angela Ghilardi, an Italian nun, died of mysterious illness in Kikwit in April.

ruled out because Kikwit is accessible by air, which makes it easier for infected people to move in and out of the city.

Zaire's quarantine of the city was a sensible move, he said.

Fears of transmission were heightened yesterday when the international medical aid group, Doctors Without Borders, reported 10 suspected cases of the disease in Mosango, 75 miles west of Kikwit.

Three of the 10 have died, the group said from Belgium.

Two women who returned to it-

aly after attending the funeral of their sister — a nun who apparently contracted the virus in the hospital where she worked — were under observation in a hospital isolation ward as a precaution, a spokesman at the hospital, north of Milan, said yesterday.

Zaire's government has set up a medical commission to combat the disease. Reports from Kikwit say the general hospital is deserted, with people staying away for fear of catching the disease, which has already killed some health workers.

The Ebola virus, named after a river in north Zaire, causes fever, hemorrhage and vomiting as tissues dissolve.

Some experts link the Ebola virus to the destruction of the rain forest, which had isolated the animals carrying the virus. The virus, like the related Marburg virus, primarily strikes monkeys, pigs and other animals, but occasionally jumps to humans.

There have been three big outbreaks of the disease so far — two in Zaire and one in Sudan, all in the 1970s. One case was reported last year in Ivory Coast.

In one of the Zaire outbreaks, 274 of 300 people died in a village in 1976.

Zaire's government has rushed drugs to Kikwit and has praised the help of aid agencies, but Deputy Prime Minister and Justice Minister Kamanda wa Kamanda, who visited Kikwit on Sunday, told reporters that more international aid was urgently needed.

Cont'd from previous page

said. The deaths included 10 members of a medical staff, among them two Italian nuns working in a local hospital.

State television in the country reported Wednesday that authorities had effectively sealed off Kikwit, a city of about 500,000 people.

In Belgium, the international medical aid group Doctors Without Borders said a second city may also have experienced an outbreak of viral hemorrhagic fever, according to the Associated Press.

The group reported that at least 10 people in Mosango, 75 miles west of Kikwit, have been infected with what is believed to be the disease, spokeswoman Gerda Bossier said. Three of the 10 have died. The group has sent a team to Zaire to investigate.

The CDC said its experts strongly believe that the deaths were caused by a hemorrhagic fever virus, a family that includes Ebola, one of the deadliest viruses known.

But CDC officials emphasized that they will not know for certain until blood and tissue samples from infected patients have been analyzed. The agency received samples earlier this week, and preliminary results are expected to be released later today.

"There is always the possibility" it could be a new, previously unknown virus, said Howard, the CDC spokesman. "We fully expect the unexpected when we conduct these investigations."

But global health officials sought to play down any anxieties that may be raised by parallels to a

recent spate of books, such as "The Hot Zone," and films, such as "Outbreak" or "Virus," which have dealt with the scenario of widespread public panic during a killer outbreak of a viral disease modeled after Ebola.

"We will be trying to determine who may have had contact with patients and what the route of the infection might be," Howard said. "We are always interested in controlling and preventing the spread of the disease, which is why we work so closely with the host government in these cases."

Ebola, recognized as the cause of outbreaks in Zaire and nearby Sudan in 1976 and another in Sudan in 1979, is marked at its onset by flu-like symptoms, including malaise, fever and headache. That is followed by more severe symptoms, among them rashes, vomiting, bloody diarrhea and blood coming out of the ears and eyes. The incubation period is two to 21 days.

There is a high mortality rate associated with the illness. Death is typically caused by kidney and liver failure, as these normally solid organs begin to soften and deteriorate. There is no specific treatment or vaccine.

The virus is transmitted through blood, semen and other body secretions, and through contaminated needles and syringes. It is not spread through casual contact. In developing countries, it can be spread as a result of poor medical hygiene.

If it is carried by an animal species, it can jump to humans when, for example, an individual comes into contact with infected blood.

Although Ebola has been found in animals—specifically monkey—the natural "reservoir" of the virus is unknown, despite extensive studies. There have been no reports of Ebola outbreaks since the previous episodes in Zaire and Sudan, although a virus similar to Ebola was detected in a shipment of monkeys imported to the United States in 1989.

The Ebola virus takes its name from the area of Zaire where it was first identified. In its previous outbreaks, 500 people were infected, with mortality rates as high as 90%, WHO said.

The CDC experts are part of an international team organized by WHO, which also includes officials from the Pasteur Institute in Paris and the National Institute for Virology in Johannesburg, South Africa.

CDC experts will interview patients, care-givers and family members in an attempt to track and contain the route of infection and will take additional samples of blood and tissue for further analysis, Howard said.

Dr. Giorgio Torrigiani, director of WHO's division of communicable diseases, said that the team was sent "at the urgent request of the government of Zaire" and "[we] will provide as much help as we can."

Torrighiani added, "In spite of the very high mortality of Ebola disease, transmission of this virus does not occur easily and requires intimate contact with an infected person, such as close nursing contact or with contaminated materials."

N.Y. Times; 5-11-95

Black Executives Forming Group to Defend Minority Programs

By STEVEN A. HOLMES

A16

WASHINGTON, May 10 — A group of black business executives said today that they were forming a political action committee and hiring a lobbyist to fight efforts to eliminate or modify affirmative action programs, including those that set aside a percentage of Government contracts for minority-owned companies.

"Until now, the voice of black business has been largely silent on the twin issues of affirmative action and minority set asides," Earl G.

Graves, publisher of Black Enterprise Magazine, said at a news conference. "Today, that changes."

Mr. Graves, who was joined by other black executives, said that the group was "drawing a line in the sand" and that there would be "no retreat" on affirmative action. The group is made up of the Black Enterprise 100, the largest black-owned companies in the country.

"Until we get to the point in this country where there is truly a level playing field," said Maceo Sloan, head of the Sloan Financial Group, "where a black business can go to a bank, for example, and be judged, in

terms of loans, on the same basis that the majority business in this country are judged; where we have the same access to capital that they have and where there truly is a level playing field, we will very vigorously oppose the effort that is going on right to eliminate all the affirmative action programs."

The executives' effort comes at a time when affirmative action programs, especially the set-aside ones, are under increasing attack, mainly by Republicans. The White House is reviewing all Federal affirmative action efforts, and President Clinton is expected to announce the results

of the review soon. Administration officials have privately said that Government set-aside programs have received the most critical look.

Earlier this year, Congress voted to end a tax break for companies that sell television stations and cable systems to minorities. The program came under intense criticism as a result of a proposed sale by Viacom Inc., a New York-based media giant, to a group of investors headed by Frank Washington, a black entrepreneur from California.

Critics of the sale said it was an affirmative action program intended to help minority millionaires.

But today the black executives said that such criticism reflected a double standard because there are several Federal programs like farm subsidies that help well-off individuals and businesses.

"What about all the thousands of millionaires who are majority business owners, and no one raises the issue of that being un-American?" Mr. Graves said. "When we start to do it, all of a sudden, let's change the rules."

Mr. Graves said the 100 largest black-owned companies had combined sales of about \$11.7 billion last year and employed about 47,000 people, indicating that if the group could muster its financial resources, it could have significant political impact.

The executives said today that they had not yet solicited all the top black businesses to contribute to the political action committee, which will be called Mobilization for Economic Opportunity. But Mr. Graves said he did not think it would be difficult to persuade them to reach into their pockets.

"Whether you talk about L.A. or San Francisco, or Chicago, or Detroit, or Atlanta or New York, the issues are the same," he said. "It would seem to me we're not going to have a very hard selling point to push here."

USA Today; 5-11-95 5A

BLACK BUSINESS PAC: Republican criticism of affirmative action and minority set-aside programs have spurred the nation's largest black businesses into action. Black Enterprise magazine publisher Earl Graves Sr. said a new political action committee, Mobilization for Economic Opportunity, will support programs vital to the development of black businesses and back candidates in either party who support affirmative-action programs.

USA Today; 5-11-95

TO YOUR HEALTH: A little alcohol might be good for women's hearts, says a study in today's *New England Journal of Medicine*. Dr. Charles S. Fuchs of Brigham and Women's Hospital in Boston and colleagues looked at the drinking habits of 83,708 women enrolled in the Nurses' Health Study, which has tracked the health of 121,700 women nurses over 19 years, to assess the long-term risk of moderate alcohol consumption. They found women who consume one to three drinks per week have a 17% drop in death rate. But, an increase in mortality of 19% was seen in women who have three or more drinks per day.

N.Y. Times; 5-11-95

Study Says Light Drinking Is Best for Women

BOSTON, May 10 (AP) — A new study of heart disease and heart disease risk factors found that a moderate amount of alcohol for women appears to be no more than one to three drinks a week. Anything over that and the benefits begin to disappear, and the benefits of light drinking increase their risk of death.

The only women who benefited from drinking, however, were those over 40 who had at least one risk factor for heart trouble, like smoking, obesity, high blood pressure, diabetes, high cholesterol or a family history of heart disease.

"Over the 12-year span of this study, we found that women who consume light-to-moderate amounts of alcohol experienced a significant reduction in mortality, compared to nondrinkers and heavier drinkers," said Dr. Charles S. Fuchs of Brigham and Women's Hospital in Boston.

A study in men, released in November, reached much the same conclusion: light-to-moderate drinking resulted in the greatest benefit.

The new findings, being published on Thursday in *The New England Journal of Medicine*, come from the Nurses' Health Study, which has

tracked the health and habits of 121,700 female nurses who were all healthy at its start 19 years ago.

These were among the findings:

• The death rate of women who drank 1.5 to 4.9 grams of alcohol a day — roughly one to three drinks a week — was 17 percent lower than that of nondrinkers.

• Those who consumed 30 or more grams a day — two drinks — had a 19 percent higher risk of death than did the teetotalers.

• Light drinking saves lives by reducing the risk of heart disease. This benefit is offset in heavier drinkers by an increasing risk of other dis-

eases, including breast cancer and cirrhosis of the liver.

Dr. Arthur Klatsky of the Kaiser Permanente Medical Care Program in Oakland, Calif., said the findings showed that young women should not take up drinking for health reasons, since it will not do them any good.

"The decision should be made only by people who are sure they are not at risk for problem drinking and have a high risk of coronary disease," Dr. Klatsky said.

Men can typically drink more than women because they are larger and their bodies break down alcohol differently.

The Physicians Health Study, a companion to the nurses project,

found that men benefited most when they had two to four drinks a week. The death rates for these drinkers were about 22 percent lower than the rates for nondrinkers.

The nurses study found that the health benefits of beer, wine and mixed drinks appeared to be about equal. A 12-ounce bottle of beer contains 13.2 grams of alcohol, a 4-ounce glass of wine has 10.8 grams and a standard mixed drink, 15.1 grams.

Balt. Sun; 5-10-95

Pro-business group wants labels to tout alcohol's benefits as well as dangers

Associated Press

5D

Call it a case of good booze, bad booze.

A group promoting free enterprise wants alcoholic beverage labels to tout the benefits of a few drinks, in addition to the current warnings about the dangers of alcohol.

The Competitive Enterprise Institute said yesterday that it is petitioning the Bureau of Alcohol, Tobacco

and Firearms to let health claims be included on the labels of beer, wine and liquor.

The group distributed small wine bottles with sample labels proclaiming the product to be "Vino Veritas: Freedom of Speech Wine" and containing the statement: "There is significant evidence that moderate consumption of alcoholic beverages may reduce the risk of heart disease."

A number of scientific studies in-

dicate health benefits from moderate alcohol consumption, but government rules prevent industry from passing that news to consumers, said Sam Kazman, the institute's counsel.

He defined moderate as "one-to-two, possibly two-to-three" drinks per day.

The ATF in 1993 began collecting comments on the possibility of health claims on labels but has tak-

en no action.

The bureau takes the position that health claims, "even if backed up by medical evidence, may have an overall misleading effect if such statement is not properly qualified [and] does not give all sides of the issue."

Consumers could be misled and confused if a health benefit claim were added to a label that warns of alcohol's dangers, says the ATF, part

of the Treasury Department. Alcoholic beverage labels must include warnings that pregnant women should not drink alcohol and that the beverage impairs the ability to drive a car or operate machinery and can cause health problems.

George Hacker of the Center for Science in the Public Interest, a consumer advocacy group, termed the proposal to add health claims to labels "a simplistic, vague and entirely

misleading claim."

Mr. Hacker said the proposed label would ignore potential negative side effects of even moderate alcohol consumption, such as the danger of some types of cancer and the possibility of addiction.

The 11-year-old Competitive Enterprise Institute is supported by corporate donors and foundations. It advocates reducing government restrictions on business.

USA Today; 5-11-95 -

Medical glue sometimes a cut above stitches

By Doug Levy
USA TODAY

1D

Imagine taking your child to an emergency room and watching doctors glue a wound instead of sewing it up.

That's exactly what some researchers are doing. And they like the results: The children suffer less pain and the wounds heal fast.

"I could see the glue replac-

ing sutures for laceration repair," says Tom Bruns of Emory University, Atlanta. "It takes about half the time as compared to suturing" and costs less, too.

Bruns and his coworkers studied 61 children treated with either sutures, a combination of sutures and glue, or glue alone, depending on the type of cut. Children treated with the glue did not require anesthesia

and reported less pain than those treated with sutures.

The glue is called Histoacryl Blue, a medical version of "Superglue" made by a German company. It bonds about six seconds after being placed on a clean wound.

Already used in Canada, Bruns expects glue like this eventually to be used on hundreds of thousands of cuts.

"For small, simple wounds,

it's equally as good (as sutures)," says Dr. Peter Barnett, who treated more than 50 children with glue at Royal Children's Hospital in Melbourne, Australia. Kids seemed less distressed when a doctor glued a wound compared with those watching a cut being stitched. Also, scarring is minimized.

But he doubts the medical Superglue belongs in homes. "The difficulty is in knowing

what to do properly. Wounds that look superficial sometimes are quite deep. I don't think this is something people should be using on their own."

Deep cuts require stitches beneath the skin, the researchers say. Also, the adhesive has to stay on during healing.

Both studies are being presented at the Ambulatory Pediatric Association meeting in San Diego.

Wash. Times; 5-8-95

Caring for outpatients

Ambulatory merges, manages health care firms

By Karen Riley
THE WASHINGTON TIMES

A 20

As a business consultant, William Danielczyk Jr. came to realize why some companies succeeded and others didn't. He blamed the failures on a lack of aggressiveness in going after a target market.

After three years of watching other people's companies he began hankering to try his hand at building his own firm.

"I thought I could do it, and do it better," he said.

Mr. Danielczyk, now 33, had consulted for a number of health care clients, and decided the fast-changing industry was ideal for a start-up company. He selected outpatient care, the industry's fastest-growing sector, as his target market.

He drew up an ambitious business plan in the summer of 1992 that laid out a proposal for how his new firm could eventually become a major provider of health care to managed care health plans by building a comprehensive network of outpatient health care services.

The network would include surgical, rehabilitation and ophthalmology outpatient centers and home health care services.

Although lofty in its ambition, his plan was designed with frugality in mind. By drawing many small clinics into one company, Mr. Danielczyk figured he could cut overhead by 25 percent or more. Moreover, rather than spending money on brick and mortar, he would buy the outpatient centers and raise capital in increments when needed.

Many outpatient centers are owned by doctors and physical therapists, who, he believed, were tired of managing businesses and willing to sell.

He incorporated Ambulatory Healthcare Corp. of America in September 1992 and set out to raise \$90,000 by tapping family, friends and business contacts.

"I knew enough people who could write a check to get started," Mr. Danielczyk said.

He wrote an inquiry letter to 1,000 outpatient centers. To his amazement, he recalled one out of every five responded with some interest in his pitch.

A doctor who owned a 12,000-square-foot surgical center in suburban Houston wrote to him. A knee replacement, for example, might cost \$1,800 to \$2,800 at the center, while a hospital bill could run \$4,000 to \$8,000 for the same operation, according to

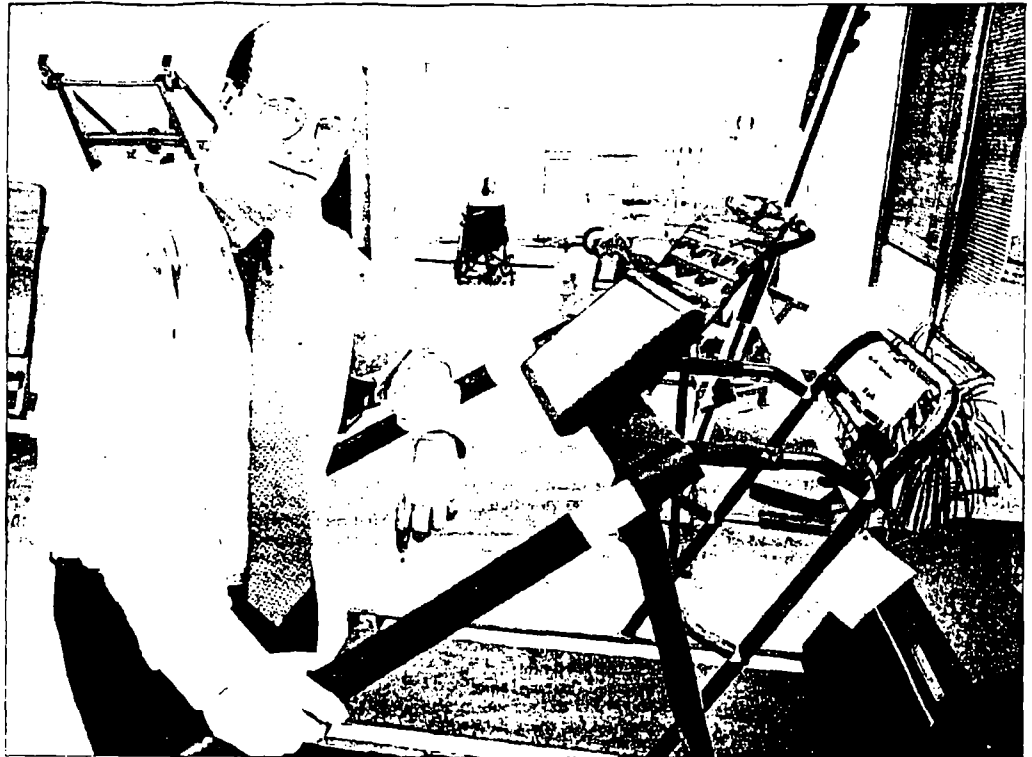
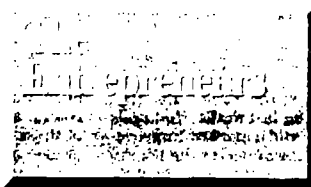


Photo by Tracy A. Woodward/The Washington Times
William Danielczyk is the founder and CEO of Ambulatory Healthcare Corp. of America and owns this physical therapy center at his Manassas headquarters.



- **Company:** Ambulatory Healthcare Corp. of America
- **Business:** Outpatient medical services
- **Founder:** William Danielczyk Jr.
- **Location:** Manassas
- **Employees:** 132
- **Initial investment:** \$90,000
- **Est. 1995 revenues:** \$10 million

Mr. Danielczyk

The result was a management contract for Ambulatory, with a right of first refusal to buy the center.

"These guys are new on the block, but we felt they were going to work the hardest, to do the best they could, compared to someone else who didn't want to keep the center," said the owner, Dr. Ian Reynolds.

The owners of an occupational therapy center directly across the street

from Dr. Reynolds' facility contacted Mr. Danielczyk and offered to sell.

With \$200,000 from investors, Ambulatory bought the therapy center and expanded the surgical center from four operating rooms to six.

That gave the fledgling company a breakthrough. "It's tough to get accepted by managed care companies," he said, referring to health maintenance organizations and other medical coverage plans that build networks of health providers.

Last year, when Ambulatory moved into a new office building in Manassas, its next-door neighbor was a rehabilitation outpatient center owned by a 13-year-old company, Therapy Services Inc. of Alexandria.

Mr. Danielczyk had negotiated unsuccessfully to buy three rehabilitation centers in Northern Virginia and was starting to look for new prospects in the Washington area.

Meanwhile, the owner of Therapy Services, Brenda Hunt, was thinking about selling. The number of independent therapists in the area was dwindling as her competitors were selling out to hospitals or other health care networks capable of winning contracts with the large health care plans.

Ambulatory "seemed like a wonderful solution," said Ms. Hunt.

Mr. Danielczyk acquired Therapy Services in December, financed in part through a \$1 million private placement. Part of those funds will pay for a pending acquisition of a surgical center in DeLand, Fla.

With the mergers, Ambulatory is poised for growth. Last year it posted \$1.3 million in revenues and this year it could take in as much as \$10 million, Mr. Danielczyk estimates.

The company has a potentially broad field of future acquisition targets to draw on, Mr. Danielczyk says.

According to SMG Marketing Group Inc. of Chicago, three out of four of the nation's 1,862 surgical centers are independently owned.

But finding independent rehab centers is a more difficult task, admits Ms. Hunt, who has joined Ambulatory as a member of the board and senior vice president for its rehabilitation division.

Nevertheless, she says, "Bill's enthusiasm is catching. ... He's done his homework on how the concept will work and is confident that everyone will be a winner."

COLUMN ONE
L.A. Times; 5-8-95 P. 1

Outbreak Strikes a Small Town

■ The first two cases of meningitis might be coincidental, Mike Osterholm thought. But the third sent Minnesota's top disease sleuth to Mankato to battle a familiar—and deadly—foe.

By BARRY SIEGEL
TIMES STAFF WRITER

MANKATO, Minn.—The phone call Mike Osterholm received early Saturday morning, Jan. 28, was not for him all that unusual. It looks like we have two cases of bacterial meningitis, a state disease surveillance specialist was saying. Two sick teen-agers, down in Mankato, the seat of Blue Earth County.

As Minnesota's state epidemiologist, Osterholm hears such reports fairly often. Most don't amount to anything but isolated illness.

Osterholm was about to leave his Minneapolis home to run errands. It was Super Bowl weekend. Instead, he had his two children, Gary and Nolan, home. He planned to watch the game with his 13-year-old son Ryan.

They don't even know if these two cases are related, Osterholm told himself. They don't even know if it's the same bug.

Still, he hesitated.

At 42, Osterholm had been Minnesota's top medical sleuth for 11 years. He'd developed a national reputation as one of the country's premier experts in tracking and controlling infectious disease. "If anyone is going to put me a compliment when I die," he liked to say, "I hope it's that I learned to think like the bugs do."

Osterholm believed he understood the bug—Group C *Neisseria meningitidis*—that caused most outbreaks of meningococcal

FIRST OF TWO PARTS

disease. He'd written about it, he'd studied it, he'd fought it. He knew how it behaved. He thought of it as an old, familiar relative.

But the familiar relative had been acting strangely of late.

For reasons unknown, Group C outbreaks had risen sharply since 1991. On Osterholm's desk that weekend, newly arrived, sat the Feb. 1 edition of the *Journal of the American Medical Assn.* In it, an article described 10 such outbreaks in the United States in the past 2 1/2 years. There had been only six in the eight years before that. The rate had quadrupled.

"An emerging threat..." JAMA called these outbreaks. "One of the most feared public health emergencies, in part because of the disease's ability to strike, seemingly at random, previously healthy persons, killing one of every seven affected."

Meningococcal disease, Osterholm knew, was one of the few that could take a healthy person and, by infecting the bloodstream or the lining around the brain and spinal cord, kill within six hours. You could go to bed with flu-like symptoms and never wake up.

Osterholm didn't want to over-respond to the news from Mankato, didn't want to foment panic. He also, though, didn't want to underestimate the problem.

Let's get blood samples up to the state lab, he told his staff that Saturday. Let's get more clinical information about the patients. Let's set up a conference call. Let's contact the schools down there.

Then he waited for his old familiar relative to show its hand.

The wait lasted just one night. On Sunday morning, Osterholm's phone rang again. The Mankato hospital now had a third case of meningitis. And the state lab now had a result: The first two cases involved the same bug—Group C *Neisseria meningitidis*.

Dammit, Osterholm thought. Here we go. We've definitely got something now.

What he had, in fact, was an outbreak unprecedented in all the scientific literature. Before it ended six weeks later, the *Neisseria meningitidis* bacteria would behave in Mankato in ways never before reported. In turn, the Minnesota Health Department and the Mankato community would wage a battle never before attempted. There would be moments of panic, accomplishment and tragedy. Most of all, there would be uncertainty. When the bacteria's siege finally abated in mid-March, it would remain unclear just who had won.

Armed with state-of-the-art tools, guided by years of experience, the experts could study, poke and assault the bug, but they could not explain or master it. Forced to navigate uncharted waters, they could not know whether they were choosing the right course. In the end, they could not even say for sure whether they'd had any impact at all.

Of only one issue was Osterholm utterly certain: "Mankato is not the exception," he declared. "It will be the norm."

The Basketball Player

When Joe Kratzke arrived home at 10 p.m. on Thursday, Jan. 26, he told his father he felt "kind of achy" and wanted to stay home from school part of the next day. Kratzke, 17, a lanky 6-foot-2 and 175 pounds, was the shooting guard on Mankato West High's basketball team. They had a game Friday night. He wanted to be rested.

His father, Gary, was irritated. If Joe didn't feel well, why had he stayed out so late?

It was a challenge for Gary. At 45, he had to run the family's retail clothing store while rearing three children. His wife, Julie, had died of cancer almost exactly a year before. Besides Joe there was Jill, 11, and Justin, 9.

OK, he told his son. But you've got to spend part of the day at school or they won't let you play.

The next day, Joe went to school from noon to 3 p.m. When his father came home at 5:30, he found Joe sleeping. He woke him and gave him a bowl of soup. Joe was sluggish. He had a headache.

Mankato West requires its varsity players to be at the gym in time to watch the B game, so Joe drove to the school at 6. Gary followed soon after. Sitting in the stands looking at his son as he walked by, he noticed that Joe had rashes on the inside of both arms.

In warm-ups, Joe appeared lethargic. He, Gary and the coach conferred. How do you feel? Gary inquired.

By then, Joe's head was exploding with pain every time he ran, every time his foot hit the ground. His neck felt sore, his legs stiff and tired. He knew he couldn't play, but didn't want to say so. Finally, he had to. "Well, this headache is pretty bad," he allowed.

As Joe sat on the bench watching the game, the rash on his arms began spreading. He grew faint, and pale and scared. At halftime, he decided he wanted to see a

doctor right away.

Accompanied by his girlfriend, Joe left the game at 8:30 and drove to nearby Immanuel-St. Joseph's Hospital. Walking the last 100 feet across the parking lot to the outpatient lobby, he vomited six times.

At a glance, nurse Kelly Duncanson knew to get Joe to the emergency room. There, because of the severe headache, Dr. Andy Boggust ordered a CAT scan, which revealed nothing unusual. The ER doctor considered: Joe's temperature was rising. The rash indicated bleeding under the skin. It looked as if they were dealing with an infectious process.

Boggust ordered a spinal tap. That revealed cloudy spinal fluid—it normally is clear—and spinal fluid pressure off the scale. This, the doctor now knew, was a disease process affecting the brain lining.

By then, Joe had started sinking into a dulled, semiconscious state. Dr. Peter Nolan, the emergency room's on-call pediatrician, had to rake his knuckles hard across Joe's chest to get any response.

Joe's cloudy spinal fluid could mean various types of infection, not all terribly serious. But Joe's rash troubled Nolan. It was the kind they saw in meningitis.

Large Group C epidemics occurred in the United States up until 1944; an estimated 2,600 cases and more than 370 deaths still occur each year. Most arise in the fall and winter; most affect school-age children and young adults, probably because their immune systems are still developing.

Until a few years ago in Mankato—a small river town of 31,000 about 80 miles south of the Twin Cities—doctors used to see 10 or more meningitis cases a year. Then, in the mid-1980s, they started giving infants a new vaccine for Type B influenza, which involves a similar bug. Ever since, they hadn't seen much meningitis at all.

But tonight they were, Nolan surmised. Fever, vomiting, headache, stiff neck, confusion, sleepiness, irritability and rash—these were the classic symptoms.

Admitting Joe to the critical care unit, the doctor ordered massive doses of penicillin and a second antibiotic. He knew, however, that the medicine might not save Joe. Even if it killed the bacteria, the dying bugs would keep producing deadly toxins.

Nolan took some comfort from Joe's elevated white-cell count. Good, he thought. That means he still has soldiers fighting for him.

Called by Joe's girlfriend, Gary Kratzke rushed to the hospital, where he found his son barely conscious. To him, Joe looked like a vegetable.

For nearly half an hour, the father talked to the son, sometimes eliciting brief responses. Then Joe started declining before Gary's eyes. Asked by a nurse, he could not speak his last name. Within minutes, Joe was in a coma. When Nolan knuckled him in the chest, he didn't respond at all.

Gary felt himself unraveling. I can't believe this is happening, he thought. I was just talking to him.

Shortly after midnight, Nolan took Gary aside. "This is a very frightening case," the doctor advised. "This is life or death. Joe could die."

At 2:30 a.m., just before leaving for home and his two younger children, Gary studied his son. Joe, he observed, looked just like his wife did when she passed away.

The Bandleader

It was not until early Saturday that the hospital staff realized they might have two meningitis cases on their hands.

Sara Kleinsasser, a 17-year-old Mankato West High bandleader, had arrived at Immanuel-St. Joseph's more than two hours before Kratzke. When admitted at 6:13 p.m., she'd been feverish, limp, delirious and covered by a bruise-like rash. Doctors had labored for

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Glossary of Terms

- **Meningococcal disease:** A variety of serious infections, including meningitis, bacteremia and a form of pneumonia
- **Meningitis:** A type of meningococcal disease. It is an infection of the brain lining and covering of the spinal cord. It can be caused by various viruses and bacteria, among them *Neisseria meningitidis*
- **Group C neisseria:** One of four groups of the bacteria, the one involved in most outbreaks.
- **Bacteremia (or septicemia):** Any infection of the blood.
- **Meningococcemia (or meningococcal septicemia):** Blood infection caused by the *Neisseria meningitidis* bacteria

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hours to stabilize her plummeting blood pressure, but had not fixed on a definite diagnosis.

Reporting for duty at 7 on Saturday morning, bedside nurse Maurine Corcoran and nursing supervisor Mary Guentzel, heard about both Joe and Sara.

They decided they should call Jane Schwickert, the hospital's infection control nurse practitioner. By 9:15 a.m., Schwickert was at the hospital, peering over Sara and Joe. Both were in respirator isolation, both were comatose. Sara's blood pressure was dropping fast.

If this was the start of an outbreak, how to control it? Should they give antibiotics to all close contacts of these patients? Which one? What was the protocol?

Uncertain, feeling panicky, Schwickert decided to phone the state Health Department in the Twin Cities. Within two hours she was on a conference call, talking to Osterholm.

Schwickert felt impressed and reassured. Osterholm had a lus-

trous national reputation. He sat on countless committees and review boards, he projected unflappable assurance, he'd even tried twice—vainly—to swim the English channel. Reared in Iowa by an Irish mother and a Swedish father, he'd gone straight from college to the state Health Department working there while he earned a master's degree in environmental health and a doctorate in epidemiology. He'd been tracking, writing and lecturing about bugs for 20 years.

On the phone, Osterholm led Schwickert and other Mankato officials through all the possibilities (Epidemiology 101, he called it). Much came from medical journal articles he'd co-authored.

Timing was important, he explained, in controlling both the outbreak and community panic. People should be careful, but not frightened. The bug spreads not through the air but through secretions of the nose and throat. So avoid deep kissing, don't share food or beverages, don't spray others

with droplets from coughs or sneezes. But you can go to large gatherings such as sporting events.

They didn't know if it was really the same bacteria yet, Osterholm pointed out. They'd have to wait and see what developed. If they had a third case, the state would come down. Meanwhile, he wanted blood samples sent overnight to the Health Department's lab in Minneapolis for analysis.

For a time the next morning—Super Bowl Sunday—it looked as if Mankato might not be facing an outbreak after all. Joe and Sara still lay in the hospital's critical care unit battling for their lives, but they'd started to stabilize, and no new cases had arrived. After checking with the hospital, Schwickert went to brunch. Alice Weydt, the hospital's director of patient care, went to church. Osterholm's thoughts turned to the Super Bowl.

Then, close to 11:30 a.m., an ambulance rolled up to the emergency room door. Inside, flailing, throwing his arms about, was Jon Boyer, 17, a Mankato West student.

He'd had a sore throat all Saturday afternoon during his work shift at Jake's Stadium Pizza, his parents reported. At 8 p.m., he'd gone to a friend's house, but shortly after, not feeling well, he'd come home and climbed into bed. By 10:30, he was vomiting and feverish. By 3 a.m., he was delirious. By morning, his neck was so stiff he couldn't touch his chin to his chest.

Boyer had the classic symptoms of meningitis.

By the time Osterholm heard the news, he'd already received a call from his state lab. The samples from Mankato had arrived. Both looked to be Group C, the type most often involved in outbreaks.

Well, Osterholm reasoned, at least there's something to do now. A relatively rare vaccine did exist for Group C. It was not recommended for routine, general use because it didn't work with infants under 2, and didn't work with all types of the bug. It would work in Mankato, though.

By midday, Osterholm was consulting with other state health officers who would be fighting the outbreak with him—among them Mike Moen, Kris Macdonald, Mary Sheehan, Craig Hedberg and Aggie Leitheiser.

By late afternoon, Osterholm was driving to Mankato.

He didn't know of any outbreak in which public health officials had started as quickly as they were. They had, he thought, a real chance of affecting the outcome in ways not normally seen. This is going to work, he told himself. This we're going to handle.

Then, driving on, he reconsidered.

Their foe was silent, cunning and invisible. Their foe was agent for the most formidable power of all—

Mother Nature. Whatever they did, Osterholm had to admit, people were going to get sick, even end up blind or brain-damaged. Whatever they did, one in seven of their patients would likely die.

Battle Plan

We live in an age that promises an illusory safety, Osterholm likes to point out.

Most people grew up without much fear of or exposure to infectious diseases. Polio, tuberculosis, scarlet fever, influenza epidemics—they're all far in the past. So the public generally assumes modern medicine has licked infectious microbes, at least those that aren't obscure, exotic refugees from distant rain forests. If you get sick, unless it's something like cancer, you go to a doctor, you take medicine, you get better.

That, Osterholm knows, just isn't so. The world as he sees it looks far more perilous, its human inhabitants far more vulnerable. Microbes are continually evolving, and continually trying to consume our bodies. Malaria, AIDS, TB, E. coli, hantavirus, the so-called "flesh-eating" Group A strep—to epidemiologists, facing them is like trying to stop a juggernaut. Or, rather, slow it. Each year, about 100,000 people in the United States die of bacteria-induced toxic shock.

The microbes aren't spreading by evolution alone. Poverty, population explosion, disrupted ecosystems, international commerce—they all play a role. So, too, Osterholm argues, do relaxed surveillance and a collapse of the public health infrastructure, because of chronic underfunding and complacency in the age of antibiotics.

Driving to Mankato, reflecting on this situation, Osterholm seethed with frustration.

Microbes were sitting in the Twin Cities International Airport terminal that dwelt in African forests two days before. Almost 80% of the produce consumed in the United States was coming from developing nations. Minnesota, the whole country, was being bombarded from the outside. But scientists lacked the funds even to study properly what was happening.

The country's budget for disease surveillance was \$75 million, and most of that went to AIDS, TB and sexually transmitted diseases. They had maybe \$20 million for everything else, and Congress was talking about cutting funding for the Centers for Disease Control and Prevention and its infectious disease program. When something big broke, there just was no infrastructure to respond. It was like trying to run Chicago's O'Hare Airport with tin cans and string.

What he could do with the movie "Outbreak's" \$45-million budget,

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Osterholm fumed. Instead of Dustin Hoffman racing about in a helicopter, he had a crew of public health staffers scrambling to locate enough syringes. Instead of blank studio checks, he had staffers buying medicine by writing personal checks and pleading for \$20,000 purchase orders.

Osterholm pulled into Mankato in the late afternoon. He couldn't help but relax a little in such a friendly, unpretentious place. Set in a wooded valley where the Minnesota and Blue Earth rivers join, Mankato is both a college town, home to Mankato State University, among other schools, and a processing center for a grain and livestock region.

There was good news for Osterholm at Immanuel-St. Joseph's.

At 3 p.m. Sunday, Gary Kratzke, encouraged by the hospital staff, had started talking to Joe, trying to draw a response from his comatose son. "Joe, can you hear me?" he'd repeated, standing at his son's bedside. "Joe, say something."

"What do you want me to say?" Joe had finally answered, rolling his eyes. Even the doctors and nurses had cheered.

He's coming out of it, the hospital staff told Osterholm. Sara also was improving.

A 6 p.m. meeting of Mankato officials, called by Osterholm, drew a standing-room crowd of 40 to Immanuel-St. Joseph's education room. All sorts were there—hospital staff, private practice doctors from the Mankato Clinic, local politicians, county health officers, Mankato School District officials.

Osterholm flourishes before such gatherings, he is a polished public speaker. Educating and mobilizing communities is as central to his job as is studying bugs in the lab. It is also as tricky.

Osterholm stood before the Mankato crowd as an outsider, as an agent of the state. He was talking to medical doctors not inclined to take instruction from a Ph.D. So rather than direct, he guided toward consensus. Here's the situation, here are the options, here's what we know and don't know, he said. We're here to help. What do you want to do?

It worked. Those listening were impressed by his matter-of-fact knowledge and appreciated the fact that he wasn't imposing his will. Perfect, thought Al Neely, the nurse manager of emergency and outpatient services. Super-impressive, thought Jerry Crest, the hospital's administrator.

Rather than inspire confidence in science, Osterholm had inspired confidence in himself. Later, he'd insist this made him uncomfortable, but in truth, it was needed, if only to curb panic. The science, after all, was not nearly as sturdy as Osterholm's poised performance.

In the days to come, they would be making decisions amid much uncertainty. They would have to move without the necessary information, before they had test results. They would have to act without knowing whether it was the right course.

The epidemiological literature suggests "extraordinary public health intervention" in meningitis outbreaks, including early "intensive selective vaccination campaigns." But "selective" is the operative word.

What segments of the Mankato community should be targeted for

the vaccine? Since the disease usually affected youngsters who hung out together in places such as schools, should everyone from kindergarten through Mankato State University get vaccinated? Or just the district's junior and senior high students? Or only Mankato West students?

Should the antibiotic rifampin also be given? It sometimes was in meningitis cases, but its efficacy was uncertain, and it had various side effects. What's more, the antibiotic didn't protect you; rather, it reduced the chance of transmission. How to decide, when there was no broadly based study to show it made a difference at all?

Financial considerations couldn't be ignored—each vaccine costs \$22. But the need to define and limit the response rose from more than just monetary issues. If they aimed too broadly, they'd be wasting time and diverting resources from the high-risk groups that most needed help. It would take a week or more to arrange 30,000 vaccines. Doing so, Osterholm felt, would be plain unethical. They couldn't delay getting the vaccine to those at highest risk. It was a triage issue; you treated those most in need first.

Osterholm also feared the slippery slope. If they started vaccinating people without a clear scientific basis, it was fairly easy to ask, why limit it at all? Why not vaccinate all of Minnesota? Already, seeds of panic were growing in Mankato. The TV stations were saying you needed to check your children every hour at night, they could die if symptoms were ignored. But it was January in Minnesota; there were lots of kids out there with flu or strep throat.

We need a rational reason for picking who we're going to vaccinate, Osterholm told those gathered Sunday evening.

The trouble was, a rational reason required an understanding of what linked those who'd gotten sick. That still wasn't apparent. The victims weren't close friends, did not play on the same teams, did not sit in the same classrooms.

So Mankato officials and Osterholm's staff mapped a plan based on what they did know. All junior and senior high school students in the district would get vaccinated Tuesday morning. They would not, however, be given rifampin.

Osterholm marveled at this small town's mutual trust, enterprise, sense of community. Even as the meeting ended at 9:30 Sunday night, the hospital staff was scrambling to set up a hot line to handle calls from the community. School administrators were laying plans to distribute parent permission slips. Community relations specialists were herding reporters into a news conference. And Osterholm was on the phone to Connaught Laboratories in Swiftwater, Pa., ordering 4,000 doses of the Group C vaccine to be airlifted for Monday delivery. The next 48 hours passed in a blur.

By 7 on Monday morning, Immanuel-St. Joseph's had a fourth meningitis patient—Casey Houston, a 16-year-old West High wrestler, whose parents thought he had the flu until, at 6:30 a.m., they read about the outbreak and discovered their son's neck was so stiff he couldn't bend it. By mid-morning the hospital had a fifth case—an unidentified 64-year-old woman who'd been admitted on

Saturday, but hadn't been diagnosed until now.

By midday, the media satellite trucks had rolled into town, along with the first panicky rumors. By afternoon, a half-dozen school districts had canceled sporting events with Mankato teams. By day's end, dozens of nervous Mankato citizens had crowded into the Immanuel-St. Joseph's waiting room with flu-like symptoms, and more than 1,000 had called the hospital hot line.

The outbreak is not likely to spread beyond Mankato West High, Osterholm reassured the 300 citizens who attended a Monday evening community meeting in the school's auditorium. He did not recommend restrictions on travel. The risk is relatively small. "The real danger is not meningitis, but meningitis phobia," he said.

The vaccinations began Tuesday at 8:15 a.m. in the Mankato West High gym, directed by Nancy Meyer and Mary Gleason of the Blue Earth County Health Department. Within 34 minutes, 60 county health workers had inoculated more than 1,000 students. Within six hours, traveling by bus from school to school, they'd immunized the entire target group of 3,300.

That evening, much of Mankato collectively sighed in relief.

They had acted; they had countered the attack. They'd apparently saved five people—all the patients were improving—and the bug had not struck again.

As Wednesday, then Thursday, passed with no new cases, the media trucks pulled away, the calls abated. Although they knew the vaccine wouldn't take effect for 10 days, even the medical professionals began to feel pleased.

Nurse practitioner Schwickert went skiing Thursday night. School Supt. David Dakken began a rough draft of a thank-you letter to the medical community. We've licked this, hospital chief Crest told himself. "We are very definitely encouraged," Osterholm informed the local newspaper on Thursday.

As a hospital meeting ended at 7:30 the next morning, Friday, Feb. 3, Crest turned to Schwickert.

"I feel real good," he said. "We've taken care of all these, and haven't lost one," Schwickert agreed.

At that moment, a nurse, interrupting, leaned across the table. "Have you heard?" she said. "They've just brought another kid into the ER."

The Hockey Player

John Janavaras, 15, a scrappy, undersized Mankato West High hockey player who'd hustled his way onto the varsity team, had skated strongly during practice the day before. He'd felt safe enough to share a pop bottle with a friend after practice, despite public warnings. He'd felt well enough at 5 p.m. to make weekend plans to attend a hockey game. He'd felt hungry enough to call his mom and ask about supper.

An hour later, though, he was home in bed with a 102-degree fever, complaining of body aches. Classic flu symptoms, thought his mother, Linda, a Mankato-area gift shop owner. His friend and team-

mates had the flu days before; now it was his turn. She called the coach to say John wouldn't be at practice the next day.

Throughout the night, the mother checked on her son. Several times, John woke up. At 3 a.m., Linda gave him medicine for his fever. Not until 6 a.m., when she found her son covered with a rash, did she realize he likely had meningitis, even though he had been vaccinated three days before.

By the time she got him to Immanuel-St. Joseph's shortly after 7 a.m., he was too weak to walk. She rolled him through the emergency room door in a wheelchair. Still conscious and coherent, John asked his mother to turn on a television. Neither mother nor son realized just how sick he was.

The medical staff understood, though. Nurse manager Al Neely, observing the grape-colored bruises covering John's face and chest, sensed this boy was in trouble. When the initial lab work came in, Neely knew it.

Right on a slide, on the lab

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smear, he could see the microorganisms in John's blood that you'd usually have to grow out in a culture. You usually saw that only at a post-mortem. You don't expect to see that in a person who's talking to you.

If there were so many microbes in his blood that they could be seen, Neely knew that John's body had to be teeming with poison. John was awake. John was still talking to the doctors. But he'd need a miracle to survive.

The *Neisseria meningitidis* bacteria can be found residing benignly in the nasal passages of 1% to 4% of the population. For reasons unknown, the bug sometimes turns deadly and travels from the nasal passages to the bloodstream. Usually the immune system manages to eradicate it from the blood. The bug then goes to the spinal fluid and inflames the linings of the brain and spinal cord, causing meningitis.

As terrifying as that is, it's better than if the bug stays in the blood. Meningococcal septicemia—a blood infection—is much harder for doctors to treat. Even if they can kill the millions of rapidly multiplying bacteria in the blood with massive doses of antibiotics, they can't stop the dying bacteria from releasing their toxin into the blood, where it is carried to cells, tissues and organs, eventually destroying the entire human system.

That's what was happening to John. The bug was in his blood, not his spinal fluid. His small vessels were leaking, his pressure was dropping, clots were forming. He was in shock, his organs unable to get enough oxygen.

By then, John's father, Basil, a business professor who'd been up in the Twin Cities, had reached the hospital. Shortly before 9 a.m., John told his parents he couldn't breathe. Minutes later, the hospital staff announced a "code blue" and began resuscitation efforts.

Two doctors called out instructions to critical care nurses and a respiratory therapist. Anesthesiologists monitored the airway and pumped oxygen. Nurse manager Neely—thinking of his own 16-

year-old boy, who plays football at Mankato West—administered chest compressions. The hospital's vice president, Annette McBeth, after looking at John, warned the chaplain to get ready.

Linda and Basil couldn't believe this was happening. John was sick, but dying? Why? How? John was such a hustler. John had so much heart and soul.

Twice, three times, the staff got John's heart beating. He had no blood pressure, though, so he couldn't get the oxygen needed to keep going. After working on him for more than two hours, doctors declared John dead at 11:39 a.m. As the news spread, doctors, nurses and administrators wept along with the parents.

"I didn't have a clue," Linda told a reporter days later. "I never imagined he would die. . . . No one took this [outbreak] seriously until John died. But these bugs, they do kill. . . ."

The medical staff was no less startled. They'd heard Osterholm describe the probabilities, but such vulnerability hadn't fit with what they'd held as true about their world. After saving five patients, they thought they'd be ready for another. They thought they were aware, and prepared.

They were not. McBeth now realized with dismay. To see someone rapidly decline as John did, second by second—she couldn't believe their efforts weren't working. That they were going as fast as they could, but couldn't go fast enough—it shook her to the core. She couldn't avoid feeling that, somehow, they'd all failed.

Those outside the hospital were even more shocked. That doctors and hospitals cured you when you fell sick had always been an article of faith.

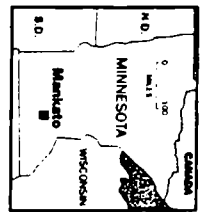
The afternoon of John's death, Mankato West High Principal John Barnett agonized over how to announce it to his student body. "If you need to cry, cry," he finally urged over the public address system minutes after the lunch hour. "If you need to be with somebody, come to the auditorium." Hundreds did just that, hugging, weeping, gathering in small groups.

"As lay people," school Supt. Dakken would later observe, "we still hadn't grasped the swiftness and seriousness of the disease. To me, with John's death, it now hit home. I realized however good you are, whatever your resources, regardless of what you do, you can't avert tragedy. . . . I hadn't realized that."

Less than half an hour after John's death, calls started flooding the hot line. They would be dealing with community panic, deflated hospital staffers quickly realized, as well as a rampant bug. It was a whole new ballgame.

Just then, news reached them that minutes before John died, a very sick 3-year-old boy had arrived at the emergency room with all the symptoms of meningitis. To McBeth, it now felt as if hell was breaking out. To Schwickert, it felt as if the world was collapsing.

To Osterholm, though, it felt as if they were traveling on a well-mapped road. The 3-year-old was the seventh case. One in seven had died, just as he'd warned. His old familiar relative was operating precisely by the book.



Outbreak in Mankato

Here is the timeline of the first days of the outbreak of meningitis cases in Mankato, Minn., and the extraordinary efforts health authorities had to make to contain the disease:

FRIDAY, JAN. 27

6:33 p.m. Sara Kleinsasser, 17, is admitted to Immanuel-St. Joseph's Hospital with symptoms later diagnosed as meningitis. Two hours later, Joe Kratzke, 17, is hospitalized after feeling ill during a basketball game.

SATURDAY, JAN. 28

6:00 a.m. Hospital lab identifies bacteria as *Neisseria meningitidis*. State Department of Health is notified later in the morning.

11:45 a.m. Unnamed 64-year-old Mankato woman is third person admitted with symptoms later diagnosed as meningitis.

SUNDAY, JAN. 29

11:42 a.m. Jon Boyer, 17, is admitted with meningitis symptoms.

6 to 9:30 p.m. State epidemiologist Mike Osterholm holds meeting with medical personnel and local officials at the hospital to discuss the disease and map strategy. After the meeting, the hospital sets up a meningitis hot line, and Osterholm orders 4,000 doses of vaccines for Monday delivery.

MONDAY, JAN. 30

7:12 a.m. Casey Houston, 16, is fifth patient admitted with meningitis symptoms.

In the evening, officials hold meetings at Mankato West and East high schools to discuss the disease and vaccination. Meanwhile, 1,093 people call the hospital's hot line.

TUESDAY, JAN. 31

6:16 a.m. to 2 p.m. Vaccination of seventh- to 12th-grade students begins at Mankato West.

Nurses then are bused to other students to continue vaccinations. The hot line gets 525 calls.

WEDNESDAY, FEB. 1

Follow-up vaccinations continue. The hot line gets 150 calls.

FRIDAY, FEB. 3

7:16 a.m. John Janavaras, 15, is admitted to hospital. Diagnosis: meningococemia, a blood disorder caused by the same bacteria that causes meningitis.

11:30 a.m. A 3-year-old boy, related to a West High student, is admitted with symptoms related to the meningitis bacteria.

11:39 a.m. John Janavaras dies.

5:45 p.m. Health and school officials decide to distribute the antibiotic rifampin to West High students. The hot line gets 708 calls.

Source: Jane Schwickert, Immanuel-St. Joseph's Hospital, Mankato

NEXT: The bug jumps the fire line.

NEWS YOU CAN USE



SMART MOVES

*New research suggests that folks
from 8 to 80 can shape up their
brains with aerobic exercise*

When Tom Conklin was a freshman at Northwestern College in St. Paul, Minn., he labored toward a slot on the cross-country team. The prerequisite for trying out was a 2.0 grade-point average—and Conklin struggled through most of the year on academic probation. Sophomore year, having inched up to a C average, Conklin qualified. Then, when he began training, his average shot up to a B. “I could suck in information and remember it,” marvels Conklin, who in his years since as a teacher and administrator has routinely steered floundering students into aerobic sports.

It won’t come as a revelation to fitness buffs that aerobic conditioning does more than raise the heart rate: It lifts the spirits and builds self-



**These New York City students
who take modern dance also
make academic strides.**



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esteem, too. An athlete's newfound success in class might well be explained by greater confidence and more energy when hitting the books. But many of the country's foremost brain researchers, who gathered in Chicago two weeks ago for a first-of-its-kind symposium on the link between movement and learning, believe that something more complicated is happening, too. In much the same way that exercise shapes up the bones, muscles, heart and lungs, they suggest, it also strengthens the basal ganglia, cerebellum and corpus callosum—deep innards of the brain.

No amount of exercise, of course, will make an Arnold Schwarzenegger out of a 98-pound weakling; nor can it make an Einstein out of an average comprehender. But the evidence is mounting that each person's capacity to master new and remember old information is improved by biologic changes in the brain brought on by aerobic conditioning. Exercise not only fuels the brain with a better blood supply but it feeds brain cells with a heartier supply of natural substances, known as neurotrophins, that enhance their growth. Add to the aerobics a series of complex coordinated movements like dance steps or basketball moves, and the brain produces a greater number of connections between its neurons. That suggests a brain better able to process all kinds of information.

A slower slowdown. Formal studies on the mental benefits of exercise in young people have yet to be conducted; the best supporting evidence to date comes from the other end of the age spectrum. Numerous studies of older people have shown that exercise can slow the deterioration of an aging brain and sharpen mental function. These findings ring true to Warren Utes, 74. "When I run in the morning, I can work the crossword puzzle better," says Utes, who took Olympic marathon runner Frank Shorter as his inspiration in 1978 and now runs about 10 miles a week. They certainly strike a chord in Tom Conklin, who as a master's student fashioned his own study of the connection between sports and academic improvement. Using two standard intelligence tests, Conklin tested 19 cross-country runners before their season began and again about three months later. After adjusting for an increase that could have been due to their taking the same test twice, he found that all the runners—who logged at least 30 miles a week—tested a couple of points smarter at the end of their season.

The mechanism at work, researchers



"DANCE IS MY FAVORITE CLASS OF ALL. I PICK THE MOVES UP EASILY. AFTER I DANCE, I JUST FEEL GOOD, I GUESS."

KAREN GRACE ALEGRE, 12, studies dance twice a week and will play a lead role at the spring recital. Sixth grade has been a good year. Studies suggest the vigor and discipline of dance might make for quicker information processing—a boost for the challenges ahead in junior high.



believe, is probably similar to that in animals, where the impact of exercise on the brain can be seen in autopsies. In a series of studies, William Greenough, professor of psychology at the University of Illinois, studied four groups of rats. One group lived sedentary lives; another played aimlessly on pieces of wood and plastic in their cage. A third group ran on an automated running wheel. And a fourth group traversed an intricate construction of ropes and metal bridges like squirrels on utility wires.

All the rats who exercised in any way had more capillaries around the brain's neurons than did the sedentary rats, an indication of increased supply of nutrients to the brain. But the rats that also worked on their coordination and dexterity by running along ropes and narrow bridges showed more connections between neurons as well, a sign of more efficient internal communications. Studies of monkeys, too, suggest that gaining a skill involving one part of the brain enhances learning in other

"I COME TO WORK OUT THREE TIMES A WEEK. AFTERWARDS, I FEEL CLEARHEADED AND BETTER AT MAKING CONNECTIONS."

RIKI ALEXANDER, 46, of Washington, D.C., favors the vigorous and sweeping movements of classes that combine high- and low-impact aerobics.

Scientists believe that regular aerobic workouts may help adults maintain their reaction time, thus avoiding the decline that normally begins in the mid-30s.

parts, according to Michael Merzenich, a professor of otolaryngology at the University of California at San Francisco. When monkeys gain finger dexterity by repeatedly picking up food pellets in difficult-to-reach areas outside their cages, for example, they also gain leg dexterity—even though different areas of the brain control arm and leg movements.

Exercise fuels the brain with more than oxygen: It appears to raise the dose of natural growth factors, too.

Neurotrophins act as a kind of fertilizer on nerve cells, slowing the brain-cell death that comes with aging. Carl Cotman, director of the Institute for Brain, Aging and Dementia at the University of California at Irvine, put rodent running wheels in the cages of laboratory rats. He found, in a study published in the Jan. 12, 1995, issue of the journal *Nature*, that all the rats that ran—whether at the moderate rat-race rate of a mile a night, or the runaholic rate of 5 miles a night—had more neurotro-



phins than did lazy rats. Cotman says people should follow the rats' example and forget about waiting for conclusive tests in people. "Get out there and do *something*!" he urges.

The possibility of turbo-charged learning provides one more compelling reason for parents to put their offspring on an aerobic regimen. Ideally, kids in grades 1 through 12 should get at least a daily 30-minute physical education class, but only 36 percent do, according to the President's Council on Physical Fitness & Sports. That's one reason why 40 percent of children as young as 5 already exhibit at least one heart disease risk factor such as obesity or elevated cholesterol. The new research argues for activities like soccer or tennis that add a mental component to the aerobic conditioning.

Ballet and modern dance, for example, are excellent choices because students must master and coordinate so many moves, says Jenny Scham, a dance teacher choreographer with the National Dance Institute in New York City, a

**"I TRY TO RUN EVERY SINGLE MORNING
IF I CAN — WHEN I DON'T, I GET CRABBY.
RUNNING MAKES MY MIND WORK BETTER."**

ANNE CLARKE, 85, has started most days with a 5 a.m. run since she began jogging at the age of 64. She also teaches fitness classes to retirees.

Researchers say even moderate exercise reduces anxiety and depression, and aerobic exercise can help older people hold on to short-term memory.

19-year-old program founded on the theory that when people gain control over their bodies, they gain control over their lives. Scham is also a doctoral candidate in clinical psychology, now trying to quantify all of the benefits, social and behavioral as well as academic, that she has observed over the years in many of the 1,500 or so schoolchildren who study dance weekly at NDI. "A boy comes to mind, who, according to his mother, his teachers — and especially himself — attributes a complete turnaround in

school to his involvement in dance," says Scham. She questioned students, their parents and teachers before classes began in September about their performance. She will survey them again in June to look for measurable improvements.

Like kids, adults don't need another reason to exercise: The evidence in favor of three workouts a week — and more is better — is clear. A study published just last month in the *Journal of the American Medical Association*, for example, showed that the equivalent of walking 4

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to 5 miles an hour for 45 minutes five times a week appears to prolong life. A week earlier, scientists reported in *JAMA* that it's never too late to start—even people 60 and older who became fit over a period of five years were 44 percent less likely to die of any cause during the five years than their unfit peers. "I feel better than I did when I was 50," says Anne Clarke, an 85-year-old world-class senior runner from Carol Stream, Ill. At 64, suffering from high blood pressure, Clarke took a fitness class that included an introduction to jogging. Since then, she's run mara-

thons in Chicago, Honolulu and Paris.

To middle-aged and older adults like Clarke, the mental benefits of exercise—a slower decline in memory, an ability to get from the gas pedal to the brake faster—are likely to go unnoticed. The slippage in memory and physical response time is gradual and natural, though scientists now say it's not inevitable. Arthur Kramer, psychologist at the University of Illinois, measured how quickly 40 sedentary adults between the ages of 63 and 82 responded simultaneously to two differently pitched tones by hitting buttons, a standard way of measuring the ability to do two things at once and an indication

of how quickly the brain processes new information. Then half the adults went through a 10-week water aerobics course, three times a week for 45 minutes of exercise, while the other half remained sedentary. The results, published in 1992 in the journal *Psychology and Aging*, showed improvement in their speed at hitting laboratory buttons, while the nonexercisers showed no improvement.

Old, but fast. His findings confirm a host of earlier research results, including a classic 1975 study of men between the ages of 50 and 70 who played squash, racquetball or handball at least three times a week. The regular exercisers responded more quickly upon hearing a tone than did sedentary men, even when the nonexercisers were younger by 20 to 50 years. (Normally, reaction time hits its peak when people are in their 20s, begins a subtle decline in the 30s, and a downhill roll in the 60s.) "What we're finding is that the decline in reaction time, beginning in the mid-30s, is not related to aging so much as to fitness levels," says Roberta Rikli, co-director of the Lifespan Wellness Clinic at California State University at Fullerton. Middle-aged exercisers, in other words, are blissfully unaware of what they are *not* losing.

Rikli found in a 1991 study that women ages 57 to 85 who started working out regularly were able to gain back some of the mental speed they had previously lost. Rikli looked at 31 women who exercised either in aerobics classes or by walking three times a week. After three years, their response time—the indicator she used—improved, while a comparable sedentary bunch showed a progressive decline. Rikli recommends that adults put in 30 minutes a day of brisk walking, stair climbing, gardening, leaf raking, dancing, cycling or swimming.

Until the relationship between physical skill and flat-out brain work is more fully understood, you will probably have to take on faith that your movements are influencing your ability to learn or remember. Aerobic exercise's impact on the brain may be too subtle to notice. Debi Thomas, 1988 Olympic bronze medal winner in figure skating and second-year student at Northwestern University Medical School, wishes that weren't so. "When I'm sitting there taking an exam, what I've learned from skating doesn't translate," she says. Maybe not directly. But it could be that her years spent mastering the elegant leaps of figure skating helped her land in that medical student's chair. ■

BY SUSAN BRINK

U.S. NEWS & WORLD REPORT, MAY 15, 1995



I'D RATHER BE WITH PEOPLE

Personal-training software can't give me that personal touch

A year ago February, when the body I thought of as a trim size 6 unexpectedly demanded a size 10 dress, I turned to Weight Watchers and to the New York Road Runners Club for inspiration. The pep-rally atmosphere really worked: By June, I'd dropped 15 pounds and was running 15 miles a week. Last month, 5 pounds plumper after a lazy winter, the tech writer in me decided to see if new fitness software could prod me back on track. I knew what I wanted—an electronic personal trainer, on call 24 hours a day. It would figure out how fit I was, recommend an exercise regimen customized to my age (32), height (5 feet, 1 inch) and weight (then 116), and track my progress over time. Alas, I didn't find it. I could accomplish all three tasks, but I'd need three separate programs.

The two I found that promised to gauge my fitness level let me down in different ways. *Mayo Clinic Sports Health & Fitness* (IVI Publishing: Windows CD-ROM, \$41, 800-432-1332) is a basic reference that goes from defining aerobic conditioning to explaining the food pyramid, with video clips on the proper form of exercises. The newly health conscious would probably find it instructive, but the bulk of the information was non-news to me. (To continue to develop strength, increase from two to three the number of times a week you strength train.) By contrast, *Your Personal Fitness Trainer* (Ziff-Davis Press: book plus Windows or Macintosh CD-ROM, \$30, 800-688-0448) seemed too sophisticated. I couldn't complete the fitness assessment without a professional trainer or doctor to measure my body fat—nor did I have the required weighted barbells or foot-high step.

Whew. *Mayo's* test of my fitness was fun, but the results were disappointing—and not, it turns out, because I'm unfit. After answering questions about my medical history and lifestyle, I had to run 1.5 miles as fast as possible (14 minutes) and perform as many sit-ups (30) and push-ups (20) as I could without stopping. Startled by my "low" overall grade and my "average" score for cardiovascular health, I consulted the software maker. We discovered a programming bug that the publisher didn't know about; I did deserve a "high" cardiovascular mark after all, for example. IVI is now sending registered users free fixes.

While it won't assess fitness, *Multimedia Workout* (Lifestyle Software Group: Windows CD-ROM, \$50, 800-289-1157) will tailor a regimen to the user's height, weight, sex, age, metabolism and activity. The calculus for me: I can eat 1,824 calories a day to maintain my weight; to lose half a pound per week, I can consume 1,731 calories if I promise to exercise slightly more. The program provides the nutritional content of 5,000 foods, and, if you type in what you eat, will alert you when you're short of vitamin C, say, or eating too much fat.

The weight-lifting coaches at my gym are generally so swamped that I really appreciated the program's on-screen demonstrations. Click on the upper arm of an anatomical drawing, and up pops a list of bicep machines and lifts for free weights.

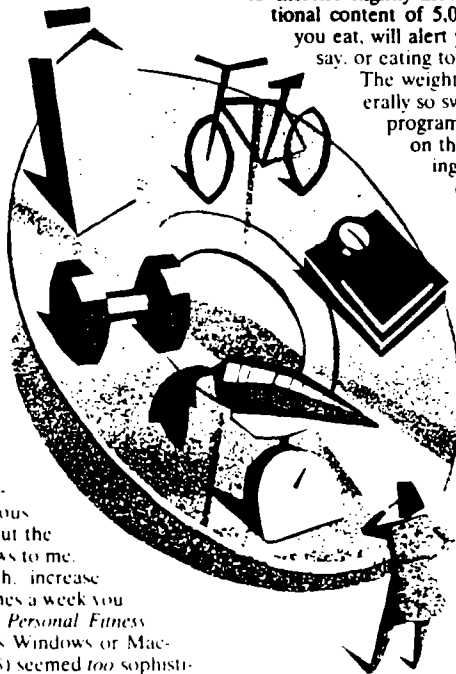
Click on the video icon, and a trainer demonstrates the proper form for the hammer curl, say, or the preacher bench curl. Want to try hammer curls? The program recommends a starting weight and number of repetitions. I was assigned six reps using 80 pounds.

None of these programs makes it easy to review your progress. The best one I've seen for logging time-distance events like running or swimming is designed to do only that: *Bill Rodgers' WinTrainer* (Abaco Software: Windows, \$50, 800-786-4872). For each workout, you can record the temperature, hours of sleep the night before and even your mood as well as your time and distance. You can then see in

graph form how you've improved, for example, or how cold, or heat, or lack of sleep affects your time. You can even track your shoes' mileage in case you need help remembering when it's time for a new pair.

After a month of playing with these programs—only 2 pounds slimmer and still exercising sporadically—I've concluded that software can't provide what I need most: the support of like-minded people. Maybe I'll try out the online services, where runners, mountain bikers and even snorkelers can encourage each other. ■

BY MARY KATHLEEN FLYNN





PURE AND UNADULTERATED

Sales are soaring at organic-food producer Walnut Acres



It looks like any other family farm in the central Pennsylvania Appalachians: red barn, tin-roofed, century-old farmhouse. Tractors rumble through hilly, contoured fields sowing oats and peas on this spring morning. An Amish neighbor in a horse-drawn buggy rides down a narrow lane lined with black walnut trees.

But the bucolic setting belies the feverish pitch at which Walnut Acres does business. Nearly 50 years after it produced its first batch of Apple Essence apple butter, the country's largest mail-order organic-food producer is watching orders soar as health-conscious consumers make the switch. Sales of Walnut Acres' 350 products jumped to nearly \$8 million in 1994, up from \$6 million in 1991. The 700 tons of pesticide-free pro-

MOOOOOO. Walnut Acres' Holsteins eat only organic grains and graze in spacious, organically grown pastures.

duce raised here each year is three times the size of 1990's crops. Sales of hormone- and antibiotic-free beef, chicken and eggs have doubled since 1989.

And now consumers who might never have left the mainstream to find such foods are being introduced to them in the supermarket. The four-year-old Fresh Fields chain, based in Rockville, Md., now markets its "Good for You Food" at 16 supermarket-size natural-foods stores in five states and will open six more by year-end. Austin, Texas-based Whole Foods Market, now operating 39 similar stores in nine states, plans a total of 100 stores by the end of

the decade. Grocery chains like Oakland, Calif.-based Safeway Supermarkets have begun featuring organic produce, free-range chickens and additive-free sausages. There's no mystery why: Natural-food sales in 1994 totaled an estimated \$7.3 billion, an increase of more than 17 percent over the year before and more than 100 percent since 1987. The grocery business as a whole has been flat.

"We've moved from the lunatic fringe to the leading edge of agriculture," says Paul Keene, who founded Walnut Acres with his wife, Betty, in 1946 — and at 84 is so spry that he may be his own best advertisement. "It doesn't seem that long ago that everyone thought we were kooks or commies. Someone once tossed dynamite on the property. An-

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other burned crosses," he remembers. But the Keenes kept the faith, which Paul acquired after meeting Mahatma Gandhi while working in India in the late 1930s. "It was Gandhi's simple life, his powerful personality, which inspired me to return to the States and learn organic-food production," says Keene.

And simple life was at Walnut Acres in the early days. "The place had no plumbing, no telephone, no furnace," remembers Keene. "We had one team of horses, an old plow, an old harrow and 100 acres." By contrast, more than 100 employees now handpick crops, process foods and take telephone orders seven days a week. Each year, some 30,000 visitors tour the 100,000-square-foot plant, situated in the old stable, where the cannery spits out 60 cans of soup a minute and the mill grinds 1,000 pounds of whole wheat flour an hour.

Consumer concern. In large measure, the rising consumer interest in unadulterated food is a reaction to food safety questions that have been vigorously aired in the media: How dangerous are Alar-treated apples? What about milk from cows given a hormone to increase milk production? A 1994 study by HealthFocus, a Des Moines research firm that tracks consumers' attitudes, found that 95 percent of shoppers surveyed based buying decisions on how healthy they deemed the foods to be. And 35 percent said they were "extremely concerned" about pesticides in foods. Should Congress raise the levels of pesticide residues allowable on produce, and delay or nix an Agriculture Department proposal to modernize meat-inspection procedures—both of which it indicated in March it might do—the attraction of chemical-free products is sure to grow.

But neophytes are bound to be baffled at first by what it is they're buying. There is no universal definition of "natural," for instance—and the descriptive has been borrowed so liberally by food marketers "that it means absolutely nothing," says Keene. To Keene and other natural-food retailers, the label is an umbrella term for food that is not highly processed and is free of synthetic preservatives and artificial col-

ors or flavors. Refined sugars or synthetic sweeteners are shunned, as are artery-clogging hydrogenated oils, tropical oils or cottonseed oil. Peanut butter, for example, is produced by roasting and grinding the peanuts—skins, germ and all—and without adding oils, fats or sugars.

Depending on how the peanuts were grown, a natural peanut butter may also be organic. Unlike "natural," the "organic" label should soon have a uniform meaning: In 1990, Congress passed legislation mandating federal standards, the regulations are still being written. Currently, 28 states specify the requirements for organic labeling: The produce or the food's ingredients must be grown in soil

that has been free of chemical pesticides, herbicides and fertilizers for at least three years, and the food must be processed without chemical additives or preservatives. Only 16 states, however, require inspections of the land in question. Food products cultivated in inspected land may be labeled "certified organic."

All of Walnut Acres' crops qualify, since only natural fertilizers such as manure and vegetable waste and botanical pest controls such as ladybugs, liquid kelp and ground chrysanthemums are used. To decrease the chance of perennial pests, crops are rotated annually. Last year's sweet-corn field is this year's pea field, next year's oat field and the following year's wheat field.

The fifth year, the field is sown with alfalfa and clover seeds and lies fallow to give the soil a chance to replenish.

The steers and chickens, meanwhile, are being "naturally raised." Packaged meat that carries this label or a "free range" designation comes from animals raised, like those at Walnut Acres, in open pastures rather than cramped pens. They are not treated with hormones or with antibiotics, which are often used to increase body weight and the fat marbling that boosts the meat's flavor. According to the USDA, meat labeled "natural" cannot be highly



MAINSTREAM. These days, nobody's accusing Paul Keene of being from farming's lunatic fringe; sales of Walnut Acres' products totaled nearly \$8 million last year.



PRICEY PRODUCE. Organic almonds sell for \$8.79 a pound versus \$6.58 for conventional fare.

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processed or contain chemical additives.

Converts seem glad to pay a premium for foods they perceive as a smarter buy. (In the recent HealthFocus survey, 56 percent of respondents said they thought food raised organically was more nutritious than conventional fare, and 68 percent thought it was safer to eat.) Prices typically run 5 percent to 30 percent higher than for traditional goods because of the higher costs of labor-intensive organic farming.

No hard data. But is organic food really better for you? Nutritionists agree that natural foods, including organics, that are higher in fiber and lower in saturated fat and sodium than conventional foods are healthier from a diet standpoint. There is little hard evidence, however, that organic foods contain more nutrients. Data that favor organic fare come from a 1993 study published in the *Journal of Applied Nutrition*. The study found that over a period of two years, organic apples, pears, tomatoes, corn and whole flour purchased at several stores in Chicago had twice the concentration of basic elements like calcium, zinc and magnesium that commercial foods did. Given the limited nature of the study, however, most scientists have yet to concur with that conclusion. According to Katherine DiMatteo, executive director of the Organic Trade Association, the nutritional content of food depends on how close to maturity the crop was harvested, how long it took to come to market and whether it was properly handled and refrigerated—not on which pesticides were used.

Nor is the label "certified organic" a promise of greater food safety, says DiMatteo. The debate continues over what the long-term effects might be—particularly in children—of consuming pesticide residues and hormones and antibiotics in beef. A 1989 report by the Natural Resources Defense Council suggested that children are especially vulnerable to pesticide residues because they eat more fruits and vegetables relative to their body weight than adults do. Of the more than two dozen environmental hazards the Environmental Protection Agency regulates, it ranks pesticides as the third-greatest cancer risk; on the other hand, as a general rule, the EPA bans substances that have a greater than one-in-a-million risk of causing cancer. Meanwhile, some experts have theorized that ingesting meat from animals fed heavy doses of antibiotics may boost human resistance to antibiotics.

While the research continues, many

NEW POWERS OF PRODUCE

Looking beyond beta carotene

The case for fruits and vegetables goes beyond the need for vitamin C, iron or beta carotene. Scientists are just beginning to grasp the power of plant substances called phytochemicals—most of which have little or no recognized value as nutrients. These substances hold tremendous promise in the battle against cancer, heart disease and a number of other ailments. The glycyrrhizin in licorice root may protect against

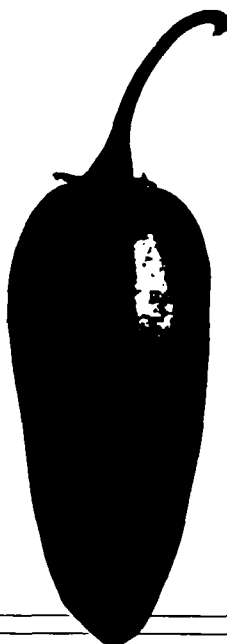
prostate cancer; eat enough garlic, and your blood pressure should go down.

Research has barely begun on a handful of the 500 or so known phytochemicals. Already, the lutein in spinach and the selenium in Brazil nuts, which may help ward off cancer by boosting the body's immune response, are available in pill form in some health food stores. But scientists have far to go before they can say which phytochemicals act alone.



GARLIC

■ Garlic contains sulfur compounds, which appear to lower blood pressure and cholesterol levels, enhance the immune system and memory, block carcinogens from entering cells and stop malignant changes within cells. Garlic pills have been shown to be beneficial, as has roasted or sautéed garlic, but raw garlic can irritate the gastrointestinal tract.



HOT PEPPERS

■ Old wisdom said to avoid hot peppers if you had an ulcer, but new research says the capsaicin they contain may help kill bacteria that cause ulcers. And it's likely that capsaicin neutralizes the carcinogenic effect of nitrosamines, found in many meats like hot dogs and sausages.



LENTILBURGER, ANYONE?

Nouvelle veggie cookbooks

Ah, the joys of vegetarian cooking. I boiled bulgur and added it to a skillet full of onions, peppers and tomato sauce. I stirred the stuff, then stuffed it into taco shells and added tomatoes, olives and a dab of salsa. Voilà! Healthful vegetarian tacos that looked like the real thing.

Then came the taste test. "Ewwwwww," judged my daughters, ages 6 and 9, who dumped the mealy filling and ate just the taco shells.

It's a common view of vegetarian food: good for you, but who'd want to eat it? A batch of new cookbooks aims

to change that, with low-fat, meatless meals for health-conscious people who are not morally opposed to meat but would like to eat less of it—and more produce.

No tofu. Unlike the groovy granola manuals of the 1960s, many new books ignore ersatz meat dishes like "filet of tofu," aiming for zesty mélanges of vegetables, grains, pasta, nuts and cheeses. Nor do the books obsess about protein. Average Americans get 160 percent of their recommended daily allowance; part-time vegetarians needn't worry. But are the nouvelle dishes edible?

In *High-Flavor, Low-Fat Vegetarian Cooking* (Viking, \$24.95), Steven Raichlen artfully blends herbs, spices and other ingredients: carrots and pears with a sweet and tart dressing, a homey Cuban shepherd's pie. Still, I have some beefs. Lentil mushroom burgers ("[their] rich, earthy flavor... almost reminiscent of beef," Raichlen says) were more reminiscent of... lentils. And I do not plan to make Indian cheese from scratch. But I do appreciate the nutritional breakdowns; most recipes get less than 30 percent of calories from fat, the rec-

ommended daily maximum.

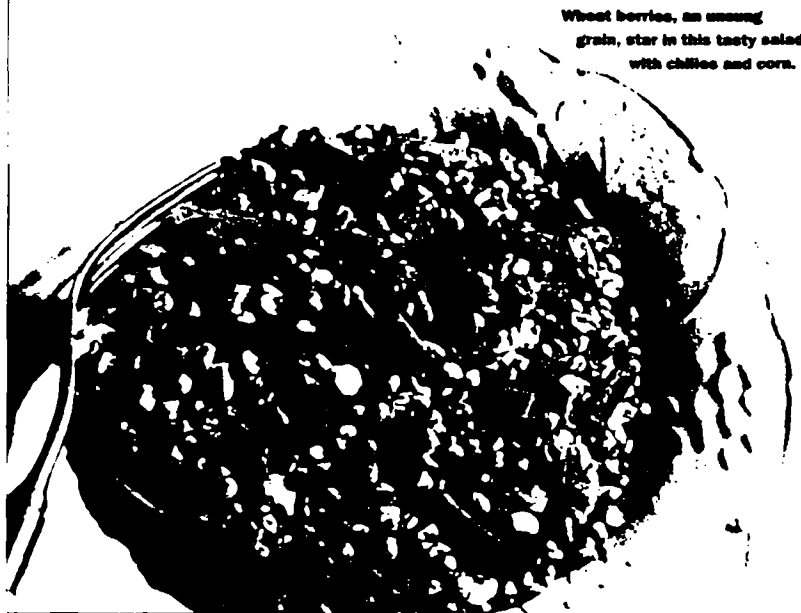
Some books talk the low-fat talk but omit the proof. Mollie Katzen, for example, claims to have cut the fat in her revised 1988 classic *Still Life With Menu Cookbook* (Ten Speed Press, \$19.95). *U.S. News* asked a nutritionist to analyze selected recipes. Many are leaner than before, but this is not a low-fat oeuvre. The pasta with marinated vegetables gets 45 percent of its 913 calories per serving from fat.

The Occasional Vegetarian by Karen Lee (Warner, \$24.95) does a better job delivering on its promise of low-fat food "made with familiar ingredients combined in new ways." My kids (motto: "We hate sauce") wolfed down the pasta with goat cheese, tomatoes, onions, olives and capers. The sharply succulent sweet potato and pear gratin, topped with parmesan cheese, was a Passover Seder hit. The *U.S. News* analysis showed that the fat content of both dishes was below 30 percent of calories.

Indian, Thai and other exotic cuisines mingle in *The Bold Vegetarian* by Bharti Kirchner (HarperPerennial, \$16). For my timid family, I tried sweet-spiced millet with cabbage and pine nuts. Millet, the grain in birdseed, fluffs up when cooked but tasted bitter to me. I'd make the dish again—with couscous.

My experiment has inspired me to join the part-time vegetarian revolution, though now I must face the stubborn masses. Staring at her millet, my 9-year-old sighed, "Don't you have any hot dogs?"

BY MARC SILVER



Wheat berries, an unusual grain, star in this tasty salad with chiles and corn.

people are happy to pay extra for peace of mind. Last week, Walnut Acres' popular peanut butter cost \$4.59 a pound, compared with \$2.66 for the same-size jar of Peter Pan at a Washington, D.C., supermarket. And a Bell & Evans All Natural chicken sold for \$1.99 a pound, compared with \$1.25 a pound for a Perdue roaster. At a Whole Foods Market in Dallas, organic carrots were priced at 99 cents a

pound. Most conventional supermarkets sell a nonorganic pound for a mere 50 cents or so. As practiced shoppers know, however, locally grown organic produce in season can be the cheapest choice available.

Without preservatives, natural goods do go bad faster. Walnut Acres ships detailed storage directions with each order. Tightly sealed, flour will keep up to eight months in the freezer. Peanut but-

ter can be stored for just one week at room temperature, for three to four weeks in the refrigerator. But where money is not the issue, neither is convenience. "It's lifestyle," says Robert Anderson, Walnut Acres' president and Keene's son-in-law. "Our customers, like us, care about our bodies, our kids' bodies and the environment." Naturally. ■

BY KERRY HANNON



WHEN WILLPOWER WON'T

Researchers now view obesity as a disease requiring drugs

How fat was Marcus Williams? At his 500-pound peak, Williams had to sit at the table sideways in order to reach his plate. Blocked by his belly, he couldn't get a good grip on the steering wheel. And the logistical problems were nothing compared with obesity's impact on his health. He developed an irregular heart-beat, high blood pressure, knee problems, varicose veins and diabetes. All this by age 32.

Williams, now 36, is an internist in Bryson City, N.C., but don't tell him he should have known better than to get so fat. "If knowledge was power, I'd be a skinny man," says Williams, a veteran of Physicians Weight Loss Center, Weight Watchers, Nutri-System and Medifast. Where knowledge failed, though, Williams believes medication will prevail.

On March 18, Williams and his wife, Penny, 39, entered the newest frontier of obesity management: treating it not as a character flaw but as a physiological disorder that requires medication. The Williamses expect their drug therapy to last as long as they do. Marcus, who had lost some weight on his own, started the program at 331 pounds. Penny, at 218 pounds. By last week, they had dropped 31 and 20 pounds, respectively. Williams says he is satisfied with less food than before.

The Williamses' drugs aren't new; they've been sold for nearly a quarter of a century. One, fenfluramine (sold as Pondimin), increases the activity of serotonin, a chemical involved in communication between nerve cells. Raising serotonin levels suppresses appetite, research suggests. The other drug, phen-

termine (sold as Adipex-P and Fastin, among others) is thought to rev up the body's calorie-burning engine. But used individually and for short periods—as their labels direct—the drugs haven't been too effective.

When they first hit the market, "the thought was you would get a jump-start with these drugs, learn how to eat and then stop them," says obesity researcher Richard Atkinson of the University of

Wisconsin at Madison. Once people stopped, though, the pounds crept back. Like most of society, the medical community has tended to blame regained weight on a lack of willpower that can't be treated with pills, says obesity expert George Bray, executive director of the Pennington Biomedical Research Center at Louisiana State University.

Now, thanks to Bray and a few other researchers, doctors and patients are



NEW PERSON. Now a size 2, Ginny Onischenko is quick to whip out her "before" picture whenever strangers or new acquaintances comment on how tiny she is. Medication helped her lose 130 pounds in a year.

■ HEALTH GUIDE 1995

beginning to recognize that obesity is a chronic, incurable disease. Just as a diabetic might always need insulin, so might an obese person need drugs indefinitely to maintain a reasonable weight. Cutting calories and exercising more isn't always enough to overcome a genetic propensity for obesity.

Doctors haven't had much chance to observe long-term benefits of weight-loss drugs because most state medical licensing boards prohibit prescribing them for more than 12 weeks. Patients in those states can take the drugs longer only as part of a study or under the care of a doctor in a more liberal state. The Food and Drug Administration has approved the medications only for short-term use, and the federal Drug Enforcement Administration considers them candidates for abuse, though there is little evidence that they can cause dependency.

For obese people, potential benefits appear to outweigh possible risks. (Addictive amphetamines, such as Dexedrine, are generally no longer prescribed for weight loss.)

The recent heightened interest in obesity medications stems from a landmark study published in 1992. Researcher Michael Weintraub, then of the University of Rochester School of Medicine and Dentistry, was the first to combine fenfluramine and phentermine and put them to a long-term test. He found that giving half the usual dose of each drug reduced side effects, which can include dry mouth, diarrhea, depression and anxiety. By week 34 of his study, patients on medication had lost an average of 34 pounds, compared with only 10 for those on a placebo. Some patients kept the weight off until they stopped the drugs after 3½ years.

Long-term medical treatment of obesity might gain momentum this summer, thanks to the FDA. Because obesity is a chronic disease, the agency is planning to issue guidelines requiring makers of new treatments to demonstrate long-term effectiveness and safety. Companies will have to conduct year-long trials to show that their drugs help obese people lose weight and keep it off, then extend the studies another year to



STILL COUNTING. Internist Marcus Williams is well aware of obesity's dangers, but knowledge couldn't squelch his cravings. With the help of medication, he's lost 31 pounds in seven weeks.

make sure there are no serious side effects. Despite the need for longer trials, pharmaceutical companies might consider obesity drugs a sounder investment if they could be used indefinitely. Already, a few new products are in the pipeline (box, below).

But don't wait for some magic skinny pill. "Obesity is a problem of many causes, so to expect a drug to help all people seems unlikely," says Kelly Brownell, director of the Yale Center for Eating and Weight Disorders. Any one medication probably will help only a portion of the 60 million to 70 million

U.S. adults who are significantly overweight. Brownell says. Even when a drug works, it might not result in a figure suitable for *Vogue* or *GQ*. Not all of Weintraub's patients were able to reach what was considered their ideal weight. But losing even small amounts can help lower blood pressure, blood sugar and cholesterol levels.

To Ginny Onischenko, treating obesity with medication makes sense professionally and personally. Although Onischenko, 33, counsels people with eating disorders, she was slow to recognize that she herself was a binge eater.

After she had ballooned to over 200 pounds, Onischenko sought treatment from internist Roy Blank of Charlotte, N.C.—who also counts the Williamses among the 1,500 patients in his trial of obesity drugs. One year after starting on fenfluramine and phentermine, the 5-foot, 2-inch Onischenko had lost 130 pounds, shrinking from a size 22 to a size 2.

The medication has silenced obsessive thoughts about food that have plagued Onischenko since childhood. "Sometimes I actually forget to eat," she says in wonderment. "That was never a problem."

By RITA RUBIN

DRUGS IN THE PIPELINE

Potential candidates for the first new obesity drug in nearly 25 years include:

■ **DEXFENFLURAMINE.** The active component of the obesity drug fenfluramine works the same way, by increasing serotonin levels. But it has fewer side effects.

■ **ORLISTAT.** Hoffmann-La Roche's drug prevents the digestion of fat, so about 30 percent of fat consumed is eliminated. Trials should be finished within two years.

■ **LOVAN.** Some people taking Prozac for depression lose weight—probably because its main ingredient, fluoxetine, increases serotonin activity. After waiting years for an answer, Eli Lilly last fall withdrew an application to market fluoxetine as Lovan for obesity. But Lilly could reapply.



QUESTIONABLE MEDICINE

Many FDA-banned pills and potions are still sold—legally

Lula Smith's leg cramps had grown so painful that they wouldn't let her sleep. At a friend's suggestion, the 62-year-old Springfield, Tenn., woman picked up some non-prescription generic quinine-sulfate tablets to treat the spasms, which are often linked to poor circulation. Smith says that after taking a pill one Thursday night in June 1993, she awoke with such severe pain in her arms, chest and abdomen that she had to be rushed to the emergency room. As her body swelled and it became difficult to breathe, her kidneys began to shut

down. "I didn't even know I was in the world," she says. "I thought I was going to die." She remained in critical condition for nine days.

**U.S. NEWS
INVESTIGATIVE
REPORT**

Doctors determined that her renal failure was a reaction to the quinine sulfate, according to the lawsuit Smith has filed against the drug's manufacturer, Vintage Pharmaceuticals, as well as its distributor and the pharmacy that sold her the drug. All are contesting the suit. Vintage maintains that its quinine sulfate wasn't to blame. Meanwhile, the Food and Drug Administration quietly banned over-the-

counter quinine—and all OTC ingredients—for the treatment and prevention of leg cramps just last February 22. It cited insufficient evidence that such drugs are effective and "an alarming trend" of reports linking quinine sulfate with serious reactions—including 16 deaths. Yet leg-cramp medications containing quinine sulfate still can be found on drugstore shelves. And consumers can buy them quite legally.

What's going on here is business as usual. A *U.S. News* investigation has

TROUBLE SLEEPING. A drug for night leg cramps caused serious illness, Lula and Clifton Smith claim in a lawsuit.

found that consumers are unwittingly being sold a surprising variety of drugs over the counter that contain FDA-banned ingredients. Quinine sulfate is the only one to raise serious safety concerns; the rest have been banned largely because drug makers' studies failed to satisfy the FDA that the medications work as intended. *U.S. News* reporters who shopped over the past month in Atlanta, Boston, Chicago, Dallas, Fort Lauderdale, Los Angeles and Washington, D.C., found more than a dozen banned drugs, including salves to treat boils, remedies for eyelid infections, ingrown toenails and nail fungus—as well as quinine sulfate for leg cramps (table, Page 104).

Patients pay. FDA officials are not at all surprised. In fact, the agency tacitly approves the practice. Forcing companies to recall medications not specifically banned because of imminent health hazards would be far too costly for the non-prescription drug industry, explains William Gilbertson, director of the FDA's office of OTC drug evaluation. And the agency doesn't have the resources to enforce such actions anyway. (Lack of resources was one reason quinine sulfate was not recalled, FDA officials say, even though safety was an issue.) Once a ban takes effect, manufacturers are barred from shipping new supplies, but stores legally can sell banned drugs until their own and their wholesalers' inventories run out. It's consumers who remove banned items from drugstore shelves—by buying them.

Both the FDA and the Nonprescription Drug Manufacturers Association, the umbrella group for makers of as many as 300,000 OTCs marketed in the United States, stress that the nonprescription drug market is overwhelmingly effective and safe. FDA officials who reviewed the *U.S. News* list of banned drugs point out that some products flunked simply because companies failed to provide any scientific data, which can be costly to gather. Some manufacturers still hope to demonstrate their products' worth.

But consumers who are today relying on questionable medications may be passing up proven treatments. The FDA banned over-the-counter topical treatments for fungal infections of the fingernails and toenails on March 2, 1994, for instance, noting that they have a hard time penetrating the nail to get at the fungi. The job takes potent prescription drugs that work internally. And some smokers are still paying about \$21 for Cigarrest II stop-smoking kits with 15 tablets of lobeline sulfate





WHAT WORKS? The FDA's William Gilbertson says *U.S. News*'s report may prompt changes: Drug makers may be asked to voluntarily remove ineffective products from the marketplace.

and one sample of lobeline gum, because it wasn't proven to work, lobeline was banned as a quit-smoking aid Dec. 1, 1993. (Retormulated with natural ingredients such as black spruce, Cigarette is now sold through the mail by MDR Transmedia Inc., as a "homeopathic" tablet, its maker says. Homeopathic products are exempt from FDA regulations.) Prescription nicotine gum, meanwhile, has been shown through scientific studies to reduce smokers' cravings, and it wholesales on average for \$36 for 96 sticks of gum.

Bans of over-the-counter drugs have trickled out of the FDA since 1972, when the agency embarked on the huge task of reviewing all 2,486 therapeutic uses of the 878 active ingredients found

in nonprescription medications. More than 20 years later, the job is only about 70 percent done. The process is laborious: Understaffed, the review group typically takes years to mull the evidence and reach a decision. The ban on quinine sulfate, for example, took effect more than 18 years after the FDA's own expert panel first raised safety concerns.

After a decision is made to ban a drug, manufacturers generally get a grace period of six months to a year before the effective date, during which they can ship and sell at will—and reformulate or change their product's claims if they choose. Restrictions on the manufacturers' shipments to wholesalers and retailers don't kick in until the ban's effective date. After that,

shipments from the manufacturer must cease, but wholesalers can keep resupplying stores until their stock dries up. "What often happens is that you get manufacturers who dump products before the ban," says Gerald Rachanow, deputy director of the FDA's OTC review staff.

There has been little public outcry because OTC drug bans are seldom publicized. The agency has no formal mechanism in place by which to inform consumers—or pharmacists, for that matter. Most of the pharmacists at the stores *U.S. News* reporters went to as shoppers did not seem to know about the bans, or at least did not mention them.

Side by side. Complicating the shoppers' predicament, drugs with banned ingredients are often shelved side by side with FDA-approved, reformulated versions—in almost identical packaging. Whitehall Laboratories' Preparation H ointment, for instance, no longer has live yeast-cell derivative. The FDA banned that ingredient last September because the agency was unconvinced that it relieved pain and itching or swelling.

The new Preparation H contains phenylephrine instead, an approved ingredient that constricts blood vessels. But except for the "See New Label" flag on the front of the box, meant to refer consumers to the list of new ingredients, the banned and the reformulated drug's packaging looks virtually identical to all but the most hawk-eyed customers.

Even that tip-off will eventually disappear, though Whitehall could not say when. Such banners on packages, or claims that a product is "new" or "improved," sometimes indicate that previous formulations may not have measured up to FDA standards. In such cases, a careful reading of the list of active ingredients is in order.

Shoppers who don't linger on the label might also overlook that a drug they're used to buying has changed its claims. When it contained yellow mercuric oxide, Del Pharmaceuticals' Styve was marketed as a treatment for minor eyelid infections, as its name suggests. Then in June 1993, the FDA banned all OTC ingredients for eye infections, and the yellow mercuric oxide had to go. But Styve didn't disappear from store shelves. It's now marketed



A BAN'S AFOOT. Despite an FDA ban on ingrown toenail relievers, banned boxes of Whitehall Laboratories' Outgro (left) are still popping up alongside FDA-approved Outgro (right). In its new incarnation, the banned ingredients—and toes—are gone.



BANNED, AND SOLD OVER THE COUNTER

These OTC drugs, which contain ingredients banned by the Food and Drug Administration for their intended uses, were found by U.S. News reporters last month in selected drugstores and supermarkets around the nation. (The agency allows stores to deplete inventory but prohibits

new shipments.) Consumers can use this list to identify banned products on store shelves and in their own medicine cabinets. Products with a double asterisk either have been or soon will be reformulated to comply with FDA rules, according to the manufacturers.

USE	DRUG (PRICE)	ACTIVE INGREDIENT BANNED	REASON BANNED (DATE)	ALTERNATIVE TREATMENTS
BURNS*	■ Commerce Drug Co.'s Boil Ease** (\$7.10 for 1-oz. tube)	Ichthammol	Unproven effectiveness and safety (MAY 16, 1994)	Apply a warm compress for discomfort and to hasten draining and healing.
EYELID INFECTIONS*	■ Del Pharmaceuticals' Style** (\$7.40 for 0.125-oz. tube)	Yellow mercuric oxide	Unproven effectiveness; safety concerns about self-treating infections (JUNE 18, 1993)	Warm compresses; prescription antibiotic eye ointment may be necessary.
FEVER BLISTERS & CHILD SORES	■ Commerce Drug Co.'s Tanac** (\$6.80 for 0.1-oz. tube) ■ Zila Pharmaceuticals' Zilactin** (\$7.30 for 0.25-oz. tube)	Tannic acid	Unproven effectiveness and safety (NOV. 10, 1993)	Apply ice for pain; prescription antiviral drug may be necessary.
FLATULENCE	■ Kramer Labs' Charcoal Plus** (\$14.70 for 120 capsules)	Activated charcoal	Unproven effectiveness and safety (APRIL 21, 1994)	Many OTC products contain simethicone — approved for gas — without banned activated charcoal.
HEMORRHOIDS	■ Whitehall Laboratories' Preparation H ointment** (\$8.40 for 2-oz. tube)	Live yeast cell derivative	Unproven effectiveness and safety (SEPT. 2, 1994)	Mild cases may require only fluids, a high-fiber diet and staying regular.
UNKNOWN TOE/NAIL PAIN*	■ Whitehall Laboratories' Outgro** (\$6.85 for 0.3 fluid oz.)	Tannic acid, chlorobutanol	Unproven effectiveness and safety (MARCH 9, 1992)	Soak foot in warm saltwater, cover nail with a dry gauze dressing; antibiotics may be necessary.
SKIN FURUNCLES*	■ P.P.R. Co.'s Pro Clearz** (\$7.90 for 1 fluid oz.)	Tinactin	Unproven effectiveness and safety (MARCH 2, 1994)	Disabling or disfiguring infections may require a prescription systemic antifungal drug.
RESTLESS LEGS*	■ Ciba Consumer Pharmaceuticals' Q-Vel (\$10.75 for 30 tablets) ■ Columbia Laboratories' Legatone** (\$9.25 for 30 tablets)	Quinine sulfate	Safety concerns about quinine; unproven effectiveness (FEB. 22, 1995)	Doctors recommend gently stretching each leg for 10 seconds five times in the morning and before bedtime.
POISON IVY	■ Ivy Corp.'s Ivy-Dry** (\$3.15 for 1-oz. tube)	Tannic acid	Unproven effectiveness and safety (NOV. 10, 1993)	Apply a paste of baking soda or Epsom salts and water; cover open blisters with sterile gauze.
SMOKING CESSATION*	■ Advantage Health & Fitness's Cig Arrest II** (\$21 for 15 tablets, gum, 7 vitamins, audio tape and book)	Lobeline sulfate	Unproven effectiveness and safety (DEC. 1, 1993)	Nicotine gum and patches help; 90 percent of people quit completely on their own.
THUMB SUCKING & NAIL BITING*	■ Good's Manufacturing Corp.'s Stopnt (\$4 for 0.5 fluid oz.) ■ Oakhurst Co.'s Thum (\$2.85 for 0.2 fluid oz.)	Sucrose octaacetate Cayenne pepper extract	Unproven effectiveness and safety (MARCH 2, 1994)	Ignore the habit and offer distractions; constant reprimands may increase anxiety and make thumbsucking worse.

Note: *No OTC active ingredient is considered safe and effective for this condition. **Product has been or will be reformulated. Prices are averages of what reporters paid. Alternative treatments are derived from American Medical Association Encyclopedia of Medicine and Mayo Clinic Family Health Book.

not as a "treatment," as before, but as a "sterile lubricant eye ointment" for "temporary relief of discomfort due to minor irritations." The active ingredients now are white petrolatum 55 percent and mineral oil 32 percent; formerly, light mineral oil and white petrolatum had been listed among Stye's inactive ingredients.

Hot compress. "We have clinical evidence that the product treats the symptoms identified on the packaging," says Charles Hinkaty, president of Del Pharmaceuticals. Still, for treating the stye directly "most people with eyelid infections do just fine with hot compresses and perhaps a prescription antibiotic eye ointment, if necessary," says Oliver Schein, associate professor of ophthalmology at the Wilmer Eye Institute at Johns Hopkins Hospital.

Consumers can often rely on common sense at the store to prevent them from buying banned drugs. Store sales on "discontinued items" can sometimes be a red flag, for example. One pharmacy outside Washington, D.C., was touting Ciba Consumer Pharmaceuticals' Q-Vel—a quinine-containing nighttime drug for leg cramps—that way after the February shipping ban. And drugs that are close to their expiration dates might be leftovers of the FDA's review. Not surprisingly, reporters found that some banned drugs didn't scan at the cashier, another signal that they may no longer be marketed.

Gilbertson of the FDA says that the *U.S. News* investigation might make him rethink the way OTC bans are handled. For instance, the agency might consider asking drug makers to voluntarily remove ineffective products from the market. And future bans might be publicized more effectively. A spokesman for the American Pharmaceutical Association, which represents pharmacists, says the group will meet with the FDA next month about the need for an electronic system of communicating such agency decisions to pharmacists. Asked for comment on the *U.S. News* findings, a spokesperson for Rite Aid, the largest drugstore chain in the country, said, "In no case would our stores continue to sell items that have been officially banned, although FDA guidelines clearly permit it." The statement came after Rite Aid was informed that a reporter bought six drugs with banned ingredients at the Rite Aid pharmacy inside FDA headquarters. ■

By David Pridemore, Staff Writer, *U.S. News & World Report*, and
 Staff Writer, *U.S. News & World Report*, and
 Staff Writer, *U.S. News & World Report*, and
 Staff Writer, *U.S. News & World Report*, and

PULLED PRESCRIPTION DRUGS

Behind the pharmacy counter



WITHDRAWN HEART DRUG. Fouad Ayoub of Gaithersburg, Md., still takes the antiarrhythmic drug Enkaid, though it was pulled from the market in 1991.

The fact that a prescription drug has been yanked from the market doesn't necessarily mean that patients have stopped taking it. Apparently, some asthma patients may still be filling prescriptions for Copley's asthma drug, albuterol sulfate 0.5 percent inhalation solution, even though the company voluntarily recalled the drug last year as a temporary safety precaution after discovering that some packages were contaminated with a microbe.

In "Dear Pharmacist" letters that Copley sent out Jan. 6, 1994, pharmacists were asked to return all stocks of the drug to wholesalers or distributors and warn patients to contact their doctors. That March, Copley announced that the type of microbe rarely causes illness. But a class-action lawsuit, which Copley is vigorously contesting, alleges that more than 100 people died from the asthma drug, says Paul Rheingold, a New York attorney for some of the plaintiffs. Meanwhile, pharmacists report that they've filled 37,000 new prescriptions for the recalled drug during the final three quarters of 1994 and that they've refilled 28,227 prescriptions, according to IMS America, a company that tracks prescription data for the pharmaceuti-

cal industry. (IMS would not release data for the first quarter of 1995 before showing them to pharmaceutical firms.)

A puzzle. Copley says it didn't register "meaningful" sales during the period, but has asked IMS America to investigate the finding. IMS says there are several possible explanations. The figures are estimates based on a sample of 20,000 pharmacies, and the survey's margin of error may be well over 10 percent. Or pharmacists may have mistakenly reported that they were dispensing Copley's drug instead of unaffected albuterol from other manufacturers. Still, patients may wish to double-check their prescriptions with their doctor and pharmacist.

Some heart patients *knowingly* continue on another withdrawn drug because they have no other choice. Bristol-Myers Squibb voluntarily pulled Enkaid, a drug used to control erratic heart rhythms, in December 1991, after a clinical trial showed that the drug upped the risk of death for some patients. The FDA still allows tightly controlled distribution of the drug—free of charge—to some 3,660 patients at last count, whose doctors believe that for them, no other treatment works. —D.P.

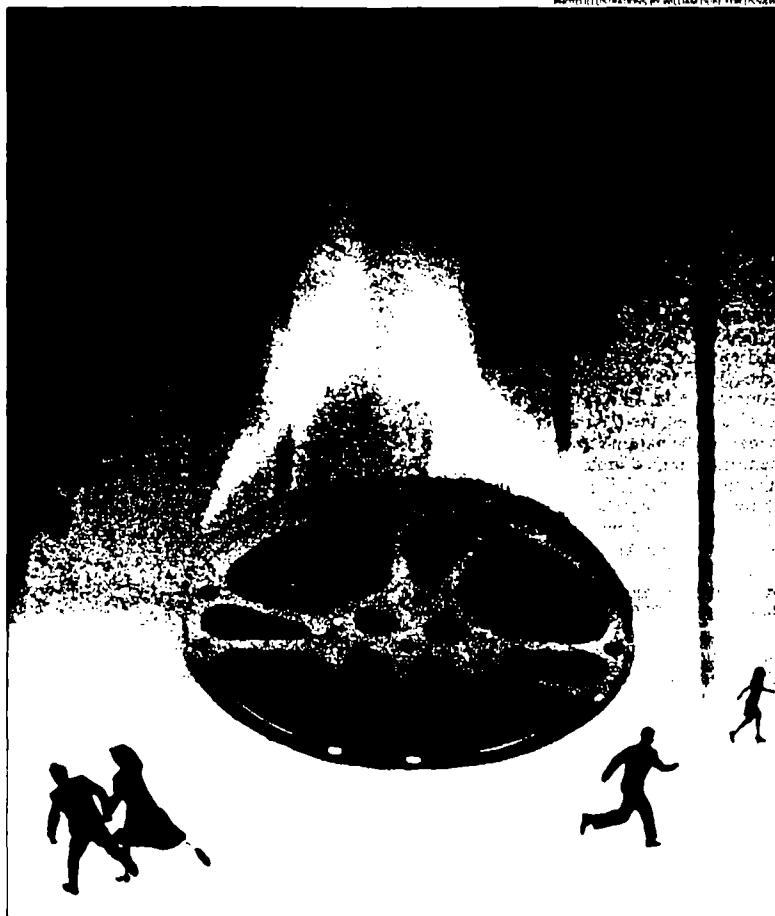
SCIENCE & SOCIETY

Hollywood: Right face

Under siege, filmmakers and TV bosses become more family friendly

The innocuous title of an upcoming Miramax movie—*Kids*—makes it sound like just the kind of film the Walt Disney Co., Miramax's corporate owner, would love. But *Kids* is no *Lion King*. The movie chronicles 24 hours in the lives of a band of thrill-seeking New York teens. In the opening scene, a boy known as "Virgin Surgeon" deflowers a teenage girl. After that come graphic depictions of unsate sex, full frontal nudity, pot smoking and racial violence, all performed by a cast of barely pubescent-looking actors and actresses. Critics are already calling the film, which will be shown at the Cannes Film Festival this month, the most controversial film of the year, perhaps even of the decade. It is expected, *Kids* gets an NC-17 rating. Disney, which has a corporate policy of not releasing NC-17 ratings, will most likely force Miramax to sell it to another distributor.

Kids will doubtless reinforce Senate Majority Leader Bob Dole's recent complaint that Hollywood "poisons the minds of our young people... with destructive messages of casual violence and even more casual sex." It is also the kind of movie President Clinton probably had in mind when he blasted the entertainment industry for "incessant, repetitive, mindless violence and irresponsible conduct" in his State of the Union address in January. In fact, *U.S. News* has learned that the White House soon will announce an agreement with major movie exhibitors to show public-service announcements that are antigun and antivolence in movie theaters. "The president has a daughter," explains a senior White House aide, "so he understands what any parent faces when children get bombarded with violence on the screen."



Kids will also provide fodder for the army of critics who complain that Hollywood's attitudes on most social and behavioral issues are more permissive and liberal than most Americans'. A new survey on personal values by *U.S. News* and the University of California at Los Angeles of leading entertainment-industry figures shows their views to be more secular and much more supportive of

the Democratic Party than the public views measured in a separate *U.S. News* poll. But Hollywood shares the public's gloominess about the nation. Some 62 percent of Hollywood figures say the country is on the wrong track.

Family trend. Yet, the controversy surrounding *Kids* and a handful of other upcoming movies like the blood-splattered *Dead Presidents* and *Striptease*, the

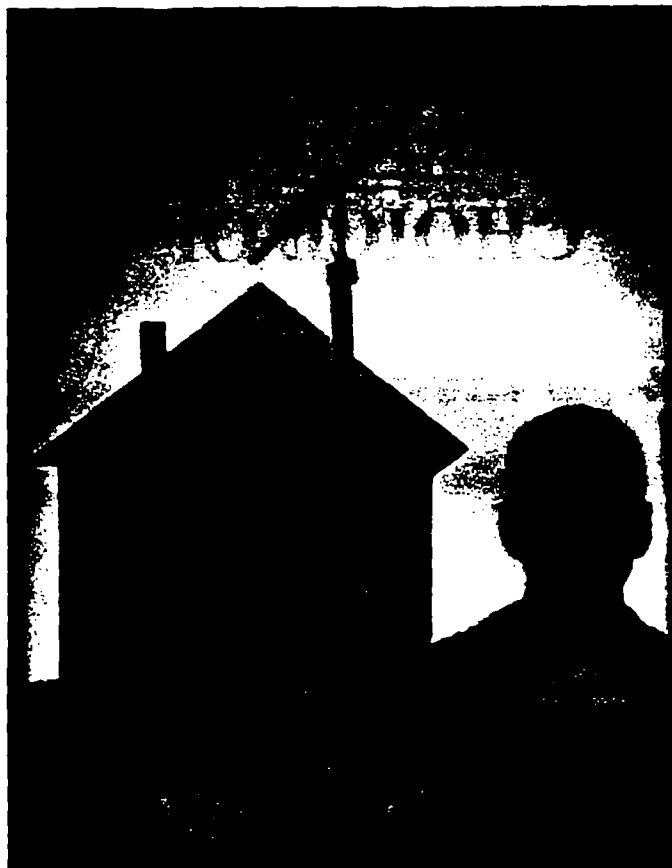
■ SCIENCE & SOCIETY

Demi Moore film about nude dancers, masks a larger, if unheralded, trend in Hollywood. The entertainment industry is churning out more "family friendly" movies than it has in years. "The industry is finding out that it's possible to generate large sums at the box office without gratuitous sex and violence," says Motion Picture Association of America Chairman Jack Valenti. Adds critic Michael Medved, who blasted Hollywood for trashing American values in a 1992 book: "It's really extraordinary how fast the change has come about."

In its annual report on the movie industry, the Christian Film and Television Commission points out that the big Hollywood studios released 132 family-friendly movies in 1994—about 40 percent of their total output and a jump of 8 percentage points over the previous year. "As someone who has spent nearly a decade lobbying Hollywood executives," says Theodore Baehr, chairman of the commission, "I'm happy to report that 1994 was an extraordinary breakthrough for the good, the true and the beautiful in popular entertainment."

TV's response. The television industry is also making a clear effort to make TV more family friendly. Less than two years ago, Attorney General Janet Reno put Hollywood on notice: Cut down on graphic portrayals of violence on television on your own or else Washington will step in. In response, both the network and cable industries commissioned independent organizations to define and monitor television violence. The results, which are due out later this year, are expected to show an overall improvement, according to Jeffrey Cole of UCLA's Center for Communication Policy, which is monitoring the big networks. In March, about 50 cable programmers also participated in an industrywide Voices Against Violence Week—an unprecedented effort featuring special programming and antiviolence public-service announcements by Clinton.

Television is also grappling with the notion of values. Father Ellwood Kieser, president of the Humanitas Prize Organization, which honors TV programming that promotes human values, applauds what he terms a "new sensitivity" in the creative community. More than 100 writ-



■ **Does Hollywood accurately portray American life? 51 percent of Hollywood elite thinks blacks are not portrayed accurately; 59 percent says that about Latinos; 44 percent says it about religion.**

ers, up from an average of just 30 only three years ago, attend the all-day seminars for Writer's Guild members that his organization holds each month to discuss ways of incorporating values into entertainment programming. "When you look at the spectrum of American TV," he says, "the hourlong dramas are healthier than ever from a values standpoint."

The simplest explanation for what's taking place in television and movies is financial self-interest. Advertisers are more reluctant today to sponsor programs with excessive violence or contro-

versial themes. For example, commercial time for the critically acclaimed "NYPD Blue," known for its use of nudity and profanity, goes for far less than ad time on a comparably rated but less controversial show, says an ABC executive. Under pressure from Congress, some big agencies like Amtrak, the Postal Service and the Department of Defense, which spend a combined \$68 million on TV advertising, have signed a pledge not to purchase ads on shows considered "excessively violent."

Moviemakers also insist that politics

In all, 521 Hollywood readers responded to the U.S. News & World Report survey, which was mailed in March to 5,963 executives and performers. Jeffrey Cole of the UCLA Center for Communication Policy, who helped draft the survey, was assisted by Michael Surman, Marle Gregori, Justin Soule, Phoebe Schramm and Jeff Shorn. The U.S. News poll of the general public covered 1,000 registered voters and was done by Celinda Lake of Lake Research and Ed Goetas of the Tarrance Group between March 25 and 27. Margin of error plus or minus 3 percent.

■ SCIENCE & SOCIETY

has nothing to do with the boom in family films. "It's 100 percent business driven," says Bill Mechanic, president of Fox Filmed Entertainment. "The most successful films tend to play to the greatest number of people, and that's not true of R-rated films." The recent surge in family films, most studio executives insist, has more to do with the success of *Home Alone* than Dan Quayle's scoldings. Ed Pressman, who is producing the forthcoming Sylvester Stallone movie *Judge Dredd*, is toning down the film's most violent scenes in an effort to win a PG-13 rating, but the decision has more to do with box office and merchandising than politics. As for the actors themselves, Steven Seagal puts it best: "Gossip in the tabloids has more of an impact on me than anything [social critics like] Rush Limbaugh says."

"Under attack." Still, the "culture wars" seem to be taking their toll. Hollywood has become defensive since the Republican sweep of last November's elections. "All of us card-carrying liberals feel under attack," says an executive at Universal Pictures. GOP threats to pull the plug on the National Endowment for the Arts and the Corporation for Public Broadcasting have sent a chill. In a speech at Harvard University last February, Barbra Streisand probably spoke for many: "In this resurgent reactionary mood, artists derided as the 'cultural elite' are convenient objects of scorn."

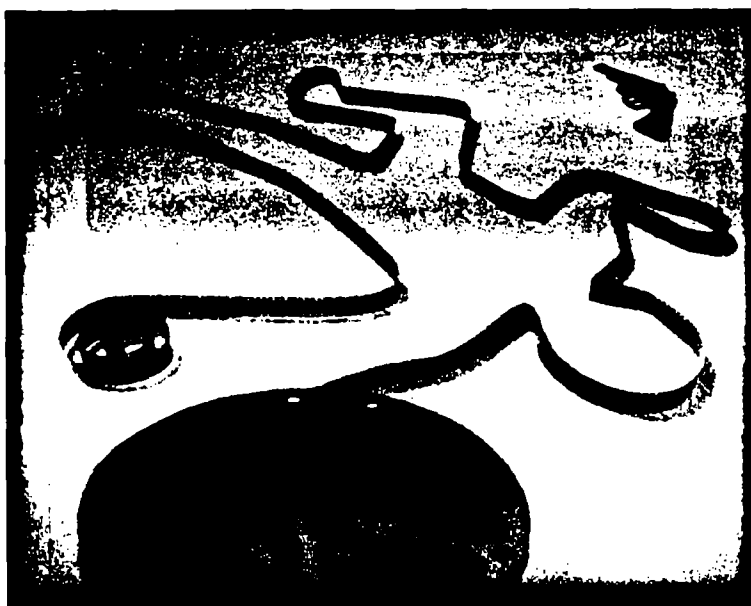
The scorn has not entirely dampened all of Hollywood's liberalism. The U.S. News/UCLA survey shows that big majorities of the 525 respondents oppose organized prayer in public schools (65 percent); support a woman's right to abortion (91 percent); back tighter gun control (88 percent); think laws should be written to protect the rights of gays (73 percent); and believe government can have a positive role in regulating business (69 percent). Clinton's recent \$2 million fund-raiser at Steven Spielberg's home made clear that Hollywood remains a very large contributor to the Democratic Party. "The swing toward a more conservative government in D.C. has motivated my constituency," says Lara Bergthold, executive director of the Hollywood Women's Political Committee, which has

given more than \$5 million to 230 political campaigns over the past 10 years.

Even so, the conservative tide sweeping the nation hasn't totally bypassed Sunset Boulevard and Burbank. "America is shedding the '60s and that's happening in Hollywood, too," says conservative activist David Horowitz. "The conservative ethos used to be confined to just action movies, but now we have movies like *Forrest Gump*." Almost 4 out of every 10 respondents to the U.S. News/UCLA poll

enough with criminals (72 percent). Still, Hollywood leaders are not nearly as concerned as the general public about the impact of TV and movie violence—57 percent of the public thinks violence in the media is a major factor in real-life violence, while only 30 percent of the Hollywood elite thinks so. "The one area—crime—where Hollywood shares the public's concern, it doesn't take much responsibility," observes U.S. News pollster Ed Goetas.

Another development supporting the



■ Does violence in Hollywood media contribute to violence on America's streets? 57 percent of the American public thinks it is a major cause of violence, but just 30 percent of the Hollywood elite agrees.

said they have become more conservative in the past 10 years, while 21 percent said they had become more liberal.

Nothing seems to have hardened the views of Hollywood leaders like the fear of crime. It was by far the most important problem the entertainment elite said was plaguing the nation, with 92 percent describing it as a serious or extremely serious problem. In response, industry leaders said they supported the death penalty (56 percent) and believed that courts are not dealing harshly

rise of conservatism in entertainment is that Hollywood is graying: In recent years, the most active part of the creative community has aged, started families and moved out to the suburbs. According to Charles Slocum, a consultant to the Writer's Guild who analyzes membership demographics, the percentage of guild members under age 31 decreased from 12 percent to 9 percent between 1982 and 1991. At the same time, writers in the 41-to-50 age group increased from 23 percent to 34 per-

■ SCIENCE & SOCIETY

cent. and the trend accelerated through last year. More and more writers also live in suburban communities like Encino, Sherman Oaks and Studio City rather than hipper parts of town like Santa Monica, Venice or Beverly Hills.

For all the hype about the industry's notorious "alternative lifestyle," there are signs that the creative community is beginning to behave more like aging yuppies elsewhere in the nation. "It's been a while since the executive offices of studios were carefree dens of iniquity," says

Pressman, the producer. "There are even day-care centers at the studios now."

Above all, Hollywood is responding to shifting popular tastes—and the nation's mood today is unmistakably conservative. "Recent films are saying that people are fed up with overindulgence and suggest a healthy return to family values," says New Line Cinema CEO Robert Shaye. Christopher Meledandri, president of Fox Family Films, also detects a yearning for more spiritual fare. "Clearly, audiences responded to the magic and spiritualness of *Angels in the Outfield* and other films with religious

overtones," he says. In the Hollywood elite poll, 72 percent of respondents said they believe in God and almost a third said religion had become more important in their life in the past decade. However, 56 percent said they had little or no faith in organized religion.

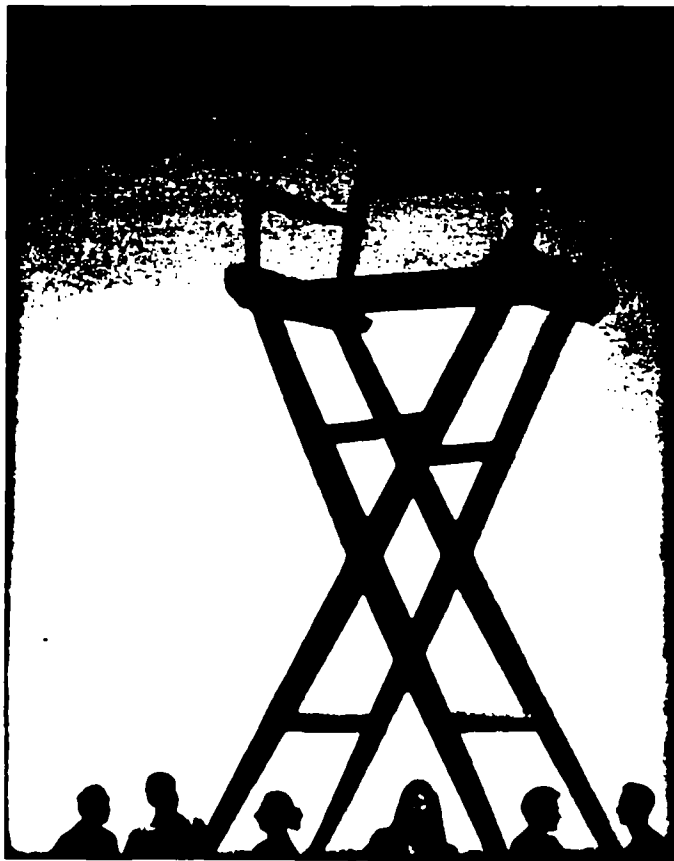
Religion-bashing still finds a place in Hollywood, most notoriously in the recently released film *Priest*, which features one clergyman's struggle with his own homosexuality. But most observers say much more entertainment fare is kind to religion and oriented toward traditional family arrangements. One reason, argues critic Medved, is that faithful Christians and Jews—such as lifelong churchgoers Don Hahn, producer of *The Lion King* and *Beauty and the Beast*, and David McFadzean, executive producer and co-creator of ABC-TV's "Home Improvement"—are assuming new prominence in the industry. A 1994 report by the Media Research Center called "Faith in a Box: Religion on Prime Time TV" concluded: "When it comes to prime time and religion, matters are more balanced than they were a few years ago."

Sex on the tube. But despite the decrease in religion-bashing and the boom in family films, critics who believe Hollywood trashes traditional values and institutions can still find plenty of ammunition. Sex, for example, remains rampant on TV. "Today's typical viewer sees about 10,000 scenes of suggested sexual intercourse, sexual comment, or innuendo during one year of average viewing," according to research by Robert Lichter, co-director of the Center for Media and Public Affairs. He also found that 7 out of 8 acts of intercourse on prime time are extramarital. A recent survey of 750 children commissioned by the advocate group Children Now found that 62 percent of young people believe television encourages them to take part in sexual activity too soon.

And while violence may be declining on prime time, most Americans think there is still far too much of it. In the U.S. News general public poll, 90 percent said violence in the movies and on TV is a serious problem, and 60 percent think the government can play a constructive role in addressing the problem.

It is possible that the recent trend of more family-friendly movies could prove ephemeral. Says John Badham, whose directing credits include *Saturday Night Fever*: "If we sense that people are responding to family films, all of us me-tooers will say, 'I'll do it too—until they stop making money.'"

BY JIM IMPOCO WITH MONIKA GUTTMAN

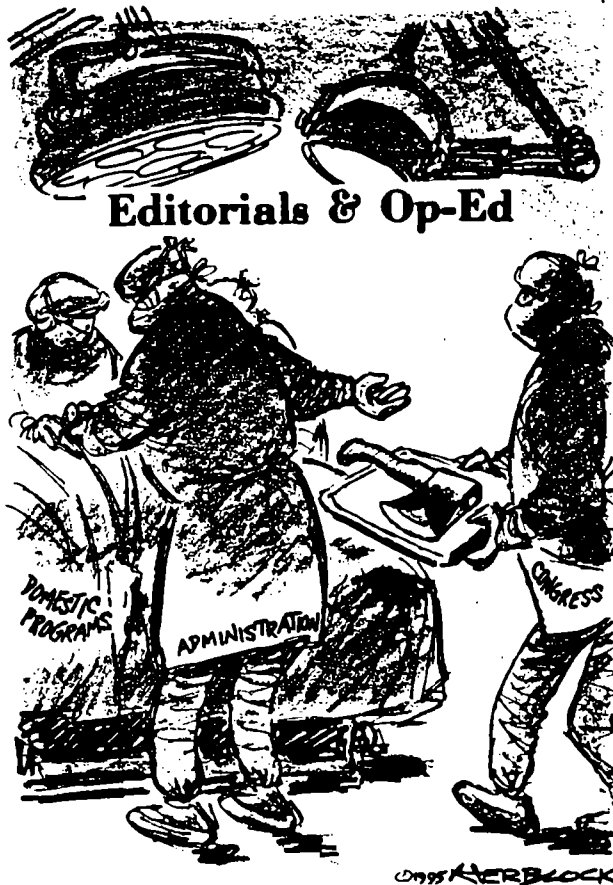


■ Are Hollywood leaders an isolated elite?

43 percent of Hollywood survey respondents make over \$100,000. Still, 62 percent said they believe the country is on the wrong track.

Wash. Post; 5-11-95

"SCALPEL"



Wash. Post; 5-11-95

A Bad Idea, Well-Hidden

TUCKED AWAY in the middle of Senate Budget Chairman Pete Domenici's 97-page budget blueprint are two lines describing a proposal with a minuscule impact on federal spending but enormous meaning for the nation's political process. Mr. Domenici, following a suggestion by Sen. Mitch McConnell (R-Ky.), proposes the elimination of public financing for presidential campaigns after the 1996 election.

This is not only a terrible idea; it also has no place in the budget debate. A change this large in the electoral system should be debated on its own, independent of the great confrontation that is about to occur on the deficit. The amount of money involved is trivial in a budgetary sense—roughly \$45 million a year in a \$1.5 trillion budget—but hugely important to efforts aimed at limiting the impact of campaign fund-raising on the presidency.

Public financing of presidential campaigns has actually worked. It was instituted after the Watergate scandal revealed all sorts of unsavory fund-raising shenanigans in the 1972 campaign. The idea is simple: The presidency ought not be put up for bid, the major party candidates ought to compete on a level playing field, and the party in power should not enjoy a prohibitive financial advantage. Existing law provides for a Presidential Election Campaign Fund that is financed through a voluntary \$1 checkoff on income tax returns. For the general election, each major-party

candidate draws the same amount from the fund—George Bush and Bill Clinton got \$55.2 million each in 1992. The law also includes provisions for future public financing for any third party that makes a substantial electoral showing (as did the independent movements of John Anderson in 1980 and Ross Perot in 1992). And it provides for a system of matching funds in the primaries, whereby candidates who raise a certain amount in private contributions qualify for a share of the federal funds. The formula puts a premium on smaller contributions, so candidates who are serious but without huge interest group backing have a chance to make their case.

There are problems with the system that need to be addressed. The campaign fund has been running low, and the checkoff amount needs to be increased. But at a time when Congress's emphasis should be on finding ways to *reduce* the impact of money on politics, this proposal moves in entirely the wrong direction. It is also interesting that the budget proposal would leave the current system in place long enough to allow Republican presidential candidates (such as Sens. Dole, Gramm, Specter and Lugar) to take advantage of it at while the GOP is out of the White House, and only abolish it after the next election.

If Mr. McConnell wants an open debate on the merits of the public financing system, he can encourage one. But a change this large should not happen covertly as part of the budget process.

N.Y. Times; 5-11-95

Republican Budget Extremes

Pete Domenici, chairman of the Senate Budget Committee, proposes to cut nearly one out of every three dollars that the Government spends on domestic programs. He proposes to slash tax credits for poor workers and subsidies for the arts and humanities. He proposes to eliminate the Commerce Department and scores of Federal programs. The Domenici plan would cut Medicare by 15 percent and Medicaid by about 30 percent.

Alarming? Outrageous? The frightening fact is that by current Washington standards, Mr. Domenici is the voice of budget moderation. His House counterpart, John Kasich, issued a seven-year plan yesterday that, by cutting taxes by \$350 billion and raising defense by \$70 billion, is more than \$400 billion harsher on non-defense programs.

Mr. Kasich would gut the Legal Services Corporation — which provides legal assistance to poor people, the Voice of America, and hundreds of other agencies and programs as well as massive cuts, beyond what Mr. Domenici proposes, in food stamps and other welfare programs.

Mr. Domenici deserves praise for holding the line against cutting taxes or boosting defense. But his budget would still victimize vulnerable families by, for example, stripping a \$20 billion tax credit from some low-paid workers. Apparently tax hikes are dandy as long as they are aimed only at the needy.

The G.O.P. has vowed to eliminate the deficit by 2002 — a politically seductive, but economically damaging timetable — without raising taxes or rucking Social Security and defense. That requires slashing everything that is left over — not only programs for the needy but also public investments in infrastructure and scientific research on which the long-term health of the economy partially depends. The "moderate" Mr. Domenici has proposed bad public policy.

The Republican drive to balance the budget is forcing irresponsibly hasty cuts in Medicare. The Medicare program is threatening to run a deficit of \$100 billion or more each year by around 2005. It must be reduced, and the elderly should absorb

much of the cut since they now enjoy huge subsidies that are unrelated to their need. Mr. Domenici and Mr. Kasich propose large cuts — about a third of their deficit-reduction plans — but leave unsettled who among doctors, hospitals and the elderly would cough up the savings. Once voters are told, the severe impact of the G.O.P. budget will finally emerge.

The mishandling of Medicare comes in counting on savings before figuring out what reform best protects the integrity of the program. Few experts believe Washington can save \$250 billion or more without imposing excessive premiums and deductibles. The responsible way to go about saving money on Medicare is to open up the system to competition. That requires giving the elderly a choice of keeping the current fee-for-service coverage or else choosing a private plan that would offer lower premiums, better benefits, or both. Done properly — which will require reform of the private insurance market also — competition can eventually control costs and improve quality. But competition cannot work magic by 2002.

House Speaker Newt Gingrich says that the Medicare cuts are designed solely to save Medicare, not balance the budget. That pledge lacks candor. No one with a mind on health care would decide to whack 15 percent off the cost of a program in an impossibly short time before knowing what reform would work best.

The G.O.P. has fulfilled its campaign promise to propose a smaller Federal Government. The proposed budgets would beneficially eliminate wasteful bureaucracies and ill-deserved corporate handouts, such as subsidies for agriculture and export promotion.

But the G.O.P., which has now issued the outlines of its budget, has yet to tell voters who will win, who will lose and by how much. When that conversation takes place, the Republicans ought to loosen their supposedly ironclad promises. They should either raise taxes a bit to soften the spending cuts, or else let the seven-year timetable slip.

Today's debate: **BALANCING THE BUDGET**

USA Today; 5-11-95

Senate budget plan takes honest look at the deficit

OUR VIEW Senate offers nation hard choices to balance budget, not irresponsible tax cuts as the House proposes.

Americans this week are getting a look at two ways to balance the federal budget. One, proposed in the Senate, is hard but honest. The other, put out by House budgeters, could make matters worse.

The better plan was developed by Senate Budget Chairman Pete Domenici, R-N.M. And you can bet parts of it will draw fire from many quarters, including this one.

It would force the poor, particularly, to bear an unfair share of the burden. And many farmers, veterans and others seeing benefits cut may share the complaint of Sen. Barbara Boxer, D-Calif.: "When I see it in writing, it's uglier than it sounded."

But the plan is the most honest attempt at a balanced budget to emerge from Congress or the White House in 20 years of ineffective railing about the deficit.

The challenge for the critics is to find fairer ways to close the trillion-dollar budget gap that exists between now and 2002 and put them on the table. Because eliminating \$200 billion annual deficits is a necessity — economically and politically.

Since the federal government last ran a budget surplus, in 1969, the country has piled up \$3.2 trillion in public debt — \$12,800 for every American. If the current path were to continue, interest on the debt, Social Security and other entitlements would chew up all federal revenues in 20 years — just when the nation's 76 million

baby boomers are retiring.

Workers would then face the prospect of doubling their tax load or dumping millions of their parents into poverty.

Thus, putting the deficit behind us sooner, not later, is the overriding priority.

And that's where the House budget plan has problems. Cutting spending to balance the budget will be difficult as it is. Just reining in the popular Medicare program, an inescapable part of budget balancing, will be a monumental political task, as you can read in the editorial at the bottom of the page. Yet the House, eager for a payoff at the polls next year, proposes \$350 billion worth of tax cuts over the next seven years.

That can only worsen the problem. Once the deficit is balanced, the public can make clear, understandable choices between more taxes and fewer benefits.

Polls show the public endorses that approach. And small wonder. People have seen what happens otherwise.

Over the 26 years since the budget was last balanced, presidents have submitted 13 budget proposals promising balanced budgets within five years, based on wildly optimistic assumptions. Each failed miserably. The result: higher debt, more worry and a loss of faith by people in their democratic institutions and leaders.

One word of warning: A budget plan is only an outline. Committees still must fill in the critical details in coming months. And that's where the battle will be toughest.

But Domenici's plan offers a place to start. It is a beginning point for honest discussion — about how much government we want and what we're willing to pay.

USA Today; 5-11-95

Public deserves tax cut

OPPOSING VIEW The House is showing that we can have a balanced budget along with an overdue tax break.

By John Kasich

They said it couldn't be done, but we made history Wednesday. We put forward a plan to balance the budget by 2002 — and to provide desperately needed tax relief to families and job providers.

The full House will vote on this plan next week.

Too good to be true? Not at all.

For the past five months, we have put the \$1.5 trillion federal budget under the microscope. What we found was astonishing: literally hundreds of billions of dollars in waste and duplication; huge central bureaucracies trying to solve problems that only families and communities can fix; and billions in low-priority programs that have no business receiving taxpayer dollars in these tight times.

In response, our plan eliminates three departments (Commerce, Education and Energy), 13 agencies, 284 programs and 69 commissions.

At the same time, taxes are out of control. In 1900, for example, the typical household paid \$1,350 in total taxes. That same family shelled out \$18,500 to the gov-

ernment in 1994. Today, middle-class families pay 50% of their income in taxes.

Now, let's look at the main tax-cut proposals: In 1993, President Clinton increased taxes by \$250 billion. Our plan returns \$189 billion of that, mostly to middle-class families.

First, there's the \$500-per-child tax credit, 75% of which goes to families earning under \$75,000 a year. We also reduce the marriage penalty, which requires couples to pay more in taxes than they would if they filed as single taxpayers.

Finally, we reduce the capital-gains tax rate, which promotes job creation and spurs economic growth.

Our budget plan shrinks government, eliminates waste and duplication, saves Medicare from bankruptcy, empowers people and strengthens families.

Our plan recognizes that American families know better how to spend their money than the government does.

Our opponents said it couldn't be done.

Then they said it wouldn't be done.

Now they're saying it shouldn't be done.

To them we say:

Wrong, wrong, wrong.

To the American people we say:

It's about time we balance the budget and provide the tax relief you deserve.

Rep. John Kasich, R-Ohio, is chairman of the House Budget Committee.

Wash. Times; 5-11-95

Balancing the budget: It can be done

In 1993 President Bill Clinton, trying as hard as he ever had in life, was unable to come up with a federal budget that achieved anything more than a hiccup in the inexorably rising deficit. That sad little hiccup came and a whopping cost: The biggest tax increase in U.S. history.

Two years later, Mr. Clinton didn't even strive for a hiccup. The task of lowering deficits over the long haul, let alone the goal of balancing the budget, just seemed beyond his abilities and his will. Not so for House and Senate Republicans, who have now done what would have seemed unthinkable even one year ago: They have proposed budgets that will be in balance by the year 2002. This is a remarkable achievement in its own right, and a great opportunity for the nation to find its fiscal footing.

That is not, of course, how the Democrats are portraying the GOP budget proposals. The response from the high priests and acolytes of liberalism came fast: They wasted no time serving up their clichéd (and perhaps even patented) doom-and-gloom predictions. Democrats have given up on policy-making and have made lurid caricature their rhetorical first resort. "It seems inconceivable that you can find justification for cutting medical care for seniors in order to give additional tax breaks to the wealthiest Americans and largest corporations," was Rep. Dick Gephardt's response. The administration sounded the same gong: "We are not going through this process to finance tax cuts for the wealthiest Americans" said Alice Rivlin, the director of the Office of Management and Budget. Sen. Ted Kennedy provided color commentary: "Keep your greedy budget-cutting hands off our Medicare system."

The Democrats now waxing apocalyptic about the GOP budgets should be held to the test that Mr. Clinton set for Republicans who criticized his budgets. That is, the price of admission is a credible proposal of one's own. Mr. Clinton surely has not met that

requirement, particularly with his most recent non-budget, a point made quite directly by Mr. Domenici: "The president doesn't have much right to speak on this subject. Essentially, he submitted a budget that did nothing." One wonders what a balanced budget crafted by Mr. Kennedy would look like. Where would he choose to cut? Or would the only live option be a new round of confiscatory taxation? Whatever options he would choose, surely Mr. Kennedy is up to the task: He is so often cited as the great legislative lion of the Senate.

Mr. Domenici has written and honest and plausible budget plan, even though it does lack tax cuts. Mr. Kasich's plan remedies that error, making way for the tax relief promised in the House "Contract With America," giving him budget bragging rights. But both men have done what to now had only been wishful thinking by the conservative chattering classes: They have proposed actually eliminating Cabinet departments. Mr. Domenici would do away with the Department of Commerce. So too Mr. Kasich, who also puts the departments of Education and Energy on the block. Then there are the hundreds of agencies and commissions and other bureaucratic backwaters that will be either slashed or cease to exist: The Tennessee Valley Authority, the naval petroleum reserves, the Legal Services Corp., the national endowments for the arts and humanities, Amtrak subsidies and the Corporation for Public Broadcasting.

These are audacious moves, ones that the Democrats will do their best to vilify, but which will earn Republicans the respect necessary to establish themselves as a governing party. At every turn, the GOP will be advised to waffle, hedge, compromise, weasel and generally shrink from the path they have chosen. Instead, the party, and indeed all lawmakers, would be wise to follow the leadership and courage shown by Mr. Kasich and Mr. Domenici.

Wall St. Jnl.; 5-11-95

The Republicans' Shell Game on the Budget

Last October, on the eve of the midterm elections, the Republican congressional candidate minced no words:

"Ladies and gentleman, I want to go to Washington to dramatically reduce the size of government. Let me be candid: While this will make us a stronger country over the long run, it will require real sacrifices in the short term. You cannot cut spending without cutting programs. There is no way we can balance the budget without major reductions in entitlements like Medicare. Every senior citizen still will get basic health care, but out-of-pocket costs will go up for most Medicare recipients, and some services will have to be scaled back. Also, if we're really going to balance

the House. They both are thoroughly honest, knowledgeable and committed to serious deficit reduction.

But it's a shell game to most other GOP leaders. They still talk of a huge tax cut while drastically reducing the deficit and suggest it'll all be painless. House Speaker Newt Gingrich, on NBC-TV's "Meet the Press" last Sunday, ducked and dissembled on whether cutting \$280 billion from Medicare over the next seven years would require reductions in benefits or increases in co-payments. That, as the late Howard Cosell would say, ain't telling it like it is.

There are three Republican schools on fiscal matters. One, personified by Jack Kemp, stresses economic growth, chiefly through tax cuts, and considers a balanced budget irrelevant, even dangerous. Another, led by Sen. Domenici, thinks a balanced budget is essential and tax cuts have to wait. A third wants gradually to reduce the size of government while modestly reducing taxes.

The ultimate Republican strategy may be to split the difference, the worst of all worlds. Moreover, many Republicans are interested only in cuts affecting Democratic constituencies. When it comes to their own, it's business as usual.

Take, for instance, the 20 House members, including Republican leader Dick Armey and Tom DeLay, both of Texas, who attacked the National Taxpayers Union, which had the audacity to propose cutting federal pork for mining and timber interests and public works projects. They accused the NTU of aligning with left-wing environmentalists. The budgetary impact of this pork or the political contributions from the beneficiaries conveniently were ignored.

Some of these big-talking fiscal conservatives still brag they'll keep their pork. A ringleader of the group is California Rep. John Doolittle, who continues to push—with some chance of success—for the long-

delayed Auburn Dam on the American River near Sacramento. This project has been panned by most experts, particularly after it was revealed 20 years ago that the site was on top of an earthquake fault. Never mind that minor matter, the initial cost would be \$824 million and ultimately could approach \$2 billion. That from fiscal conservative John Doolittle.

As tough as John Kasich and Pete Domenici tried to be with budget recommendations—which later would be turned into legislation—they were buffeted by in-

when it comes to his home-state projects. "I'm carrying so much pork, I'm beginning to get trichinosis.")

Moreover, despite the efforts of Rep. Kasich, the Republicans took a dive on costly corporate tax subsidies. House Ways and Means Committee Chairman Bill Archer resents talk of tax subsidies except, of course, when they're aimed at helping black people, like the big minority-oriented broadcasting tax loophole he closed this year.

They are, however, talking about scaling back on one big tax provision, the Earned Income Tax Credit that encourages work over welfare by giving refundable tax credits to the working poor. Some GOP leaders claim this is fraud-ridden, but rather than trying to root that out, they advocate slashing the program; one proposal would do away with any future cost-of-living increases for the working poor. These are some of the same Republicans who favor cost-of-living adjustments for capital gains taxes.

The Republicans correctly complain that President Clinton and many congressional Democrats don't offer alternatives but merely sit back and snipe at their opponents; that, of course, is the same tactic the Republicans took in the health care deliberations last year and the deficit struggles of 1993.

As the furor mounts over the unexpected cutbacks in Medicare, this is good short-term politics. In the fall, however, Congress is likely to wrap together all the budget and tax decisions and send the president a reconciliation measure. Then he'll either have to risk a veto, or, as many Republican leaders privately predict, strike a deal and sign it—shades of George Bush in 1990.

Thus, despite the noble intentions of John Kasich and Pete Domenici, the great 1995 budget battle may produce not a new confidence but a renewed cynicism.

Politics & People

By Albert R. Hunt



the budget, not only social welfare but corporate welfare must be slashed."

Maybe you heard that speech somewhere around the country last fall; I didn't. And my desk side copy of the Contract With America has no references to reforming Medicare, much less cutbacks. In the GOP's much-ballyhooed TV Guide ad, the word doesn't even appear.

House and Senate Republicans will win plaudits from us on the Beltway for proposing a balanced budget by 2002. But when the debates emerge on how to get there, there'll be a backlash out in the country. The Republican budget plans make some tough, but needed cuts, but also slash popular programs like Medicare while sparing a lot of government subsidies for the affluent.

Agree with them or not, there are some courageous Republican budgetmeisters, chiefly the two committee chairmen, Pete Domenici in the Senate and John Kasich in

The Contract With America has no references to reforming Medicare, much less cutbacks, and in the GOP's much-ballyhooed TV Guide ad, the word doesn't even appear.

ternal political pressures. The resolutions barely touch one of the biggest federal boondoggles of all, the Space Station, which could cost as much as \$15 billion to build and at least \$1.3 billion annually thereafter to operate. The rationales for this costly project have ranged from using it as a way station to settling on Mars to helping find a cure for cancer to promoting world peace by bringing the Russians in as partners on the project.

The real reason it won't die is that it's a lot of pork for the politically powerful Texas and California congressional delegations.

Let's see how GOP presidential candidate Phil Gramm, who says it's easy to enact a huge tax cut by just slashing the budget more, acts on this one. (Here's a clue: The Texas Republican has bragged that

USA Today; 5-11-95

Wrestling with Medicare

The good news for Medicare this week was that ... well, there really wasn't any good news for Medicare this week.

Republican budget-balancing plans will lead inexorably to higher costs and fewer services for Medicare's 36 million beneficiaries.

That'll hurt — lots. One small example: To help meet their budget targets, lawmakers could impose a new coinsurance payment for home-health services. That would discourage people from using Medicare casually, saving federal dollars, but it would add \$700 a year to the costs of the average user, on top of out-of-pocket expenses that already exceed \$2,800 a year.

Such schemes are as inevitable as they are painful, regardless of which party is in control. Medicare consumes 12% of all federal spending, and that will skyrocket as the population ages. As it stands, the fund that pays for hospitalizations will go broke by 2002. So something needs to be done, both to restore integrity to the federal budget and to maintain as much of Medicare as possible for as many people as possible.

The problem is, changing Medicare terrifies Washington's lawmakers as much as it does Medicare consumers. Medicare is about the most popular federal program in the country, and elderly Americans like to

vote. So even as they talk about massive cuts, lawmakers try to remain silent about what those cuts make inevitable.

Some are opting out entirely. President Clinton says Medicare reform must be part of total national health reform. And as a response to the current problem, that's a non-starter. It's the approach that failed last year. House Speaker Newt Gingrich has called for cuts now and a reform debate next fall.

In between comes Sen. Pete Domenici, who has proposed \$256 billion in mostly unspecified Medicare cuts but also called for a bipartisan commission to recommend necessary changes by early July.

That's a useful idea but also self-serving for the Republicans, who are looking for political cover. But they'll have trouble persuading Democrats to sign on after the health-care drubbing the Republicans handed them last year.

In truth, both sides know something must be done. But neither has yet shown any stomach for action.

Perhaps that will change after the 1996 elections. But every day that passes means the problem worsens and the solutions grow more painful. Can Domenici's commission ignite an honest debate? The best you can do is hope so. Hope so hard.

DONALD LAMBRO

One of the best kept secrets in America today is that Medicare will be bankrupt in seven years unless the program is fixed.

The story has been barely reported by the national news media, but it has not been treated with the kind of the front-page, top-of-the-news intensity that makes the program's impending breakdown a national priority.

Republican congressional leaders and strategists are deeply frustrated that when the Report of the Board of Trustees of Medicare was released last month, it did not spark a major media response, akin to the Social Security breakdown in the early 1980s. And Medicare's systemic financial problems are still being buried or obfuscated in stories about the program, with the emphasis always on the political problems of changing such a popular government subsidy for elderly Americans.

The result:

- Republican leaders who want to tackle Medicare's problems and rein in its rising costs find themselves swimming upstream against a strong public current of apathy, cynicism and fear.

- The Democrats and the Clinton administration have been able to largely ignore the crisis with impunity, positioning themselves against doing anything and exploiting the issue for political gain.

- The public is not being educated, persuaded and prepared for the kind of reforms that will be needed to preserve Medicare for the elderly as well as future beneficiaries.

The Trustees report should have sparked major media treatment

Wash. Times; 5-11-95

Swimming upstream to rescue Medicare

that would have put political pressure on President Clinton to come up with his own solution to the program's growing financial crisis. After all, five of the seven Medicare trustees are senior officials of the Clinton administration. Three of them are in Mr. Clinton's Cabinet.

More important was the magnitude of the impending financial bankruptcy and the massive new payroll taxes being proposed to alleviate it.

Medicare Part A, which pays for hospital benefits for the elderly, "simply will run out of money and become insolvent by 2002, even as costs for Part B, which covers physician and other services, are spiraling rapidly upward," says Stuart Butler, chief domestic policy analyst at the Heritage Foundation.

Next to interest payments on the debt, the \$174 billion Medicare program is the fastest-growing cost within the federal budget.

"Exploding Medicare costs ensure that the programs cannot continue in its current form without taking up an ever-larger percentage of the federal budget or necessitating huge future tax increases," says economist Michele Davis of Citizens for a Sound Economy.

Those tax increases are what GOP policy-makers want to avoid.

To make Medicare Part A self-sustaining over the next 25 years, payroll taxes would have to be

increased by \$263 billion over five years and nearly \$400 billion over seven years. "For a worker earning \$45,000 per year, this would mean an additional payroll tax of \$585 per year," says Mr. Butler.

Among the payroll taxes that would be required to fund the present system, without any reforms, last month's largely ignored Trustees Report suggested the following:

- Adding a new 1.3 percent payroll tax on top of the existing 2.9 percent Medicare payroll tax would cover costs over the next 25 years. But that would not only add a heavier burden to every over-taxed American worker, it would sharply raise the cost of creating jobs in the future.

- To put the program on a per-

manent financial footing over the longer term would require raising the hospital insurance tax by an additional 3.52 percent on top of the 2.9 percent rate. That would boost payroll taxes on a \$45,000 salary by \$1,584 per year.

- Doing nothing for the time being, and waiting for the hospital insurance fund to go into the red by 1997, would require imposing a 3.65 percent tax increase permanently. Letting the fund run out of money in seven years would mean raising the payroll tax to 3.9 percent —

pushing the tax increase on \$45,000 to \$1,760 per year.

But this frightening tax increase scenario is not the way out of the problems that confront Medicare, nor is the prospect of drastically curtailing medical care services for the elderly. The answer, instead, is market-oriented, phased-in reforms over the next seven years.

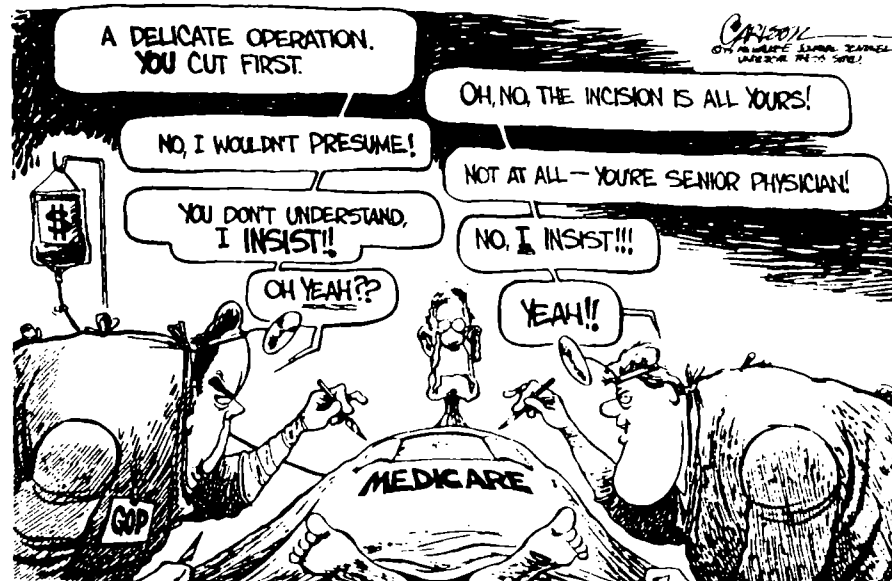
"Bringing costs under control does not mean cutting medical care for the elderly, as critics of reform charge," says Mr. Butler. "What it means is bringing the obsolete Medicare program up to date by incorporating innovations that are routine in the private sector and the Federal Employee Health Benefits Program."

Such prudent reforms would improve the program's efficiency, expand health care choices for retirees, and help to reduce delivery costs. I'll address these ideas in a future column.

But the financial crisis that confronts Medicare is not going to be given the serious and immediate consideration it deserves until it is perceived as a crisis — by the government, the news media and the American people who are paying the bills and depend upon its benefits.

The Republicans have decided that leadership requires them to enter this politically dangerous terrain and do something to "save Medicare." Mr. Clinton and the Democrats have chosen to do nothing. The American people will have to decide which side they support.

Donald Lambro, chief political correspondent of The Washington Times, is a nationally syndicated columnist.



Gingrich and company are tearing up the contract

By Arthur S. Flemming

The Contract With America constitutes a massive effort to break up the national community we have developed over the last 60 years.

The House speaker dramatically underlined this objective when he said, referring to the major social programs the national community has undertaken:

"They are a disaster. They ruin the poor. They create a culture of poverty and a culture of violence which is destructive to this civilization, and they have to be thoroughly replaced from the ground up. We need to simply reach out, erase the slate and start over."

I saw the national community, for the six years I served under President Franklin D. Roosevelt as a member of the U.S. Civil Service Commission, respond to his challenge by authorizing the executive branch to launch 10 programs under the umbrella of Social Security. These included social insurance for retirees, Aid to Families with Dependent Children, aid to the aged, blind and disabled, unemployment compensation, public health and vocational rehabilitation.

I have seen administrations and Congresses since then reaffirm the social role of the national community in partnership with state and local communities.

As a member of President Dwight D. Eisenhower's cabinet, I participated in developments that illustrate his commitment to strengthening the national community: the creation of the Department of Health, Education and Welfare, the strengthening of Social Security, the addition of the disabled to our social-insurance programs and the adoption of the National Defense Education Act.

I've had the opportunity of working with all subsequent presidents up to the 1980s; all have contributed to strengthening the national community. President Clinton has been, and is, making a vigorous contribution to the same objective. The drive for universal coverage of all types of health care is one example.

Never in all these years had I witnessed a national political party deliberately develop an agenda such as the Contract With America with an avowed purpose of weakening the role of the national community.

The current leaders of Congress propose to take funds away from social insurance, particularly Medicare. In so doing, they are proposing not a new Contract With America but to break a contract that has existed for many years.

They also propose to establish block grants for existing programs for the middle class, the poor and those who suffer, which over a period of five years will provide fewer qualified persons with federal funds. Likewise, they would eliminate many standards designed to ensure quality of services.

Millions are living below the poverty line. Millions more will join them if the proposals made by the leaders of Congress are adopted. Under our system of partnership among local, state and national communities, we cannot weaken the national community without weakening state and local communities. Many states will not replace lost federal funds.

We can, and should, travel another road. We are the richest nation in the world. All of our economic studies reveal that the rich are getting richer and the poor poorer. We can, and should, reverse that trend. We can adjust our tax code: We can raise the top rates for individuals and corporations, eliminate some of the significant corporate tax loopholes and raise new funds over five years for national community programs. This can be combined with cost savings growing out of constructive reductions in the programs of the national community resulting from overlaps, unnecessary rules and eliminating fraud and waste.

These combined resources should be used for a disciplined program that can bring about a gradual reduction in the deficit each year, plus a stronger national community that builds on the strength and accomplishments of the past 60 years, instead of retreating to a position comparable with that of the 1930s.

Arthur S. Flemming was secretary of health, education and welfare under President Eisenhower and U.S. commissioner on aging under Presidents Nixon and Ford.

Wash. Post; 5-11-95

'What Crisis?' (Cont'd)

MAYOR MARION BARRY, who likens himself to the captain of a ship, claims that most of the storm is over and that the District's crisis is no more. When Mr. Barry gets over his jet lag, he may wish to check out the situation with D.C. General Hospital's AIDS center. The center, with a workload of 800 AIDS patients—some desperately ill—is down to one doctor for them. Now, is that a crisis or what?

AIDS patients, especially those in the late stages, need all the medical care they can get. For the poor, that kind of expensive treatment can be hard to come by. That's why the AIDS center at D.C. General Hospital has been a godsend for patients too poor to pay doctor and care bills. For the past few years, this clinic, with its specialized treatment facilities, has been the place that poor AIDS patients with complex cases have turned to. But what did they find when they went to the center this week?

According to one physician at D.C. General Hospital, more than a third of the patients with appointments at the AIDS center were not seen as scheduled. They were sent away with rescheduled appointments for some time in the future. And why? Because the center's director and an AIDS specialist in infectious diseases quit. They were unsettled by the hospital's budget crisis and fearful that they too would eventually lose their jobs as cutbacks occurred. Despite being told

that special grant money ensured them of jobs, they concluded that D.C. General's future was too unstable. Mr. Barry brags that he's "a captain who can give the passengers a sense that we know where we are going." Don't look now, Mr. Mayor, but two of your crew have jumped ship.

D.C. General Hospital's Linda Ivey is aggressively recruiting replacement doctors for the AIDS center and volunteers to work in office and patient settings throughout the hospital. But for now, the clinic is making do with one badly outnumbered physician and the hospital's emergency room. For patients struggling against a fatal disease that is taking a turn for the worse, the breakdown in city services couldn't come at a more crucial time. The Whitman Walker AIDS Clinic, also in a financial bind caused in part by the city's maddening administrative machinery, can't absorb many new patients.

Mayor Barry also claimed in his State of the District Address that "there's a steady hand on the wheel." The doctors' bailout suggests a different take on his stewardship. Their departure caught the hospital and the patients by surprise. That is truly unfortunate for both. But it's no secret that a number of D.C. General staff are looking around for other work, given the uncertainty caused by the way the city's budget has been handled by the city's leaders. And the real losers, again, are those in the city who can least afford further loss.

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World-Wide

REPUBLICANS SENT a balanced-budget plan to the Senate floor.

The proposal was approved by the Senate Budget Committee along party lines, 12-10, after GOP lawmakers brushed aside Democrat-backed efforts to wipe out billions of dollars of tax breaks for big companies. The vote followed passage of a companion balanced-budget package by the House Budget Committee early yesterday. Though the House and Senate plans differ, they offer the same result: Reductions in projected spending of more than \$1 trillion over seven years. (Articles on Pages A3 and A14)

House and Senate negotiators approved deep reductions from federal clean-water programs and slashed Clinton's national-service initiative.

A global nuclear treaty was extended indefinitely following a month's debate at the U.N. The action marked a diplomatic victory for the U.S.-led nuclear powers, which had resisted efforts by non-nuclear nations to make extension of the 25-year-old treaty conditional on greater, faster cuts in their nuclear arsenals.

FBI agents found detonator cord, blasting caps and ground-up ammonium nitrate—similar to materials used in the Oklahoma City bombing—at the house of suspect Terry Nichols, according to a court affidavit released yesterday. Nichols, meanwhile, the second person to be charged in the April 19 blast, appeared before a federal judge.

Clinton won Ukraine's endorsement for a gradual expansion of NATO, and he promised the ex-Soviet republic more aid to destroy nuclear arms and convert defense plants to civilian use. After Clinton's talks with President Kuchma, the two sides also announced that a Ukrainian cosmonaut will fly aboard the U.S. space shuttle in 1997.

Russian forces pounded rebel positions in southern Chechnya with artillery and rockets, effectively destroying any chance of extending a cease-fire that expired in the breakaway region.

Nitrogen was split apart by two MIT chemists, a goal that scientists have attempted for more than 30 years. Nitrogen makes up 78% of the Earth's atmosphere, but its inertness has prevented it from being used directly to make other chemicals, most notably fertilizer. (Article on Page B2)

Officials in central Zaire imposed more curbs on travel, closed schools and clinics and advised people to stay at home as health workers fought to contain the deadly Ebola virus. Dozens of people in the region have died so far. A team of U.S. health officials arrived, and a U.S. military cargo plane was bringing in medical supplies.

U.S. officials, in a surprise move, ended anonymous AIDS testing of newborns. The government's suspension of the HIV testing was disclosed at a congressional hearing just after a congressman pleaded for Congress to require officials to tell all mothers the results of the tests, conducted anonymously in 45 states since 1988.

Louisiana Gov. Edwards estimated that insured losses from days of torrential rain and flooding would surpass \$3 billion for the New Orleans area. At least 100,000 claims are expected, he said.

More than 100 miners were feared dead in one of South Africa's largest gold mines after a runaway underground train plunged down a vertical shaft onto a packed elevator. Wednesday night's accident occurred at the Vaal Reefs mine, near the town of Orkney.

A Japanese cult scientist admitted his sect made the type of nerve gas used in a deadly March 20 Tokyo subway attack, officials said. The chemist was arrested last month in an underground room at the headquarters of the Aum Shinri Kyo cult.

The U.S. almost sold secret radar-evading stealth technology to a German company and to a second country last year because of lax U.S. export controls, a congressional investigator told a Senate panel.

A French peacekeeper was shot in the head and critically wounded by a sniper in Sarajevo. Meanwhile, fighting raged on the edge of a northern corridor vital to Serb supply lines in Bosnia.

A 15th-century mosque was set on fire during a gun battle between Muslim separatists and troops in Kashmir. The fighting threatened India's efforts to halt a five-year-old insurrection in the Himalayan state.

THE GREEN SHEET

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Balt. Sun; 5-12-95

Negotiators cut FDA plan

Associated Press **22A**

WASHINGTON — House and Senate negotiators agreed yesterday to slash \$580 million from federal building in 1995, affecting 39 projects, as part of their drive to reduce the deficit. Hardest hit would be a plan to consolidate Food and Drug Administration operations in the Maryland suburbs of Washington, which would lose \$228 million budgeted for construction costs.

The lawmakers are meeting this week to work out differences between the bills each chamber passed to reduce the level of federal spending in the current fiscal year. Any decisions they reach must be passed by the House and Senate and signed by President Clinton to become law.

Rep. Richard J. Durbin, D-Ill., said the agreement to delay the plan to consolidate 48 FDA buildings at a central location was "a serious, serious mistake" when the government is trying to economize.

The Senate had tried to kill all \$284 million in unobligated funding for the FDA project.

The lawmakers agreed to spend \$110.5 million, more than twice what the administration sought, for Treasury Department expenses resulting from the Oklahoma City bombing. Of that, \$40.4 million would be for construction of a new federal building.

N.Y. Times; 5-12-95 p. 1

BUDGET BALANCING GAINS IN CONGRESS

Committees in Both Houses Approve the G.O.P. Plans

By DAVID E. ROSENBAUM

WASHINGTON, May 11 — The budget committees in the House and the Senate today approved separate fiscal plans that would balance the Federal budget over seven years and change the face of much of American government.

Over the last two days, the Senate committee rejected, on party-line

See BUDGET, p. 4

Wash. Post; 5-12-95

Administration Unveils Proposal To Cut 2,400 HHS Jobs in 5 Years

By Spencer Rich **A23**
Washington Post Staff Writer

The Department of Health and Human Services plans to reduce its work force by 2,400 jobs over five years, Vice President Gore and HHS Secretary Donna E. Shalala announced yesterday, with a large number of jobs coming from Public Health Service agencies in the metropolitan area. The streamlining plan would save \$453 million by the year 2000.

The proposal, which came in a week jam-packed with Republican proposals for deep slashes in the federal budget, is part of Gore's campaign to "reinvent government." Re-invention plans have long been a key element in Clinton administration efforts to show that the White House wants to slim down government as much as Republicans.

Current employees would not lose their jobs as a result of these moves, Shalala said to loud applause from HHS employees gathered in the Hubert H. Humphrey Building.

"I believe we can accomplish these changes without separating employees through RIFs—or reductions in force," said Shalala. Jobs would be eliminated only after an employee quits or retires, a process known as attrition. HHS in fiscal 1996 would have about 60,000 employees and a proposed budget of \$331 billion.

Although no decisions have been made on which jobs will be eliminated, Shalala announced that 723 jobs would be cut by consolidating 107 health grant and service programs into 16, which would have total spending of about \$2.4 billion a year. Many of these jobs are expected to be management positions.

Another 400 jobs—the bulk located in Washington—would be eliminated by wiping out a whole level of management in the Office of the Secretary and the Office of Assistant Secretary for Health, and consolidating the two office staffs.

Although Shalala did not offer specifics, HHS sources said another 1,000 or so jobs could turn out to be positions at the National Institutes of Health Clinical Center and other NIH facilities in Bethesda. The cuts may result from a study that has been ordered to determine if various

support functions for the clinical center can be "privatized" and contracted out to private firms.

The work force at the National Institutes of Health has fallen slightly in the past two years as a result of a general HHS policy of attrition and selective hiring. NIH employees number about 16,000.

Shalala yesterday specifically asked the agency to study its hospital (or "clinical center," as it's called) to see if some of its functions could

The streamlining plan is intended to save \$453 million by the year 2000.

be handled more efficiently by the private sector. The hospital has about 250 patients every day.

Ruth L. Kirschstein, NIH's deputy director, would not say which functions are the likeliest candidates for privatization. She said, however, that other hospitals undergoing similar reviews usually look at house-keeping, laundry service, food preparation, supply procurement, clinical laboratory services and nursing.

The agency also will reexamine its plan to build a 250-bed hospital. The clinical center was built in 1953 and is in "serious disrepair," she said. Numerous consultants in recent years have advised it be replaced rather than renovated.

The reduction of 2,400 employees by 2000 is in addition to a cut of about 900 slots already proposed in the department's fiscal 1996 budget, officials said. The cuts at HHS are proportionately smaller than cuts the administration has made at the Department of Energy, where more than 27 percent of the work force will be eliminated, and HUD, which will be downsized by 25 percent.

Shalala outlined other elements of the plan:

- 107 health grant, training and service programs in several Public Health Service agencies would be consolidated into five "performance partnership grants." The partnership grants would cover mental health, substance abuse, AIDS and related

services, chronic disease and disability prevention, and immunizations. In giving the partnership grants, HHS would set goals and measure results, and Gore said states with good results would be rewarded with more money later.

- The Office of the Secretary and the Office of the Assistant Secretary for Health would be consolidated, eliminating a layer of bureaucrats and incorporating health and science experts directly into the secretary's immediate staff. This change would contribute \$146 million in the savings to the \$453 million total by 2000. What role the assistant secretary would play is undecided.

- HHS would undertake a special campaign to cut fraud, waste and abuse in the Medicare and Medicaid programs focusing on New York, California, Florida, Texas and Illinois, which together account for 40 percent of the beneficiaries. Some of the funds saved could be set aside for future enforcement activities.

- HHS statistical surveys, now done all over the department using different methodologies and standards, would be coordinated to fill data gaps, minimize duplication, and use similar standards and methods where feasible.

- The Administration on Aging would explore whether it could serve as a focal point for information about all programs affecting the elderly, so they can more easily obtain information about benefits and services.

- Several agencies will explore "privatizing" their activities where it is practical and cheaper. The Agency for Health Care Policy and Development would transfer part of the responsibility for development of guidelines for medical treatment to public-private partnerships, and explore using private groups to assess the value of new medical technologies. The federal employees' occupational health program might be contracted out, which eventually would cut 100 jobs, as well as some of the services at NIH.

Staff writer David Brown contributed to this report.

Wall St. Jnl., 5-12-95 p. 1

Washington Wire

A Special Weekly Report From
The Wall Street Journal's
Capital Bureau

PRESSURE GROUPS gear up for all-out attacks on GOP budget-cut plans.

The National Head Start Association arranges for groups of parents to lobby lawmakers next week to save Head Start money. Heads of the American Hospital Association and the Federation of American Health Systems plan to meet with Speaker Gingrich today to protest planned Medicare savings. The American Association of Retired Persons and the Coalition for America's Children jointly run radio ads decrying planned Medicaid cutbacks.

As head of a state task force, grain farmer John Rabenberg flies to Washington from Wolf Point, Mont., to lobby for small-town air-service subsidies. Mass-transit operators plan an early-June "lobby day" against subsidy cuts. But Citizens for a Sound Economy seeks grass-roots backing for a balanced budget by 2002.

Democratic Sen. Mikulski, boarding the subway under the Capitol, grouches about the Senate GOP's proposed seven-year freeze on lawmakers' pay.

SEAWOLF'S FUTURE will give the GOP Congress its first big defense fight.

House Republicans want to kill the multi-billion-dollar submarine that Clinton promised to keep. The Pentagon says the sub is needed mainly to preserve industrial capacity until a new line of subs can be started later this decade. Keeping Seawolf afloat also means preserving thousands of jobs in heavily Democratic New England.

But as votes approach this month, some Republicans in both houses oppose the program as federal industrial policy. Others balk at the cost of \$2 billion to \$4 billion per sub. Arizona's McCain, a Navy vet and son of a submariner, will lead the Senate opposition. Aerospace companies also lobby quietly against the sub program.

WILSON STRIVES to recover from a shaky start to his presidential bid.

The GOP California governor plans to formally announce there the week of May 22; a national tour will be put off until fall. Wilson aides run a phone-bank operation that raises \$14 million in pledges. Massachusetts Gov. Weld leads a drive for an all-New England primary day in early March as a launch pad for Wilson's candidacy.

The Wilson team still tries to shake the early flap over Wilson and his former wife's hiring of an illegal alien housekeeper in the late 1970s. California Democratic activist Bill Bradley argues that the housekeeper's poor command of English undercuts Wilson's claim that he didn't know she was an illegal. Wilson aides check for any other lapses in Social Security tax payments.

Connecticut Reps. Shays and Johnson are about to sign on to Wilson's campaign, adding to his New England strength

COUNTER VOICES: House Budget Chairman Kasich's plan to silence Voice of America and Radio Liberty-Radio Free Europe draws protest from conservatives Jack Kemp, Jeane Kirkpatrick, Vin Weber and Malcolm Forbes Jr. Those who call the outlets "a relic of the Cold War are terribly misinformed," they say in a letter.

NO DEEP THROAT: To the disappointment of Whitewater prosecutors, former Justice Department official Webster Hubbell sheds little light on allegations that Clinton officials thwarted the Resolution Trust Corp.'s probe of the collapse of Madison Guaranty Savings & Loan. So they press current Justice officials for information.

UKRAINIAN RELIEF: Following his disappointing Russia summit, Clinton gets a boost from his stopover in Ukraine, where polls view him as a more effective leader than Ukraine's president. Still, Kiev badgers Clinton for permission to participate in joint U.S.-Russian commercial space ventures—something Moscow doesn't want.

FED FIGHT: Swiping at Clinton's likely Fed nominee, Treasury's Alicia Munnell, 10 GOP senators urge naming someone who sees "the importance of keeping our capital markets free from burdensome regulations, taxes and mandates." Backers say Munnell is wrongly accused of wanting to tap pension funds for social investments.

COMMON-MAN CANDIDATE Alexander reports a million-dollar family income.

The tax return of the GOP presidential hopeful and his wife, Honey, shows them earning \$1,019,041 last year. Alexander got \$421,871 as a lawyer with Howard Baker's Tennessee law firm. His wife profited from Texas partnerships and other family holdings. Alexander also got \$16,000 for writing a Business Week piece and \$15,000 for advising a hardware-store chain on home safety.

By voluntarily releasing tax returns for the past eight years, Alexander tries to outdo rivals as the full-disclosure candidate. His federal disclosure report indicates he got preferential treatment from a Tennessee bank—two loans and \$212,500 mortgage on a Hilton Head, S.C., condo at the prime rate. He recently paid them off.

Alexander says the loans weren't preferential but otherwise acknowledges: "It's true: I'm a capitalist."

MINOR MEMOS: Positive spin: The Senate GOP proposes to "enhance graduate and professional students' responsibility for education expenses by removing government interest-rate subsidies." . . . Democratic Rep. Stark claims Republicans don't mind cutting the budget for clean water because they "drink and bathe in Perrier." . . . Unlikely benefactor: Dole got a \$1,000 presidential campaign donation from GOP consultant James Lake, who now has become an adviser to Wilson's campaign.

—RONALD G. SHAFFER

Wash. Post; 5-12-95 p. 1

Battle Over Budget Takes Shape on Hill

Taxes, Defense, Health at Issue

By Eric Pianin
Washington Post Staff Writer

Congressional Republican leaders expressed confidence yesterday that their plans for balancing the budget will pass the House and Senate next week. Yet the contentious fight looming in the Senate over defense spending, taxes and Medicare highlights the reality that the tidy packages will undergo profound changes before Congress completes its work.

After a fractious marathon meeting lasting until 1 a.m. yesterday, the House Budget Committee voted 25 to 17 to approve a GOP plan that would cut taxes and reduce future spending by an estimated \$1.4 trillion over seven years. Conservative Democrat Mike Parker (Miss.) voted with the Republicans. The Senate Budget Committee late yesterday voted 12 to 10 along party lines to approve a similar plan that would save nearly \$1 trillion over the same period, but without cutting taxes.

The budget resolutions are a blueprint for achieving the GOP's overarching goal of eliminating the deficit by 2002. They are not binding on the tax-writing, appropriating and other authorizing

See BUDGET, A8, Col. 1

BUDGET, From A1

ing committees that can cut spending and change or kill programs as they see fit, provided they achieve specific targets for balancing the budget contained in the resolution.

A Republican Senate aide said yesterday, "It would take a Houdini to still get to balance and accommodate the defense spenders, the tax cutters and those who just want to get to balance and think the budget already cuts enough."

The debate this week over the two budget plans has been largely dominated by Democratic complaints that Republicans are seeking to dismantle government and gut sensitive social welfare programs in order to eliminate the deficit and finance the House GOP-inspired tax cuts. More than a third of the proposed deficit reduction in both plans would come from Medicare, Medicaid and other programs for the poor, children and the elderly.

"This is a very risky thing, this budget, and we're going to regret it down the road," said Sen. Christopher J. Dodd (D-Conn.). Vice President Gore, in a speech at the Health and Human Services Department, said the proposed Medicare cuts would lead to "dramatically fewer benefits, dramatically higher costs and dramatically less choice." Florida Gov. Lawton Chiles (D), meanwhile, called the Republicans' Medicaid and welfare reform proposals an "attempt to balance the federal budget on the backs of the states" and "just plain wrong."

Republican defense hawks, including Sens. John McCain (Ariz.) and Don Nickles (Okla.) said yesterday they strongly oppose a Senate budget provision allowing this year's \$270 billion defense budget to dip to \$256 billion over the next three years before rising again, along the lines proposed by President Clinton.

McCain, an influential Armed Services Committee member, dismissed the proposal as "unconscionable." He and others, including Sen. Sam Nunn (Ga.), ranking Democrat on the committee, vowed to press for an amendment on the floor to increase the spending levels to those contained in the House budget plan. The House

budget would preserve defense spending at this year's level through the next seven years.

Domenici said yesterday, "My gut tells me [the budget plan] will pass," but "we have a tough problem with defense."

Domenici's problems in passing his plan will be further complicated by the tax cut issue. Sen. Phil Gramm (R-Tex.), a presidential candidate, will lead an effort next week to amend the resolution to make room for a tax cut similar to the House-passed proposal.

Domenici has vigorously resisted conservatives' calls for a tax cut until Congress completes work on a comprehensive plan to balance the budget. In an effort to hold Gramm, Senate Majority Leader Robert J. Dole (R-Kan.) and other tax cut enthusiasts at bay, Domenici left open the possibility that \$170 billion of anticipated future savings might go for a tax cut, after the Congressional Budget Office certifies that Congress is on track toward a balanced budget by 2002.

The House GOP plan, including a \$500-per-child tax credit and a sharp reduction in the capital gains tax, would cost an estimated \$360 billion over seven years.

Gramm insists the budget can be cut more than Domenici has proposed to offset a major tax cut, but moderates including Senate Finance Committee Chairman Bob Packwood (R-Ore.) as well as Sens. John Chafee (R-R.I.) and James M. Jeffords (R-Vt.) are resisting. "I'm opposed to any tax cuts at this point," Jeffords said. "There may be an attempt, but I don't think they have the votes."

Gramm acknowledged yesterday that he does not have enough votes at this point to successfully challenge Domenici on the floor. "I never try to push my credibility beyond limits," he said.

In the House, Budget Committee Chairman John R. Kasich (R-Ohio) said Republicans emerged from a 14-hour committee markup with "a lot of unity" but that GOP leaders may have to "massage" the budget a little more before a final vote next week. "I hope there will be no major changes," he said, "because there's a delicate balance in the bill."

The House budget proposal's sharp reductions in farm



At a Republican news conference about the Senate Budget Committee spending plan are, from left, Chairman Pete V. Domenici of New Mexico, Sen. Phil Gramm of Texas (partially obscured) and Sen. Paul Coverdell of Georgia.

subsidies, agricultural research and overseas market promotion have drawn protests from Republicans from rural areas. "I haven't made any commitment on the budget," said Rep. Thomas W. Ewing (R-Ill.). "We know American farmers want to do their share to balance the budget, but they want it to be fair and equitable."

Also, some GOP moderates have qualms about the scope of the Medicare and Medicaid savings, and will urge that House Republican leaders scale back the tax cut when they iron out differences with Senate leaders in conference. During a pep talk to the House Republican Conference yesterday, House Speaker Newt Gingrich (R-Ga.) said he expects all 231 Republicans to vote for the budget and if anyone had a problem with it, he wanted to see them in his office.

Kasich is also trying to assuage budget committee Democrats after a dust-up late Wednesday over his refusal to use traditional budgetary yardsticks in measuring the long-term effect of proposed spending cuts. A budget document describing how responsibility for achieving deficit savings would be apportioned among the appropriations, Ways and

Means and other authorizing committees provided no comparative data to show how deep the cuts would be.

Republicans contend that traditional "baseline" budgeting, contrasting proposed spending changes with standard projections of future spending adjusted for inflation, obscures the fact that even with reductions, overall government spending continues to grow—just at a slower rate.

Republicans are smarting from Democratic charges that they are "cutting" Medicare, federally subsidized school lunches and other politically sensitive programs, when overall spending for those programs is increasing. "In this city, we're sick and tired of calling a 9 percent increase a cut," Kasich told Democrats.

But Reps. Martin O. Sabo (D-Minn.) and Bill Orton (D-Utah) complained that it was virtually impossible to assess the effect of the GOP budget policies without some type of baseline measure. "I was an IRS agent for 10 years," Orton said. "And I have to tell you if I was auditing your tax return, you'd be in deep trouble right now."

Staff writers John F. Harris, Spencer Rich and Kenneth J. Cooper contributed to this report.

BUDGET, from p. 1

votes, dozens of Democratic attempts to restore spending for health, education, agriculture, welfare and other areas of government the Republicans want to shrink. The plan was approved this evening with all Republicans voting for it and all Democrats opposed.

The House committee followed a similar course on Wednesday night before voting, 24 to 17, early this morning to send its measure to the full House for debate. One Democrat, Mike Parker of Mississippi, crossed party lines and voted with the Republicans.

The committees' action brought mobilization by lobbyists across the capital, with those from the business community generally supporting the Republican plans and those from health, labor and farm groups trying to block cuts. [Page A22.]

The Senate and the House are expected to pass the measures, known as budget resolutions, more or less intact next week. A conference committee will be formed to resolve the differences between the two resolu-

Continued on Page A22, Column 1

Continued From Page A1

tions, the most important one being large tax cuts included in the House's measure but not the Senate's.

Then, probably starting next month, lawmakers will begin the even harder task of deciding which particular programs will be reined in by how much and choosing which Americans will be protected and which will be the biggest losers. This should dominate the national political debate for most of the rest of this year.

Across Capitol Hill today, in the Federal departments and agencies and in the offices of lobbyists all around town, men and women were poring over columns of numbers trying to figure out just what the budget committees had wrought.

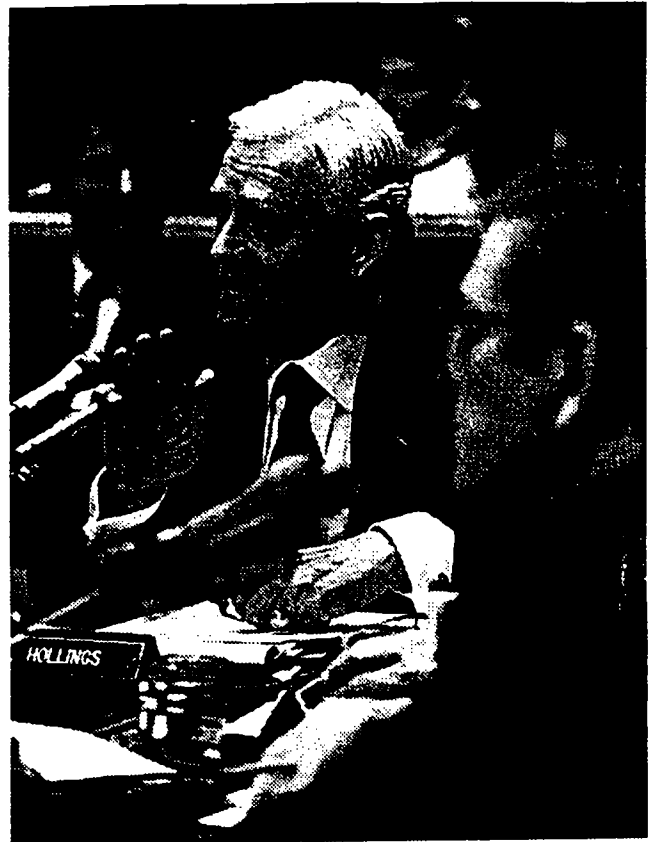
"This is all very tangled up," said an exasperated Congressional staff assistant who has worked on appropriations matters at the state and Federal levels for a quarter of a century but was having trouble calculating from the sketchy data available exactly what was being done to whom.

By the end of the day, the House Budget Committee still had not shown, for instance, how much its proposals in particular areas would save compared with what would otherwise be spent over the next seven years, or exactly what would be required of other Congressional committees to fulfill the mandates in the budget resolution.

The budget committees promise that they will compile and publish much more information before the floor debates on the budget resolutions begin next week. Not until then will it be possible to put the two measures side by side and determine exactly what they entail.

But this much is clear: By outlining limits in the growth of Medicare, Medicaid and other social programs and ordering savings in other programs across the Government, the Republican budget plans envision the most fundamental changes in Washington in decades.

The Senate measure would lower overall Government spending by at



Stephen Crowley/The New York Times

The budget committees in the House and the Senate yesterday approved separate fiscal plans that would balance the Federal budget over seven years. Senator Ernest F. Hollings, Democrat of South Carolina, center, spoke at the Senate committee session; beside him, right, was Senator Pete V. Domenici, Republican of New Mexico.

least 7 percent from what would be spent if no laws were changed and perhaps by considerably more, depending on how the calculations are made.

The savings in the House resolution would be somewhat greater because spending reductions were needed to offset about \$350 billion in House-approved tax cuts over the seven-year period. The Senate bud-

et does not specifically allow for tax reductions.

But even this understates the extent of the budget cuts because Social Security, the largest program in the Government, would be untouched, and much of the military would also be protected.

The Center for Budget and Policy Priorities, a liberal research institute whose budget calculations are

Cont'd on next page

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usually dependable, has figured that total spending on domestic programs that require annual appropriations — everything from education to veterans' hospitals to the environment — would be cut by nearly 30 percent by 2002.

The only part of the budget committees' work that is binding is the overall spending figures in broad categories like defense, Medicare, Social Security and transportation. But the committees make recommendations of policies that could be adopted to meet the spending levels.

If their prescriptions are filled, at least one Cabinet department (Commerce) will be shut down, many smaller agencies will be dismantled, and hundreds of programs across the Government will be shrunk, abolished entirely or, as would be the case with welfare, turned over to the states.

Democrats today continued to accuse Republicans of protecting the privileged and balancing the budget at the expense of the needy.

In a speech at the offices of the Department of Health and Human Services, Vice President Al Gore said the Republicans' proposed cuts in the anticipated growth of Medicare would lead to "dramatically fewer benefits, dramatically higher costs and dramatically less choice."

At the White House, Leon E. Panetta, the chief of staff, said Republicans were "blindly on a march and not looking to what impacts on families."

The Congressional minority leaders, Senator Tom Daschle of South Dakota and Representative Richard A. Gephardt of Missouri, seized on a proposal in the Senate's resolution that would roll back the 1993 expansion of the earned-income tax credit, a break for low-income workers.

"They've raised taxes on working families to give a tax cut to the people that already have it made," Mr. Gephardt said at a news conference.

But the Democrats were powerless to stop the onslaught. "We don't have the votes," Mr. Daschle said in an acknowledgement that Republicans in Congress, at least for the time being, have the discipline of a

military drill team.

Republicans, meanwhile, were feeling their oats.

"The vision," said Senator Pete V. Domenici, chairman of the Senate Budget Committee, "is that we will get to a day sooner rather than later when there is less government."

Asked whether it would be difficult to reconcile the Senate and House budget plans, he said, "I believe the Republican Party is on target and marching to one drummer."

Representative John R. Kasich of Ohio, the chairman of the House Budget Committee, kept referring to the Republicans' budget as "revolutionary." Hardly anyone took issue with that assessment.

USA Today; 5-12-95

GOP budget on track for a vote

By William M. Welch
USA TODAY

BA

Congressional Democrats stepped up attacks on Republicans' budget plans Thursday, but failed to stop the proposal from heading for votes next week in the House and Senate.

Both houses will vote on GOP budget blueprints that would trim \$1 trillion in federal spending over the next seven years, produce a balanced budget by 2002 and dramatically alter the face of federal government.

By party line vote, the Senate Budget Committee approved the spending blueprint. The House Budget Committee approved its own plan after midnight Thursday, barely a dozen hours after it was presented by GOP leaders.

"I believe the Republican Party is on target and marching to one drummer," says Senate Budget Chairman Pete Domenici, R-N.M. "We're going to balance the budget, of that I am certain."

While similar, the House plans portends even broader cutbacks in federal programs.

The House plan totals nearly \$1.4 trillion in reduced spending, including cuts to cover for \$345 billion in tax cuts.

The Senate plan proposes to cut \$961 billion in projected federal spending over seven years, including \$236 billion

from Medicare and \$175 billion from Medicaid.

Democrats say the total cuts are actually bigger — closer to \$1.2 trillion.

In both panels, Democrats fought and failed to alter the plan. "Guess what? The cuts in Medicare equal the tax breaks they give to the people at the top," says House Minority Leader Richard Gephardt, D-Mo. "The Medicare cuts will end Medicare as we know it. It will add about \$1,000 to the cost of a senior citizen for Medicare."

While Medicare for the elderly got much of the attention, cuts in the Medicaid insurance program for the poor could also affect the middle class.

It is the only federal source of money for long-term nursing care. Many recipients are formerly middle-class elderly who spent their way into poverty with nursing-care bills.

The Clinton administration also says that the middle class will be hit hard with cuts in education. And despite claims Social Security will not be touched, it says the House GOP plan will cost senior citizens \$240 a year in lower benefits by changing the inflation-adjustment formula.

But, as Democrats speak of the pain GOP budgets could bring, their response is hampered by lack of an alternative plan to balance the budget.

Senate Democratic Leader Tom Daschle says he accepts the goal of a balanced budget by 2002. But, "we don't have the votes so there's no point for us to lay out a comprehensive substitute."

Democrats did not even offer President Clinton's budget, which assumes growing deficits.

"At the moment, we are looking at what the Republicans have on the table," says White House budget director Alice Rivlin.

"It is not our turn at the moment, to offer to go beyond our budget," she says.

Senate Republicans mocked Democrats at their hearings with a blank white chart bearing the heading, "Democrat Plan to Balance the Budget."

N.Y. Times; 5-12-95

The Deficit Debate

White House Warnings of Recession Draw Doubts From Some Economists

By KEITH BRADSHAW

WASHINGTON, May 11 — Last summer, the Clinton White House credited the nation's economic expansion to its own deficit reduction efforts. Those same officials have spent the last two days attacking Republicans for risking serious harm with their plans to balance the budget through big cuts in spending.

Leon E. Panetta, the White House chief of staff, said at a briefing last summer, "The fight we had on the economy was essentially a fight in which we were the party that led the charge to reduce the deficit and get the economy going."

But today, Mr. Panetta and other senior White House officials warned at another briefing of the dangers of trying to balance the budget by the year 2002, contending that it would limit the Government's flexibility in responding to any recession over the next seven years.

Economists from a variety of political positions expressed a great deal of skepticism today about these warnings. For starters, they said, it is unclear that the Republican budget resolutions announced this week would prove more enduring than legislation in 1985 that required a balanced budget by 1991.

"My guess is if were to adopt a plan such as the resolutions approach, the American people will ask halfway down that path for a correction," said Robert D. Reischauer, a former director of the Congressional Budget Office.

The Republican cuts may bring real hardships to millions of Americans who may lose Government jobs and benefits or pay more for services like Medicare. Yet, many economists believe that even if the Republicans succeed in enforcing the kinds of cuts they have in mind, the cuts by themselves will not slow overall economic growth significantly.

A trillion-dollar cut in spending seems like a lot, they note, until it is compared to the total output of the economy projected for that seven-year period: \$54 trillion.

Even more important than spending to the pace of economic growth, at least in the short term, is the size of the deficit. But the Republican plans announced this week would cut the Federal budget deficit each year by an amount equal to less than eight

weeks of growth in the nation's economy, even at the current subdued rate of economic growth. That strikes many economists as a fairly gradual pace of budget deficit cuts.

"If you're worried about avoiding a recession, maintaining economic stability and high employment, it doesn't make a heck of a lot of difference," said Charles L. Schultze, who was chairman of the Council of Economic Advisers under President Jimmy Carter. "People who fight deficit reduction on the grounds that it's harmful to the economy are just wrong."

There is clearly a political as well as an economic component to the Clinton Administration's argument. For one thing, it provides justification for standing up for preserving spending that is popular with important constituent groups, as when President Clinton vowed in Iowa last month to defend farm subsidies. And if the economy sours during next year's election campaign, the attacks that the Administration is making now could prove useful in assigning blame.

There is only slightly more sympathy among economists to the Administration's fears about what might happen if the economy, after three years of strong growth, slips into a recession.

Alice M. Rivlin, the director of the Office of Management and Budget, warned in an interview this afternoon that the Republicans might worsen a future recession by locking

Congress could pass new legislation to replace it if the economy did run into a severe recession.

If Congress approves the current Republican budget they would be similar in their legal basis to the 1985 Gramm-Rudman legislation, which called for a balanced budget by 1991.

The budget targets were met for two years, but then a new Congress took office in 1987 and, even without a recession, found it too difficult to make the necessary spending cuts to continue meeting the targets. The balanced budget goal was extended, and later abandoned entirely.

Ms. Rivlin said that she nonetheless believed the current Republican plan might prove durable and lock in budget policy making. "It's a piece of legislation, but it's a piece of legislation that needs to be taken seriously, and we take the Republicans seriously," she said.

Mr. Schultze said that if budget cuts did slow economic growth unexpectedly, the Federal Reserve Board could compensate by reducing short-term interest rates to stimulate the economy. Alan Greenspan, the chairman of the Federal Reserve, strongly hinted that he would do so during Congressional testimony on Feb. 23.

But Laura D. Tyson, the head of the National Economic Council, warned on Wednesday against handcuffing budget policy and relying solely on interest-rate policy to guide the economy.

A more difficult question is whether the composition of spending cuts makes a difference. Ms. Rivlin said that if Congress cuts Government investment programs to reduce the deficit and Government borrowing, there would be a risk that the private sector would not invest the savings as efficiently. Most conservative economists disagree.

A trillion-dollar cut in spending vs. a total output of \$54 trillion.

the country into achieving a balanced budget by 2002.

Since the Depression, policy makers have blunted the effects of downturns in the business cycle by stimulating the economy with extra spending. The Republican goal of balancing the budget "increases the risk, and particularly it increases the risk when you're at a point in the cycle when you've been growing quite a long time," she said.

But even if the Republican Congress passes a seven-year deficit reduction plan this year, a future

Wash. Post; 5-12-95

Aid Packages May Threaten Budget Cut Plan

By Dan Morgan
Washington Post Staff Writer

House and Senate conferees yesterday reached final agreement on more than \$12 billion worth of retroactive cuts in programs and projects funded by earlier congresses, but remained divided on several politically charged issues, such as whether to discontinue fuel subsidies for low-income people and the federal summer jobs programs for youth.

Rescinded were previous commitments totaling \$6.3 billion for the Department of Housing and Urban Development; \$210 million for the president's national service corps; \$1.3 billion for the Environmental Protection Agency's safe drinking water grants to states and communities; \$25 million for aid to Russia; \$11.5 million for weatherizing homes; and \$580 million for 39 federal building projects, seven of which are in the District and Maryland.

The cutting and paring went on in the shadow of this week's publicity surrounding release of House and Senate Budget committee plans to eliminate the deficit in seven years. But the slow pace of the negotiations over the spending cuts package—which has been working through Congress for two months—drove home the difficulties ahead as Congress attempts to turn the broad guidelines of the budget resolutions into legislation.

Unlike the budget resolutions, which do not have the force of law, the cuts package rescinds funds that have been committed, but not yet spent. Because of that, it will have a direct impact on programs and projects. In addition, the conferees are using it as a vehicle for providing disaster relief and other "emergency" funds.

The conferees approved measures to assist Oklahoma City recover from the April 19 bombing, and to beef up the crime-fighting ability of the Bureau of Alcohol, Tobacco and Firearms (ATF), which enforces the nation's gun laws.

Responding to requests from the Oklahoma congressional delegation, conferees earmarked

\$40.4 million for rebuilding or repair of the bombed Alfred P. Murrah Federal Building in Oklahoma City. Rep. Jim Lightfoot (R-Iowa) said it appeared now that the bombed building would be turned into a memorial, but that the underground parking could be retained for use by federal employees and others.

The conferees also doubled the administration's request for new funds for ATF, boosting the supplemental funding from the \$16.3 million sought to \$34.8 million. In addition to enabling ATF to create four full-time fast reaction teams to respond to bombings, the funds will enable the bureau to hire some 100 inspectors, improve crime laboratories, and increase security at ATF facilities.

Still unresolved yesterday was the amount of supplemental anti-terrorism funding for the FBI and Justice Department. Sen. Phil Gramm (R-Tex.), who is building his presidential candidacy in part around law-and-order themes, reportedly was seeking to add a substantial sum, but was facing budgetary constraints.

GOP budget cutters worry that savings from the spending cuts package could evaporate if the emergency relief component grows too large.

Along with the Oklahoma aid, the appropriations conferees yesterday approved \$6.7 billion for federal disaster aid to California and at least 39 other states struck by earthquakes and other calamities. Although flood-ravaged areas of Texas and Louisiana have not been formally declared disaster areas, they would be eligible for aid if President Clinton makes such a determination, and yesterday Rep. Bob Livingston (R), the Louisiana who chairs the House Appropriations Committee, exhorted members to finish the bill so states could get relief.

During the day, Democrats frequently chafed at their minority status. "You've got the votes to do any damn thing you want to do," said Rep. David R. Obey (D-Wis.). Sen. Frank R. Lautenberg (D-N.J.), calling attention to his immigrant background, made an impassioned plea for the restoration of funds for a footbridge to Ellis Island from

the New Jersey shore. But the request was briskly rejected.

Whatever the final size of the package, it will reflect differing views between Republican leaders in the House and Senate on how and what to cut.

A major impasse to the conclusion of negotiations has been the opposition of Sen. Arlen Specter (R-Pa.) to the House-proposed termination of the federal program that subsidizes utility bills of the poor. Presidential candidate Specter is a longtime supporter of the aid, which is popular in New Hampshire, site of the key GOP primary.

But it was the House that moved to protect \$139 million worth of unspecified highway "demonstration projects" from a proposed Senate cut. House appropriators reportedly were ready to go along with the Senate in deleting the projects, a perennial pork barrel benefit for members' states and district. But Rep. Bud Shuster (R-Pa.), who chairs the Transportation and Infrastructure Committee, objected.

Appropriators feared Shuster could derail work of the conferees on the floor if his wishes were not honored.

In other action the conferees:

- Approved legislation that will streamline the harvesting of burned and diseased trees, as well as live timber in Pacific Northwest areas inhabited by the northern spotted owl, by limiting environmentalists' ability to bring lawsuits against Forest Service sales of the wood.

- Approved \$250 million of debt relief for the nation of Jordan.

- Approved \$12.7 million to build a swine research center in Ames, Iowa, to which Clinton recently gave his support. The House had proposed deleting the money. Once built, the facility will be turned over to Iowa State University to operate.

Livingston said he hoped negotiations would be finished today and the conference report would be sent to both chambers for ratification. Clinton has not said whether he will veto the measure, which cuts some of his prized programs but which also provides needed funds for others.

L.A. Times; 5-12-95

Lawmakers Weigh Proposals for Medicare Savings

■ **Budget:** GOP plans call for increasing costs to beneficiaries or adopting a voucher-like system. A third option would combine both approaches.

By JANET HOOK
TIMES STAFF WRITER

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WASHINGTON — House Republicans—looking to save Medicare from projected insolvency in 2002—are considering proposals that would require the elderly to pay substantially more for government coverage or transform the program into a voucher-like system that would end direct federal insurance of the elderly.

Under one of three options prepared by Republicans on the House Budget Committee, the annual deductible paid by beneficiaries would jump from \$100 to \$150, monthly premiums would increase and wealthy beneficiaries would pay even more.

Those proposals, which would represent the largest change in Medicare since its inception 20 years ago, were released Thursday by House Republicans to illustrate how Congress could save the \$280 billion over seven years mandated by the budget approved by the House Budget Committee early Thursday.

The Senate Budget Committee followed suit Thursday night when it approved a similar plan to balance the budget by 2002—a spending framework that differs from the House plan principally in its failure to make room for a \$350-billion tax cut.

"I really believe we have done something rather historic," said Senate Budget Chairman Pete V. Domenici (R-N.M.). Like its House counterpart, the Senate committee rejected a barrage of Democratic amendments to revise the GOP-drafted budget, which also called for slowing the growth of Medicare to save some \$256 billion over seven years.

Neither committee can legislate the changes needed to make those savings in Medicare and other programs slated for reduction. But the policy assumptions used in setting those spending targets are instructive if only as an indication of how drastically the program will have to be changed to save as much money as the Republican budgets would require.

Rep. Christopher Shays (R-Conn.), chairman of the committee's task force on health, on Thursday released the Budget Committee's detailed proposals on the three ways that Medicare could be changed to meet the budget target and save the program from insolvency. He sent those proposals to the chairmen of the two House committees that will be responsible for drafting legislation to change Medicare.

The first option suggests 35 cost-saving changes in Medicare designed in part to give the elderly powerful new incentives to enroll in health maintenance organizations and other less costly forms of managed health care rather than keeping Medicare's traditional fee-for-service coverage.

In one change that would take effect in



At a news conference to discuss budget plans are Republican senators, from left, Paul Coverdell of Georgia; Connie Mack of Florida; Pete V. Domenici of New Mexico, the Senate Budget Committee chairman, and Phil Gramm of Texas.

1999 beneficiaries who choose fee-for-service coverage would have to pay \$20 a month more in premiums than other beneficiaries for savings of \$3.8 billion over seven years. Current Medicare recipients would be exempt from that two-tier structure.

In another change, by increasing the Medicare deductible to \$150 and indexing it to inflation in the future, Shays estimated that the government would save \$15.2 billion over seven years.

The plan also for the first time would introduce an element of means testing in Medicare by requiring people earning more than \$70,000 a year to pay a higher monthly premium.

All beneficiaries would have to pay new co-insurance fees for home health care, clinical laboratory work and certain nursing services.

The Republican proposals already have drawn heavy fire from the senior citizens' lobby.

"What we see is budget cuts that seem to

be driven more by the desire to hit a number than by the appropriate policy," said Tricia Smith, chief health policy lobbyist for the American Assn. of Retired Persons.

Although the increases in beneficiary costs are likely to be the most controversial politically, the plan also includes major new restrictions on payments to doctors, hospitals and other health care providers. Even some who are sympathetic to the GOP goal of shifting more Medicare beneficiaries into private health plans and managed care think that the House budget plan goes too far.

"It's designed to drive people to managed care and that's not necessarily a bad policy," said Thomas Scully, president of the Federation of American Health Systems. "But they are overreaching. They are being driven by budget policy, not health policy."

A second option outlined by Shays would transform Medicare immediately into a voucher-like program, under which the government would buy private health insurance for the elderly rather than paying their medical bills directly. The amount

paid would vary according to an individual's age and other factors but the average payment would be \$5,122 in 1996 and rise to \$6,361 in 2002.

Beneficiaries would have to pay extra if they chose more expensive plans, but would get rebates if they chose plans costing less than the federal contribution.

The AARP warned that such a proposal would expose Medicare to new budgetary and political pressures. "The risk is the voucher amount will fall precipitously," said Smith.

The third option is a combination approach that would adopt many of the cost-saving changes proposed in the first option—including increases in beneficiaries' deductibles and cuts in payments to hospitals. It would assume additional savings as a result of more recipients switching to less costly private health care plans. The proposal estimates that the proportion of beneficiaries enrolled in private plans would grow from 9% now to 59% in 2002.

Times staff writer Jonathan Peterson contributed to this story.

Balt. Sun; 5-12-95

House Republicans consider converting Medicare into voucher program

Associated Press

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WASHINGTON — House Republicans looking for \$283 billion in savings from Medicare are considering converting it into a voucher program, with seniors getting more than \$5,000 a year to buy private insurance.

Options drafted by the House Budget Committee also suggest doubling the \$100 annual Medicare deductible and boosting monthly premiums for millions of beneficiaries.

One proposal would save \$19 billion over seven years by making hospitals responsible for all skilled nursing care, home health services and rehabilitation care Medicare patients get within 60 days of a hospital stay. Payment for all those services would be "bundled" into the hospital fees.

Rep. Christopher Shays, R-Conn., who heads a health task force for the Budget Committee, was preparing to send committees with jurisdiction over Medicare the suggestions, including three options to reform the

\$175 billion insurance program.

Mr. Shays did not release details, but a draft Budget Committee document obtained from Democratic sources outlined three different strategies to overhaul Medicare:

■ Giving seniors incentives to enroll in health maintenance organizations and other less expensive forms of managed care.

The annual \$100 deductible for physician and outpatient services would be doubled over two years and indexed to inflation.

All beneficiaries' Part B premiums — now \$46.10 a month — would increase by \$5 to \$6 a year. Beneficiaries would pay up to \$164 a month in premiums if their income exceeded \$70,000 for individuals and \$90,000 for couples.

Starting in 1999, new beneficiaries would be charged \$20 a month more in Part B premiums, chiefly for physicians' services, if they wanted to retain fee-for-service coverage and avoid managed care.

Eventually, Medicare would be

converted to voucher system, with the government making a set contribution to whatever plan the beneficiary chooses. Those who elected more expensive coverage would pay more out of pocket.

■ Going immediately with a universal Medicare voucher for private coverage. Beneficiaries would pay extra for some coverage and get "a rebate if the plan is less than the worth of the voucher."

The vouchers would be adjusted — based on age, gender, location

and disability status. The average voucher would be \$5,105 in 1996 and climb by about 5 percent a year to \$6,390 by 2002.

Medicare spends \$4,763 per beneficiary and has been growing at 10 percent a year.

■ A plan combining \$178 billion in savings from providers and beneficiaries with an automatic mechanism to trigger \$101 billion in additional savings if the shift to privatize Medicare failed to save that much.

"USA Today; 5-12-95

Curbing of Medicare's growth raises concerns

By Judi Hasson
USA TODAY

8A

The Van Buren County Hospital is the only medical center that provides services like X-rays and gallbladder surgery in a 22-mile radius of a rural corner of southeast Iowa.

But 58% of the hospital's budget comes from federal Medicare payments, and with Congress budget-cutters targeting the program, Van Buren is bracing to lose some services — or even shut down the 40-bed facility.

"It is extremely grim," says

Lisa Schnedler, administrator of the non-profit hospital in Keosauqua, Iowa.

As House and Senate Republicans grapple with ways to shrink spending, the federal health insurance program for 37 million elderly and disabled people is a prime target.

Growing at 10% a year, the program threatens to consume most domestic spending in the next decade.

The Senate Budget Committee proposes to drop growth to 7.1%, cutting \$258 billion from the program. The House Budget Committee proposes cuts of

\$283 billion.

Making that target will take more than just raising fees for recipients. Payments hospitals and doctors receive for treating Medicare patients also have to be reined in.

Just how the program shrinks is likely to be left to an independent commission. But the American Hospital Association has a study showing hospitals could lose \$84 billion in Medicare payments over seven years. That translates into a loss of \$900 per patient in 2002. In many hospitals, that could mean higher bills for every-

one, as officials try to make up Medicare shortfalls by charging other patients more.

But in teaching hospitals — and in small facilities like Van Buren, where most of the patients are elderly — can't pass on costs as easily.

Says Stuart Altman, head of a commission that advises Congress on Medicare rates: "It would have much less impact on suburban or for-profit hospitals because they don't count on Medicare for the bottom line. It will hurt, but it won't destroy them."

Van Buren, with a \$5 million

budget, lost \$1.3 million last year in Medicare payments because Congress already was trimming the budget.

New cutbacks will have a direct effect on the hospital, the county's second largest employer. Along with layoffs, likely targets include: cutbacks in outpatient programs, scuttling plans for a hospice and cutting back four rural clinics.

"If they took a third of my Medicare dollars away, it wouldn't take long for me to close," says Schnedler.

Some health policy experts say that shakeout is necessary

because too many hospitals are operating with empty beds and too many have come to rely on government money instead of demands of the marketplace.

But hospital officials warn the quality of care will be hurt and treatments could be limited. Medicare patients may not get operations when they want them or state-of-the-art treatments when they need them.

"There definitely could be some delays. There could be rationing of services," says John Springer, president of the Connecticut Health System, which runs three hospitals.

N.Y. Times; 5-12-95

Interest Groups Howl As Ax Falls on Budget

Veterans, Farmers and Elderly Mobilize

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By STEVEN A. HOLMES

WASHINGTON, May 11 — The dramatic spending reductions put forward this week by House and Senate Republicans have stirred up a hornet's nest among interest groups in Washington.

"I think there is no way to look at the current budget proposals and not see them as a drastic hit on environmental programs," said Gawain Kripke, director of the Friends of the Earth Appropriations Project. He was speaking of proposals to reduce financing for research on renewable energy sources and to open the Arctic Wildlife Refuge for oil and gas drilling.

"These cuts are so big that for a number of our hospitals, a substantial number, it's going to be very disruptive," Dick Davidson, president of the American Hospital Association said of the proposals to hold down projected increases in the Medicare and Medicaid health programs for the elderly, the disabled and the poor. "Ultimately it will affect quality, and a number of them are going to have to close."

While interest groups representing veterans, the elderly, farmers, mayors, children and the poor casti-

gan and Mr. Stockman.

"The last time there was this same sense of threat was during the Stockman, O.M.B. years, particularly the early 80's," said a lobbyist who asked that neither he nor his organization be identified. "At that point, those cuts were considered dramatic, if not worse, because we had not experienced anything like them before. But these are much larger."

As they begin to digest the scope of the Republicans' spending plans, representatives of some interest groups say that proposed reductions will play havoc with city budgets by reducing the Community Development Block Grant, will increase economic pressure on farmers by slashing farm price supports by \$8 billion to \$9 billion, will punish poor working families by reducing the earned income tax credit and will break a longstanding promise to the elderly not to mess with Social Security.

"At the end of this process we're going to learn just how much the public hates the Federal Government," said Thomas Mann, an analyst of government at the Brookings Institution, a research center here. "The Republicans have taken the public at their word that they want a smaller government."

Indeed, the National Taxpayers' Union said the wailing by many groups was in marked contrast to statements these organizations had previously made stating that they favored balancing the budget so long as the pain was spread around equitably.

Pete Sepp, a spokesman for the taxpayers' union, said, "These are the very same groups, when lobbying against the balanced budget amendments, that said, 'We know there have to be cuts in spending and we know we have to balance the budget, but this amendment is not the way to do it.' Now it's time for them to put up or shut up. If they can't come up with a better package, then they shouldn't complain."

Many critics of the Republicans' proposals insist that they support deficit reduction, and some even like some of the Republican cuts — in other people's programs. "When we don't see cuts in other services such as Social Security, that has us greatly concerned," said Bill Smith, director of Public Affairs for the Veterans of Foreign Wars, who objected to reductions in funds for construction of Veterans hospitals.

When it comes to programs they favor, however, these critics tend to say the reductions go too far, or break longstanding promises.

Martin A. Corry, director of Federal Affairs at the American Association of Retired Persons, said his group was surprised to find that the House Republicans had recommended a change in inflation calculations that would effectively reduce Social



Opponents of proposed cuts in the growth of Medicare held a news conference yesterday in Washington to press their views. Joining Senator Edward M. Kennedy, Democrat of Massachusetts, at the gathering were Mary Jones Bryant, left, and Martha Valdez, representing the American Nurses Association.

Budget balancing is knocking lobbyists off balance.

gated the Republicans' proposals, the budget plans received high marks from business lobbyists who believe they will lead to lower interest rates, and from the conservative Christian Coalition, which supports the House's \$500-per child tax credit.

"We love the overall thrust of the proposals," said Lonnie Taylor, vice president for Congressional Affairs for the United States Chamber of Commerce. "The chamber has been advocating a balanced budget for years. To have two proposals that are likely to make it to the floor of Congress is just wonderful."

Veteran lobbyists in Washington say there has not been so much concern, praise or protest over a budget proposal since 1981, when President Ronald Reagan and David A. Stockman, then director of the Office of Management and the Budget, sought significant spending reductions and hefty tax cuts.

But the proposals unveiled this week by House and Senate Republicans to pare in the range of \$1 trillion from projected Federal spending increases over seven years, dwarf the budget cuts put forward by Mr. Rea-

The cuts that set off shivers in the 80's now seem like cream puffs.

based on the index, which was already set to be adjusted downward in 1998.

"What was surprising," Mr. Corry said, "was that after all of the statements by leadership on both sides of the aisle, including the President, that they would leave it alone, Mr. Kasich has reached to beyond what the Congressional Budget Office has projected."

Pat Wolff, chief lobbyist for the American Farm Bureau, said agricultural subsidies had already been reduced by 50 percent from the projected spending levels since 1986. Now, she said, the Republicans were pushing for an actual reduction in price supports, rather than merely slowing their rate of growth.

"We believe that if you take a look at historic spending for agriculture, that you find that these cuts are just not equitable," she said.

Security and other Government benefits starting in 1999.

Under the House Republicans' plan, announced on Wednesday by Representative John R. Kasich of Ohio, the chairman of the Budget Committee, the Consumer Price Index would be adjusted downward by six-tenths of 1 percent in 1999, on ground that it overstated the extent of inflation. The move would reduce the cost-of-living adjustments to Social Security payments, which are

USA Today; 5-12-95

'65 program has uncertain future in 21st century

Medicare is the biggest target for savings as Congress tries to balance the federal budget by slowing the growth of programs.

The GOP wants spending for Medicare, now at \$176 billion, limited to a 7.1% increase a year. Democrats say that falls short of what's needed to meet growing costs and demand for services. The program and proposed fixes:

Q. What is Medicare?

A. Medicare was created in 1965 to guarantee health insurance coverage to the elderly and disabled, regardless of a person's income. It covers 32.8 million people over 65 and 4 million disabled people.

Q. Who pays for Medicare?

A. Medicare is financed from payroll taxes and premiums paid by beneficiaries. This year, it will cost \$176 billion to pay for hospitals, doctors and lab services.

Q. Do people pay anything out of their own pockets?

A. Yes. Everyone has coverage for hospital stays. That's financed by a payroll tax. Those who want coverage for doctor's visits pay \$46.10 a month in premiums, plus a deductible and co-payments for visits.

Q. What's Medicare Part A?

A. Part A pays most of the costs when a Medicare recipient is hospitalized. Each hospital stay costs a Medicare patient \$716. Other costs are reimbursed from the Medicare Trust Fund. That money comes from a 2.9% payroll tax paid

jointly by employers and workers. But there's not enough money coming into the fund and experts say it will go bankrupt by 2002.

Q. Why will the Medicare Trust Fund go broke?

A. The cost of medical services is rising faster than the general inflation rate, and more people each year are eligible for Medicare.

Q. What's Medicare Part B?

A. For doctors' services, patients pay \$46.10 a month for Part B insurance after a \$100 deductible. Patients also pay 20% of the cost of office visits. Premiums cover only 25% of the cost of Part B; the government pays the rest.

Doctors are paid a set amount for each service, regardless of the real cost. They can't charge patients more. That means doctors pass on additional costs to patients with private medical insurance.

Q. Do people pay for Medicare when they don't use it?

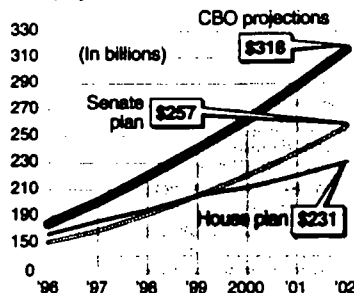
A. Yes. All workers pay 1.45% of their income in Medicare taxes regardless of whether they have family members in the system. Their employers also pay 1.45%. Unlike Social Security taxes, there is no cap on Medicare taxes.

Q. What will happen when baby boomers hit retirement age?

A. Currently, about four workers support each Medicare beneficiary. By the middle of the 21st century, it's estimated only two workers will

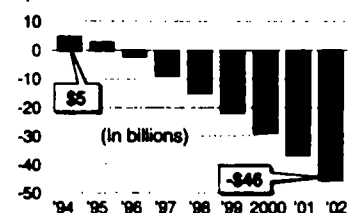
Spending plans cut Medicare growth

Medicare spending would slow under the House and Senate budget committees' plans, compared with current Congressional Budget Office projections:



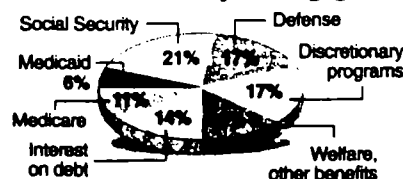
Funding shortfall

Without changes, the Congressional Budget Office projects that next year the amount being spent on Medicare hospital insurance will exceed the amount coming in. Annual surpluses and deficits:



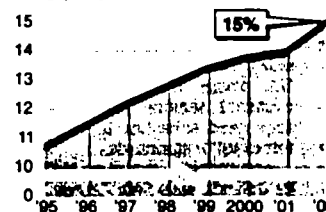
Sources: Congressional Budget Office, Senate Budget Committee, House Budget Committee, Health Financing Administration

Where federal spending goes



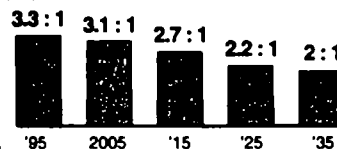
Medicare growth

Without changes, percentage of federal spending going to Medicare:



Fewer paying for Medicare

With the aging of the U.S. population, there will be fewer active workers per Medicare beneficiaries. The projected workers-to-beneficiary ratios:



By Cliff Vancura, USA TODAY

support each enrollee.

Q. What kind of solutions are being considered?

A. Congress probably will create an independent commission to devise cuts. It's likely that payments to doctors and hospitals will be cut.

A House plan also calls for giving vouchers of \$5,100 to beneficiaries so they buy their own health plan. Recipients could keep any savings if they chose a less expensive insur-

ance plan, but pay the difference if they chose more expensive options.

Other ideas include doubling the yearly \$100 deductible and increasing the monthly premiums by \$5 per month in 1996-99 and \$6 per month in 2000-2002.

The eligibility age for Medicare could be raised to 67, and subsidies for doctor services cut off for individuals with incomes above \$70,000 and couples with incomes above

\$90,000. Individuals with incomes over \$95,000, and couples over \$115,000, could pay a monthly \$164 premium.

Q. Will these ideas work?

A. Nobody knows. Raising the age of eligibility could leave millions uninsured. Putting more recipients into managed-care plans will anger some. Raising fees for wealthy seniors won't save much. Raising fees and deductibles could hurt seniors on fixed incomes.

The Times

THURSDAY, APRIL 27, 1995

HEALTH/SCIENCE

Section C



TRENTON LOVES CHILDREN

City program to give disease prevention a shot in the arm

Percentages of children immunized by age 2:

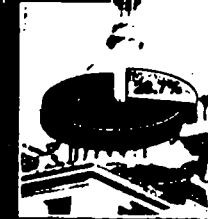
In the U.S.:



In New Jersey:



In Trenton:



Source: Centers for Disease Control, N.J. Dept. of Health

Times graphic by Laurie Sommerstein



Staff photo by Peter Miller

Cheryl Esposito and her 2-week-old son Nicholas. Children should begin receiving vaccinations at 2 months old.

Trenton Times, Thursday, April 27, 1995

Area vaccination rates abysmally low

TRENTON — Since the 1940s, vaccines have been celebrated as the saviors of children, examples of the triumph of modern medicine.

Why, then, are so few children getting their vaccines on time, especially in Trenton?

Public health officials recommend that kids get most of their shots by age 2, but only 67 percent of U.S. children are immunized by then. In Trenton, that number drops to an abysmal 29 percent.

"I think this happens for multiple reasons," said Sunday Parker, coordinator of child health services for Trenton. "Partly, it's that people don't really understand the importance of kids being up to date by age 2. They know it has to be done in time for school, but beliefs have changed, now we think they've got to be younger, and I don't know that we've done a real good job at explaining that."

The reason for early immunization has to do with something health professionals call "herd immunity," said Barbara Reynolds, a spokeswoman for the national Centers for Disease Control, the organization charged with increasing the immunization rate.

When large numbers of children are unprotected against communicable diseases, infection can spread like wildfire, as the virus or bacteria goes unchecked from child to child. Reynolds said. That's what happened in 1989-91, when 55,000 Americans caught the measles. Of those, mostly children, 11,000 needed to be hospitalized and 136 died. More than 60 of those deaths were of children less than 2 years old.

EVEN THOSE who have been vaccinated should worry about those who are not, Reynolds said. Since no vaccine is 100 percent effective, even those who think they are safe may not be, once disease is rampant. The more children who are immunized, however, the more likely the chain of transmission will break before disease spreads to epidemic proportions, she said.

"We need to help to protect each other, that's why it's so important. None of us knows if we are among the ones protected by our vaccines or not, so we can't be secure unless other people help us to keep

healthy," Reynolds said.

It's something like drunk driving, she said. We can make sure we do not drink and drive so we do not kill ourselves and others. But we cannot be truly safe unless other people make the same commitment.

Some parents used to keep their children away from the doctor because they were afraid of the cost of vaccines. Cost should be less of a factor now though, Reynolds said. Vaccines are now available free of charge for children on Medicaid or without health insurance or if their health insurance does not cover the vaccine charge.

Governments are willing to pay for immunizations because every dollar spent on routine immunizations saves at least \$25 in medical costs later, studies show.

Some parents are afraid of potential side effects of vaccines, especially the DTP shots for diphtheria, tetanus and whooping cough. In a very few cases, reactions have caused seizures, high fevers, brain damage and even death.

Physicians and public health officials argue strongly, however, that the danger of adverse reactions is far outweighed by the danger of disease and federal and state statistics suggest that the number of parents refusing vaccines for this reason has not increased significantly over recent years, officials said.

Access is another problem, especially in cities where parents are poor and clinics do not seem friendly or easy to reach. And the numbers of unvaccinated children might be falsely inflated in such cities because of inadequate record keeping and high mobility among patients.

Of course, some people in the health care business are less forthcoming.

"We've been trying to get the immunization rate up for years, but it hasn't done much," said Dr. Harry Lilienfeld, a Lawrence pediatrician and president of the state chapter of the Academy of Pediatrics. "Now I'm getting apathetic about it. I think it's no longer my problem. It's a social problem. It's all a question of priorities and parental responsibility. The parents don't want to get off their butts and bother with it. Maybe this is just the way our society is going."

By KATE MCCARTIN
Staff Writer

TRENTON — Night after night, cable TV viewers are assailed with pathetic pictures of refugee children halfway across the Earth. Just one dollar, we are told, will pay for vaccinations that will save this child and others like her.

We are touched, and hundreds of us send in that dollar and more, happy that we've saved a child from scourges like whooping cough, polio, measles and diphtheria.

Our kids, however, apparently do not have the same protection.

The nation's public health experts strongly recommend that American children be fully immunized by age 2. Progress toward this goal has been slow, but recent statistics show that the overall rate of compliance in the United States is about 67 percent.

New Jersey is not doing nearly so well. In 1994, only 45 percent of children had all their vaccines by their second birthday.

And in Trenton, the numbers rival any refugee camp unnoticed by relief organizations. Here, within the city limits, a mere 29 percent of 2-year-olds are protected against deadly, yet preventable, diseases. Most kids here don't get their vaccines until they have to enter school at least three years later.

THE TRENTON Loves Children Immunization Project's special vaccination drive this weekend is supposed to change all that, said Sunday Parker, Trenton's coordinator of Child Health Services.

"We've just been so fortunate in Trenton that we haven't had a major outbreak of disease yet, but there is the potential, it could happen at any time," said Parker, who is also co-chair of the Trenton Loves Children planning committee. "That's why we are making this major effort to immunize 1,000 kids this weekend. We're practically delirious right now trying to be sure everything runs smoothly and that people will come."

There may be last minute delirium, but this is no last-minute project. It was six months ago that Jean Marshall, the first nurse to be appointed as state deputy commissioner of health, decided Trenton's low immunization numbers were not acceptable, said Gail Johnson, dean of the Helene Fuld School of Nursing and Parker's co-chair of Trenton Loves Children.

Marshall called together administrators of Trenton's six nursing schools and planned a city-wide vaccination event to be supported financially by the state, city, civic organizations, local businesses and hospitals. The event will be staffed primarily by nursing students, anxious for more practice with pediatric patients, Johnson said.

CHILDREN will also get free lead testing, paid for with a \$25,000 state grant, organizers said. The problem of lead poisoning is serious in older American cities, and can lead to behavior problems, brain damage and even death.

The occasion was scheduled for this week to coincide with National Infant Immunization Week. Local organizers have been following a schedule of political, community and medical outreach activities suggested by the national Centers for Disease Control and expect to finish it off with massive vaccination "parties" on Saturday and Sunday at 10 locations in Trenton's four wards.

Last weekend, a troupe of student nurses went door-to-door throughout the city, asking if there were children in the house and, if so, whether they had been thoroughly vaccinated, said second-year Helene Fuld nursing student Barbara Forsyth. Those who had not, or did not remember, were invited to participate this weekend.

Knowing they had to compete favorably with weekend television, the mall or grandma's house, co-chairwomen Johnson and Parker decided to temper the pain of vaccines with a whole day full of pleasure, including face painting, coloring books, Polaroid photographs and hot dogs.

"**PEOPLE** were very responsive on Saturday when we went to their doors, but from our past experiences, that's not always enough; it doesn't necessarily mean they're going to show up, but we're all enthusiastic," Parker said.

Parents are urged to bring their yellow immunization schedules that list any vaccines children have already received, she said. If parents have no record, but believe their children have received some shots, staffers can access some computer files from the WIC program or city and hospital clinics. If no information is available, however, some children may need to start their series from the beginning, Parker said.

Along with the 300 community members who donated time, toys, supplies and food, about 400 student nurses are expected to participate, from all six schools of nursing — Helene Fuld, Mercer Medical Center, St. Francis, Mercer County, Community College, Trenton State College and Mercer County Vo-Tech.

Competition among the student nurses for immunization jobs this weekend was intense, said 22-year-old Helene Fuld student Joanne Sconza.

"It was first-come, first-served and I didn't get there in time to sign up to give the shots," Sconza said. "But I really like to spend time with children, so I'm really looking forward to helping out at the site. The sense here is that a lot of people are excited about it and want to be involved."

For information about immunization programs outside of Trenton, call your local health department.

■ The federal government recommends that children get up to 15 doses of vaccines against nine potentially fatal diseases by age 2. Vaccines for some diseases are combined into one dose, such as diphtheria-tetanus-pertussis (whooping cough), known as DTP, and measles-mumps-rubella, or MMR. Other necessary vaccines are those against hepatitis B (HB), polio (OPV) and haemophilus influenza type b (Hib).

The schedule, roughly, is as follows:
At 2 months: HB-1, DTP, Hib, OPV
At 4 months: HB-2, DTP, Hib, OPV
At 6 months: HB-3, DTP, Hib, OPV
At 12-15 months: DTP, Hib, MMR

■ The Trenton Loves Children Immunization Project will offer free immunizations (and fun activities and food) Saturday, April 29 from 10 a.m. to 3 p.m. and Sunday, April 30 from 1 p.m. to 4 p.m. at 10 locations throughout the city. Free transportation is available. For more information about the project, call (800) 328-3838.

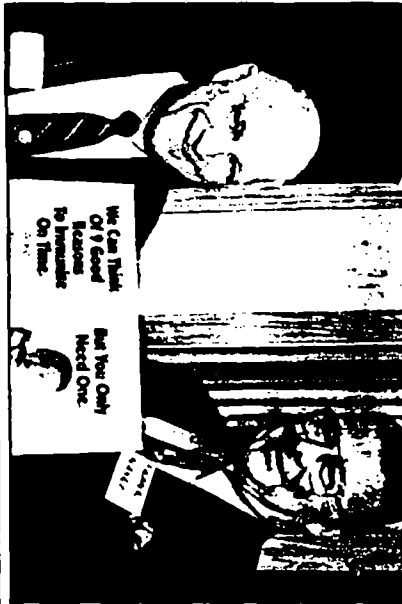
West Ward
• Wilson Haverstick
6 Eisenhower Ave.
• Imani Community Church
(formerly Prospect Presbyterian)
1 Prospect St.
• Holland Middle School
1001 West State St.
North Ward
• North Clinton Community Center
454 North Clinton Ave.
• North Trenton Senior Center
27 Fell St.
East Ward
• First Haitian Church
1501 Greenwood Ave.
• Martin House Learning Center
802 East State St.
• Hispanic Community Center
331 Hamilton Ave.
South Ward
• Parker School
117 Ferry St.
• YWCA
140 East Hanover St.

THE TIMES, FRIDAY, APRIL 21, 1995 A7

Health is worth a 'shot'

City promotes Child Immunization Week

By GENIKWA WILLIAMS
Staff Writer



Staff photo by Jane Therese
Bill Nesterland, left, and Frank Maske kick off National Child Immunization Week at a meeting of the Trenton Rotary Club yesterday at Freddie's Tavern in the city. The weeklong push for immunization begins tomorrow and continues through April 29.

TRENTON — The words of an old African proverb say "it takes an entire village to raise a child."

Just how many people does it take to keep him healthy and alive?

"Whatever it takes..." said Harold Koslow, president of the Trenton Rotary Club.

Yesterday, Koslow joined other Rotarians, representatives from area nursing schools and hospitals involved in the "Trenton Loves Children" immunization project, and representatives from various other local, state and national health agencies to kick off National Child Immunization Week, April 22 to 30, at a luncheon held in Freddie's Tavern.

The Rotary Club has its own immunization program, PolioPlus, which has helped to raise \$246 million to provide polio vaccinations for over 100 million children a year throughout the world for five years.

Now, the Trenton Rotary Club has joined in the "Trenton Loves Children" immunization project's effort to immunize at least 1,000 youngsters the weekend of April 29 to 30, when the city health department will be offering free immunizations.

Bill Mealia, Rotary Post PolioPlus state chairman, said the need to immunize children at an early age is becoming increasingly more important, noting the state's immunization rate is only about 50 percent. Mealia, who said he had polio when he was a child, wanted people to know the importance of early immunizations for children.

"My daughter could not return to Rutgers last year because there was an outbreak of measles. ... It does happen in your backyard, so it is important," Mealia said when he addressed the group at the luncheon.

EVEN SCARIER than the state's immunization rate is the city's, which is "about 26 percent," said Sunday Parker, "Trenton Loves Children" coordinator.

Parker said that is why the city will be offering the free immunizations next weekend at 10 clinics throughout the city and surrounding areas. In addition to the immunizations, Parker said free lead screenings will be given.

A variety of other activities will be offered as incentives to encourage parents to bring their youngsters out to be immunized. They include picture-taking for the kids, face-painting, food and drinks.

Local businesses have donated stickers, coloring books, crayons, coupons to local fast food restaurants, health education information, and other goodies, Parker said, which will be given out to parents and their children.

And if parents are having trouble getting out to the clinics, Parker said local transportation companies have donated vehicles and drivers to pick them up and bring them to the nearest immunization site. Parker said there will even be vehicles for handicapped individuals and car seats for the children.

To make sure that parents continue to get their children the shots they need, the New Jersey Women, Infants and Children (WIC) program has set up a computer program to keep track of the children's immunization records.

"The computer program has an automatic inventory to track each vaccination. It will be used for tracking, projection, evaluation, and notification," said a representative of WIC at the luncheon.

SANDY LOHR, Trenton Rotary Club immunization coordinator, said many parents don't realize that their children need a series of five shots, before they reach age 2. Those shots are DTP (diphtheria, tetanus, and pertussis vaccine); polio — live oral polio vaccine drops or killed (inactivated) polio vaccine shots; MMR (measles, mumps, and rubella); Hib (haemophilus b conjugate vaccine); and HBV (hepatitis B vaccine).

The city health department's free immunizations will be held Saturday, April 29, 10 a.m. to 3 p.m. and Sunday, April 30, 1 to 4 p.m. at the following locations.

- West Ward
Wilson Haverstick & Eisenhower Ave., Amen Community Church (formerly Prospect Presbyterian), 1 Prospect St., Holland Middle School, 1001 W. State St.
- East Ward
First African Church of God, 1501 Greenwood Ave., Martin House Learning Center, 802 E. State St., Hispanic Community Center, 331 Hamilton Ave.
- North Ward
North Clinton Community Center, 454 N. Clinton Ave., North Trenton Senior Center, 27 Fall St.
- South Ward
Parker School, 117 Ferry St., YMCA, 140 Hanover St.

In addition, the Trenton Rotary Club has helped to organize the following clinics: Saturday — Lawrence Township Health Department, Lawrence Township Municipal Building, (609) 844-7093/7094, 9 a.m. to noon; Friday, April 28 — Hightstown-East Windsor Well Baby Clinic, (609) 443-4000, 8:45 a.m. to noon; Saturday, April 29 — Ewing Township Health Department, Community Center at Hollowbrook, (609) 883-2900, extension 7491, 9:30 to 11 a.m.; Hopewell Township Health Department, 201 Washington Crossing-Pennington Road, (609) 737-0120, 11 a.m. to noon; East Windsor Township Health Department, Hightstown High School Cafeteria, (609) 443-4000 and Hamilton Health Department, 2100 Greenwood Avenue, (609) 899-3837, and Saturday, May 5 — Princeton High School, Monroe Street, (609) 483-6480.

For more information on how to get a child immunized, call the immunization hotline at 1-(800) 229-3636.

Minn. Star Trib; 4-28-95

Protester's shouting interrupts Shalala's speech on welfare

By Jean Hopfensperger
Staff Writer

Donna Shalala, head of the federal Department of Health and Human Services, brought her vision for welfare and children's policies to Minneapolis Thursday in an address that was interrupted by a protester.

The normally formal atmosphere of the Westminster Town Hall Forum was jolted when a man strode up the aisle toward Shalala and yelled that he was a Vietnam veteran and that people should pray to the "Queen of Peace."

"Was your brother killed there?" he barked at the audience when he reached Shalala's rostrum. He continued yelling as the stunned audience looked on.

"If you want me to sit down," he finally said, reaching into his breast pocket in a very tense moment, "please pray." And with that the man



Cabinet member Donna Shalala spoke Thursday in Minneapolis.

took out a medal and launched into an incomprehensible prayer.

He was handcuffed by authorities

and taken out, yelling: "The best and the brightest of my brothers are dead!"

The man, it turns out, was a Vietnam veteran whose twin brother was killed in the war, said the Rev. Gordon Stewart, senior minister at Westminster Presbyterian Church, which sponsored the forum. Stewart said the man was ticketed for disturbing the peace and was taken to a crisis center.

The words "the best and the brightest" have come to haunt Shalala, who in a TV talk show earlier this month said the Vietnam War was not fought by the sons of "the best and the brightest" — a reference to David Halberstam's book on government officials who conducted the war.

"The fundamental point I was trying to make is that everyone should serve [regardless of wealth]," she told the packed church in downtown Minneapolis.

The outburst occurred after Shalala delivered a speech — more directed at congressional Republicans than Minnesotans — arguing that the nation should try to solve its policy debates with "reasoned dialogue and calm listening."

She predicted that "common sense will prevail" in the Senate welfare bill and that a bipartisan bill focusing on work, responsibility and teen pregnancy would be approved.

She lambasted the House Republican bill, saying it was not welfare "reform" but welfare budget cuts.

"When you slash \$68 billion from a range of programs that help low-income people buy food and clothing for their children, you can't call that reform," she said.

Shalala also charged that the plan would result in "justice being defined by geography," meaning that children in states with few welfare standards or benefits would have a lower standard of living compared with children in more generous states.

The cabinet secretary praised Minnesota's welfare reform, the Minnesota Family Investment Plan, launched last year. Said Shalala in a recent interview: "Much of what I've seen with the Minnesota experiment is consistent with what's being talked about in Washington."

She said that when the department began examining how to approach health care changes incrementally — instead of a major overhaul — it looked to Minnesota. "We're very familiar with the health care system in Minnesota, which has kept costs down," she said.

Earlier in the day, Shalala told a conference of the University of Minnesota's School of Public Health that the nation's public health care system is moving toward community-based programs, instead of clinics, and away from a medical model to a preventive model.

She urged public health workers to become "activist ... not content to write polite policy recommendations and then sit back and let the politicians decide."

Shalala told the conference about her vision of the nation's public health system in the year 2020. It includes "health-conscious day care" for those who needed it, fully vaccinated kids and "portable" health insurance that stays with people who switch jobs.

At a news conference with Gov. Arne Carlson on Thursday afternoon, Shalala said Minnesota would be granted two federal waivers to streamline some of the bureaucracy surrounding Medicare and Medicaid. The waivers also would allow for greater use of managed care for low-income Minnesotans and senior citizens, she said. Staff writer Patricia Lopez Badger contributed to this story.

Wall St. Jnl.; 5-12-95

Welfare Mothers Stress Importance of Building Self-Esteem if Aid System Is to Be Restructured

By JOE DAVIDSON

Staff Reporter of THE WALL STREET JOURNAL
BALTIMORE — In all the talk about restructuring the welfare system — work requirements, state discretion, time limits — Lisa Downie senses that everyone is ignoring one crucial factor: self-esteem.

"It's a fight to keep your self-esteem up," says Ms. Downie, a 37-year-old mother of four who is on welfare. "You go to your social worker and they treat you like nothing. And it's the system. It's a hard thing. Welfare is terrible."

As the nation moves rapidly toward a full-scale debate over how to change its welfare system, Ms. Downie's voice is the one not often heard. On a recent night, The Wall Street Journal asked her and seven other women, all welfare recipients, to gather around a conference table here to discuss the welfare system, its effect on their willpower, and their desire to leave it.

That discussion, as well as a national poll on the subject conducted by The Wall Street Journal and NBC News, suggest that there are some surprisingly broad areas of agreement between the public and those actually in the welfare system.

There's general agreement that the system, as structured today, does more harm than good. There's overwhelming support in both groups for requiring work to be part of the welfare system. And there's little support anywhere for any welfare cuts that appear to hurt children.

Yet the discussion with the welfare mothers suggests another important factor less understood by the general public. The welfare mothers themselves suggest it will take more than bureaucratic and budgetary changes to break the welfare cycle. They sense a crying need for something less tangible: a bureaucracy that, no matter what the rules may become, will do far more to encourage self-respect, which they say can be a prerequisite to even beginning a serious search for a job that can lead to an exit from the welfare rolls.

Attack on Self-Esteem

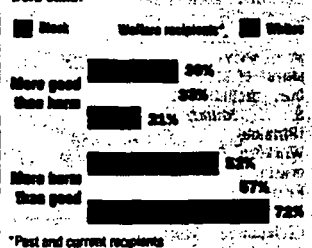
Ms. Downie and the other mothers say, for instance, that in today's system the attack on self-esteem begins even before benefits arrive. Simply applying for Aid to Families with Dependent Children — the main cash assistance program — or for food stamps was a degrading experience.

For the welfare mothers gathered here, the talk of restructuring and scaling back today's welfare system is about to get a lot more real. This week, the House and Senate budget committees each presented budget plans detailing just how much money they expect to squeeze out of the system to meet a promise by Republicans to balance the budget. The Senate plan would pare \$17 billion over five years from projected federal spending on welfare entitlement programs.

The House budget blueprint doesn't specify an overall spending level, but appears to incorporate most of the measures

Assessing Welfare

Do you think the welfare system does more good than harm, because it provides assistance and training for those who are without jobs and live in poverty, or does more harm than good because it encourages the breakup of the family and discourages the work ethic?



* Past and current recipients

THE WALL STREET JOURNAL/NBC NEWS POLL

in a broad welfare-overhaul bill the House already passed earlier this spring, which aimed to save \$66 billion in five years. That bill would pare back AFDC, the main cash-assistance program, while also reinvesting in programs for child care and school lunches. Under the House plan, no one would be legally entitled to welfare; instead, each state would devise its own eligibility requirements. After two years of receiving welfare, recipients would be expected to find work, and if recipients declined a job state officials could reduce their checks.

Taken together, the poll and focus group discussion suggest that, in political terms, Republicans are right in their rhetoric about welfare, which suggests the current system leaves recipients feeling trapped and degraded. But it also appears that, in policy terms, President Clinton has it right when he says that the nation is groping for a system that emphasizes the need for work of some kind by welfare recipients but doesn't penalize children of welfare recipients.

More Harm Than Good

The survey also indicates that much of the debate on restructuring the nation's welfare system has a schizoid underpinning: Americans want to help the poor, but they don't like programs designed to do just that. That sentiment is even shared by welfare recipients themselves. More than half, 57%, of past and current recipients, along with more than two-thirds of Americans in general, believe welfare does more harm than good, according to the poll.

"The general perception ... is that people could do without welfare and probably would be better off without it," says Democratic pollster Peter Hart and Republican Robert Teeter, who conducted the survey. That suggests advocates of benefits for the poor would more effectively tug on America's heart strings by emphasizing help to the poor while avoiding entirely the "w" word. "Whether it is the word or the

concept, welfare has significant negative connotations," say Messrs. Hart and Teeter. "Americans are more sympathetic toward poor people and the unemployed."

Despite popular mythology to the contrary, most of the public and welfare recipients agree that one way to start changing the system is to do more to link work to welfare.

Some — though not all — of the mothers in the focus group warned that getting comfortable with current welfare benefits, even on grants of just \$360 a month, is a real danger. "I got real comfortable with social service," admitted Robin Custis. "I really did," and became "lazy" with "low self-esteem."

But the welfare recipients here, as well as across the nation, generally say they have no problem with the idea of working for public aid. In the poll, 84% of all those surveyed agreed that requiring welfare recipients to work in exchange for benefits would be an effective way to improve the current system; three-fourths of the welfare recipients themselves agreed.

But welfare recipients themselves warn that simply agreeing to work isn't sufficient. They warn that they need help in finding jobs, and that some jobs aren't good enough to allow them to fully break away from the welfare system.

Job Training

In the survey, nine in 10 say job training would be effective in improving welfare, and 84% say it would help to provide subsidized child care for poor mothers who leave welfare for work. "Give people more jobs, free education, free day care right away, transportation to and from, help people with training programs, have free classes on how to get a job, how to keep a job and do a good job," is Ms. Custis's prescription.

And they would like to feel more confident that there would be real work waiting at the end of the line if they go through government programs designed to help. Teresa Burroughs, a mother of two whose illness prevents full-time work, says increased self-respect would readily develop "if they could make it guaranteed after you finish these programs there would be something definite."

The women also are concerned that any job they find wouldn't include health insurance and would pay too little for them to purchase benefits out of their wages. "Let me get time to get back up on my feet before you take it away," said one separated mother of four. "But don't snatch it all away from me at one time because I have a job."

But the welfare mothers feel that, while they need some help to improve, workers inside the welfare system need to improve as well. Recipients believe the system could much better assist in developing good work attitudes in recipients by treating them with greater respect. They say the lack of self-respect that is engendered by the current welfare system often leaves recipients so discouraged they are afraid to even seek meaningful work.

Ms. Downie suggested holding human relations seminars for social workers and other staffers who interact with recipients. "Give them some classes on how to treat people," she said in an interview. "They have to know how to treat people. That has a lot to do with it because you have to go back to them for everything."

For the welfare mothers here, the practical concern now is what they would do if their welfare benefits disappeared. Some of the women are confident they could find employment; others would be terrified.

"I would panic," says Trivia Biscoe, a 22-year-old mother of two. "I would panic

Views of a Troubled System

Which proposals do you think would be effective in improving the welfare system:

	ALL ADULTS	WELFARE RECIPIENTS*
Requiring recipients to work for benefits	84%	75%
Provide job training for recipients	84	90
Provide subsidized child care for poor mothers who leave welfare for work	77	84
Allow recipients who leave welfare for work to keep getting government health benefits	43	50
Make unmarried mothers under 18 ineligible	42	38

* Past and current recipients

THE WALL STREET JOURNAL/NBC NEWS POLL

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N.Y. Times; 5-12-95 p. 1:

Budget Cuts Threaten Effort To Preserve Families at Risk

By CELIA W. DUGGER

Denise Richardson, 18, was pregnant with her second daughter when her boyfriend was murdered. Depressed and scared, she flipped through the Yellow Pages and phoned a social service agency near her home in Bedford-Stuyvesant, Brooklyn.

"I was looking for someone to talk to so I wouldn't hurt myself or my child," she said recently. "I was sexually abused throughout my childhood. I was battered by the boyfriend who died. It was from one trauma to another."

She quickly took advantage of a network of New York City programs that provide 27,000 troubled families with counseling, parent training and assistance in finding housing, day care and drug treatment. The city's aim is to preserve the families — and save money — by keeping the

Cures vs. Costs

A special report.

children out of foster care.

With New York City in the vanguard, this preventive approach to child welfare has spread to more than 35 states in the last 15 years. And now, with New York once again in the lead, many preventive programs are likely to be dismantled because of budget cuts by New York City and New York State as well as proposed changes at the Federal level.

Although social workers and advocates for children strongly contend that such programs help the poorest families stay together, the research to support their claims is scanty and at times contradictory, leaving them little but anecdotes to fight the budget ax.

Mayor Rudolph W. Giuliani has proposed slashing spending on preventive services by a quarter, and that cut will almost certainly be much deeper if the Legislature approves Gov. George E. Pataki's budget proposals. This comes after more than a decade of growth in city spending on prevention, to a budget of \$169 million this year, from \$29 million in 1983.

Until now, the policy has been driven by the rarely challenged fiscal truism that an ounce of prevention is worth a pound of cure. Advocates have sold the approach by pointing out that preventive services in the city cost \$4,000 for a family, while keeping a child in foster care costs \$16,000 a year.

But research to support such claims has produced mixed results. There has been little rigorous study

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for the simple fact I know I don't have the credibility to really get a job that will really cover what I would be cut off, my medical benefit. I couldn't take both of my children to get their teeth cleaned, when I

know the gas and electric has to be paid.

"So I would panic, but I wouldn't panic and sit there and sulk. I would go out there and try to find whatever I could find to fit the means. But I probably would panic."

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of prevention efforts that extend for a year or more. A relatively small study in New York in the 1970's found that families who received such long-term help were somewhat less likely to lose children to foster care than families who did not get such help. Among families in the prevention program, 34 percent had children placed in foster care, compared with 46 percent of families that did not receive the special services.

In contrast, a large three-year study published in 1993 of a different program in Illinois found no evidence that it saved money or prevented family breakups, though it did help families cope with extreme poverty. Brief and intensive preventive programs like the ones in Illinois, which provide services for just 6 to 12 weeks, have swept the child welfare field in recent years and were expanded greatly during the administration of Mayor David N. Dinkins.

The biggest problem with preventive programs generally, researchers say, is that agencies are often unable to predict accurately which children are likely to wind up in foster care. So a program that is supposed to aid only the families on the verge of splintering treats many who would not have broken up anyway.

The evidence is stronger, researchers say, that providing social services measurably improves the lives of poor families in other ways. David Fanshel, a professor emeritus at Columbia University who followed 160 Lower East Side families receiving preventive services in the 1980's, found that caseworkers helped families avoid eviction, obtain welfare benefits, find day care and get along better.

"They needed someone at their side to advocate for them," he said.

But helping poor families improve their lives is a much harder sell when budgets are tight and Republicans, who have traditionally been skeptical about such social programs, are in charge.

"People like me have said, 'If you try to sell this on prevention of foster care, you've sold the programs short,'" said Heather Weiss, director of the Family Research Project at Harvard University. "And if you can't deliver on that one thing, you're dead."

Success Story

Father and Son Are Reunited

The case of Jose Sanchez Sr., a taxi driver, and his son Jose Jr. illustrates the strengths and ambiguities of services that help families



Marisol Perez and her children have been clients of the Children's Aid Society for two years. The children did homework around the kitchen table recently. Arelia, at left, Angel and Angelica were seated and Edwin stood.

but may not prevent foster care. Mr. Sanchez was raising his teen-age son alone in East Harlem and became convinced he was losing him to the streets. Jose Jr. was failing in school. His father disapproved of his friends. Father and son fought constantly.

Mr. Sanchez said he tried unsuccessfully to get help from school officials. When Jose Jr. was 13, his father even sought aid from city child welfare authorities. A caseworker came to his home and told him there were no grounds for intervening.

"They misinterpreted the whole thing," Mr. Sanchez said. "They were just looking to see if the parent did anything wrong."

By the time Jose Jr. was 15, his relationship with his father was so bad that the boy moved in with his uncle.

Finally, Mr. Sanchez said, he sought help from the Children's Aid Society, a private, nonprofit agency. The group placed the family in its preventive services program, assigning a social worker, Isa Andrj-cisk, to the case.

Ms. Andrj-cisk spent long hours getting to know the father and son. She pestered school officials until they agreed to evaluate Jose Jr. Psychiatrists concluded that he was emotionally troubled, and his school has provided him with special-education services. He is now passing all but one class. Both father and son say that Ms. Andrj-cisk's counseling

has helped them get along better. Jose Jr. has moved back home.

"He's a very shy child, and he's not articulate," the social worker said. "I was with them together to improve communication and to be a referee. Sometimes, the child was out of control. He'd start crying and could not tolerate any confrontation with the father. Little by little, the father made demands and the child was more able to respond."

Clouds on Horizon

U.S. and New York Seek Budget Cuts

At both state and national levels, the proposed changes in child welfare — the term for the governmental agencies charged with protecting children from abuse and neglect — have been almost completely overshadowed by the welfare debate.

Governor Pataki has proposed cutting state child-welfare spending to \$389 million from \$564 million, a 31 percent reduction that is far deeper than the 3.5 percent reduction in overall state spending that he favors. He wants to combine all the programs into block grants to localities.

The Republican-controlled Senate approved his plan. Late last month, the General Assembly passed a bill that proposed restoring \$40 million to the block grant. State budget nego-

tiations are still deadlocked.

Jeffrey Gordon, a spokesman for the State Budget Division, defended the cuts, saying that increased Federal grants would soften the impact. "We wouldn't take this approach if there weren't Federal funds to offset it," he said.

But Mary Ann Jablinowski, who represents local social service commissioners, most of them Republicans, scoffed at those assurances. "How can they say that with a straight face?" she said. The Governor's child welfare bill allows the state to keep extra Federal money to reduce its own spending, she said.

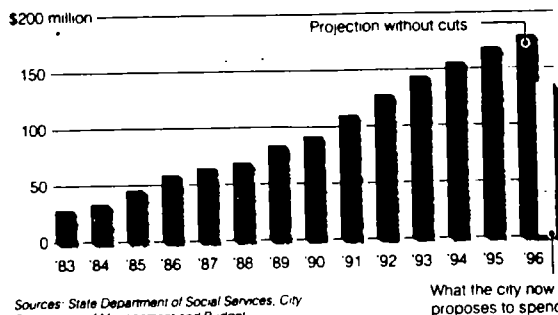
Mr. Gordon insisted that the Governor only sought to allow the state

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KEEPING TRACK

Spending on Families

New York City's social service allocations to keep families together.



Sources: State Department of Social Services, City Department of Management and Budget

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to keep its share of Federal money, not the counties' as well.

Nonetheless, local officials say that with less state money, they will have no choice but to emphasize legally required emergency services — foster care and investigations of reports of child mistreatment — at the expense of preventive services.

On the Federal level, the House of Representatives has voted to reallocate the money for child welfare programs into block grants to states. House Republicans would reduce projected growth in spending on child welfare by \$3.5 billion over five years. Federal officials have said, about what the Government now spends on child welfare programs in a year.

At the same time, they are seeking time limits on welfare benefits, a policy that some House members concede could increase the number of children whose destitute parents relinquish their children to foster care.

The House Republican plan also deleted the legal requirement that agencies provide preventive services to keep families together before placing a child in foster care. It would eliminate the requirement that states spend \$720 million in Federal funds over the next three years on preventive services.

Some Republican House members say the block grant will give child welfare agencies greater freedom to spend more on prevention and an incentive to weed out ineffective programs.

Donna E. Shalala, the Secretary of Health and Human Services, called the reduced financing and proposed policy changes "catastrophic." But she declined to say whether President Clinton would veto such measures.

Product of 60's

An Alternative To a Pound of Cure

The idea of using prevention in the child welfare field emerged in the 1960's and 1970's, when foster care caseloads and costs were soaring and few services were available to aid families in dire straits.

In 1967, social outreach to poor families sustained a severe blow when Congress halted the practice of having welfare workers visit the

poor in their homes to offer social services, and instead had them work as clerks, calculating income eligibility and processing checks.

The change was backed by an unusual alliance of liberals, who abhorred the idea of workers' snooping into the lives of the poor, and conservatives who wanted to save money.

"In the early 70's, about the only option available if you found a family in trouble was to remove the child," said Barbara Blum, who as New York's social services commissioner from 1977 to 1983 led the drive for preventive services. "If the family was evicted, you took the child into foster care."

New York State financed an early study of prevention. The yearlong pilot program yielded results suggesting that foster care was indeed prevented. And in 1979 the state adopted a law that encouraged the approach. A year later, Congress passed a similar law requiring all states to make "reasonable efforts" to keep families together.

Mary Ann Jones, an associate professor of social work at New York University who did the original New York study of prevention in the 1970's, went back years later to the families and found that those who had received services for an extended period were still less likely to have lost children to foster care. "It was not the intensity of the service, but its duration that counted," she said.

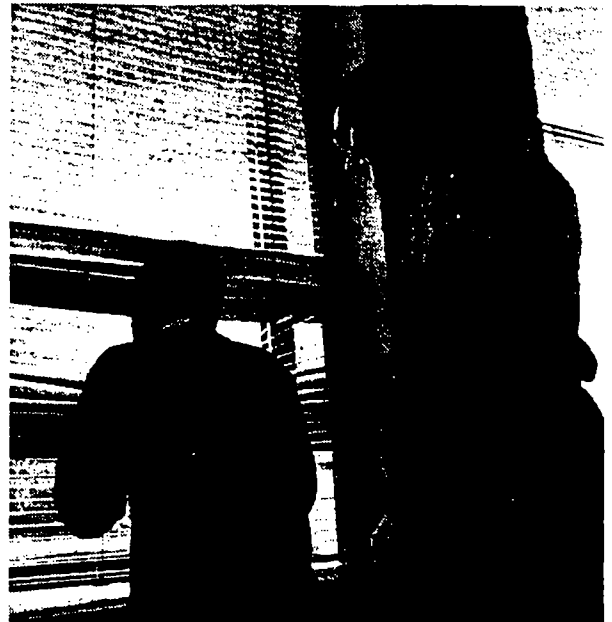
Family Outcomes

Parents No Longer Feel So Alone

Carlos Scott, a social worker at the Children's Aid Society, has been counseling Marisol Perez, 31, and her four children weekly for over two years. Miss Perez had fled to a homeless shelter to escape an abusive boyfriend, but was having trouble handling her eldest son, then 11, who showed his anger by throwing things and cursing.

"I was alone and depressed," Ms. Perez said.

Mr. Scott helped Miss Perez, who speaks only Spanish, to cut the welfare system's red tape so she could move into a house in the Bronx.



Chang W. Lee for The New York Times

Eva Brams, a social worker with the Brooklyn Bureau of Community Service, and John Alexander, 8, who has attention deficit disorder. Ms. Brams has helped John's parents cope with his short attention span.

When her children began failing in their new schools, he went with her to discuss the problem with their teachers, explaining that the children had taken bilingual classes in Manhattan and were unprepared for classes conducted only in English.

Miss Richardson, whose boyfriend was killed, turned to the Brooklyn Bureau of Community Service out of despair a year and a half ago and is still receiving counseling. Now 20, her life has been scarred by severe abuse and instability. She was afraid her daughters, 1½ and 3, would be caught in the same cycle of violence. "I probably would have given them away," Miss Richardson said. "I don't think I would have been a good enough mother for them."

She often wept during the early sessions with her social worker, Eva Brams. Miss Richardson's youngest daughter watched through large almond-shaped eyes just like her mother's.

"The daughter was precocious and very sensitive to her mother," Ms. Brams recalled. "She would see her mother cry, then run and get a

Kleenex to wipe her doll's eyes."

Miss Richardson said she has learned how to be a better parent through group sessions at which parents and children meet with social workers and talk about how to handle problems.

"I used to spank my daughter," Miss Richardson said. "What did I think she would get from it? She still went and messed with things. If I hadn't gotten help, I would have kept doing it to my children and they would have done it to their children."

One recent afternoon at home, her older daughter started whining for "Scooby-Doo," her favorite television cartoon. Instead of yelling at her to shut up, Miss Richardson said quietly, "Listen, listen." She then flipped through the channels to show her daughter the show was not on.

"O.K., mommy," the girl said. Miss Richardson hugged her and said, "Thanks for being such a good girl."

Her daughter climbed in her mother's lap, laid her head down and drifted off to sleep, as Miss Richardson stroked her hair.

Wash. Times; 5-12-95

By Cheryl Wetzstein,
THE WASHINGTON TIMES

Lawmakers accept invitation to walk a mile in welfare recipients' shoes

A/B

Five senators and 12 House members have agreed to symbolically "walk a mile" with welfare recipients in their districts as part of a project organized by three women in Washington state.

Welfare mothers Kristine Watts, who is matched with Rep. Rick White, Washington Republican, and Josephine Callese, matched with Sen. Paul Simon, Illinois Democrat, already have given their representatives an earful.

"I told him that a lot of my experience on welfare is negative, that it's a hard system to be on, and a lot of people who serve you aren't very nice," said Ms. Watts, a mother of five who lives in Lynnwood, Wash., and has been in the system for seven years.

"I'd like to dispel the myth that women have children to remain on welfare. . . . It doesn't even cover expenses," said Ms. Callese, a single mother of two who recently went on welfare after losing her job and health benefits.

"Welfare is a Catch-22," Ms. Callese said she told Mr. Simon in a phone call this week. "It's not made to help anyone — it's not enough to help you [stay on] or help you get off."

Several members of Congress are expected to discuss their involvement in the program at a news conference today.

The monthlong encounter program is designed to give lawmakers "a sense of the life of a welfare recipient," said University of Washington student Alicia Straub, a former welfare recipient and one of the three organizers of the Walk-a-Mile project.

Miss Straub said she and Natasha Grossman, an employee of the university's Northwest Resource Center for Children, Youth and Family in Seattle, conceived the project last August.

They and a third former welfare recipient organized matches between 21 Washington state offi-

cials and local welfare recipients. The experience was so good, according to Miss Straub, "we said this has to happen on the national level."

Three Washington members of Congress — Mr. White, Republican Jennifer Dunn and Democrat Jim McDermott — recently sent a "Dear Colleague" letter to colleagues inviting them to participate.

A similar letter was circulated in the Senate by Mr. Simon; Patty Murray, Washington Democrat; Slade Gorton, Washington Republican; and Nancy Landon Kassebaum, Kansas Republican.

As part of the monthlong encounter, the lawmakers and welfare recipients agree to talk on the telephone once a week and participate in at least one typical welfare activity — visiting a food bank or a welfare office, for example.

Ms. Watts, a junior in college, said she has spoken with Mr. White about welfare time limits ("bad idea") and personal responsibility contracts ("good idea"), block grants ("please don't do it") and entitlements ("please keep them") and expects to show the congressman around her children's Head Start center soon.

"I'm ready to talk with him about everything," Ms. Watts said, adding that she's been brainstorming with another 30 welfare recipients.

"If he hears anything that we're saying, I'll be satisfied," she said.

N.Y. Times; 5-12-95 p. 1

Welfare Clerks Held in \$2 Million Benefits Fraud

By GEORGE JAMES

Three \$18,000-a-year New York City welfare clerks have been charged in a vast fraud scheme in which, authorities say, they programmed city computers to spew out unauthorized checks totaling \$2.2 million to 95 welfare recipients.

One 29-year-old woman in Brooklyn in the Home Relief welfare program was sent more than 200 checks totaling \$350,000 over seven months, prosecutors said. Five others got \$96,950 to \$246,925 each, according to the authorities, who said the welfare recipients then shared the money with the clerks. By yesterday evening, 62 welfare recipients were under arrest and more than 30 were being sought.

The clerks used the stolen money for vacations to Disney World, a scuba diving expedition in the Bahamas and expensive clothing and cars, officials said. One shunned the

subway and took a private car service to work every day.

Prosecutors blamed a lack of fraud controls in a state welfare computer system that the city's welfare agency uses, but said measures were being taken to prevent a recurrence.

"It was very easy for the data entry person to do this because there were absolutely no controls or checks on the computer system," said Howard Wilson, the Commissioner of the City's Department of Investigation, which began the inquiry 18 months ago. "That corrupt employee being at that critical point in the process was able to literally push the button and out came the

money."

Prosecutors would not discuss many aspects of the scheme, including how the clerks and the welfare recipients started working together. But a recipient who was charged with stealing \$1,700 in the scheme said a social worker had approached her through a mutual friend. Speaking on condition of anonymity yesterday after her arraignment in Criminal Court in Manhattan, she said she had never met the clerks who were charged.

Officials would not say whether they believed the three clerks were the ringleaders, or whether other

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welfare workers were involved. They would only say the investigation was continuing.

In announcing the charges yesterday, District Attorney Robert M. Morgenthau of Manhattan said the three data entry clerks worked at the city's Human Resources Administration welfare center at 225 East 34th Street in Manhattan.

The clerks manipulated the part of the computer system that handles applications for back welfare benefits, prosecutors said. Normally, applicants whose benefits have been reduced or denied can appeal to a judge, and if the judge rules in their favor, the city makes retroactive payments. In this case, officials said, the clerks simply told the computer that the applicants had won such a judgment, and checks were sent out to them.

"Here you didn't have to know the judge," Mr. Morgenthau said. "You only had to know the data entry clerk."

The state keeps records of such judgments in Albany but the city does not have access to them through the computer, Mr. Morgenthau said.

Zenia Mucha, director of communication for Gov. George E. Pataki, said the Governor had ordered the Department of Social Services to evaluate the computer system and "take corrective action."

She said part of the evaluation would be to determine whether the fraud is more widespread than officials believe and to develop ways to improve the state's tracking of welfare recipients — a system she said was "extremely lax" under the Cuomo administration.

It was not clear yesterday which officials should have insured that there were computer safeguards in place that would have alerted supervisors to the fraud. But Commissioner Wilson said those who designed the computer system at the state level had erred in not setting up corruption safeguards "I can't identify an individual," Mr. Wilson said. "But there's no evidence of corruption on the part of the people who designed it."

But an investigator who spoke on the condition of anonymity said the city was equally culpable.

"Some supervisor from the city Welfare Department should have said, 'How come one person is getting \$350,000?'" the investigator said. "The city's own computer programs should have had its own safe-

guards to flag that."

Karen Calhoun, a spokeswoman for the city's Human Resources Administration, said it was a Human Resources manager and a lower level employee who first detected that something was wrong with the back payment program and reported it.

"We worked closely with the inspector general to initiate this investigation," Ms. Calhoun said. "And we've made recommendations to the state about their computer system."

Neither Mr. Morgenthau nor Mr. Wilson would say how investigators first learned of the scheme except to say they received tips.

Investigators also would not say yesterday how much the data entry clerks made in the scheme, although one entry clerk, according to investigators, said she kept two-thirds of the money while the welfare recipient kept the rest.

One of the clerks, Paulette Jones-McCoy, 46 years old, of 6544 Parsons Boulevard in Queens, apparently had enough money to take a private car service to and from work each day, said Sarah Mariani, chief of the District Attorney's Welfare Fraud Unit. Ms. Jones-McCoy, who has worked for the agency for 10 years, was charged with larceny, computer tampering and tampering with records.

Another clerk, Clinton Maynor, 32, of 16 Vernon Avenue, Brooklyn, returned a few days ago from a scuba diving trip in the Bahamas, Ms. Mariani said. She had worked for the agency for five years.

The third clerk, Barbara Greene, 58, of 1352 New York Avenue, Brooklyn, worked for Human Resources from September 1992 to September 1993. Ms. Maynor and Ms. Greene were both charged with computer tampering.

Among those arraigned in Criminal Court yesterday was Ms. Maynor, whose legal aid lawyer, Timothy Rountree, called the complaint against her "sketchy" and said in court that she might have been "set up" by someone in a supervisory position to enter false information into the computer.

"I don't know if the buck should stop here," Mr. Rountree said.

The recipient who was paid \$352,981 was identified as Elizabeth Monserrate of 184 Mauter Street in Brooklyn. She has been indicted on charges of second-degree grand larceny and offering a false instrument for filing in the first degree.



DANNIELLE DE LONG: With son Cody, 6, and daughter Brittany 2, in their Reno apartment.

Craig Seltzer/Gazette-Journal

STATE REVENUE

Reno Gazette-Journal; 5-1-95

Welfare recipients hope to get share of windfall

By Bill O'Driscoll
GAZETTE-JOURNAL

For Dannielle De Long and other welfare mothers in Nevada, it's a painful paradox:

Few times in recent memory has there been such a chance to get more money. Yet never in recent times has it been so politically incorrect to be on the public dole.

So while lawmakers and others salivate over how to spend an estimated \$44 million in extra money in the next two years, welfare advocates can only reach in and hope someone will fill their hands.

"It's not politically charismatic. It's the whipping girl today," lobbyist Jan Gilbert said of welfare. "Unless it touches you, you don't want to deal with poor women and children."

In Nevada, the number of welfare mothers in March climbed more than 7 percent over March 1994, and was up nearly 70 percent over the same month five years ago.

De Long is acutely aware of talk in Nevada and in Congress of major reforms that include limiting time on welfare and cutting off chronic abusers.

LEGISLATURE '95

■ **Weighing options** on spending \$44 million. **4A**

COST OF WELFARE

Aid to Families with Dependent Children

Recipients statewide:

■ March '94: 37,928

■ March '93: 35,307

■ March '92: 32,509

■ March '91: 26,926

■ March '90: 22,356

Benefits paid:

■ Fiscal year 1994: \$46.9 million

■ 1993: \$42.6 million

■ 1992: \$39.2 million

■ 1991: \$30.1 million

■ 1990: \$26.5 million

Compensation (family of three):

■ Current monthly rate: \$348

(\$272 with public housing assistance)

■ Last raise: Oct. 1991, from \$330 to \$372; trimmed four months later to \$348 because of budget crisis

■ Previous raise: 1987

Source: Nevada State Welfare Division

See **WELFARE** on page 4A

Welfare

From page 1A

"Not everybody's the icky person in the welfare office," said the 29-year-old divorced Reno mother of two. "I battle the image by going to school. I'm trying to do something with my life."

De Long sees her welfare status as a bridge to a better life through a legal secretary degree she's earning at Truckee Meadows Community College. That goal, she says, tempers her anger at society's image of those like her.

For now, she shops thrift stores for clothes, scrounges for every coupon she can find, and explains to Cody, 6, and Brittany, 2, that they can't have the birthday presents their friends get.

"It's hard, it really is. But I try to give my kids the sense that we'll have those things someday," De Long said.

Her monthly Aid to Families with Dependent Children check amounts to \$272, and she receives rental assistance and food stamp aid as well.

If the 1995 Legislature could find room to give her and others some of the tens of millions from the projected additional dollars, she'd gladly accept.

Nevada's only monthly raise in AFDC benefits in the past eight years came in October 1991: an extra \$42 for those without housing assistance that lasted just four months before Gov. Bob Miller sliced it to an \$18 raise during 1992's state budget crisis.

"An extra \$15 or \$20 would take a lot of stress off me," De Long said. "I could do more with my kids. We could go to Rancho San Rafael (park). You have to pay to see the bug exhibit. That's a dollar — a lot of money."

But Miller will not be recommending any raise in AFDC benefits with the added revenue.

Boosting monthly payments by \$20 would cost \$9.6 million a year, said Miller aide Richard Urey, and "for that small amount, compared to other programs, it's just an awesome total."

Instead, Miller is touting proposals to help welfare moms in other ways, including federal waivers on the prohibition of owning a car worth more than \$1,500 and raising the maximum in allowable assets from \$1,000 to \$2,000.

"We're looking at ways to transition into the workforce as opposed to the philosophy of making them stay on welfare," Urey said.

Senate Finance Committee

Chairman Bill Raggio, R-Reno, is non-committal on his plans for spending the extra money.

But welfare advocates may find a friendly ear in Democrat Morse Arberry of Las Vegas, co-chairman of the Assembly Ways and Means budget-writing committee. He says he'll try to find some additional money for them.

"A little help will assure them that people care," Arberry said. "There's a country-wide move to take welfare further into the 1800s. A little bit more is not going to hurt. I'd like to try to give them a shot."

Hinting at money battles before the Legislature finishes in June, Arberry added, "No budget is closed until we sine die."

De Long defends her status, saying it was go on welfare, go to school and get day-care assistance, or serve cocktails with little chance to improve financially.

"That wouldn't even pay for day care," she said of waitressing. "I couldn't get the help I can get now."

"It really irritates me, people who have never been down on their luck," she said of reluctant lawmakers. "If they gave some of that money for people who are helping themselves, that would really help me."

PITTSBURGH POST-GAZETTE ■ WEDNESDAY, MAY 3, 1995

A helping hand reaches children

Healthy Start project cuts infant deaths

By Byron Spice

Science Editor, Post-Gazette

The Healthy Start program has been successful in reducing newborn death rates in Allegheny County communities with historically high rates, health officials said yesterday.

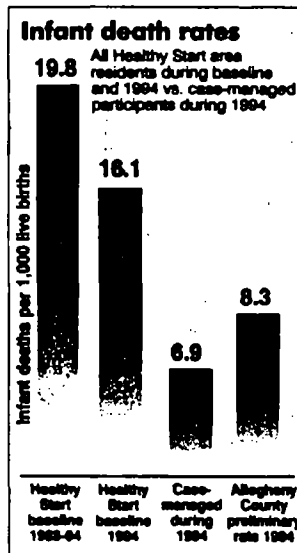
Now, it seems, the trick is to get more women to participate in the federally funded program.

The infant mortality rate among participants in the program last year was 6.9 per 1,000 live births. By contrast, women who lived in the program's target communities but who did not participate in the program saw their babies die at a rate of 20.1 per 1,000 births.

Countywide, the preliminary 1994 infant mortality rate was 8.3, down from 9.7 per 1,000 births the year before.

The low infant mortality rate among participants is better than most officials had anticipated, said Dr. Bruce Dixon, county Health Department director. "I can't tell you how gratified we as a health department are to see these results," he added.

Surveys suggest no differences between Healthy Start participants and nonparticipants that would explain why the groups had such



Post-Gazette

markedly different infant mortality rates, Dixon said. Such characteristics as drug use history, socioeconomic status and family size were similar for both groups, he said. Participants actually included a higher percentage of women with a history of drug addiction than the non-participants, he noted.

Participation in Healthy Start thus appears to be extremely beneficial. But less than half of the eligible women participated.

Women in 45 city neighborhoods,

such as the Hill District, Oakland, Arlington and the North Side, are eligible for Healthy Start, as are women in Duquesne, Braddock, Wilkinsburg, McKees Rocks and Stow.

The program, which will receive about \$5 million in federal money this year, tries to identify pregnant women, make sure they receive prenatal care and provides services such as transportation and child care so that parents can go to clinics and to childbirth education classes. Slightly more than 1,000 babies have been born to Healthy Start participants to date.

Deborah Williamson, 30, of East Hills, a participant who gave birth two weeks ago to a 6-pound-12-ounce boy named Cody, said Healthy Start's transportation program made this pregnancy easier than her four previous pregnancies. Without a car and unable to drive, she would have had difficulty getting to clinic appointments without the transportation service.

And she appreciated the atten-

tion of Healthy Start's case managers. "They'd call to find out how you're doing and how the baby's doing all through the pregnancy," she said.

From 1988 through 1990, the target areas had an infant mortality rate of 19.8 deaths per 1,000 births. The goal of the program is to cut that rate in half. With a year left to go in the five-year program, the overall rate in those communities is 16.1 per 1,000.

Carmen Anderson, executive director of Healthy Start, said the program was near capacity with its current staff; significantly expanding the number of women served may require hiring additional outreach workers and case managers.

Congress may extend the program, which functions in 15 cities nationwide, another year. But ultimately all levels of government — county, state and federal — together with local foundations will need to step in to sponsor the program, county Commissioner Tom Foerster said.

"We can't let the program drop," Foerster said. "We're saving the lives of children."

San Jose Mercury News 5-4-95

Clinton targets 'rip-offs' of Medicare and Medicaid

BY RACHEL L. JONES
Mercury News Washington Bureau

WASHINGTON — Citing a need to balance support for the elderly with shrinking economic resources, President Clinton on Wednesday announced a crack-down on Medicare and Medicaid fraud and waste.

Clinton said the project, called "Operation Restore Trust," would begin in the five states — California, New York, Florida, Illinois and Texas — that have nearly 40 percent of all Medicare and Medicaid recipients.

The General Accounting Office estimates that fraud and abuse constitute 10 percent of the combined \$150 billion Medicare and Medicaid budgets in those five states.

The president provided few other details of the program, except to say that it represented an "unprecedented partnership" among federal, state and private agencies.

"People who rip this system off jeopardize the health of beneficiaries and the stability of our government and our economy," Clinton told the 2,200 delegates at the formal opening of the White House Conference on Aging. "They are the only ones who will lose in this plan."

The program initially will target home health care agencies, nursing homes and suppliers of durable medical equipment, areas in which much of the abuse in Medicare and Medicaid occurs, Health and Human Services Sec-



ASSOCIATED PRESS

President Clinton greets Liz Carpenter, former press aide to Lady Bird Johnson, on Wednesday.

retary Donna Shalala said. The program will also include a voluntary disclosure program under which companies could come forward and admit to fraud in exchange for reduced penalties.

The measure "will be a win-win for everybody, except those who try to cheat the system," Shalala said. She said the program would cost about \$8 million this year and could save as much as \$64 million the first year. All savings will be funneled back into the enforcement program, Shalala said.

The president's announcement

came against a backdrop of mounting political tension as Republican members of the House and Senate budget committees are discussing ways to cut up to \$300 billion in Medicare spending over the next seven years to help achieve a balanced budget.

Clinton has said that simply slashing Medicare is the wrong way to attack the rising costs of the program and that such a move would be devastating to the elderly. Republicans have accused him of scare tactics to advance his re-election.

But in announcing the crack-down on Medicare and Medicaid fraud, Clinton reiterated his position, saying he would "not support proposals to slash these programs, to undermine their integrity, to pay for tax cuts for people who are well off."

Administration officials spoke of the anti-fraud program as they celebrated the accomplishments of previous White House Conferences on Aging, which laid the groundwork for such legislation as Medicare, Medicaid and the Older Americans Act.

This week's conference follows two years of work at 800 mini-conferences around the nation, in which delegates developed 61 resolutions on issues ranging from access to high-quality care to increased research into aging issues.

Over the next two days, that list will be whittled down to about 40 issues.

THE PHILADELPHIA INQUIRER Friday, May 5, 1995

Executive convicted of Medicare fraud

The scheme involved reimbursements for medical equipment that elderly people didn't need.

By Joseph A. Slobodzin
INQUIRER STAFF WRITER

The head of six defunct Philadelphia medical-supply companies was convicted by a federal jury yesterday of defrauding the Medicare program out of \$3.4 million in a telemarketing scheme in which elderly people were sent medical equipment they did not need.

The U.S. District Court jury deliberated eight hours Wednesday and yesterday before convicting John Cocivera of 144 counts of mail fraud, 28 counts of filing false claims, 32 counts of money laundering and one count of structuring bank deposits to evade currency reporting requirements.

Cocivera, 45, of Huntingdon Valley, who fired his lawyer a day into the trial and defended himself, appeared unsurprised by the verdict. His family members sat stunned in the courtroom but loudly criticized the jury's decision once they got outside.

Cocivera called the verdict a "travesty of justice."

"This is not an indictment against me but against the senior citizens of the United States," he said. "This is just round one, round two will follow."

U.S. District Judge Marvin Katz set sentencing for July 27. Assistant U.S.

Attorney Richard P. Barrett said Cocivera faced a likely prison sentence of 70 to 87 months under the federal sentencing guidelines.

Katz allowed Cocivera to remain free on \$50,000 bail pending sentencing but required that he wear an electronic device to allow federal officials to monitor his movements.

Cocivera was indicted in September with Diane Rooney, 59, of Sumnerdale in Northeast Philadelphia, the office manager of his companies. The indictment charged that from August 1989 through May 1994, the pair ran a "boiler room" operation in which solicitors called elderly people and persuaded them to accept walkers, canes, heating pads and other medical equipment.

The people who were called — more than 5,000 elderly in 10 states in the Mid-Atlantic and Midwest — were told that they were "entitled" to the equipment and that it was free.

The equipment was then delivered and the companies called the recipients' doctors, getting the physicians to approve requests for Medicare reimbursement by claiming the elderly patients had themselves requested the equipment.

Rooney pleaded guilty and testified against Cocivera at trial. According

to trial testimony, doctors who refused to authorize Medicare reimbursement for patients who had received the equipment were placed by Cocivera's workers on a "bad doctors" list and were avoided in future calls. The elderly were then asked if they knew other doctors who might approve a Medicare Certificate of Medical Necessity for the equipment.

Cocivera insisted he was innocent of fraud and told the jury the federal prosecutors' allegations were "an illusion, a distortion of facts, a semantic on words. It is an effort to prove some-

thing caused by a rush to judgment for something that happened early on."

Cocivera said prosecutors had bullied doctors, elderly patients and other witnesses into testifying against him. "They destroyed a legitimate business and most of all, they neglected the elderly," he said.

Prosecutor Barrett argued that the operation of Cocivera's six companies was "nothing but pure and simple fraud" and that Cocivera was too much of a "hands-on manager to be able to dissociate himself from the fraud that occurred."

Wash. Afro-American; 5-13-95 p. 1

Foster gets Senate support

(Continued from page A1)



Dr. Henry
Foster

By James
Wright
Washington
AFRO Staff

Dr. Henry Foster has turned the tides in his bid to be surgeon general, winning support from five Republican senators and forcing Sen. Robert Dole (R-Kan.) to recant earlier threats of preventing the nomination from coming to the floor.

The Congressional Monitor reports that the five Republican lawmakers who will support Dr. Foster are James Jeffords (Vt.), Ben Campbell (Colo.), Arlen

Continued on page A14

Specter (Pa.), Bob Packwood (Ore.), and John Chafee (R.I.). Others who have not declared their choice, but say they are leaning toward voting for him are Alan Simpson (R-Wyo.) and Bill Frist (R-Tenn.).

By conservative estimates, Dr. Foster would be confirmed with at least 51 votes, with all 46 Democrats voting in his favor and the five Republicans listed above.

Mr. Dole, sensing the political change in the direction of Dr. Foster's support, said on Sunday, May 7 that he will meet with Dr. Foster to determine what course of action to take next. The remarks were made on "Face the Nation," a popular weekly public affairs television show.

Sen. Phil Gramm (R-Texas) has promised to filibuster the nomination if it reaches the floor, but he has been rebuffed by Sen. Nancy Kassebaum (R-Kan.) and Judd Gregg (R-N.H.). Mr. Gregg has come out against Dr. Foster, but said recently he feels that a vote should take place.

It would take 60 votes to kill Mr. Gramm's filibuster.

Mrs. Kassebaum chairs the Senate and Human Resources Committee that conducted the Foster hearings.

She had not declared whether she was for or against Dr. Foster by AFRO press time.

However, Dr. Foster would gain committee support if the vote were held at AFRO press time because he has the support of the seven Democrats and Mr. Jeffords. The vote would be 8-8.

Dr. Foster has come under fire from pro-life groups for the number of legal abortions he has performed. However, he answered

these criticisms at confirmation hearings on May 2-3, and drew praise from even his opponents for his demeanor, professionalism, and clear answers to tough questions.

Many groups have lobbied on behalf of Dr. Foster, including the doctors from Meharry Medical School in Nashville, Tenn., where he was a full professor, dean, and acting president; other Black medical institutions; and members of Delta Sigma Theta Inc., a public service sorority, lobbied their members of Congress during their recent conference in Washington. Others who lobbied senators were an ad hoc group of A.M.E. and Baptist ministers and participants in the "I Have a Future" program, the Nashville program founded by Dr. Foster that has been credited for reducing teen pregnancy in that city.

In other developments, Cong. Donald Payne (D-N.J.), who serves as chair of the Congressional Black Caucus, wrote a letter along with Cong. Thomas Foglietta (D-Pa.) to Mr. Dole urging him to allow a vote on the nomination.

"Mr. Dole, it is too early to let presidential politics quiet the important voice of the U.S. Surgeon General," the letter said. "Dr. Foster is right when he said that he had a right to be heard and to a vote."

"Please schedule a vote on the Foster nomination in the near future and use your authority to block a filibuster to the vote."

Among the letter signers, who are Congressional Black Caucus members were: D.C. Delegate Eleanor Holmes Norton, Cong. Maxine Waters (D-Calif.), Ron Dellums (D-Calif.), and John Lewis (D-Ga.).

PERSONALS Leah Garchik

San Francisco Chronicle; 5-11-95

Joycelyn Elders Rates The Washingtonians

Interviewed in the June issue of Playboy, former Surgeon General Joycelyn Elders, who was forced to leave office after she said the word "masturbation" in public, provided several ratings of fellow public servants.

Not surprisingly, she gave high ratings to former boss Bill Clinton ("a brilliant, well-motivated man who cares deeply about this country"), and low ratings to Senator Jesse Helms, R-N.C. ("a typical white Southern male bigot who uses his power and his bigotry to try to destroy people").

She said that Supreme Court Justice Clarence Thomas "is an Uncle Tom," and called House Speaker Newt Gingrich, R-Ga., "a very smooth politician" whose only "interest is with himself."

The Washingtonian for whom she has the most respect is Senator Ted Kennedy, D-Mass., who "knows where he is and his values are in the right place.... He cares about kids and he's willing to stand up and say it."

What is surprising, however, is Elder's view of the health and human services secretary who gave her a warning just after the November election. "Donna Shalala and her chief of staff talked with me," recalled Elders, "saying, 'We all have to be on the same team and be careful about what we say.'"

Elders implied that Shalala, who was her boss, should have stood up for her. After a few "no comments" in response to questions about her opinion of Shalala, Elders said, "I think



Elders: problems with the boss?

Donna Shalala is... Well, she has a Ph.D. in political science. I think she used her political science."

Wash. Post; 5-12-95 p. 1

FDA Move Scrapped on Hill

House-Senate Panel Votes to Kill Proposed Montgomery Campus

By Karl Vick and Dan Morgan
Washington Post Staff Writers

Plans to consolidate the Food and Drug Administration on a scenic parcel in northern Montgomery County were scuttled yesterday by House and Senate conferees wary of spending hundreds of millions to house a controversial agency whose mission many in Congress want to review.

The \$228 million installment needed to break ground for the 539-acre FDA facility was by far the largest item in a legislative package that would cut \$580.4 million for 39 building projects funded by previous congresses.

[House and Senate conferees rescinded more than \$12 billion in spending approved by previous congresses but remained divided on several issues, including whether to discontinue fuel subsidies for low-income people and the federal summer jobs programs for youth. Details on Page A9.]

The conferees left intact appropriations for two smaller FDA projects, in Prince George's County, and held out the possibility of resurrecting on a smaller scale the main campus in Montgomery after "any future FDA restructuring." But that was all Maryland lawmakers could boast of salvaging from a project they had nursed through three previous Democrat-controlled congresses.

Now that the Republicans are in charge of Congress, the ruling passions are cutting spending and cutting regulation: The \$890 million in total relocation funding for the FDA, an agency that regulates one-quarter of the nation's economic output, proved too inviting a target.

The conference committee's decisions will become final after the conference report is ratified by both houses of Congress and the legislation is signed by the president.

"Obviously this is not a good day for Montgomery

County," said County Executive Douglas M. Duncan (D). "This is very bad news for us."

In recent weeks, the county has been disappointed by four agencies of the federal government, which employs one of six county workers.

The FDA rejection was tempered by language in the conference report favoring "the concept of FDA consolidation" but urging the agency to work with the General Services Administration to find a "more cost-effective site" than the parcel near Interstate 270 known as the Clarksburg Triangle.

Rep. Jim Lightfoot (R-Iowa), chairman of the House Appropriations subcommittee that has authority over government building projects, said the price of land at the site was as much as \$110,000 an acre. The government would have to raise "a lot of corn" to pay that price, he cracked.

The real estate broker negotiating the land deal laughed at Lightfoot's figure, saying the General Services Administration was in final negotiations for "substantially less."

But Duncan said yesterday's decision was not about money. Noting

The decision to call off the FDA project comes almost at the last minute.

that the government now pays \$40 million in rent each year to lease space for the FDA in 40 buildings in the county, Duncan said the conferees' cut was primarily a political act.

"It wasn't Clarksburg or whatever. It was the message to the FDA that: 'We disapprove of you,'" Duncan said.

Duncan argued that the Montgomery consolidation should go forward. "A political decision shouldn't impact on a fiscal decision that is a winner for everyone," he said.

A conservative group that pushes a free-market philosophy and has campaigned against the Clarksburg project saw victory.

"I think more than anything it sends a very strong signal that they're very serious about FDA reform this year," said Jeff Pierce, of

Citizens for a Sound Economy, which bought full-page ads in Capitol Hill newspapers comparing the planned Clarksburg facility to the Taj Mahal.

The project was designed to bring more than 5,000 employees scattered across the area, but mostly in Montgomery, into 2.6 million square feet of new office space. The campus was envisioned as the northern anchor of a public-private technology corridor running south to the National Institutes of Health campus in Bethesda.

In addition to money for the FDA project, a total of \$110.8 million was trimmed from funding for six other government buildings in the District and Maryland.

The projects affected include a Secret Service building, two heating plants, the General Services Administration headquarters and an Army Corps of Engineers building, all in Washington, and a Social Security building in Woodlawn and the De LaSalle federal building in Avondale.

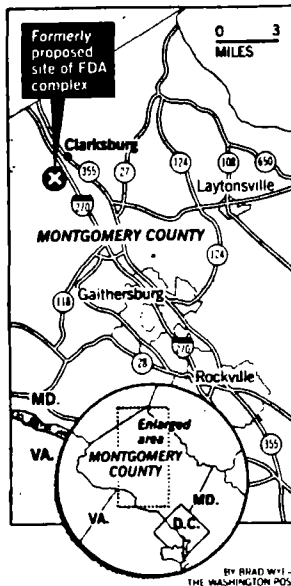
Sources said money for the Woodlawn building could be reinstated in the fiscal 1996 budget. But they said that given the uncertainty about the future of dozens of federal departments and agencies and efforts to reduce the size of government, it is unlikely that many building projects in the Washington area will be funded.

When the Clarksburg FDA site was chosen in December, the GSA expected construction to begin at the end of this year and continue until 2003. The decision to call it all off comes almost at the last minute. Congress has limited rescissions to projects on which contracts have not been signed, and the GSA was in final negotiation with the land's five owners when a Senate vote set the cut in motion.

The rolling farmland and woods probably will remain vacant for the near future. Mark Glagola, the Washington real estate broker who assembled the land's five owners for the FDA deal, said none are "chagrined" that FDA is going away.

Cont'd on next page

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They have no debt in the property. It's very patient money."

But others around Clarksburg expressed regret. Most people in the area are resigned to the development they see advancing toward them. And while the FDA might have brought development sooner, its campus would have left more open space on the site than the 1,950 houses and 2.3 million square feet of industrial and commercial space envisioned by the county's master plan.

"I've been quoted in the past as saying it was the lesser of two evils," said Norman Mease, of the Upcounty Citizens Advisory Board. "We're just back to the original evil."

"I don't think it comes as a total shock," said County Council member Nancy Dacek (R), who represents

the Clarksburg area. "It's just that we've been through so much with FDA trying to accommodate them, that it's very disappointing."

The decision also added another element of uncertainty to the county's already fluid federal employment situation. Last week, the U.S. Department of Energy announced that it will eliminate 1,000 jobs from Germantown offices three miles south of the Clarksburg site. Meanwhile, county officials are working to reverse the Defense Department's surprise recommendation to remove 1,000 jobs by closing a Navy laboratory at White Oak that officials had expected to gain 4,000 positions.

In another disappointment for the county, the Securities and Exchange Commission appeared last week to be

on the verge of announcing its choice of Silver Spring over four District sites for its new headquarters, but the decision was delayed pending an unusual review by the GSA.

Rep. Constance A. Morella (R-Md.) said she received assurances from the Republican leadership yesterday that of the \$56 million that conferees left for FDA construction, part will go toward searching out a smaller parcel in Montgomery after "some kind of assessment of FDA's function and operations."

"I have absolute clarification," Morella said.

Most of the money, however, is earmarked for Prince George's, one of whose champions, Rep. Steny H. Hoyer (D-Md.) served on the conference committee.

That the FDA's Center for Veterinary Medicine in Beltsville would be saved was a foregone conclusion; construction has begun. But Prince George's also retained a food safety complex no further along than the Montgomery campus, albeit on land owned by the U.S. government.

Morella, a moderate who voted against her party's leadership in the House on several aspects of its "Contract With America," said she had no indication that party loyalty had any bearing on the FDA rescission.

But while Citizens for a Sound Economy was lobbying against the Clarksburg campus, Pierce said, "there weren't a whole lot of Republicans we found that were sympathetic about this happening to Mrs. Morella's district."

Wall St. Jnl.; 5-12-95

Congressional Conferees Approve Cuts In Programs That Could Draw a Veto

By DAVID ROGERS

Staff Reporter of THE WALL STREET JOURNAL

WASHINGTON—House and Senate negotiators approved deep reductions from federal clean-water programs and slashed President Clinton's prized national-service initiative — risking a veto confrontation with the White House.

The \$210 million cut from the national-service program amounts to a more than one-third reduction. An additional \$6.3 billion would be canceled from prior appropriations for the Department of Housing and Urban Development. And the Food and Drug Administration would lose \$228 million intended to carry out a long-planned consolidation of the regulatory agency's offices.

The reductions came during negotiations regarding a landmark spending-cut bill that has become an early test of strength in the budget wars between the White House and GOP leadership in Congress. While lawmakers prepare to debate a budget resolution that maps out cuts in future years, reductions in the spending bill are real and immediate — from funds already approved by past Congresses for this and past fiscal years.

In telephone calls yesterday, White House Chief of Staff Leon Panetta protested the clean-water reduction to the heads of the House and Senate Appropriations committees. Rep. Bob Livingston (R., La.) and Sen. Mark Hatfield (R., Ore.). In an interview, Mr. Panetta warned the GOP against overplaying its hand. "This president is not going to walk away from his priority investments," Mr. Panetta said. "They can't assume that we're just going to sign anything they send up."

Mr. Clinton last month endorsed the Senate-passed version of the spending-cut bill, which cancels an estimated \$15.7 billion from prior appropriations. But the House, which had adopted a tougher \$17 billion mix of cuts, is determined to test Mr. Clinton's mettle by demanding concessions.

The president retains some leverage

with his veto power. In that Republicans need to achieve some savings now to help cope with the tighter spending caps in their proposed budgets. Nonetheless, the GOP appears confident it can squeeze Mr. Clinton, because he also needs the bill to pay for emergency costs from this year.

The largest single item is \$6.7 billion in disaster aid for states like voter-rich California, but the GOP has carefully folded in other funds such as \$275 million in debt relief for Jordan and money to meet urgent needs since the Oklahoma City bombing.

The result is a war of nerves in which House Speaker Newt Gingrich is an important background player. Mr. Livingston finds himself under pressure from Republican Whip Tom DeLay of Texas to go further in using the bill to challenge the president on clean-air regulatory issues.

The budget confrontation is complicated by the environmental politics surrounding the bill, which incorporates major concessions sought by the lumber industry to expedite salvage timber sales on federal lands. The Forest Service would still be required to make an environmental assessment of sales, but its decisions would be largely exempted from administrative appeals or court injunctions.

When he endorsed the Senate bill, Mr. Clinton acquiesced to this provision. But within the administration, Vice President Al Gore has loudly protested the proposed waivers. Under a final agreement yesterday, negotiators agreed to drop House-passed language setting a fixed target for sales. But the time period for the waivers was extended to run through Sept. 30, 1997, and the stated goal remains to try to harvest as much as 6.7 billion board feet in this "emergency" period.

The decision to take \$228 million from FDA building funds had its own ideological bent. Speaker Gingrich, who has been critical of the agency, encouraged the cut, and conservative pro-business organizations have lobbied against the projection the grounds of not only cost but also their larger political war with the FDA.



DOUGLAS M. DUNCAN
... "this is very bad news for us"

Planned cuts kill Clarksburg's FDA complex

By Brian Blomquist
THE WASHINGTON TIMES

House and Senate budget negotiators killed a Food and Drug Administration plan to build a \$600 million complex in Clarksburg.

In all, lawmakers slashed \$580 million from 39 federal projects to lower the deficit.

The FDA took the biggest hit. Congress had put aside \$284 million for consolidating FDA offices in Montgomery and Prince George's counties. But yesterday congressional budget writers took back \$228 million, leaving \$56 million to complete the Prince George's project but killing the Clarksburg project.

"I think it's dead," said Rep. Constance A. Morella, Maryland Republican, who supported the FDA consolidation in Clarksburg. Mrs. Morella said the budget negotiators assured her they would continue to look at consolidating the FDA somewhere in Montgomery County.

"They just didn't like the site," she said. "They thought it was too large, too expensive."

The seven-year Clarksburg project was to include 20 buildings on 539 acres for 5,645 workers. The General Services Administration was negotiating with two landowners about buying the land.

FDA officials indicated they would begin a search for a cheaper site. "Consolidation as planned will not go through," agency spokesman Jim O'Hara said.

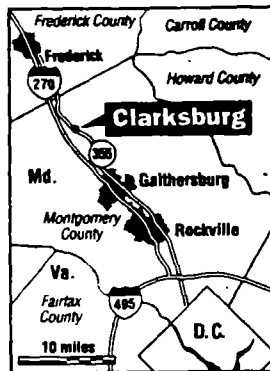
FDA offices are scattered through 48 buildings at 20 locations in and around Washington. Mr. O'Hara said it would cost \$3 billion more than the cost of the Clarksburg project to leave the FDA offices where they are for 30 years.

But Republican members of Congress are not satisfied with the agency. House and Senate measures would redirect the FDA. Many would like to see some of its functions privatized. Some would like to see it abolished.

"If there was any doubt about the seriousness of this Congress to reform the FDA, it is erased," said Jeff Pierce, a regulations analyst for Citizens for a Sound Economy, which criticized the Clarksburg project as wasteful.

"With the national debt approaching \$5 trillion, we should not be spending almost \$1 billion to build a plush new campus for FDA bureaucrats," Rep. John J. "Jimmy" Duncan Jr., Tennessee Republican, said through a spokesman.

Mr. Duncan, a member of the House Transportation and Infra-



structure subcommittee on public buildings and economic development, has been one of the most outspoken critics of the project, calling it a "Taj Mahal."

The Clarksburg project was one of several in the area to lose money that had been appropriated. In the District, the headquarters of the General Services Administration will lose \$25 million, the Army Corps of Engineers will lose \$37.6 million, and the Secret Service will lose \$9.3 million. In Maryland, the Office of Personnel Management in Avondale will lose \$16.7 million, and the Social Security Administration in Woodlawn will lose \$17.3 million.

Lawmakers are meeting this week to work out differences between the bills each chamber passed to reduce federal spending in the current fiscal year. Any decisions they reach must be passed by the House and Senate and signed by President Clinton to become law.

The House has approved \$17 billion in cuts, targeting many programs in education, job training and public housing that Democrats strongly support.

Republicans in the Senate took a less contentious route, seeking \$15.7 billion in cuts that go easier on social programs. The Senate wanted to cut \$1.8 billion to delay or terminate building projects, compared with \$137 million suggested by the House.

The Senate had tried to kill all \$284 million in unobligated funding for the two FDA projects, but House negotiators persuaded senators to leave \$56 million to finish the Beltsville Agricultural Research Center.

The lawmakers also agreed to spend \$110.5 million, more than twice what the Clinton administration sought, for Treasury Department expenses resulting from the Oklahoma City bombing. That amount includes \$40.4 million for construction of a new federal building.

Balt. Sun; 5-12-95

Biotech firm's losses tripled in 1st quarter

By Ross Hetrick
Sun Staff Writer

14C

Losses for Guilford Pharmaceuticals Inc. tripled during the first quarter as the Baltimore-based start-up biotech company revved up its research and development spending.

The company reported a net loss of \$2.2 million, or 58 cents a share, compared with a loss of \$636,000, or 32 cents a share, for the previous first quarter. Revenue for the company, which has sold no products, increased to \$209,000 from \$12,000, as the company earned more interest on its capital.

Guilford, which was formed in July 1993 and has 59 workers, increased its research and development spending to \$1.6 million during the quarter, compared with \$333,000 for the same period a year ago.

The company's stock yesterday closed at \$5.375 a share, down 50 cents.

Guilford's efforts include research into treatments for brain cancer, stroke and head trauma and cocaine addiction.

It also is developing a method to detect Parkinson's disease.

The research that is farthest along is the treatment of brain cancer, which involves inserting into the brain a wafer, called a Gliadel wafer, which releases cancer-fighting chemicals directly to a tumor. Guilford has completed construction of a manufacturing facility for these wafers at its headquarters on Tributary Street.

With clinical trials now completed for Gliadel, Guilford plans to submit an application in the next few months to the Food and Drug Administration, said Dr. Craig R. Smith, president and chief executive officer of the company.

Approval may come sometime next year, he said.

"It is our hope the agency will act expeditiously," Dr. Smith said.

Balt. Sun; 5-12-95

FDA finds interest in home AIDS tests

Associated Press

60

Nearly one-third of U.S. adults are interested in using soon-to-be-approved home AIDS tests to find out if they are infected, according to a government survey.

The tests, which will be sold in drug stores for \$30 to \$40, will enable people to send away a blood sample and get back the results anonymously over the telephone.

At least three companies are seeking permission to sell the kits. Sometime this year, a kit developed by a Johnson & Johnson subsidiary is expected to become the first to win approval from the Food and Drug Administration.

A survey by the National Center for Health Statistics found that 29 percent said they were very or somewhat likely to use the kits. Three-quarters of these people said they

had never been tested for the AIDS virus.

The findings, published in Thursday's issue of the *New England Journal of Medicine*, were part of a 1992 survey of 20,974 adults who represented a cross-section of the population.

Outside of high-risk groups, primarily gay men and drug users, the AIDS virus is rare. In all, fewer than 1 million Americans — one-half of 1 percent — are thought to be infected.

Ronald Bayer, an ethicist at Columbia University, noted that the "worried well" represent a huge market for home testing.

"There are lots of people for whom the risks are extremely remote," he said. "This will serve as a kind of reassurance."

When home testing was first proposed seven years ago, the FDA re-

jected the idea, in part because of concerns about how people would deal with the information without professional advice.

Attitudes toward home testing have changed, however, and many now agree that people are better off knowing if they are infected.

Arthur Whitmore, an FDA spokesman, said the agency is working with the manufacturer on ensuring the quality of the kits and their processing.

The customer would prick his finger with a lance provided in the kit, drop blood on a piece of paper and send it off to the lab. Results would be available over the phone using a code number that comes with the kit.

Those who get positive results would be referred to a social service agencies. Follow-up telephone counseling would also be available.

Wall St. Jrnl.; 5-12-95

FDA Gives Approval To Ulcer Drug Sold By Abbott, Takeda

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By a WALL STREET JOURNAL Staff Reporter

The Food and Drug Administration approved Prevacid, the second in a new class of drugs called proton-pump inhibitors, for treatment of duodenal ulcers and esophagitis.

Prevacid is marketed by TAP Holdings Inc., a Deerfield, Ill., joint venture of Abbott Laboratories and Takeda Chemical Industries Ltd. of Japan.

Analysts say this class of medications, which already includes Astra Merck Inc.'s Prilosec, is likely to grow in sales at the expense of older ulcer medications. The proton pump inhibitors are likely to be used in conjunction with antibiotics designed to combat *H. pylori* bacteria, which have been implicated in ulcer causation.

Astra Merck is a venture of Merck & Co. and Sweden's AB Astra.

Abbott already has filed an FDA application for its Biaxin antibiotic to be used in conjunction with Prilosec to eradicate those bacteria.

"Prevacid is a good growth opportunity, but Prevacid plus Biaxin is a great opportunity," said health-industry analyst Kenneth Abramowitz of Sanford Bernstein & Co. Erosive esophagitis, one of the illnesses Prevacid will combat, is a moderate to severe form of gastroesophageal reflux disease, estimated to affect 17 million Americans. The most common symptom is heartburn.

Prevacid and other medications of its class are designed to inhibit acid formation in certain cells of the stomach. Stomach acid plays a significant role in developing esophagitis and duodenal ulcers.

N.Y. Times; 5-12-95

Deadly Virus Still Spreads In Zaire

Health Workers Are Mainly Affected As

By LAWRENCE K. ALTMAN

ATLANTA, May 11 — The deadly Ebola virus continues to spread in Zaire, chiefly affecting health care workers in up to four areas of the African country.

Some of the latest cases have occurred among families of health workers who apparently transmitted Ebola virus, one of the deadliest known, before their symptoms developed or became severe, or after they left hospitals in Kikwit, the focus of the outbreak.

Some patients fled the hospital in panic. Others left because their initial flu-like symptoms from the Ebola infection improved, but they then went on to bleed profusely from the body at home, presumably spreading the virus to family members through blood.

The epidemic apparently spread initially among the surgeons, anesthesiologists and nurses who operated on a patient in Kikwit. Transmission presumably was through contaminated blood.

Patients who were transferred for care in hospitals in three other areas apparently transmitted the disease to health workers there.

Six new suspected cases were identified on Wednesday and two today, said Dr. Giorgio Torrigiani, who heads the World Health Organization's communicable disease division.

A small number of scientists were examining patients and working in hospitals in Kikwit today, he said. They were wearing hoods and special lightweight coveralls made from nonwoven material that does not allow penetration by viruses and other microbes, and carrying battery powered devices to filter the air to protect them against Ebola virus.

In their initial efforts to stop the spread of Ebola infection, the scientists brought protective gloves and other equipment to improve sanitary conditions at the two hospitals in Kikwit, an agricultural area about 250 miles east of Kinshasa, the capital.

The details of the Ebola epidemic emerged from the first reports that the international team of scientists on the scene sent back today and Wednesday to officials of the World Health Organization in Geneva and the Centers for Disease Control and Prevention here. The officials spoke in interviews tonight.

Dr. Brian Mahy, a virologist at C.D.C., said his team of scientists had confirmed the presence of Ebola virus in blood samples from 14 of 16 patients from the Zaire epidemic. Of the two patients whose blood did not show evidence of the virus, one survived. Although the investigation of the case is far from complete, it appears that the individual suffered from some other condition.

The strain of virus obtained in the new outbreak is nearly identical to the one that caused the first known epidemic of the disease, in the Ebola region of Zaire in 1976, Dr. Mahy said. Experts had expected greater differences since viral strains from different locales tend to vary.

The toll from the current epidemic is not clear, and the numbers reported by different health and news organizations vary widely.

The World Health Organization, which reported earlier this week that there had been at least 59 deaths in the outbreak, said today that the deaths totaled 27. An additional 22 patients are in a hospital, many of them terminally ill with Ebola virus infection. The latest figure was based on the scientists' initial investigation of the cases, one by one.

The Associated Press, which had reported more than 100 deaths, today gave 170 as the latest total, based on figures from the medical group Doctors Without Borders.

"We in Geneva are confused about the numbers," said Dr. Ralph H. Henderson, an assistant director general of the World Health Organization.

Confusion about case totals often occurs in the initial stages of an epidemiologic investigation, particularly in remote areas in developing countries where communications and health surveillance systems are crude. For instance, Dr. Henderson and Dr. Mahy said they did not know how each group has defined a case of Ebola infection, a crucial fact in any epidemiologic investigation, and that it would take time to sort out.

An outbreak of dysentery occurred in Kikwit in the weeks preceding the Ebola epidemic. The officials said some confusion might have resulted from lumping cases and deaths from bacillary dysentery with Ebola.

Whatever the number, the toll is expected to rise because the incubation period is from 2 to 21 days.

But Dr. Henderson said that although the total may reach several hundred in Zaire, it was unlikely to be thousands or higher. "This should be a very limited epidemic," Dr. Henderson said.

Wash. Times; 5-12-95

Doctors hope Ebola won't escape Zaire

Virus kills so fast it limits spreading

By Joyce Price
THE WASHINGTON TIMES

A3

Lab tests confirm that the deadly Ebola virus, which causes profuse bleeding and "biological meltdown" of the body, was found in blood samples from victims of a fast-spreading outbreak in Zaire, U.S. health officials said yesterday.

A well-protected team from the Atlanta-based federal Centers for Disease Control is in Zaire both to determine how the outbreak was spread and to "control that outbreak and prevent others," according to CDC spokesman Bob Howard.

There are, however, no vaccines nor treatments for Ebola.

The CDC's analyzed 22 blood samples from 16 persons who either became ill or died in the current viral disease outbreak in Zaire, and 14 tested positive for Ebola.

"This Ebola virus is very similar to the one that caused the 1976 outbreak in Zaire, which had a 90 percent mortality rate," Mr. Howard said. He noted that 341 persons died in that outbreak. Estimates of deaths in the current outbreak range from 35 to 150, he said.

The CDC wants to determine whether the outbreak was spread by direct contact between infected patients and health-care providers, by sexual contact, or "through respiratory inhalation," Mr. Howard said.

He said the CDC "believes the risk to America is very low," but stressed, "You can travel from one place in the world to another in short order, much quicker than you can incubate the virus." The virus' incubation period is estimated at anywhere from two days to two weeks.

Yesterday, Zairian authorities continued efforts aimed at containing the outbreak. Flights were canceled, schools and health clinics were ordered closed and people were advised to stay off the streets in Kikwit, the city where

the outbreak began a month ago. Those who may have been exposed to the virus were essentially quarantined in their homes.

Officials also were investigating a possible second Ebola outbreak in Mosango, 60 miles from Kikwit.

Dr. Gregory Gurri Glass, associate professor of molecular microbiology and immunology at the Johns Hopkins School of Public Health and an expert on diseases like Ebola, said the CDC has to be concerned about the possibility of the virus spreading beyond Zaire. He cited the case of the Marburg virus, named for a town in Germany where a previously unknown virus similar to Ebola got loose in 1967.

"The virus arrived in a shipment of lab monkeys brought in from Africa," Dr. Gurri Glass said. Lab workers contracted the illness and spread it to family members and doctors who treated them. About one-fourth of those infected died, he said.

Dr. Gurri Glass said today's speedy international travel could spread the virus to "lots of people" outside Zaire if the disease is airborne, but he emphasized, "The threat of it showing up in Baltimore or Washington isn't that high [because] it's unlikely you will see a massive spread by [airborne means]."

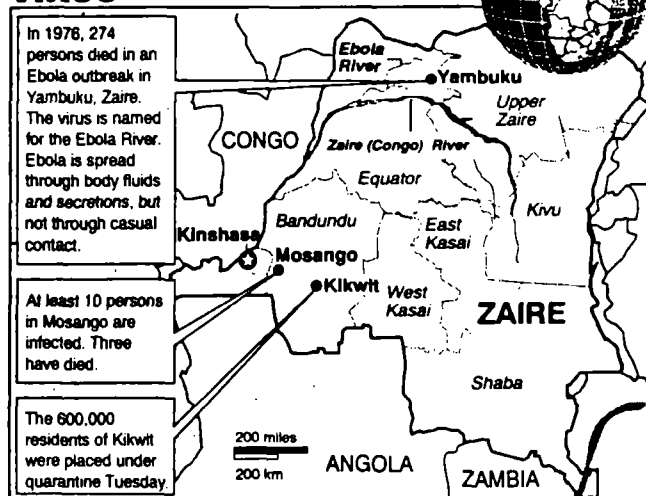
Richard Preston, author of "The Hot Zone," a book about a 1989 outbreak in Reston of another strain of Ebola that does not harm humans, said it is unlikely the current epidemic will spread beyond Zaire because the virus typically kills too rapidly to "spread internationally like the AIDS virus."

"There are no good, established cases of airborne transmission of Ebola human-to-human," he said. "But there's some disturbing evidence that it's passed from primates to humans, so it has the disturbing potential for being airborne."

Both Dr. Gurri Glass and Mr. Preston said direct exposure to blood or other body fluids of Ebola

EBOLA VIRUS

At least 100 people in Zaire have died in the current outbreak a virus believed to be Ebola.



Ebola (Filovirus) was considered the deadliest virus before the appearance of HIV, which causes AIDS.

Incubation: 5 to 10 days

Symptoms:

Headache

Fever and chills

Nausea, vomiting

Sore throat

Joint and muscle pain

Rash

Abdominal pain

Diarrhea

After symptoms develop:

■ 4 to 5 days-Fever becomes severe.

■ 6 to 7 days-Blood loses its ability to clot; severe hemorrhaging occurs.

■ Death usually occurs around the ninth day.

■ Ebola kills about 90 percent of those it infects, and there is no treatment or vaccine

Source: Dr. James McGowan, National Institute of Allergy and Infectious Diseases

victims seems to pose the major risk for infection.

Dr. Gurri Glass said initial Ebola symptoms are headache, fever and muscle ache, followed by a "very sore throat" and vomiting, and finally hemorrhaging of all the body's organs.

Mr. Preston noted, "All tissue becomes infected except for bone and muscles, and, in some cases, it liquefies."

The massive blood loss and organ failure lead to shock. "Deep shock is the point of no return with these hemorrhagic viruses."

Balt. Sun; 5-12-95

Zaire closes off region to contain Ebola virus

From Wire Reports

3A

KINSHASA, Zaire — Authorities sealed off a further region of Zaire yesterday, fearing that the deadly Ebola virus may be spreading toward the capital of the vast central African country.

In Kikwit, a city of 600,000 where the outbreak began, health and government officials closed schools and health clinics, canceled flights and advised people to stay at home. Work in the agriculturally important area stopped.

Dozens of people in the region have died so far. The number of deaths has been difficult to determine because of conflicting reports and the uncertainty that Ebola was the cause of all deaths.

The World Health Organization played down any alarm over the outbreak. "It is not a scenario of mass epidemic," a WHO spokesman said in Geneva.

The United Nations agency said that while more cases were likely to occur in Zaire, it did not expect the virus to spread throughout the whole country.

But the capital's governor, Bernard Mungul Diaka, said: "If the disease penetrates to Kinshasa, that will be a catastrophe," adding that the mortuary in the city of 5 million only had room for 150 corpses.

The disease, which causes almost certain death through bleeding and vomiting as the internal organs and tissue dissolve, already appeared to be moving closer to Kinshasa.

Twenty hospital staff members in the town of Masengo, 60 miles west of Kikwit, were suspected of being infected with the virus after treating an Italian nun who died.

In Bergamo, Italy, her religious order said that three nuns had died from the Ebola virus, and a fourth was seriously ill in Kikwit, which has been declared a disaster zone by officials and put under quarantine.

Other infected patients and staff were reported to have fled from Kikwit, raising fears that they had carried the virus with them.

Belgium announced that it had taken steps to prevent the virus in its former colony from spreading to Europe. A Health Ministry spokesman said the measures would allow a quick reaction if anyone on a flight from Zaire was suspected of having contracted the virus.

In a statement, WHO said the Atlanta-based Centers for Disease Control, which analyzed blood samples

FACTS ABOUT EBOLA

HISTORY: There have been three prior confirmed outbreaks of Ebola: the first in 1976 at a hospital in Zaire, and two more in 1979, one in Zaire and one in southern Sudan.

TRANSMISSION AND SYMPTOMS: Ebola is believed to be spread primarily through exchange of body fluids and secretions, not casual contact. Most of those infected have high fevers and bleed to death from hemorrhaging.

COUNTERMEASURES: There is no treatment or vaccine. Ebola can be contained by following standard hospital procedures, including sterilizing equipment and discarding used syringes.

Associated Press

from patients in Kikwit, confirmed the Ebola virus caused the outbreak.

When a team of WHO experts arrived at the 350-bed Kikwit hospital, they found it abandoned except for about 20 patients, according to the statement. Hundreds of exposed patients, joined by hundreds of staff, apparently had fled.

"In view of the dispersal of patients and staff from the hospital, WHO believes that more cases of Ebola disease will occur in the vicinity," the statement said.

Dr. Ralph Henderson, assistant director-general of WHO, said: "However, we believe this will be limited to people who are in prolonged intimate contact with sufferers of the disease."

"It is unlikely that this outbreak will have implications for Zaire as a whole or for international travel," he added.

A team of international medical experts from WHO, CDC, Doctors Without Borders, the Pasteur Institute in Paris and the National Institute for Virology in South Africa has arrived in Zaire.

They are trying to prevent spread of the virus by handing out sterile gowns and other protective clothing and equipment at Kikwit hospital.

A U.S. military cargo plane loaded with body bags, plasma, and protective medical clothing was en route to for Zaire yesterday.

N.Y. Times; 5-12-95

Virus Kills a 3d Italian Nun at Zaire Hospital

By CELESTINE BOHLEN A7

ROME, May 11 — A third Italian nun died today from the Ebola virus, which has stricken a city in Zaire where the nuns worked and has sent alarms throughout the world.

The Rev. Arturo Bellini, spokesman for the Little Sisters of the Poor, which is based in Bergamo, Italy, said the nuns learned a few days ago that they had been in contact with a deadly virus that has no known cure.

The nuns worked in the civic hospital in Kikwit, Zaire, where they died.

The head nurse, Sister Fioralba Rondi, 71, died on April 25 of what was thought to be a malarial fever, Father Bellini said.

But it was only when another nun, Sister Clarangela Ghilardi, 64, an obstetrics nurse, died on May 6 that the group realized the others might be in danger.

The third nun, Sister Danielangela Sorti, 48, died today, Father Bellini said. A fourth Italian nun in Kikwit is reported to be seriously ill.

Father Bellini said the nuns had helped to operate on a patient now known to have been stricken by the

Ebola virus.

Since then, he said, the patient and members of the operating team have died from the disease, which is characterized by a high fever and severe bleeding.

The death toll in the epidemic so far is at least 27, the World Health Organization said today. Other reports gave higher figures.

"If only they had known, they would have taken precautions earlier," Father Bellini said by telephone from Bergamo. "But even the health authorities in Zaire did not know what they were up against."

Known as Poverelle in Italian, the order has 1,100 nuns who help the "poorest of the poor." The order has had a mission in Zaire for 40 years.

There are 60 nuns in the country, half in the capital, Kinshasa, the rest in provincial hospitals.

Sister Fioralba had been in Zaire for 43 years and Sister Clarangela for 36 years. Sister Danielangela arrived in 1978.

Two family members, both nuns, who went to Zaire last week for the funeral of Sister Fioralba have been hospitalized in Bergamo under quarantine.

Another four nuns in Kikwit are under observation, according to Italian news reports.

IN THE LOOP

Wash. Post; 5-12-95

The Acronym as Accolade

By Al Kamen
Washington Post Staff Writer

Things are already getting a bit strange on the Hill, and it's months before the typical end-of-session madness.

First, there's an odd little item in the State Department authorization bill introduced by Senate Foreign Relations Committee Chairman Sen. Jesse Helms (R-N.C.).

Tucked into the bill, which reorganizes the department, is Section 140B, "Redesignation of National Foreign Affairs Training Center." That one-paragraph section says the center "is hereby redesignated as the National Center for Humanities, Education, Languages, and Management Studies."

Seems an odd name change, since the humanities have never been a big part of the diplomatic training regimen. But closer inspection shows these new studies are essential for the GOP make-over of the department in its own image. Without humanities, the center's acronym wouldn't be: National Center for HELMS.

Faircloth's Life in the Fast Lane

■ Then there's Sen. Lauch Faircloth (R-N.C.), who's pushing a bill challenging the federal government's authority to set speed limits. The Winston-Salem Journal says he's been challenging speed limits for years. Faircloth has been convicted of speeding in North Carolina four times in the last seven years, twice in 1988, once in 1989 and again in 1990, the paper said.

Speeding is not the issue at the heart of the bill, an aide said. It's a question of states' rights.

AID: Not a Whole New Animal

■ Then there's the increased use of strange props. "This was AID when I came in," said J. Brian Atwood, administrator of the Agency for International Development, as he placed a toy green dinosaur on the witness table at a Senate Appropriations subcommittee hearing yesterday for his agency's budget.

"And this is AID now," he said, placing a smaller green dinosaur on the table.

"Still a dinosaur," said Sen. Mitch McConnell (R-Ky.), who wants to merge AID into the State Department.

Playing Defense—and Taking Offense

■ It's not just the Senate. Over on the House side, Rep. Benjamin A. Gilman (R-N.Y.), chairman of the House International Relations Committee, brought a baseball bat a while ago to a markup of a bill on peacekeeping activities.

So on Wednesday, Wendy R. Sherman, assistant secretary of state for legislative affairs, showed up at a committee hearing on the department's budget with a fielder's glove, so she could be ready for whatever they threw at her.

A punch was what Rep. James P. Moran Jr. (D-Va.) seemed to have in mind last night when he threatened Rep. Dan Burton (R-Ind.) after Burton, during a committee hearing, chided AID assistant administrator Larry E. Byrne about a statement that AID's slow spending rate "imperils our ability to argue we need more money."

"Don't you ever do that to a federal employee again," the Associated Press said Moran shouted at Burton. "You pull that again and I'll break your nose."

Sen. Stevens Shuts the Camera

■ Hard to find a politician who does not love to be in front of the cameras. But Sen. Ted Stevens (R-Alaska) was positively ripping last week when he spotted a video camera on his left during a Forest Service budget hearing.

"That camera is your camera," Stevens told Forest Service Chief Jack Ward Thomas and Agriculture Assistant Secretary James R. Lyons. "I have sat at this table now for 25 years, . . . and I have never seen a camera paid for by funds appropriated by the Forest Service in hearings pertaining to operations. What is it doing in here?" Stevens demanded.

Thomas said it was for "a new training film to train people, to be able to testify appropriately before Congress, to be good at what we do, to respond fully, to see some vision of what goes on, to train our people in the field about the democratic process, and what senators and congressmen expect of us. If that is our camera, I think that is what it is doing."

Stevens said he was not "willing to participate" in any training program and the committee should have been asked before the camera was brought in. "If you want to train your people, chief," Stevens said, "I would suggest you train them by bringing them here." (Might be a lot cheaper just to buy a few punching bags.)

After Stevens left, Sen. Dale Bumpers (D-Ark.) noticed another camera in the hearing room. "Mr. Chairman, I wonder, do we know from where this camera came? Whose camera is this?"

The cameraman said it was the Republican conference.

"The Republican conference?" Bumpers asked as the audience laughed.

Sen. Robert F. Bennett (R-Utah), who was presiding, said, "Okay, duly noted."

From Robertson Lobbyist to Heritage Fellow

■ Marshall Wittmann, formerly the highest-ranking Jewish official at Pat Robertson's Christian Coalition, and before that a lobbyist for federal worker and retiree groups, has moved over to be a senior fellow in congressional affairs at the Heritage Foundation.

This may not be that big a leap of faith, since Heritage is often seen as the economic wing of the conservative movement, while Robertson's troops focus on the politico-spiritual side. Wittmann's replacement as the coalition's legislative affairs director is Brian C. Lopina, formerly administrative assistant to Rep. Ernest J. Istook Jr. (R-Okla.).

Washington lawyer Frank J. Fahrenkopf Jr., co-chairman of the Commission on Presidential Debates, former chairman of the Republican National Committee from 1983 to 1989 and before that a lawyer in Nevada, has been named president of the American Gaming Association, a new trade association representing the legal gaming industry, a \$35 billion to \$40 billion-a-year operation.

USA Today; 5-12-95.

A bitter taste for federal workers

By Steve Komarow
USA TODAY

8A

Budget cuts proposed by Republican leaders would hit federal employees' pocketbooks and pride, and leave some wondering if the public even cares about public service.

Congress is looking to eliminate Cabinet departments and dozens, if not hundreds, of agencies. The House proposal would abolish the Commerce, Education and Energy departments. The Senate would cut just Commerce.

Some jobs would go to private contractors. Others, thousands, would simply vanish.

The political battles have only just begun. But for federal workers, the only thing for sure

right now is the angst.

John Kirkemo, Western regional director for the targeted Interstate Commerce Commission in San Francisco, says he's put his life "on hold."

"We probably won't know what our futures will be until the very bitter end," says Kirkemo, who's spent 27 of his 49 years with the ICC.

With his agency on President Clinton's list, too, Kirkemo already had been thinking about fishing in Tennessee.

Federal workers say most people don't ponder what they do each day, lumping them together as "bureaucrats." The workers are quick to respond.

Helen Straka at the Education Department wonders who'll look out for kids the way

her department does.

"By having a Department of Education, you're saying the kids are No. 1," Straka says, "and there's someone in Washington who's their friend, who's pulling for them."

"As an employee, it frightens me," says Ricardo Sanchez, who works in migrant education service. But, he adds, "As a taxpayer, it's long overdue."

"The whole thing is preposterous. You can't get rid of the Census Bureau, the patent office," says Tom Witherspoon, who works for the International Trade Administration promoting U.S. exports.

"We probably do more to put money back in the country than any other part of government," Witherspoon says.

Congress is "where all the waste is," says Dick Williams, who works for a Commerce branch that sets broadcasting frequencies. "If they eliminate Congress first, maybe they should then go on to the Commerce Department."

The GOP budgets don't say how many jobs would be cut.

In many cases, federal employees would remain, but under a different banner. For example, if the Energy Department were closed, its nuclear weapons work might move to the Pentagon.

Rep. Nick Smith, R-Mich., who led a budget task force, says Commerce is "a political plum area for patronage jobs."

"A lot of the career civil servants ... aren't going to be

abandoned, but they're going to be transferred."

Budgets, at this stage, are short on details and subject to change.

They suggest that those federal employees who remain will face cuts in health and retirement benefits, and, for top managers, possibly a seven-year pay freeze.

The "attack on federal employees is going to hurt hiring and retaining of quality employees," says Diane Witak of the American Federation of Government Employees.

Oscar Eason of Blacks in Government says downsizing could hit black professionals hardest. "We have looked forward to climbing the ladder of opportunity in government."

Cont'd on next page

THE WASHINGTON POST

The Reliable Source

By Lois Romano

Wash. Post; 5-12-95

■ Linda Thompson, the militia advocate who produced the controversial anti-government videotapes on the Branch Davidian siege, was arrested yesterday in a municipal building in Indianapolis after she refused to produce a permit for the pistol she was carrying in a shoulder holster. The charges weren't immediately specified, reported the Associated Press, and Thompson is said to have been slightly injured in a scuffle with security officials.

■ Actress Julia Roberts, who's on a week-long goodwill tour to Haiti for UNICEF, met with President Jean-Bertrand Aristide yesterday, visited a school and wowed crowds of awestruck children across the capital of Port-au-Prince. "She came to bring more love to our kids," Aristide told reporters.

■ Actress Kathleen Turner and author Gail Sheehy will join first lady Hillary Rodham Clinton as speakers next week at a women's health seminar dealing with menopause and osteoporosis. Sponsored by Susan Blumenthal's Office on Women's Health at the Department of Health and Human Services, the conference aims to dispel some of the myths about menopause and spotlight the most up-to-date information on conditions affecting older women.



Clockwise from above: Roberts greeting Haitian children; Turner to talk; Thompson, in trouble. Below, from left: Parker Bowles sells; Kennedy to celebrate.

■ Paul Fleiss, father of "Hollywood Madam" Heidi Fleiss, pleaded guilty yesterday to tax conspiracy and fraud charges related to allegations that he laundered large amounts of money for his daughter. As part of a plea bargain, he faces up to 10 months in prison, reported the Associated Press. Heidi Fleiss was convicted in December on pandering charges and is scheduled to be sentenced today. She has yet to be tried on the money-laundering counts.

■ John F. Kennedy Jr. and Rep. John Lewis, longtime civil rights activist, will be on hand Wednesday at the Washington Hilton when the NAACP Legal Defense and Educational Fund celebrates the 30th anniversary of the passage of the Voting Rights Act at its annual Equal Justice Awards Dinner. Among the honorees, all of

whom died while fighting for equal rights, are Medgar Evers, Martin Luther King Jr. and Michael Schwerner.

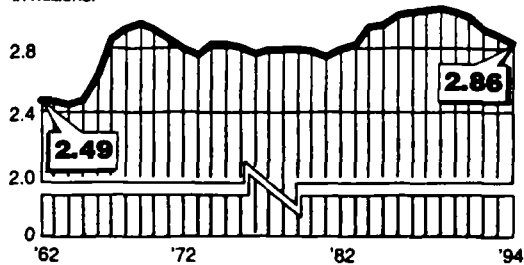
■ At long last, there's a version of the embattled Kevin Costner flick "Waterworld" being shopped to test audiences. The first screening, Tuesday night in Los Angeles, got mixed reviews, says the L.A. Times. It's due to be released July 28.

■ Camilla Parker Bowles, former (and perhaps current) lady love of Prince Charles, has sold her country manse, reportedly the scene of many a royal rendezvous, to Pink Floyd drummer Nick Mason. British newspapers reported yesterday that the house in Southern England sold for \$2.1 million as part of a divorce settlement with her former husband, Andrew.



Fewer federal workers

The number of civilian federal workers has declined since a 1990 peak of 3.07 million. Annual civilian employment, in millions:



Source: Office of Management and Budget

By Marcia Staimer, USA TODAY

Now, he worries progress is "being wiped out."

Jerry Shaw, general counsel of the Senior Executives Association, says more than half the 7,500 top managers in the government will leave if pay is frozen and benefits cut. That will "wipe out the management expertise in every single program."

Contributing: Lee Michael Katz, Leslie Phillips, Richard Wolf and Maria Goodavage

zen and benefits cut. That will "wipe out the management expertise in every single program."

Cont'd from previous page

THE FEDERAL DIARY

Wash. Post: 5-12-95

The Price of Privatizing

By Mike Causey
Washington Post Staff Writer

Federal workers in jobs targeted for privatization worry, with good reason, what will happen to their retirement benefits.

Although they could find happiness, freedom and more money on the outside, they probably won't find a company with a monopoly on printing money that doesn't have to worry about making a profit—ever—or going out of business. Garfinckel's and Kann's department stores, the Washington Star and the Daily News, Capital and People Express airlines, and Packard and Kaiser auto companies were all great places to work. But they aren't with us anymore.

Unless privatized federal workers are allowed to remain under the Civil Service Retirement System, or the new low-cost-to-the-taxpayers Federal Employees Retirement System, they could face retirement years that are more brass than golden.

The Clinton administration is considering turning several operations over to the private sector. Some congressional Republicans maintain that 600,000 jobs, about one-quarter of the nonpostal federal work force, should be done outside government. That could be a losing operation for many government workers.

Private companies don't have to offer a retirement plan. Some companies that did offer retirement plans have changed them, sometimes for the better, from a defined benefit plan (where the retiree is promised a certain level of benefits) to a defined contribution plan (where the benefit is based on investment earnings from employee and employer contributions).

Some companies offer both. The Federal Employees Retirement System gives workers a defined civil service benefit and a defined contribution option through the tax-deferred thrift savings plan. It forces workers to save and invest to provide for their own retirement.

Federal workers also contribute from .08 percent of salary for the FERS civil service option to 7 percent of salary in

the CSRS plan. In contrast, few private sector plans require employees to contribute anything to get basic benefits. Both private and federal pensions are fully taxable.

If a private company goes bust, employee pension benefits become the responsibility of the Pension Benefit Guaranty Corporation. But the PBGC doesn't guarantee workers will get all that was coming to them.

The government gives civil service retirees guaranteed cost-of-living adjustments. Congress has delayed the adjustments and skipped them a couple of times. But by and large, retirees get regular inflation catch-up raises. In contrast, the Employee Benefit Research Institute, a public policy research group, says that regular, guaranteed cost-of-living adjustments are "virtually unknown" in the private sector. Companies that give them—and many don't—do so "on an ad hoc basis or when they have the money," according to an institute staff member.

Congress is talking about making cuts in the retirement program. They range from forcing workers to pay more for smaller benefits to possible changes in the cost-of-living adjustment system. But even if the most drastic proposals become law—and Congress has been talking about retirement plan changes for 30 years—federal workers who are privatized are unlikely to be handed off to an employer who will never go out of business and who offers a guaranteed cost-of-living adjustment.

At 9 a.m. tomorrow on WUST radio (1120 AM), Charles R. Jackson, president of the National Association of Retired Federal Employees, and Judy Park, NARFE chief lobbyist, will discuss what Congress is trying to do to the retirement system.

At 10 a.m., G. Jerry Shaw, of the Senior Executive Service, and lawyer Bill Bransford will look at the House tax-cut bill and the Senate Republican budget. One calls for a cut in take-home pay for federal workers, and the other would freeze executive salaries. Both propose a change that would reduce benefits for future retirees.

Friday, May 12, 1995

Balt. Sun; 5-12-95

Anonymous AIDS tests of newborns to end

WASHINGTON — The federal government is ending its anonymous AIDS testing of newborns.

The Centers for Disease Control and Prevention announced the suspension of the \$10 million newborn HIV survey during a congressional hearing yesterday, saying it was time to re-evaluate whether those funds could be better spent.

The tests, conducted in 45 states since 1988, have been kept anonymous because 80 percent of babies born to HIV-infected mothers never develop AIDS — but they test positive at birth since all newborns carry their mother's immune cells. Thus, testing newborns was the CDC's way to track AIDS in young women.

CDC will complete guidelines next month calling for all 4 million pregnant Americans to be counseled and urged to get an AIDS test. New research shows women can cut by two-thirds their chance of infecting their babies if they take the drug AZT during early pregnancy.

Balt. Sun; 5-12-95

Worker with AIDS sues Bell Atlantic

Employee seeks lump-sum pension

By Michael Dresser
Sun Staff Writer

A Bell Atlantic Corp. employee who has AIDS has sued the company, charging that it has violated federal pension law and the Americans with Disabilities Act by refusing to cash out her disability pension.

Lawyers for Tema S. Gerhardt, 42, of Hillendale, filed the five-count lawsuit Wednesday in Baltimore's U.S. District Court. She was joined in the suit by her husband, Charles R. Gerhardt, executive vice president of Local 2100 of the Communications Workers of America, which represents Bell Atlantic employees.

Dave Pacholczyk, a spokesman for Bell Atlantic, said yesterday that the company had not seen the lawsuit and would have no comment.

Mrs. Gerhardt, who has worked

at Bell Atlantic since 1979, said she was diagnosed as having the AIDS virus in 1987 but continued to work until her condition forced her to go on disability in June 1994.

The former Tema Luft became well-known in the Baltimore area in the late 1980s after she became one of the first women in the country to publicly report that she had contracted AIDS through heterosexual intercourse. She went on to become an activist in national and local organizations for people with AIDS.

Ms. Gerhardt said her husband, whom she married in 1992, is listed as a plaintiff because she wants him to be her beneficiary. He does not have the virus, she said.

The Gerhardts' lawsuit alleges that Bell Atlantic agreed during negotiations with the CWA in 1992 to let employees who retire in 1994 and 1995 take their disability and other pensions as a lump sum in lieu of monthly payments.

According to the lawsuit, Bell Atlantic later acted unilaterally to

change the policy to exclude the disability pensions from the cash-out provision. It asserts that the change violated the company's collective bargaining agreement with the CWA and illegally treated disabled people differently from other employees.

The lawsuit asks the court to order Bell Atlantic to make the lump sum payment to Mrs. Gerhardt. It also asks for \$300,000 in punitive damages under the disabilities act, fines for failing to provide requested documents and unspecified additional damages.

The Gerhardts estimated the cash-out value of the disability pension at \$130,000.

Mrs. Gerhardt said in an interview that the lawsuit was not intended to advance the CWA's interests as it approaches critical contract talks with Bell Atlantic this year.

"This is not a union agenda. This is my money," she said. She said she wants the lump sum so she will be able to pay for home nursing care if that becomes necessary.

Balt. Sun; 5-12-95

Newly found gene prevents spread of prostate cancer

By Paul Recer
Associated Press

Scientists working with laboratory mice have found a gene that blocks the spread of prostate cancer, a discovery that could help develop a test to predict the course of one of the major cancer killers of men.

Researchers at the National Institutes of Health and Johns Hopkins University identified a gene called KAI1 that prevents prostate cancer cells from metastasizing, or moving from their original site and seeding cancer in other organs.

Dr. John T. Isaacs of Johns Hopkins said the action of the gene has been shown only in laboratory animals injected with human prostate cancer and must still be proved in human studies.

But he said it offers the hope for a test that will enable doctors to select the precise treatment needed for patients with prostate cancer.

"What we have done is prove that this gene can suppress metastatic ability in rodent cells," said Dr. Isaacs. "Whether it will also predict metastatic ability in human cells we don't know yet."

He said prostate tumor tissue from more than 200 cancer patients treated at Hopkins is being surveyed to determine if the presence or absence of KAI1 could have predicted the eventual outcome of the patients' disease.

If that study is successful, Dr. Isaacs said, clinical studies could be next. But he cautioned that the whole process could take a decade.

A report on the study is to be published today in the journal *Science*.

In a statement in *Science*, Patricia Steeg of the National Cancer Institute called the discovery "potentially very important."

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is regulated," she said.

Research teams led by Isaacs and by Dr. J. Carl Barrett of the NIH laboratory of molecular carcinogenesis in Research Triangle Park, N.C., first proved that metastatic prostate cancer cells lacked the KAI1 gene, but that the gene was present in prostate cancers that did not spread.

Mice that were injected with human cancer cells with the KAI1 gene experienced far fewer metastases than did mice that received unaltered cancer cells. One group of mice with the KAI1 gene had a mean number of metastases per mouse of six, while another group without the gene had a mean number of 58.

Dr. Isaacs said that if the KAI1 finding can be developed into a test it will enable doctors to tailor cancer treatment for individual patients.

Current treatment of prostate cancer is uncertain and disputed. The cancer grows very slowly and the selection of treatment often depends on the age of the patient.

Prostate cancer, in most cases, is not lethal as long as it remains within the prostate. Because of its slow growth and its usual onset late in life, most patients die of other causes before the cancer becomes a problem. But for some patients, prostate cancer spreads to other organs and quickly turns deadly.

The clinical problem is determining which patients should be aggressively treated, usually with surgery, and which should receive only "watchful waiting," which means frequent monitoring.

Dr. Isaacs said that a test that would identify patients with the more aggressive prostate cancer could save lives for those at high risk, and avoid radical treatment for those at low risk.

About 244,000 American men are diagnosed with prostate cancer annually and this number is rising, said Isaacs. The disease kills about 40,000 each year.

N.Y. Times; Wash. Times; 5-12-95

Gene Is Shown to Block the Spread of Prostate Cancer in Mice

A17

WASHINGTON, May 11 (AP) — Scientists working with laboratory mice have found a gene that blocks the spread of prostate cancer, a discovery that could help in developing a test to predict the course of one of the major cancer killers of men.

Researchers at the National Institutes of Health and Johns Hopkins University identified a gene, called Kall, that prevents prostate cancer cells from metastasizing, or moving from their original site and seeding cancer in other organs.

Dr. John T. Isaacs of Johns Hopkins said the action of the gene had been shown only in laboratory ani-

mals injected with human prostate cancer and must still be proved in human studies. But he said it offered hope for a test that would enable doctors to select the precise treatment needed for patients with prostate cancer.

"What we have done is prove that this gene can suppress metastatic ability in rodent cells," Dr. Isaacs said. "Whether it will also predict metastatic ability in human cells, we don't know yet."

He said prostate tumor tissue from more than 200 cancer patients treated at Johns Hopkins was being surveyed to determine if the pres-

ence or absence of Kall could have predicted the outcome of the patients' disease.

If that study is successful, Dr. Isaacs said, clinical studies could be next. But he cautioned that the whole process could take a decade.

A report on the study is being published on Friday in the *Journal of Science*.

In a statement in *Science*, Patricia Steeg of the National Cancer Institute called the discovery "potentially very important."

"Clearly, prostate cancer patients succumb to metastatic disease," Dr. Steeg said, "and we need to know

how the metastatic cascade in prostate cancer is regulated."

Research teams led by Dr. Isaacs and by Dr. J. Carl Barrett of the National Institutes of Health laboratory of molecular carcinogenesis in Research Triangle Park, N.C., first proved that metastatic prostate cancer cells lacked the Kall gene, but that it was present in prostate cancers that did not spread.

The gene was then isolated and transferred into cultures of human prostate cancer cells. These cells were injected into mice. Unaltered cancer cells were injected into other mice. The researchers then com-

pared the rate of metastasis between the groups of mice.

Mice that received the cancer cells with the Kall gene experienced far fewer metastases than did mice that received the unaltered cancer cells. One group of mice with the Kall gene had a mean number of metastases per mouse of six, while another group without the gene had a mean number of 58.

Dr. Isaacs said that if the Kall finding could be developed into a test, it would enable doctors to tailor cancer treatment for individual patients. Current treatment of prostate cancer is uncertain and disputed. The cancer grows very slowly, and the selection of treatment often depends on the age of the patient.

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N.Y. Times; 5-12-95

Hospital Official Resigns Over Drug Overdoses

BOSTON, May 11 (AP) — The chief physician at the Dana-Farber Cancer Institute here is stepping down after chemotherapy overdoses killed one patient and left another with severe heart damage.

The official, Dr. David M. Livingston, said on Wednesday that his departure would be "a signal that this institution means what it said when it indicated it was going to the bottom of these tragic incidents."

His resignation comes after the disclosure in March that an overdose of chemotherapy drugs killed Betsy Lehman, 39, an award-winning health columnist at The Boston

Globe who had breast cancer. An unidentified 52-year-old woman suffered severe heart damage two days earlier after a similar mistake.

"The entire institute bears collective responsibility for this," Dr. Livingston said in an interview.

Ms. Lehman's heart failed after she was given four times the intended dosage of a highly toxic drug during chemotherapy. The error went unnoticed by a dozen nurses, doctors and pharmacists. It was discovered by a records clerk on Feb. 13, more than two months after Ms. Lehman died.

The other victim suffered heart

damage after a similar overdose of chemotherapy drugs. She was transferred to another hospital. Little else has been disclosed about her.

Dana-Farber, a Harvard teaching hospital, treats more than 9,000 people a year.

Dr. Livingston, 56, tendered his resignation on May 2 but will stay on until his replacement, Dr. Stephen E. Sallan, completes an investigation of the overdoses. Dr. Sallan is currently the director of pediatric oncology.

Dana-Farber said it would spend \$1.3 million to educate doctors, nurses, pharmacists and other employees about drug protocol and doc-

umentation of medical records.

Last month the Joint Commission on the Accreditation of Healthcare Organizations gave the institute six months to correct unspecified problems related to the overdoses or risk losing reimbursement for Medicaid and Medicare patients.

Two doctors involved in Ms. Lehman's care have been barred from seeing patients until investigations are complete, and three pharmacists were suspended and banned from dispensing the kind of drugs used in Ms. Lehman's case. In addition, a computer has been installed to prevent the administration of high doses of various chemotherapy drugs without review by a doctor, nurse and pharmacist.

USA Today; 5-12-95 3A

ABORTION CONTROVERSY: A Seattle judge declared a mistrial when jurors said they were deadlocked in the case of state trooper Lane Jackstadt, accused of unlawful imprisonment of a couple headed to an appointment at a Planned Parenthood clinic. Justin Cooper, 20, and Deanna Thomas, 18, said Jackstadt stopped them for speeding, then coerced them into following him to a church-camp counseling session against abortion. Jackstadt says he was just trying to help and the couple went along willingly. He is appealing his firing in December on an unrelated charge.

N.Y. Times; 5-12-95

Judge Silences Parties to Suit After Implant Ad

By GINA KOLATA *A14*

A state judge in Reno has ordered the Dow Corning Corporation and other parties to a pending breast implant lawsuit not to talk to the public or the local or national press, at least until she holds a hearing this afternoon.

The judge, Connie Steinheimer of Washoe County District Court, acted on Wednesday in response to a full-page advertisement placed by Dow Corning in The New York Times and 18 other newspapers that day. Lawyers representing women who have silicone breast implants have expressed outrage at the advertisement, which, they contend, was a blatant attempt at jury tampering.

But legal experts said that Judge Steinheimer's order was unconstitutional and that the accusations of jury tampering were unwarranted. Floyd Abrams, a constitutional lawyer who is a partner in the New York firm of Cahill, Gordon & Reindell, said, "This order seems to me an old-fashioned sort of violation of the First Amendment." And Jeffrey Miller, a law professor at the University of Chicago, said: "It's unconstitutional. It's without foundation."

The judge did not respond to a telephoned request to discuss the order.

Dow Corning's advertisement began by saying, "Here's what some people don't want you to know about breast implants."

It then said that scientific studies had failed to find associations between the implants and disease; that the British and French Governments had exonerated implants; that lawsuits alleging silicone-related disease were threatening medical-device manufacturers' develop-

ment of other products, like heart valves and defibrillators; that plaintiffs' lawyers were teaching other lawyers how to sue the manufacturers, and that plaintiffs' lawyers in three states — California, Texas and Alabama — gave \$17 million to state and local candidates from 1991 to 1994.

Judge Steinheimer then acted. With unusually broad wording, she ordered "that all counsel, parties involved and employees of parties are precluded from the dissemina-

The long battle after breast implants takes a detour, to the First Amendment.

tion of advertisements, participating in interviews, or dissemination of information in any way to the public, in newspapers or other publications that are distributed in this jurisdiction."

The debate over the advertisement and the judge's response to it is the latest turn in a years-long battle over the contention by thousands of women that their silicone breast implants have caused them a variety of physical disorders. In 1992, the Food and Drug Administration asked that the implants be removed from the market and made available only to women who needed them for reconstruction, and even then only under research protocols while studies assessed their safety.

And last year the makers of implants — including Dow Corning, a joint venture of the Dow Chemical Company and Corning Inc. — agreed to pay \$4 billion over 30 years to settle claims by many ailing women. But many other women declined to join the settlement, choosing to pursue individual lawsuits.

Dow Corning is a defendant in one such suit that will be tried in Judge Steinheimer's court, although jury selection in that case is not expected to begin until the end of May.

Before learning of the judge's order, Barbara Carmichael, a Dow Corning spokeswoman, said in an interview that the company's advertisement had been nothing more than an exercise of its right to free speech.

Ms. Carmichael said the accusations of jury tampering were "amazing," inasmuch as Dow Corning is not a defendant in any of the breast implant cases around the country for which juries are now being empaneled. Plaintiffs' lawyers, she said, "are accusing us of jury tampering when we don't have a jury."

But John O'Quinn, a Houston lawyer representing 2,000 women who are suing breast implant manufacturers, said that the company was trying "to communicate to potential jurors" and that in any case the advertisement would taint juries being selected in cases that involve other implant manufacturers.

"All these manufacturers are in a common cabal," said Mr. O'Quinn, who, along with other plaintiff lawyers in Houston, is trying to have Dow Corning held in contempt of court because of the advertisement.

Mr. Abrams, the First Amendment specialist, dismissed the notion of jury tampering. "The exercise of freedom of speech is not jury tampering," he said. "One of the elements of our society that we treasure is that people and corporations be allowed to have their say."

Walter Olson, a senior fellow at the Manhattan Institute in New York who studies litigation and its consequences, said it was highly unusual for a company to go on the offensive as Dow Corning did.

"The usual attitude is to hide in a bunker and to think that every mention of their product in the context of defectiveness is wrong," he said. In general, he said, the only time companies are willing to make a move like Dow Corning's is "when they go bankrupt or are staring at bankruptcy." Then, he said, "they feel they have nothing to lose."

Dow Corning announced last week that it was considering seeking bankruptcy protection as a result of the continuing round of litigation over breast implants.

N.Y. Times; 5-12-95

Haitian Children Make a Plea to Clinton

By MIREYANAVARRO ^{A24}

MIAMI, May 11 — As more than 20,000 Cuban refugees prepare to leave the American naval base in Guantánamo Bay for the United States, the 230 Haitian children and teen-agers who will be left behind are pleading with President Clinton to be admitted as well, saying in a letter, "We cannot hold on any longer."

The children, who have been kept at the base because there are no adults accompanying them, have grown increasingly restive in the 11 months since they first set out for the United States in boats.

Camp 9, the tent area where they are being kept, experienced its first disturbance on Wednesday when the children pelted soldiers with rocks and oranges and set two tents on fire, military officials at Guantánamo said. There were only minor injuries on both sides, the officials said, but 20 boys and three girls were taken to another camp after the incident where they will be segregated from the others for at least seven days while they receive counseling.

Master Sgt. Marvin Kusumoto of the Air Force, a spokesman at the base, said the children were "very disappointed" when Attorney General Janet Reno announced last week that the Cuban refugees would be admitted into the United States over the next 10 months but that the fate of the Haitians remained the same — repatriation to Haiti unless it is determined that "the best interest of the child" is here. Twenty-three children have gained entry under the policy but most are expected to return to Haiti.

Of the 21,000 Haitians who fled political violence in their homeland last year and ended up at Guantánamo, all but 220 adults have been repatriated since November.

But advocates for the children say that the situation in Haiti is still dangerous despite the return of President Jean-Bertrand Aristide last October and that the minors are "terrified" of going back to the vio-

lence they escaped. Cheryl Little, a lawyer with Florida Rural Legal Services, said all the children remaining in Guantánamo had relatives or sponsors in the United States willing to take them.

Justice Department officials say no child will be returned until the United Nations High Commission on Refugees and the Red Cross trace relatives in Haiti and make sure there is an adequate home for them. This week, however, a report from Ms. Little's organization and the Public Counsel Immigrants' Rights Project in Los Angeles asserted that some of the 59 placements made so far had been "careless."

Of 12 repatriated children located by the organizations during a visit to Haiti last month, two were homeless,

'Some of us are going crazy. We don't know what to expect.'

three had parents in the United States, two lived in squalor and one was about to be evicted from her house with her mother, the organizations said.

Barbara Francis, the High Commission's spokeswoman in the United States, said the two homeless and the three children with a parent here had not gone through the placement process, probably because they had turned 18 or had been accompanied by adults and were repatriated with them. She said one-month follow-ups on those placed had revealed no significant problems.

"We've only sent kids home to parents and families who have wanted them back," Ms. Francis said. "We wouldn't send kids back to the streets of Haiti."

But Niels Frenzen, who heads the Immigrants' Rights Project in Los Angeles and visited with the repatri-

ated children, said the Government "abdicated" its responsibility by sending minors or those who "aged out" in the camps to improper living conditions or away from parents.

"The Government is saying they were acting in accordance with the child's best interest," he said. "We're saying they're not meeting their standards."

Efforts to help the children gain admittance into the United States, including a petition to the United States Supreme Court by the Haitian Refugee Center in Miami, have so far failed. Clinton Administration officials say that Haitians can go back to a democracy, unlike the Cubans.

(In a new policy that aims at preventing a mass exodus like the one last summer, Cubans leaving in rafts and boats are now sent back to the island.)

The children have showed the strain of being caught in this limbo. Mental health workers on the base say there have been suicide attempts in the last four months, none successful.

On Monday, in a letter signed "Camp 9" and sent to President Clinton, the Haitian children, most of them ages 14 to 17, pleaded for "the chance to set foot in your land, the land of opportunity." They wrote that "some of us are going crazy. We don't know what to expect." It was signed, "Sincerely, Camp 9, Guantánamo Bay, Cuba."

On Tuesday, Sergeant Kusumoto said, a group of Haitian minors began a hunger strike to protest not being included in the policy that releases the Cubans. The next morning, he said, the group became belligerent when an older refugee reported to the camp's guards that the teen-agers were forcing younger children to skip breakfast.

Oranges from the breakfast meal became ammunition against responding troops, and the fire set on two tents spread to two more, burning down the shelter and personal belongings of about 40 of the children, Sergeant Kusumoto said.

COLUMN ONE

L.A. Times; 5-12-95 p. 1

Video Violence Still Sells

■ Game makers boast of new technology and billions in business, but churn out the same old themes of cruelty and gore, often directed against women.

By AMY HARMON
TIMES STAFF WRITER

Through the one-way glass, you can see the young Asian agent writhing in pain. Still, she refuses to talk. You are not a violent person. But you know what you have to do.

You are, after all, a CIA recruit who has discovered a plot to assassinate the President. And this is, after all, only a game—one that incorporates the best that digital technology has to offer. You turn up the volume. She screams.

So goes the interactive revolution.

"The Great Game" is one of a new crop of video games that give players control over ever more realistic—and violent—fantasy worlds. It and other much-anticipated titles—"Mortal Kombat 3" and "Primal Rage"—will be released this fall.

Such power, it seems, has strong appeal. Americans are expected to spend over \$10 billion this year on interactive entertainment. Once the sole province of adolescent boys, many video games are now being bought by men in their 20s and 30s.

And with a new generation of faster machines due out later this year, game makers have been touting their economic and technological ascendancy.

But as interactive media takes its place beside television, music and movies as a potent purveyor of culture, the more profound measure of its success may be in the games' content and their impact on the hearts and minds of those who play them.

Little research has been done to gauge the effects of the fast-evolving medium. But experts say the very nature of interactivity—in which the player is invited to identify with the protagonist and often becomes physically and emotionally engaged in the game—makes it a more compelling force than other media.

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"People have long been put in the position of spectator at violent events," says Brian Stonehill, director of media studies at Pomona College in Claremont. "This takes you out of the role of spectator and into the role of murderer. And that's not just a little change, it's a big change."

The intensity of interactivity, of course, is what makes games so enjoyable for players like William Wood, 27, of Santa Monica, who much prefers them to TV. He often plays the flight simulation game "TIE Fighter" or "Gun Ship 2000" for several hours after work. "It's a different mode," Wood says. "The sound effects fill up the entire space around you and you're—well, you're part of the game."

But that is also what raises concerns about the consequences of violating real-world taboos in the demi-world of electronic games; about the violent messages contained in many of them, and why they are the first form of mass media whose consumers are nearly all male.

"I have days when a game will come in and it will have some image that will really upset me and I say I just can't deal with this anymore," says LeeAnne McDermott, editor of *Gamepro* magazine. "The two elements that people are most concerned about is the real graphic violence and the gender stereotypes, especially as the games become more realistic. What does it teach people, is it actually modeling behavior and attitudes or is it just play, and it doesn't translate?"

Simulated violence has had a central place in video games in the two decades since "Space Invaders" and "Asteroids" hit the arcades two decades ago. And game makers have continued to churn it out ever as the stick figures who used to shoot cartoon missiles at one another have evolved into smoothly animated avatars and video footage of real actors. ("The Great Game," developed by Los Angeles-based Activision Inc., will star William Colby and Oleg Kalugin, former officials of the CIA and KGB respectively.)

Game makers say they make violent games because people buy them. An industry once filled with lofty dreams of producing "entertainment for children, documentaries or, disc for adults or even, heaven forbid, video games for girls, has been chastened by the realities of the market. With few exceptions, almost all of the thousands of titles released last year that did not hew to traditional formulas simply did not sell.

The myth was that this new kind of interactivity would give birth to a new genre of entertainment. Well, it hasn't happened," says Scott Walchek, chief executive of Sanctuary Woods, a multimedia firm. "If you look at what's been selling in the Top 15 these last 24 months it's the same old stuff, graphic adventures, role playing, strategy, arcade shoot 'em up and fighting games."

Still, industry critics blame the manufacturers for taking the easy way out.

"It's easier to get kids' attention by offering up amputated limbs instead of putting development money into something more constructive," says David Sheff, author of the book "Game Over," about the rise of Nintendo.

And kids sure can get excited about amputated limbs. "I like it that you can cut off their heads and stuff," says Alan Colburn, 13, of Lancaster, describing *Mortal Kombat II*, which together with the first installment has sold nearly 12 million copies. "Another reason I play it is the techniques you can use to actually hurt someone in the game are pretty neat. Like you can hit them so hard their head explodes."

The "Kombat" games are played on cartridge-based Sega Genesis and Super Nintendo systems, which reside in 22 million American households.

But faster machines that allow for better graphics are coming. And thanks to the CD-ROM, games are now widely played on personal computers, also allowing greater realism. The even gorier "MK3" will be available for the old and new machines.

Video games are hardly alone in bombarding Americans with violent messages and crude ethnic and gender stereotypes—compared to the movies, says Sega chief executive Tom Kalinske. "We'd look like angels." However, critics say the ability to control the violence makes interactive entertainment different.

"I'm much more disturbed by the potential of the new stuff," says Eugene Provenzo, a professor at the University of Miami and author of "Video Kids." "Everything I know as a social scientist suggests to me that this is a much more powerful communicator."

Many women in the male-dominated industry are concerned about the portrayal of female characters in games. Often cast as the archetypal helpless princess waiting to be rescued, even those who engage in hand-to-hand combat are almost invariably scantily clad.

One female protagonist in an upcoming Sega game wears evening gloves, stockings with a garter and black spike heels to do her jumping and kicking. And in a recent study, Provenzo found that nine of the top 10 bestsellers had the murder, abduction or implied rape of a woman as a main theme.

There also is concern about why fewer than 20% of game players are girls. Experts say their exclusion from what often serves as an introduction to technology for boys may well put girls at a disadvantage in an increasingly high-tech world.

Cognizant of the untapped market, American Laser Games will be unveiling a new "Games for Her" division this week. Its first title will involve a girl confronted with such ethical dilemmas as whether to

help a boy she likes to cheat on a school test.

But McDermott and several others who have formed a new group called Women's Interactive Entertainment Assn. say the situation is unlikely to change until more women start designing games.

Peter Main, marketing vice president of Nintendo, says his firm will try to attract more girls and women to its games. "But while that is all a legitimate objective, the key for us continues to be a very tight focus on our heavy users, the more youthful 8-to-15-year-old males."

Since Atari Corp. released "Pong" in 1972, video games had mostly eluded the social criticism to which other forms of media are subjected, in part because they were considered merely toys, and in part because they were largely inaccessible to non-"gamers," who often can't make it past the first level. By their very nature, games are harder to review than a music recording or a TV show.

Even when a U.S. Senate subcommittee held hearings on violence in video games after the release of "Mortal Kombat" in late 1993, it was Nintendo that ended up supplying senators with a videotape of the more gruesome scenes in "Night Trap," released by rival Sega. The game features hooded killers chasing sorority sisters. When the women are captured, the killer drills through their necks and drains their blood.

Out of those hearings came the formation of a movie-style industry ratings board, supported by Nintendo, Sega and Sony, among others. But industry executives still insist that their products ought not to be taken so seriously.

"Oh God, how grandiose, to be the keeper of the American value system," says Steve Race, president of Sony Computer Entertainment. "I just sell games, lady. To make me responsible for the mores or values of America, I don't think I'm ready for that."

Nintendo's Main says video games are not to be compared with more far-reaching media like the nightly news.

"In talking about a cultural impact, I think that may be putting video games on a pedestal," Main says. "It's more like learning how to play the piano, or playing football. Kids come home from school, somebody's been in their face for hours, and here in this little world they're going to be in control instead of someone else for awhile."

Since the formation of the ratings board, Sega's Kalinske says "the issue of violence in games has really blown over." (This week he will be showing off "Eternal Champions" in which the player can "overkill" or just plain "regular kill" his opponent.)

Arthur Pober, executive director of the Entertainment Software Rating Board, says the industry-funded organization has rated 500 games so far. Under the system, games are classified into one of five age groups, and graded with labels such as "mild animated violence," "realistic violence," "animated blood and gore," and "realistic blood and gore."

"It's important that consumers understand that when we say 'realistic violence,' we don't mean that it's real violence," Pober notes. "What we're referring to there is photographic images."

Pober also teaches his staff to distinguish between "passive" video footage and interactive aggression. "If you have the chain saw, say, and you're empowered to hack off and arm or a leg or something, that's different than passive footage where it's a video clip showing someone with a gun shooting someone." The interactive portions are weighted more heavily.

Not all video and computer games are violent. Last year's best-selling game was Nintendo's relatively innocuous "Donkey Kong Country." Sports games such as "John Madden Football" occupy a healthy chunk of the market.

"Myst," a surrealistic mystery game that was a hit with women, and "Sim City," which lets players construct and run their own cities, are frequently cited as positive models of innovative games that have sold well.

But such titles tend to be the exceptions. Thus Virgin Interactive, for example, will be bringing out "Agile Warrior," this fall. "It's kind of like, if Sim City went to war, what would it look like," explains marketing vice president Rand Bleimeister.

Companies that have tried to develop more socially constructive titles have suffered in the market—and quickly altered their strategies. Sanctuary Woods over the past two years has published such titles as "Hawaii High," an adventure game for girls, and a comedy disc starring Dennis Miller. But this week, it will be showcasing action adventure games.

"We've changed our model," says Walchek. "We're concentrating on the core gamer."

The 3DO Co.—which once called its "multiplayer" console the most important development in communication since the printing press, and promised all sorts of breakthrough education, information and entertainment software—has also had disappointing sales.

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All the vendors are now promoting their next-generation consoles as special-purpose game machines. "It is not a multiplayer," says Kalinske of his new "Saturn" machine, which will be in stores this month.

Bing Gordon, executive vice president of Electronic Arts, says more complex, perhaps less violent games will emerge out of successive generations of software as a result of improved technology.

"With the audiovisual power we had through the 1980s, where the graphics looked like stick figures and the sounds sounded like beeps and chirps, it was difficult to appeal to higher-order emotions," Gordon says. "You could do violence between stick figures, but it's harder to get across humor and love and fear."

But in a market where the top 20 games collect 80% of the revenues annually, game makers, too, are largely sticking to proven formulas even as the technology makes it possible to experiment with new forms. Atari, for example, plans to bring back "Missile Command" and "Defender," from the good old days of the primitive Atari 2600—but in 3-D.

"I don't want to make things that are derivatives of everything we've seen before," says Peter Barrett, chief executive of start-up Rocket Science Games, whose first generation of titles didn't go over well last Christmas. "I want to make things that are provocative and upsetting and different. But there's a huge amount of pressure on Rocket Science to be a more traditional game company now."

Madeline Canepa, founder of Crystal Dynamics and one of the few female executives in the industry, says she tries to make sure her firm's games don't include stereotypes of women or girls. But, she admits, "Quite honestly, I'm no different from a man. I'd like to develop products that make money."

Byron Cook, whose firm created "Mortal Kombat," says, "They're just games. Kids understand that."

Thirteen-year-old Tim Charlebois of Yorba Linda agrees. His favorite game is the hit "Doom 2." Of the weapons available to him, which include a rocket launcher and a chain saw, he likes the double-barreled shotgun because "if you hit your opponent at the right angle, he loses all his power at once. One well-placed shot will kill him and if it's close enough, even if it's not right on the mark, it'll hurt him a lot."

Still, says Charlebois, "I'm not stupid enough to go out and do this in real life. I'm not going to run out, grab a shotgun and go shoot somebody. Give me a break."

Even so, Andrew Goldman, the producer of "Great Game," had qualms about the scene in which the player has to choose whether to torture the enemy agent to get the information. Either choice contains possible risks and rewards.

"I'm seeing myself turn the knob and watching this person writhe in pain, and shivers went down my spine and I thought, 'My God, what are we doing here?'" he says. "But I ended up thinking this is exactly what this medium does best."

"What we're trying to do is put the player in the hot seat and force them to make the decisions and bring their own code to the game. And they'll have to live with the consequences of what they do."

LOBBYING

Senior Schism

Republican congressional leaders have embraced three new groups that style themselves as conservative alternatives to the American Association of Retired Persons. Critics say the groups are little more than direct-mail mills. But it's getting harder to tell who really speaks for the nation's elderly.

**BY MARILYN WERBER
SERAFINI**

For nearly 50 years, it's been a maxim in Washington that political survival depends on careful treatment of the American Association of Retired Persons (AARP), whose 33 million members make it the nation's largest membership organization.

But in early April, when House Republican leaders staged a rally on the Capitol steps to demonstrate senior citizen support for a pending tax bill, the AARP wasn't there.

Instead, top Republicans stood shoulder-to-shoulder with the leaders of three little-known conservative groups: the Seniors Coalition, the 60/Plus Association and the United Seniors Association (USA).

"With us in charge, we've given them a voice, and appropriately so," House chief deputy majority whip J. Dennis Hastert, R-Ill., said in an interview later.

Many GOP lawmakers say that an alternative voice for the elderly is long overdue. The AARP is so big and diverse that it sometimes remains quiet on major issues or is slow to adopt positions. And when it commits, Republicans complain, it usually aligns with Democrats.

For many years, the only other major seniors' group was the five million-member National Council of Senior Citizens (NCSC), which has ties to organized labor and the Democratic Party and has a more liberal tilt than the AARP has. Even the National Committee to Preserve Social Security and Medicare, which was founded in the 1980s and has worked with law-

makers from both parties, is not always conservative enough to suit the Republicans.

The Seniors Coalition got its start in 1989 during the fight to repeal the medicare catastrophic insurance program; USA was founded in 1991, and 60/Plus in 1992. Until this year, none of the three had ever been invited to testify on Capitol Hill.

But since winning a majority in Congress, Republicans have surrounded themselves with the newer conservative groups, inviting them to testify, calling on them to help promote the balanced budget amendment and parading them before the public to show backing for the



Seniors Coalition's Jake A. Hansen
"We still have to live down our past."

John Freck

Contract With America. House Speaker Newt Gingrich chose a meeting of the Seniors Coalition on April 28 to make a major policy speech on medicare reform.

Hastert has even furnished the groups with names of potential recruits. When Shirley and Robert Hickey of Unadilla, N.Y., sent a letter to Hastert complaining about an earnings limit that lowers their social security payments because they

says it has severed all ties with Viguerie, but USA and 60 Plus still rent mailing lists from him and pay him to handle their mailings.

Critics say they're not surprised at the conservative groups' sudden visibility. The Republicans need seniors to demonstrate support for their agenda, and they know that the AARP will not back many of their party's positions. The groups, in turn, can use the GOP to establish their legitimacy.

"It's very hard to find any credible academic support for many of [the GOP's] positions," said Rep. Fortney H. (Pete) Stark of California, the ranking Democrat on the Ways and Means Health Subcommittee. "They want to privatize medicare. They've got to find someone who thinks that's a good idea, [so Republicans] are casting about for someone to say medicare is a bad, useless thing. They're dreaming up loonies like Viguerie. They cannot find responsible people to take those positions."

While the AARP and the NCSC are fighting Republican proposals to reduce medicare and medicaid spending by as much as \$400 billion over the next seven years, the conservative groups have not spoken out aggressively against the proposed cuts. Instead, they have endorsed an overhaul of medicare. USA, for example, wants to privatize the program.

It's hard to tell whether the conservative groups have any political muscle to back up their rhetoric. Although they boast of large memberships (the Seniors Coalition, the biggest of the three, says it has one million dues-paying members), only about 15 elderly people were in the audience at the April rally. Most of the rest were reporters and aides.

Nevertheless, the groups are moving to raise their profile on Capitol Hill. The Seniors Coalition is "expanding as fast as we can find competent people," Jake A. Hansen, the vice president for government affairs, said. The coalition is moving its office from Fairfax, Va., to the Heritage Foundation building on Capitol Hill and recently hired former Rep. Stan Parris, R-Va., to organize a research foundation.

"The goal is to be the organization that Members of Congress turn to when they want good, factual information on seniors," Hansen said. The coalition has also commissioned several surveys by Luntz Research and Strategic Services, a Republican polling firm that was instrumental in developing the Contract With America.

USA has hired former Rep. Beau Boulter, R-Texas, as its chief lobbyist. And former Rep. Roger Zion, R-Ind., lobbies for 60 Plus.

Despite their enchantment with the conservative groups, Republican leaders are not entirely snubbing the AARP. Gingrich recently visited with the group's board of directors and said that he wanted to work with them. But one of the things binding many Republican lawmakers together with the conservative groups is a shared dislike for the AARP—which, in their view, has gotten too big, too rich and too liberal.

With a \$456 million annual budget and 1,700 employees nationwide, the AARP has long been a heavyweight on the Washington lobbying scene. And although it is nonprofit and tax-exempt, it does a booming business supplying insurance coverage and prescription drugs to its members.

"We still deal with the AARP," Hastert said. "But they have a vested interest, they have some big businesses that they're tied up in." Sen. Alan K. Simpson, R-Wyo., has said that he will hold hearings to examine whether the AARP, given its mix of advocacy and business activities, should continue to receive a tax exemption.

VIGUERIE'S EMPIRE

The Seniors Coalition, 60 Plus and USA all have faced controversy because of their connections to Viguerie. The Virginia-based direct-mail impresario helped launch all three groups, securing unusually tight control over their mailing lists.

The Seniors Coalition, founded in 1989, grew out of the Taxpayers Education Lobby, a conservative direct-mail group started in 1980 by Dan C. Alexander, a former school board president from Mobile, Ala., and his wife, Fay. The Alexanders said the organization would be a forum for promoting school prayer and traditional values.

But in the mid-1980s, Dan Alexander was convicted of extorting kickbacks on school construction projects. While he served a four-year jail term, Fay Alexander founded the Seniors Coalition with Viguerie's help. The group's initial focus was an attack on the medicare catastrophic coverage law, backed by the AARP, that Congress passed in 1989 but



United Seniors Association's Beau Boulter. Direct-mail kingpin Viguerie has "a lot of good ideas."

work, it was the Seniors Coalition that called them back. The group offered to pay their way to Washington for the April rally and signed them up as members. The couple also belongs to the AARP, Hickey said, but "they haven't helped me," except for the discounts that he and his wife get when they travel.

But the three newer groups have also acquired a reputation as direct-mail mills interested only in lining their own pockets.

All three were started with help from direct-mail magnate Richard A. Viguerie, who has been widely criticized for trying to scare seniors into forking over their money. The groups raise nearly all of their funds through the mail, using come-ons such as "All of the Social Security Trust Fund Money Is Gone!" (For examples, see p. 1091.) The Seniors Coalition

repealed soon afterward. The coalition sent out bundles of mail warning that medicare recipients would face a big tax increase to pay for the new coverage; in fact, only a small number of higher-income seniors would have seen a significant increase.

Viguerie co-owned the initial Seniors Coalition mailing list, although it was developed at the coalition's expense, and he was paid for every mailing the group sent out—even if they didn't make money. According to Hansen, who has been with the coalition since the beginning, Viguerie was making plenty of money while the coalition ran in the red. "After a year or two, we had an enormous amount of debt because we mailed so much, and the cost was unbelievable. It wasn't [Viguerie's] debt, it was ours," he said. Viguerie didn't return this reporter's calls.

Relations with Viguerie grew tenser in 1991, when he helped set up USA—and then rented the coalition's mailing list to the new group, creating competition between the two organizations for the same senior dollars. A year later, according to news accounts at the time, Viguerie helped set up still another competitor, 60 Plus, to which he also rented the coalition's mailing list.

Soon, Viguerie and the Alexanders came under investigation by federal authorities. A federal grand jury in New York City began a probe of Viguerie in 1993, after *The New York Times* ran an article detailing how he had profited from his work for seniors groups. At about the same time, the U.S. Attorney for the Eastern District of Virginia began investigating whether the Alexanders used the Seniors Coalition for their personal gain. Among other things, investigators questioned whether the Alexanders ran the coalition without the independent governing structures that nonprofit groups are supposed to have. For several years, the coalition's president was the Alexanders' teenage daughter, Dan Alexander said that because of his criminal record, it was difficult to get outside help. (For details, see NJ 9/4/93, p. 2142.)

According to Hansen, those probes prompted the entire coalition staff to threaten to quit if the Alexanders didn't. The Alexanders left, and the coalition broke its contract with Viguerie, who sued the group and later settled for \$600,000. No results were ever announced from the two investigations, and Hansen said he did not know if they were still under way.

Why set up three seniors' groups that share much of

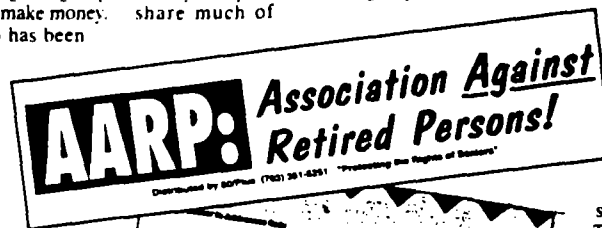
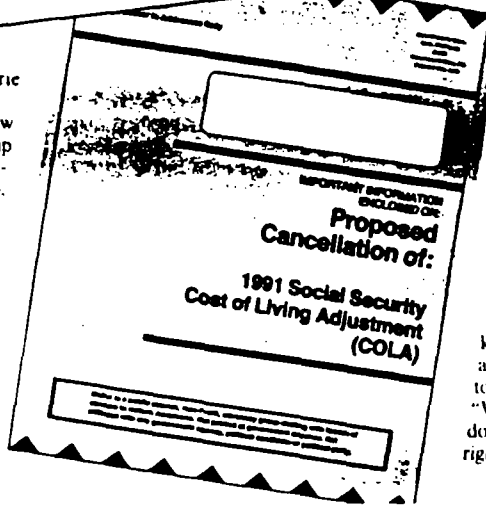
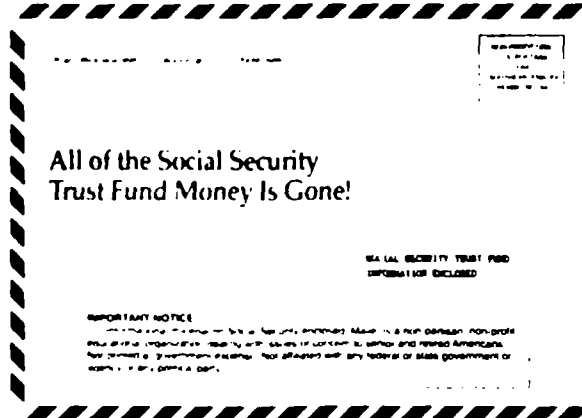
the same conservative philosophy? Critics say it was for one reason: to put more money in Viguerie's pockets.

But leaders of USA and 60/Plus say they are proud of their association with Viguerie, who continues to handle their mailings. "He's a very good man, an honorable man who's got a lot of good ideas," USA lobbyist Boulter said. "He has every right to do what he's doing."

James Lee Martin, who is the chairman of 60/Plus, said that he has known Viguerie for 28 years, and he used to work for him. "He's the finest, most decent human being I've ever known," Martin said of Viguerie. Martin proudly points to a passage in Viguerie's 1980 book, *The New Right: We're Ready to Lead*, that cites Martin as "one of the conservative movement's foremost direct-mail copywriters."

Martin, who joined 60/Plus a year after it started, initially told this reporter that Viguerie was not a founder of the group but then said that he did not know who founded it. Despite repeated requests, he failed to produce any names.

Today, the Seniors Coalition is keeping its distance from Viguerie and the other groups. "We still have to live down our past," Hansen said. "We're like the United Way—they're doing things right, we're doing things right." Still, the coalition has two former Viguerie employees on its board of directors.



The conservative groups delight in attacking the American Association of Retired Persons, as shown by the bumper sticker (top) distributed by the 60/Plus Association. They've also been criticized for using scare tactics in mailings such as these by the Seniors Coalition (center) and the United Seniors Association (bottom).

TAKING ON THE AARP

The conservative groups say that dissatisfied AARP members are flocking to them. "When AARP came out and endorsed [Democratic health care reform plans], our phone lines lit up like a Christmas tree. We got 15,000-20,000 new members because of it," Hansen said.

John C. Rother, the AARP's chief lobbyist, acknowledged that the group lost several thousand members during last year's health care reform debate. It also lost members during the controversy over medi-

care catastrophic coverage. But those losses were quickly made up, he said, and membership has remained steady at about 33 million for several years.

Members of Congress from both parties have long looked to the AARP as the leading voice for elderly Americans—not only because of its size, but also because of its vast resources and research capabilities. Last year, the AARP held several hundred town-hall meetings across the country, and it conducts more than 30 polls each year to gauge the positions of seniors. It has a Washington lobbying staff of about 15 people.

When the Seniors Coalition began, Hansen said, "everywhere we turned, people would say, 'The AARP says this, and the AARP says this.' Everywhere we looked, the AARP was in the cloakrooms [on Capitol Hill], the AARP lobbyists were falling out of closets."

Much of the AARP's lobbying success can be attributed to Rother, who joined the group in 1984 after spending eight years on Capitol Hill as special counsel for labor and health to former Sen. Jacob K. Javits, R-N.Y., and as staff director and chief counsel of the Senate Special Aging Committee.

The AARP's executive director is Horace B. Deets, a former Jesuit priest

and staff member of the Equal Employment Opportunity Commission. He joined the AARP in 1975 and became its leader in 1988.

Rother said that most AARP members join the group because it stands up for their interests. But many conservatives

Some Republican lawmakers say that the AARP has gotten too big, too rich and too liberal.

view the AARP as more a business than an advocate—and some GOP lawmakers are calling for closer scrutiny of the group's business activities.

The AARP gets about 60 per cent of its revenues from the sale of products and services—including health care, long-term care, life and home-owners' insurance, mail-order pharmaceuticals, mutual funds, credit cards, an emergency road service plan, a travel program and a discount legal advice service—provided by businesses under contract with the group.

The AARP is not apologetic about these activities, contending that they make seniors' lives easier. In fact, a prime reason for the group's founding in 1947—long before the birth of Medicare—was to provide health insurance to the elderly.

But some Republican lawmakers are questioning whether the AARP should continue to enjoy tax-exempt status. Under federal law, nonprofit groups such as the AARP are exempted from taxes on revenues from activities directly related to their mission. The AARP has claimed exemptions on revenues from insurance, mail-order pharmaceuticals

and royalty fees for the licensing of its name. The Internal Revenue Service challenged some of those claims, and last year the AARP agreed to a settlement in which it paid \$135 million to the IRS in lieu of taxes for 1985-93. AARP officials say they haven't decided whether they will continue to claim such exemptions in the future.

"Agreeing to this settlement was extremely difficult, but the board and I believe it was in the best interest of AARP members and volunteers to put this matter firmly behind us," Deets wrote in a recent mailing to members.

Meanwhile, Sen. Simpson is planning to hold hearings on the appropriateness of the AARP's mix of business and advocacy. "We're exploring whether there's a conflict of interest," a Simpson aide said. "You have an organization taking positions, and financially it's not dependent for a majority of its support on membership dues. Do we need to rethink non-profits' tax treatment?" Simpson also wants to know whether the AARP's tax treatment is giving it an advantage over private-sector competitors and whether its business activities might be influencing its advocacy work.

Simpson chairs the Finance Subcommittee on Social Security and Family Policy and is a member of the Aging Committee; he has not decided which panel will hold the hearings, the aide said.

The AARP, the NCSC and some other seniors' groups have also come under fire because they receive money from the Labor Department to finance an employment placement service for the elderly. The NCSC gets 90 per cent of its \$80 million yearly budget from the department; the AARP gets about \$90 million a year. Both groups say that they make no profit on the employment program.

Rep. Robert K. Dornan, R-Calif., has taken aim at the AARP and the NCSC with a bill he introduced in March to "defund the Left." (*For details, see NJ, 4/15/95, p. 924*) "Tax-exempt lobbying organizations should do one thing and one thing only—lobby the federal government on several points of advocacy," a Dornan aide said. In Dornan's view, the NCSC is simply a "front group" for the AFL-CIO. "It's a huge conflict of interest," Dornan wants to prevent all tax-exempt lobby groups from receiving federal funds.

FRICION AMONG FRIENDS

Such attacks delight leaders of the conservative seniors' groups, who turn vicious at the mention of the AARP and the NCSC. "AARP: Association Against Retired Persons," proclaims a bumper sticker distributed by 60/Plus.



John C. Rother, the AARP's top lobbyist
With seniors, the "conservative" label can be misleading.

Richard A. Titus

But the conservative groups are also under scrutiny on Capitol Hill. Rep. Jim Bunning, R-Ky., chairman of the Ways and Means Social Security Subcommittee, has been collecting file cabinets full of direct mail from several groups targeting the elderly, and he plans hearings to determine whether any of them are sending out deceptive letters.

And although the groups style themselves as senior citizens' champions in Congress, their lobbying operations are meager compared with the AARP's.

For example, 60/Plus has only two staff members. It says that it raised about \$1.3 million in 1994, but much of that money apparently was consumed by direct-mail costs: The group says that it sent out about five million letters and paid Viguerie 5-10 cents for each one.

USA says that it has a staff of eight and raised \$5 million in 1993 from 400,000 dues-paying members and several hundred thousand other supporters. It ran a \$750,000 deficit that year and is still in the red, a spokesman said.

The Seniors Coalition, the largest of the three, has about 20 employees. Hansen said that it raises about \$10 million a year from one million members and about one million other supporters. (With Viguerie gone, he added, it is no longer losing money.)

Patrick C. Burns, the NCSC communications director, said that the growth of the conservative seniors' groups reminded him of a gold rush. "These putative organizations barely exist in the public policy world, but the people who are selling them the ropes, pans and pickaxes—their direct-mail vendors—are making out like bandits, selling them envelopes, printing, mailing lists," he said.

Although they agree on most policy issues, there's friction between the conservative groups—in large measure because of their intertwined history and their competition to wring money from the same mailing lists.

USA says in its literature that until it was formed, "there was no group for seniors who want the government to keep its promises... and otherwise leave them alone." And Hansen said of the two other groups, "I don't view us the same way that I view them... We have our point of view and backed it up with a lot of hard action. I don't have the feeling that 60/Plus and United Seniors made it yet."

WHO SPEAKS FOR SENIORS?

In a year when some of elderly Americans' most cherished benefits are under attack from budget cutters, the split in the seniors' lobby has left many people wondering who really speaks for older Americans.

The Seniors Coalition says that its polling shows that most elderly people consider themselves politically conservative. A recent Luntz poll for the group found that 55 per cent of seniors called themselves conservative, 31 per cent said they were moderate and only 4 per cent said they were liberal.

But the AARP's Rother says that such findings are deceptive. Even if seniors call themselves conservative, he said, they don't always take conservative positions, especially on government programs that benefit them.

"These labels don't translate very well to specific policy positions," Rother said. "Most older people think of themselves as conservatives because they grew up in a different time and they're more socially conservative than younger Americans; they have more traditional values, they're more patriotic." But, Rother said, "if you ask what they support on Medicare, it would be something like 90 per cent" opposed to huge spending reductions that House Budget Committee chairman John R. Kasich, R-Ohio, has proposed.

Indeed, elderly voters have tended to vote heavily for Democrats in congressional races in recent years. Last November's elections were an exception—but even then, only 51 per cent of voters age 60 and above voted Republican.

The contrast between the views of the AARP and the conservative groups was thrown into sharp focus by the balanced budget amendment debate. The Seniors Coalition, 60/Plus and USA fervently embraced the amendment; the AARP vehemently opposed it.

Both sides cited polling data to support their views. The Seniors Coalition commissioned the Luntz firm to conduct a survey, which found that 71 per cent of people age 65 and older favored the amendment.

But Rother said that the poll didn't ask a more important question: whether elderly people would still back the amendment if it led to spending reductions in the Medicare program. The American Hospital Association, which opposed the amendment, recently asked



James Lee Martin, the chairman of 60/Plus
Most of his group's budget appears to go for mail costs.

that question in a poll it commissioned from the firms of Public Opinion Strategies and Frederick/Schneiders. It found that 65 per cent of elderly respondents opposed balancing the budget if it meant a 20 per cent cut in Medicare over the next seven years.

Although the AARP maintains that it is strictly nonpartisan, many Republicans say that it is clearly more liberal than conservative. If there was any doubt, they say, it was erased by the AARP's embrace of President Clinton's health care reform proposal last year.

The AARP, though, delayed for months taking a formal position on health care reform; eventually, it advised its members that the AARP board of directors viewed the bills written by House and Senate Democratic leaders as the best of the available options. The bills were based on Clinton's blueprint but contained plenty of alterations.

"I got over 500 calls from people who said, 'Don't listen to AARP, they don't represent me,'" Bunning said.

For all of lawmakers' grouching about the AARP, they're unlikely to ignore any organization with 33 million members. But so long as the GOP is giving the newer conservative groups a megaphone, they're sure to have a voice, too. ■

Editorials & Op-Ed

Wash. Post; 5-12-95

Chairman Kasich's Budget ...

THE SPENDING plan for the next seven years that the House Budget Committee approved early yesterday sounds tougher than its Senate counterpart but, in fact, is only marginally so. Broadly speaking, they're the same. Both seek to balance the budget by the year 2002 mainly by cutting Medicare, Medicaid, welfare and domestic appropriations while protecting Social Security and defense. (The House plan would actually increase the defense budget a little above the levels currently planned).

The House panel also had to accommodate the large tax cut the House improvidently passed last month. It would do so in part by running larger deficits than the Senate for most of the seven-year period, then coming to balance more rapidly at the end. The deficit would be erased in those final years in part through stepped-up Medicare and welfare cuts and in part by virtue of some heroic assumptions as to the likely behavior of interest rates. The notion is that enactment of a balanced budget might produce a dividend in the form of lower interest rates. The Senate would use that for a tax cut if it materialized. The House committee, unable to wait, assumed it would materialize, and in that sense declared its tax cut partly paid for in advance.

Though they differ somewhat in degree, both resolutions would put more pressure on the health care programs, Medicare and Medicaid, than can likely be sustained without harm to health, the health care system or both. The welfare cuts are also too large and would likely do damage. As to the rest of domestic government, it sounded as if the House was proposing to cut the most. House Budget Committee Chair-

man John Kasich said he was suggesting three departments be abolished—Commerce, Energy and Education—whereas Senate Chairman Pete Domenici had suggested Commerce only, and there was more. But, in fact, aides say the domestic appropriations ceilings in the two resolutions are about the same from year to year. The difference is more a matter of style than of substance. Mr. Kasich relishes suggesting specific cuts, while Mr. Domenici is more reserved.

A lot of the illustrative cuts on Mr. Kasich's lengthy list are good ideas. The country could get along just fine, for example, without an Energy, an Education or a Commerce department, especially as their important functions would be dealt off to other agencies and continue to be performed. It could get along just fine with lower farm price supports and without such perennials as highway demonstration projects too. On the other hand, it's probably not a good idea to cut Head Start nor maintenance funds in the national parks. The virtue of the list is that it shows without flinching how tight the Republican budget would be.

The goal of reducing the deficit is right. The problem with these resolutions is that they're confined to only part of the budget—why exempt Social Security when it is a fifth of all spending?—and perhaps try to do too much in too short a time. Sooner or later the Democrats—for the sake of the threatened programs they profess to care about, and for their own sake—lest they be left at the starting gate, are going to have to propose an alternative. Our own sense is that the longer they wait, the more they risk.

Wash. Post; 5-12-95

... And a Possible Compromise

BOTH THE House and Senate budget resolutions tiptoe into an area that could help provide the basis for a broader compromise on deficit reduction later in the year. The maneuvering has to do with indexation, one of the driving forces in the budget. Under current law, Social Security recipients, federal retirees and certain other federal beneficiaries get automatic cost-of-living adjustments each year to keep their payments level with inflation. Income tax filers get a similar benefit in that the standard deduction, personal exemptions and the dividing lines between the brackets are indexed.

The full indexation year by year is enormously costly. A lot of money could be saved by interrupting or easing it even briefly. Suspend the indexation of all but the means-tested programs for just one year, and you gain about a sixth of what you need to balance the budget over seven years—the congressional Republicans' goal. You gain about the same if, for each of those years, you give just one percentage point less than the full inflation rate.

The budget resolutions don't do that directly. They do, however, assume that the Bureau of Labor Statistics will take some steps in the next few years that will have a similar effect. It's widely believed (on the strength of some of the bureau's own research) that the consumer price index currently overstates inflation. The budget committees are betting that the bureau will alter the index in such a way as to reduce the recorded inflation rate and cost of indexation. The Senate Budget Committee assumes a savings of 0.2

percent a year beginning in 1999, the House committee, 0.6 percent.

Those are legitimate guesses. The administration built a similar though smaller guess into its own long-term budget projections earlier this year. The problem is not that the budget committees have gone too far but that they have not gone far enough. The likely BLS adjustment will be a technical step. What Congress (and the president) should do is take the further step of making an adjustment of their own. Break the link for a year, or ease it for a number of years.

Such a move could be a problem for the Republicans particularly, because it could be called a backdoor tax increase and Social Security cut, and they've promised not to do either. But the Medicare cuts they're having to propose instead are hardly a lesser problem. Nor is that all. The detailed illustrative budget that House Budget Committee Chairman John Kasich presented Wednesday suggests the rest of the price that will have to be paid if only part of the budget is made to bear the entire burden. In real or inflation-adjusted terms, domestic appropriations would be cut by more than a fourth over seven years. That's not just a house-cleaning.

The Kasich budget, of course, is all the tighter because he had to provide for the tax cut the House Republicans voted. But even without a tax cut, if a serious effort is made—as it surely ought to be—to reduce the deficit, the budget will be tight. Why not ease up a little on indexation and thereby spread the burden more broadly if that will help make the process work?

J. W. Anderson

Wash. Post; 5-12-95

Balanced Budgets, Painful Choices

First of all, it's genuinely important to balance the federal budget. The deficit is eating up money that ought to be invested in people and equipment to lift American prosperity in the future.

Sen. Pete Domenici's plan to balance the budget by the year 2002 is, in general, a well-designed and reasonable response to the two key conditions demanded by the Republicans (and, less loudly, by a lot of Democrats)—no new taxes and no cuts in Social Security. It goes after Republican constituencies as well as the Democrats'. But it shows why the process of getting to balance is likely to dominate national politics for years to come.

The last balanced budget was in 1969, Lyndon Johnson's last year in office. He had pushed through a tax increase to pay for the Vietnam War (and one of Richard Nixon's first acts was to urge Congress to begin to repeal it). It's instructive to compare the 1969 budget with two others—this year's, which will run a deficit of about \$175 billion, and Sen. Do-

menici's proposal to reach balance seven years from now.

Taxes were somewhat higher in 1969 than they are today. The reduction in tax rates since then accounts for almost half of

We can't keep squeezing down all other responsibilities to pay for rising benefits for the elderly.

the current deficit. To achieve balance without a tax increase, Sen. Domenici has to produce a budget that's smaller in proportion to the size of the economy than President Johnson's, let alone President Clinton's.

The drop in military spending after the

Vietnam War used to be called the peace dividend. Comparing 1969 with the later budgets, you can see how the country chose to spend it. Three-fourths of the dividend has gone into benefits for the elderly in the form of pensions and medical care.

But in addition to those benefits, there's been another rapidly growing competitor for federal dollars—interest on the national debt. In relation to the country's ability to carry it, the burden of interest has more than doubled since 1969—chiefly because of the big deficits that have followed the Reagan tax cut of 1981.

Because of the growth of benefits for the elderly and interest payments on the debt, the country is now cutting back on programs that it was able to finance without strain three decades ago.

It's not just the funds for diplomacy and foreign aid that are being drastically reduced. The money for space and science has already been cut in half since Johnson left office, and would be cut again by a third under Domenici's plan. The agriculture subsidies, once sac-

Balt. Sun; 5-12-95

A Giant Step for Budget Balancers

America is still seven years and billions of wishful assumptions away from the balanced budget goal that Republicans are pushing through the House and the Senate. But credit the GOP for a brash willingness to tread where Democrats fear to tiptoe. In proposing more than \$1 trillion in cuts that would shrink government to a size and scope not seen in a third of a century, the Republicans have dared to defy some of the nation's most potent constituencies and special interests.

The GOP's vulnerability lies in the House-passed proposal to cut taxes by \$340 billion — a figure so contrary to the balanced budget target that Senate Republicans have wisely spurned it. Instead, senators would postpone tax reductions until the contraction of government expenditures becomes a reality. Says one economist: "It makes the children eat the spinach before the dessert."

While Democrats rightly pounced on the sheer illogic of the proposed tax cuts, they wrongly indulged in vintage demagoguery against much needed clamps on the budget-breaking escalation of Medicare, Medicaid and — get this! — even Social Security benefits. Yet Republicans deserve credit for facing a basic truth: There is no way the federal government can ever stop piling up debt on future generations unless these popular entitlement programs are brought under control.

If the Clinton White House persists in pandering to the the elderly, it might indeed get a payoff at the polls next year. But there is no getting away from

the fact that senior citizens are the most affluent cohort in the population. What the GOP is chiefly trying to do is to bring the growth rate in their benefits, perhaps through measured means testing, in line with accurate calculations of inflation.

Passage of budget resolutions is merely the first step in a process that will force Congress in mid-summer to enact actual spending bills that may — or may not — stay within targets. And any federal budget — bloated or shriveled — is just a guesstimate of what the nation's finances will look like 18 months in the future. Add six and a half years to that projection and you get the wildest kind of predictions.

Nevertheless, there is some rock-hard reality in what congressional Republicans are attempting. The gung-ho House legislators want to eliminate three Cabinet departments (Commerce, Education and Energy), 13 agencies, 284 programs and 69 federal commissions. GOP senators are more modest yet resolute.

Capitol Hill soon will ring to a cacophony of complaint from those representing often highly estimable causes. The process will not be without political cost to those wielding the ax. But if this generation is ever to do the right thing by its children and grandchildren, this is the moment of opportunity. It must not be lost by Republican infatuation with unjustified tax cuts or Democratic temptations to defend expenditures that must be eliminated to put government financing in balance.

rosant, are well on their way to vanishing. Veterans' programs, also supposed to be all but untouchable, have been sharply reduced. The funds for the transportation infrastructure are steadily declining.

Support for education and job training, which has held steady since the 1960s, would now drop severely under the Domenici plan. Money for the administration of justice has been expanding fast under a series of popular anti-crime bills, but the senator would abruptly end that rise.

With the appearance of Domenici's budget—and the even more Draconian one offered by his counterpart in the House, Rep. John Kasich, who wants to accommodate a tax cut—the debate over the balanced budget will now get much more specific. That's excellent. All of the issues raised by Domenici's budget are pressed even harder by Kasich's.

Attention is now mainly focused, quite properly, on their impact on the big medical programs. But as the Republicans plaintively point out, they are only slowing down their

rate of growth. The biggest, Medicare, would continue to expand faster than the national economy, which means that it would continue to press down the rest of federal spending.

Most of the Domenici cuts would only continue and accelerate a pattern of reductions that have been going on for a long time. One issue is whether, at some point, these repeated cuts don't begin to threaten the country's future economic growth. That's most clearly true of the declining support for scientific research, for student aid and for the national transportation system. The country can't keep squeezing down all its other responsibilities forever to pay for rising benefits for the elderly.

At some point the budget can no longer be reduced without damaging the national interest and economic growth. Then American voters will have to ask themselves whether it's really true that the costs of Social Security can never be limited and that no increase in taxes for any purpose is ever possible.

The writer is a member of the editorial page staff.

Balt. Sun; 5-11-95

Budget debate will tell us who in D.C. was listening

WASHINGTON — The clearest message sent by the voters six months ago was that they were tired of politics as usual in Washington.

The nature of the great debate ahead over the budget deficit will tell us whether anyone in Congress or the White House was listening.

The center of that debate should be the proposal advanced by Sen. Pete V. Domenici, the New Mexico Republican who is chairman of the Senate Budget Committee.

It makes what he correctly calls "hard choices" without including the crowd-pleasing — and deficit-raising — tax reductions in the House Republican measure.

(Domenici would allow a more modest tax cut only if and after the Congressional Budget Office certified that his balanced budget plan would accomplish its purpose.)

The entirely predictable response from Democrats was that Republicans are, in the language of the congressional leadership, bent on "cutting medical care for seniors in order to give additional tax breaks to the wealthiest Americans and largest corporations."

The equally predictable Republican counter was that the Democrats, as House Majority Leader Dick Armey put it, "have nothing to offer but fear itself."

Once you get past the rhetoric, it is plain that the Domenici plan does perform at least the minimal service of defining the dimensions of the problem in trying to reach a balanced budget in seven years.

It would mean abolishing scores of long-standing federal programs, each with its own reason for being, and shutting down the Commerce Department and perhaps several dozen other agencies with long histories.

What is most pointed, however, is the recognition that most of the savings required will have to come from entitlement programs and that, because Social Security is probably still sacrosanct, that means the Medicare program for the elderly and the Medicaid program for the indigent.

Everyone familiar with the budget realities has known this for years, but now there is a specific proposal on the table for confronting this most politically toxic of all realities.

And this means, in turn, that the Republicans have now put the ball into the court of President Clinton and the Democrats in Congress.

They can complain with considerable justification that the Republican plans are too draconian.

The president can complain in particular that the kind of managed-care approach needed to reduce Medicare costs under the Republican



JACK & JULES
GERMOND & WITCOVER

plan was at the heart of the health care reform plan these same Republicans rejected so derisively just a year ago.

They can argue that there is no particular magic in seven years as the time frame for the deficit.

But the White House and congressional Democrats are going to have to accept some important aspects of the Republican proposals, produce specific alternatives — or give the lie to the notion that they are serious about eliminating the federal deficit.

The politics of the situation could not be more complex and frightening for both Republicans and Democrats.

Every program that might be cut has some constituency somewhere, and every one of any size has lobbyists and public relations apparatus capable of making a lot of noise about it.

Medicare is particularly explosive.

It is a program that has worked out well in terms of providing care for older Americans, even if the costs have been rising to levels that cannot be tolerated indefinitely.

It is a program important not only to the seniors already covered but also to the generation behind them of middle-aged Americans who would otherwise have to pay for their parents' medical care.

And Medicare, like Social Security, has been a social insurance program and seen as such by retired Americans who have paid for it in their working years.

Reducing benefits or raising deductibles or driving away physicians with reductions in allowable fees — all of those alternatives will be seen by the retired as a breach of a contract with a lot more history than the "Contract with America."

So the temptation will be great for the president and his fellow Democrats to play demagogic games and tell their constituents that a balanced budget can be achieved without anyone suffering any pain.

But that is just the kind of politics as usual the voters rejected so emphatically six months ago.

Balt. Sun; 5-12-95



Chgo. Trib.; 5-10-95

Which way to a balanced budget?

After months of taunting by Democrats and dissension within their own ranks, Republicans on Capitol Hill have delivered on a promise to offer a plan to balance the federal budget over the next seven years. In fact, they've offered two—one in the Senate and one in the House.

There still are plenty of details missing from the spending blueprints submitted this week, and there's a tortuous road ahead before bills are actually enacted and funds appropriated. Nevertheless, Washington has arrived at a historic watershed: For the first time in recent memory, the party in power on Capitol Hill seems committed to balancing the budget.

Both Senate and House budget committees proposed tough, sweeping plans that would reshape the government and inflict pain on nearly every American in the short run. Of the two plans, however, the Senate's is, hands down, the more sensible and responsible. And the principal reason is that, unlike the House plan, it includes no tax cuts.

Both plans take Social Security off the table, freeze defense spending at current levels and eschew tax increases. Those are not necessarily wise choices, but they probably are realistic ones at this time.

Both plans take the knife to most remaining government programs, slowing the rate of spending growth for some and eliminating others outright. The House plan calls for \$1.4 trillion in deficit reduction by 2002, while the Senate proposes saving \$961 billion during the same period to accomplish the same

end—elimination of the deficit.

Most of the difference is the result of tax cuts: The House G.O.P. foolishly has committed to \$350 billion worth. But Pete Domenici, the Senate budget committee chairman, wisely vows to consider tax cuts only after a credible budget balancing plan is in force.

Both Senate and House plans correctly look to Medicare, Medicaid and other federal entitlement programs to provide most of the savings.

Domenici, aware of Republican vulnerability to attacks of favoring the privileged over the poor and elderly, wisely proposed protecting investment in the future by not slashing such vital programs as school lunches, nutrition assistance for women and children, and Head Start early education programs.

To the Democrats' delight, however, Domenici wants to slow the rate of spending on Medicare and squeeze \$256 billion out of the program that serves 37 million elderly, but he offered no details on how to reform it and other health care programs. Instead, he called for a bipartisan commission to come up with fixes and serve as political cover for both parties.

President Clinton's political advisers hope he will let Domenici and the Republicans twist in the wind over Medicare and their plans for painful budget cuts. But the American people have indicated they want a balanced budget and, for the first time, they have a roadmap to show them the way. If Clinton is wise, he'll resist the urge to score political points and join in this painful but necessary effort.

Balt. Sun; 5-12-95

Where Do Children Fit in a Utilitarian Age?

By CLARENCE PAGE

What are children good for? Whether we Americans admit it or not, the question is becoming hard for us to answer.

A politician debating welfare reform might answer, "About \$90 a week."

One pushing child tax credits might say, "At least \$500 a year."

Parents like me who are looking at the price of Harvard tuition 12 years from now would say, "About a million dollars or so."

"Let's face it," says British child-care expert Penelope Leach, 58, in a recent newspaper interview, "having children today is an outright disadvantage in material terms."

Fortunately for her, both of her kids are grown. For the rest of us and, increasingly, for those who are contemplating them, children, through no fault of their own, have lost much of their material function in a very utilitarian age.

Few of us need them to help out with the chores on the farm, since few of us live on farms. Few of us expect older children to bring home extra money from factory jobs, since there are fewer factory jobs, and the money they bring home from jobs at the local pizzeria barely pays for their sneakers.

Fewer of us depend on children to take care of us in our old age. While

some Americans continue nobly to take in their aging and ailing parents, others increasingly farm that task out to a nursing facility. Many prosperous oldsters kick back in their Sun Belt retirement homes and retaliate, sporting T-shirts that boast, "I'm spending my children's inheritance."

Also putting the brakes on the great circle of life, DINK households (Double income, no kids) are on the rise. Today's baby boomers are half as likely as their parents to have children. Children are a drag on boomer independence. They cost money — lots of money — to raise. They get in the way of career plans. They can spoil your good looks. It's hard to afford a fur coat or a sports car when you have kids. It's hard to be cool while pushing a stroller.

"Are you going on a vacation or just a trip?" a friend who also is a parent asked me.

What's the difference? I asked.

"A trip," she explained, "is when you bring the kids along."

So, what are kids for? Why have them? I can think of a few reasons. Keep your chins up, fellow parents and wannabes. In honor of the approaching Mother's Day, I, the voice

of experience, offer some answers.

Children reduce the need for you to have an alarm clock.

Children teach you the difference between the Green Ranger and the Pink Ranger and how to tell the Blue Ranger from the White Ranger.

Children teach you how to be resourceful — like, how to match wits with an "I wanna" tantrum in the middle of a crowded shopping mall.

Children help you to become much more familiar with the wonderful people who staff your local hospital emergency room.

Children give you something on which to spend all that excess money you had lying around the house doing nothing.

Children teach you that your previous love for leisurely showers, long hot baths, uninterrupted telephone calls and sleeping in on weekends and holidays were nothing — nothing, do you hear? — but bourgeois conceits.

Children challenge you to re-evaluate things you used to take for granted, like, how does the television work? Why do they call it "Sunday" even when it is raining?

Children give you an excuse to buy all the neat, cool video games

you thought you were too old to care about.

Children help you to learn just how resourceful you can be at Christmas time when every toy store in town has run out of the X-men action figures.

Children who like small action figures teach you that it is not a good idea to walk barefoot around the house in the dark.

Children redecorate your nice furniture, along with the walls and the floor, in exotic ways.

Children perpetuate the species.

Children are living trophies of their parents' achievements.

Children remind you how terribly wondrous and frightening it was to go to your first day of school, to ride your first bicycle, to lose your first tooth.

Children teach you how quickly you can create dramatic fiction out of thin air at bedtime when they beg, "Please tell me a story about Spider-Man and Wonder Woman and Darth Vader!"

Children take you back, in a high-tech age, to the low-tech joys of baby dolls, baseballs and Frisbees.

Children teach you the quiet satisfaction that comes from living for somebody other than yourself.

Clarence Page is a syndicated columnist.

Wash. Times; 5-12-95

How to shrink the federal government:

The following is a list of the departments, agencies, commissions, and most of the programs that are slated for extinction, according to the plan of House Budget Committee Chairman John Kasich. A related editorial appears opposite.

DEPARTMENTS ELIMINATED

The Department of Commerce
The Department of Education
The Department of Energy

AGENCIES ELIMINATED

Economic Development Administration
Travel & Tourism Administration
International Trade Administration
Minority Business Development Administration
Maritime Administration
Federal Transit Administration
Agency for Health Care Policy Research
Corporation for National and Community Service
Corporation for Public Broadcasting
Administrative Conference of the United States
Legal Services Corporation
State Justice Institute
Office of Technology Assessment

BOARDS, COMMISSIONS AND AUTHORITIES ELIMINATED

U.S. Parole Commission
Advisory Commission on Intergovernmental Relations
Appalachian Regional Commission
Federal Maritime Commission
Interstate Commerce Commission
Tennessee Valley Authority
Advisory Committee on CFTC-State Cooperation
Agricultural Advisory Committee
Financial Products Advisory Committee
Regulatory Coordination Advisory Committee
Transportation and Related Equipment Technical Advisory Committee
Biotechnology Technical Advisory Committee
Regulations and Procedures Technical Advisory Committee
Committee of Chairs of Industry Advisory Committees for Trade Policy Matters
Exporters Textile Advisory Committee
Fastener Advisory Committee
Industry Functional Advisory Committee on Customs matters for Trade Policy Matters
Industry Functional Advisory Committee on Intellectual Property Rights for Trade Policy Matters
Industry Functional Advisory Committee on Standards for Trade Policy Matters
Industry Policy Advisory Committee for Trade Policy Matters
Industry Sector Advisory Committee on Aerospace Equipment for Trade Policy Matters
Industry Sector Advisory Committee on Capital Goods for Trade Policy Matters
Industry Sector Advisory Committee on Chemicals and Allied Products for Trade Policy Matters
Industry Sector Advisory Committee on Consumer Goods for Trade

Policy Matters

Industry Sector Advisory Committee on Electronics and Instrumentation for Trade Policy Matters
Industry Sector Advisory Committee on Energy for Trade Policy Matters
Industry Sector Advisory Committee on Ferrous Ores and Metals for Trade Policy Matters
Industry Sector Advisory Committee on Footwear Leather and Leather Products for Trade Policy Matters
Industry Sector Advisory Committee on Building Products and Other Materials for Trade Policy Matters
Industry Sector Advisory Committee on Lumber and wood Products for Trade Policy Matters
Industry Sector Advisory Committee on Nonferrous Ores and Metal for Trade Policy Matters
Industry Sector Advisory Committee on Paper and Paper products for Trade Policy Matters
Industry Sector Advisory Committee on Services for Trade Policy Matters
Industry Sector Advisory Committee on Small and Minority Business for Trade Policy Matters
Industry Sector Advisory Committee on Textiles and Apparel for Trade Policy Matters
Industry Sector Advisory Committee on Transportation construction and Agricultural Equipment for Trade Policy Matters
Industry Sector Advisory Committee on Wholesaling and Retailing for Trade Policy Matters
National Medal of Technology Nomination Evaluation Committee
National Technical Information Service Advisory Board
President's Export Council
Public Advisory Committee for Trademark Affairs
Defense Policy Advisory Committee for Trade
Labor Advisory Committee for Trade Negotiations and Trade Policy
Advisory Committee on International Investment
Defense Trade Advisory Group
Advisory Committee of the Export-Import Bank of the United States
NASA Wage Committee
Advisory Council on Arts Education
Arts in Education Advisory Panel
Challenge/Advancement Advisory Panel
Dance Advisory Panel
Design Arts Advisory Panel
Expansion Arts Advisory Panel
Folk Arts Advisory Panel
International Advisory Panel
Literature Advisory Panel
Media Arts Advisory Panel
Museum Advisory Panel
Music Advisory Panel
Office of Public Partnership Advisory Panel
Opera-Musical Theater Advisory Panel
Presenting and Commissioning Advisory Panel
Theater Advisory Panel
Visual Arts Advisory Panel
Agricultural Policy Advisory Committee for Trade
Advisory Committee for Trade Policy and Negotiations
Intergovernment Policy Advisory

Committee on Trade
Investment Policy Advisory Committee
Services Policy Advisory Committee

PROGRAMS ELIMINATED

Housing Investment Guarantee Program
USDA's Strategic Space Plan
FMF loans to Greece and Turkey
Assistance to Eastern Europe and Russia
East-West Center
North-South Center
Office of the American Workplace
Manufacturing Extension Program
SBA Tree Planting Program
DOT's Minority Resource Development Program
Highway Demonstration Projects
Intelligent Vehicle Development
Mass Transit Operating Assistance
Mass Transit Rail New Starts
Transit Planning & Research
Amtrak subsidies
NorthEast Corridor Improvement Program in 1999
High Speed Rail
Essential Air Services Program
Grants to Relieve Airports
Civil Aeromedical Institute
FAA Management Training Institute
Air Traffic Control Revitalization Act
International Highway Transportation Outreach Program
Congestion Pricing Program
Applied Research Program
On-the-Job Training Program
National Transit Institute
National Highway Institutes
Local Rail Freight Assistance
Office of Rural Health Policy
Office of Physical Fitness and Sports
Low Income Home Energy Assistance Program
Trade Adjustment Assistance
Unemployment Insurance Extended Benefits
Americorps Grants
National Civilian Community Corps
Service Learning/Higher Education
Points of Light Foundation
VISTA
Senior Volunteer Corps
Death Penalty Resource Centers
Community Relations Service
Joint Committee on Printing
Joint Committee on Library
Federal Supply Service
Information Resources Management Service
Federal Property Resources Service
Pennsylvania Avenue Development Corporation
Woodrow Wilson International Center
National Capitol Arts and National Affairs
International Forestry
Local technical assistance
Outreach for socially disadvantaged farmers
Clean coal technology program
Helium Program
Forestry incentives plan
National Endowment for the Arts
National Endowment for the Humanities
Interior Department and USDA

land purchases
National Biological Service
Urban Park and Recreation Fund
EPA's environmental technology initiative
Commerce Department's advanced technology program
Information infrastructure grants
Goals 2000 State and Local
Goals 2000 National Programs
Goals 2000 Parental Assistance
Education for the Disadvantaged
Concentration Grants
Education for the Disadvantaged Targeted Grants
Education for the Disadvantaged Set-Aside for BIA
Impact Aid Payments for Federal Property
Impact Aid 3b Payments
Education Infrastructure
Inexpensive Book Distribution
Arts in Education
Instruction in Civics
Christa McAuliffe Fellowships
Magnet Schools Assistance
Education for Homeless Children and Youth
Women's Educational Equity Training and Advisory Services
Dropout Prevention Demonstrations
General Assistance to the Virgin Islands
Ellender Fellowships
Follow Through
Education for Native Hawaiians
Foreign Language Assistance
Training in Early Childhood Education and Violence Counseling
Charter Schools
Technical Assistance for Improving ESEA Programs
Family and Community Endeavor Schools
Bilingual Education Instructional Services
Bilingual Education Support Services
Bilingual Education Professional Development
Immigrant Education
Capital Contributions for Perkins Loans
State Student Incentive Grants
State Postsecondary Review Program
Aid for Institutional Development
Strengthening Institutions
Aid for Institutional Development
Endowment Challenge Grants
Aid for Institutional Development
Evaluation
Fund for the Improvement of Post-secondary Education
Alaska/Hawaii Native Culture and Arts
Eisenhower Leadership program
Minority Teacher Recruitment
Minority Science Improvement
Innovative Projects for Community Service
International Education and Foreign Language Studies
Institute for International Public Policy
Cooperative Education
Law School Clinical Experience
Urban Community Service
Student Financial Aid Database and Information Line
Higher Education Assistance to Guam
Mary McLeod Bethune Memorial
Fine Arts Center
Federal TRIO Program

National Early Intervention Scholarships and Partnerships
 Byrd Honors Scholarships
 National Science Scholars
 National Academy of Science, Space and Technology
 Douglas Teacher Scholarships
 Olympic Scholarships
 Teacher Corps
 Women and Minority Participation in Graduate Education
 Harris Fellowships
 Graduate Assistance in Areas of National Need
 Faculty Development Fellowships
 Howard University Academic Program
 Howard University Endowment Program
 Howard University Research
 Howard University Hospital
 Howard University Clinical Law Center
 Howard University Construction
 Star Schools
 Ready to Learn Television
 Telecommunications Demonstration for Mathematics
 Fund for the Improvement of Education
 Javits Gifted and Talented Education
 National Diffusion Network
 Eisenhower Regional Consortium
 21st Century Community Learning Centers
 National Writing Project
 International Education Exchange
 Fund for the Improvement and Reform of Schools and Teaching
 Territorial Teacher Training
 Public Library Services State Grants
 Public Library Services Indian and Native Hawaiian Set-Aside
 Public Library Construction State Grants
 Public Library Construction Indian and Native Hawaiian Set-Aside
 Interlibrary Cooperation State Grants
 Interlibrary Cooperation Indian and Native Hawaiian Set-Aside
 Library Literacy Programs
 College Library Technology
 Library Education and Training
 Research and Demonstrations
 Research Libraries
 Indian Education — Adult Education
 Migrant Education — High School Equivalency Program
 Migrant Education — College Assistance Migrant Program
 Adult Education — State Grants
 Adult Education — Homeless
 Adult Migrant Farm Workers & Immigrants' Education — National Program
 Vocational Education — Demonstration Projects
 Vocational Education — Federal Correctional Institutions
 Vocational Education — Career Guidance & Counseling
 Vocational Education — Blue Ribbon Vocational Education Programs
 Vocational Education — Regional Training for Skilled Trades
 Vocational Education — Business/Education/Labor Partnerships
 Vocational Education — Tribal Postsecondary Institutions
 Vocational Education — Tribal Economic Development
 Vocational Education — Tribal Basic State Programs
 Vocational Education — State Programs and Activities
 Vocational Education — Single Parents, Homemakers, Single Pregnant Women
 Vocational Education — Sex Equity
 Vocational Education — Criminal Offenders
 Vocational Education — Cooperative Demonstrations
 Vocational Education — Indians and Hawaiian natives
 Vocational Education — Community Based Organizations
 Vocational Education — Bilingual Vocational Training
 Vocational Education — Demonstration Centers for Training of Dislocated Workers
 Vocational Education — Consumer and Homemaker Education
 Vocational Education — Tech Prep Education
 School-to-Work Opportunities State Grants and Local Partnerships
 School-to-Work National Programs
 Workplace Literacy
 Literacy for Incarcerated Adults
 State Literacy Resource Centers
 Youthbuild
 Indian Employment Assistance
 Training for Older Individuals
 Disadvantaged Youth Incentive Grants
 Disadvantaged Youth State Education Programs
 Training for Disadvantaged Youth — Summer Employment and Training
 Summer Youth Employment and Training — Native Americans
 Defense Conversion Adjustment Program
 Defense Diversification
 Clean Air Employment Transition Assistance
 Employment Services and Job Training Pilot and Demonstration Programs
 Senior Community Service Employment Program
 Employment Service Wagner Peyser State Grants
 Employment Service Wagner Peyser Governor's Discretionary Funds
 Interstate Job Bank
 JTPA Youth Fair Chance
 One Stop Career Centers
 Veterans Employment Program
 Disabled Veterans Outreach Program
 Local Veterans Employment Representative program
 Homeless Veterans Reintegration Project
 Job Training for the Homeless Demo Project
 Innovative Homeless Initiative
 Supportive Housing
 Homeless Assistance Grants
 Emergency Shelter Grants
 Supplemental Assistance for Facilities to Assist the Homeless
 Community Development Block Grants
 HOME
 Housing for the Disabled
 Housing for the Elderly
 HOPE Grants
 National Homeownership Trust
 Indian Housing Loan Guarantees
 FHA Multifamily Mortgage Insurance
 Community Development Financial Institutions
 Housing Counseling Program
 Youth Sports program
 New Public Housing Construction
 Family Investment Centers
 Congregate Services
 Special Purpose Grants
 Service Coordinators

San Francisco Chronicle; 5-4-95

Cowering Before The Medicare Monster

TO DATE, neither political party deserves any plaudits for its part in what should be a determined effort to reform Medicare.

On an issue of supreme importance to the American public, one that is pivotal to both balancing the budget and ensuring medical care for millions of elderly and disabled, the nation's elected representatives have consistently taken the low road.

'There is no way to come close to balancing the budget without cutting Medicare'

President Clinton whines that because his elephantine health reform bill was rejected last year, he isn't playing anymore.

He did his part and now that the Republicans are in charge in Congress — nyah, nyah, nyah — they must

specify how they will keep the promise to both balance the budget and cut taxes before the White House helps restructure Medicare.

House Speaker Newt Gingrich and Senate majority leader Bob Dole are playing equally fast and loose politics by recommending that Medicare be set "off budget," a meaningless proposal that simply avoids controversy and tough choices.

Republican leaders talk of reducing Medicare spending an average of \$35 billion to \$45 billion a year over the next seven

years, but they have not said how they would make these savings, and even those figures are far short of what it would take to balance the budget without raising taxes.

Medicare, which provides medical insurance to 40 million elderly and disabled Americans, is the fastest-growing part of the federal budget. Unless it is overhauled, its \$176 billion cost will soar to \$286 billion by the year 2000, a 62 percent rise.

"Realistically, there is no way to come close to balancing the budget without cutting Medicare," said Stanley Collender, director of federal budget policy at the accounting firm of Price Waterhouse.

But neither party is willing to act, or even to talk in terms of specifics. That's because cuts of the magnitude needed would either raise the cost of health insurance for millions of retirees or reduce the benefits available to them.

Clearly, the optimal solution, both politically and financially, is one that preserves a robust health-care guarantee to the truly needy while containing the growth in costs.

Means-testing, which asks well-to-do retirees to pay a greater share of their health costs in order to preserve the system for the less fortunate, should be the first prescription of choice in any strategy to salvage both Medicare and Social Security.

It may be a bitter medicine to a select (and powerful) few, but it is the fairest and most efficacious means of saving the system for the great majority of Americans. All that's required is for a leader of either party to show the courage to write the prescription.

ST. LOUIS POST-DISPATCH Tuesday May 9 1995

Health Care For The Already Born

Rep. Todd Akin, a Republican from St. Louis County, would rather deny health care to 201,000 living, breathing, already-born children than allow an opportunity to grandstand on abortion pass by. And the Missouri House of Representatives seems perfectly willing to play along.

Last week, by a vote of 89 to 65, the House approved an anti-abortion amendment to a bill dealing with sources of money for school nurses and school-based health programs. The amendment reads, in part: "No state employee or agency or any other agency receiving state resources is authorized to counsel or refer for abortions or refer to any agency which counsels, refers or performs abortions."

Missouri law already prohibits any state employee or state agency from counseling on abortion or performing abortions. In particular, school nurses are banned from uttering the A-word; they are also severely restricted about uttering the BC-words, "birth control."

Now Mr. Akin wants to take the current restrictions a giant step further, potentially gagging every medical provider in the state. Conceivably, a school nurse could be prevented from referring a child to the child's own family physician if that doctor had ever uttered the A-word. Of course, the ban extends beyond school nurses to any state employee or health-care worker whose agency receives state funds.

The school health bill is just being used as the vehicle for a statewide gag rule on abortion.

For people concerned with health care for children, the options are all pretty miserable. The bill's sponsor, Rep. Scott Lakin, a Democrat from Kansas City, has put the bill on hold. That may prove to be the best of the bad alternatives — to let this bill die in the hope that its substance can rise again in another form. If it does pass, the governor has no option but a veto because, as it's now written, it would cripple the disbursement of any money from the Department of Health.

Wash. Afro-American; 5-13-95

Dr. Foster at his best

In a masterful appearance before the Senate Labor and Human Resources Committee last week, Dr. Henry Foster, nominee for U.S. Surgeon General, laid to rest any legitimate doubts that might have existed about his integrity, honesty, and deep seated concern for the well being of all people.

Admitting that he might have initially spoken a bit too quickly when he understated the number of abortions he has performed over a long career as a physician, he responded fully to the senators' questions and in the process convinced several of the doubters that he was not the devil with horns that he had been painted by the right- to-lifers and the religious zealots.

He came across as caring physician who, given the opportunity to address his detractors in a public forum—a privilege denied to another Clinton nominee, Lani Gunier—convincingly demonstrated that he was an ideal nominee for the post for which he had been named.

For an inherently private person, the unaccustomed public scrutiny has been an ordeal, but the only time he showed a flash of anger was when his principal detractor, Republican Sen. Daniel R. Coats of Indiana, brought up the matter of the infamous Tuskegee, AL, experiment. This was the disgraceful episode in which African-American men with syphilis were denied treatment until the experiment was exposed in 1969.

In a voice, quivering with righteous rage, Dr. Foster responded:

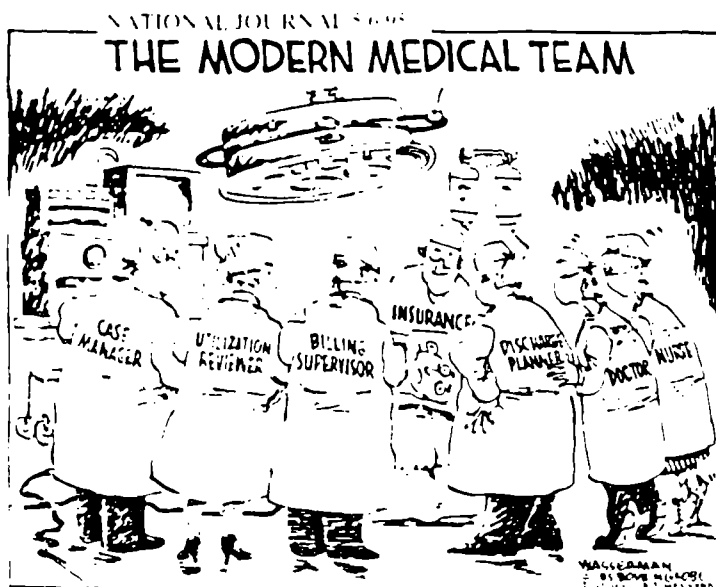
"Of all the things that have transpired over the past three months, I find nothing more offensive than the litany you just put forth. This was clearly a dastardly experiment conducted under the auspices of the U.S. government. And (that) someone would have the audacity to try to put that on the Black people of Tuskegee beggars description."

The odds are now rapidly increasing that Dr. Foster's nomination will receive a vote in the committee and be sent to the full Senate where the worse kind of political maneuvering has been promised.

Majority leader Bob Dole has already said he might not even let the matter come to the floor, and Jesse Helms, the most reactionary of the reactionaries, has promised a filibuster if it does.

Clearly the nomination should be brought to a vote, in which senators can either say yes or no.

If the Republican leadership fails to insure that this will happen, it will indeed forfeit any claim of fairness in this matter.



Wash. Post; 5-12-95

A Dr. Foster Quote

The May 1 Style story about Dr. Henry Foster included a quote of his mother's advice to him as he was heading off to the University of Arkansas Medical School as the only black in his entering class. It read, "Everything that happens to you bad is going to happen because you are a Negro."

If that's what the reporter heard Dr. Foster say, she heard him wrong. He said his mother's advice was: "Everything that happens to you bad is *not* going to happen because you are a Negro."

I have heard Dr. Foster repeat this story a dozen times, and each time he points out that his mother's message was meant to convey that race would not and could not be the justification for all negative occurrences. He went on to demonstrate, by example, how this advice positively affected his relationships.

JOHN PODESTA

Assistant to the President
Staff Secretary, the White House
Washington

Great wars are sometimes settled by minor battles, and the political wars are no exception. The nomination of Dr. Henry Foster to be surgeon general is not a matter of much importance — it is largely a figurehead affair, complete with crypto-naval uniform and press releases — but the struggle to confirm him is nothing trivial.

It is true that, if Dr. Foster should be rebuffed by the Senate, it will give the Republicans a brief moment of satisfaction, and the Clinton White House another headache. It is equally true, however, that if Dr. Foster should be confirmed, it will not just furnish Bill Clinton with a much-needed boost, but will signal a telling weakness in Republican ranks. The momentum of the November elections, no matter how intense this past winter, will have surely been halted by Henry Foster.

In one sense, it should be easy for Republicans to oppose this nomination. There is, to begin with, the symbolic question of President Clinton's choice of a gynecologist to serve as surgeon general. After all, if the health and well-being of Americans is the issue, why not select an internist, a medical administrator, or better yet, someone who specializes in one of the two diseases that kill the most Americans: A cardiologist (heart disease) or oncologist (cancer)?

The answer, of course, is too obvious: The selection of an experienced abortionist was deliberate, a calculated thumb in the eye of the "terrorists" — such violent language — who oppose a woman's right to choose. Yet why aggravate

Wash. Times; 5-12-95

How to keep score in the Foster contest

It is true that, if Dr. Foster should be rebuffed by the Senate, it will give the Republicans a brief moment of satisfaction, and the Clinton White House another headache.

a tender national sore? If half the American people deplore abortion, why pick a nominee who personifies the issue? The answer, again, may be too obvious: President Clinton is practicing what Spiro Agnew used to call "positive polarization." Mr. Clinton does not wish to avoid divisiveness; he welcomes it. And by standing behind a practitioner of abortion, who also happens to be black, he is shoring up two pillars of his weakened political base.

As it happens, abortion divides the Republican Party nearly as much as the country. Here, however, Dr. Foster has offered wavering Republicans a series of gifts. Not

only has he persistently lied about the number of abortions he performed, but some of his rancid public comments — blaming his troubles, for example, on "white extremists" — might well conform to Mr. Clinton's idea of hate speech. In addition, Dr. Foster seems to have happily subscribed to the famous Tuskegee experiment, in which the Public Health Service observed the course of syphilis in a group of (uninformed and untreated) black men for several decades. Imagine a Republican nominee with such a background!

Still, with all this, the Foster nomination shows signs of life. For it should be said, at this juncture, that the Democrats, and their allies in the press, have successfully cowed the GOP. The race card, from which Clarence Thomas was exempt, has been artfully played. And tears glistened in the president's eyes as he listened to a teenage girl describe Dr. Foster's much-advertised birth control program in Nashville. Of course, the fact that the program has largely failed to prevent pregnancies — indeed, may be seen to have encouraged premarital sex — goes politely unmentioned. It's the thought that counts.

Then there is the fairness argument: Dr. Foster, at least, deserves a vote in the Senate. The majority

leader, Robert Dole, has insisted that he may not even bring the nomination to the floor, citing Dr. Foster's estrangement from the truth. Mr. Dole has also pointedly mentioned that no less than 165 Reagan-Bush nominations were scuttled by the Democrats without a vote. It's payback time. This is seen by the chattering classes as beneath the senator's dignity: The fact that the Democrats were boorish in the past does not justify revenge.

Oh, but it does, and for several reasons.

First, a selfless act by Senate Republicans will not inspire selflessness in the Democrats. When the party of President Clinton regains control of Congress, those old Democratic habits will recur. This is not a minuet played by ladies and gentlemen; it is a struggle for political power. The Republicans ought to know by now that graceful gestures inspire contempt among their adversaries, not gratitude.

And if the reputation of Henry Foster is somehow muddied in the conflict, so be it. He was not conscripted against his will, he enlisted for the fight. Congress has never hesitated to destroy good names in the past, to underplay or exaggerate, to frustrate plans and aspirations for the slightest advantage. If war is the continuation of politics by other means, as Karl von Clausewitz said, then the reverse is true as well: Politics is war, and the weaponry is words.

Philip Terzian writes a column from Washington for the Providence [R.I.] Journal.

The Phila. Inq.; 5-5-95

The Foster consensus

*He's prudently conservative; he favors abstinence;
can a nominee be more middle of the road?*

The real story of the nomination of Henry W. Foster to be surgeon general isn't how little his views are in sync with those who find him unacceptable — but how much.

Had he not faltered at the starting gate, flubbing with White House assistance the first questions on the precise number of abortions he'd performed in a long and distinguished career, the anti-Fosterites might have had to confront that rawest of dilemmas in American politics — what to do when the other side (horrors!) agrees.

Indeed, if ever there was a narrowing of the divide over how to deal with one of the nation's chief public-health problems — the debilitating rise in unwed, teenage mothers — the nomination of the fundamentally prudent, conservative, decent Dr. Foster was it.

He is not about those things that inflame the political right. He does not proselytize about condoms in the schools. He does not pop off — even in symposia, so far as we know — about educating youngsters about the mysteries of masturbation. And we doubt he'd be likely to start yacking about legalizing drugs without explicit Oval Office clearance.

No, he is not Joycelyn Elders.

He is the flip-side of Dr. Elders: He carefully emphasizes the family's role in talking out touchy sexual topics. He doesn't put down abstinence; he lauds it.

And he has succeeded, to some extent, with a teen pregnancy pre-

vention program that used job training, tutoring, medical services and family planning to get teenagers to delay sex and childbearing.

In other words, he brings to the table both the style and proven strategies that, for years in this country, most Americans have found both sensible and worthy of pursuing.

For goodness sake, President Bush awarded Dr. Foster one of his Points of Light. Add up the Americans who voted for Mr. Bush and Bill Clinton, and that's quite a majority.

Henry Foster should be hailed as the dream compromise nominee — neither anti-abortion nor, certainly, pushing abortion as the panacea to unwanted pregnancy.

But this is, of course, the beginning of a presidential campaign. And it has fallen to those who should find solace in the Foster nomination to reflexively and, in some cases, dishonestly try to defame his reputation and overlook his conciliating views.

They should not win this debate. They should not be permitted to destroy the Foster consensus for momentary advantage in New Hampshire.

The need to get on with combating the complexities of teen pregnancy — poignantly chronicled on The Inquirer's Commentary Page this week — is, frankly, far too important.

For that special reason, Dr. Foster may well be the most qualified physician to assume this crucial bully pulpit. He should be voted out of committee and voted on by the entire Senate.

And confirmed.

San Jose Mercury News; 5-3-95



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SCOTT WILLIS — MERCURY NEWS

N.Y. Times; 5-12-95

Who Will Be the World's Doctor?

The rare but terrifying Ebola virus has emerged from its hiding place in the African rain forests once again to kill scores of people in Zaire. The virus — one of a host of emerging viruses that have medical scientists worried — becomes an unbelievable nightmare on the infrequent occasions it invades the human body. It turns internal organs to mush, causes profuse bleeding from virtually every orifice, and typically kills 90 percent of those infected. There is no vaccine to prevent it, no drug to treat it, not even a clue as to what animal or insect serves as its normal reservoir until some luckless human comes into contact and is infected.

No wonder authors and film makers have seized upon Ebola or viruses like it as the ultimate horror. Were Ebola to mutate so as to become more highly transmissible, it could cause incredible death and suffering in every corner of a largely defenseless world. The threat posed by such emerging diseases demands a far more vigorous response from the complacent, budget-cutting governments of the advanced nations.

Fortunately, the strains of Ebola that have emerged so far seem readily containable. The virus struck isolated regions in Zaire and the Sudan in the 1970's, killing several hundred people, but those outbreaks burned out before the disease could spread widely. A different strain of Ebola reached Reston, Va., in 1989 through a batch of infected monkeys. As luck would have it, this strain proved harmless to humans, providing only a scary close call that underscored the fragility of our defenses in the age of jet travel.

The current outbreak in Zaire is no cause for panic because the virus is not, in fact, highly transmissible and the affected regions are remote from international travel routes. Human-to-human transmission occurs through direct contact with blood

and other body fluids. Primitive hospitals, where contaminated needles and instruments may be used on scores of patients, often amplify an initial outbreak.

The World Health Organization and the Federal Centers for Disease Control and Prevention have rushed experts to the scene to help find and isolate victims, making it likely that this outbreak can be contained as were earlier ones. But it is not hard to imagine an outbreak that could threaten the globe. A modest genetic change might enable Ebola to spread rapidly through the air, and infected travelers could spread the virus widely before anyone realized they were sick. Alternatively, a wholly different lethal virus that was readily transmissible could emerge.

A grateful public once thought that vaccines and antibiotics had triumphed over infectious disease. But the resurgence of tuberculosis in advanced nations, the reappearance of pneumonic plague in a corner of India, and the global spread of AIDS are reminders that the job is not done.

What a wonderful crusade it would be to meet the challenge of emerging and re-emerging diseases with the full medical might of the industrialized world. Experts have been talking for years about the need to improve disease surveillance in developing countries and to equip rapid strike forces to swoop in at the first hint of trouble. Even a simple, low-cost program to provide clean needles to primitive hospitals might stop many epidemics before they got started. But only the barest beginning has been made.

For much of this century the United States has served as "the world's policeman" in armed crises. Now, with the cold war over, it may be time to put on the hat of "world's doctor," alone or in concert with others. As the danger of nuclear war recedes, we may have less to fear from rogue nations than from rogue viruses.



RHETA GRIMSLEY JOHNSON

Sadly, Hillary's banked her fire

It broke my heart when Hillary Rodham Clinton came to Atlanta the other day. Reminded me of the final scene in the movie "Frances" after Jessica Lange had the lobotomy and became sweet and harmless and boring.

Hillary seems to be standing for the same things she always has, only someone definitely has thrown Clorox in her water.

What we see now is a faded version of her former, strong self, and it's a terribly uncomfortable thing to watch.

It would have taken a super-human will to resist caving. Because no matter what anybody says, no first lady since Eleanor Roosevelt has had as many cruel insults hurled at her.

No other first lady has been slandered on radio as part of a plot to murder a lawyer and then disguise it as suicide. No other first lady has been asked to go on TV and testify that despite her husband's weakness she loves him anyway.

No other first lady (except maybe Eleanor) has been pointed to as the main reason for her husband's falling popularity. And not everyone has an Eleanor's inner-strength.

The irony, of course, is that revamping yourself doesn't hush the critics. They smell blood and circle all the closer.

During her recent visit to a tea room to encourage more support for working women, the airwaves crackled with bad jokes. There was a run, one talk host said, on support hose. The woman they hated for being strong was now being bland, and gleefully the critics assailed her.

Hillary Clinton's opportunity to shore up her following and ignore her detractors has passed. And now she seems to be trying to become invisible.

Men like Newt have always thought women like Hillary were uppity. And in this nation, unfortunately, there are a whole lot of men like Newt.

But there are a lot of women, too, so busy with jobs and family and the tedious business of living that they haven't much time for the game of politics.

Some of us, at least, looked up from real life for a moment in January 1993, and were encouraged that finally we actually had a first lady who had held a job. We had a first lady who would speak her mind and not be locked into a public relations role—or a closet.

That was then. Political reality has taken over. Hillary has been reminded—or has been reminded herself—of the proper place for an American woman. Deliver your Good Housekeeping-approved message in the tea room, not the board room.

This is not the end of her story, I predict. When people are forced—or when people force themselves—to be something other than what they really are, the resentment builds.

A strong woman with opinions may not be Newt's idea of a fantasy goddess, but a strong woman with opinions can never be happy nodding and smiling agreement from three steps behind.

The real Hillary will re-emerge eventually. She will have to. Maybe she'll devote the rest of her life to the law. Maybe she'll take Chelsea and move abroad. Maybe she'll write a book about her public life like everyone else.

Maybe, just maybe, when the next election is over, for better or worse, richer or poorer, she'll have the chance to be herself.

Johnson's column runs Sunday, Monday, Wednesday and Friday.

Book World
Wash. Post 5-11-95

Shovelfuls Of Love

THE DITCHDIGGER'S DAUGHTERS

By Yvonne S. Thornton, M.D.

As told to Jo Coudert

Birch Lane. 261 pp. \$19.95

By Marilyn Sanders Mobley

At a moment in this nation's history when experts are lamenting the demise of the family and the loss of so-called family values, this book not only tells the story of a black family's success but also serves as a corrective to those who have underestimated the strength of the values that have historically enabled black families to survive and even thrive. Donald Thornton was a ditchdigger, his wife, Tass, did domestic work, and together they raised five daughters of their own and one foster daughter. When his fellow ditchdiggers would tease him about having no sons, Donald would dismiss their taunts by informing them that his girls were going to become doctors. While his response only set him up for more ridicule, this book is a testament to the fact that he had the last laugh.

Written by Yvonne S. Thornton, MD, one of the two daughters who actually did become doctors, "The Ditchdigger's Daughters" is as much a memoir of a father's love, determination and common sense as it is a testament to six women whose parents' "single-minded" devotion enabled them to overcome the odds of racism and sexism.

Beginning in New Jersey during the early 1950s, before the days of equal opportunity and affirmative action, the story of Donald Thornton and his daughters reveals the realities of both the interracial and intraracial color lines. On one hand, Donald and Tass map out a plan of insisting on high academic standards, hard work and cooperation in anticipation of a world hostile to black people. On the other hand, this father, with his 10th-grade education, and mother, whose ambition to become a teacher was curtailed abruptly when there was no money to pay her last year of tuition, raise their daughters to be aware that their dark skin will make the world a hostile place for them as women. All six girls—Donna, Jeanette, Rita, Linda, Betty and Yvonne—are encouraged early on, therefore, to be smart

and to look after themselves, "since no man's gonna come along and offer to take care of you because you ain't light-skinned."

Thornton methodically tells the story of how her father took on every single challenge that threatened his dream of producing a family of doctors. She describes incident after incident in which his personal touch opened doors that would, under normal circumstances, have remained closed. For example, when a bank refused to give him a mortgage on his house, he went directly to the bank president to plead his case—appealing to him not as a customer, but as one father to another. Donald Thornton used stories such as this to prove to his daughters the value of persistence and the common humanity between people.

But this memoir of black family pride and success is also compelling because of the daughters themselves. Woven into their chronicle of academic achievement is the fascinating story of how their parents encouraged them to take music lessons and to form their own band, the Thornton Sisters, which performed on campuses up and down the East Coast. As they moved into adulthood, it became clear that not all

of them would become doctors. While the story of each daughter's life path is interesting, Yvonne's personal dream to become an obstetrician-gynecologist is remarkable: She could have gone to Barnard, but she acceded to her father's wish that she attend a small local college instead.

From that point on she struggled to prove herself in the male-dominated world of medical school and medicine. At every turn, she remembered the common-sense wisdom of her parents, especially her father's witticisms, and found the inspiration to struggle on.

Although the account of her courtship and marriage to a fellow medical student is heartwarming, Thornton's story never becomes sentimental. It celebrates personal and family triumph without losing sight of the harsh realities that her father spent his life teaching her and her sisters how to confront with aplomb. By the end of the book, we cannot ignore the toll this dream has taken on the ditchdigger and his wife, but we are inspired by their labor of love and we bear witness to the fruit of it in the lives of their daughters, all of whom have become "independent women, women capable of taking care of themselves," but who understand the value of giving back to others. No parent could ask for more.

The reviewer is director of African American studies at George Mason University and is the author of "Toni Morrison: The Cultural Function of Narrative."



FROM THE BOOK JACKET
The Thornton family.