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2006-0885-F

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EXECUTIVE OFFICE OF THE PRESIDENT

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MEDIA BRIEFING

ON

HEALTH CARE LEGISLATION

+ + + +

THURSDAY,

JUNE 2, 1994

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The briefing was held in Room 476 of the Old Executive Office Building, 17th Street and Pennsylvania Avenue, N.W., Washington, D.C. at 11:30 a.m., HAROLD ICKES, Deputy Chief of staff, and IRA MAGAZINER, Senior Policy Adviser, presiding.

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P-R-O-C-E-E-D-I-N-G-S

(11:38 a.m.)

MR. ICKES: I think you know both of us.

Let me just make a couple of points.

We think that great progress has been made to date. This is, as all of you know who are experts in this area and have been covering it for a long time, a very complicated subject and very complex one, both substantively and procedurally.

Given those aspects, we think that in the last 10 or 11 weeks, that the Congress has really been focused on this, with 5 committees working on it with full jurisdiction, another 11 or 12 committees with partial jurisdiction, that a great deal of progress has been made.

Compared to other legislation of the size and enormity, it would have just taken years and years to get through the Congress. So we think, on balance, we are on target.

The committees are fully engaged. The Congress is fully engaged. And we expect that virtually all the committees will be reporting out bills by the end of this month and that the leaderships in both houses will then start putting together final bills to go to the floor in July.

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1 We have two goals, the administration.
2 One is universal coverage, which the President
3 announced in his State of the Union message; --
4 there's no deviation from that -- and, number two, to
5 get it done this year.

6 I think that Congressman Gibbons' remarks
7 this morning on the early morning indicate that he
8 understands both of those points: one, universal
9 coverage; and, as I understand his remarks, -- I
10 didn't hear them, but they were related to me -- that
11 he indicated that he expected to get a mark out of his
12 committee this month and that he fully intended to do
13 everything he could do to try to meet the goal of
14 getting a bill ready for the President's signature
15 this year.

16 There have been a variety of issues that
17 have been debated over the past 10 or 12 weeks. At
18 one point one of the critical issues was whether or
19 not there was a health care crisis. I think that
20 there were certain members of the Congress that took
21 the position that there was no crisis. I think that
22 that was put to rest early on.

23 We've been involved, as you know, the
24 Congress has been involved in a very intensive debate
25 about how to finance this proposal and also how to

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1 administer it. Mandates have obviously been an issue
2 that there hags been a lot of coverage, has been given
3 a lot of debate.

4 I think that, basically, that debate is
5 not finished yet, but I think a lot of progress has
6 been made on that. And it strikes me, from my
7 position at least, that there will be some sort of a
8 mandate. And I would expect to see that employers
9 would be participating and helping to pay for the
10 coverage that comes out under this bill.

11 As you know, the President employed a
12 mixed system of employer and employee mandate. And
13 although that is still being the subject of discussion
14 on the Hill, it is my sense that there will be some
15 form of employer mandate and there will be some shared
16 responsibility by employees as well, with substantial
17 discounts to small businesses.

18 I think those small businesses, as they
19 get more into this, are beginning to understand that
20 it's really to their benefit to have reform and that,
21 basically, the vast majority of small businesses will
22 benefit if serious reform is enacted.

23 So those issues are still being clarified.
24 There will be other issues that will be coming up
25 before the Congress. But, again, on balance, I want

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1 to stress the fact that I think a great deal of
2 progress has been made, and I think that this month
3 the committees, most of the committees, if not all
4 committees, will be reporting out bills. And we'll go
5 from there.

6 QUESTION: Republicans emerged from the
7 meeting with the President last week saying that they
8 told him that a bill couldn't pass with an employer
9 mandate and saying that they interpreted what he said
10 as new flexibility on mandates.

11 You just said that you think some form of
12 mandate will be included in the final legislation.
13 Can you suggest where you're willing to compromise
14 with the moderate Republicans who would like to
15 support you on this but who have objections to an
16 employer mandate of the sort you've proposed?

17 MR. ICKES: Well, it's my understanding
18 that there are Republicans who are in favor of
19 mandate. Let me back up. There are Republicans who
20 are in favor of universal coverage and real reform.

21 Two, there are Republicans who are in
22 favor of mandates. There are some Republicans who
23 feel that the individual mandate, or at least
24 initially have felt that the individual mandate, is
25 the best way to go. I think as that debate proceeds

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1 over the next several weeks, I would not be surprised
2 to see some Republicans come around on that,
3 hopefully.

4 The purpose of that meeting was not --
5 there was not discussion of issues per se as to where
6 the President was prepared to compromise. The purpose
7 of that meeting and the discussion of that meeting was
8 the President's wanting to reaffirm that he hoped to
9 have bipartisan support, that he was not going down
10 strictly a Democratic road, that he wanted bipartisan
11 support. But, again, he said it had to be in the
12 context of universal coverage.

13 If there are ways of financing a bill,
14 solidly financing a bill, that differs from the
15 proposal set up by the President, he's prepared to
16 look at that. But, again, I think that we have
17 stressed to many of you before you can't look at any
18 one of these elements in the abstract.

19 You can't take one element that the
20 Congress is debating and say, "Well, will you go with
21 that or won't you go with that?" First of all, we're
22 not in that position yet in terms of the process.

23 And, second of all, you can't look at
24 these specific issues until you see an overall bill
25 and see how that fits in and how it works out.

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1 QUESTION: Just to follow, though, have
2 you in the wake of the message you have gotten from
3 potential Republican supporters looked again at
4 financing? And do you think there is a mandate system
5 that is different that is less extensive than the one
6 you have proposed that you could accept to finance the
7 kind of coverage that you think will meet the
8 President's goal?

9 MR. ICKES: We're not prepared now to talk
10 about whether this is better than that because I
11 think, again, you have to look at it in the context of
12 an overall bill.

13 Did the bill we submit contain all of the
14 wisdom? Absolutely not. And what is happening is
15 that the Congress is working through, each of these
16 committees are working through, different kinds of
17 proposals.

18 At the end of that process, the leadership
19 will get together, both chambers and put together
20 bills that will go to the floor. At that point we'll
21 be able to make judgments as to whether the overall
22 bills make sense and whether the individual components
23 of those bills make sense.

24 QUESTION: How are you prepared to define
25 universal coverage?

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1 MR. ICKES: Whose question are we taking?

2 QUESTION: Take mine.

3 MR. ICKES: Okay.

4 QUESTION: How are you prepared to define
5 universal coverage? By what time period, what
6 percentage of the population? Is 91 percent of the
7 population that covers 97 percent of the spending, as
8 Lujan asserts, enough? What is the universal coverage
9 based on?

10 MR. ICKES: Well, let me take the first
11 crack and then let Ira step in. Universal coverage is
12 defined as health benefits for all Americans that
13 can't be taken away.

14 In our bill, we have proposed a date
15 certain by when universal coverage has to come into
16 effect. Might the Congress differ on that? There may
17 be differences on that. But, again, you know, we --

18 QUESTION: I'm asking, really, what the
19 President has prepared, assuming that it's something
20 less than full coverage by --

21 MR. ICKES: We're not prepared to bargain
22 against ourselves at this point. I mean, we really
23 have to let the congressional process, the committee
24 process finish and start to see the whole bill in a
25 context.

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1 We're just not prepared to say "We're
2 prepared to give on this. We're prepared to give on
3 that." We're not bargaining with the Congress at this
4 point.

5 MR. MAGAZINER: I think universal coverage
6 means guaranteed by insurance for all Americans that
7 cannot be taken away. If you have a proposal that at
8 some point during the year leaves 35 or 40 million
9 American uninsured, it's hard to claim that you've got
10 all Americans having private insurance and it can't be
11 taken away.

12 So I think that whether that happens by
13 January 1st or February 1st of a given year or
14 whatever is something that we've always from the
15 beginning said we could look at in a total package.

16 But I think the definition of universal
17 coverage, it's hard to say that you've got something
18 that's guaranteed for all Americans, 40 million --

19 QUESTION: So what is the 91 percent that
20 covers 97 percent of the spending? That's not
21 universal coverage.

22 MR. MAGAZINER: Well, today we cover 94
23 percent of the spending. And I think in the
24 particular proposals that Lujan was looking at,
25 there's more than a \$300 billion shortfall to cover

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1 another 3 percent of the dollars. And there are
2 inherent problems in that.

3 But I think what Harold said earlier is
4 right, and that is that you really need to see the
5 whole proposal in context to see whether the financing
6 works and to see whether whatever they're doing on the
7 side of trying to slow the rate of growth of cost
8 measures up with the speed of your phasing, messes up
9 with your defense package and everything else. That's
10 why it's hard to comment on most things in isolation.

11 We proposed a mixed employer-individual
12 payment system. The particular one we proposed is
13 certainly not the only one that could be proposed.
14 You could do it in different ways.

15 The Kennedy committee, Stark's
16 subcommittee report, they've all proposed some
17 variance. There are others out there. But you've got
18 to look at this as a total package.

19 QUESTION: Is it in --

20 MR. ICKES: Let me just add one thing. I
21 think to talk in terms of percentages is not
22 particularly useful. What we really have to focus on:
23 Are all Americans going to be covered? Proposals that
24 leave out 25 or 40 or 50 million Americans, many of
25 them working, many of them middle class, is a real

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1 question.

2 But, again, we have to wait to see what
3 our whole proposal looks like.

4 QUESTION: I guess what I'm wondering: Is
5 it implicit in the President's bottom line that there
6 has to be a mandate of some sort?

7 MR. ICKES: It's explicit in the
8 President's bottom line it has to be paid for.

9 MR. MAGAZINER: Universal coverage. It
10 has to be paid for. I think if you take out the Lujan
11 analysis, what it shows is the same thing CBO showed,
12 basically. And it evaluated a particular proposal,
13 although it could have been many different proposals.
14 There were no mandates in those proposals, and they
15 had an over \$300 billion shortfall and still left 40
16 million uninsured.

17 So the question is you've got to be able
18 to fund universal coverage. And we've proposed a way
19 that does that. We need to see what others do.

20 QUESTION: Could you accept the so-called
21 trigger mechanism being floated by Senator Breaux and
22 others, where Congress would come back in three to
23 five years if universal coverage is not met and then
24 propose mandates? Is that something you could --

25 MR. ICKES: We're not prepared to what

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1 we're going to accept or what we're not going to
2 accept. You really have to look at the whole thing as
3 an overall package. Whether the trigger mechanisms
4 survive the committee debate or not, who knows?

5 I mean, there are many different proposals
6 that are being floated about how to finance this.
7 That's one of those, and it will be subject to debate.

8 You know, the Senate Finance Committee
9 hasn't even put in a formal mark yet. So we don't
10 know where that's going to go or how that's going to
11 be --

12 QUESTION: Let me just follow up on that
13 a second. This trigger mechanism, if it was something
14 that said in "X" number of years, if there's not
15 universal coverage, the mandates kick in, aside from
16 whether it's politically acceptable, would it meet the
17 President's goal of universal coverage in your --

18 MR. ICKES: I don't have anything to add
19 to the answer I just gave you.

20 MR. MAGAZINER: We've really got to see
21 whole proposals, and you really can't evaluate these
22 decisions.

23 One thing, though, to some of the
24 questions that are being asked here, what I would say
25 is you've got to play with definitions and say "Does

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1 this percentage work or that percentage?" or whatever.

2 I mean, universal coverage means universal
3 coverage. It means all Americans are guaranteed
4 health insurance that can't be taken away from them.
5 And that's not something that you play with in terms
6 of 15 million here or 15 million there somehow don't
7 count.

8 But in terms of exactly how you guarantee
9 that and how you structure the financing package,
10 there are lots of different ways. And we've each got
11 to see a whole package that might be floated by
12 somebody as one or two pages that has some concepts in
13 it. You really can't respond to it until you see it
14 all fleshed out in totality.

15 We just have to see what different
16 committees produce before we can comment.

17 QUESTION: Harold, why would the
18 Republicans help President Clinton by giving him a
19 victory on this that he could run on for election in
20 1996?

21 MR. ICKES: I think there are some
22 Republicans in both the House and the Senate -- I
23 think there is more control on the House side than the
24 Senate side, but I think there are Republicans who
25 genuinely want to see the system reformed. And they

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1 made that clear. I mean, you know their names as well
2 as I do. And they put in bills.

3 We don't necessarily agree with some of
4 the details of those bills, but at least in the
5 overall concept of wanting to reform the system and
6 obtain the universal coverage.

7 Number two is I think there will be a
8 difference in Republican support on the bills that are
9 debated on the floor in the first round, as opposed to
10 the conference. I suspect that we may see much more
11 Republican support on the House bills.

12 I think the last recess, not the current
13 one we're having, but the last recess, was very
14 instructive in this process. It struck me that
15 members of the press as well as many members of
16 Congress had a real question mark in their minds as to
17 whether this process was really going to go forward
18 this year.

19 Members of Congress went home. Instead of
20 hearing about Whitewater from their constituents, they
21 heard about health care, crime, and some other
22 substantive issues.

23 And I think that members of Congress came
24 back with a real seriousness of purpose. I think
25 you've seen that seriousness of purpose in the

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1 committee work that's gone on to date and in the
2 comments of the various chairmen and other people who
3 are very involved on the Hill.

4 So it is our very strong view that there
5 is a broad consensus on the Hill that something has to
6 be done about health care this year that people are
7 not prepared to go home and face their constituents
8 without having taken serious measures in dealing with
9 it.

10 QUESTION: But there are polls now that
11 say Americans want things to happen more gradually,
12 they're doubting what the President's plan is all
13 about, and they'd like Congress to go slow.

14 MR. ICKES: And your point's well-taken on
15 that, but these polls are taken, one, in sort of the
16 abstract. The Clinton plan as we know it took a real
17 beating. We don't deny that. Point one.

18 Point two is most people don't understand
19 what's in these plans. They understand the critical
20 elements: universal coverage, health benefits that
21 can't be taken away. But the committee process that
22 we're going through is confusing enough to those of us
23 who are sophisticated and watching it every day, as
24 all of you do and as we do here. The American public
25 certainly is confused by the committee process.

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1 I think that you're going to see a much
2 sharper focus of the debate and interest and support
3 once bills are created and go to the floor so that
4 people can have something really to focus on, both
5 leadership people as well as just the average
6 Americans.

7 So would I like to see the polls higher?
8 Sure. But I'm not disconcerted by where the polls are
9 now given where we are in the legislative process.

10 MR. MAGAZINER: I think also, as you know,
11 every time I get out of Washington and go speak around
12 the country, there's so much misinformation that has
13 led to people's uncertainty.

14 I was up doing something last weekend.
15 And somebody came over to me afterwards and said, "Why
16 did you put in the bill that if I go to see my own
17 doctor and it's not a government-chosen plan, that I'm
18 going to be sent to jail?"

19 And this was a university commencement.
20 It was an educated alumni of a big university. And
21 once I explained that that was not what we had
22 proposed, his whole demeanor changed.

23 But I think that that's not as extreme as
24 it sounds. I mean, there's an awful lot of
25 misinformation out there. So I think the major thing

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1 that I sense from the polls is confusion right now
2 because people have heard so many different things.

3 And I think what we've been focused on is
4 working with members of Congress and staff in Congress
5 and so on as they work through the problems and so on
6 so that we can have a thorough-going a process as
7 possible to produce as good a bill as possible.

8 And I think that right now is more
9 important than what a poll might say at any given
10 time.

11 QUESTION: Can you comment a little bit
12 about an earlier question? You said you can see
13 Republicans going for some sort of mandate. It wasn't
14 clear whether you were talking about employer mandated
15 coupled with individual mandate or just the individual
16 mandate. Which were you referring to?

17 MR. ICKES: We hope, the President hopes
18 and we, the administration, hope that there will be
19 Republican support for a reform bill. And we think
20 that at the end of the day, there will be. But I
21 think it's too early at this point to predict who's
22 going to be where.

23 The Finance Committee, as you know, has
24 really just started to focus on this. And I was very
25 encouraged by Senator Moynihan's remarks before the

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1 press today, apparently he gave up in the Buffalo at
2 the state convention, that he intends to move this as
3 quickly as possible once the committee reconvenes. I
4 took that as a very hopeful sign.

5 Again, I think it's too early to start
6 predicting who is going to be where on this. Again,
7 I'm convinced that there are Republicans who want to
8 see reform enacted this year, and I think it's going
9 to take time for them to work through this debate in
10 the Finance Committee, which debate has not really
11 started yet.

12 QUESTION: What are technical obstacles
13 that could arise in implementing a triggered approach?
14 What are some of the concerns that you might be
15 throwing back to people who are looking at that as a
16 way to do this?

17 MR. MAGAZINER: Again, it's very hard to
18 respond until you see a whole proposal.

19 QUESTION: Well, in general terms. I
20 mean, you know there's the hard trigger, there's the
21 soft trigger depending on how you do that. I mean,
22 obviously, a lot of the help you're giving these
23 people is technical, raising technical questions and
24 technical issues, and feeding back technical that you
25 assembled during the task force. So what are you

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1 feeding back?

2 MR. MAGAZINER: Well, I think a few
3 things. One is that guaranteeing universal coverage
4 means that you need some prescription which basically
5 guarantees universal coverage. It doesn't say that
6 we'll sort of wait and see what happens and if
7 universal coverage doesn't come, we'll go through
8 everything we've gone through the past few years to
9 propose something again. I mean, you've got to have
10 something that guarantees coverage.

11 The only other question I think -- because
12 the Knicks were doing so poorly last night in the
13 fourth quarter, I saw you on C-SPAN. And I think the
14 comment you made I think was exactly the right
15 comment, which is that what happens during the
16 transition process to any of these systems is crucial.

17 And the less certain your phase-in is or
18 the longer you're leaving groups of people uninsured,
19 where the groups that you're leaving uninsured are
20 unpredictable as to who they are, the more difficulty
21 you can have in your transition.

22 So we had talked about a phase-in, which
23 was a state by state phase-in, which meant that within
24 a given area, everybody became insured, universal
25 coverage kicked in.

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1 If you have any system which phases in
2 differently, it can be done, but it creates
3 transitional issues that you have to address. And so
4 I think you were right in pointing that out as a major
5 issue.

6 QUESTION: Harold, has the White House
7 spoken with either Mr. Gibbons or Mr. Rostenkowski
8 since Tuesday? Can you tell us a little bit about
9 what the White House and the House leadership is going
10 to have to do differently?

11 MR. ICKES: It is my understanding that
12 the Congressman did speak with the President and the
13 First Lady. I do not know the nature of those
14 comments.

15 QUESTION: Which congressman, Gibbons or
16 Rostenkowski?

17 MR. ICKES: I'm sorry. With Gibbons. I
18 thought that that was your question.

19 QUESTION: Both.

20 MR. ICKES: I don't know the nature of
21 those comments, but, again, I think that his comments,
22 Congressman Gibbons' comments, this morning obviously
23 speak for themselves. So I don't have anything to add
24 to that.

25 Pat Griffin, as you may not know, is with

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1 the President in Europe. And I expect that Pat --
2 I've talked to Pat this morning. He expects to be
3 talking with the Congressman while he is in Europe.

4 QUESTION: When you said that you expected
5 virtually all the committees to get those through by
6 the end of the year, which floor? Do you mean the
7 vote in Ways and Means?

8 MR. ICKES: Well, you never want to be
9 absolute in this business. So I thought I'd leave a
10 little door open. I would not want to predict.
11 Hopefully all of the committees will report, and they
12 may well all report. But you never know.

13 There can be glitches that can't be
14 overcome in some committees. But I think that
15 virtually all of the committees and probably all of
16 the committees will report by the end of this month.

17 QUESTION: Harold, given the --

18 QUESTION: -- told you that he may have to
19 throw up his hands?

20 MR. ICKES: He has not said that to me.

21 QUESTION: Harold, given, as you say, the
22 public confusion about all of the different plans in
23 the bills out there, is there anything specific that
24 the administration needs to be doing right now in
25 terms of getting the public on board?

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1 Many congressman are saying that if they
2 go home and they hear about this at town meetings,
3 that people are not beating their doors down in the
4 same way they were, for example, during the crime bill
5 today to get this done and get that bill passed. Is
6 there something more you need to be doing?

7 MR. ICKES: I think the difference between
8 the crime bill debate and where we are now is really
9 of the point I made earlier. In the crime bill, you
10 have a specific bill on the floor that people could
11 relate to and understand.

12 And that's a much different process from
13 where we are in this committee process, which is
14 confusing, at best. And I think that once the
15 committee process is over and bills are created and go
16 to the respective floors, that you're going to see
17 much more interest and much more understanding and a
18 much sharper focus.

19 I don't think that the administration
20 should be doing much more than it has been doing. The
21 President, as you know, has been speaking out publicly
22 once a week or so. The First Lady has been doing a
23 little more than that. And we've been working with
24 members of Congress.

25 But I think that's where the process is

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1 right now, in the conference.

2 QUESTION: Do you need to have all five
3 committees complete the work by the end of the month
4 or just three or two or the major ones? Which
5 committees have to complete their work by the end of
6 the month?

7 MR. ICKES: I don't want to get into
8 legislative strategy. Those questions are much more
9 appropriately addressed to Senator Mitchell and
10 Congressman Foley and others.

11 QUESTION: Could you talk about the deal
12 that Rostenkowski made with the insurance industry
13 before he stepped down? They pulled the ads, and he
14 agreed to modify the rating aspect. Do you think
15 that's appropriate?

16 MR. MAGAZINER: Just seeing the reports in
17 the newspaper, I don't think we know what kinds of
18 discussions.

19 QUESTION: From what you've seen, do you
20 think it's acceptable?

21 MR. MAGAZINER: It's hard to comment on
22 something that's speculation.

23 MR. ICKES: And, more importantly, we're
24 not commenting, really, on what the individual
25 committees are doing. I mean, if we got into that,

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1 you'd have us down here every day commenting on the --

2 (Laughter.)

3 QUESTION: Harold, one of the ideas that's
4 being kicked around, particularly in Ways and Means,
5 is to cut the tobacco tax to pick up some of the
6 Democrats, particularly of the tobacco states. Could
7 you guys go along with something like that?

8 MR. ICKES: Again, we'd have to --

9 QUESTION: Have you thought about it?

10 MR. ICKES: I go back to where I was
11 several questions ago. You have to look at an overall
12 context. I mean, there has to be sound -- you know,
13 one of the criteria is absolutely sound financial
14 footing for whatever the proposal is going to be. And
15 it will have to be looked at in that context.

16 QUESTION: Ira, do you have numbers for
17 different scenarios if the tobacco tax is cut back?

18 MR. MAGAZINER: We have numbers for
19 different scenarios. That's part of our problem.

20 (Laughter.)

21 MR. MAGAZINER: I think what Harold said
22 is right. If you remember, back in September, -- I
23 think it was in this room -- at least some of you
24 would basically say we were putting a financing
25 package on the table, but that there are a lot of

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1 different ways one could move to finance and that we
2 weren't wedded to the specific one we put on
3 necessarily as long, as Harold said, it works, as long
4 as you can fully fund this. We just have to see what
5 comes out of the committees.

6 QUESTION: You sound so flexible. Are you
7 as flexible on the issue of cost controls as well?
8 Can you talk a little bit about the --

9 MR. MAGAZINER: It comes back to the
10 question of affordability. I mean, I think basically
11 if you have your bottom line universal coverage and if
12 you're not going to play games with that and sort of
13 pretend you have it if you don't, then you've got to
14 make that affordable and make sure that your system
15 works.

16 Also as a major thing, you want to slow
17 the rate of growth of cost of health care because it's
18 becoming unaffordable. And so you need to be sure
19 that you've got things in place in whatever comes out
20 that accomplishes those two goals.

21 But, again, as with the particular
22 structure of mandates we put out, if somebody's got a
23 different way to do it, we'll look at it. I mean,
24 we've never said from the beginning that we thought
25 the exact way we came up to do premium caps, dah dah

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1 dah dah, was the only way to do it.

2 QUESTION: But you believe there needs to
3 be some sort of mechanism backed ultimately by the
4 government that would have proposed some sort of stop
5 if costs came out of control, if you've got a mandate
6 and universal coverage?

7 MR. MAGAZINER: Well, we've proposed, as
8 you know, to cap the entitlement on the federal
9 spending. And we I think are very supportive of the
10 idea that one wants to be careful. You don't want to
11 open up a sort of automatic flow of money with no way
12 if something goes wrong to be able to sort of deal
13 with it.

14 So we were supportive of a particular
15 mechanism in our bill. Kennedy's committee has voted
16 bipartisan for another mechanism, which is
17 interesting. But we need to have some mechanism, I
18 would say, to make sure that the federal budget is
19 protected in all of this. And, again, we'll look at
20 the total of what different people produce.

21 QUESTION: Harold, you've talked a lot
22 about your hopes of getting Republicans on board, but
23 how are you going to keep Democrats on board? How do
24 you get the Coopers and the Warrens and the Andrews to
25 tow the line on this? You've got as much problem with

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1 them as you do any of the Republicans, don't you?

2 MR. ICKES: I don't know. I think that
3 we'll really have to wait to see how the Senate
4 Finance Committee -- I mean, I have no idea where
5 Senator Boren is going to be on this.

6 The debate has just begun, hasn't been
7 joined yet in Senate Finance. So I wouldn't want to
8 predict anything about any particular member of
9 Congress, where they're going to be once the debate
10 starts going in Senate Finance.

11 QUESTION: Well, Warren told me the other
12 day that he wouldn't support mandates in any way in
13 any form.

14 MR. ICKES: Again, I'm not going to get in
15 the position of commenting on specific legislators.
16 It doesn't make sense from our point of view. And I
17 think the debate has just started in the Senate
18 Finance. Who knows what they're going to come up
19 with?

20 QUESTION: What standpoint do you think --

21 QUESTION: Is it the situation that you
22 guys will comment on something that's easy, a whole
23 package? Can you describe what kinds of technical
24 problems might arise and would have to be dealt with
25 elsewhere in the legislation if you create a system

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1 where very small businesses have one set of rules to
2 live under and, say, businesses five or over or nine
3 or over have a different set? Because variations of
4 that concept seem to be alive in every single
5 committee.

6 MR. MAGAZINER: Well, we have provided
7 technical information to different committees on
8 different versions of that. I think the kinds of
9 issues you run into -- they're not show-stoppers, but
10 they're just issues you run into -- are: Do you have
11 a thread of companies somehow reconstituting
12 themselves or contracting out to smaller entities who
13 don't fall within the mandate, for example, or get
14 greater discounts? We have that problem to some
15 extent in our own bill, but it gets greater if you
16 carve them out entirely.

17 The second issue is that you tend to raise
18 the premiums in the companies that are above that size
19 because if you have, say, two working spouses, one of
20 whom works for the 3-person company, one of whom works
21 for a 50-person company, and there's no requirement on
22 the 3-person company, then usually the 50-person
23 company would pick up on a family policy, instead of
24 it being divided. So you save money for the smaller
25 companies, but you may cost more to the larger

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1 companies.

2 And then to make universal coverage, we
3 are going to need a little bit more money overall to
4 help subsidize the individuals who are working for
5 those smaller companies, to make sure that insurance
6 is affordable.

7 So those are the kinds of issues you run
8 into technically, but that's not to say it's
9 impossible to do. It's just you need to address those
10 kinds of issues.

11 QUESTION: Ira, if you watched Susan last
12 night doing C-SPAN, you may have caught the discussion
13 on iceberg issues.

14 MR. MAGAZINER: That must have come during
15 the third quarter.

16 (Laughter.)

17 MR. MAGAZINER: Things were still up then.

18 QUESTION: Things like antitrust for
19 doctors, malpractice reform, all these things that
20 alone could occupy a major chunk of legislation. Even
21 if you get a breakthrough on the coverage, is there
22 enough time? Do you see progress being made on those
23 things --

24 MR. MAGAZINER: Yes. I think those issues
25 are --

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1 QUESTION: -- that will concern you in
2 October?

3 MR. MAGAZINER: No. I think those issues
4 are being engaged now in the appropriate committees.
5 And members from the Justice Department and so on have
6 been meeting with various committees on those issues
7 as well.

8 I think they tend to be out of the
9 limelight somewhat now, but I think a lot of progress
10 is being made. And there is, as you know, a
11 tremendous amount of lobbying effort going on there as
12 well with very interesting coalitions of consumer
13 groups, lawyers, doctors, insurance companies kind of
14 banding together.

15 But no, I think there's a lot of progress
16 being made on those issues as well. And I think they
17 will be resolved --

18 QUESTION: What about abortion?

19 MR. MAGAZINER: -- at the same time.

20 QUESTION: Are you making progress on
21 that? It's not very evident from the points of view
22 of getting -- the sides seem split the way they've
23 always been split.

24 MR. ICKES: We're supporting the proposal
25 in the President's bill.

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1 QUESTION: What effect, if any, do you
2 think the new Republican commercials have had? From
3 a political standpoint, do you think that the GOP's
4 new commercials have had any effect? And what kind of
5 media efforts are you planning or does DNC plan?
6 Excuse me.

7 MR. ICKES: I don't think whether they
8 have any effect. I think it's just too early to tell.
9 Let me put it this way. We don't have any measures
10 yet. We expect to fairly soon, but we don't have any
11 measures yet.

12 As you know, the Health Care Reform
13 Project has been doing some media on a fairly
14 consistent basis, both in selective districts as well
15 as District of Columbia.

16 The DNC is underway of raising some money.
17 We'll be doing media later on. The amount of it yet
18 we don't know, but I think it will be sufficient media
19 to do what we need to do to get the legislation
20 promoted.

21 MR. MAGAZINER: Can I just clarify
22 something I said in response to your question because
23 I want to make sure I don't leave the wrong
24 impression? When you talked about 5 or under or 10 or
25 under or whatever, I raised some technical problems

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1 that said that they're not show-stoppers.

2 If you begin to move that level up too
3 much, the kinds of problems I mentioned can become
4 very severe. And so there are serious issues that
5 result, and I think that some of the discussion a lot
6 of the committees have been having is about that.

7 Because of the potential for firms carving
8 out and subcontracting, the amount of extra money you
9 have to add and all of that stuff goes up as you raise
10 the level of that. It can become pretty severe. So
11 I didn't want to leave that.

12 QUESTION: Harold, I assume that one of
13 the reasons you call sessions like this is to talk
14 about the fact that --

15 MR. ICKES: We thought you called it.

16 (Laughter.)

17 QUESTION: I guess we've really got a
18 fundamental confusion on that one, another example.

19 -- is to talk about the fact that progress
20 is being made. Indeed, you started by saying
21 substantial progress has been made. For some of us
22 who covered this, it appears that there's a fair
23 amount of evidence that the kinds of predictions that
24 have been made at each stage of the process for each
25 period between the recesses hasn't come to pass.

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1 You have an Energy and Commerce Committee
2 that seems frozen up. You have a Ways and Means
3 Committee that's lost its powerful chairman. You have
4 some progress in the Kennedy committee.

5 You have a Finance Committee that you say
6 sort of "Wait and see" and, yet, a Finance Committee
7 chairman who walks out of the door of the last caucus
8 session and says "Ninety-one percent is pretty good.
9 The ideal is 92 percent of Hawaii" and suggests
10 Cooper-Breaux is a pretty good bill, a bill that both
11 of you have suggested you're not wild about.

12 Without telling us about negotiations and
13 details, why should we be optimistic? Can you give us
14 anything besides the evidence on the table which we
15 have reported and I think many of us are tempted to
16 see as evidence that things are not going well? Is
17 that an improper reading of it? Is there anything new
18 you can add to make us optimistic, as you apparently
19 are?

20 MR. ICKES: Well, I guess we just differ
21 on our view of the facts. It may be a half full/half
22 empty approach to life. You know, I go back to the
23 size and complexity, both procedurally and
24 substantively, of this bill.

25 And it just seems to me, compared to other

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1 very large and complicated pieces of legislation, that
2 this has moved with a great deal of speed and enormous
3 cooperation, both within each chamber as well as
4 across the chambers.

5 I mean, you have very powerful committee
6 chairs who often are very jealous of their
7 jurisdictional prerogatives, whom I think, by and
8 large, have set those aside to try to reach a goal of
9 getting this legislation through this year.

10 The Education/Labor Committee is moving
11 along. Kennedy's committee is moving along very well.
12 Finance has been slow to get started, but I think,
13 certainly given the chairman's reported comments today
14 and from what we know going on underneath with the
15 staff, that they are now working full tilt. I think
16 there's no question in our mind that they are moving
17 ahead as fast as they can in great earnestness and
18 intend to get a mark on the table and start to work on
19 that mark soon after the recess is over.

20 Dingell's committee, there are different
21 interpretations of what is happening there as to
22 whether he really is waiting to see what happens over
23 on the Senate side. I mean, there's the BTU syndrome,
24 as you all well know, and he is a very widely
25 effective legislator, Congressman Dingell. So I'm not

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1 that concerned about where he is at this point.

2 On Ways and Means, obviously Chairman
3 Rostenkowski will be missed as chairman. On the other
4 hand, I think that that committee is moving ahead very
5 well. And my sense is, given Congressman Gibbons'
6 remarks, that that committee is going to report out a
7 bill.

8 So I think that within the next four
9 weeks, you're going to see bills out, as I said, if
10 not by all, by virtually all of the committees. And
11 the leadership will then start working with the
12 chairmen and all of the bills will go to the floor.

13 So, again, it seems to me that we're
14 talking about, really, a very short period of time,
15 10-11 weeks at most, that the Congress has been
16 focused on this, issues that are extraordinarily
17 complex. You know, I don't want to be pollyannish
18 about it, but I think that there is cause for
19 considerable optimism.

20 QUESTION: Just to build on that for a
21 moment, you say three or four weeks until the next
22 recess, until the end of the month, but you do only
23 have one chairman's mark that is on the table right
24 now that is being debated. Walking the legislative
25 process --

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1 MR. MAGAZINER: That's not true.

2 QUESTION: Well, in terms of --

3 MR. MAGAZINER: Subcommittee and Labor.

4 QUESTION: But that has not gone to the
5 full committee yet. I mean, you don't know what Ford
6 is going to get. That's my only point. And watching
7 the legislative process, it does take a lot of time
8 potentially to get these things done.

9 The President had indicated several months
10 ago that he hoped that the committees would have been
11 done by Memorial Day. They were not. You now say
12 that you hope that they will be done by July 1st.
13 There's no indication that that's actually come to
14 pass.

15 If that does not happen and the things
16 look a little shaky by the end of this month, is the
17 President prepared to ask the Congress to stay during
18 the August recess to get the job done?

19 MR. ICKES: Well, I don't think the
20 President is prepared to make a decision on that or
21 even comment on it until we see where things are.

22 QUESTION: Is that a possibility?

23 MR. ICKES: Everything is a possibility.

24 QUESTION: But, I mean, the idea has been
25 floated on the Hill a little bit. Is it a serious

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1 possibility that could be in the cards if Congress has
2 not --

3 MR. ICKES: Let me answer the question by
4 saying this. We think the Congress is going to be
5 able to get this -- we think committees are going to
6 be able to do their work and finish their work this
7 month.

8 QUESTION: Ira, in retrospect, are you
9 surprised and would you have done things differently
10 in terms of communications, in terms of dealing with
11 special interests, in terms of dealing with
12 in-fighting within your own party on health?

13 MR. MAGAZINER: No, I don't think. I
14 mean, you could always second-guess everything in
15 details, but I think in general this issue has been a
16 very fractious one, even within the Democratic Party,
17 for many years.

18 And attempts in the past to try to unify
19 even the Democrats in the House, Gephardt and others
20 tried and didn't succeed. And so I think there was no
21 way to avoid a fair amount of conflict.

22 One thing we did do, which we felt was
23 responsible to do, was to make all the hard decisions
24 in the bill, not to say that we have made them all
25 exactly the way they have to be made, but we didn't

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1 avoid any of the hard issues. We came down on one
2 side or another.

3 Whenever you do that, you're going to
4 alienate a lot of people on every issue. In health
5 care, there's lots and lots of interest groups to deal
6 with.

7 And so I think it was unavoidable that the
8 issue was going to be controversial. I think it was
9 unavoidable that there was going to be lots of debate.

10 And that's why we laid out a detailed
11 bill, but emphasized principles from the beginning and
12 said that the details we understood were going to be
13 up for negotiation and be rewritten in many ways, but
14 we want to make sure these principles are achieved and
15 that the debate that takes place takes place in
16 sufficient detail so that we're sure we get something
17 that's workable.

18 I think the fact that the congressional
19 process is moving as rapidly as it is on something as
20 complex as this is in some part due to the fact that
21 we're able to supply a lot of technical assistance and
22 have been able to be helpful in that way.

23 So I think what we did has helped reach
24 the process. I mean, I am sure there are individual
25 decisions I could revisit and say "I wish I had done

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1 that differently," but I think in general we're
2 reasonably pleased with the progress of things.

3 QUESTION: Let me just follow on that
4 question. Just following on that question, as you
5 yourself described earlier in this conversation, there
6 are a lot of two-page proposals floating around.

7 In retrospect, does it surprise you that
8 you produced a multi-volume set and that the debate as
9 it's been occurring over the last few months has been
10 engaged on two-page --

11 MR. MAGAZINER: No, I don't think it has
12 been, actually. I think what always happens in any
13 generation of ideas is it starts out as a two-pager
14 because somebody gets a concept about how something
15 might be done differently.

16 But what's been able to happen in this
17 whole process is that when people get those kinds of
18 ideas, in a relatively short period of time, it could
19 be turned into a thorough analysis with model runs and
20 things of this sort.

21 And I think a lot of that is because of
22 all of what we accumulated last year by way of both
23 material and experience that we have been able to help
24 the committees with. Plus, they obviously have staff
25 in many of the committees who are quite knowledgeable

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1 as well.

2 I think the two-pagers quickly become
3 analyzed in detail. And I think we've been able to
4 avoid a lot of blind alleys that might have been gone
5 down because of that.

6 You know, you asked the question earlier
7 about calling a meeting like this. I mean, in
8 retrospect, -- and I think I've said this to some of
9 you -- I wish we had called more meetings starting a
10 year ago January with you all. That would have been
11 a better thing to do. That was, for a variety of
12 reasons, something that we didn't do and probably
13 should have done.

14 So yes, sure, there were mistakes made,
15 but I think overall what we put together in the way we
16 sort of launched it I think has carried us reasonably
17 well and gotten us pretty far compared to our past
18 efforts.

19 The six other efforts the President made
20 to do comprehensive health reform never got anywhere
21 near this far. And I think we've got a very, very
22 good likelihood of succeeding on this. I think a lot
23 of it has to do with the work that was done and the
24 fact that we did address all of the hard issues.

25 QUESTION: The alliances definitely seem

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1 to be dead as mandatory creatures. So have you worked
2 up the alternative way to make --

3 MR. MAGAZINER: Well, I think if you look
4 back to what we said last fall about the alliances
5 when they were first controversial, I remember a
6 chamber speech. And I think you and I talked briefly
7 after that.

8 The alliances were designed to achieve a
9 number of purposes, including a way to achieve
10 community rating, a way to provide choice and a
11 variety of other things that we've talked about.

12 And we never thought that the mandatory
13 alliances as we structured them, which, by the way,
14 were borrowed from the first Cooper bill -- the first
15 Cooper bill had mandatory alliances in 1,000 and
16 states going to 10,000. That's where we got the idea.

17 We never thought that was the only way to
18 do it. We thought it was the best way. And so some
19 of the other alternatives that have been put out by
20 the committees we think could achieve some of the same
21 goals.

22 And, again, we have to see how that works
23 its way through, but yes, we were involved in
24 providing technical assistance to the committees as
25 they tried to come up with different versions.

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1 If you look in the Dingell or the unlabor
2 bill or the labor and human resources bill or
3 whatever, they've all got slightly different
4 structures, the Stark bill, and so on, but the
5 important thing is to accomplish the goals, community
6 rating and choice, the way to move funds around
7 administratively and so on.

8 QUESTION: There's another round of rumors
9 that you're going to leave the White House. True?

10 MR. MAGAZINER: That's about the tenth
11 time.

12 QUESTION: Do you want to just tell us for
13 the tenth time?

14 MR. MAGAZINER: Yes. It's not true. I'm
15 planning to be here.

16 QUESTION: Could I just ask you to clarify
17 something?

18 MR. MAGAZINER: I haven't seen my doctor
19 in about two years, though.

20 (Whereupon, the foregoing matter was
21 concluded at 12:24 p.m.)
22
23
24
25

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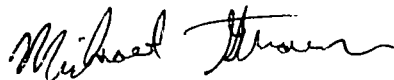
This is to certify that the foregoing transcript
in the matter of: MEDIA BRIEFING ON
HEALTH CARE LEGISLATION

Before: HAROLD ICKES, DEPUTY CHIEF OF STAFF
IRA MAGAZINER, SENIOR POLICY ADVISOR

Date: JUNE 2, 1994

Place: WASHINGTON, D.C.

represents the full and complete proceedings of the
aforementioned matter, as reported and reduced to type-
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1701 Pennsylvania Ave. NW
Washington, D.C. 20006
Ph: 202-298-6920
Fx: 202-333-1184
Sunday Circulation: 163,944

(Binghamton) Press & Sun Bulletin
Ms. Betsy Neus
Health Writer
Gannett News Service
1000 Wilson Blvd.
Arlington, VA 22229-0001
Ph: 703-276-3605
Fx: 703-558-3813
Sunday Circulation: 92,677

Buffalo News
Mr. Henry Davis
Health Writer
1 News Plaza
P.O. Box 100
Buffalo, NY 14240
Ph: 716-849-4444
Fx: 716-856-5150
Sunday Circulation: 382,653

(Elmira) Star-Gazette
Ms. Amy Hathaway
Health Writer
P.O. Box 285
Elmira, NY 14902-9921
Ph: 607-734-5151
Fx: 607-733-4408
Sunday Circulation: 51,319

(Glen Falls) Post-Star
Ms. Tamara Dietrich
Health Editor
P.O. Box 2157
Glen Falls, NY 12801
Ph: 518-792-3131
Fx: 518-792-3131 Ext. 245
Sunday Circulation: 36,186

(Kingston) Daily Freeman
Mr. Jeremy Schiffres
City Editor
79-97 Hurley Ave.
Kingston, NY 12401
Ph: 914-331-5000
Fx: 914-338-0672
Sunday Circulation: 31,173

(Long Island) Newsday
Ms. Liz Bass
Health Editor
235 Pinelawn Rd.
Long Island, NY 11747
Ph: 516-454-2020
Fx: 516-756-5459
Sunday Circulation: 960,308

(Middletown) Times Herald-Record
Ms. Beth Mullally
Health Writer
40 Mulberry St.
Middletown, NY 10940
Ph: 914-343-2181
Fx: 914-343-2170
Sunday Circulation: 99,351

New York Daily News
Mr. Andrew Kirtzman
Health Editor
220 E. 42nd St.
New York, NY 10017
Ph: 212-210-2100
Fx: 212-661-4675
Sunday Circulation: 983,240

New York Post
Mr. Joe Nicholson
Health Editor
210 South St.
New York, NY 10002
Ph: 212-815-8000
Fx: 212-732-4241
Saturday Circulation: 536,694

New York Times
Mr. Nicholas Wade
Science Editor
229 W. 43rd St.
New York, NY 10036
Ph: 212-556-1234
Fx: 212-556-4603

Sunday Circulation: 1,762,015

(New York) Wall Street Journal

Mr. Ron Winslow
Health Writer
200 Liberty St.
New York, NY 10281
Ph: 212-416-2000
Fx: 212-416-2653
Daily Circulation: 1,795,448

Poughkeepsie Journal

Mr. Dennis Kipp
Health Writer
85 Civic Center Plaza
Poughkeepsie, NY 12602
Ph: 914-454-2000
Fx: 914-437-4918
Sunday Circulation: 61,571

(Rochester) Democrat & Chronicle

Ms. Betsy Neus
Health Writer
Gannett News Service
1000 Wilson Blvd.
Arlington, VA 22229-0001
Ph: 703-276-3605
Fx: 703-558-3813
Sunday Circulation: 259,990

(Rochester) Times-Union

Ms. Betsy Neus
Health Writer
Gannett News Service
1000 Wilson Blvd.
Arlington, VA 22229-0001
Ph: 703-276-3605
Fx: 703-558-3813
Daily Circulation: 82,757

(Schenectady) Daily Gazette

Ms. Kathy Ricketts
Health Writer
2345 Maxon Rd.
Schenectady, NY 12301-1090
Ph: 518-374-4141
Fx: 518-395-3089
Sunday Circulation: 61,616

Staten Island Advance

Mr. Miles Bensen
Health Writer

Newhouse News Service
2000 Pennsylvania Ave. NW #3900
Washington, D.C. 20006
Ph: 202-785-0101
Fx: 202-383-7820
Sunday Circulation: 93,947

Syracuse Herald-Journal
Mr. Miles Bensen
Health Writer
Newhouse News Service
2000 Pennsylvania Ave. NW #3900
Washington, D.C. 20006
Ph: 202-785-0101
Fx: 202-383-7820
Daily Circulation: 91,802

(Syracuse) Post-Standard
Mr. Miles Bensen
Health Writer
Newhouse News Service
2000 Pennsylvania Ave. NW #3900
Washington, D.C. 20006
Ph: 202-785-0101
Fx: 202-383-7820
Daily Circulation: 88,874

(Troy) Record
Ms. Doreen Ercalano
Health Writer
501 Broadway
Troy, NY 12181
Ph: 518-270-1200
Fx: 518-270-1202
Sunday Circulation: 41,438

(Utica) Observer-Dispatch
Mr. Bill Farrell
Health Writer
221 Oriskany Plaza
Utica, NY 13501
Ph: 315-792-5000
Fx: 315-792-5033
Sunday Circulation: 68,446

Watertown Daily Times
Mr. Ian Stewart
Health Writer
260 Washington St.
Times Bldg.
Watertown, NY 13601
Ph: 315-782-1000

Fx: 315-782-2337
Sunday Circulation: 42,905

Yonkers Herald Stateman
Ms. Barbara Durkin
Health Writer
1 Gannett Drive
Yonkers, NY 10604
Ph: 315-792-5000
Fx: 315-792-5033
Sunday Circulation: 254,192

2. New Jersey

Press of Atlantic City
Ms. Alice Post
Health Writer
22 Devins Lane
Pleasantville, NJ 08232
Ph: 609-272-1100
Fx: 609-272-7224
Sunday Circulation: 97,572

(Cherry Hill) Courier-Post
Terry Glab
Health Writer
P.O. Box 5300
Cherry Hill, NJ 08034
Ph: 609-663-6000
Fx: 609-663-2831
Sunday Circulation: 104,658

(Hackensack) Record
Ms. Linda Washburn
Health Writer
150 River St.
Hackensack, NJ 07601
Ph: 201-646-4100
Fx: 201-646-4135
Sunday Circulation: 246,317

(Jersey City) Jersey Journal
Mr. Miles Bensen
Health Writer
Newhouse News Service
2000 Pennsylvania Ave. NW #3900
Washington, D.C. 20006
Ph: 202-785-0101
Fx: 202-383-7820
Daily Circulation: 52,544

(Neptune) Asbury Park Press

Ms. Vani Rangachar
Health Writer
P.O. Box 1550
Neptune, NJ 07754-1550
Ph: 908-922-6000
Fx: 908-922-4818
Sunday Circulation: 224,710

(New Brunswick) Home News
Ms. Regina Mcenery
Health Writer
P.O. Box 551
New Brunswick, NJ 08903
Ph: 908-246-5500
Fx: 908-937-6046
Sunday Circulation: 62,208

(Newark) Star-Ledger
Mr. Miles Bensen
Health Writer
Newhouse News Service
2000 Pennsylvania Ave. NW #3900
Washington, D.C. 20006
Ph: 202-785-0101
Fx: 202-383-7820
Sunday Circulation: 62,208

(Parsippany) Daily Record
Ms. Liv Osby
Health Writer
P.O. Box 217
Parsippany, NJ 07054
Ph: 201-428-6200
Fx: 201-428-6666
Sunday Circulation: 62,563

(Somerville) Courier-News
Mr. Mike Daigle
Assistant Metro Editor
P.O. Box 6600
Somerville, NJ 08807
Ph: 908-722-8800
Fx: 908-707-3252
Sunday Circulation: 57,161

(Trenton) Times
Ms. Kate McCartin
Health Writer
500 Perry St.
Trenton, NJ 08605
Ph: 609-396-3232
Fx: 609-394-2819

Sunday Circulation: 94,157

Trentonian

Mr. Mark Waligore
Managing Editor
600 Perry St.
Trenton, NJ 08602
Ph: 609-989-7800
Fx: 609-393-6072
Sunday Circulation: 62,461

(Willingboro) Burlington County Times

Ms. Penny Sundstrom
Health Writer
Rte. 130
Willingboro, NJ 08046
Ph: 609-871-8000
Fx: 609-871-0490
Sunday Circulation: 46,893

(Woodbridge) News Tribune

Ms. Nancy Cherry
Health Writer
1 Hoover Way
Woodbridge, NJ 07095
Ph: 908-324-7310
Fx: 908-324-7373
Daily Circulation: 52,000

3. California

Bakersfield Californian

Ms. Tamara Welch
Health Writer
BIN 440
Bakersfield, CA 93302
Ph: 805-395-7259
Fx: 805-395-7519
Sunday Circulation: 94,696

(Chico) Enterprise-Record

Mr. Ed Farrell
Health Editor
P.O. Box 9
Chico, CA 95927
Ph: 916-891-1234
Fx: 916-342-3617
Sunday Circulation: 31,270

(Covina) San Gabriel Valley Tribune

Ms. Janice Luder
City Editor

P.O. Box 1259
Covina, CA 91722
Ph: 818-962-8811
Fx: 818-338-9157
Sunday Circulation: 81,975

(Fremont) Argus
Ms. Suzanne Tay-Kelley
Health Writer
3850 Decoto Rd.
Fremont, CA 94555
Ph: 510-794-0111
Fx: 510-790-4429
Sunday Circulation: 33,007

Fresno Bee
Mr. Jerry Bier
Health Writer
1626 E. St.
Fresno, CA 93786-0001
Ph: 209-441-6111
Fx: 209-441-6436
Sunday Circulation: 187,541

(Hayward) Daily Review
Ms. Nicole Watts
Health Writer
P.O. Box 5050
Hayward, CA 94540
Ph: 510-293-2470
Fx: 510-293-2490
Sunday Circulation: 50,518

(Long Beach) Press-Telegram
Mr. Walt Murray
Health Writer
604 Pine Ave.
Long Beach, CA 90844
Ph: 310-499-1250
Fx: 310-499-1232
Sunday Circulation: 155,386

(Los Angeles) Daily News
Ms. Jane Robison
Health Writer
P.O. Box 4200
Woodland Hills, CA 91365
Ph: 818-713-3000
Fx: 818-713-3545
Sunday Circulation: 202,614

Los Angeles Times

Ms. Marlene Cimonis
Health Editor
1875 Eye St. NW #1100
Washington, D.C. 20006
Ph: 202-293-4650
Fx: 202-887-1050
Sunday Circulation: 1,576,425

Modesto Bee

Ms. Dorothy Griffity
Health Writer
P.O. Box 3928
Modesto, CA 95352
Ph: 209-578-2000
Fx: 209-578-2207
Sunday Circulation: 92,490

(Monterey) Herald

Ms. Marsha McFadden
City Editor
P.O. Box 271
Monterey, CA 93942
Ph: 408-372-3311
Fx: 408-372-8401
Sunday Circulation: 37,134

Oakland Tribune

Ms. Rachele Kanigel
Health Writer
P.O. Box 24304
Oakland, CA 94623
Ph: 510-208-6400
Fx: 510-208-6477
Sunday Circulation: 115,116

(Ontario) Inland Valley Daily Bulletin

Ms. Peggy Olsen
Health Writer
2041 E. 4th St.
Ontario, CA 91764
Ph: 714-987-6397
Fx: 714-948-9038
Sunday Circulation: 43,290

(Palm Springs) Desert Sun

Mr. Tom Tait
City Editor
P.O. Box 2734
Palm Springs, CA 92263
Ph: 619-322-8889
Fx: 619-778-4654
Sunday Circulation: 52,247

(Palmdale) Antelope Valley Press
Ms. Lisa Messinger
Health Writer
P.O. Box 880
Palmdale, CA 93550
Ph: 805-273-2700
Fx: 805-947-4870
Daily Circulation: 35,213

(Pasadena) Star-News
Ms. Lisa Wilson
Health Writer
525 E. Colorado Blvd.
Pasadena, CA 91109
Ph: 818-578-6300
Fx: 818-792-9413
Sunday Circulation: 45,528

(Redding) Record Searchlight
Mr. Robert Holquist
Health Writer
1100 Twin View Blvd.
Redding, CA 96003
Ph: 916-243-2424
Fx: 916-225-8212
Weekend Circulation: 39,500

(Riverside) Press-Enterprise
Ms. Julie Marquis
Health Writer
P.O. Box 792
Riverside, CA 92501
Ph: 714-684-1200
Fx: 714-782-7572
Sunday Circulation: 170,092

Sacramento Bee
Ms. Diana Sugg
Health Writer
P.O. Box 15779
Sacramento, CA 95812
Ph: 916-321-1000
Fx: 916-321-1109
Sunday Circulation: 338,355

Sacramento Union
Ms. Yvonne McKinney
Health Writer
P.O. Box 2711
Sacramento, CA 95812
Ph: 916-442-7811
Fx: 916-440-0524

Sunday Circulation: 89,561

San Bernadino County Sun

Ms. Marilyn Leary
Health Writer
399 N. D St.
San Bernadino, CA 92401
Ph: 714-889-9666
Fx: 714-885-8741
Sunday Circulation: 104,876

San Diego Union-Tribune

Mr. Rex Dalton
Health Writer
P.O. Box 191
San Diego, CA 92112
Ph: 619-299-3131
Fx: 619-293-2148
Sunday Circulation: 461,223

San Francisco Chronicle

Dr. Dean Edell
Health Editor
901 Mission St.
San Francisco, CA 94103
Ph: 415-777-1111
Fx: 415-512-8196
Sunday Circulation: 704,322

San Francisco Examiner

Ms. Lisa Krieger
Health Writer
110 Fifth St.
San Francisco, CA 94103
Ph: 415-777-5700
Fx: 415-777-2525
Sunday Circulation: 704,322

San Jose Mercury News

Ms. Donna Alvarado
Health Writer
750 Ridder Park Dr.
San Jose, CA 95190
Ph: 408-920-5000
Fx: 408-920-5244
Sunday Circulation: 338,490

(San Luis Obispo) County Telegram Tribune

Ms. Ann Fairbanks
Health Writer
P.O. Box 112
San Luis Obispo, CA 93406

Ph: 805-781-7800
Fx: 805-781-7901
Saturday Circulation: 37,801

(San Rafael) Marin Independent Journal
Mr. Rick Polito
Health Writer
P.O. Box 151790
San Rafael, CA 94915-1790
Ph: 415-883-8600
Fx: 415-883-5458
Sunday Circulation: 43,083

(Santa Ana) Orange County Register
Ms. Sue Peterson
Health Editor
625 N. Grand Ave.
P.O. Box 11621
Santa Ana, CA 92711
Ph: 714-835-1234
Fx: 714-542-5037
Sunday Circulation: 407,760

Santa Barbara News-Press
Ms. Leslie Van de Kamp
Health Writer
908 N. H St.
Lompoc, CA 93436
Ph: 805-736-1070
Fx: 805-736-1207
Sunday Circulation: 58,135

Santa Cruz Sentinel
Mr. Don Miller
City Editor
P.O. Box 638
Santa Cruz, CA 95061
Ph: 408-423-4242
Fx: 408-429-9620
Sunday Circulation: 30,859

(Santa Rosa) Press Democrat
Ms. Suzanne Boynton
Health Writer
P.O. Box 569
Santa Rosa, CA 95402
Ph: 707-546-2020
Fx: 707-546-7538
Sunday Circulation: 101,581

(Solana Beach) Blade-Citizen
Ms. Leslie Ridgeway

Health Writer
341 S. Cedros Ave.
Solana Beach, CA 92075
Ph: 619-755-1127
Fx: 619-755-5107
Sunday Circulation: 46,000

Stockton Record
Mr. Bruce Spence
Health Writer
P.O. Box 900
Stockton, CA 95201
Ph: 209-943-6397
Fx: 209-546-8288
Sunday Circulation: 59,245

(Torrance) Daily Breeze
Mr. Warren Roback
Health Writer
5215 Torrance Blvd.
Torrance, CA 90509
Ph: 510-540-5511
Fx: 510-540-6272
Sunday Circulation: 124,750

Ventura County Star-Free Press
Mr. Jim McLain
Health Writer
P.O. Box 6711
Ventura, CA 93006
Ph: 805-650-2900
Fx: 805-650-2944
Sunday Circulation: 56,047

(Walnut Creek) Contra Costa Times
Ms. Cathy Snapp
Health Writer
P.O. Box 5088
Walnut Creek, CA 94596-1087
Ph: 510-935-2525
Fx: 510-933-0239
Sunday Circulation: 99,567

4. Florida

Bradenton Herald
Ms. Megan McNeil
Health Writer
P.O. Box 921
Bradenton, FL 34206
Ph: 813-748-0411
Fx: 813-745-7097

Sunday Circulation: 60,082

Daytona Beach News-Journal

Mr. Ed Wilkes
Health Editor
901 6th St.
Daytona Beach, FL 32117-8099
Ph: 904-252-1511
Fx: 904-258-8465
Sunday Circulation: 116,514

(Fort Lauderdale) News/Sun Sentinel

Ms. Nancy McVicar
Health Writer
200 E. Los Olas Blvd.
Fort Lauderdale, FL 33301
Ph: 305-356-4593
Fx: 305-356-4676
Sunday Circulation: 349,737

(Fort Myers) News-Press

Ms. Betsy Neus
Health Writer
Gannett News Service
1000 Wilson Blvd.
Arlington, VA 22229-0001
Ph: 703-276-3605
Fx: 703-558-3813
Sunday Circulation: 114,781

(Fort Walton Beach) Northwest Florida Daily News

Ms. Debbie Lord
Health Writer
P.O. Box 2949
Fort Walton Beach, FL 32549
Ph: 904-863-1111
Fx: 904-863-7834
Sunday Circulation: 46,370

Gainesville Sun

Ms. Donya Currie
Health Writer
P.O. Drawer A
Gainesville, FL 32602-1471
Ph: 904-374-5000
Fx: 904-338-3128
Sunday Circulation: 59,514

(Jacksonville) Florida Times-Union

Sandy Strickland
Health Writer
P.O. Box 1949

Jacksonville, FL 32231
Ph: 904-359-4280
Fx: 904-359-4478
Sunday Circulation: 259,486

(Lakeland) Ledger
Ms. Robin Adams
Health Writer
P.O. Box 408
Lakeland, FL 33802
Ph: 813-687-7050
Fx: 813-687-7016
Sunday Circulation: 104,919

(Leesburg) Daily Commercial
Ms. Marcia Judson
Health Writer
P.O. Box 490007
Leesburg, FL 34749-0007
Ph: 904-365-8261
Fx: 904-365-1951
Sunday Circulation: 34,910

(Melbourne) Florida Today
Ms. Betsy Neus
Health Writer
Gannett News Service
1000 Wilson Blvd.
Arlington, VA 22229-0001
Ph: 703-276-3605
Fx: 703-558-3813
Sunday Circulation: 113,810

Miami Herald
Ms. Linda Monroe
Health Editor
One Herald Plaza
Miami, FL 33132
Ph: 305-350-2111
Fx: 305-376-2258 or 8950
Sunday Circulation: 553,479

Naples Daily News
Ms. Joanne Mamenta
Health Writer
P.O. Box 7009
Naples, FL 33941
Ph: 813-262-4779
Fx: 813-263-4816
Sunday Circulation: 59,044

Ocala Star-Banner

Ms. Marta Salij
Health Writer
P.O. Box 490
Ocala, FL 34478
Ph: 904-867-4010
Fx: 904-867-4018
Sunday Circulation: 55,895

Orlando Sentinel
Mr. Mike Oliver
Health Writer
633 North Orange Ave.
Orlando, FL 32801
Ph: 407-420-5411
Fx: 407-420-5069
Sunday Circulation: 388,873

(Panama City) News Herald
Ms. Sharon Worcester
Health Writer
P.O. Box 1940
Panama City, FL 32402
Ph: 904-763-7621
Fx: 904-747-5097
Sunday Circulation: 41,993

Pensacola News-Journal
Ms. Betsy News
Health Writer
Gannett News Service
1000 Wilson Blvd.
Arlington, VA 22229-0001
Ph: 703-276-3605
Fx: 703-558-3813
Sunday Circulation: 80,552

St. Petersburg Times
Ms. Carol Gentry
Health Editor
490 First Ave. S.
St. Petersburg, FL 33731
Ph: 813-893-8111
Fx: 813-893-8675
Sunday Circulation: 451,588

Sarasota Herald-Tribune
Ms. Linda Brandt
Health Writer
P.O. Box 1719
Sarasota, FL 34230
Ph: 813-957-5171
Fx: 813-957-5276

Sunday Circulation: 171,850

Stuart News

Ms. Sarah Jay
Health Writer
P.O. Box 9009
Stuart, FL 34995-9009
Ph: 407-287-1550 Ext. 5825
Fx: 407-335-7103
Sunday Circulation: 37,588

Tallahassee Democrat

Mr. Ricardo Zaldivar
Health Writer
Knight-Ridder Newspapers
700 National Press Bldg.
Washington, D.C. 20045
Ph: 202-383-6000
Fx: 202-383-6075
Sunday Circulation: 76,539

Tampa Tribune

Ms. Susan Thompson
Health Editor
202 S. Parker St.
Tampa, FL 33606
Ph: 813-272-7600
Fx: 813-272-7676
Sunday Circulation: 408,343

(West Palm Beach) Palm Beach Post

Mr. Jeff Nesmith
Health Writer
Cox Newspapers
2000 Pennsylvania Ave. NW #1000
Washington, D.C. 20006-1894
Ph: 202-331-0900
Fx: 202-331-1055
Sunday Circulation: 245,809

5. Pennsylvania

(Allentown) Morning Call

Ms. Ann Wlazelek
Health Writer
P.O. Box 1260
Allentown, PA 18105
Ph: 215-820-6502
Fx: 215-820-6693
Sunday Circulation: 185,060

Altoona Miroor

Ms. Mary Haley
Health Writer
P.O. Box 2008
Altoona, PA 16603-2008
Ph: 814-946-7411
Fx: 814-946-7540
Sunday Circulation: 39,505

Beaver County Times
Ms. Teresa Card
Health Writer
P.O. Box 400
Beaver, PA 15009
Ph: 412-775-3200
Fx: 412-775-7212
Sunday Circulation: 51,210

(Easton) Express Times
Mr. Rob Hays
"Alive" Editor
P.O. Box 391
Easton, PA 18044-0391
Ph: 215-258-7171
Fx: 215-258-7130
Sunday Circulation: 64,200

Erie Daily Times
Mr. Pat Cuneo
City Editor
205 West 12th St.
Erie, PA 16534
Ph: 814-870-1600
Fx: 814-870-1808
Sunday Circulation: 83,598

Erie Morning News
Mr. Bill Welch
City Editor
205 West 12th St.
Erie, PA 16534
Ph: 814-870-1600
Fx: 814-870-1808
Sunday Circulation: 102,424

(Greensburg) Tribune-Review
Mr. David Josar
Health Writer
Cabin Hill Drive
Greensburg, PA 15601
Ph: 412-834-1151
Fx: 412-838-5171
Sunday Circulation: 83,873

(Harrisburg) Patriot-News
Mr. Miles Bensen
Health Writer
Newhouse News Service
2000 Pennsylvania Ave. NW #3900
Washington, D.C. 20006
Ph: 202-785-0101
Fx: 202-383-7820
Sunday Circulation: 175,946

(Johnstown) Tribune-Democrat
Mr. Ted Potts
Health Writer
425 Locust St.
Johnstown, PA 15901
Ph: 814-532-5050
Fx: 814-539-1409
Sunday Circulation: 53,099

(Lancaster) Intelligencer Journal
Mr. Jeff Hawkes
Health Writer
P.O. Box 1328
Lancaster, PA 17603
Ph: 717-291-8600
Fx: 717-399-6507
Sunday Circulation: 104,255

Lancaster New Era
Ms. Cindy Stauffer
Health Writer
P.O. Box 1328
Lancaster, PA 17608
Ph: 717-291-8733
Fx: 717-399-6506
Sunday Circulation: 104,255

(Levittown) Bucks County Courier Times
and Daily Intelligencer
Ms. Laurie Conrad
Health Writer
8400 Rt. 13
Levittown, PA 19057
Ph: 215-949-4151
Fx: 215-949-4122
Sunday Circulation: 72,593

Philadelphia Daily News
Ms. Debbie Licklider
Health Editor
400 N. Broad St.
P.O. Box 7788

Philadelphia, PA 19101
Ph: 215-854-5900
Fx: 215-854-5524
Saturday Circulation: 127,320

Philadelphia Inquirer
Ms. Susan Fitzgerald
Health Editor
400 N. Broad St.
P.O. Box 8263
Philadelphia, PA 19101
Ph: 215-854-2000
Fx: 215-854-4795
Sunday Circulation: 982,663

(Pittsburgh) Post-Gazette
Mr. Byron Spice
Health Editor
P.O. Box 957
Pittsburgh, PA 15230
Ph: 412-391-1100
Fx: 412-391-8452
Saturday Circulation: 148,442

Pittsburgh Press
Mr. Steve Tweed
Health Editor
34 Blvd. of the Allies
Pittsburgh, PA 15222
Ph: 412-263-1100
Fx: 412-263-2014 or 3614
Sunday Circulation: 557,000

(Primos) Daily Times
Ms. Patty Menegers
Health Writer
500 Mildred Ave.
Primos, PA 19018
Ph: 215-622-8800
Fx: 215-622-8887
Sunday Circulation: 50,837

Reading Eagle/Reading Times
Mr. Jim Sneddon
Features Editor
P.O. Box 582
Reading, PA 19603-0582
Ph: 215-371-5000
Fx: 215-371-5098
Sunday Circulation: 113,100

Scranton Times

Mr. Robert Burke
Assistant Managing Editor
149 Penn Ave.
Scranton, PA 18503
Ph: 717-348-9121
Fx: 717-348-9135
Sunday Circulation: 80,732

(Uniontown) Herald-Standard
Ms. Robin Acton
Health Writer
8-18 E. Church St.
Uniontown, PA 15401
Ph: 412-439-7500
Fx: 412-439-7559
Sunday Circulation: 32,686

(Washington) Observer-Reporter
Ms. Marilyn Posner
Health Writer
122 S. Main St.
Washington, PA 15301
Ph: 412-222-2200
Fx: 412-225-2077
Sunday Circulation: 36,703

(West Chester) Daily Local News
Ms. Judy Capar
Health Writer
250 N. Bradford Ave.
West Chester, PA 19382
Ph: 215-696-1776
Fx: 215-430-1180
Sunday Circulation: 35,410

(Wilkes-Barre) Citizens' Voice
Ms. Pat Trotsky
Health Writer
75 N. Washington St.
Wilkes-Barre, PA 18711
Ph: 717-821-2000
Fx: 717-821-2247
Daily Circulation: 47,214

(Wilkes-Barre) Times Leader
Mr. Tom Mooney
Health Writer
15 N. Main St.
Wilkes Barre, PA 18711
Ph: 717-829-7100
Fx: 717-829-5537
Sunday Circulation: 59,667

York Daily Record
Ms. Gloria Fogal
Health Writer
1750 Industrial Hwy.
York, PA 17402
Ph: 717-840-4000
Fx: 717-840-2009
Saturday Circulation: 70,960

York Dispatch
Mr. Mike Frassinelli
Health Writer
P.O. Box 2807
York, PA 17405
Ph: 717-854-1575
Fx: 717-843-2958
Sunday Circulation: 86,426

6. Missouri

Joplin Globe
Ms. Kit Brothers
Health Writer
P.O. Box 7
Joplin, MO 64802
Ph: 417-623-3480
Fx: 417-623-8450
Sunday Circulation: 46,570

Kansas City Star
Ms. Lynn Horseley
Health Writer
1729 Grand Ave.
Kansas City, MO 64108
Ph: 816-234-4415
Fx: 816-234-4926
Sunday Circulation: 423,305

St. Joseph News-Press
Ms. Cheryl Wittenauer
Health Writer
P.O. Box 29
St. Joseph, MO 64502
Ph: 816-271-8500
Fx: 816-271-8692
Sunday Circulation: 49,218

(St. Louis) Post-Dispatch
Mr. Roger Signor
Health Editor
900 N. Tucker Blvd.
St. Louis, MO 63101

Ph: 314-622-7000
Fx: 314-622-7093
Sunday Circulation: 585,681

(Springfield) News-Leader
Ms. Betsy Neus
Health Writer
Gannett News Service
1000 Wilson Blvd.
Arlington, VA 22229-0001
Ph: 703-276-3605
Fx: 703-558-3813
Sunday Circulation: 98,644

7. Kansas

Hutchinson News
Ms. Mary Rintoul
Assistant Managing Editor
P.O. Box 190
Hutchinson, KS 67504-0190
Ph: 316-662-3311
Fx: 316-694-5767
Sunday Circulation: 41,273

Topeka Capital-Journal
Ms. Jacqlyn Mindell
Health Writer
616 SE Jefferson
Topeka, KS 66607
Ph: 913-295-1181
Fx: 913-295-1230
Sunday Circulation: 73,992

Wichita Eagle
Mr. Ricardo Zaldivar
Health Writer
Knight-Ridder Newspapers
700 National Press Bldg.
Washington, D.C. 20045
Ph: 202-383-6000
Fx: 202-383-6075
Sunday Circulation: 198,771

8. Oregon

(Eugene) Register-Guard
Mr. Randy Bjornstad
Health Writer
P.O. Box 10188
Eugene, OR 97440
Ph: 503-485-1234

Fx: 503-683-7631
Sunday Circulation: 79,288

(Medford) Mail Tribune
Ms. Susan Jay
Health Writer
P.O. Box 1108
Medford, OR 97501
Ph: 503-776-4477
Fx: 503-776-4376
Sunday Circulation: 35,983

(Portland) Oregonian
Mr. Miles Bensen
Health Writer
Newhouse News Service
2000 Pennsylvania Ave. NW #3900
Washington, D.C. 20006
Ph: 202-785-0101
Fx: 202-383-7820
Sunday Circulation: 440,923

(Salem) Statesman-Journal
Ms. Betsy Neus
Health Writer
Gannett News Service
1000 Wilson Blvd.
Arlington, VA 22229-0001
Ph: 703-276-3605
Fx: 703-558-3813
Sunday Circulation: 69,015

9. Louisiana

Alexandria Daily Town Talk
Ms. Melissa Smith
Health Writer
1201 3rd St.
Alexandria, LA 71301
Ph: 318-487-6397
Fx: 318-487-6315
Sunday Circulation: 41,991

(Baton Rouge) Advocate
Mr. Peter Shinkle
Health Writer
P.O. Box 588
Baton Rouge, LA 70821
Ph: 504-383-1111 Ext. 457
Fx: 504-388-0371
Sunday Circulation: 138,896

(Lafayette) Daily Advertiser
Mr. Pam Glissen
Health Writer
P.O. Box 2893
Lafayette, LA 70502
Ph: 318-235-8511
Fx: 318-237-8940
Sunday Circulation: 41,116

Lake Charles American Press
Ms. Kerry Jamison
Health Writer
P.O. Box 2893
Lake Charles, LA 70602-2893
Ph: 318-433-3000
Fx: 318-494-4008
Sunday Circulation: 42,200

(Monroe) News-Star
Ms. Valerie Crain
Health Writer
411 N. 4th St.
Monroe, LA 71201
Ph: 318-322-5161
Fx: 318-362-0273
Sunday Circulation: 47,349

(New Orleans) Times-Picayune
Mr. Miles Bensen
Health Writer
Newhouse News Service
2000 Pennsylvania Ave. NW #3900
Washington, D.C. 20006
Ph: 202-785-0101
Fx: 202-383-7820
Sunday Circulation: 324,241

(Shreveport) Times
Ms. Betsy Neus
Health Writer
Gannett News Service
1000 Wilson Blvd.
Arlington, VA 22229-0001
Ph: 703-276-3605
Fx: 703-558-3813
Sunday Circulation: 103,822

10. Connecticut

(Bridgeport) Connecticut Post
Ms. Kathy Katella
Health Writer

410 State St.
Bridgeport, CT 06604
Ph: 203-333-0161
Fx: 203-367-8158
Sunday Circulation: 87,387

(Danbury) News-Times
Ms. Barbara Loecher
Health Writer
333 Main St.
Danbury, CT 06810
Ph: 203-744-5100
Fx: 203-792-8730
Sunday Circulation: 46,215

Hartford Courant
Mr. Frank Spencer Molloy
Health Writer
285 Broad St.
Hartford, CT 06115
Ph: 203-241-6200
Fx: 203-241-3865
Sunday Circulation: 320,108

(Manchester) Journal Inquirer
Mr. Bob Boone
City Editor
P.O. Box 510
Manchester, CT 06045
Ph: 203-646-0500
Fx: 203-646-9867
Daily Circulation: 44,998

(Meridan) Record-Journal
Ms. Darryl Campagna
Health Writer
11 Crown St.
Meridan, CT 06450
Ph: 203-235-1661
Fx: 203-639-0210
Sunday Circulation: 30,914

(New Britain) Herald
Ms. Susan Corica
Health Writer
1 Herald Square
New Britain, CT 06050
Ph: 203-225-4601
Fx: 203-225-4601
Daily Circulation: 35,519

New Haven Register

Mr. Abe Katz
Health Writer
40 Sargent Dr.
New Haven, CT 06511
Ph: 203-789-5200
Fx: 203-865-7894
Sunday Circulation: 133,784

(New London) Day
Mr. Bob Hamilton
Health Writer
P.O. Box 1231
New London, CT 06320-1231
Ph: 203-442-2200
Fx: 203-442-5599
Sunday Circulation: 42,853

Norwich Bulletin
Ms. Claire Bessette
Health Writer
66 Franklin St.
Norwich, CT 06360
Ph: 203-887-9211
Fx: 203-887-9666
Sunday Circulation: 37,621

(Stamford) Advocate
Ms. Emily Laber
Health Writer
75 Tresser Blvd.
Stamford, CT 06904-9307
Ph: 203-964-2200
Fx: 203-964-2345
Sunday Circulation: 41,544

Waterbury Republican-American
Ms. Claire LaFleur
Features Editor
389 Meadow St.
Waterbury, CT 06722
Ph: 203-574-3636
Fx: 203-596-9277
Sunday Circulation: 82,000

11. Minnesota

Duluth News-Tribune
Mr. Ricardo Zaldivar
Health Writer
Knight-Ridder Newspapers
700 National Press Bldg.
Washington, D.C. 20045

Ph: 202-383-6000
Fx: 202-383-6075
Sunday Circulation: 84,073

(Minneapolis) Star-Tribune
Mr. Gordon Slovit
Health Editor
425 Portland Ave.
Minneapolis, MN 55488
Ph: 612-673-4000
Fx: 612-673-4359
Sunday Circulation: 677,753

(Rochester) Post-Bulletin
Ms. Mary Van Beusekom
Health Writer
P.O. Box 6118
Rochester, MN 55903-6118
Ph: 507-285-7600
Fx: 507-285-7772
Weekend Circulation: 42,942

St. Paul Pioneer Press Dispatch
Mr. Tom Majeski
Health Editor
345 Cedar St.
St. Paul, MN 55101
Ph: 612-222-5011
Fx: 612-228-6129
Sunday Circulation: 267,781

12. Montana

Billings Gazette
Pat Bellinghausen
Health Writer
P.O. Box 36300
Billings, MT 59107
Ph: 406-657-1303
Fx: 406-657-1208
Sunday Circulation: 60,815

Great Falls Tribune
Mr. Tom Kotynski
City Editor
P.O. Box 5468
Great Falls, MT 59403
Ph: 406-791-1460
Fx: 406-791-1431
Sunday Circulation: 40,009

(Missoula) Missoulian

Ms. Mea Andrews
Health Writer
500 S. Higgins
Missoula, MT 59801
Ph: 406-523-5200
Fx: 406-523-5221
Sunday Circulation: 32,940

13. Texas

Abilene Reporter-News
Mr. Al Dostel
Health Writer
P.O. Box 30
Abilene, TX 79604
Ph: 915-673-4271
Fx: 915-673-1901
Sunday Circulation: 55,780

Amarillo Globe News
Mr. Mike Hughes
Health Writer
P.O. Box 2091
Amarillo, TX 79166
Ph: 806-376-4488
Fx: 806-373-0810
Daily Circulation: 42,566

Austin American-Statesman
Mr. Dick Stanley
Health Writer
P.O. Box 670
Austin, TX 78767
Ph: 512-445-3624
Fx: 512-445-3679
Sunday Circulation: 227,918

Beaumont Enterprise
Mr. Victor Ostrowidzki
Health Writer
Hearst Newspapers
1701 Pennsylvania Ave. nW
Washington, D.C. 20006
Ph: 202-298-6920
Fx: 202-333-1184
Sunday Circulation: 86,359

(Corpus Christi) Caller-Times
Ms. Charlotte Huff
Health Writer
P.O. Box 9136
Corpus Christie, TX 78469

Ph: 512-886-3766
Fx: 512-886-3732
Sunday Circulation: 92,864

Dallas Morning News
Ms. Rita Ruben
Health Editor
Communications Center
P.O. Box 655287
Dallas, TX 75265
Ph: 214-977-8222
Fx: 214-977-8776
Sunday Circulation: 618,283

El-Paso Herald-Post
Mr. Don Kirkman
Health Writer
Scripps Howard News Service
1090 Vermont Ave. NW #1000
Washington, D.C. 20005
Ph: 202-408-2711
Fx: 202-408-8116
Daily Circulation: 28,319

El Paso Times
Ms. Betsy Neus
Health Writer
Gannett News Service
1000 Wilson Blvd.
Arlington, VA 22229-0001
Ph: 703-276-3605
Fx: 703-558-3813
Sunday Circulation: 96,611

Fort Worth Star-Telegram
Ms. Carolyn Poirot
Health Writer
400 W. Seventh St.
Forth Worth, TX 76102
Ph: 817-390-7410
Fx: 817-390-7789
Sunday Circulation: 325,780

(Harlingen) Valley Morning Star
Mr. Gary Ware
Health Writer
P.O. Box 511
Harlingen, TX 78550
Ph: 512-423-5511
Fx: 512-430-6204
Sunday Circulation: 35,188

Houston Chronicle
Ms. Ruth Sorelle
Health Editor
801 Texas Ave.
P.O. Box 4260
Houston, TX 77210
Ph: 713-220-7171
Fx: 713-220-6806
Sunday Circulation: 620,752

Houston Post
D.J. Wilson
Health Editor
4747 SW Freeway
P.O. Box 4747
Houston, TX 77210
Ph: 713-840-5600
Fx: 713-840-6722
Sunday Circulation: 359,046

Longview News-Journal
Ms. DeAnn Smith
Health Writer
320 E. Methvin St.
Longview, TX 75601
Ph: 903-757-3311
Fx: 903-757-3742
Sunday Circulation: 43,094

Lubbock Avalanche-Journal
Ms. Baleri Avery
Health Writer
P.O. Box 491
Lubbock, TX 79408
Ph: 806-762-8844
Fx: 806-744-9603
Sunday Circulation: 76,727

(McAllen) Monitor
Mr. Dave Herman
Health Writer
P.O. Box 760
McAllen, TX 78505
Ph: 512-686-4343
Fx: 512-618-0520
Sunday Circulation: 48,146

Odessa American
Ms. Judy Paine
Health Writer
222 E. 4th
Odessa, TX 79760

Ph: 915-337-4661
Fx: 915-334-8641
Saturday Circulation: 37,577

San Angelo Standard-Times
Ms. Jenny Strasburg
Health Writer
34 W. Harris Ave.
San Angelo, TX 76901
Ph: 915-653-1221
Fx: 915-658-7341
Sunday Circulation: 38,175

(San Antonio) Express-News
Mr. Victor Ostrowidzki
Health Writer
Hearst Newspapers
1701 Pennsylvania Ave. NW
Washington, D.C. 20006
Ph: 202-298-6920
Fx: 202-333-1184
Sunday Circulation: 280,048

Texarkana Gazette
Ms. Lori Cox
Health Writer
P.O. Box 621
Texarkana, TX 75504
Ph: 903-794-3311
Fx: 903-792-7183
Sunday Circulation: 37,273

Tyler Morning Telegraph
Ms. Betty Gomes
Health Writer
P.O. Box 2030
Tyler, TX 75710
Ph: 903-597-8111
Fx: 903-595-0335
Sunday Circulation: 50,329

Victoria Advocate
Ms. Linda Hetsel
Health Writer
311 E. Constitution
Victoria, TX 77901
Ph: 512-575-1451
Fx: 512-574-1220
Sunday Circulation: 39,588

Waco Tribune-Herald
Ms. Lynn Bulmahn

Health Writer
900 Franklin Ave.
Waco, TX 76701
Ph: 817-757-5757
Fx: 817-757-0302
Sunday Circulation: 63,994

(Wichita Falls) Times Record News
Mr. Carroll Wilson
Managing Editor
P.O. Box 120
Wichita Falls, TX 76307
Ph: 817-767-8341
Fx: 817-767-5201
Sunday Circulation: 48,791

14. Nevada

(Carson City) Nevada Appeal
Ms. Sandy Wright
Editor
P.O. Box 2288
Carson City, NV 89702
Ph: 702-882-2111
Fx: 702-882-6664
Sunday Circulation: 12,363

Elko Daily Free Press
Mr. Jeff Mullins
Health Writer
P.O. Box 5099
Elko, NV 89802
Ph: 702-738-3118
Fx: 702-738-2215
Daily Circulation: 54,570

Las Vegas Review-Journal
Mr. Steve Papinchak
Health Writer
P.O. Box 70
Las Vegas, NV 89125-0070
Ph: 702-383-0264
Fx: 702-383-0302
Sunday Circulation: 212,283

Reno Gazette-Journal
Ms. Betsy Neus
Health Writer
Gannett News Service
1000 Wilson Blvd.
Arlington, VA 22229-0001
Ph: 703-276-3605

Fx: 703-558-3813
Sunday Circulation: 82,508

15. Nebraska

Lincoln Journal
Ms. Martha Stoddard
Health Writer
926 P St.
Lincoln, NE 68508
Ph: 402-473-7231
Fx: 402-473-7291
Sunday Circulation: 79,600

Lincoln Star
Ms. Joanne Young
Health Writer
926 P St.
Lincoln, NE 68508
Ph: 402-473-7301
Fx: 402-473-7291
Sunday Circulation: 79,000

Omaha World-Herald
Ms. Mary McGrath
Health Writer
World Herald Square
Omaha, NE 68102
Ph: 402-444-1307
Fx: 402-345-0183
Sunday Circulation: 288,666

16. Oklahoma

Norman Transcript
Ms. Christine Meyer
Health Writer
P.O. Box 1058
Norman, OK 73070
Ph: 405-321-1800
Fx: 405-366-3516
Sunday Circulation: 15,784

(Oklahoma City) Daily Oklahoman
Ms. Karen Klinka
Health Writer
P.O. Box 25125
Oklahoma City, OK 73125
Ph: 405-475-3675
Fx: 405-475-3183
Sunday Circulation: 335,319

(Okmulgee) Times

Ms. Marty Blackwood
Lifestyles Editor
P.O. Box 1218
Okmulgee, OK 74447
Ph: 918-756-3600
Fx: 918-756-8197
Daily Circulation: 214,055

Tulsa World

Mr. Tim Barker
Health Writer
P.O. Box 1770
Tulsa, OK 74102
Ph: 918-581-8300
Fx: 918-581-8353
Sunday Circulation: 241,478

17. Alabama

Anniston Star

Ms. Cathi Downing
Assistant Metro Editor
P.O. Box 189
Anniston, AL 36202
Ph: 205-236-1551
Fx: 205-231-0027
Sunday Circulation: 33,017

Birmingham News

Mr. Miles Bensen
Health Writer
Newhouse News Service
2000 Pennsylvania Ave. NW #3900
Washington, D.C. 20006
Ph: 202-785-0101
Fx: 202-383-7820
Sunday Circulation: 212,529

Birmingham Post-Herald

Mr. Don Kirkman
Health Writer
Scripps Howard News Service
1090 Vermont Ave. NW
Washington, D.C. 20005
Ph: 202-408-2711
Fx: 202-408-8116
Saturday Circulation: 179,883

Decatur Daily

Mr. Ken Retherford
Health Writer

P.O. Box 2213
Decatur, AL 35609-2213
Ph: 205-340-2438
Fx: 205-340-2366
Sunday Circulation: 32,121

(Florence) Times Daily
Mr. Shelly Haskins
Health Writer
219 W. Tennessee
Florence, AL 35630
Ph: 205-766-3434
Fx: 205-740-4717
Sunday Circulation: 35,654

Gadsden Times
Mr. Andy Powell
Health Writer
P.O. Box 188
Gadsden, AL 35999
Ph: 205-549-2000
Fx: 205-549-2105
Sunday Circulation: 31,774

Huntsville News
Mr. Budd McLaughlin
News Editor
P.O. Box 1007
Huntsville, AL 35807
Ph: 205-532-4500
Fx: 205-532-4530
Saturday Circulation: 15,060

Huntsville Times
Mr. Miles Benson
Health Writer
Newhouse News Service
2000 Pennsylvania Ave. NW #3900
Washington, D.C. 20006
Ph: 202-785-0101
Fx: 202-383-7820
Sunday Circulation: 79,637

Mobile Press & Register
Mr. Miles Benson
Health Writer
Newhouse News Service
2000 Pennsylvania Ave. NW #3900
Washington, D.C. 20006
Ph: 202-785-0101
Fx: 202-383-7820
Sunday Circulation: 114,267

Montgomery Advertiser
Ms. Ruth Albright
Health Writer
200 Washington Ave.
Montgomery, AL 36104
Ph: 205-262-1611
Fx: 205-261-1505
Sunday Circulation: 79,609

Tuscaloosa News
Ms. Kelly Whitlock
Health Writer
P.O. Drawer 1
Tuscaloosa, AL 35401
Ph: 205-345-0505
Fx: 205-349-0809
Sunday Circulation: 41,088

18. Rhode Island

Providence Journal-Bulletin
Ms. Felice Freyer
Health Writer
75 Fountain St.
Providence, RI 02902
Ph: 401-277-7397
Fx: 401-277-7346
Sunday Circulation: 264,690

19. Maine

(Bangor) Daily News
Ms. Janice Oblinger
Health Writer
P.O. Box 1329
Bangor, ME 04402
Ph: 207-990-8270
Fx: 207-941-9476
Weekend Circulation: 92,640

Lewiston Sun-Journal/Sunday
Ms. Heather McCarthy
Health Page
104 Park St.
Lewiston, ME 04240
Ph: 207-784-5411
Fx: 207-777-3436
Sunday Circulation: 42,860

Portland Press Herald
Ms. Joanne Lannin
Health Writer

P.O. Box 1460
Portland, ME 04104
Ph: 207-780-9244
Fx: 207-780-9499
Saturday Circulation: 63,147

20. Delaware

(Dover) Delaware State News
Ms. Joyce Mullins
Health Writer
P.O. Box 737
Dover, DE 19903
Ph: 302-674-3600
Fx: 302-674-4752
Sunday Circulation: 31,863

Wilmington News Journal
Ms. Betsy Neus
Health Writer
Gannett News Service
1000 Wilson Blvd.
Arlington, VA 22229-0001
Ph: 703-276-3605
Fx: 703-558-3813
Sunday Circulation: 139,727

21. Georgia

Albany Herald
Mr. Danny Carter
City Editor
P.O. Box 48
Albany, GA 31703
Ph: 912-888-9300
Fx: 912-888-9357
Sunday Circulation: 46,477

Athens Banner Herald
Ms. Rachel Bianco
Health Writer
P.O. Box 912
Athens, GA 30613
Ph: 706-549-0123
Fx: 706-208-2246
Sunday Circulation: 34,375

Atlanta Constitution
Mr. Michael King
Health Editor
72 Marietta St. NW
Atlanta, GA 30303

Ph: 404-526-5151
Fx: 404-526-5746
Sunday Circulation: 700,739

Atlanta Journal

Mr. Michael Toner
Health Editor
72 Marietta St. NW
Atlanta, GA 30303
Ph: 404-526-5151
Fx: 404-526-5746
Sunday Circulation: 700,739

Augusta Chronicle

Ms. Kathleen Donahue
Health Writer
P.O. Box 1928
Augusta, GA 30913
Ph: 706-724-0851
Fx: 706-722-7403
Sunday Circulation: 98,654

Columbus Ledger-Enquirer

Mr. Ricardo Zaldivar
Health Writer
Knight-Ridder Newspapers
700 National Press Building
Washington, D.C. 20045
Ph: 202-383-6000
Fx: 202-383-6075
Sunday Circulation: 67,990

Macon Telegraph

Mr. Ricardo Zaldivar
Health Writer
Knight-Ridder Newspapers
700 National Press Building
Washington, D.C. 20045
Ph: 202-383-6000
Fx: 202-383-6075
Sunday Circulation: 100,406

Savannah News-Press

Ms. Melissa Alexander
Health Writer
111 West Bay St.
Savannah, GA 31401
Ph: 912-236-9511
Fx: 912-234-6522
Sunday Circulation: 81,262

22. Virginia

(Bristol) Herald-Courier Virginia-Tennessean
Ms. Susan Bolling
City Editor
320 Morrison Blvd.
Bristol, VA 24201
Ph: 703-669-2181
Fx: 703-669-3696
Sunday Circulation: 45,775

(Charlottesville) Daily Progress
Mr. John Bray
Health Editor
P.O. Box 9030
Charlottesville, VA 22906
Ph: 804-978-7200
Fx: 804-978-7223
Sunday Circulation: 34,886

(Fredericksburg) Free Lance-Star
Ms. Georgia Heneghan
Health Writer
616 Amelia St.
Fredericksburg, VA 22401-3886
Ph: 703-373-5000
Fx: 703-373-8450
Saturday Circulation: 43,813

(Lynchburg) News & Daily Advance
Ms. Cynthia Pegram
Health Writer
P.O. Box 10129
Lynchburg, VA 24506-0129
Ph: 804-385-5450
Fx: 804-385-5538
Sunday Circulation: 44,378

(Newport News) Daily Press
Mr. Mark Davidson
Health Writer
7505 Warwick Blvd.
Newport News, VA 23607
Ph: 804-247-4730
Fx: 804-245-8618
Sunday Circulation: 122,335

(Norfolk) Virginian-Pilot/Ledger-Star
Mr. Tom Holden
Health Writer
150 W. Brambleton Ave.
Norfolk, VA 23510
Ph: 804-446-2551
Fx: 804-446-2414

Sunday Circulation: 237,784

Richmond Times-Dispatch
Ms. Anna Billingsley
Health Writer
P.O. Box 85333
Richmond, VA 23293
Ph: 804-649-6331
Fx: 804-775-8059
Sunday Circulation: 254,331

Roanoke Times & World News
Ms. Carolyn Click
Health Writer
201 W. Campbell Ave.
P.O. Box 2491
Roanoke, VA 24010
Ph: 703-981-3341
Fx: 703-981-3346
Sunday Circulation: 127,587

23. Illinois

(Alton) Telegraph
Ms. Mary Ann Mazenko
Health Writer
P.O. Box 278
Alton, IL 62002-0278
Ph: 618-463-2500
Fx: 618-463-9829
Sunday Circulation: 36,356

(Arlington Heights) Daily Herald
Mr. Dan Rozek
Health Editor
P.O. Box 280
Arlington Heights, IL 60006
Ph: 708-870-3600
Fx: 708-398-0172
Sunday Circulation: 116,772

(Aurora) Beacon-News
Mr. John Russell
City Editor
101 S. River St.
Aurora, IL 60506
Ph: 708-844-5844
Fx: 708-844-1043
Sunday Circulation: 41,797

Belleville News-Democrat

Mr. Roger Schlueter
Health Writer
P.O. Box 427
Belleville, IL 62222
Ph: 618-234-1000
Fx: 618-234-9595
Sunday Circulation: 53,322

(Bloomington) Pantagraph

Mr. Gary Mays
Health Writer
301 W. Washington St.
Bloomington, IL 61701
Ph: 309-829-9411
Fx: 309-829-7000
Sunday Circulation: 56,435

(Carbondale) Southern Illinoisan

Ms. Cindy Humphries
Health Writer
710 N. Illinois
Carbondale, IL 62901
Ph: 618-529-5454
Fx: 618-457-2935
Sunday Circulation: 35,812

(Champaign) News-Gazette

Ms. Debbie Pressey
Health Writer
P.O. Box 677
Champaign, IL 61824-0677
Ph: 217-351-5252
Fx: 217-351-5374
Sunday Circulation: 52,542

(Chicago) Southtown Economist

Ms. Anita Huslin
Health Writer
5959 S. Harlem
Chicago, IL 60638
Ph: 312-586-8800
Fx: 312-229-2900
Sunday Circulation: 66,120

Chicago Sun Times

Mr. Howard Wolinsky
Health Editor
401 N. Wabash Ave.
Chicago, IL 60611
Ph: 312-321-3000
Fx: 312-321-3084
Sunday Circulation: 559,093

Chicago Tribune
Mr. Ronald Kotulak
Health Editor
435 N. Michigan Ave.
Chicago, IL 60611
Ph: 312-222-3232
Fx: 312-222-3143
Sunday Circulation: 1,133,249

(Decatur) Herald & Review
Ms. Theresa Churchill
Health Writer
P.O. Box 311
Decatur, IL 62525
Ph: 217-429-5151
Fx: 217-421-6913
Sunday Circulation: 56,377

(Elgin) Courier News
Mr. Paul Harth
Health Writer
300 Lake St.
Elgin, IL 60120
Ph: 708-888-7800
Fx: 708-888-7836
Sunday Circulation: 30,316

(Joliet) Herald-News
Ms. Cindy Cain
Health Writer
300 Caterpillar Dr.
Joliet, IL 60436
Ph: 815-729-6161
Fx: 815-729-6059
Sunday Circulation: 49,984

(Kankakee) Daily Journal
Mr. Lee Provost
Health Writer
8 Dearborn Square
Kankakee, IL 60901
Ph: 815-937-3300
Fx: 815-937-3301
Sunday Circulation: 34,243

(Libertyville) News-Sun
Ms. Wendy Fox-Weber
Features Editor
100 W. Madison St.
Libertyville, IL 60085
Ph: 708-336-7000
Fx: 708-249-7209

Weekend Circulation: 43,766

(Peoria) Journal Star
Mr. David Moll
Health Writer
#1 News Plaza
Peoria, IL 61643
Ph: 309-686-3110
Fx: 309-686-3296
Sunday Circulation: 114,101

Quincy Herald Whig
Mr. Doug Wilson
News Editor
P.O. Box 909
Quincy, IL 62306-0909
Ph: 217-223-5100
Fx: 217-223-9757
Sunday Circulation: 30,319

(Rock Island) Daily Dispatch
Mr. Joe Payne
Lifestyle Editor
1724 4th Ave.
Rock Island, IL 61201
Ph: 309-764-4344
Fx: 309-786-7639
Sunday Circulation: 37,002

Rockford Register Star
Mr. Rich Ramhoff
Health Writer
999 East State St.
Rockford, IL 66104
Ph: 815-987-1350
Fx: 815-987-1365
Sunday Circulation: 87,362

(Springfield) State Journal-Register
Ms. Judy Miller
Health Writer
P.O. Box 219
Springfield, IL 62705
Ph: 217-788-1516
Fx: 217-788-1551
Sunday Circulation: 77,735

24. Vermont

Burlington Free Press
Ms. Betsy Neus
Health Writer

Gannett News Service
1000 Wilson Blvd.
Arlington, VA 22229-0001
Ph: 703-276-3605
Fx: 703-558-3813
Sunday Circulation: 66,394

25. Utah

(Ogden) Standard-Examiner
Ms. Lori Bonahunt
Health Writer
P.O. Box 487
Ogden, UT 84402
Ph: 801-394-7711
Fx: 801-625-4299
Sunday Circulation: 57,668

(Provo) Daily Herald
Ms. Sharon Haddock
Health Writer
1555 N. Freedom Blvd.
Provo, UT 84603
Ph: 801-373-5050
Fx: 801-373-5489
Sunday Circulation: 30,838

(Salt Lake City) Deseret News
Mr. Joe Bauman
Medical Writer
P.O. Box 1257
Salt Lake City, UT 84110
Ph: 801-237-2100
Fx: 801-237-2121
Sunday Circulation: 68,766

(Salt Lake City) Tribune
Ms. Ann Wilson
Health Writer
143 South Main St.
Salt Lake City, UT 84111
Ph: 801-237-2800
Fx: 801-521-9418
Sunday Circulation: 145,371

26. Arizona

Mesa Tribune
Ms. Kendell Ameduri
Health Writer
P.O. Box 3099
Tempe, AZ 85280

Ph: 602-898-5688
Fx: 602-968-8030
Sunday Circulation: 45,908

(Phoenix) Arizona Republic
Mr. David Cannella
Health Editor
120 E. Van Buren
Phoenix, AZ 85004
Ph: 602-271-8000
Fx: 602-271-8044
Sunday Circulation: 595,413

Phoenix Gazette
Mr. Dave Hoyer
Medical Writer
120 E. Van Buren
Phoenix, AZ 85004
Ph: 602-271-8632
Fx: 602-271-8911
Daily Circulation: 96,642

Tempe Daily News
Mr. Jeff Nesmith
Health Writer
Cox Newspapers
2000 Pennsylvania Ave. NW #1000
Washington, D.C. 20006-1894
Ph: 202-331-0900
Fx: 202-331-1055
Daily Circulation: 11,419

(Tuscon) Arizona Daily Star
Ms. Jane Erikson
Health Writer
P.O. Box 26807
Tuscon, AZ 85726-6807
Ph: 602-573-4400
Fx: 602-573-4107
Sunday Circulation: 52,855

Tuscon Citizen
Ms. Betsy Neus
Health Writer
Gannett News Service
1000 Wilson Blvd.
Arlington, VA 22229-0001
Ph: 703-276-3605
Fx: 703-558-3813
Daily Circulation: 52,855

27. New Mexico

Albuquerque Journal
Mr. Rex Graham
Health Writer
Drawer J
Albuquerque, NM 87103
Ph: 505-823-3840
Fx: 505-823-3994
Sunday Circulation: 162,394

Albuquerque Tribune
Mr. Don Kirkman
Health Writer
Scripps Howard News Service
1090 Vermont Ave. NW #1000
Washington, D.C. 20005
Ph: 202-408-2711
Fx: 202-408-8116
Sunday Circulation: 40,812

28. Kentucky

(Covington) Kentucky Post
Mr. Don Kirkman
Health Writer
Scripps Howard News Service
1090 Vermont Ave. NW #1000
Washington, D.C. 20005
Ph: 202-408-2711
Fx: 202-408-8116
Daily Circulation: 46,036

Lexington Herald-Leader
Mr. Ricardo Zaldivar
Health Writer
Knight-Ridder Newspapers
700 National Press Bldg.
Washington, D.C. 20045
Ph: 202-383-6000
Fx: 202-383-6075
Sunday Circulation: 160,358

(Louisville) Courier-Journal
Ms. Betsy Neus
Health Writer
Gannett News Service
1000 Wilson Blvd.
Arlington, VA 22229-0001
Ph: 703-276-3605
Fx: 703-558-3813
Sunday Circulation: 328,901

(Owensboro) Messenger-Inquirer

Ms. Lori Eckenberger
Health Writer
P.O. Box 1480
Owensboro, KY 42302
Ph: 502-926-0123
Fx: 502-686-7868
Sunday Circulation: 34,287

Paducah Sun
Mr. Ron Clark
City Editor
P.O. Box 2300
Paducah, KY 42002-2300
Ph: 502-443-1771
Fx: 502-442-7859
Sunday Circulation: 33,515

29. South Carolina

Anderson Independent-Mail
Ms. Anne Spenner
Health Writer
P.O. Box 2507
Anderson, SC 29622
Ph: 803-224-4321
Fx: 803-260-1276
Sunday Circulation: 45,686

(Charleston) Post and Courier
Ms. Hannah Heyward
Features
134 Columbus St.
Charleston, SC 29403-4800
Ph: 803-577-7111
Fx: 803-723-4893
Sunday Circulation: 122,383

(Columbia) State
Ms. Diane Lore
Health Writer
P.O. Box 1333
Columbia, SC 29202
Ph: 803-771-8415
Fx: 803-771-8430
Sunday Circulation: 173,280

Florence Morning News
Ms. Kelly Fowler
Health Writer
P.O. Box 100528
Florence, SC 29501
Ph: 803-669-1771

Fx: 803-260-1276
Sunday Circulation: 32,229

Greenville News & Piedmont
Ms. Sheila Carnett
Editor
P.O. Box 1688
Greenville, SC 29602
Ph: 803-298-4110
Fx: 803-298-4395
Sunday Circulation: 137,151

(Myrtle Beach) Sun News
Ms. Gwen Fowler
Metro Editor
P.O. Box 406
Myrtle Beach, SC 29578-0406
Ph: 803-626-8555
Fx: 803-626-0356
Sunday Circulation: 42,103

(Spartanburg) Herald-Journal
Lifestyles Editor
P.O. Box 1657
Spartanburg, SC 29304
Ph: 803-582-4511
Fx: 803-594-6350
Sunday Circulation: 66,332

30. North Carolina

(Burlington) Times-News
Mr. Tom Jones
Editor
P.O. Box 481
Burlington, NC 27216
Ph: 919-227-0131
Fx: 919-229-2463
Sunday Circulation: 31,520

Charlotte Observer
Ms. Karen Garloch
Health Writer
P.O. Box 30308
Charlotte, NC 28232
Ph: 704-358-5000
Fx: 704-358-5036
Sunday Circulation: 299,451

Fayetteville Observer-Times
Ms. Bonnie Wilson
Health Writer

P.O. Box 849
Fayetteville, NC 28302
Ph: 919-323-4848
Fx: 919-486-3545
Sunday Circulation: 77,579

(Gastonia) Gaston Gazette

Ms. Heather Hay
Lifestyle Editor
P.O. Box 1538
Gastonia, NC 28053
Ph: 704-864-3291
Fx: 704-867-6988
Sunday Circulation: 45,129

Greensboro News & Record

Mr. Justin Catanoso
Health Writer
P.O. Box 20848
Greensboro, NC 27420
Ph: 919-373-7352
Fx: 919-373-7382
Sunday Circulation: 134,593

High Point Enterprise

Ms. Melody Hennessee
Health Writer
P.O. Box 1009
High Point, NC 27261
Ph: 919-888-3500
Fx: 919-841-5582
Sunday Circulation: 32,667

(Raleigh) News and Observer

Ms. Tinker Ready
Health Writer
P.O. Box 191
Raleigh, NC 27602
Ph: 919-829-4500
Fx: 919-829-4529
Sunday Circulation: 181,160

Wilmington Morning Star

Ms. Kirsten Mitchell
Health Writer
P.O. Box 840
Wilmington, NC 28402
Ph: 919-343-2000
Fx: 919-343-2227
Sunday Circulation: 60,896

Winston-Salem Journal

Ms. Karen Stinneford
Health Writer
P.O. Box 3159
Winston-Salem, NC 27102-3159
Ph: 919-727-7211
Fx: 919-727-7315
Sunday Circulation: 105,021

31. Tennessee

Chattanooga News-Free Press
Ms. Chris Vass
Health Writer
P.O. Box 1447
Chattanooga, TN 37401-1447
Ph: 615-756-6900
Fx: 615-757-6383
Sunday Circulation: 111,536

Chattanooga Times
Ms. Judy Walton
Lifestyles Editor
P.O. Box 951
Chattanooga, TN 37401-0951
Ph: 615-756-1234
Fx: 615-752-3388
Weekday Circulation: 44,314

Jackson Sun
Ms. Beth Todd
Health Writer
P.O. Box 1059
Jackson, TN 38301
Ph: 901-427-3333
Fx: 901-425-9604
Sunday Circulation: 41,445

Johnson City Press
Ms. Amy Dickerson
Health Writer
P.O. Box 1717
Johnson City, TN 37601
Ph: 615-929-3111
Fx: 615-929-7484
Sunday Circulation: 32,463

Kingsport Daily News
Mr. Stan Whitlock
Health Editor
P.O. Box 479
Kingsport, TN 37662
Ph: 615-246-8121

Fx: 615-392-1385
Sunday Circulation: 47,400

Knoxville News-Sentinel
Mr. Mike Wilkinson
Health Writer
P.O. Box 59038
Knoxville, TN 37950-9038
Ph: 615-523-3131
Fx: 615-521-1833
Sunday Circulation: 172,759

(Memphis) Commercial Appeal
Ms. Mary Powers
Health Writer
495 Union Ave.
Memphis, TN 38103
Ph: 901-529-2211
Fx: 901-529-2522
Sunday Circulation: 289,444

(Nashville) Tennessean
Ms. Cynthia Floyd
Health Writer
1100 Broadway
Nashville, TN 37203
Ph: 615-259-8072
Fx: 615-259-8093
Sunday Circulation: 268,554

32. North Dakota

Bismarck Tribune
Mr. Ken Rogers
Metro Editor
P.O. Box 1498
Bismarck, ND 58502-1498
Ph: 701-223-2500
Fx: 701-224-1412
Sunday Circulation: 32,266

(Fargo) Forum
Ms. Syb Gullickson
Health Writer
P.O. Box 2020
Fargo, ND 58107
Ph: 701-235-7311
Fx: 701-241-5487
Sunday Circulation: 70,000

Grand Forks Herald
Mr. Greg Turosak

City Editor
P.O. Box 6008
Grand Forks, ND 58206-6008
Ph: 701-780-1100
Fx: 701-780-1123
Sunday Circulation: 41,140

33. Indiana

Anderson Herald-Bulletin
Ms. Janice Chavers
Health Writer
P.O. Box 1090
Anderson, IN 46015
Ph: 317-622-1212
Fx: 317-646-6541
Sunday Circulation: 34,563

(Bloomington) Herald-Times
Mr. Bill Strother
City Editor
P.O. Box 909
Bloomington, IN 47402-0909
Ph: 812-332-4401
Fx: 812-331-4383
Sunday Circulation: 45,892

Evansville Courier
Ms. Roberta Heiman
Health Writer
P.O. Box 268
Evansville, IN 47713-0268
Ph: 812-424-7711
Fx: 812-422-8196
Sunday Circulation: 118,400

(Fort Wayne) Journal-Gazette
Mr. Glenn Hall
Health Writer
600 W. Main St.
Fort Wayne, IN 46802
Ph: 219-461-8283
Fx: 219-461-8648
Sunday Circulation: 138,753

(Gary) Post-Tribune
Ms. Jill Puchek
Health Writer
1065 Broadway
Gary, IN 46402
Ph: 219-881-3000
Fx: 219-881-3232

Sunday Circulation: 87,216

(Hammond) Times

Ms. Michelle Gerry
Health Writer
601 4th St.
Hammond, IN 46321
Ph: 219-933-3327
Fx: 219-933-3249
Sunday Circulation: 71,131

Indianapolis News

Ms. Linda Gillis
Health Writer
307 N. Pennsylvania St.
Indianapolis, IN 46204
Ph: 317-633-1240
Fx: 317-633-1038
Daily Circulation: 103,455

Indianapolis Star

Mr. Eric Schoch
Health Writer
307 N. Pennsylvania St.
Indianapolis, IN 46204
Ph: 317-633-1157
Fx: 317-633-9423
Sunday Circulation: 416,752

(Lafayette) Journal and Courier

Ms. Carol Kriebel
Life & Times Editor
217 N. 6th St.
Lafayette, IN 47901
Ph: 317-423-5511
Fx: 317-420-5246
Sunday Circulation: 42,560

Muncie Evening Press

Ms. Ellen Ball
Health Writer
P.O. Box 2408
Muncie, IN 47307
Ph: 317-747-5700
Fx: 317-747-5748
Evening Circulation: 14,110

Muncie Star

Ms. Donna Penticuff
Health Writer
P.O. Box 2408
Muncie, IN 47307

Ph: 317-747-5700
Fx: 317-747-5748
Sunday Circulation: 36,987

South Bend Tribune
Mr. Christopher Bowman
Health Writer
225 W. Colfax Ave.
South Bend, IN 46626
Ph: 219-235-6161
Fx: 219-236-1765
Sunday Circulation: 129,214

(Terre Haute) Tribune Star
Mr. Jim Conray
Health Writer
P.O. Box 140
Terre Haute, IN 47808
Ph: 812-231-4200
Fx: 812-231-4321
Sunday Circulation: 45,052

34. Michigan

Ann Arbor News
Ms. Julie Wiernik
Health Writer
P.O. Box 1147
Ann Arbor, MI 48106
Ph: 313-994-6989
Fx: 313-994-6879
Sunday Circulation: 66,797

Battle Creek Enquirer
Mr. Mark Mayes
Health Writer
155 W. Van Buren St.
Battle Creek, MI 49017-3093
Ph: 616-964-7161
Fx: 616-964-0299
Sunday Circulation: 37,368

Bay City Times
Ms. Jenny Laidman
Health Writer
311 5th St.
Bay City, MI 48708
Ph: 517-895-8551
Fx: 517-893-0649
Sunday Circulation: 51,295

Detroit Free Press

Mr. Bill Laitner
Health Editor
321 W. Lafayette Blvd.
Detroit, MI 48231
Ph: 313-222-6400
Fx: 313-222-5397
Sunday Circulation: 1,215,149

Detroit News
Mr. Dwight Angell
Health Editor
615 Lafayette Blvd.
Detroit, MI 48231
Ph: 313-222-2300
Fx: 313-222-2335
Sunday Circulation: 1,215,149

Flint Journal
Mr. Mike Stobbe
Health Writer
200 E. 1st St.
Flint, MI 48502
Ph: 313-766-6100
Fx: 313-767-7518
Sunday Circulation: 124,162

Grand Rapids Press
Mr. Miles Benson
Health Writer
Newhouse News Service
2000 Pennsylvania Ave. NW #3900
Washington, D.C. 20006
Ph: 202-785-0101
Fx: 202-383-7820
Sunday Circulation: 191,085

Jackson Citizen Patriot
Ms. Parri Shahmanesh
Health Writer
214 S. Jackson St.
Jackson, MI 49201-2282
Ph: 517-787-2300
Fx: 517-787-9711
Sunday Circulation: 42,872

Kalamazoo Gazette
Mr. Bill Krasean
Health Writer
P.O. Box 2007
Kalamazoo, MI 49003
Ph: 616-345-3511
Fx: 616-388-8447

Sunday Circulation: 81,250

Lansing State Journal
Chris Golembiewski
Health Writer
120 E. Lenawee
Lansing, MI 48919
Ph: 517-377-1000
Fx: 517-377-1298
Sunday Circulation: 93,689

Muskegon Chronicle
Mr. Dick Davies
Health Writer
P.O. Box 59
Muskegon, MI 49443
Ph: 616-722-0320
Fx: 616-722-2552
Sunday Circulation: 52,281

(Pontiac) Oakland Press
Ms. Diana Dillaber-Murray
Health Writer
P.O. Box 436009
Pontiac, MI 48343
Ph: 313-332-8181
Fx: 313-332-8885
Sunday Circulation: 82,532

(Port Huron) Times Herald
Ms. Tracy Wilson
Health Writer
911 Military St.
Port Huron, MI 48060
Ph: 313-985-7171
Fx: 313-984-4230
Sunday Circulation: 38,500

Saginaw News
Ms. Darlene Damp
Health Writer
203 S. Washington Ave.
Saginaw, MI 48607-1283
Ph: 517-752-7171
Fx: 517-752-3115
Sunday Circulation: 66,608

(St. Joseph) Herald-Palladium
Mr. Steve Pepple
Metro Editor
P.O. Box 128
St. Joseph, MI 49085

Ph: 616-429-2400
Fx: 616-429-7661
Sunday Circulation: 31,987

35. Wyoming

Casper Star-Tribune

Mr. Tom Morton
Health Writer
P.O. Box 80
Casper, WY 82602
Ph: 307-266-0500
Fx: 307-266-0568
Sunday Circulation: 38,457

(Cheyenne) Wyoming Eagle

Wyoming State Tribune
Ms. Mary Woolsey
Editor
702 West Lincoln Way
Cheyenne, WY 82001
Ph: 307-634-3361
Fx: 307-778-7163
Sunday Circulation: 20,437

Compiled by: Linda Lachin
Office of Media Affairs
Completed: 5/3/93
Circulation
Source: Gale Directory of Publications & Broadcast
Media/1993

QUINN/ROCKEFELLER LIST

HEALTH CARE PRESS LIST

ABC

P: 887-7777

F: 887-7686

1717 DeSales Street, NW
Washington, DC 20036

a must →

George Strait, medical correspondent (887-7270)

Kevin Thessen-GMA - producer/booker

Nancy Ambrose, Senate producer

ABC NEW YORK

P: 212/456-7777

F: 212/456-2795

GMAP: 212/496-4800

GMAF: 212/887-4724

Dr. Tim Johnson, medical editor-GMA

Dr. Nancy Snyderman, medical correspondent-GMA

Patty Neger, segment producer-GMA

Sally Holme, "American Agenda" producer (212/887-4040)

Bill Mendel, VP, 212-456-6308

47 West 66th Street
New York, NY 10023

ARIZONA REPUBLIC

P: 662-7260

F: 662-7265

Martin Van Derwert or Jeff Barker

1000 National Press Building
Washington, DC 20045

ASSOCIATED PRESS

P: 828-6486

F: 472-6927

Chris Connell, 828-6447, health

Bill Welsh, Long term care

Rick Vernaci, does some health

Howard Goldberg, NY (212/621-1670)

2021 K Street, NW

Suite 600

Washington, DC 20006

BALTIMORE SUN

P: 452-8250

F: 872-9327

John Fairhall, health/congress

Jonathon Bor, health-Baltimore

BP: 410/332-6000

BF: 410/752-6049

1627 K Street, NW

Suite 1100

Washington, DC 20006

*new
but a must* →

page 2

BOSTON GLOBE

P: 857-5050

F: 857-5076

BP: 617/929-2000

BF: 617/929-3192

a must →

Elizabeth Neuffer, health-DC

Peter Gosselin, economics (some health)

Loretta McLaughlin, Editorial writer, health care (Boston)

2000 Pennsylvania Avenue, NW

Suite 3900

Washington, DC 20006

BUSINESS WEEK

P: 463-1600

F: 463-1611

a must →

Susan Garland, health (463-1636)

1120 Vermont Avenue, NW

Suite 1200

Washington, DC 20005

CBS

P: 457-4321

F: 659-2586

*now
but a must* →

Arlene Weisfkof, futures editor

Janet Leissner, producer, 457-4385

2020 M Street, NW

Washington, DC 20036

CBS NEW YORK

P: 212/975-4321

F: 212/975-9387

Eddie Magnus, health

Tracy Chutrian, health producer (975-7204)

Mike Radutsky, health producer (975-7551)

Dr. Bob Arnot, health (975-7971)

Brian Healy, producer

51. W. 52nd Street

New York, NY 10019

CBS RADIO

P: 212/975-6952

F: 212/975-6347

Tom Anderson (212/975-6121)

HEALTH TALK:

P: 212/975-3120

F: 212/975-2240

Virginia Pittman-Waller, producer

Jacqueline Adams, anchor (975-6121)

524 West 57th Street

New York, NY 10019

page 3

CHRISTIAN SCIENCE MONITOR 910 16th Street, NW
P: 785-4400 Washington, DC 20006
F: 223-3476
Marshall Ingwerson

CHICAGO TRIBUNE 1615 L Street, NW
P: 785-9430 Washington, DC 20036
F: 833-8348
Elaine Povich (filling in -- position open)

CNN 820 1st Street, NE
P: 898-7900 Washington, DC 20002
F: 898-2919

a must → } Mason Essif, health, 898-7632 } *MASON PRODUCES FOR JEFF*
Jeff Levine, health, 898-7633 }
Scott Spoerry, Atlanta

CONGRESSIONAL QUARTERLY 1414 22nd Street, NW
P: 887-8500 Washington, DC 20037
F: 728-1862
a must → Alissa Rubin, health (887-8577)

CONUS 1825 K Street, NW
P: 467-5600 Suite 915
F: 467-5610 Washington, DC 20006
Tim Rudell
Art Gauthier

CNBC/FNN 1825 K Street, NW
P: 467-5400 Suite 601
F: 467-5610 Washington, DC 20006
NJP: 310/585-2622
NJF: 310/585-6482
Peggy Giordano, health producer, (201) 585-2622

COPLEY NEWS SERVICE 1100 National Press Building
P: 737-6960 Washington, DC 20045
F: 393-3496
Paul Krazak (708/964-9255)

page 4

COX NEWSPAPERS

P: 331-0900

F: 331-1055

Jeff Nesmith, health

Larry Lipman, political (does some health in that context)

2000 Pennsylvania Avenue, NW

Suite 10000

Washington, DC 20006

DALLAS MORNING NEWS

P: 662-7575

F: 662-7590

Bob Hillman, assignment editor (health position open)

1012 National Press Building

Washington, DC 20045

DETROIT NEWS

P: 662-7370

F: 662-7385

Greg Gordon

1148 National Press Building

Washington, DC 20045

*new
but a must* →

FINANCIAL TIMES OF LONDON

P: 289-5474

F: 289-5475

George Graham

1225 I Street, NW

Washington, DC 20005

FORT LAUDERDALE SUN

P: 293-9037

F: 223-0487

Kathy Trumbull

1615 L Street, NW

Suite 300

Washington, DC 20036

a must →

GANNETT

P: 703/276-5800

F: 703/558-3813

Betsy Neus, health

Peter Eisler (276-5822) social issues, children, some health

1000 Wilson Boulevard

Arlington, VA 22229

*new
but a must* →

HARTFORD COURANT

P: 822-8040

F: 822-8048

John MacDonald, health

1730 Rhode Island Avenue, NW

Suite 300

Washington, DC 20036

HEARST

P: 298-6920

F: 333-1184

Victor Ostrowidski, Congressional reporter, covers some health

1701 Pennsylvania Avenue, NW

Suite 610

Washington, DC 20006

page 5

HOUSTON CHRONICLE

P: 393-6880

F: 393-6889

Judy Weissler, assignment editor

1341 G Street, NW

Suite 201

Washington, DC 20005

HOUSTON POST

P: 879-6777

F: 879-6799

Rosalind Jackler

1206 National Press Building

Washington, DC 20045

JOURNAL OF COMMERCE

P: 383-6100

F: 383-6121

Paul Dyciewicz

740 National Press Building

Washington, DC 20045

KNIGHT-RIDDER

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F: 383-6075

a must → Ricardo Zaldivar (383-6030)

700 National Press Building

Suite 700

Washington, DC 20045

LOS ANGELES DAILY JOURNAL 1128 National Press Building

P: 662-7237

F: 662-7278

Charlie Roberts

Washington, DC 20045

LOS ANGELES TIMES

P: 293-4650

F: 887-1050

Hill Fax: 472-3516

Marlene Cimon, health (861-9245)

a must → Ed Chen (861-9253)

1875 I Street, NW

Suite 1100

Washington, DC 20006

MACNEIL/LEHRER NEWS HOUR 3620 South 27th Street

P: 703/751-8655

F: 703/845-1458

NYP: 212/560-3115

NYF: 212/581-7353

John Denatalie, health-NY (212/560-3107)

Stuart Schear, health producer/reporter-NY

Arlington, VA 22206

*WORTH
CALLING
IN NY
HE MIGHT
COME DOWN.*

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NBC

P: 885-4200

F: 362-2009

Kathleen Lockhart, Henry Champ's health producer

Henry Champ, LTC (885-4565)

Robert Bazell, health-NY-212/664-4444

4001 Nebraska Avenue, NW

Washington, DC 20016

NPR

P: 822-2100

F: 822-2329

Patricia Neighmond, health-LA

Paz Cohen, some children and health

LAP: 213/207-3600

LAF: 213/826-6797

2025 M Street, NW

Suite 3900

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NATIONAL JOURNAL

P: 857-1400

F: 833-8069

a must → Julie Kosterlitz, health (857-1415)

1730 M Street, NW

Suite 1100

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NEWSDAY

P: 393-5630

F: 393-7043

NYP: 212/251-6635

new
but a must → Deena Bunis, 212/251-6635

Marilyn Milloy, 393-5630

Earl Lane, science

1001 Pennsylvania Avenue, NW

Suite 1250

Washington, DC 20004

NEWSWEEK

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Melinda Beck, NY (212/350-4000), wants to cover health reform debate

Kate O'Hara, health editor-NY

a must → Mary Hager, health DC (626-2062)

1750 Pennsylvania Avenue, NW

Suite 1220

Washington, DC 20006

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NEW YORK TIMES

P: 862-0300

F: 862-0340

a must →

Robert Pear

Phil Hilts, health (science perspective) (862-0376)

Cliff Kraus, some health

Lawrence Altman, Science Times

1627 I Street, NW

Washington, DC 20006

NEWHOUSE

P: 785-0101

F: 383-7820

Miles Benson 383-7812

2000 Pennsylvania Avenue, NW

Suite 3900

Washington, DC 20006

ORLANDO SENTINEL

P: 293-6885

F:

Anne Groer

1615 L Street, NW

Suite 300

Washington, DC 20036

REUTERS

P: 898-8300

F: 898-8383

a must →

David Lawsky, health

Jackie Frank, health, not on hill

Walter Bagley, medical editor-NY (212/603-3300)

1333 H Street, NW

Suite 410

Washington, DC 20005

RICHMOND TIMES-DISPATCH

P: 662-7668

F:

Steve Goldberg

1214 National Press Building

Washington, DC 20045

SCRIPPS HOWARD

P: 408-1484

F: 408-8116

Lee Bowman health

Don Kirkman, some health (408-2711)

1090 Vermont Avenue, NW

Suite 1000

Washington, DC 20005

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TIME

P: 861-4000

F: 833-5911

Phillip Elmer-Dewitt, assoc. editor (212/522-2190)

a must →

Dick Thompson, health/science (861-4054)

Nancy Traver, Senate/some health, 861-4019

1050 Connecticut Avenue, NW

Suite 610

Washington, DC 20036

UPI

P: 898-8000

F: 789-2326

Steve Gerstel

Rebecca Kolberg, medical editor

1400 National Press Building

Suite 800

Washington, DC 20005

US NEWS

P: 955-2000

F: 955-2049

Doug Podolsky

Margaret Mannix

Susan Dentzer, economics, some health

2400 N Street, NW

Washington, DC 20037

USA TODAY

P: 703/276-3400

F: 703/276-5527

a must →

Judi Hasson, health

Tim Friend, health

Mike Schneider, health

1000 Wilson Boulevard

Arlington, VA 22229

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P: 862-9200

F: 862-9266

a must →

Hilary Stout, health

Ron Winslow, health

Cathy Trost, family & workplace (862-9290)

1025 Connecticut Avenue, NW

Suite 800

Washington, DC 20036

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WASHINGTON POST

P: 334-6000

F: 334-5547

a must → Dana Priest

Spencer Rich, health, 334-7446

HEALTH:

P: 334-5031

F: 334-4344

Abby Trafford, editor (334-5031)

Victor Cohn

1150 15th Street, NW
Washington, DC 20071

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F: 434-6499

Elliot Carlson

601 E Street, NW
Washington, DC 20049

AMERICAN COLLEGE OF PHYSICIANS 700 13th Street, NW

P: 393-1650

F: 783-1347

Pam Thornton

Suite 250

Washington, DC 20005

AMERICAN HEALTH

P: 212/366-8900

F: 212/366-8760

Carey Winfreed, editor (366-8956)

28 West 23rd Street
New York, NY 10010

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F: 626-2345

Chris Gearon

Renee Blankenau, AHA News

Gary Luggiero, editor

50 F Street, NW
Suite 1100
Washington, DC 20001

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Mary Beth Burke

AMERICAN MEDICAL ASSOCIATION

P: 789-7400

F: 789-7485

Jim Stacy

Andrea Kennerly, Jim's secretary

AMERICAN MEDICAL NEWS 1101 Vermont Avenue, NW

P: 789-7417

Washington, DC 20005

F: 789-7485

Sharon McIlrath, sr. Washington editor

BNA

P: 452-4200

F: 822-8092

Vandana Mathen

1231 25th Street, NW

Washington, DC 20037

BRAZDA HEALTH NEWS

P: 703/671-8284

F: 703/671-9059

Jerry Brazda

1007 N. Terrill St

Alexandria, VA 22304

BUSINESS INSURANCE MAGAZINE

P: 662-7200

F: 638-3155

Jerry Geisel

814 National Press Building

Washington, DC 20045

BUSINESS AND HEALTH

P: 301/718-4924

F: 301/718-6160

Steve Findlay

HARVARD MEDICAL SCHOOL

HEALTH LETTER

P: 617/432-1458

William Bennet, editor

Bldg. A Rm. 001

25 Shattuck Street

Boston, MA 02115

2/1/93

Bob -

I HAVE MARKED THE REPORTERS WHO WOULD BE THE MOST LOGICAL ATTENDEES FOR A BRIEFING. A VERY FEW NEWS ORGS. HAVE MORE THAN ONE REPORTER ON THIS BEAT. ~~THE~~ I HAVE, IN EVERY CASE, RECOMMENDED THE REPORTER WHO WOULD BE MOST SYMPATHETIC AND INFLUENTIAL. I AM HAPPY TO DISCUSS INDIVIDUALS WITH YOU BEFORE YOU TALK TO THEM - BUT I AM RELUCTANT TO MAKE COMMENTS ON PAPER.

GOOD LUCK.

Q. (202) 224-6101

I'VE MARKED ABOUT 20 (IF YOU CUT FROM THIS LIST - ESPECIALLY AT THE START - YOU WILL GENERATE A GREAT DEAL OF ILL WILL). ~~FOR~~

20 IS VERY MANAGEABLE. ALSO, WHEN I DO ONE OF THESE AND SEVERAL STAFF TYPES ARE INTERESTED - I ALWAYS RIG UP SOUND IN ANOTHER ROOM SO THEY CAN ALSO LISTEN - BUT I WOULD TRY TO BE SURE NO MORE THEN 3 STAFF TYPES ACTUALLY SIT IN A BRIEFING THIS SMALL. IF YOU ARE INCLUDING THE WHOLE RPTR. LIST IT DOESN'T MATTER.

United States Senate

WASHINGTON, DC 20510-4802

To: JASON SOLOMON

Office: WH-COMMUNICATIONS

From: L. QUINN
Senator Rockefeller's Press Office

Date: 2/1/93

Number of pages, including cover 13

Please call 224-6101 if you have any questions, or if there are any problems with the transmission.

*please call with
any questions.*

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Chris McLester
 393-0571 (fax)
 0570 (phone)

Toby McIntosh
 BWA

Press List

Carol Stevens
Detroit News
 1148 National Press
 Bid
 20045
 202/662-7377 (phone)
 202/662-7385 (fax)

THE WHITE HOUSE
WASHINGTON

Media

March 5, 1993

MEMORANDUM FOR GEORGE STEPHANOPOULOS, BOB BOORSTIN AND
DEE DEE MYERS

SUBJECT: New York Times Health Interest Group Strategy

FROM: Mike Lux

The following groups have said they would be happy to speak to reporters about how pleased they are with our process, particularly in terms of the openness and inclusiveness issues:

AFL-CIO (Karen Ignani, Rex Hardesty, or Tom Donahue)
Citizen Action (Cathy Hurwit or Bob Brandon)
AARP (Jon Rother)
Leadership Coalition for Health Care Reform (Peggy Rhodes)
National Association of Social Workers (Sandy Harding)
American Hospital Association (Rick Wades)
American Nurses Association (Virginia Trotter Betts and Donna Richardson)
Consumer Federation of America (Steve Brobeck and Gene Kimmelman)

Both the American Hospital Association and Citizen Action were called yesterday by the NY Times reporter doing the story, and both had extremely positive quotes which he chose not to use.

cc: Ira Magaziner
Melanne Verveer
Alexis Herman
Steve Hilton

Participant List

Maggie Balough
Editor
Austin Statesman
305 South Congress
Austin, TX 78704

Tom Bettag
Executive Producer
ABC News Nightline
1717 DeSales Street, NW
Washington, DC 20036

Gloria Borger
Assistant Managing Editor
and Ted Slafsky
U.S. News & World Report
2400 N Street, NW
Washington, DC 20037

Mindy Cameron
Editorial Page Editor
Seattle Times
P.O. Box 70
Seattle, WA 98111

Gwen Flanders
Deputy Political Editor
USA Today
1000 Wilson Boulevard
Arlington, VA 22229

Ed Goodpaster
National Editor
Baltimore Sun
501 N. Calvert Street
Baltimore, MD 21278

Judi Hasson
Congressional Reporter
USA Today
1000 Wilson Boulevard
Arlington, VA 22229

Maria Henson
Editorial Writer
Lexington Herald Leader
100 Midland Avenue
Lexington, KY 40508

Charles Layton
Health and Science Editor
Philadelphia Inquirer
400 North Broad Street
P.O. Box 8263
Philadelphia, PA 19101

Ron Meador
Assistant Managing Editor
and Tom Hamburger
Washington Bureau Chief
Minneapolis Star Tribune
425 Portland Avenue, So.
Minneapolis, MN 55488

Norman Miller
National Editor
Los Angeles Times
Times Mirror Square
Los Angeles, CA 90053

Judy Peres
National Editor
Chicago Tribune
435 North Michigan Ave.
Chicago, IL 60611-4022

Sabin Russell
Health Affairs
San Francisco Chronicle
901 Mission Street
San Francisco, CA 94103-2988

Eileen Shanahan
Washington Bureau Chief
St. Petersburg Times
607 14th Street, NW, Suite 600
Washington, DC 20005

George Strait
Medical Correspondent
ABC News
1717 DeSales Street, N.W.
Washington, D.C. 20036

Abbie Trafford
Health Editor
Washington Post
1150 15th Street, NW
Washington, DC 20071

Michael Weinstein
Editorial Writer
New York Times
229 West 43rd Street
New York, NY 10036

→ Do you
have any
oh these
that you
need?

(Good for
file anyway)
— Pleifer

4-22-92

HEALTH

| Organization | Phone | Called | Fax | Faxed | Reporter |
|----------------------|----------|--------|----------|-------|-------------------------|
| ✓ Associated Press | 828-6400 | ___ | 828-6422 | ___ | Rick Vernaci/Bill Welch |
| ✓ UPI | 898-8000 | ___ | 789-2362 | ___ | Steve Gerstel |
| Reuters | 898-8300 | ___ | 898-8383 | ___ | Jackie Frank |
| - Washington Post | 334-7410 | ___ | 334-5547 | ___ | Spencer Rich/Ken Cooper |
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| ✓ Newsweek | 626-2000 | ___ | 626-2011 | ___ | Mary Hager |
| ✓ C.Q. | 887-8500 | ___ | 728-1863 | ___ | Julie Rovner |
| ✓ Business Week | 463-1600 | ___ | 463-1611 | ___ | Susan Garland |
| ABC | 887-7777 | ___ | 887-7686 | ___ | George Strait |
| CBS | 457-4444 | ___ | 331-1765 | ___ | Wally Dean (AD) |
| NBC | 885-4200 | ___ | 362-2009 | ___ | Mary Doorman (AD) |
| CNN | 898-7911 | ___ | 898-7588 | ___ | Jeff Levine/C. Broffman |
| FOX | 244-5151 | ___ | 895-3133 | ___ | Tom Hendrick |

TO : BOB BOORSTIN
FROM : VICKI RIVAS-VAZQUEZ
RE : HEALTH CARE CORRESPONDENTS
DATE : 4/16/93

YOU MENTIONED IN THE 8:30AM COMMUNICATIONS MEETING THE OTHER MORNING THAT YOU WERE INTERESTED IN CONTACTING HEALTH CORRESPONDENTS, SO I PUT TOGETHER THE FOLLOWING LIST OF THE NETWORK NEWS HEALTH CORRESPONDENTS:

CBS NEWS:

CORRESPONDENT : DR. BOB ARNOT "dr.bob"
MORNING & EVENING NEWS
HEALTH PRODUCER : SUSAN SCHILLER (212)975-5173

NBC NEWS:

CORRESPONDENT : DR. BOB BAZEL
(212)664-4444
MORNING & EVENING NEWS

FREELANCE CORR. : DR. HOLLY ATKINSON

ABC NEWS:

CORRESPONDENTS : DR. TIM JOHNSON
DR. NANCY SNYDERMAN

HEALTH PRODUCERS: SUE WAGNER
(212)456-5904
PATTY NEGER - LIVE INTERVIEWS
(212)456-6157

BOTH JOHNSON & SNYDERMAN ARE PRACTICING DOCTORS, SO THE BEST WAY TO REACH THEM IS THROUGH THE PRODUCERS.

CNN:

CORRESPONDENTS : JEFF LEVINE
(PRIME HEALTH CARE CORR., HE HAS COVERED HRC AND
IRA MAGAZINER) (202)898-7631
WOLF BLITZER
(HAS DONE SOME COVERAGE)
HEALTH PRODUCER: MASON ESSIF
(202)898-7632

IF WE ARE GOING TO SET UP INTERVIEWS HERE IN WASHINGTON, IT WOULD BE A GOOD IDEA TO GO THROUGH OUR CONTACTS AT THE WASHINGTON BUREAUS OF EACH SHOW.

IF YOU HAVE ANY QUESTIONS, PLEASE GIVE ME A CALL EXT.2100.

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- RR. Document will be reviewed upon request.

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- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
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Minneapolis Star Tribune - Donna Halverson

W

Minneapolis - WCCO
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Ame Lewis

(b)(6)

[001]

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Alan Brown 7491

To: Distribution

Fr: Bob Boorstin and Jason Solomon

Date: January 13, 1994

Re: Talking Points for Pundit Briefings

The following is an updated set of talking points to be used by Administration officials, outside consultants, and friendly members of Congress in talking to Washington pundits about the prospects for passage of the President's health plan.

- 1) Health Affairs
 - 2) revise talking points
(add points on Republican plans)
- get Wroner article
for Jan
-

January 13, 1994

HEALTH CARE REFORM IN 1994

The President is committed to guaranteeing comprehensive health benefits for every American that can never be taken away. That is his bottom line. The legislation must guarantee that every American has health care that is always there. And it must include a comprehensive benefits package that is affordable, spelled out in law and can never be taken away. As he said when he presented the legislation to the Congress in Statuary Hall, "I will not support or sign a bill that does not meet that criteria."

The President's plan has been mischaracterized as big government. Let's be clear on what it really is: it's a proposal for guaranteed private insurance. It builds on the current system of private insurance with two critical changes: first, the guarantee of comprehensive health benefits that can never be taken away; and second, greater power for individuals and small businesses to choose affordable, quality, private health insurance. It's a moderate, market-oriented proposal, expanding people's ability to choose and using that increased choice to drive competition. (see attached for core message)

The American people want the Clinton health plan. Look at the results of a comparison the latest Wall Street Journal/NBC poll did of our plan versus the Cooper plan. When asked which health care plan people favored,

Plan A: A congressional plan that is less expensive than the Clinton plan because it relies on competitive buying of insurance, but which might leave more than ten million Americans without coverage.

OR

Plan B: President Clinton's health care plan, which may cost more than the Congressional plan, which provides more benefits and cost controls, and guarantees coverage for every American.

respondents favored the Clinton plan, 69% to 20%.(see attached for other recent poll data) These numbers show that without the guarantee of comprehensive benefits that can never be taken away (a guarantee that can only come with universal coverage), health care loses all its appeal to middle-class voters -- and is therefore a political non-starter.

Both single-payer and the Clinton plan are more popular than Cooper with the American people. When respondents in the Wall Street Journal/NBC poll were offered descriptions of the Clinton plan, single-payer proposal, and Cooper plan (without the names of Clinton or Cooper in the description), 43% favored the Clinton plan, 28% favored single-payer, and 19% were for Cooper.

Congress already has the basis of a coalition of members who are committed to comprehensive reform. Besides the 101 House and 31 Senate co-sponsors of our bill, there are many additional members in the House and Senate who have taken positions in favor of comprehensive reform. And considering that the leadership of both the House and Senate is committed to passage of something resembling this bill, comprehensive reform is going to be tough to stop.

Once the American people find out what the alternative proposals really mean to them, the plans won't be very popular in Washington. In several key ways, our bill differs from all the alternatives (besides single-payer). In our bill, the benefits package is comprehensive, not basic, and it's spelled out in law, not left for a government agency to decide. It also reinvests Medicare savings in benefits for older Americans, not deficit reduction. And when we start to point out these differences and others, the American people will be on our side. (see attached list of comparisons, Al Hunt article and [Brookings Review](#) article)

The Republicans' "deny the crisis" strategy won't work. That argument may play well with some inside the beltway, but take that argument to the American people. Tell that to the factory worker in Ohio who just got laid off and lost his insurance. Tell that to the small businessman in California whose child just got sick and his premium shot up. Tell them there's no crisis -- and you'll get laughed at. It's the kind of argument that got George Bush thrown out of the White House -- and Republicans who take that line are just marginalizing themselves from the debate.

Background:

Republican strategist William Kristol has written a widely-circulated memo saying the only way to defeat the President's plan is to flat-out oppose it. And the only way to justify that opposition is to deny that a health care "crisis" exists in America. Dick Cheney and others have picked up this line in the last few weeks. (see attached Washington Post editorial) And a recent item in the Wall Street Journal's Washington Wire said that Kristol's "follow-up strategy" is to get Gingrich and Dole to introduce a "limited set of insurance and malpractice reforms and tax incentives."

THE HEALTH SECURITY ACT OF 1993

- **The Health Security Act proposes a system of guaranteed private insurance.** It builds on the current system of private insurance with two critical changes: first, the guarantee of comprehensive health benefits that can never be taken away; and second, greater power for individuals and small businesses to choose affordable, quality health insurance.
- **Our plan for health security is the most comprehensive and responsible.** We're demonstrating specifically how that system will work -- from details on the benefit package and premiums to a firm explanation of the most responsible financing possible. The plan is fully financed, paid for with a tax on tobacco and large corporations, new premiums from the currently uninsured and their employers, and savings from slowing the growth of federal health care programs.
- **Our national goal is health security for every American – comprehensive health benefits that can never be taken away.** No limit on benefits over your lifetime. No refusal of insurance if you have a pre-existing condition. No losing your insurance if you get sick or lose your job. And no rate increases if you get sick.
- **Real reform and real savings are possible only if health care benefits are guaranteed to every American.** Without universal coverage, there's no guarantee we will be able to control costs. Universal coverage is the only way to stop people with insurance from paying for those without.
- **Our principles are clear and distinguish our approach:** Security -- comprehensive benefits that can never be taken away. Simplicity -- creating a single claim form and a health security card to reduce paperwork and bureaucracy. Savings -- controlling health care costs. Quality -- making the world's best care better. Choice -- preserving your right to choose your doctor and expanding choice of private insurance plans. Responsibility -- every American must contribute something to the cost of their health care.

Benefits and Payments

- **Our bill offers comprehensive benefits that include:**

| | |
|--------------------|---|
| preventive care | hospice care |
| prescription drugs | emergency care |
| doctor visits | mental health care |
| hospital services | vision care |
| home health care | dental care for children and eventually, for adults |
- **The Health Security Act preserves Medicare and provides new benefits for seniors – new prescription drug coverage and a new long-term care program.** It's the only plan that re-invests Medicare savings to improve benefits for older Americans.
- **Premiums will not rise with age or illness.** What you pay will depend on the plan you choose and whether you're buying insurance for yourself or your family. Everyone will pay a fixed amount, regardless of age, medical history or occupation. It is simple and secure.
- **Small businesses will get insurance discounts to help them afford insurance for their families and employees – something they can't do today.** Most small businesses already provide health insurance to their employees but they're forced to pay as much as 50% more than larger companies. That won't happen under our plan.
- **Our plan simplifies the system with a standard claims form and a health security card for everyone.** We'll eliminate insurance company fine print. And you will pay a fixed amount for insurance, regardless of age, medical history or occupation.

The Cost of Doing Nothing

- Every American can expect to pay more every year with no guarantee that their health care will be there when they need it.
- One of every four Americans will lose their insurance at some point in the next two years.
- Almost \$1 out of every \$5 Americans spend will go to health care.
- Millions of Americans will find that rising costs will force their firms to cut back on benefits and limit choices of doctors and health plans.

December 1993

RECENT POLLS ON HEALTH CARE

Wall Street Journal/NBC News poll

- 65% of Americans support an employer mandate with discounts for small firms.
- 78% of Americans support guaranteed coverage for all Americans regardless of health or employment status.
- By a margin of 70% to 21%, Americans would rather use Medicare/Medicaid savings to help pay for health care reform rather than deficit reduction.
- When asked which health care plan people favored,

Plan A: A congressional plan that is less expensive than the Clinton plan because it relies on competitive buying of insurance, but which might leave more than ten million Americans without coverage.

OR

Plan B: President Clinton's health care plan, which may cost more than the Congressional plan, which provides more benefits and cost controls, and guarantees coverage for every American.

respondents favored the Clinton plan, 69% to 20%.

- When respondents were offered descriptions of the Clinton plan, single-payer proposal, and Cooper plan (without the names of Clinton or Cooper in the description), **43% favored the Clinton plan, 28% favored single-payer, and 19% were for Cooper.**

Times Mirror poll (published in LA Times)

- Support for the President's health care plan is growing, up to 49% from 41% in October.
- This support came despite the fact that just 54% knew that the plan provides universal coverage, and 44% know that it guarantees coverage for workers if they lose or quit their jobs .

Battleground poll (published in USA Today)

- When asked to name the President's top accomplishment, more people name "proposing a national health care reform package" than any other accomplishment, including the deficit-reduction bill, NAFTA, and the Brady bill.
- And when asked to name what they were most disappointed about that the President did not get done his first year in office, Americans cited health care reform more than any other issue.

THE CLINTON PLAN VERSUS THE ALTERNATIVES (except single-payer)

Universal Coverage

The Clinton plan guarantees comprehensive benefits to every American that can never be taken away.

The other plans leave many Americans uncovered and don't protect middle-class families from the threat of losing their insurance.

Outlaws Insurance Company Discrimination

The Clinton plan makes it illegal to charge someone more for insurance because they're sick or older.

The other plans still allow insurance companies to charge sick, older people more than healthy, younger people.

Benefits Spelled Out

The Clinton plan sets out specifically what is in the comprehensive benefit package and what people will pay.

The other plans leave the specifics to be determined after the bill passes by a government board.

Comprehensive Benefits

The Clinton plan guarantees a comprehensive benefit package with low deductibles.

The other plans either provide for a barebones package with high deductibles or force people into managed care by taxing benefits.

Good For Seniors

The Clinton plan expands benefits for seniors, including prescription drugs and long-term care.

The other plans do not expand benefits for seniors.

It Won't Be Any Easier for Clinton in '94

The White House was the setting Monday for a short (15 minutes) but intense debate that had none of the trappings of a presidency riding as high as Bill Clinton supposedly is now.

The issue was means-testing of entitlements. Proponents included Vice President Albert Gore, presidential counselor David Gergen and Treasury Secretary Lloyd Bentsen (in 1995). On the other side were senior presidential adviser George Stephanopoulos, congressional lobbyist Howard Paster and political advisers, advocating postponing consideration of any measure traditionally anathema to Democrats until after 1996.

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But while the White House basks in this recent glory, as one very high administration official puts it, it's like the Boston College football team after its stunning last-minute victory over Notre Dame last month. When the cheering subsided, there was an even tougher foe, West Virginia, awaiting them.

Moreover, despite his own personal successes the president tackles this second year with a shaky foundation: His public standing is only fair, about where it was in March; the Clinton cabinet collectively has lost stature this year; and the White House, taking its cue from its leader, is a managerial nightmare.

The new conventional wisdom is that the way to handle all these problems is to veer to the right, especially on the critical health care measure. This was best articulated by former Republican Rep. Vin Weber, in this paper last month, when he argued that Clinton should govern with a Nafta-type coalition of Republicans and moderate and conservative Democrats.

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Clinton to follow Vin Weber's advice would be to emulate George Bush in 1990 and 1991—and produce the same result.

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Politics & People

By Albert R. Hunt



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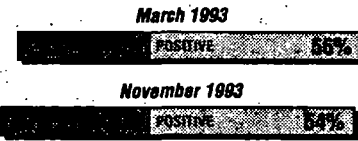
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Standing Still

Bill Clinton's ratings over the past nine months:



THE WALL STREET JOURNAL/NBC NEWS POLL

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Next year the president surely will move to the right of the Democratic base on welfare reform; he should actively push for a line-item veto and advocate some serious entitlement cutbacks. But on other issues—boosting the minimum wage and a job retaining package (a task force led by Labor Secretary Robert Reich and House Majority Leader Dick Gephardt is trying

Getting It Right on Health Care Reform

BY JOSHUA M. WIENER

With the unveiling of his health care reform proposal, President Clinton has launched a historic debate about how—not whether—our health care system should be changed. So far, most of the public and media attention has focused on the president's proposal, largely highlighting its potential difficulties. Much less attention has been given to the competing proposals that have been introduced on Capitol Hill. The key policy question is whether these other proposals offer something superior to the administration proposal. The short answer is that while the president's plan is not flawless, it certainly beats the alternatives, whether liberal or conservative.

On the left, a single payer, government-run national health insurance plan such as the one crafted by Senator Wellstone (D-MN) and Representative McDermott (D-WA) promises universal coverage, simplicity, and administrative savings. But Congress will not enact it—not because of health policy objections, but for tax policy reasons. Last year's bruising budget battle, on top of the election returns in November 1992, makes it simply inconceivable that the president and Congress would agree to raise the \$400-\$500 billion a year in additional taxes needed to fund the program. Even if officials made the case that societal costs would be the same or less, distaste for taxes is so high that the public would not accept them.

On the right are a variety of market-oriented reform plans—sponsored by Senator Chafee (R-RI), Senator Gramm (R-TX), Representatives Cooper (D-TN) and Grandy (R-IA), and Representative Michel (R-IL) and the House Republican leadership. All fall short in achieving universal coverage or controlling costs. First, rejecting the president's employer mandate and

subsidies for small businesses, all the market reform plans depend on providing tax credits or vouchers to help uninsured Americans purchase health insurance. But if the tax breaks are not generous enough to actually help people buy insurance, many people will remain uninsured. And if the tax subsidy is large enough to help people buy insurance, most companies now providing health insurance to their employees will stop. Why should they pay for health insurance, they will ask, when the government will do it? Once that happens, government costs will soar.

In the area of cost containment, these more conservative plans reject the administration's global budgets and regulatory measures and rely exclusively on market mechanisms to control costs. Yet most of the market mechanisms on which they rely—community rating, uniform contributions by employers to health plans, standardized benefit packages, and increased information to consumers about the cost and quality of health plans—are already in the president's plan. If these are sufficient, the president's plan will control costs without using its regulatory powers. But if they are not sufficient, only the president's proposal has a backup system.

The conservative alternatives do include a few more cost containment proposals. The most prominent is to strictly limit the extent to which employers' contributions to health insurance can be deducted as a business expense and excluded from employees' income for income tax purposes. The idea is to make both employers and employees more cost conscious in choosing health insurance. The president's plan includes a "tax cap," but it is a weak one.

A tax cap has several policy virtues. It could raise a lot of



revenue, is reasonably progressive in its effects, and would provide further incentives for insurers to control costs. But advocates have exaggerated its likely cost containment impact. The federal revenue loss attributable to the tax treatment of health insurance was about \$65 billion in 1992. Given that overall health spending for the year was \$838 billion, even cutting revenue losses by a third (\$22 billion) could probably not dramatically contain costs.

Nor is a tight tax cap politically feasible. Unions strongly oppose it because they have given up wage increases to get generous health benefits and do not want a tax increase for their members. But opposition is broader than that. President Bush had to remove a tax cap from his health reform package to mollify House Republicans. Regardless of its policy virtues, a tough tax cap is a tax increase by another name and will be strongly resisted.

Americans universally believe

that our health care system is fatally flawed and needs a radical overhaul. There the consensus ends: few can agree on what should be done. The chief alternatives to the president's plan have serious weaknesses, either in enactability or in their ability to achieve their goals. The harsh reality is that we are faced with a collection of extremely difficult and unpalatable choices. The president cannot argue that his plan is perfect. He can argue that it is better than its competitors. ■

Joshua M. Wiener, a senior fellow in the Brookings Economic Studies program, worked with the White House Task Force on Health Care Reform. He is the coauthor of Sharing the Burden: Strategies for Public and Private Long-Term Care Insurance (Brookings, 1994).

... And a Republican Non-Response

SOME REPUBLICANS are urging that the party deal with the health care problem by declaring that there isn't a problem, or at least no "crisis," and suggesting that the biggest danger lies in "radical" reform along the lines proposed by, say, President Clinton.

The strategy was outlined in a memo circulated among Republicans by William Kristol, former Vice president Dan Quayle's chief of staff. Former defense secretary Dick Cheney, a prospective 1996 presidential candidate, gave it a nod and a push in a speech earlier this month. The approach has its advantages. It allows Republicans to talk about the genuine strong points of the American health care system, the marvelous technological and research breakthroughs and the fact that many Americans do have good health coverage.

Politically, it meanwhile seeks to turn the health debate on its head. Up to now Mr. Clinton has been quite successful in arguing that inaction is the greatest enemy, that almost everyone agrees on the need for substantial change. These Republicans would assert that everyone does *not* agree that big change is better than no change. They would seek to turn public attention away from the problems of the current system and onto the problems that might be created by the president's proposal.

Give Mr. Kristol and Mr. Cheney credit for trying to shake up the debate. But in the end, their approach will turn out to be fool's gold for their party. First, the public doesn't agree with them. In his memo, Mr. Kristol speaks of the satisfaction of Americans with "the medical services they already enjoy." But he overlooks the fact that many Americans are rightly worried that they're in the process of losing what they have. The drive for health care reform has been

fired not so much by the proportion of Americans who are uninsured as by the larger number who have insurance but fear losing it and find themselves paying more and more in premiums or deductibles or both. Mr. Kristol refers to "the president's deliberate campaign of fright" on the health issue; in fact, Mr. Clinton is responding to public worries more than he is fanning them.

Moreover, the critics of reform have to deal with the implications of an argument they often make—that many who have insurance end up getting care anyway, usually in emergency rooms. That's true—and costly. Someone ends up paying for that care, and the costs are apportioned irrationally and unfairly. Many people end up in those expensive emergency rooms because they didn't get cheaper care when they should have. Opponents of reform also would do well to talk to their friends in business about the terrible effect of rising health costs.

This year those costs rose much less rapidly than in other recent years. That has led some opponents of the president's plan to say that if indeed there is a problem, it's of the self-correcting kind and on the way to solving itself; no need to intervene. But that's an awfully rosy view on which to base a policy (see above)—and some groups now suggesting that the cost problem is disappearing are the same ones who were complaining earlier that the cost controls in the president's plan would be too strict. Which way do they want it? Our sense is that it is the critics much more than the president who are dismissing reality for ideological and political purposes. By pretending that the president made up this crisis, these Republicans risk losing their audience altogether and dealing themselves out of the solution.

January 13, 1994

HEALTH CARE REFORM IN 1994

The President is committed to guaranteeing comprehensive health benefits for every American that can never be taken away. That is his bottom line. The legislation must guarantee that every American has health care that is always there. And it must include a comprehensive benefits package that is affordable, spelled out in law and can never be taken away. As he said when he presented the legislation to the Congress in Statuary Hall, "I will not support or sign a bill that does not meet that criteria."

The President's plan has been mischaracterized as big government. Let's be clear on what it really is: it's a proposal for guaranteed private insurance. It builds on the current system of private insurance with two critical changes: first, the guarantee of comprehensive health benefits that can never be taken away; and second, greater power for individuals and small businesses to choose affordable, quality, private health insurance. It's a moderate, market-oriented proposal, expanding people's ability to choose and using that increased choice to drive competition. (see attached for core message)

The American people want the Clinton health plan. Look at the results of a comparison the latest Wall Street Journal/NBC poll did of our plan versus the Cooper plan. When asked which health care plan people favored,

Plan A: A congressional plan that is less expensive than the Clinton plan because it relies on competitive buying of insurance, but which might leave more than ten million Americans without coverage.

OR

Plan B: President Clinton's health care plan, which may cost more than the Congressional plan, which provides more benefits and cost controls, and guarantees coverage for every American.

respondents favored the Clinton plan, 69% to 20%.(see attached for other recent poll data) These numbers show that without the guarantee of comprehensive benefits that can never be taken away (a guarantee that can only come with universal coverage), health care loses all its appeal to middle-class voters -- and is therefore a political non-starter.

Both single-payer and the Clinton plan are more popular than Cooper with the American people. When respondents in the Wall Street Journal/NBC poll were offered descriptions of the Clinton plan, single-payer proposal, and Cooper plan (without the names of Clinton or Cooper in the description), 43% favored the Clinton plan, 28% favored single-payer, and 19% were for Cooper.

Congress already has the basis of a coalition of members who are committed to comprehensive reform. Besides the 101 House and 31 Senate co-sponsors of our bill, there are many additional members in the House and Senate who have taken positions in favor of comprehensive reform. And considering that the leadership of both the House and Senate is committed to passage of something resembling this bill, comprehensive reform is going to be tough to stop.

Once the American people find out what the alternative proposals really mean to them, the plans won't be very popular in Washington. In several key ways, our bill differs from all the alternatives (besides single-payer). In our bill, the benefits package is comprehensive, not basic, and it's spelled out in law, not left for a government agency to decide. It also reinvests Medicare savings in benefits for older Americans, not deficit reduction. And when we start to point out these differences and others, the American people will be on our side. (see attached list of comparisons, Al Hunt article and Brookings Review article)

The Republicans' "deny the crisis" strategy won't work. That argument may play well with some inside the beltway, but take that argument to the American people. Tell that to the factory worker in Ohio who just got laid off and lost his insurance. Tell that to the small businessman in California whose child just got sick and his premium shot up. Tell them there's no crisis -- and you'll get laughed at. It's the kind of argument that got George Bush thrown out of the White House -- and Republicans who take that line are just marginalizing themselves from the debate.

Background:

Republican strategist William Kristol has written a widely-circulated memo saying the only way to defeat the President's plan is to flat-out oppose it. And the only way to justify that opposition is to deny that a health care "crisis" exists in America. Dick Cheney and others have picked up this line in the last few weeks. (see attached Washington Post editorial) And a recent item in the Wall Street Journal's Washington Wire said that Kristol's "follow-up strategy" is to get Gingrich and Dole to introduce a "limited set of insurance and malpractice reforms and tax incentives."

THE HEALTH SECURITY ACT OF 1993

- **The Health Security Act proposes a system of guaranteed private insurance.** It builds on the current system of private insurance with two critical changes: first, the guarantee of comprehensive health benefits that can never be taken away; and second, greater power for individuals and small businesses to choose affordable, quality health insurance.
- **Our plan for health security is the most comprehensive and responsible.** We're demonstrating specifically how that system will work -- from details on the benefit package and premiums to a firm explanation of the most responsible financing possible. The plan is fully financed, paid for with a tax on tobacco and large corporations, new premiums from the currently uninsured and their employers, and savings from slowing the growth of federal health care programs.
- **Our national goal is health security for every American – comprehensive health benefits that can never be taken away.** No limit on benefits over your lifetime. No refusal of insurance if you have a pre-existing condition. No losing your insurance if you get sick or lose your job. And no rate increases if you get sick.
- **Real reform and real savings are possible only if health care benefits are guaranteed to every American.** Without universal coverage, there's no guarantee we will be able to control costs. Universal coverage is the only way to stop people with insurance from paying for those without.
- **Our principles are clear and distinguish our approach:** Security -- comprehensive benefits that can never be taken away. Simplicity -- creating a single claim form and a health security card to reduce paperwork and bureaucracy. Savings -- controlling health care costs. Quality -- making the world's best care better. Choice -- preserving your right to choose your doctor and expanding choice of private insurance plans. Responsibility -- every American must contribute something to the cost of their health care.

Benefits and Payments

- **Our bill offers comprehensive benefits that include:**

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| preventive care | hospice care |
| prescription drugs | emergency care |
| doctor visits | mental health care |
| hospital services | vision care |
| home health care | dental care for children and eventually, for adults |
- **The Health Security Act preserves Medicare and provides new benefits for seniors – new prescription drug coverage and a new long-term care program.** It's the only plan that re-invests Medicare savings to improve benefits for older Americans.
- **Premiums will not rise with age or illness.** What you pay will depend on the plan you choose and whether you're buying insurance for yourself or your family. Everyone will pay a fixed amount, regardless of age, medical history or occupation. It is simple and secure.
- **Small businesses will get insurance discounts to help them afford insurance for their families and employees – something they can't do today.** Most small businesses already provide health insurance to their employees but they're forced to pay as much as 50% more than larger companies. That won't happen under our plan.
- **Our plan simplifies the system with a standard claims form and a health security card for everyone.** We'll eliminate insurance company fine print. And you will pay a fixed amount for insurance, regardless of age, medical history or occupation.

The Cost of Doing Nothing

- Every American can expect to pay more every year with no guarantee that their health care will be there when they need it.
- One of every four Americans will lose their insurance at some point in the next two years.
- Almost \$1 out of every \$5 Americans spend will go to health care.
- Millions of Americans will find that rising costs will force their firms to cut back on benefits and limit choices of doctors and health plans.

December 1993

RECENT POLLS ON HEALTH CARE

Wall Street Journal/NBC News poll

- 65% of Americans support an employer mandate with discounts for small firms.
- 78% of Americans support guaranteed coverage for all Americans regardless of health or employment status.
- By a margin of 70% to 21%, Americans would rather use Medicare/Medicaid savings to help pay for health care reform rather than deficit reduction.
- When asked which health care plan people favored,

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Times Mirror poll (published in LA Times)

- Support for the President's health care plan is growing, up to 49% from 41% in October.
- This support came despite the fact that just 54% knew that the plan provides universal coverage, and 44% know that it guarantees coverage for workers if they lose or quit their jobs .

Battleground poll (published in USA Today)

- When asked to name the President's top accomplishment, more people name "proposing a national health care reform package" than any other accomplishment, including the deficit-reduction bill, NAFTA, and the Brady bill.
- And when asked to name what they were most disappointed about that the President did not get done his first year in office, Americans cited health care reform more than any other issue.

THE CLINTON PLAN VERSUS THE ALTERNATIVES (except single-payer)

Universal Coverage

The Clinton plan guarantees comprehensive benefits to every American that can never be taken away.

The other plans leave many Americans uncovered and don't protect middle-class families from the threat of losing their insurance.

Outlaws Insurance Company Discrimination

The Clinton plan makes it illegal to charge someone more for insurance because they're sick or older.

The other plans still allow insurance companies to charge sick, older people more than healthy, younger people.

Benefits Spelled Out

The Clinton plan sets out specifically what is in the comprehensive benefit package and what people will pay.

The other plans leave the specifics to be determined after the bill passes by a government board.

Comprehensive Benefits

The Clinton plan guarantees a comprehensive benefit package with low deductibles.

The other plans either provide for a barebones package with high deductibles or force people into managed care by taxing benefits.

Good For Seniors

The Clinton plan expands benefits for seniors, including prescription drugs and long-term care.

The other plans do not expand benefits for seniors.

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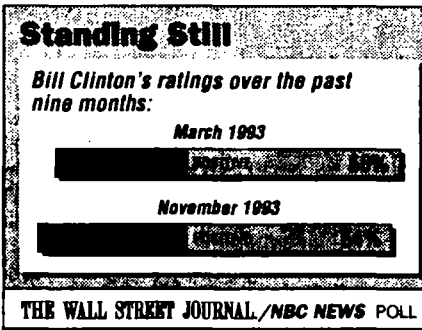
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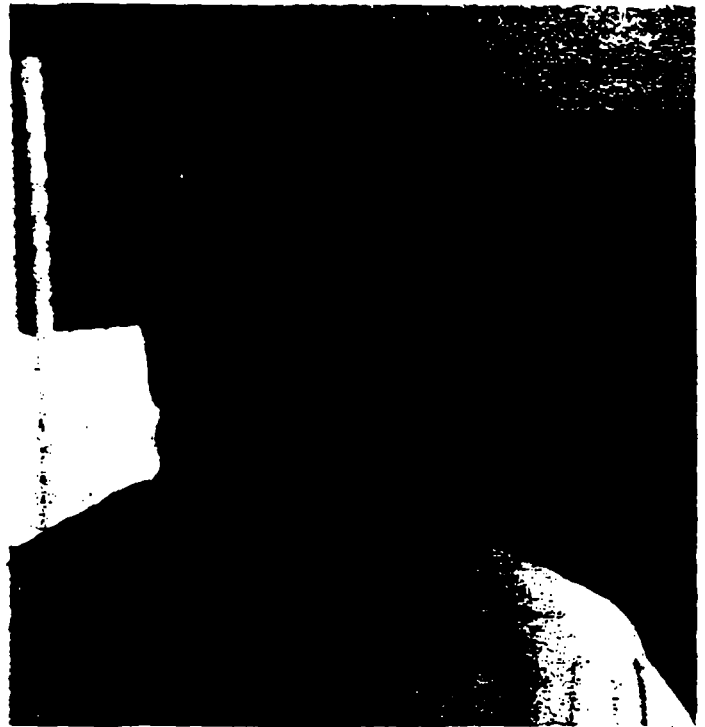
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subsidies for small businesses, all the market reform plans depend on providing tax credits or vouchers to help uninsured Americans purchase health insurance. But if the tax breaks are not generous enough to actually help people buy insurance, many people will remain uninsured. And if the tax subsidy is large enough to help people buy insurance, most companies now providing health insurance to their employees will stop. Why should they pay for health insurance, they will ask, when the government will do it? Once that happens, government costs will soar.

In the area of cost containment, these more conservative plans reject the administration's global budgets and regulatory measures and rely exclusively on market mechanisms to control costs. Yet most of the market mechanisms on which they rely—community rating, uniform contributions by employers to health plans, standardized benefit packages, and increased information to consumers about the cost and quality of health plans—are already in the president's plan. If these are sufficient, the president's plan will control costs without using its regulatory powers. But if they are not sufficient, only the president's proposal has a backup system.

The conservative alternatives do include a few more cost containment proposals. The most prominent is to strictly limit the extent to which employers' contributions to health insurance can be deducted as a business expense and excluded from employees' income for income tax purposes. The idea is to make both employers and employees more cost conscious in choosing health insurance. The president's plan includes a "tax cap," but it is a weak one.

A tax cap has several policy virtues. It could raise a lot of



revenue, is reasonably progressive in its effects, and would provide further incentives for insurers to control costs. But advocates have exaggerated its likely cost containment impact. The federal revenue loss attributable to the tax treatment of health insurance was about \$65 billion in 1992. Given that overall health spending for the year was \$838 billion, even cutting revenue losses by a third (\$22 billion) could probably not dramatically contain costs.

Nor is a tight tax cap politically feasible. Unions strongly oppose it because they have given up wage increases to get generous health benefits and do not want a tax increase for their members. But opposition is broader than that. President Bush had to remove a tax cap from his health reform package to mollify House Republicans. Regardless of its policy virtues, a tough tax cap is a tax increase by another name and will be strongly resisted.

Americans universally believe

that our health care system is fatally flawed and needs a radical overhaul. There the consensus ends: few can agree on what should be done. The chief alternatives to the president's plan have serious weaknesses, either in enactability or in their ability to achieve their goals. The harsh reality is that we are faced with a collection of extremely difficult and unpalatable choices. The president cannot argue that his plan is perfect. He can argue that it is better than its competitors. ■

Joshua M. Wiener, a senior fellow in the Brookings Economic Studies program, worked with the White House Task Force on Health Care Reform. He is the coauthor of Sharing the Burden: Strategies for Public and Private Long-Term Care Insurance (Brookings, 1994).

... And a Republican Non-Response

SOME REPUBLICANS are urging that the party deal with the health care problem by declaring that there isn't a problem, or at least no "crisis," and suggesting that the biggest danger lies in "radical" reform along the lines proposed by, say, President Clinton.

The strategy was outlined in a memo circulated among Republicans by William Kristol, former Vice president Dan Quayle's chief of staff. Former defense secretary Dick Cheney, a prospective 1996 presidential candidate, gave it a nod and a push in a speech earlier this month. The approach has its advantages. It allows Republicans to talk about the genuine strong points of the American health care system, the marvelous technological and research breakthroughs and the fact that many Americans do have good health coverage.

Politically, it meanwhile seeks to turn the health debate on its head. Up to now Mr. Clinton has been quite successful in arguing that inaction is the greatest enemy, that almost everyone agrees on the need for substantial change. These Republicans would assert that everyone does *not* agree that big change is better than no change. They would seek to turn public attention away from the problems of the current system and onto the problems that might be created by the president's proposal.

Give Mr. Kristol and Mr. Cheney credit for trying to shake up the debate. But in the end, their approach will turn out to be fool's gold for their party. First, the public doesn't agree with them. In his memo, Mr. Kristol speaks of the satisfaction of Americans with "the medical services they already enjoy." But he overlooks the fact that many Americans are rightly worried that they're in the process of losing what they have. The drive for health care reform has been

fired not so much by the proportion of Americans who are uninsured as by the larger number who have insurance but fear losing it and find themselves paying more and more in premiums or deductibles or both. Mr. Kristol refers to "the president's deliberate campaign of fright" on the health issue; in fact, Mr. Clinton is responding to public worries more than he is fanning them.

Moreover, the critics of reform have to deal with the implications of an argument they often make—that many who have insurance end up getting care anyway, usually in emergency rooms. That's true—and costly. Someone ends up paying for that care, and the costs are apportioned irrationally and unfairly. Many people end up in those expensive emergency rooms because they didn't get cheaper care when they should have. Opponents of reform also would do well to talk to their friends in business about the terrible effect of rising health costs.

This year those costs rose much less rapidly than in other recent years. That has led some opponents of the president's plan to say that if indeed there is a problem, it's of the self-correcting kind and on the way to solving itself; no need to intervene. But that's an awfully rosy view on which to base a policy (see above)—and some groups now suggesting that the cost problem is disappearing are the same ones who were complaining earlier that the cost controls in the president's plan would be too strict. Which way do they want it? Our sense is that it is the critics much more than the president who are dismissing reality for ideological and political purposes. By pretending that the president made up this crisis, these Republicans risk losing their audience altogether and dealing themselves out of the solution.

TO: G. STEPHANOPOULOS, I. MAGAZINER, M. WILLIAMS, M. VERVEER, M. GRUNWALD, M. GEARAN, B. BOORSTIN, S. RICCHETTI, S. GREENBERG, P. BEGALA
 RE: LIST OF COLUMNISTS REVISED
 DT: JAN. 11, 1994

Per our discussion today, here is the revised list of talking heads that we will have Administration officials and members of Congress "adopt".

Top priority for this week is to get the team of Altman, Magaziner, and Ricchetti get to the circled people. Greenberg, Verveer, Begala, and Grunwald need to get to their people by next Tuesday. Ricchetti needs to coordinate with Mitchell, Daschle, Gephardt, Bonior, Rockefeller and Wofford their assignments so they get to their adoptees ASAP. In addition, Ricchetti needs to have Mitchell and Gephardt look at this list and slot members of Congress with each journalist. Boorstin needs to get to his assigned journalists by Monday.

The team of Ickes, Stephanopoulos and Magaziner will do network editorial boards the week of January 17, preferably later in the week.

| COLUMNIST | ADMINISTRATION | CONGRESS |
|--------------------------------|------------------------------|-------------------|
| D. Broder | Bentsen | Mitchell |
| T. Oliphant | Boorstin | |
| W. Mears | <i>Altman, Mag.</i> | |
| <u>J. Germond</u> | Altman, Mag., Richetti | Daschle/Bonior |
| <u>A. Hunt</u> <i>Fi look</i> | Altman, Mag., Richetti | Mitchell |
| E. Drew | Boorstin | |
| J. Klein | Magaziner/Altman/Rubin | |
| <u>E. Clift</u> | Altman, Mag., Richetti | |
| E. Dionne | Verveer, Greenberg | |
| <u>M. Kinsley</u> | Altman, Mag., Richetti | |
| M. Means | Boorstin, <i>Ickes</i> | |
| M. Coco | Boorstin | |
| J. Nelson - <i>Congressman</i> | Stephanopoulos/Rubin | |
| J. Apple | Bentsen | Mitchell/Gephardt |
| | <i>for Altman, Greenberg</i> | |
| | <i>Boorstin</i> | |

~~Boerstin~~/Clymer
Chen

Griffin/Ricchetti/Melone

→ Ricchetti analysis

| | | | |
|---------------------------|---------------------------------------|--------------------|---------------------|
| M. Barone | Boerstin | Gergen | |
| M. Warner | Gergen | | |
| M. Kramer | Altman, Begala | | |
| J. Seib | Begala, Greenberg | | Rockefeller? |
| M. Shields | CHA | Gergen, M. Donilon | Wofford |
| C. Mathews | Lew | | |
| F. Barnes | Altman/Gergen | | |
| E. Yoder | Gergen/Magaziner | | |
| C. Krauthammer | Gergen | | |
| G. Will | Gergen | | |
| M. Ivans | Shalala | | |
| A. Quinlan | | | |
| H. Johnson | Stephanopoulos, Eva | | |
| R. Cohen (NatJour) | Magaziner, Ricchetti | | |
| J. Glassman (Roll Call) | | | Daschle/Rockefeller |
| Bill Rasberry | | | |
| C. Roberts | Grunwald, Griffin | | Mitchell |
| M. Kalb (Barone Center) | | | |
| A.M. Rosenthal | Stephanopoulos | | |
| J. Seigenthaler | | | |
| B. Reynolds | Boerstin | | |
| B. Erbe | Boerstin, | | |
| M. Kondracke | Boerstin, ^{Ricchetti} Altman | | Daschle/Gephardt |
| N. Totenberg | Verveer | | |
| R. Brownstein | Grunwald, Greenberg | | |
| B. Herbert | | | |
| B. Schneider | Gergen, Greenberg | | |

| | |
|---------------------|-----------------------------|
| N. Ornstein | Verveer, Greenberg |
| B. Greene (C. Trib) | Boorstin Shulata |
| J. Taylor (NY Mag) | Boorstin George |
| S. Blumenthal | Altman story on Cooper |
| ABC edboard | Ickes, Steph., Magaziner |
| CBS edboard | Ickes, Steph., Magaziner |
| NBC edboard | Ickes, Steph., Magaziner |
| CNN edboard | Ickes, Steph., Magaziner |
| FOX edboard | Ickes, Steph., Magaziner |

Harold, Ira, Pat (Royer)

Time ed. board

US News "

Newsweek "

San Donaldson

~~Boorstin~~ Royer, Ira

~~Boorstin~~
Richetti

* Susan Palm Melane, Ira, Royer

Business week

Russert/Lorey Ickes, Steph, Mag.

Schetter/Patt "

TO: G. STEPHANOPOULOS, T. MEGAZIMER, R. WILLIAMS, M. VERVEER, M.
GRUNWALD, M. GEARAN, B. BOOTHEIN, S. RICHIETTI, S. GREENBERG
RE: LIST OF COLUMNISTS
DT: JAN. 7, 1994

Per our discussion today, listed below are the names of select media for Administration officials and Members of Congress to brief on health care. Please fill in the name of the Administration official or member of Congress who would be the best briefer for that particular journalist.

Return the list to Lisa Caputo at 456-7805 (fax) by Sunday at noon.

| COLUMNIST | ADMINISTRATION | CONGRESS |
|-------------|----------------|----------|
| D. Broder | | |
| T. Oliphant | | |
| W. Meares | | |
| J. Germond | | |
| A. Hunt | | |
| E. Drew | | |
| J. Klein | | |
| E. Clift | | |
| E. Dionne | | |
| M. Kinsley | | |
| M. Means | | |
| M. Coco | | |
| J. Nelson | | |
| J. Apple | | |
| M. Barone | | |
| M. Warner | | |
| M. Kramer | | |
| J. Seib | | |

M. Shields
C. Mathews
F. Barnes
E. Yoder
C. Krauthammer
M. Ivans
A. Quinlan
H. Johnson
R. Cohen (NatJour)
J. Glassman (Roll Call)
Bill Raspberry
C. Roberts
M. Kalb (Barone Center)
A.M. Rosenthal
J. Seigenthaler
B. Reynolds
B. Erbe
N. Totenberg
R. Brownstein
B. Herbert
B. Schneider
N. Ornstein
B. Greene (C. Trib)
J. Taylor (NY Mag)
S. Blumenthal
ABC edboard
CBS edboard

NBC edboard

CNN edboard

FOX edboard

September 29, 1993

MEMORANDUM FOR LISA MORTMAN

FROM: Debbie Fine

SUBJECT: Suggested Press Contacts

Attached is a list from Marilyn Yager for big and small business contacts. They are currently in the process of breaking down the list of supporters to include phone number, city, state, whether they have sent in a statement and other information. She will get that to you as soon as it's together. (I am happy to continue to be your point person for groups and business, but I will not be here Thursday through Sunday this week.)

Attached are organizations that would be good for regional press. I will continue to add to this.

Some are individuals you might want to check on with Mike before you call because of tricky political situations that continue to evolve (i.e. AARP, because we may want to use them for a seniors press conference.) But they are definitely all good for press.

cc: Mike Lux ✓
Marilyn Yager

PRESS CONTACTS FOR HEALTH CARE
AS OF 9/29/93

| GROUP | NAME | City/State | PHONE |
|---|--|----------------------------|--------------------|
| Families USA | Ron Pollack, Executive Director | Washington DC | 202/ 737-6340 |
| National Council on Aging | Daniel Thursz, President and CEO | Washington D.C. | 202/ 479-1200 |
| American Nurses Association | Virginia Trotter Betts, President | Washington D.C. | 202/ 554-4444 x100 |
| AARP | Horace Deets, President | Washington D.C. | 202/ 434-3700 |
| National Council of the Churches of Christ in the USA | Joan Campbell, General Secretary | New York, NY | 212/ 870-2141 |
| National Farmers Union | Lee Swenson, President | Denver, Colorado | 303/ 337-5500 |
| AFL-CIO | Lane Kirkland, President Contact: Gerry Shea | Washington, D.C. | 202/ 637-5000 |
| Citizen Action | Ira Arlook, Executive Director | Washington, D.C. | 202/ 775-1580 |
| National Education Association | Keith Geiger, President | Washington, D.C. | 202/ 822-7000 |
| American Hospital Association | Richard Davidson, President | Washington, D.C. | 202 638-1100 |
| National Association of Retail Druggists | Charlie West, Executive Director | Washington, D.C. | 703/683-8200 |
| National Association of Chain Drug Stores | Ronald Ziegler, President Contact: Dave Lambert | Washington, D.C. | 703/549-3001 |
| Consumer Federation of America | Eugene Irvin (Gene) Kimmelman, Legislative Director | Washington, D.C. | 202/ 387-6121 |
| National Association of Social Workers | Ann Abbott, President | Villanova, Pennsylvania | 202/ 336-8200 |

| | | | |
|--|--|----------------------|----------------|
| American Academy of Family Physicians | William Coleman, PhD; President-Elect | Scottsboro, AL | 202/ 232-9033 |
| American Academy of Pediatrics | Howard Pearson, President (pediatrician at Yale New Haven Hospital) | New Haven, CT | 202/ 347-8600 |
| League of Women Voters | Gracia Hillman, Executive Director | Washington, D.C. | 202/ 429-1965 |
| Consumers Union | Linda Lipsen, Legislative Director | Washington, D.C. | 202/ 462-6262 |
| National Association of Childrens Hospitals and Related Institutes | Lawrence McAndrews, President | Alexandria, Virginia | 703/684-1355 |
| AMVETS | Donald Hearon, National Commander | Lanham, MD | 301/ 459- 9600 |
| Paralyzed Veterans of America | Richard S. Johnson, National President | Washington, D.C. | 202/ 872-1300 |
| Disabled American Veterans | Richard Marbes, National Commander | Washington, D.C. | 202/ 554-3501 |
| Vietnam Veterans of America | James L. Brazee, President | Lafayette, LA | 202/ 628-2700 |
| The American Legion | Bruce Thiesen, National Commander | Washington, D.C. | 202/ 861-2711 |
| Veterans of Foreign War | Larry Rivers, Executive Director | Fairfax, VA | 202/ 543-2239 |
| Group Health Cooperative of Puget Sound | Phil Nudelman, President and CEO | Seattle, WA | 206/ 448-6460 |
| National Leadership for Health Care Reform | Henry Simmons, MD; President | Washington DC | 202/ 637-6831 |
| National Council of Senior Citizens | Larry Smedley, Executive Director | Washington, D.C. | 202/ 624-9549 |
| Consortium for Citizens with Disabilities | Paul Marchand, Executive Director | Washington, D.C. | 202/ 785-3388 |

| | | | |
|--|--|------------------|---------------|
| National Medical Association | Dr. Tracy Walton, President-Elect Contact: Rosemary Davis | Washington, D.C. | 202/347-1895 |
| American College of Physicians | Paul Griner, MD; President | Rochester, NY | 202/ 393-1650 |
| Children's Defense Fund | Marian Wright Edelman; President | Washington, D.C. | 202/628-8787 |
| National Caucus and Center on the Black Aged | Samuel J. Simmons; President and CEO | Washington, D.C. | 202/637-8400 |
| Save Our Security | Arthur Flemming; President Contact: Roberta Havel | Washington, D.C. | 202/624-9557 |
| National Association of Public Hospitals | Larry S. Gage; President | Washington, D.C. | 202/408-0223 |
| Association of American Medical Colleges | Robert Petersdorf, M.D.; President | Washington, D.C. | 202/828-0460 |
| The Long Term Care Campaign | Deborah Briceland-Betts; National Coordinator | Washington, D.C. | 202/434-3744 |
| Older Women's League | Lou Glasse (Ms.); President or Joan Kuriansky; Executive Director | Washington, D.C. | 202/783-6686 |
| National Black Women's Health Project | Julia Scott; Director | Washington, D.C. | 202/835-0117 |
| National Council of Negro Women | Dorothy Height; President | Washington, D.C. | 202/659-0006 |
| Women's Legal Defense Fund | Judy Lichtman; President (???) | Washington, D.C. | 202/986-2600 |
| Campaign for Women's Health | Contact: Ann Kasper | Washington, D.C. | 202/783-6686 |

September 28, 1993

TO: Karen Nelson
House Energy and Commerce
Subcommittee on Health and the Environment

FROM: Marilyn Yager
Office of Public Liaison
202/456-2930

RE: Businesses Supporters

I am providing a sampling of our business support below along with their supportive letters. The letters have been mailed to you.

STEEL COMPANIES:

Curtis Barnette, Bethlehem Steel, Bethlehem, PA
David Hoag, The LTV Corporation, Cleveland, OH
C.A. Corry, USX Corporation, Pittsburgh, PA

AUTO COMPANIES:

Robert Eaton, Chrysler Corporation, Highland Park, MI
Harold Poling, Ford Motor Company, Dearborn, MI
John Smith, General Motors Corporation, Detroit, MI

COAL MINING:

Garry Drummond, The Drummond Company, Birmingham, AL

RETAIL STORES:

Alan Wurtzal, Circuit City, Washington, DC
Harvey Rosenthal, CVS/Peoples Drug Stores, Woonsocket,
Rhode Island
Stewart Turley, Eckerd Drug Stores, Largo, Florida
Karen Caplan, Frieda's, Inc., Los Angeles, CA
Philip Beekman, Hook-SuperX Drug Stores, Indianapolis,
Indiana
Gerald Heller, May's Drug Stores, Tulsa, OK
Alex Grass, Rite Aid, Camp Hill, PA
John W. Hechinger, Sr., Hechinger, Landover, MD

MANUFACTURING:

Dwayne Andreas, Archer Daniels Midland Company,
Decatur, Ill.
J. Bruce Llewellyn, The Philadelphia Coca-Cola Bottling
Company, New York, NY
John H. Bryan, Sara Lee Corporation, Chicago, Ill.
Paul Allaire, XEROX, Stanford, CT

OTHER:

Alan Willens, Charles River Associates, Boston, MA
Laurence Manson, Jr., Penman Asset Management, Chicago
Ill.
Earl Graves, Earl Graves Publishing Co, New York, NY
Alice Lusk, Electronic Data Systems (EDS), Dallas, TX
Kenneth Lay, Enron Corp, Houston, TX
Clavin Grimes, Grimes Oil, Boston, MA
Mal Mixon, Invacare, Elyria, OH (largest home care
equipment company nationwide)

SMALL BUSINESSES:

Donald Smith, Smith Cogeneration, Oklahoma City, OK
(high tech)
Kevin Harper, Autumn Harp, Bristol, VT (Vt 1992 Sm.
Business of the Year)
Ernesta Procope, Bowman Co. Inc (insurance brokerage)
Robert Vogel, Consultech Communications, Inc., Troy, NY
Ben Alexander, Dasco Energy Corp, Hobbs, New Mexico
(oilfield servicing industry)
John Ferguson (owner-operator trucker), Sonora, KY
Lynne Revo-Cohen, Hubbard & Revo-Cohen, Inc., Reston,
VA (human resources consulting firm)
Fred Julander, Julander Energy Company, Denver, CO
Dominick Cipollini, Keystone Outdoor Advertising
Company, Cheltenham, PA
Manny Goldberg, R.Ph, Keystone Medicine Chest Pharmacy,
Omaha, NE
Helen Mills, The Mills Group, Fairfax, VA (employee
benefits consulting and brokerage firm)
Kathleen Piper, Pied Piper Flower Shop, Yankton, SD
Albert Hernandez, SKYNET Worldwide Courier, Inc.,
Miami, FL
John Sortino, The Vermont Teddy Bear Company,
Shelburne, VT (NFIB small Business of the year)
Judy Wicks, White Dog Cafe, Philadelphia, PA

OP-EDS
TABLE OF CONTENTS

- 1) "Do the President's Numbers Add Up?" Reinhardt, Uwe, Ph.D., James Madison Professor of Political Economy, Princeton University
- 2) "Will Clinton's Health Care Cost Control Plan Work?" Zuckerman, Stephen, and Hadley, Jack. Health economists, The Urban Institute and Georgetown University, respectively
- 3) "Clinton's Proposed Health Care Savings are Realistic – And Quality is Improved", Nudelman, Phil, President & Chief Executive Officer, Group Health Cooperative of Puget Sound
- 4) "Don't Ration Health Care – Reallocate Excess Capacity", Wennberg, John E., M.D., MPH, Director of the Center for the Evaluative Clinical Sciences and Professor of Epidemiology, Dartmouth Medical School
- 5) "Finding the Money for Health Care Reform", McLaughlin, Daniel B., Associate County Administrator, Chief, Hennepin County Bureau of Health
- 6) "Health Care Quality and Information-driven Competition", Sessa, Ernest, Executive Director, Pennsylvania Health Care Cost Containment Council
- 7) "The State of the Numbers", Glied, Sherry, Ph.D., Assistant Professor of Public Health and Economics, Columbia University School of Public Health; formerly senior economist, Council of Economic Advisers
- 8) "Health Security and Economic Freedom", Starr, Paul, Princeton University
- 9) "Employer Mandate and the Clinton Health Care Reform", Waihee, John, Governor of Hawaii
- 10) "Asking the Wrong Questions about Health Care Costs and Financing", Marmor, Ted & Mashaw, Jerry, Professors of Public Policy and Law, respectively, Yale University

October 12, 1993

MEMORANDUM FOR MAGGIE WILLIAMS

FROM: CAROLYN GATZ 

SUBJECT: ARTICLES FOR NEW ENGLAND JOURNAL OF MEDICINE OR
JAMA

We have two pieces of writing ready to go that are appropriate for placement in elite journals:

- The piece that lays out the rationale behind our plan, which Paul Starr wrote but should be authored or co-authored with Ira or Mrs. Clinton.
- A piece by Arnie Epstein about doctors under reform. He also is amenable to any byline that will give it the most impact.

Copies of both are attached. Magaziner, Boorstin and Gatz have all read and edited. They're readable and ready to go. The New England Journal is a good outlet because it receives mainstream media coverage. JAMA is the second choice.

Tad Campion, one of the editors at New England, said they would make a decision about publication within 48 hours of submission but publication occurs four weeks later. Earlier in the year they had been willing to publish within two or three weeks. We need to get these published as fast and as effectively as possible.

We need to decide three points:

- Should one or both of the pieces go out under the First Lady's byline? If yes, interest in publishing would be high.
- Should someone with more White House clout call Tad Campion or Marcia Angel (the editor) and get these pieces published faster? I say yes, regardless of whose byline we use.
- Is the New England Journal the best placement for two pieces or just one of the two?

Tad Campion's office telephone is 617-738-3606. His home is 617-566-3917.

We also have a third piece by Rick Kronick about savings, which is more dense but also needs to get published.

Health Care Reform Can Contain Costs

by W. Pete Welch, Ph. D.

The Urban Institute

Everyone agrees that the time has come for comprehensive health care reform. The question remains: how will we pay for it? President Clinton's answer is largely through savings -- by reallocating money that would be in the system anyway. In the short run we will cover more citizens, while paying the same amount^{good} in the long run we will pay less. The President's approach is very promising.

Compelling evidence that we can control costs comes from international comparisons. Whereas the U.S. now spends 14 percent of our gross national product on health care, Canada spends 10 percent. And every other industrialized nation spends less! These countries provide universal coverage without compromising the health status of their citizens. In fact, they do better on (such measures) as infant mortality and immunization rates.

Because almost every year we spend a greater proportion of our gross national product on health care, many people find it incredible that we could control our spending so that it would increase no faster than our gross national product. Incredible, perhaps, but the Germans have already accomplished this. The proportion of their gross national product going to health care was the same in 1990 as it was 10 years earlier. Without the President's plan we will spend 17 percent in 1996, twice what the Germans are spending.

One way other nations control spending is by lowering payment rates to providers. A recent study found that Canada pays 60% of what we pay our doctors through the Medicare program, even after adjusting for differences in currency and practice expenses such as malpractice insurance. This figure is remarkable given that private insurance in the U.S. pays

physicians between 130 and 150 percent of what Medicare pays them.

This lower payment rate has not reduced access to care: Canada has as many physicians as we do. However, their policymakers still believe they have too many physicians. As of this fall, Canada has decreased the number of students being accepted to medical schools.

To realize savings, we need better incentives. Today many consumers have little opportunity or incentive to seek value for their dollar in a health insurance plan. It is difficult for medium-sized and small employers to offer a choice of plans because the administrative costs are too high. At the same time employees may ~~be~~ not be offered HMOs, even though they contain costs better than other plans. It is extremely difficult to achieve consensus among employees (especially senior management) to enroll in one particular HMO.

The President's Plan will change that. The Plan will require employers to pay 80% of the average premium in an area. What employees pay will depend on the price of the plan they choose. If they select a plan that is, say, \$15 below the cost of the average premium, they pay \$15 less than otherwise, and they pay more if they select a plan above the average. As a result, consumers benefit directly when they choose a lower cost plan.

A comprehensive benefits package will facilitate comparative shopping for consumers. Instead of trying to figure out which services are covered and which are not, consumers can concentrate on price and on factors that cannot be quantified, such as quality of care. To help consumers make educated decisions about selecting health plans, information will be provided to consumers about quality and price.

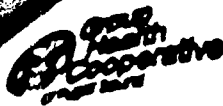
These incentives will help contain costs in less traditional ways. No one health plan can stray too far from the community standard of health care. Both threats of malpractice

suits and consumer expectations for the latest treatments force plans toward the community standard. As more Americans enroll in plans that balance quality and cost, the community standard will improve. This will encourage other plans to follow their practices, improving the efficiency of our delivery system and slowing the medical arms race.

The Medicare experiences support this conclusion. Recent research has demonstrated that in the late 1980s Medicare expenditures grew slower in areas in which a high proportion of Medicare beneficiaries were enrolled in HMOs. The HMOs appeared to have a "spillover effect" on the traditional fee-for-service Medicare sector, affecting the community standard of care.

Although the President's Plan relies on managing competition to contain costs, it does not do so exclusively. Because rural areas can support one integrated health plan but not several competing plans, some states may prefer a single-payor system in rural areas. And a state like Vermont may organize a statewide single-payor system. The President's Plan gives flexibility to states to choose the approach that makes the most sense for their communities.

We have a rare opportunity to make major improvements in our health care system. By creating new incentives, I believe we can successfully control costs and improve health care for all Americans.



Contact

Don Gilchristin, Group Health Public Relations, 521 Wall St., Seattle WA 98121
Home: 206-448-0136
Work: 206-448-6128
Digital pager: 206-994-9288
(Punch in your phone, press #)

Clinton's proposed healthcare savings are realistic - and quality is improved

By Phil Nudelman
President & Chief Executive Officer
Group Health Cooperative of Puget Sound
Seattle, Washington

President Clinton offers ambitious projections of how much money his healthcare reform plan will save.

We think the savings are realistic.

We should know:

We're Group Health Cooperative of Puget Sound, a 47-year-old, private-sector, working model of the kinds of reforms Clinton advocates, and our state is becoming the nation's prime laboratory for the managed competition concept.

As an integrated, managed healthcare plan, we have been able to drive down costs while providing healthcare that is equal to or better than that given to the average American.

How is this possible? It sounds like one of those overly optimistic government budget projections.

For example, over the past three years, we've cut our rate of hospitalizing people (hospital days per 1,000, for those readers who want the technical jargon) by 15 percent. We've done it by shifting expensive care that had been done in hospitals to less expensive care in outpatient clinics and patients' homes. Cancer patients traditionally must go to a hospital to get their medicine intravenously. That's expensive care, but that's how most hospitals historically have provided these services. At our plan, pharmacists, doctors, and visiting nurses work together to shift such intravenous therapy to the cancer patient's home. The quality of the therapy is identical; the patients' satisfaction is higher; and the costs are lower to the people who pay the bills.

we've achieved similar savings with our telephone consulting nurses. Outside the plan, worried parents with a fevered child typically end up in an emergency room or a for-profit, "doc-in-a-box" clinic. At Group Health, parents call one of our round-the-clock consulting nurses. The nurses have the child's medical history at their fingertips; they follow the same procedures the child's family doctor follows - based on the latest medical research; and can give the parents instructions on how to help their child at home, consult with a doctor, direct the parents to go to the hospital, or even call an ambulance. It saves the parents the cost of a hospital visit; improves consumers' satisfaction by offering fingertip, immediate accessibility; and improves quality by encouraging consultation with no financial penalty.

We also save money with prevention. Because we *manage* care within a coordinated system, we can set up structures ensuring that all members get preventive services when they need it. For example, all women members of Group Health Cooperative automatically are invited to participate in breast cancer screening when they turn 40. They are screened for various risk factors, instructed in breast self-exams, and, depending on what the latest medical research says, might be offered mammograms, depending on their risk factors. The results of this system-wide, managed healthcare effort are impressive: We're detecting breast cancers far earlier than the national average - and that translates to both high quality care and cost savings.

What's going on here?

- Integrated healthcare plans, like HMOs, eliminate the traditional health insurance system's incentive that links *quantity* of care to profits. Instead, integrated care plans have financial incentives to keep their members healthy. The emphasis is on *quality* and *appropriateness* - not quantity.
- The structure of integrated care plans makes it easier to maintain and improve quality. Care is coordinated; family doctors and consultants talk with each other as part of a team; it's easier to ensure the patients get the procedures and tests they need when they need them; there's greater oversight of and consultation between practitioners; and it becomes cost-efficient to identify and target areas for improvement.
- There's little, if any, correlation between the cost of healthcare and the quality of healthcare. The State of Pennsylvania's recent review of coronary artery bypass graft surgery, for example, found that the state's two most expensive hospitals recorded more deaths than expected from the procedure, after taking into account the patients' demographics and health status. The least expensive hospital—about 1/4 as expensive—had fewer deaths than expected.

The research on integrated, managed healthcare plans savings and quality is voluminous - from the landmark 1984 Rand Corp. Health Insurance Experiment, financed by the federal government, to journalistic investigations this year by *Consumer Reports* and *Fortune*.