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2004-0728-F; 2005-0989-F

FOIA MARKER

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Record Group/Collection: George H.W. Bush Presidential Records
Collection/Office of Origin: Chief of Staff, White House Office of
Series: Sununu, John, Files
Subseries: Cabinet Agencies Files

OA/ID Number: 29190
Folder ID Number: 29190-007

Folder Title:
Sullivan (HHS)(1991)

Stack:	Row:	Section:	Shelf:	Position:
G	10	19	3	5



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

AC/TM

The Honorable John Sununu
Chief of Staff
The White House
Washington, D.C. 20500

THE CHIEF of STAFF
has seen

Dear John:

I wanted to take this opportunity, once again, to express my sincere appreciation for your considerable help in resolving the issues arising out of the Administration's position in the Mabus case.

As you know, the President has a long and demonstrated history of support for historically black colleges and universities (HBCUs). I am pleased that the Administration's brief evidences a continuation of the Presidents's record of unequivocal support.

As I stated in a letter to the President, the position taken in the brief "states affirmatively to all Americans and particularly, to those young men and women, now graduated, currently or prospectively enrolled in HBCUs, that protections provided under the constitution cannot and will not be eliminated or compromised."

Thank you for helping to ensure that the Administration's brief affirmatively states this most important principle.

Sincerely,

Louis W. Sullivan, M.D.
Secretary

NIH Mission Statement

***Science in pursuit of knowledge to
extend healthy life and reduce the
burdens of illness and disability.***

NIH

NIH Goals

1. To foster innovative research strategies designed to advance significantly the Nation's capacity to improve health.
2. To provide the scientific base that will strengthen the Nation's capability to deliver more effective health care in order to enhance quality of life for its citizens.
3. To provide the scientific base that will strengthen the Nation's economic competitiveness and ensure a continued high return on the public's investment.
4. To be a model for public accountability, scientific integrity, and social responsibility.

NIH Strategic Plan

Science Panels

- Molecular Medicine
- Reproductive Biology and Development
- Aging
- Chronic and Recurrent Illness and Rehabilitation
- Infant Health and Mortality
- Vaccine Development
- Health of Women, Minorities and Underserved Populations

(continued)

NIH

NIH Strategic Plan

Science Panels

(continued)

- Structural Biology
- Neuroscience and Behavior
- Prevention
- Population-Based Studies
- Biotechnology
- Basic Biology and the Environment
- Impact of Research on Health Care
- International Dimensions of NIH Research

NIH

NIH Strategic Plan

Strategic Policy Panels

- Scientific Standards/Regulatory Issues
- Long Term Funding Strategies
- Science Education and Human Resource Development
- Peer Review
- Technology Transfer
- Research Infrastructure
- Intramural Research
- Emerging Social, Legal and Ethical Issues
- Future Organization of NIH
- Communications and Information Flow
- Cost Management

NIH

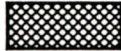
NIH Strategic Planning Process

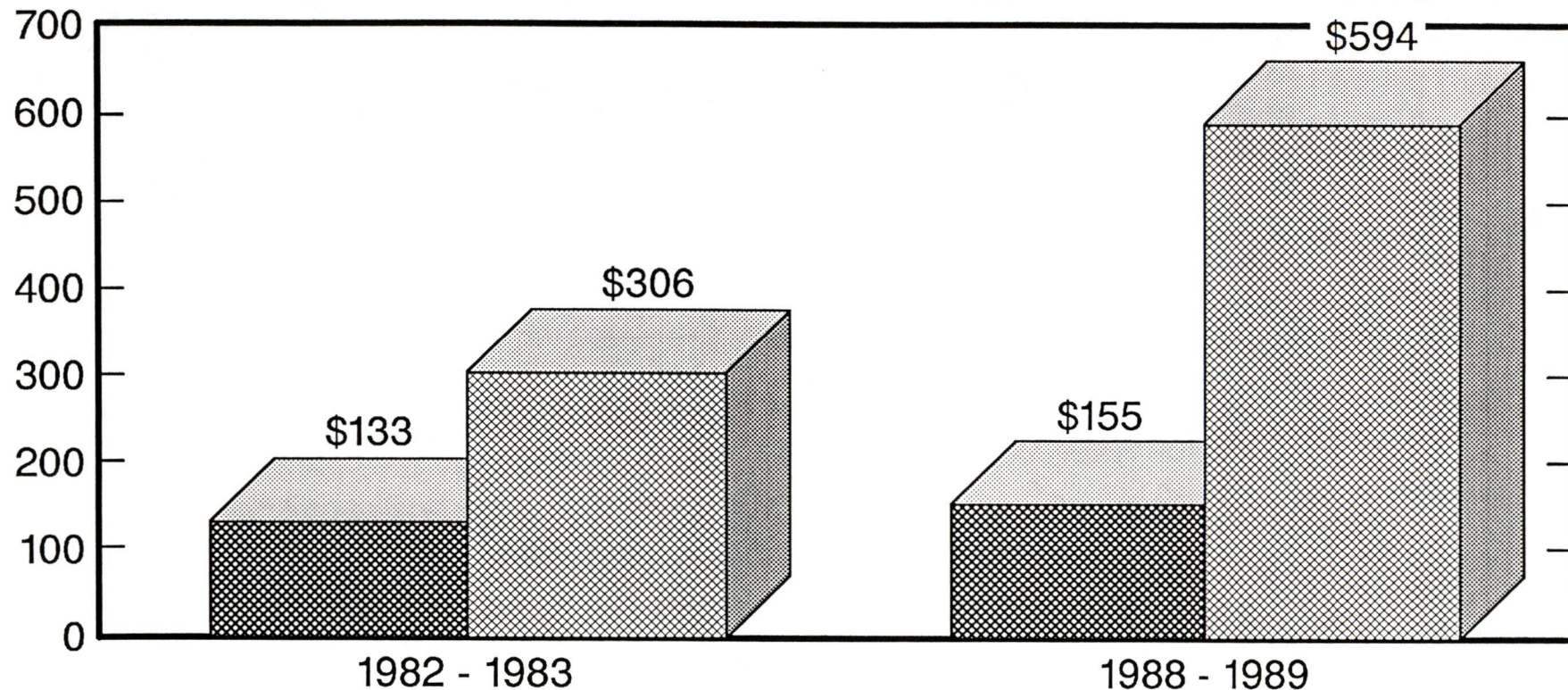
- Institutes, Centers, Divisions Submit Science Initiatives Aug 2
- Institutes, Centers, Divisions Submit Science Policy Initiatives Aug 2
- NIH Director's Retreat Sept 10-11
- Institute Advisory Council Consideration Sept-Oct
- Advisory Council of the Director Nov 21
- Strategic Plan Presented in Texas Feb 2-4
- Strategic Plan Presented in California Feb 12
- Strategic Plan Presented in Connecticut Feb 25
- Strategic Plan Discussed with DHHS and Congress March-April

NIH

Loan and Scholarship Funds for Student and Educational Programs

Millions of Dollars

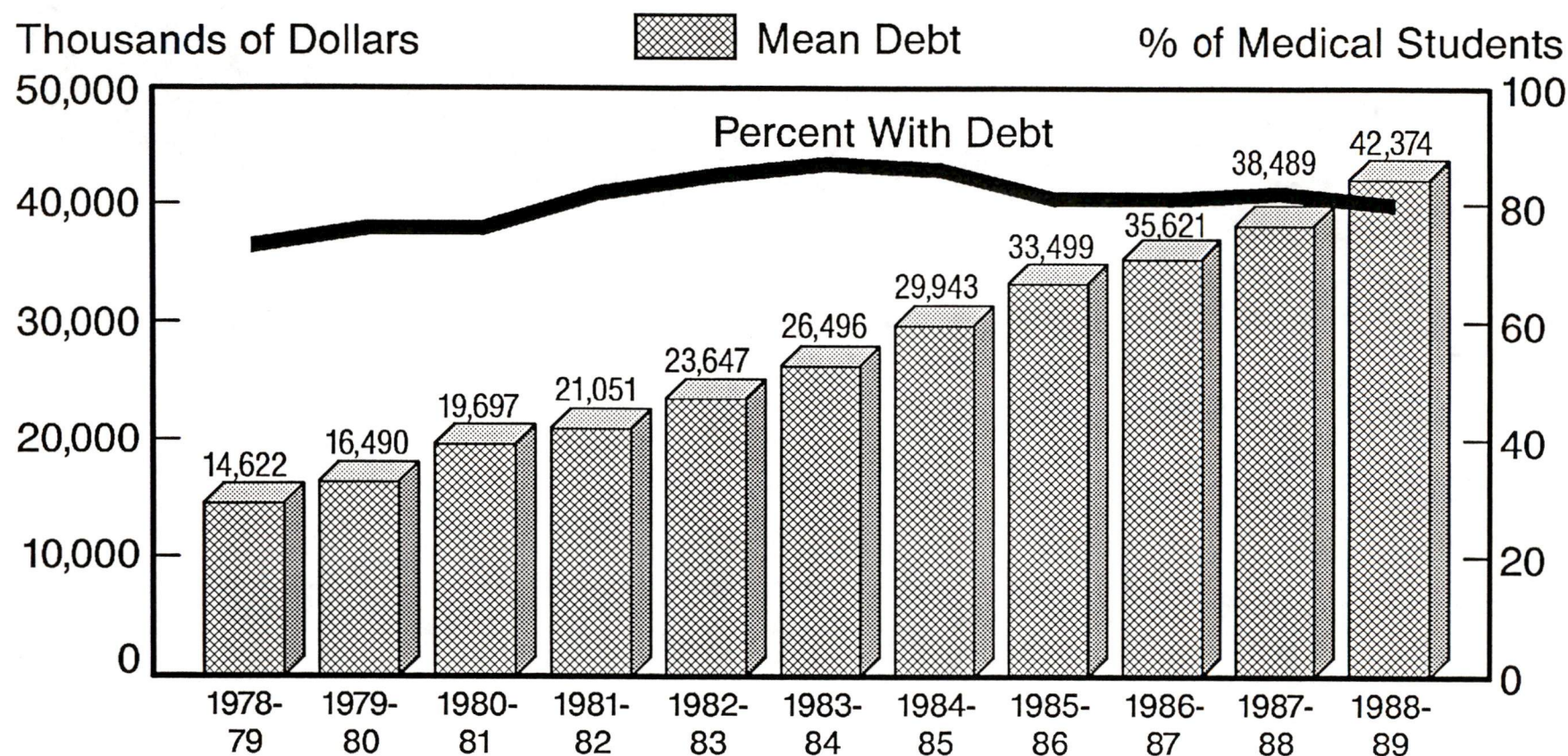
 Scholarships  Loans



Source: AAMC Data Book, January 1991

NIH

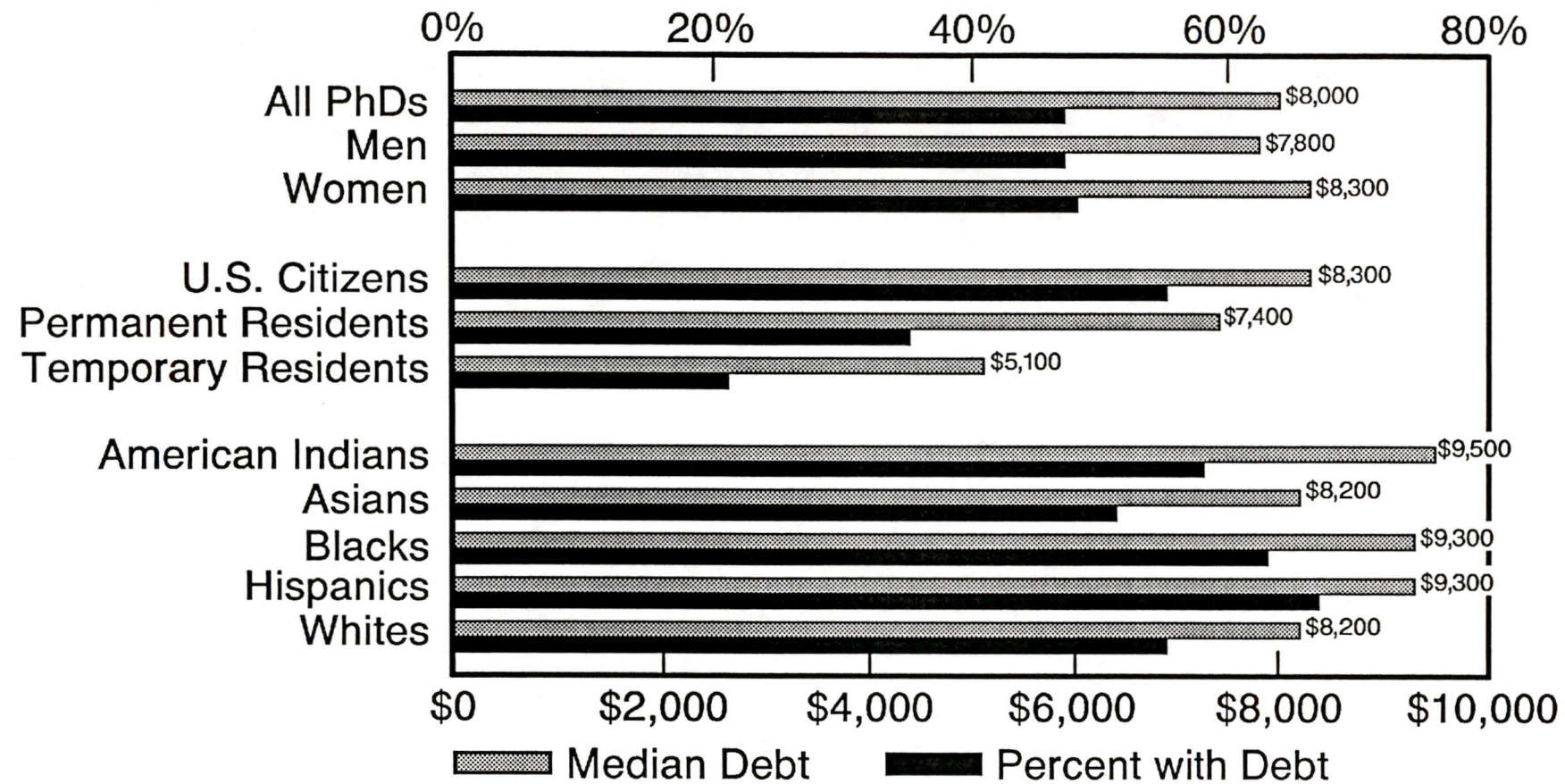
Senior Medical Students With Debt (Includes Pre-Med and Med School)



Source: AAMC Data Book, January 1991

NIH

Level of Cumulative Debt for Doctorate Recipients



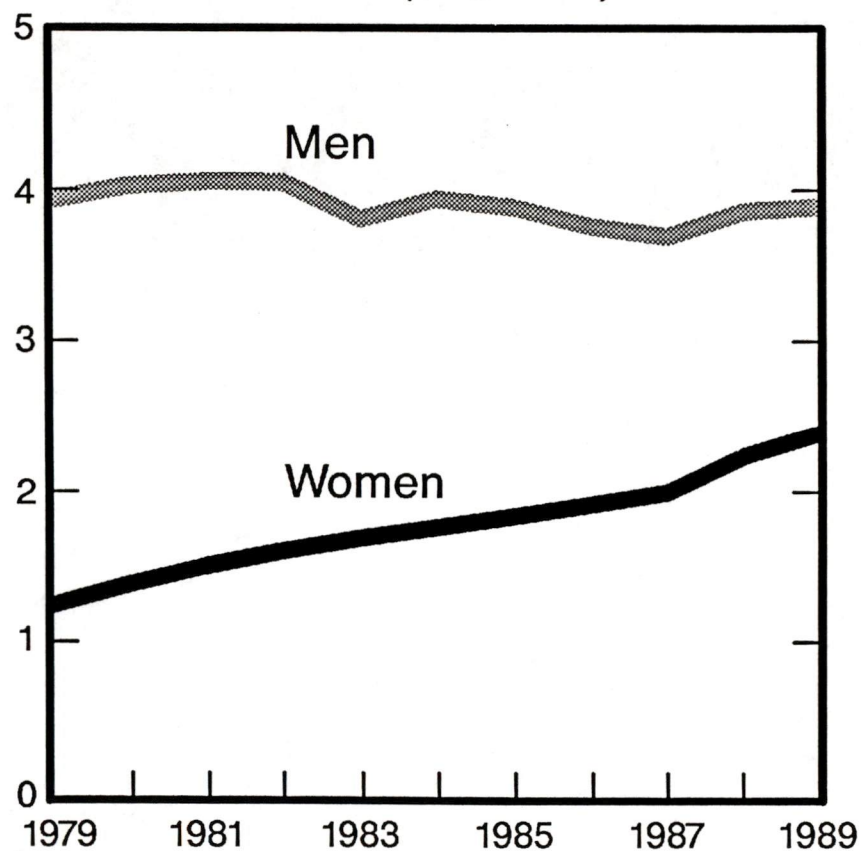
Source: AAMC Data Book, January 1991

NIH

Doctorate Recipients

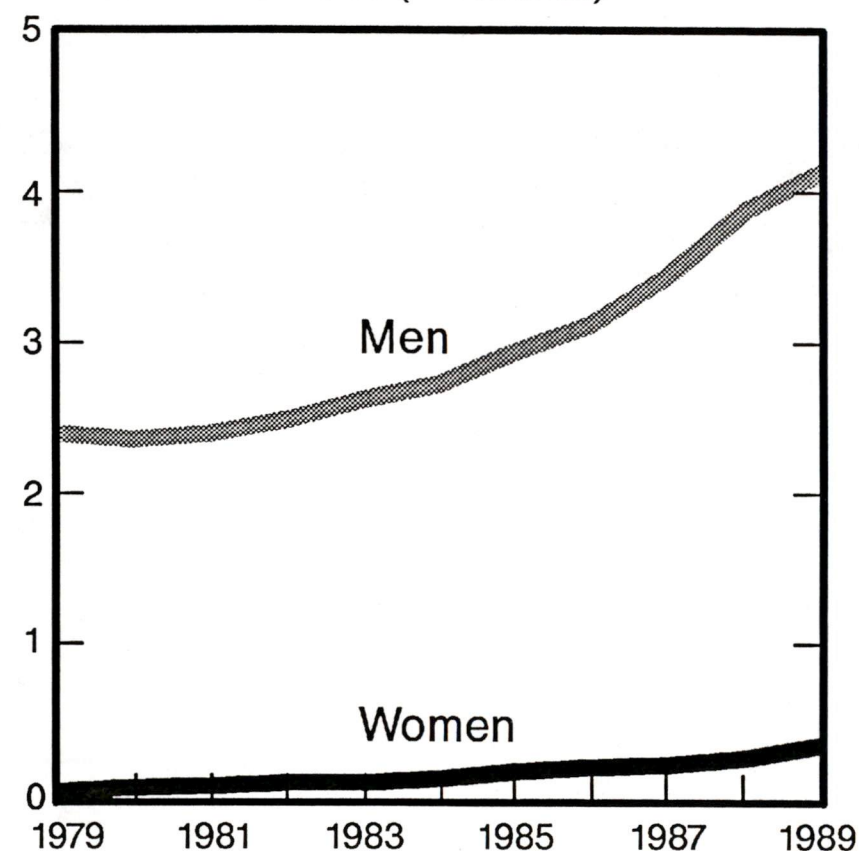
Life Sciences

Number of Doctorates (Thousands)



Engineering

Number of Doctorates (Thousands)



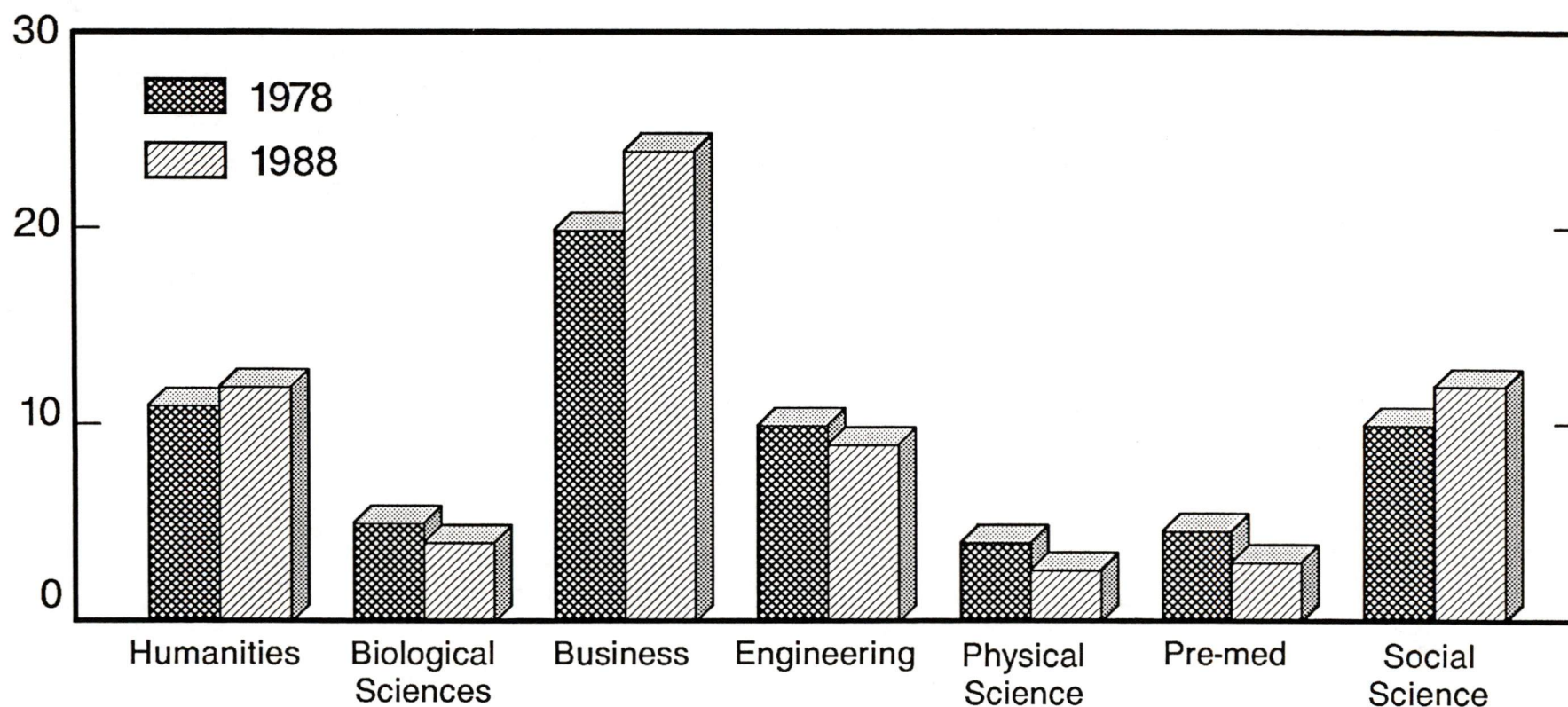
Source: Summary Report 1989 (Doctorate Recipients), NRC

NIH

Changes in the "Market Share" of Undergraduate Majors

(Percentages, First-Time Freshman in 4-Year Institutions)

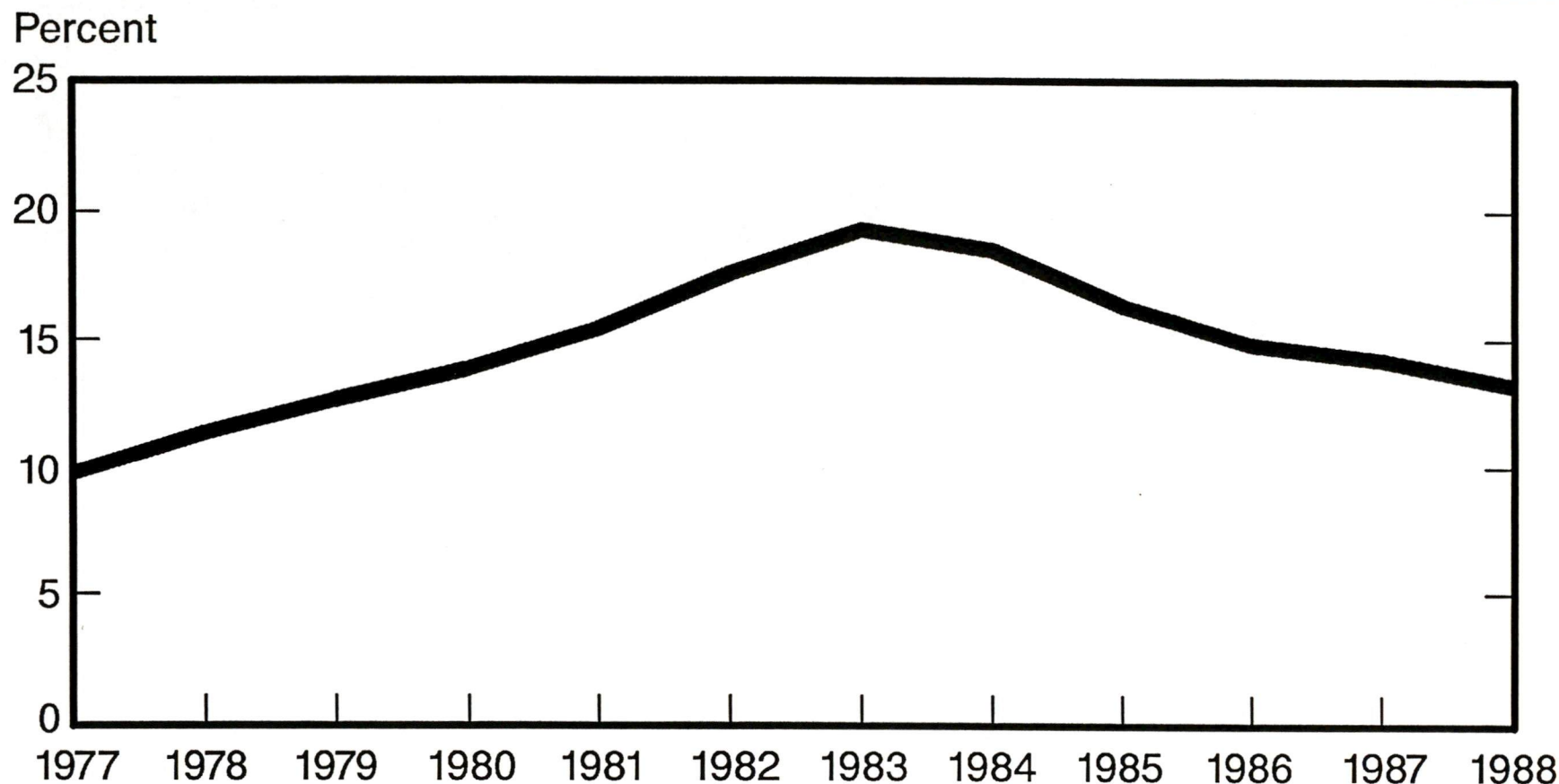
Percent



Higher Education Research Institute
University of California, Los Angeles

NIH

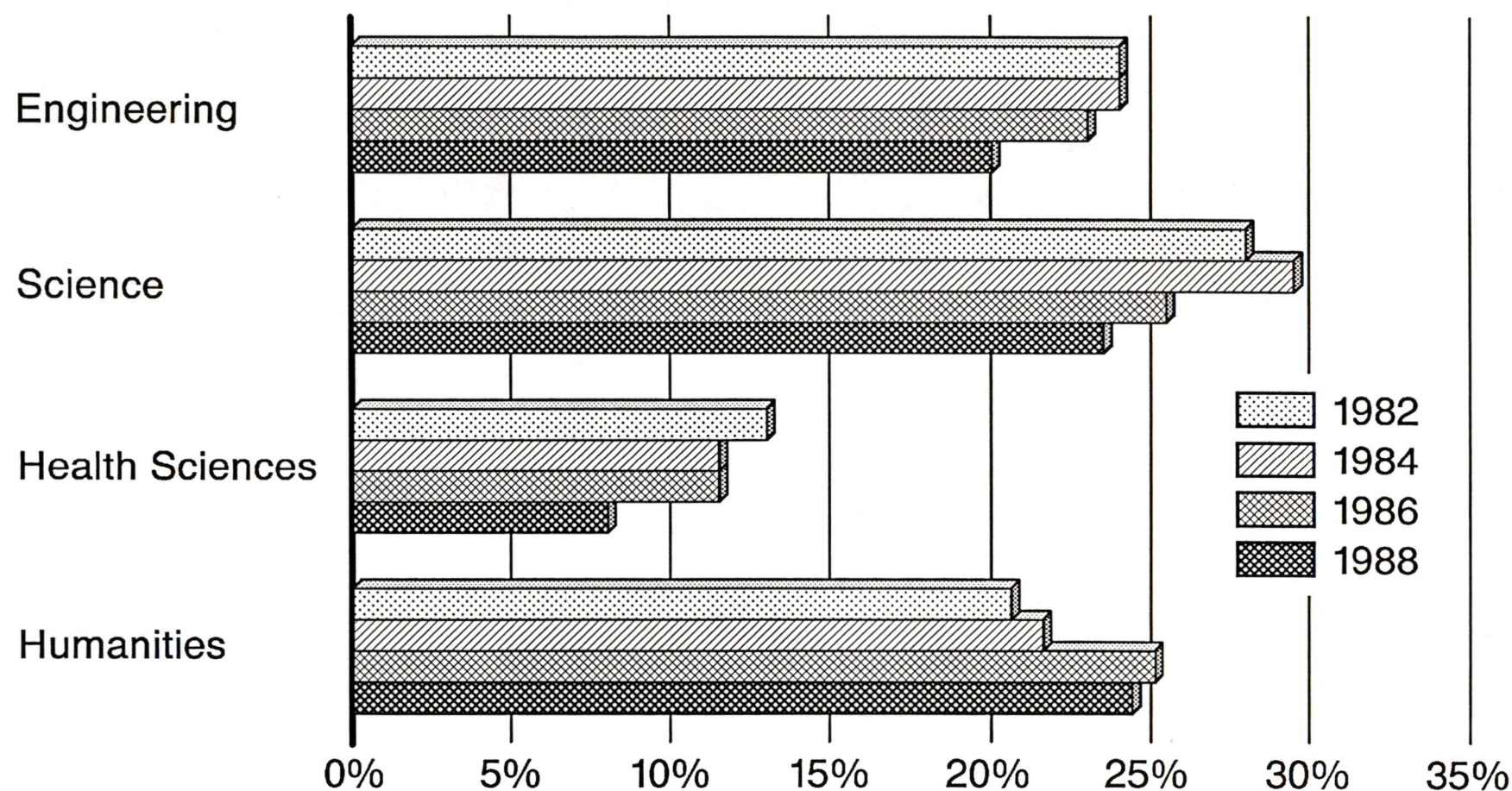
Percentage of College-Bound Seniors Intending to Major in Science and Engineering: 1977-88



Source: Science & Engineering Indicators, 1989

NIH

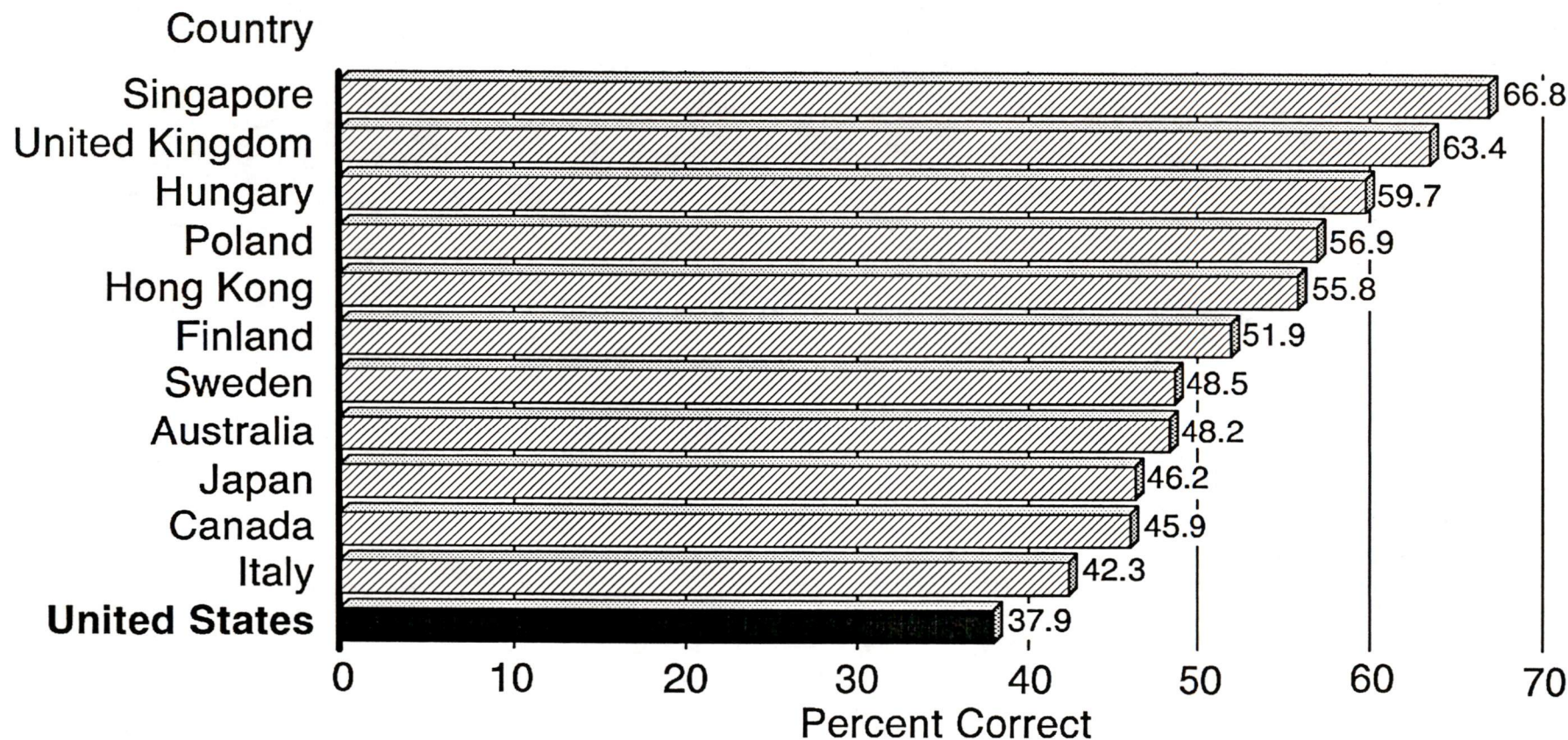
Choice of Major of Merit Scholars



Source: Science and Engineering Indicators, 1989

NIH

Mean Scores on Biology Test: Among Students Taking Biology in Final Year of High School, by Country

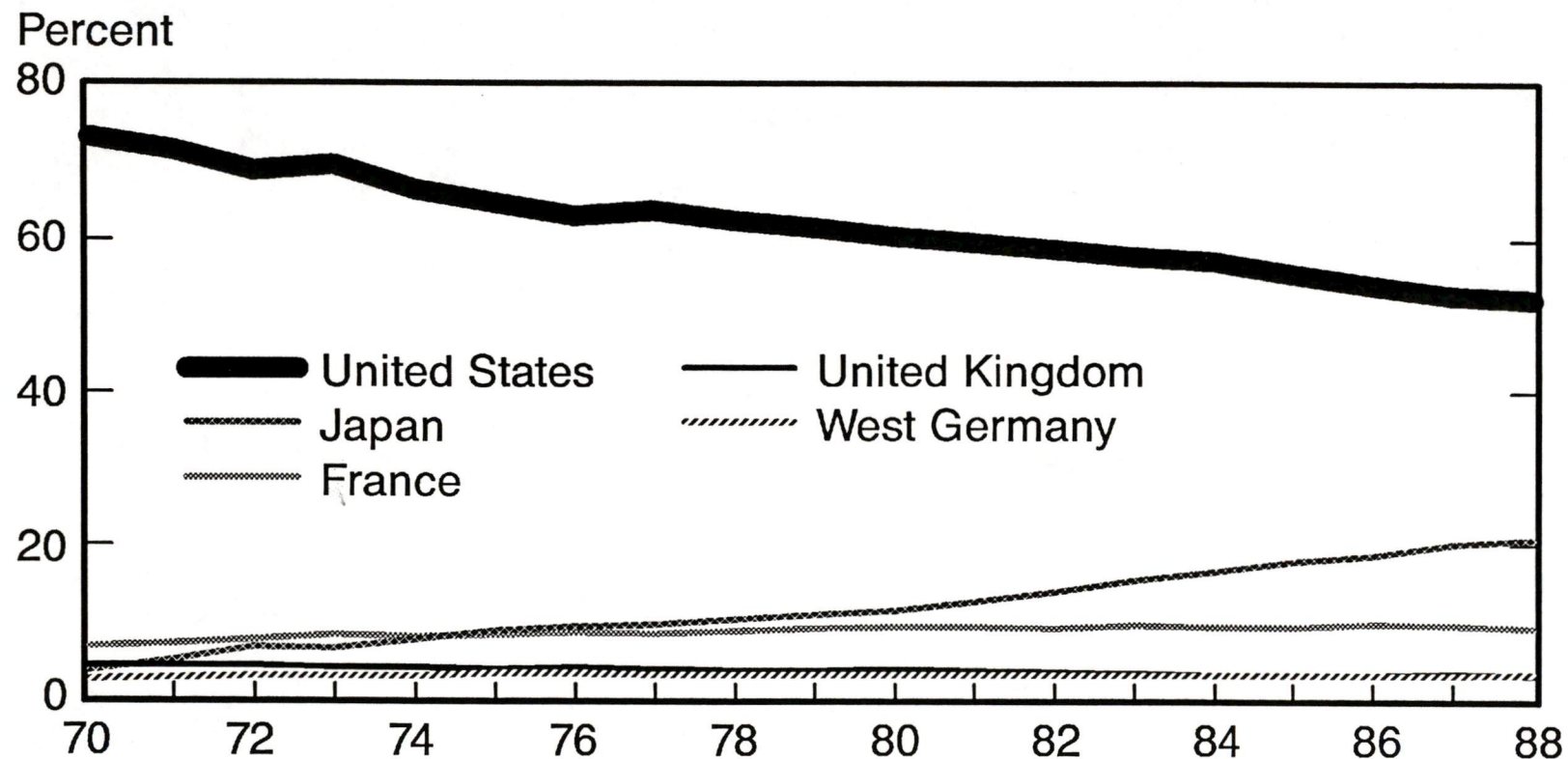


Note: Data are for 1986 in U.S. and 1983 in other countries.

Science and Engineering Indicators
National Science Board, 1989

NIH

U.S. Patents Granted Percentage by Nationality of Inventor All Fields, 1970-1988

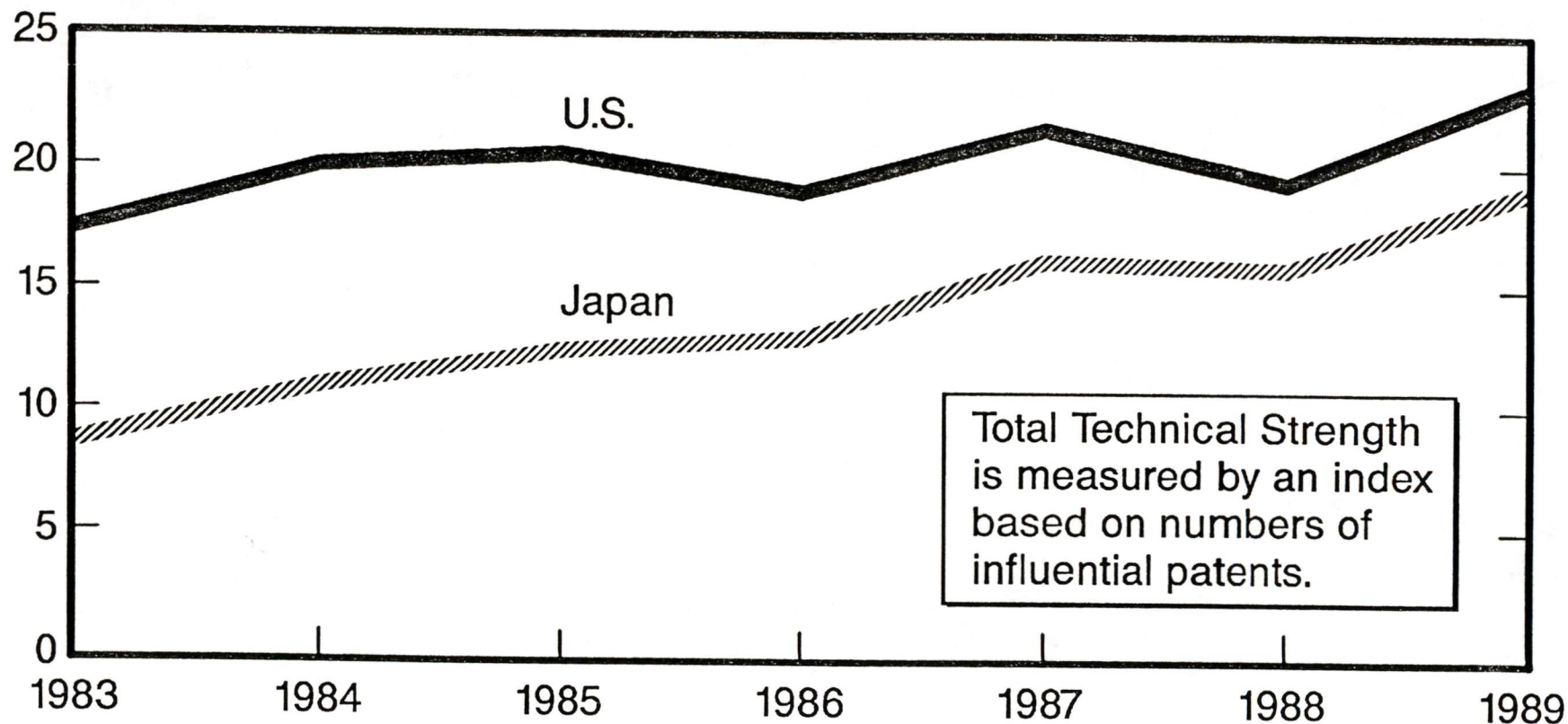


Source: Science & Engineering Indicators, 1989, p. 356
OPEPA 8/6/90 #14

NIH

Total Technical Strength U.S. and Japan

Thousands of Patents

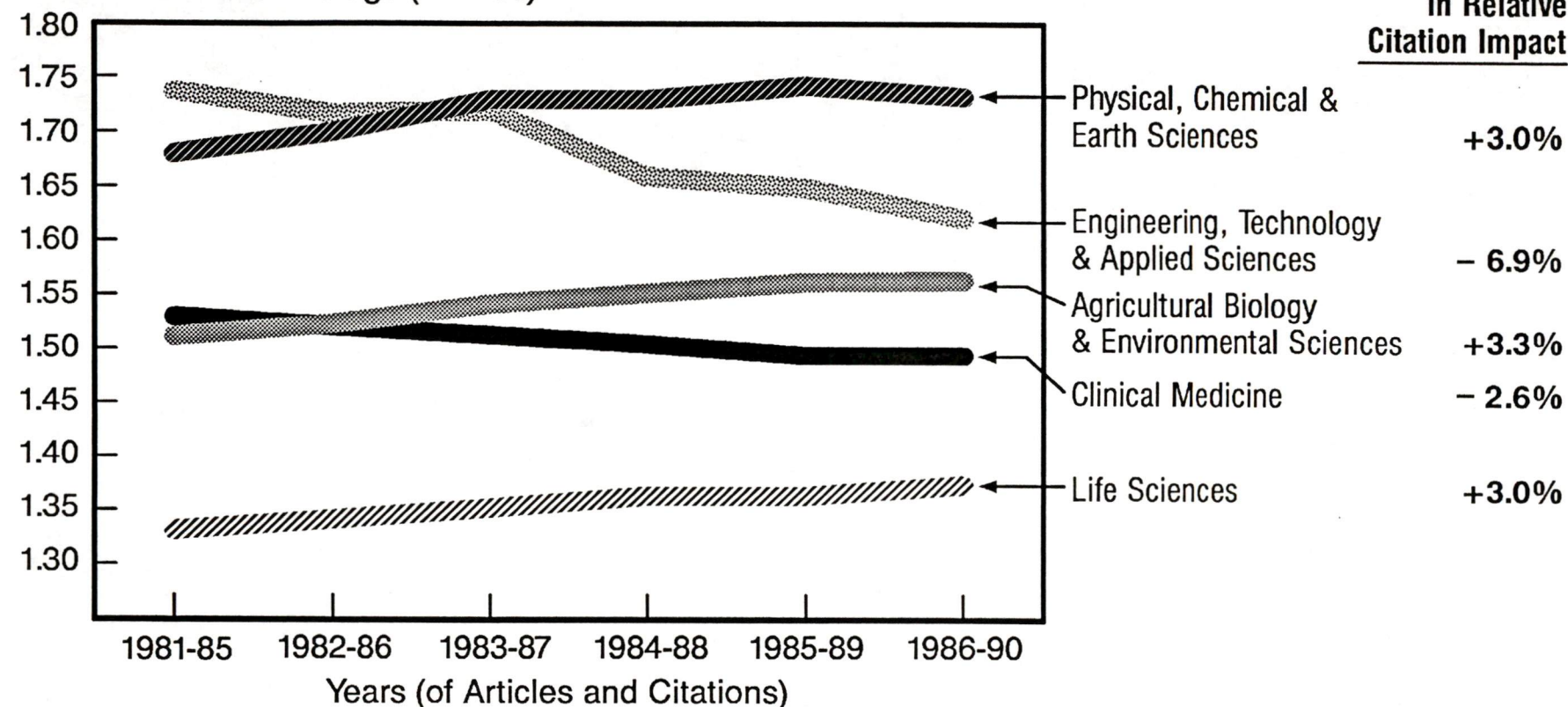


Source: CHI Research, Inc.

NIH

Citation Impact of U.S. Science Papers by Sector, 1981-90

Mean Citations per U.S. Paper
Relative to World Average (= 1.00)



Source: Institute for Scientific Information, Science Indicators Database, 1981-90.

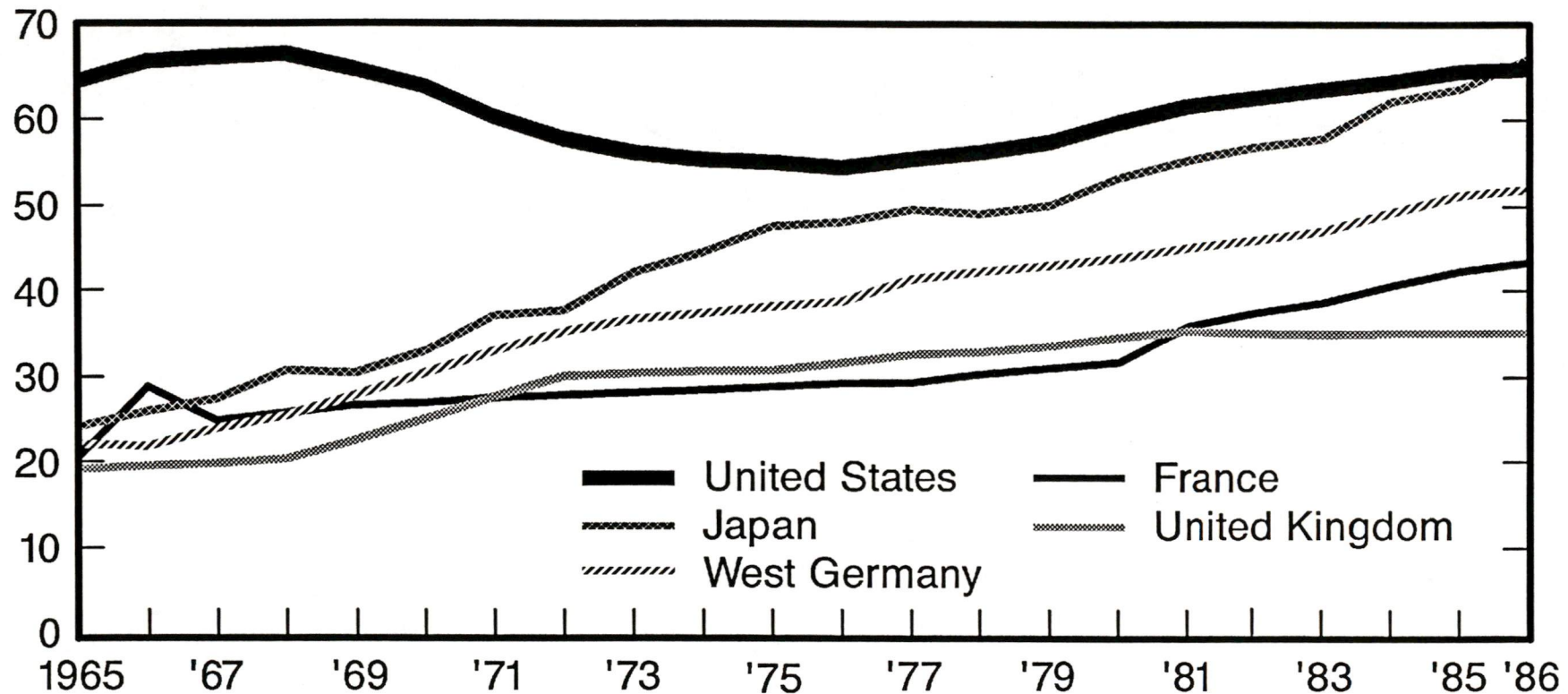
NIH

U.S. Share of World Scientific and Technical Articles, by Field: 1973, 1981, and 1986

	1973	1981	1986
	Percent		
All fields	38	36	36
Clinical medicine	43	41	40
Biomedicine	39	40	38
Biology	46	38	38
Chemistry	23	20	22
Physics	33	29	30
Earth/space sciences	47	43	43
Engineering/technology	42	41	37
Mathematics	48	35	40

Scientists and Engineers Engaged in R&D per 10,000 Labor Force, By Country

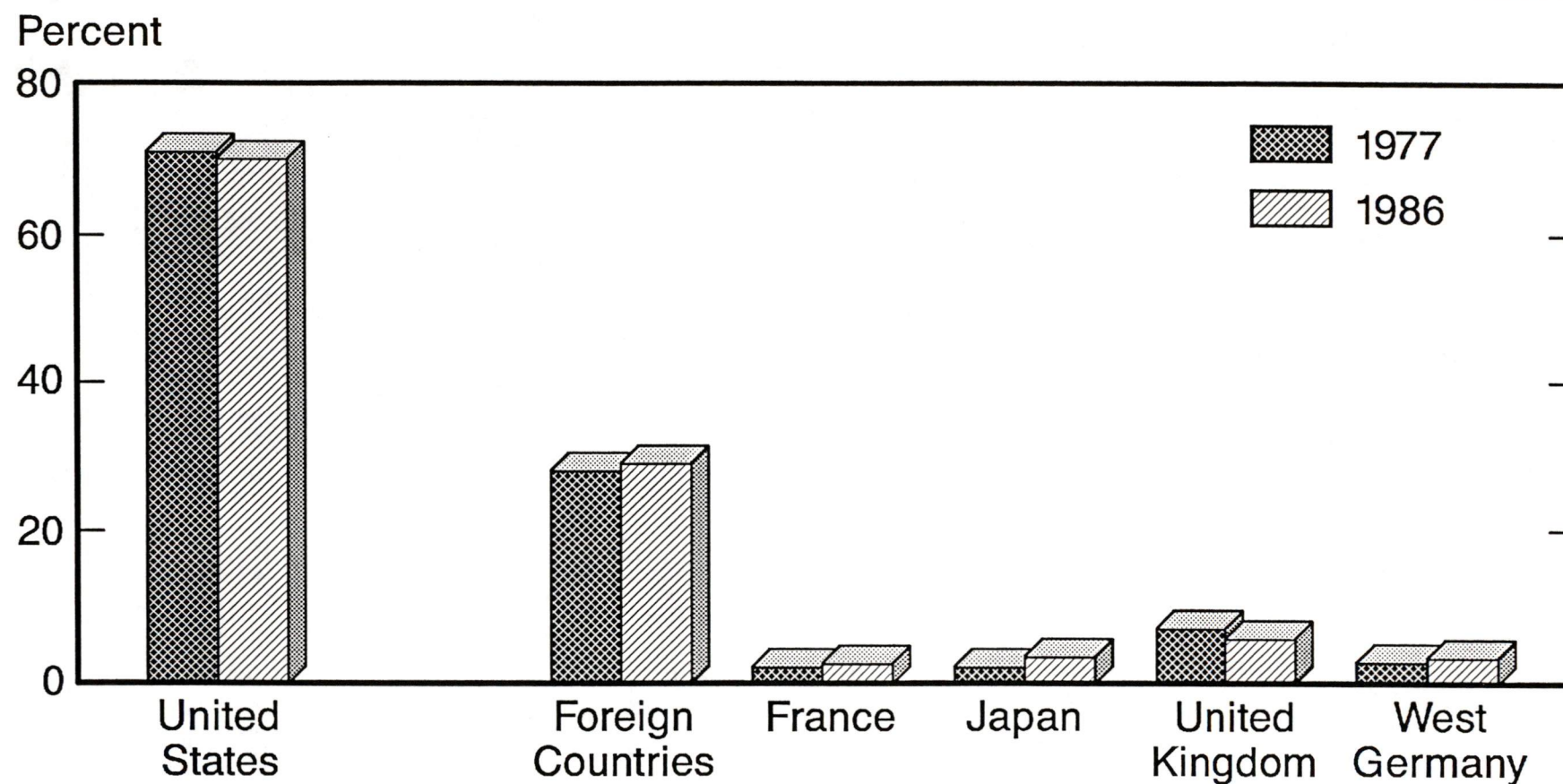
Per 10,000 Labor Force



Source: Science & Engineering Indicators, 1989

NIH

Citations in U.S. Papers to Papers from Selected Countries: 1977 and 1986

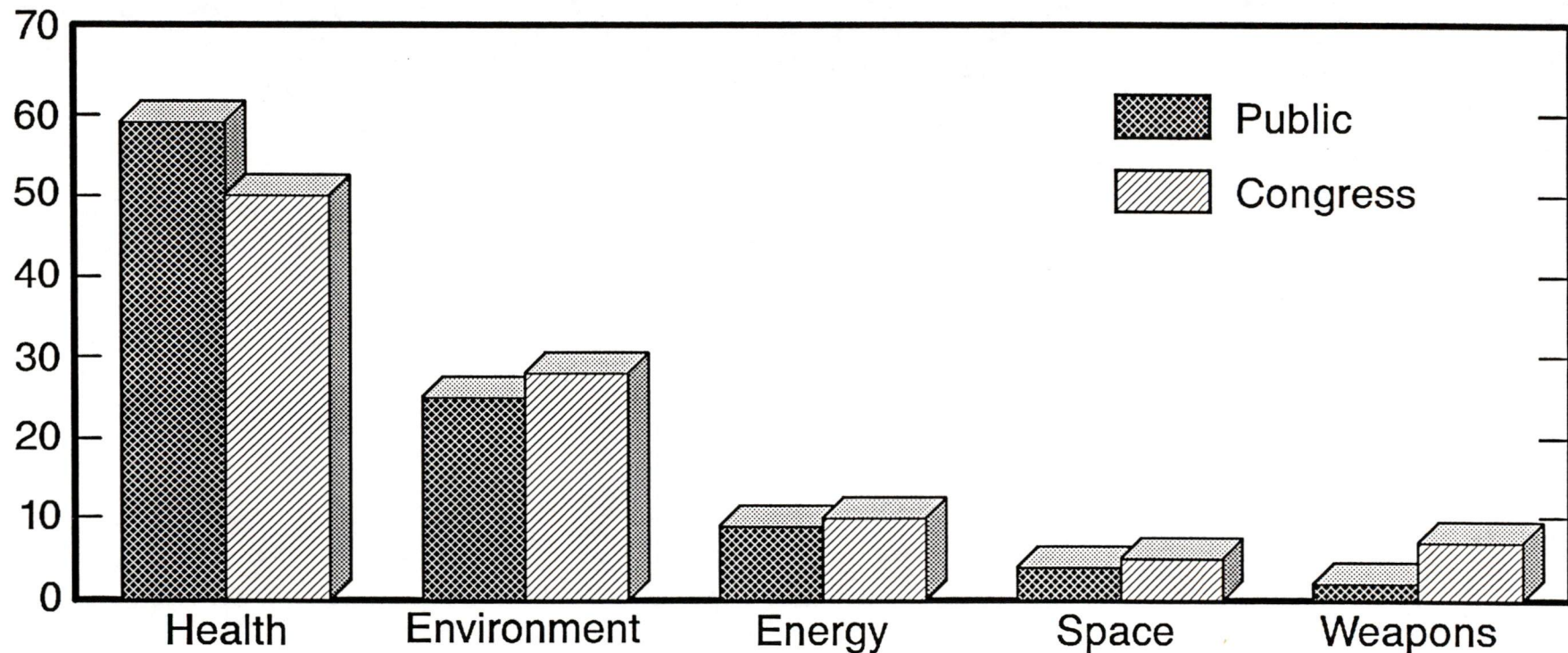


Source: Science and Engineering Indicators, 1989

NIH

Public and Congressional Poll of Support for Medical Research

Percent in Support of Research



Public Poll of 1,000 Adults - 2/90 - MarketFacts, Inc.
House and Senate Poll - 3/90 - Madison Public Affairs Group

American Federation for Clinical Research

NIH

Withdrawal/Redaction Sheet

(George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
01. Memo	From Louis Sullivan to POTUS Re: Health Care Recommendations (3 pp.)	8/17/91	P-5	

Collection:

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(Document Follows)
By JP (NLGB) on 4/21/08

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P-2/P-5 Review Case #:		Disposition Date:	
AR Case #:		MR Case #:	
AR Disposition:		MR Disposition:	
AR Disposition Date:		MR Disposition Date:	

RESTRICTION CODES

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

Freedom of Information Act - [5 U.S.C. 552(b)]

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PRM. Removed as a personal record misfile.



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

AUG 17 1991

MEMORANDUM TO THE PRESIDENT

In response to your State of the Union charge, I have now developed my recommendations for addressing the problems of our health care system. It is my intention to put these recommendations through the usual review process. But given the pressure growing around this and other domestic issues, I thought you might want an early and private opportunity to assess and reflect on these recommendations.

As I have conducted the examination of the American health care system, I have been guided by this vision: that we move toward a health care system for the 21st century in which all Americans, including those who are currently without health insurance, enjoy full access to reasonably priced, high quality, compassionate health care. And I have observed these guiding principles: containment of runaway health care costs; expanded access to health care for those who are currently unserved or underserved; and maintenance of the high quality of care.

I remain persuaded that the surest and most direct route to this future will be provided by our current system of public-private health care provision. Its strengths are numerous and apparent: our health care talent, technology, and facilities are the envy of the world, and the vast majority of Americans enjoy access to them through a vigorous private health insurance system. As well, the American people will not -- and should not -- accept radical departures from the system that offers them so much. And yet, as we seek to deal with the very real problems of this system, the American people are being beguiled by proposals for unacceptably radical departures.

Some, for instance, suggest that we embrace a centrally-run or regulated system, either in the form of national insurance or the so-called "pay-or-pay" approach. Such proposals, however, would carry us away from our ultimate goal, by introducing the likelihood of government managed health care rationing and waiting lists, the decline of quality through suppression of innovation, the inefficient allocation of resources, and a much heavier burden on the taxpayer. At a time when the rest of the world is moving away from the inefficiencies, distortions, and shortages characteristic of centrally managed economies, it would ill-behoove America to entertain such an approach.

Others propose that we move in the opposite direction, toward dramatically expanded free market and competitive mechanisms in health care. Of course, reforms based on market mechanisms are the model for us: we do, indeed, need to establish a health care system of self-correcting, self-sustaining incentives, that will

help us moderate the rate of cost expansion, reduce wasteful consumption, and move toward greater economy and efficiency.

Nonetheless, I have significant reservations about an abrupt shift to an unfettered marketplace in health care. First, radical change in the system would be unnecessarily disruptive. Moreover, full access to health care in America will continue to require publicly supported opportunities for the neediest and most vulnerable among us, providing a safety net for those whom the market overlooks. Finally, our high quality of health care derives in part from the fact that health care is not just a business or industry -- it is also a serving profession, governed by the highest aspirations of ministry to mankind.

Americans clearly sense that they would lose more than they would gain by abandoning our current, basically sound system, to embrace radical, untested alternatives in either direction. That is why -- no matter how urgent our health care problems are -- no consensus has formed behind sweeping, systemic change of any sort. This lack of consensus is a fundamental, defining boundary which we must respect as we approach health care reform.

In such circumstances, the role of statesmanship is to begin with people where they are, moving them gradually from uncertainty and skepticism -- through honest and thorough discussion, trial, and testing of various approaches -- toward a sound health care system for the 21st century.

My proposal is that we follow this path of statesmanship. I will not suggest another grand, sweeping, speculative scheme. Rather, building on the thorough research my Department has conducted over the past months, I propose a two-part approach: the first is comprised of some immediate, practical options that address our most urgent health care concerns. The second is a program of tests of carefully selected ideas and mechanisms for gaining the experience with which to evaluate more fundamental adjustments to our health care system. This testing of various approaches will include using the States as laboratories for developing ways to achieve greater access and self-sustained incentives for cost moderation. Taken together, these options steer carefully between and away from the extreme solutions proposed by some, charting instead a sound, practical, middle course, bounded by public consensus and the test of experience.

The options I recommend for immediate action are as follows:

- o Make health insurance more widely available, by reforming the insurance market for small businesses.
- o Encourage wider use of high quality, cost-effective, managed and coordinated care, by lowering anti-competitive barriers.

- o Work with public and private insurers to reduce burdensome, unnecessary administrative costs.
- o Encourage the use of more cost-effective health care procedures and lifestyles.
- o Explore tax policies that would help constrain costs and distribute subsidies more equitably.
- o Broaden access to care for our neediest and most vulnerable citizens, by upgrading our system of primary health care.

These options would carry us along the road toward our tripartite goal of containing runaway costs, expanding access to health care for those who are currently unserved or underserved, and maintaining high quality care while avoiding the extreme solutions proposed by some. Indeed, these options chart a sound, practical, middle course, bounded by public consensus and the test of experience. Moreover, they have the added advantage of lowering the political temperature on this issue. I welcome the opportunity to brief you in further detail.

Mr. President, I remain convinced that the American system of health care is, without doubt, the best in the world. By sensibly and speedily addressing the system's flaws, we can insure that the basically sound principles animating it are preserved intact into America's 21st century.

Sincerely,

A handwritten signature in dark ink, appearing to read "Lou", written in a cursive, flowing style.

Louis W. Sullivan, M.D.

THE WHITE HOUSE

WASHINGTON

June 26, 1991

MEMORANDUM FOR GOVERNOR SUNUNU

FROM: EDE HOLIDAY *EH*

SUBJECT: Sullivan Letter to the New York Times

Following the publication in Sunday's New York Times of the front-page article on the Administration's childhood immunization efforts, Secretary Sullivan sent the attached letter to the editor, protesting their inaccurate reporting.

Attachment

THE CHIEF of STAFF
has seen



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

JUN 26 1991

The Editor
New York Times
229 West 43rd Street
New York, N.Y., 10036

To the Editor:

I wish to protest in the strongest terms the Times' publication of factually erroneous, confused and unsubstantiated allegations in the front page article of June 23, "President Defers Action on a Plan to Buy and Distribute Vaccines," by Robert Pear.

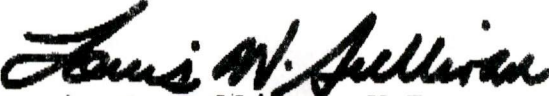
It is well-known that an Interagency Committee on Immunization is at work, under the guidance of the U.S. Public Health Service in my Department, exploring ways to further improve access to immunization services for America's children. This effort is in part a response to recommendations of the National Vaccine Advisory Committee. It is also part of the Administration's on-going and serious efforts to ensure that all American children receive disease-preventing immunizations at the appropriate age.

The conclusions of this interagency undertaking have not yet been presented to me. Much less has anything been reviewed or in any way rejected or "deferred" by the President. Your reporter's allegation that "the White House has deferred action" was made without attribution or substantiation, anonymous or otherwise; and, to the best of my knowledge, the allegation was made without providing my Department any opportunity to comment on his conclusions or correct his misunderstandings. Moreover, the article contains quotes which were not made in response to the allegations contained in the story, but were spoken elsewhere and in a different context.

This Administration takes very seriously the need to improve our immunization delivery system. Today, the United States achieves near-universal immunization by the time children enter school -- but we need to reach further and ensure that all children are immunized at the earlier ages that are appropriate. Under President Bush's budget request for FY 1992, federal immunization funding (at \$258 million) would be about 85 percent higher than it was when he came into office. Federal purchases of vaccines will stand at 21 million doses in 1992 compared with 14 million in 1989, a 50 percent increase. More important, we are focusing on delivery and access problems, which are the most widespread factors impeding immunization of too many of our young children. Improved access and delivery are particular goals of the interagency plan under development.

Page 2 - Editor, New York Times

Your reporter either ignored or failed to discover well-known information. He either neglected or chose not to subject his conclusions to the facts in producing the story you published June 23. This is not the calibre of journalism we expect from the New York Times.


Louis W. Sullivan, M.D.

THE WHITE HOUSE
WASHINGTON

DATE: 6/24

NOTE FOR: EDE HOLIDAY ✓

The President has reviewed the attached, and it is forwarded to you for your:

Information ☐

Action ☒

For appropriate follow up with Secretary Sullivan.

Thank you.

PHILLIP D. BRADY
Assistant to the President
and Staff Secretary
(x2702)

cc: Marlin Fitzwater -- FYI

THE WHITE HOUSE
WASHINGTON

June 25, 1991

J **TO:** Daniel Casse

FROM: EDE HOLIDAY

☐ FYI

☒ Action

☐ Comment

[Handwritten signature]

THE CHIEF of STAFF
has seen

Withdrawal/Redaction Sheet

(George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
02. Memo	From POTUS to John Sununu Re: Attached Newspaper Article (1 pp.)	6/24/91	P5	

Collection:

Record Group: Bush Presidential Records
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Subseries: Cabinet Agencies Files
WHORM Cat.:
File Location: Sullivan (HHS)(1991)

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June 24, 1991

To: John S

Be sure Lou Sullivan sees this and gives a good reply.

We look silly if I announce a big offensive one day, and then it is reversed a day or two later. In fact probably should get fascts and get Marlin to give a comment.

GB

cc: Dr. Sullivan attachment- wire copy 2:15 PM 6-24-91

✓

VACCINATIONS/PRESIDENT (Reuter) -- President Bush said he was unaware of any administration decision to defer action on an emergency plan to buy vaccinations for children and distribute them to cities and states. "I don't know what that story was about," said Bush, referring to a New York Times story at the start of a meeting with U.N. High Commissioner for Refugees Ogata. "If it's done, it has not been called to my attention," he said. Chief of Staff Sununu said there had been a "low-level set of recommendations" on the issue but indicated they had not yet been passed up to the top of the chain of command. Bush complained that the report made it look like the administration was turning its back on the vaccinations. "It's a little annoying," he said. "I can't understand why anybody would write something attributing it to what the President had done without asking (me) as you are doing," he said.

\$90 Million Plan Urged To Inoculate Children

Task Force Points to Increase in Measles Cases

By Spencer Rich
Washington Post Staff Writer

Spurred by the measles epidemic, a government task force has drafted a \$90.9 million-a-year plan to strengthen all immunization services for young children, starting in the fiscal year beginning in October 1992 and lasting from three to five years.

The task force, headed by an official of the Public Health Service of the Department of Health and Human Services, said the recent sharp rise in measles cases "is primarily due to failure to vaccinate many pre-school-age children at the appropriate age."

That failure "is a warning flag of the difficulties our primary health care delivery system is encountering" in immunization services, the task force report said. It added that the structure of government immunization programs for low-income children should be strengthened to avert equally dramatic epidemics of other childhood diseases.

If eventually approved by HHS officials, the Office of Management and Budget and Congress, the \$90.9 million plan would represent another major expansion of federal funds for immunization of low-income children. Advocacy groups such as the Children's Defense Fund and members of Congress such as Sen. Dale Bumpers (D-Ark.) and Rep. Henry A. Waxman (D-Calif.) have said immunization programs are falling short, as evidenced by the rise in measles cases from 1,714 in 1982 to 27,672 in 1990.

"Dramatic increases in vaccine prices," inadequate staffs at community health centers where vaccinations are given to low-income children, disrepair of buildings, long waits for services and inadequate outreach programs were among problems cited in the task force report. The measles crisis is worst among inner city children under 2 who have not received various rounds of immunizations.

Advocacy groups contend the programs need a lot more money to buy vaccines, but some HHS offi-

cials say the major problems are such things as inconvenient clinic hours, need for more nursing staff, and waits for appointments.

For fiscal 1988, Congress provided \$98 million for the immunization programs of the Centers for Disease Control. The administration requested \$258 million for fiscal 1992. However, the House Appropriations Committee has voted for \$298 million in fiscal 1992. Bumpers, at a June 20 appropriations hearing, endorsed this.

"A minimum increase of \$80 million will be needed next year," he said yesterday. Said Waxman: "I

*"Dramatic increases
in vaccine prices"
are cited by the task
force as one problem
in immunization of
low-income
children.*

hope the administration will take to heart the recommendations of this task force."

The \$90.9 million, if approved, would be in addition to whatever is provided under the existing program. One high-level administration official said it is likely that at least some of the \$90.9 million plan will be included in the president's fiscal 1993 budget proposals.

The task force report proposed fiscal 1993 as the starting date for the \$90.9 million funding increase, and the White House and HHS labeled as untrue a published report suggesting that the task force proposed starting earlier but that President Bush decided to defer action.

Kevin Moley, an HHS assistant secretary, said the proposal had not even been finalized in the department, much less forwarded to either HHS Secretary Louis W. Sullivan or the White House.

THE WHITE HOUSE
WASHINGTON

DATE: 6/24 _____

NOTE FOR: THE CHIEF OF STAFF ✓

The President has reviewed the attached, and it is forwarded to you for your:

Information ☒

Action ☐

A copy has been sent to Ede for her to follow up with Secretary Sullivan unless you would like to handle this otherwise.

Thank you.

PHILLIP D. BRADY
Assistant to the President
and Staff Secretary
(x2702)

cc:

THE CHIEF of STAFF
has seen

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Open on Expiration of PRA
 (Document Follows)
 By JP (NLGB) on 4/21/08

Date Closed:	1/3/2005	OA/ID Number:	29190-007
FOIA/SYS Case #:	1998-0004-F[2]	Appeal Case #:	
Re-review Case #:	2005-0426-S	Appeal Disposition:	
P-2/P-5 Review Case #:		Disposition Date:	
AR Case #:		MR Case #:	
AR Disposition:		MR Disposition:	
AR Disposition Date:		MR Disposition Date:	

RESTRICTION CODES

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

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June 24, 1991

To: John S

Be sure Lou Sullivan sees this and gives a good reply.

We look silly if I announce a big offensive one day, and then it is reversed a day or two later. In fact probably should get fascts and get Marlin to give a comment.

GB

cc: Dr. Sullivan attachment- wire copy 2:15 PM 6-24-91

V
VACCINATIONS/PRESIDENT (Reuter) -- President Bush said he was unaware of any administration decision to defer action on an emergency plan to buy vaccinations for children and distribute them to cities and states. "I don't know what that story was about," said Bush, referring to a New York Times story at the start of a meeting with U.N. High Commissioner for Refugees Ogata. "If it's done, it has not been called to my attention," he said. Chief of Staff Sununu said there had been a "low-level set of recommendations" on the issue but indicated they had not yet been passed up to the top of the chain of command. Bush complained that the report made it look like the administration was turning its back on the vaccinations. "It's a little annoying," he said. "I can't understand why anybody would write something attributing it to what the President had done without asking (me) as you are doing," he said.

Withdrawal/Redaction Sheet

(George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
04a. Memo	From POTUS to John Sununu Re: Attached Sullivan Letter (1 pp.)	6/3/91	P-5	

Collection:

Record Group: Bush Presidential Records
Office: Chief of Staff, White House Office of
Series: Sununu, John, Files
Subseries: Cabinet Agencies Files
WHORM Cat.:
File Location: Sullivan (HHS)(1991)

Open on Expiration of PRA
(Document Follows)
By JL (NLGB) on 10/28/05

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AR Disposition:		MR Disposition:	
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THE WHITE HOUSE
WASHINGTON

THE CHIEF of STAFF
has seen

DATE: 6-3-91

FROM THE PRESIDENT

To: John Sununu

Unless we work out a visit to
Leon Sullivan's Atlanta meeting, lets
go ahead and set up meeting as
outlined by Sullivan in attached letter.
Just a visit with him, in the Oval, on
Africa will suffice- then we can go
ahead with Medal when we want to at later
date.

gb

cc: SUpEr.

Withdrawal/Redaction Sheet

(George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
04b. Memo	From POTUS to Louis Sullivan Re: Attached Letter (1 pp.)	6/3/91	P5	

Collection:

Record Group: Bush Presidential Records
Office: Chief of Staff, White House Office of
Series: Sununu, John, Files
Subseries: Cabinet Agencies Files
WHORM Cat.:
File Location: Sullivan (HHS)(1991)

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THE WHITE HOUSE
WASHINGTON

DATE: 6-3-91

FROM THE PRESIDENT

4

TO: Lou Sullivan'

I read your letter (may 31)

re Leon Sullivan and I will follow
up.

gb .

Withdrawal/Redaction Sheet

(George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
04c. Letter	From Louis Sullivan to POTUS Re: Reverend Leon Sullivan and African American Conference [FOIA RESTRICTIONS REDACTED] (2 pp.)	5/31/91	P 5, (b)(6)	

Collection:

Record Group: Bush Presidential Records
Office: Chief of Staff, White House Office of
Series: Sununu, John, Files
Subseries: Cabinet Agencies Files
WHORM Cat.:
File Location: Sullivan (HHS)(1991)

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

May 31, 1991

The Honorable George Bush
President
The White House

Dear Mr. President:

As a follow up to our discussion on Thursday, May 23, concerning Reverend Leon Sullivan and the African-American Conference he organized in the Ivory Coast on April 17-19, 1991, I spoke with Reverend Sullivan by telephone on Wednesday, May 29.

Reverend Sullivan is looking forward to the opportunity to meet with you to brief you on the conference which was attended by several heads of state of African countries (who sent personal messages to you via Reverend Sullivan) and many others.

Reverend Sullivan informed me that a number of follow up activities to the conference include:

1. a commitment from General Motors to establish a plant in Nigeria;
2. a meeting Reverend Sullivan has organized with 1,000 black ministers in Dallas, in June, to get churches involved in liaison activities with organizations in African countries; and
3. promotion of linkages between U.S. universities (primarily black colleges and universities) and African universities, for educational development.

Reverend Sullivan asked me to convey to you his high regard for you and his feeling that he can be helpful to you with his many activities. He wants to be helpful.

b(6)



Letter to the President
May 31, 1991
Page 2

As you and I discussed during our meeting, I believe that it would be most helpful for you to meet with Reverend Sullivan (and he asked that I also join you in the meeting, should you agree).

Reverend Sullivan also stated that he has met with Lawrence Eagleburger, Deputy Secretary, Department of State, and briefed him on the conference. Larry indicated to him that he was very interested and generally supportive of the ideas and plans originating from the conference.

I believe that a meeting with Reverend Sullivan will be very important to schedule as soon as possible.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lou", written in dark ink.

Louis W. Sullivan, M.D.

THE WHITE HOUSE
WASHINGTON

AC/ER

May 28, 1991

THE CHIEF of STAFF
has seen

MEMORANDUM FOR GOVERNOR SUNUNU

FROM: EDE HOLIDAY *EH*

SUBJECT: HHS Representation at the Florence AIDS Conference

Secretary Sullivan's office has informed me that in the next few days they will reduce the number of HHS employees attending the AIDS conference in Florence, Italy from 392 to approximately 300.

MODEL BENEFITS PACKAGE

The Secretary of Health and Human Services would develop a model benefit package. This model package is referred to in various sections of this proposal.

TREATMENT OF HEALTH INSURANCE PREMIUMS UNDER THE TAX CODE

Purpose: to equalize the tax treatment of health insurance benefits; to expand access to health care services and health insurance for individuals currently uninsured; and to encourage cost control in the private sector.

A. Employer-Provided Health Insurance

Current Law

All employer contributions to an employee health insurance plan are excluded from the employee's taxable income. Employee contributions to a Cafeteria Plan to pay health insurance premiums are also fully excluded from the employee's taxable income. The tax expenditure for this exclusion is projected to be \$226 billion over the next five years.

Proposal

Limit the amount of employer-paid health insurance benefits excluded from an employee's taxable income (including employee contributions to a cafeteria plan). Health insurance premiums paid by the employer on behalf of the employee (or by the employee in a cafeteria plan) would be included in the employees taxable income to the extent they exceed \$1,200 for single coverage and \$3,000 for family coverage. These limits would be indexed based

on the medical component of the consumer price index. According to CBO, over the next five years this proposal would increase income tax revenues by \$30.2 billion and payroll tax revenues by \$16.5 billion.

B. Health Insurance Tax Credit

Current Law

The Omnibus Budget Reconciliation Act of 1990 added a new supplemental health insurance tax credit to the basic earned income tax credit. The new credit may be claimed for amounts paid for health insurance coverage that includes one or more qualifying children. The credit is limited to the lesser of the maximum amount of the supplemental health insurance credit (as computed below) and the actual amount paid by the taxpayer during the tax year for health insurance coverage for the qualifying child or children.

For 1991, the maximum amount of the supplemental health insurance credit is computed by multiplying the amount of the taxpayer's earned income, up to \$7,140 by six percent. The maximum credit is \$428. If the taxpayer's adjusted gross income exceeds \$11,250, the maximum credit is reduced by 4.285 percent of the amount in excess of \$11,250. The credit is completely phased-out for taxpayers with Adjusted Gross Income in excess of \$21,250.

The federal tax expenditure for this credit is expected to be \$500 million over the next five years.

Proposal

Provide a refundable income tax credit for health insurance premiums or the cost of health care services paid directly by low-income taxpayers. The health insurance credit would be equal to twenty-five percent (25%) of the taxpayers health costs up to a maximum of \$600 for single taxpayers and \$1,200 for married and head of household taxpayers. The maximum amount of the allowable credit would be reduced by ten percent (10%) of the amount of adjusted gross income in excess of \$15,000 for single taxpayers and \$30,000 for married and head of household taxpayers. The credit would be completely

phased-out for single taxpayers with \$21,000 of income and for married taxpayers with \$42,000 of income.

C. Individual Tax Deduction for Health Costs

Current Law

Individuals are allowed to deduct health insurance premiums and unreimbursed medical expenses including prescription drugs to the extent those expenses exceed 7.5 percent of the individual's adjusted gross income for the year. A distributional analysis of the deduction for 1989 shows that the deduction favors those in a higher income bracket. While persons earning below \$40,000 a year account for 67 percent of the deductions claimed, they only account for 40 percent of the actual monetary benefits. The federal tax expenditure for this deduction is projected to be \$19.4 billion over the next five years.

Proposal

Provide a tax deduction for health insurance premiums paid directly by the taxpayer, including a deduction for non-itemizers. The deduction would be limited to \$1,200 for single taxpayers and \$3,000 for married and head of household taxpayers. The limit would be reduced by the amount of the employer-provided health insurance premiums excluded from the taxpayers income under Proposal A. The amount of the taxpayer's income tax deduction would also be reduced by the amount of the health insurance credit used by the taxpayer.

D. Deductibility for Self-Employed Individuals

Current Law

Self-employed individuals may deduct only 25 percent of the cost of his/her health insurance premiums as a business tax deduction, whether family or self-only coverage. In order to be eligible for this deduction, the self-employed individual must

provide a health insurance plan for all of his/her employees and he/she cannot participate in another employer's health plan or that of a spouse. The federal tax expenditure for this deduction is projected to be \$100 million per year.

Proposal

Allow the self-employed individual to deduct the cost of his/her health insurance premiums up to \$1,200 for self-only coverage or \$3,000 for family coverage as a business tax deduction.

E. Business Expense Deduction for Health Plans

Current Law

Employers are allowed to deduct, as a business expense, 100 percent of the amount they contribute to employee benefit plans. This deduction is subject to the ordinary and necessary business expense test for deductibility. It is treated as part of an employee's compensation package, and the amount of the deduction is rarely questioned by the Internal Revenue Service.

Proposals

1. The model health insurance plan would be used to determine whether an employer's expenses for employee health insurance is an ordinary and necessary business expense. The employer's deduction would be denied for the cost of health insurance which exceeds the model health insurance plan.
2. Employers who do not require a 20% copayment on physician services (with the exception of primary and preventive care, pregnancy-related care, and childhood immunizations) would not be allowed to deduct the cost of providing health insurance coverage. Approved managed care plans would be exempt from this requirement.

F. Business Tax Credit for Certain Health Plans

Current Law

Employers do not receive any type of income tax credit for the cost of providing health insurance to their employees.

Proposals

1. Employers who provide the option of an approved managed care plan will receive a tax credit equal to twenty-five percent (25%) of the cost of the managed care plan. The employer's tax deduction would be reduced by the amount of the tax credit utilized by the employer.
2. Employers who add dependent coverage to their health plans will receive a tax credit for the first five years during which they offer dependent coverage. The tax credit would be equal to 25% of the employer's cost of the dependent coverage the first year, 20% the second, 15% the third, 10% the fourth, 5% the fifth, and none thereafter. The tax credit would be available only to employer's who have never offered dependent coverage to their employees. The employer's tax deduction would be reduced by the amount of the tax credit utilized by the employer.
3. Small businesses who begin to provide health insurance for their employees will receive a tax credit for the first five years in which they offer the health benefits. The tax credit would be equal to 25% of the employer's cost of the health plan for the first year, 20% the second, 15% the third, 10% the fourth, 5% the fifth, and none thereafter. The tax credit would be available only to employer's who have never offered health benefits to their employees. The employer's tax deduction would be reduced by the amount of the tax credit utilized by the employer.

MANAGED CARE:

Purpose: to encourage the development of cost-effective health care delivery systems in the private sector.

Current Law

Under the HMO Act of 1973, all employers with 25 or more employees which are subject to the Fair Labor Standards Act and provide group health insurance benefits, are required to offer employees the option of coverage through an HMO if a federally qualified HMO is available in the area. An employer can choose to offer only an HMO and no other conventional plan.

The Act specifies minimum benefits that must be provided to all enrollees, and prohibits a qualified HMO from denying enrollment to a member of an employer group on the basis of health status. However, an HMO may refuse an entire group. In addition, a qualified HMO must generally use community rating rather than rating based on medical need. Only about half of all HMOs are federally qualified. Others choose not to meet some of the benefit and operating requirements of the HMO act.

The HMO Amendments of 1988 (PL 100-5187) eliminates the dual choice requirement effective October 24, 1995. After this date, an employer will no longer be required to offer an HMO option.

Proposals

A. The Institute of Medicine would be required to develop standards for approved managed care plans (standards must be approved by the Secretary of Health and Human Services and would be required to cover at least those benefits required under the model benefits package.)

B. For approved managed care plans state laws such as those described below will be pre-empted.

1. restrictions on selective contracting or differential financial incentives;

2. prohibitions on granting benefit incentives to network subscribers by payors;
3. restrictions or exemptions on the right of payors to narrow the the selection of providers by consumers participating in the plan;
4. restrictions on the right of payors to contract selectively with a limited number of providers;
5. Limitations or prohibitions on differentials in payment to network providers;
6. restrictions on utilization review methods; and
7. state mandated benefit laws.

ASSISTANCE TO SMALL BUSINESS IN PURCHASING OF HEALTH INSURANCE

Purpose: to increase the ability of small business to provide affordable health insurance to employees through qualified small business purchasing groups to enhance purchasing power and consolidate administrative costs.

A. Non-profit, membership corporations -- small business purchasing groups -- could be established by small businesses in an area. Such groups would have a full time staff and a board of directors comprised of participating businesses. Start up grants would be available through the Secretary of HHS for "approved" groups which are certified by the state. Broad federal guidelines will be set in statute. These purchasing groups would be prohibited from self-insuring.

B. Plans purchased through an approved group would be exempt from any state mandated benefit requirements, but would be required to meet basic benefit requirements set forth in the model benefit package.

C. Small employers who purchase insurance through an approved group would receive a small tax credit if more than 60% of their workforce elects coverage.

HEALTH INSURANCE FOR SMALL BUSINESS

Purpose: to improve the affordability of health insurance for small businesses through reforming insurance regulation.

- A. Pre-empt state mandated benefit laws for small businesses (or all businesses) purchasing a basic health insurance package to be defined.
- B. Guarantee issue of such policies to small businesses wishing to purchase them.
- C. Limit the ability of insurers to impose coverage restrictions on small businesses purchasing such policies.
- D. Guarantee renewal of such policies where no reasonable cause for termination exists.
- E. Limit rates for new policies to between 80 and 120 percent of the average rate of the class.
- F. Limit annual rate changes to the level of rates charged to new businesses with adjustments for changes in a group's coverage and/or case characteristic.

Public Programs

Purpose: to increase access to health care services and health care insurance for poor and low-income individuals and families; to reduce the amount of uncompensated or charity care provided by hospitals, physicians, community health centers and other providers of service; to allow states the flexibility to implement broad multi-program and total state population demonstration projects for alternate health care delivery systems; and to give states flexibility to make the Medicaid program easier to administer.

A. Grants to cost efficient health care providers.

Provide grants to entities such as community health centers, outpatient clinics and public health departments to allow them to increase the number of patients served and the types of services provided to medically underserved individuals. Entities eligible would be those who meet the requirements of Federally Qualified Health Centers. Grant dollars would be used to expand services, recruit and train personnel, and make capital expansions as approved by the Secretary of HHS.

B. Childhood immunization.

1. Increased funding for Center for Disease Control to expand the Childhood Immunization Program to be awarded through existing grants to States, municipalities, or other entities.

2. Require Medicaid programs to supply Medicaid providers with vaccines through the public sector or reimburse Medicaid providers for the cost of purchasing vaccines and their administration. To reduce these costs, vaccines used by Medicaid providers should be purchased at Federal contract prices. Provide 100% Federal funds to expand Medicaid to fully cover the cost of vaccines for eligible children.

B. Expand Medicaid Coverage

Current Law:

Medicaid provides reimbursement for certain groups of low-income individuals through a Federal-State matching program. The Federal funding match for each state is based on a State's per capita income, ranging from 50% to 80%. Medicaid provides health services to certain categories of the uninsured:

- a. those who are eligible for Supplemental Security Income (the aged, blind, and disabled)
- b. pregnant women, and children under 6 with incomes below 133% of the poverty level
- c. children under the age of 19 in families with incomes below 100% of federal poverty level phased-in over 12 years
- d. individuals who receive Aid to Families with Dependent Children.

Although each state is required to provide basic services to all eligible individuals, the specifics of each program are set by individual states, resulting in wide variation in eligibility, provider payments and breadth of services offered. Long-term care and home health care account for the highest percentage of Medicaid expenditures, 33%.

Proposal:

Establish a limited package of health care services under Medicaid which focuses on primary and preventive care services to be used in the following expansions:

1.
 - a. Provide 100% federal funds to expand Medicaid coverage for all individuals with incomes below 100% of the federal poverty level. (cost estimate, \$15 billion per year), or
 - b. Allow states to cover individuals below 100% of poverty who use their tax credit to buy-in to the Medicaid program (no cost estimates available), or
 - c. Provide 100% federal funding for Medicaid expansions covering children under 100% of poverty between the ages of 6 and 18 (cost estimate, \$423 million over 5 years in addition to the \$560 million enacted under OBRA '90.)
2. Allow states to provide Medicaid coverage to individuals with incomes between 100% and 200% of poverty, based on a sliding scale fee.
3. Allow states to provide Medicaid coverage for individuals with incomes above 200% of poverty and who have exhausted their insurance benefits, or who are medically uninsurable, to buy-in to the Medicaid program based on the actual cash value of the benefit
4. Allow businesses which do not provide health insurance coverage for their employees to purchase Medicaid coverage based on the actual cash value of the benefit.

C. Medicaid Demonstration Projects

1. Establish a Waiver Board made up of the Secretaries of HHS, Treasury, and Labor with authority to waive requirements of federal programs such as Medicare, Medicaid, Public Health Service Grants, the internal revenue code, and other programs for the purpose of allowing States to implement state-wide demonstration programs.
2. States will have the option of adopting one of several HHS approved demonstrations or implement their own plan. Before approving a state's proposal, the Waiver Board must make the determination that the proposal would increase delivery of health care services for a significant percentage of individuals, control cost, and assure quality of care.

D. Technical Changes in Medicaid to assist states - to be filled in later

MEDICAL LIABILITY

Proposal:

A. Expedited Medical Malpractice Settlements:

Claimant or defendant may make an offer of settlement within 60 days after service of complaint or within time period allowed for a response under state law. If offer is rejected by either side, they must pay attorneys fees of other side should judgment be worse from their perspective.

B. Alternative Dispute Resolution Procedures:

All states must develop some kind of voluntary alternative dispute resolution procedures meeting the definitions contained in Senator Hatch's bill. This includes a catch-all definition to allow for state experimentation. For those states that do not develop legislation within 3 years, the Secretary will set out a voluntary arbitration procedure for those states.

If the offeree refuses to proceed pursuant to such alternative dispute resolution procedure and the court determines that such refusal was unreasonable or not in good faith, the court shall assess reasonable attorney's fees and costs against the offeree. For the purposes of this section, there shall be created a rebuttable presumption that a refusal by an offeree to proceed pursuant to such alternative dispute resolution procedure was unreasonable or not in good faith, if a verdict is rendered in favor of the offeror.

C. Uniform Standards for Medical Malpractice Cases:

1. Mandatory Periodic Payments of Awards Exceeding \$100,000. No person may be required to pay more than \$100,000 in a single payment for future losses, but such person shall be permitted to make such payments on a periodic basis.

2. Cap on non-economic damage awards at either \$350,000 or \$250,000. The total amount of damages which may be awarded to an individual and the family members of such individual for noneconomic losses resulting from an injury may not exceed \$250,000, regardless of the number of health care professionals and health care providers against whom the claim is brought.

3. Mandatory offsets for damages paid by a collateral source. The total amount of damages received by an individual shall be reduced by any other payment which has been made to an individual to compensate them for the same injury, minus the amount paid by such individual to secure the payments.

4. Limitation on attorneys fees: Either a flat percentage for contingency fee purposes as in Senator McCain's proposal or gradually decreasing percentage as in Senator Hatch's bill.

5. Joint and Several Liability for Non-Economic Damages. In any malpractice action, the liability of each defendant for noneconomic damages shall be several only and shall not be joint. Each defendant shall be liable only for the amount of noneconomic damages allocated to such defendant in direct proportion to such defendant's percentage of responsibility.

6. Uniform Statute of Limitations - as in Senator Hatch's Bill.

7. Special statute of limitations for birth-related injuries.

D. Uniform Disciplinary Reforms:

1. Allocate provider licensing and certification fees to state agencies responsible for licensing and disciplinary activities.

2. Require public representation on state health disciplinary boards.

3. Provide immunity from suit for health care disciplinary board members for acts relating to those duties performed in good faith.

4. Require risk management programs to prevent practices that may cause injuries.

5. Bolster the Administration's efforts to activate physician data bank.

E. Community Health Centers : To be added at a later date.

FOR RELEASE UPON DELIVERY
WEDNESDAY, APRIL 10, 1991

*REMARKS BY

LOUIS W. SULLIVAN, M.D.

SECRETARY OF HEALTH AND HUMAN SERVICES

FIRST INTERNATIONAL CONFERENCE ON SMOKELESS TOBACCO
COLUMBUS, OHIO

*TEXT IS THE BASIS OF SECRETARY SULLIVAN'S ORAL REMARKS.

IT SHOULD BE USED WITH THE UNDERSTANDING THAT SOME MATERIAL MAY
BE ADDED OR OMITTED DURING PRESENTATION.

Thank you, Dr. Schroeder, for that kind introduction.

Good evening, ladies and gentlemen.

I am pleased to have this opportunity to address the First International Conference on Smokeless Tobacco. I would like to congratulate Dr. Schroeder and all Planning Committee and Advisory members for their success in making this landmark conference a reality. And to those of you visiting from abroad -- I extend the warmest of welcomes.

Your efforts here are timely. Smokeless tobacco use appears to be increasing rapidly throughout the United States, especially among the most vulnerable of our citizens -- our children.

With over 30,000 new cases of oral cancer reported in the United States alone last year, it is time that use of smokeless tobacco takes its rightful place next to cigarette smoking, in national and world consciousness, as a serious health risk which must be stopped.

As many of you will recall, smokeless tobacco use as a health issue first became a subject of focus in the United States about six years ago. The media reported extensively at that time on the tragic consequences of smokeless tobacco use -- particularly on cases of oral cancer among young men.

In 1986, the Surgeon General released a report, "The Health Consequences of Using Smokeless Tobacco," which concluded that oral use of smokeless tobacco represents a significant health risk, is not a safe substitute for smoking cigarettes, can cause cancer and a number of noncancerous oral conditions, and can lead to nicotine addiction and dependence.

Also, Congress passed the Comprehensive Smokeless Tobacco Act of 1986, which banned smokeless tobacco advertising on television and radio, and required three health warnings to be rotated on smokeless tobacco packages and in advertisements.

Regrettably, an initial downturn in sales of smokeless tobacco products was not sustained. Statistics from the recently released 1991 Federal Trade Commission Report to Congress on Smokeless Tobacco Sales and Advertising Expenditures paint a grim picture.

Sales of smokeless tobacco products overall rose by over 2 million pounds in 1989, to 116.4 million pounds, following a three-year decline. Revenues from these sales were over a quarter of a billion dollars higher in 1989 than in 1985 -- \$981.6 million versus \$730.6 million. And expenditures to promote smokeless tobacco sales rose sharply in 1989, to \$81.2 million -- up from \$68.2 million in 1988. Three companies -- U.S. Tobacco, Conwood, and Pinkerton -- together control over 80 percent of the market share of smokeless tobacco in the United States.

The most disturbing trend is in the sales of moist snuff, now the most popular -- and the most dangerous -- form of smokeless tobacco. While oral cancer has been shown to occur several times more frequently among smokeless tobacco users than among nonusers, it may occur, in some sites in the mouth, as much as 50 times more frequently among long-term moist snuff users.

Sales of moist snuff have risen steadily in recent years, while sales of other forms of smokeless tobacco have fluctuated or have declined. Sales of moist snuff climbed to 41 million pounds in 1989, a 14 percent increase over the 35.9 million pounds sold in 1986. Revenues from these sales rose to \$602.1 million in 1989, a 38 percent increase from \$435.7 million in 1986. The U.S. Distribution Journal reported that the volume of moist snuff sales has risen 70 percent in the last ten years.

Our most recent surveys of smokeless tobacco use found that, in 1988 nationally, 25.8 percent of males between the ages of 12 through 17 had tried some form of smokeless tobacco and 6.6 percent had used smokeless tobacco in the past month.

Newer evidence suggests the problem is becoming much more serious. For example, according to a recent survey by the Illinois Department of Public Health, nearly half of all high school-age males across the state have tried smokeless tobacco in some form. About 16 percent of Illinois high school juniors are regular users, and in rural communities, the figure rises to 28 percent. Some begin use of smokeless tobacco as early as the second, third, or fourth grades!

The culture of smokeless tobacco use in the United States has to a large extent centered around sports, particularly baseball. When impressionable youngsters see their heroes openly using smokeless tobacco on the playing field, it creates a powerful incentive to try it. These young people also begin to correlate smokeless tobacco use with athletic excellence.

When I addressed the Major League Baseball Team Physicians and Trainers last December, I suggested that no effort aimed at ending the use of smokeless tobacco in America would succeed without the support of the Major League Baseball community. I called upon baseball officials to develop a program with the goal of the eventual elimination of smokeless tobacco use in professional baseball and in America as a whole.

I am pleased to report that the baseball community has responded positively and boldly. On March 7, as a first step in an effort to disassociate professional baseball from smokeless tobacco use, Baseball Commissioner Fay Vincent announced that the use of smokeless tobacco will be forbidden in four "rookie" and class "A" minor leagues -- the levels at which most young men enter professional baseball.

The Commissioner also announced stepped-up efforts to educate players to the health risks of smokeless tobacco use and to help users quit. I commend Commissioner Vincent for his action and will be following the progress of his efforts with great interest.

Now we must urge officials and coaches at the college, high school, and youth league levels to ban the use of smokeless tobacco in baseball and in other sports activities under their jurisdictions.

This brings us to another significant element which serves to encourage young people to begin using smokeless tobacco -- promotion and advertising by the tobacco companies.

I have noted already that expenditures by the tobacco companies to promote and advertise smokeless tobacco use rose sharply -- by over 19 percent -- in 1989, according to the Federal Trade Commission.

The largest single category of expenditure -- nearly a quarter of total promotion and advertising expenditures for smokeless tobacco -- was devoted to sports and sporting events. Another 18.5 percent was devoted to expenses involving the insidious practice of distributing free samples.

The tobacco companies, indeed, play a major role in the promotion of sporting events. Philip Morris, known for its "Virginia Slims" tennis tournaments, is now the number one event sponsor in sports, according to the publication, The Sporting News -- spending about \$100 million annually. RJR Nabisco spends about \$40 million. The tobacco product these two companies promote, of course, is cigarettes.

It is not surprising, therefore, that when The Sporting News recently compiled a list of who they believe to be the 100 most powerful people in sports in the United States, the marketing vice presidents of Philip Morris and RJR Nabisco were ranked, respectively, 29th and 49th.

This represents a sad commentary on the state of sports in America. Without question, by sponsoring sporting events, the tobacco companies are trading on the prestige and image of the athletes to barter their deadly products. They are using the vigor and energy of these athletes as a subtle -- but incorrect and dishonest -- message that tobacco use is compatible with good health. And, all too often, that message is targeted to young people, women, minorities, and blue-collar workers.

We must question seriously values which allow activities that ostensibly represent the essence of fun, fitness, and health -- to be exploited to such a large degree by the merchants of suffering, disease, and death.

The time has come to end the association of tobacco and sports in this country and around the world.

The time has come for promoters of and participants in sporting events to be held accountable for the fact that when they accept money from the tobacco companies, they are promoting not only fun and games -- they are also promoting disease and death.

Ladies and gentlemen, it is immoral for civilized societies to condone the promotion and advertising of products which, when used as intended, cause disability and death.

I am all too aware that such activities are allowed under current law in the United States and elsewhere. And I am, quite frankly, disgusted that this remains the case. We react with horror and outrage when we hear of suffering and death overseas. Yet, at the same time, we not only allow our citizens to suffer and die from the poisonous chemicals contained in tobacco -- we condone expenditures of vast amounts of money by the tobacco companies to encourage it!

A little over a year ago, I urged the tobacco industry to voluntarily withdraw from direct sponsorship of sporting events. Obviously, my plea fell on indifferent ears.

If the tobacco companies will not adhere to this country's strong philosophy of voluntary corporate responsibility, then it is up to our citizens to provide the incentive.



This is the relevant language

As individuals, Americans can send a message to the tobacco companies in the only language they appear to understand -- the language of money. The message is that we will no longer financially support promoters of sporting events and others who would encourage our children to use addictive substances which will ruin their health and send them to an early grave.

And I urge public and private institutions to refrain from allowing their facilities to be used for tobacco company-sponsored sporting events.

The disgraceful trade-off in America between profits and good health must stop! But it will stop only when our citizens rise up and say "enough -- no more!"

I urge you and other individuals and organizations throughout the nation and the world to join me in the expression of anger and resolve. Let this be the beginning of an all-out effort.

Again, I applaud your dedication and I wish you the best of success. Make no mistake, the continuing battle against tobacco use will be long and difficult. But it is a battle that can be won, must be won, and will be won. Together, we will win it.

Thank you.

####

Withdrawal/Redaction Sheet

(George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
05. Memo	From Louis Sullivan to John Sununu Re: HHS Staff Participation in the VIIth International Conference on AIDS (2 pp.)	5/16/91	P-5	

Collection:

Record Group: Bush Presidential Records
Office: Chief of Staff, White House Office of
Series: Sununu, John, Files
Subseries: Cabinet Agencies Files
WHORM Cat.:
File Location: Sullivan (HHS)(1991)

Open on Expiration of PRA
 (Document Follows)
 By SP (NLGB) on 10/28/05

Date Closed:	1/3/2005	OA/ID Number:	29190-007
FOIA/SYS Case #:	1998-0004-F[2]	Appeal Case #:	
Re-review Case #:	2005-0426-S	Appeal Disposition:	
P-2/P-5 Review Case #:		Disposition Date:	
AR Case #:		MR Case #:	
AR Disposition:		MR Disposition:	
AR Disposition Date:		MR Disposition Date:	

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Removed as a personal record misfile.

Freedom of Information Act - [5 U.S.C. 552(b)]

(b)(1) National security classified information [(b)(1) of the FOIA]
 (b)(2) Release would disclose internal personnel rules and practices of an
 agency [(b)(2) of the FOIA]
 (b)(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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 (b)(7) Release would disclose information compiled for law enforcement
 purposes [(b)(7) of the FOIA]
 (b)(8) Release would disclose information concerning the regulation of
 financial institutions [(b)(8) of the FOIA]
 (b)(9) Release would disclose geological or geophysical information



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

MAY 16 1991

THE CHIEF of STAFF
has seen

CB

MEMORANDUM FOR GOVERNOR JOHN SUNUNU:

The purpose of this memorandum is to provide you with information concerning Department of Health and Human Service staff participation in the VIIth International Conference on AIDS to be held in Florence, Italy, June 16-21, 1991. This event is the single most important scientific meeting in the world dealing with AIDS.

As you know, May 15, 1991, the Washington Times ran an article about the Department employees participation in this conference. To our knowledge, there has been no other coverage of this matter and our Office of Public Affairs has received no further inquiries concerning it.

By way of background, there is a long tradition in research conferences that review and exchange information on scientific developments. This tradition of scientific conferences has greatly facilitated the timely exchange of scientific data and the cross fertilization of essential knowledge which, in turn, has lead to rapid advances in treatment and prevention strategies for numerous diseases. The pattern of comprehensive annual conferences on HIV/AIDS has been a conscious and significant departure from the traditional pattern of scientific conferences, (ie; numerous conferences scattered throughout the year that focus on specialized aspects of a particular subject). It was believed, and subsequently proved to be true, that an annual, concentrated gathering of HIV researchers and specialists representing the full range of the HIV/AIDS challenge would more significantly accelerate knowledge about treatment and prevention of this particularly insidious scourge.

The first conference in Atlanta, Georgia, in 1985 was organized by the Public Health Service, Centers for Disease Control. Since then, the conferences have been organized under the auspices of the World Health Organization and the International AIDS Society. The conference organizers have stipulated that the site of the annual conference would alternate between the United States and other countries. In addition to Atlanta, the conference has been held in Paris (1986), Washington, D.C. (1987), Stockholm (1988), Montreal (1989), and San Francisco (1990). The VIIIth International Conference is scheduled to be held in Boston in 1992.

Because of the special nature and significance of this conference, I approved a total of 392 scientists, disease control specialists and policy level personnel from the Public Health Service to participate. The United States delegation represents five percent of 8,000 delegates from around the world who share our concern about this international health problem. The 392

PHOTOCOPY
GB HANDWRITING

Governor John Sununu - Page Two

participants represent a significant reduction from the more than 500 originally requested by the Public Health Service, whose attendance, otherwise not only would have been appropriate but important to our AIDS strategy. After a careful review against specific criteria designed to ensure that only essential personnel would participate, I approved 392 participants, a 30 percent reduction from the number initially requested.

The United States delegation is scheduled to present one-half of all the scientific papers at the conference. Moreover, 263 of the 392 participants will either chair a session or discussion group, present a paper, or participate in a poster session on the latest scientific achievements. The remaining representatives will be conducting Departmental business with a variety of AIDS scientific and educational organizations scheduled to coincide with this conference to take advantage of the concentration of experts at that time and place.

In light of apparent concerns about the number of participants, I will again examine the list to see if further reductions can be made without diminishing the success of the conference in advancing science and medicine in this important area. I will notify you of the results as soon as my review is completed.

I hope this information is helpful. I would be pleased to discuss this matter with you at your convenience.


Louis W. Sullivan, M.D.

Withdrawal/Redaction Sheet

(George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
06. Memo	From Roger Porter to John Sununu Re: Secretary Sullivan's "Children's Agency" (1 pp.)	4/10/91	P/S	

Collection:

Record Group: Bush Presidential Records
Office: Chief of Staff, White House Office of
Series: Sununu, John, Files
Subseries: Cabinet Agencies Files
WHORM Cat.:
File Location: Sullivan (HHS)(1991)

Open on Expiration of PRA
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 By JP (NLGB) on 10/28/05

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P-2/P-5 Review Case #:		Disposition Date:	
AR Case #:		MR Case #:	
AR Disposition:		MR Disposition:	
AR Disposition Date:		MR Disposition Date:	

RESTRICTION CODES

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 (b)(9) Release would disclose geological or geophysical information

THE WHITE HOUSE

WASHINGTON

April 10, 1991

THE CHIEF of STAFF
has seen

MEMORANDUM FOR GOVERNOR SUNUNU

FROM: ROGER B. PORTER *RBP*
SUBJECT: Secretary Sullivan's "Children's Agency"

Because of the President's trip to West Virginia to meet the Teacher of the Year, I will not be able to participate in your meeting this morning with Secretary Sullivan. As I understand it, the Secretary plans to brief you on his plan to reorganize his department to create a "children's agency."

This proposal, as I understand it, would entail no new programs and involve only rearranging existing organizations into an agency under the leadership of an "Assistant Secretary for Children and Families." This simple reorganization is the proposal's weakest element. It could prompt criticism that the Administration's program for children is focused on rearranging boxes.

Nonetheless, I believe that the reorganization makes sense, provided that there is no attempt to represent the change as being more than it is. The proposal would:

- Make possible synergy between programs such as the new JOBS program, Head Start, and foster care that serve many of the same families.
- Put foster care, which has suffered from exorbitant cost growth, in an organization experienced in running entitlement programs such as AFDC.
- Bring balance in the size of the operating arms of HHS. The organizational units that would be combined represent the smallest parts of the department.

These are small, but worthwhile gains. On balance, I support giving Secretary Sullivan a green light from the White House for his reorganization plan.

THE WHITE HOUSE

WASHINGTON

April 10, 1991

THE CHIEF of STAFF
has seen

MEMORANDUM FOR JACKIE KENNEDY

FROM: DANIEL CASSE *DAC*

SUBJECT: Meeting Between Governor Sununu and Secretary
Sullivan, April 10, 10:30 a.m.

Secretary Sullivan has requested this meeting to discuss a number of children and family initiatives now underway at HHS. Sullivan plans to focus on child health for the next several months and he will likely describe ways in which Administration activities to improve child health can be made more prominent. During his presentation, Sullivan will also outline a proposed department reorganization that would merge two existing operational divisions -- the Office of Human Development Services and the Family Support Administration -- into a single division to deal with all children and family initiatives.

Sullivan will be accompanied by Deputy Secretary Horner, Assistant Secretary Kevin Moley, and Chief of Staff Michael Calhoun.

ck
THE WHITE HOUSE
WASHINGTON

THE CHIEF of STAFF
has seen

DATE: 2-26-91

TO: Gov. S.

FROM:

ANDY CARD

Andy

Sec. Sullivan called
@ 7 pm to say discussions
w/ Justice regarding Civil Rights
have gone well. He is now
happy w/ the way Wards Cove
and Patterson have been
addressed.

Also speech suggestions for
2/27 have gone to Ed.

THE CHIEF of STAFF
has seen & met w/
Sullivan 4-10-91

Proclamation 6197 -- National Children's Day, 1990

October 9, 1990

By the President of the United States of America

A PROCLAMATION

EVERY CHILD IS A GREAT AND PRECIOUS BLESSING, A UNIQUE INDIVIDUAL OF INESTIMABLE WORTH, AND POTENTIAL. GIVEN LOVE, ENCOURAGEMENT, AND THE OPPORTUNITY TO DEVELOP HIS OR HER OWN SPECIAL GIFTS, EVERY CHILD WILL MAKE A SINGULAR CONTRIBUTION TO HIS FAMILY AND TO THE WORLD AROUND HIM.

**Presidential Remarks at the Opening Ceremony of
the United Nations World Summit for Children
in New York City**

September 30, 1990

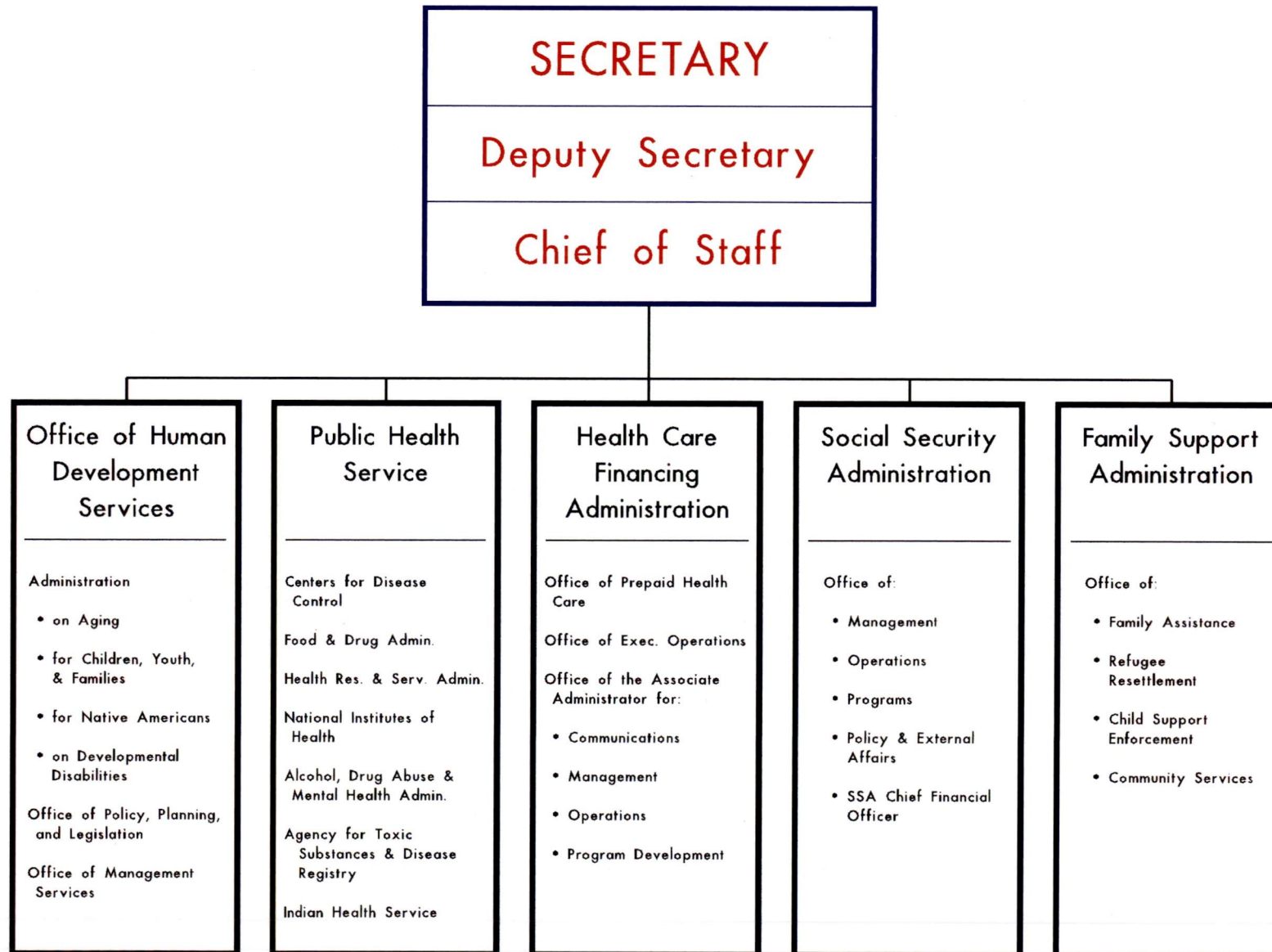
I'VE LEARNED THAT OUR CHILDREN ARE A MIRROR, AN HONEST REFLECTION, OF THEIR PARENTS AND THEIR WORLD. SOMETIMES, THE REFLECTION IS FLATTERING. AT OTHER TIMES, WE SIMPLY DON'T LIKE WHAT WE SEE. SO, WE MUST NEVER TURN AWAY.

AGENCY FOR CHILDREN AND FAMILIES

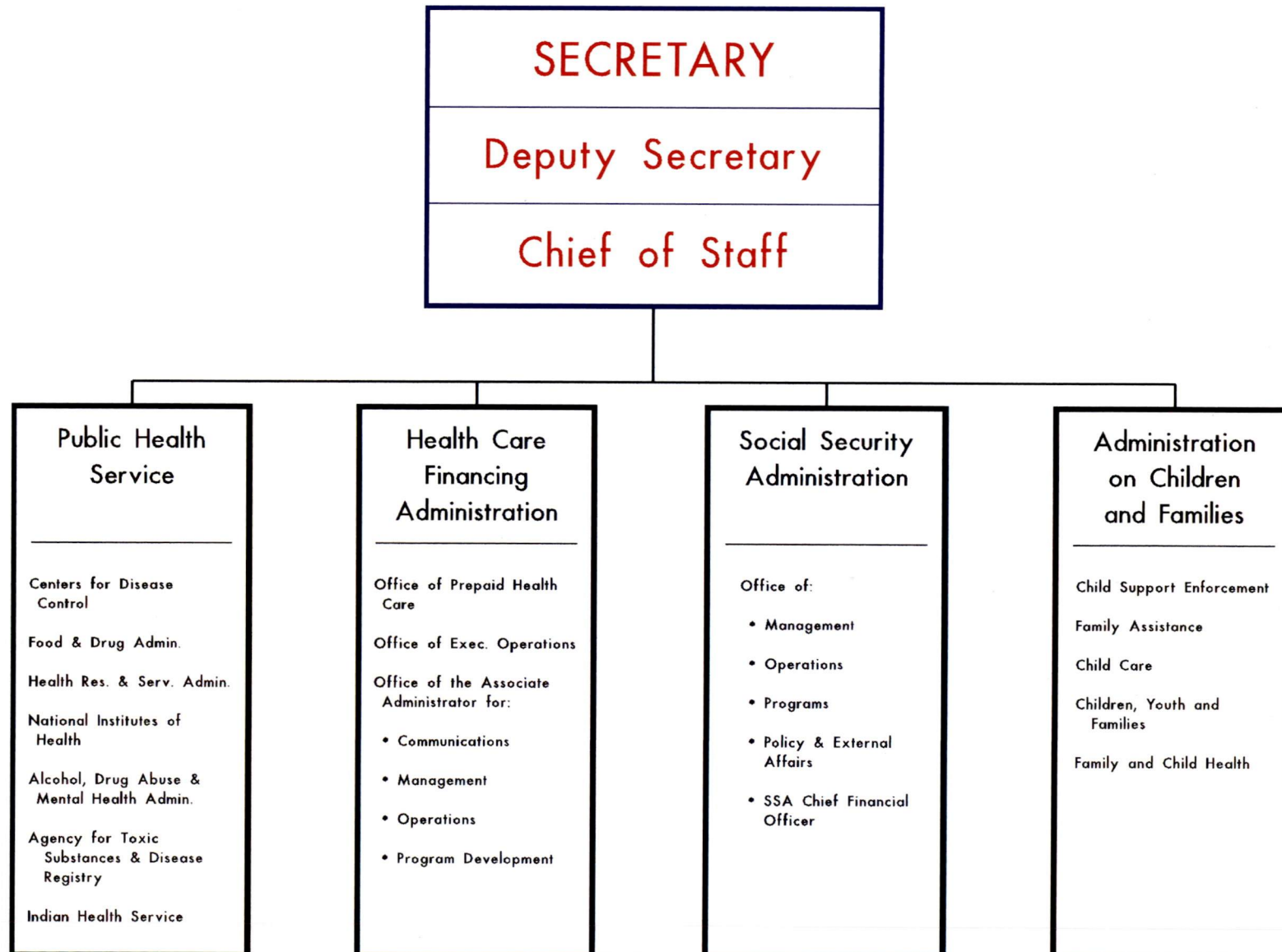
- O SHOWCASE THIS ADMINISTRATION'S COMMITMENT TO CHILDREN AND FAMILIES**
- O BETTER FRAME THE ISSUES AFFECTING CHILDREN AND FAMILIES**
- O FOCUS ATTENTION ON THIS IMPORTANT PRIORITY AREA**
- O CREATE A VISIBLE STEP TO IDENTIFY BUDGET AND STAFF IN ONE RECOGNIZABLE PLACE DEDICATED TO CHILDREN AND FAMILIES**
- O ADMINISTRATIVELY IMPROVE EFFECTIVENESS OF EXISTING PROGRAMS**
- O ENHANCE ONE-STOP SHOPPING INITIATIVE**
 - O STATE AND LOCAL GOVERNMENTS**
 - O CONSTITUENCIES**
 - O COMMUNITY GROUPS**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

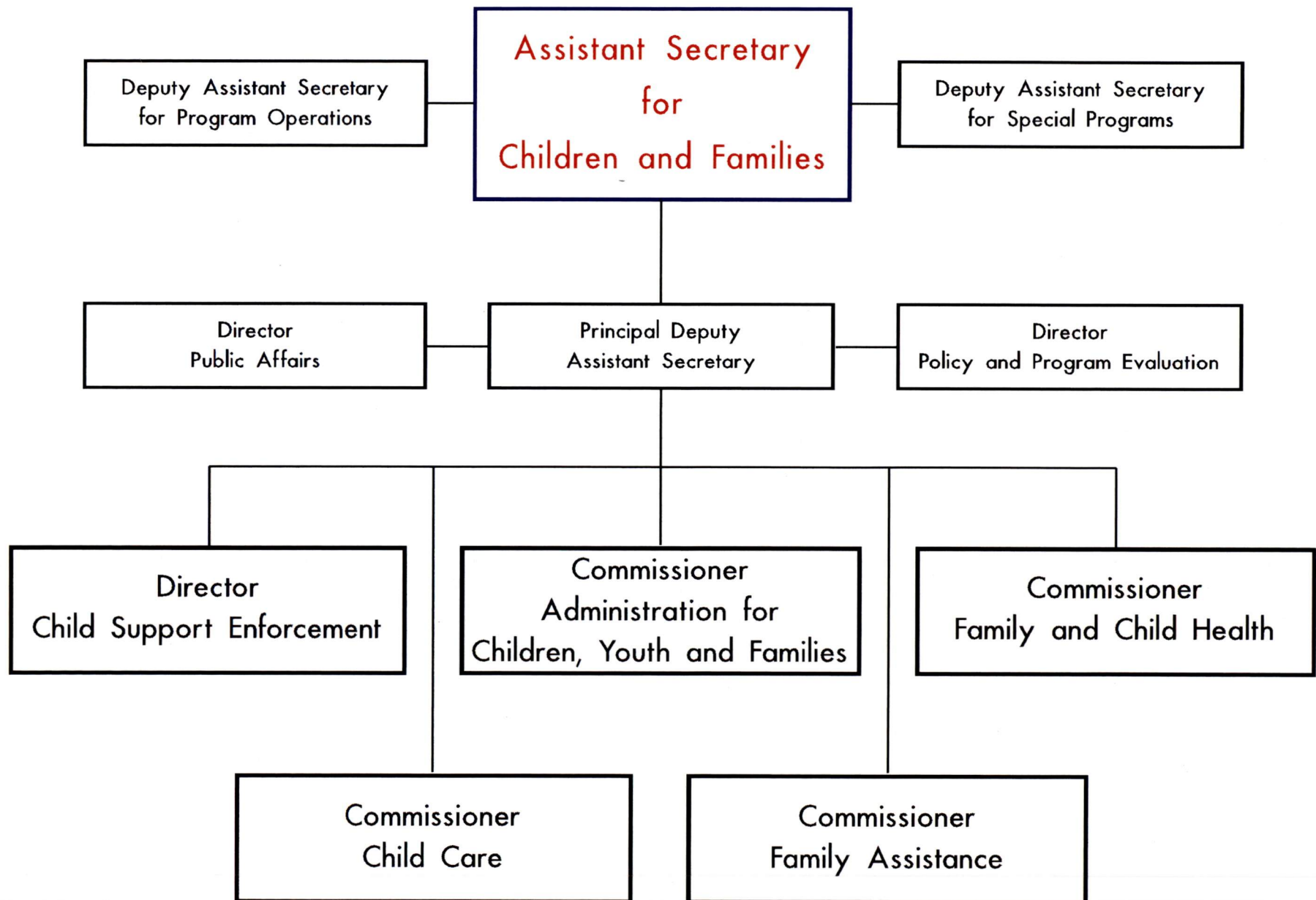
(Current Operating Divisions)



DEPARTMENT OF HEALTH AND HUMAN SERVICES (Proposed Operating Divisions)



ADMINISTRATION ON CHILDREN AND FAMILIES



One Example of the New Agency's Ability to
Better Coordinate Support for a Family in Need
LOW-INCOME MOTHER WITH TWO CHILDREN

Family Support
Administration

AFDC \$12,342 M
JOBS \$1,000 M
Child Support \$1,181 M
Child Care \$1,212 M
LIHEAP \$1,610 M

Subtotal, FSA \$17,345 M

Office of Human
Development Services

Head Start \$1,952 M
Child Welfare \$2,357 M
Child Abuse &
Youth Programs \$134 M
Social Services
Block Grant \$2,800 M

Subtotal, OHDS \$7,243 M

Public Health Service

Maternal & Child
Health \$612 M
Substance Abuse
Prevention \$117 M

Subtotal, PHS \$729 M

\$25,317 M Total*

\$ in 1991 Appropriations

* This is ONE example of coordinating support. Other examples would utilize other programs within the new agency.

THE GREEN SHEET

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

No. 43 Vol 38

Tuesday, March 5, 1991

HEALTH

Wall St. Jnl.: 3-5-91

Labels on Meats Fail to Provide Nutrition Data

By BRUCE INGERSOLL

Staff Reporter of THE WALL STREET JOURNAL

WASHINGTON—Don't bother checking the label for the nutritional lowdown on bacon or other breakfast meats. Odds are it will be a waste of shopping time.

Some 60% of the national-brand meat and poultry products on the market today don't carry any nutritional labels at all, nor do 83% of the breakfast products, according to a survey that will be released tomorrow by Public Voice for Food and Health Policy, a Washington-based consumer group. As for President Bush's beloved pork rinds, no product in that category mentions a thing about nutrition, the survey found.

Consumer advocates blame the labeling dearth on the voluntary labeling approach of the Agriculture Department, which regulates meat and poultry. Under its rules, nutritional labeling is required only when processors make low-in-calories or weight-control claims for their products.

As a result, processors are willing to tell consumers about the nutritional content of their low-fat products but tend to clam up about those that are high in fat, saturated fat and cholesterol. For example, Geo. A. Hormel & Co.'s Light 'n' Lean Franks carry a nutritional label, but its beef hot dogs—higher in fat—aren't so labeled, the survey says.

"Supermarket aisles are caverns of confusion for consumers" seeking nutrition information on meat and poultry products, asserts Ellen Haas, executive director of Public Voice for Food and Health Policy. Public Voice conducted the survey, which involved more than 1,500 national-brand products, in supermarkets in the Washington area.

Meat and poultry are the last part of the American diet still subject to laissez faire labeling. Last year, Congress ordered nutrition labeling, including tight regulation of health claims, for almost every other type of food. Now a coalition of 18 consumer and health groups is pressing lawmakers to require nutritional labels on meat and poultry.

The Public Voice survey, among other

See LABELS, p. 7

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Wash. Post: 3-5-91

The Many Unknowns of Child Poverty

Moynihan Says Much Data Is Needed to Successfully Battle Problem

By Spencer Rich
Washington Post Staff Writer

A-19

"You can be sure," quipped Sen. Daniel Patrick Moynihan (D-N.Y.) yesterday as he opened a hearing on welfare, that his Senate panel's subject was "family policy and not international trade policy, because there's nobody here in Gucci Gulch," a reference to the Dirksen building hall often home to highly paid, superbly tailored business lobbyists.

Moynihan, who reminded the crowd that children are now the largest poverty group in the nation, wanted to know:

Why some people go on welfare for years while others drop off after a brief period; what is the best way to gauge the success of the Family Support Act, mandating education and training for welfare mothers; why births out of wedlock and single-mother families have soared over the past 20 years; which programs work best and how to measure their effect.

As Janet L. Norwood, commissioner of the Bureau of Labor Statistics, noted, "We have learned a great deal about the condition of the low-income population, but very little progress has been made in understanding the reasons for the persistence of poverty."

Ideally, Moynihan would like to have the experts construct some sort of index of "leading indicators" so the well-being of children and their families could be measured far more accurately, and improvement—or lack of it—assessed after they participate in various programs.

"This is not understood and we don't know how to do it," he said, emphasizing that while there are huge amounts of information based on statistical snapshots taken at a given point in time, far more longitudinal studies are needed that follow the same families over a long period to see how their lives change.

He started with an example of a similar problem that he has just addressed in an article in "The Public Interest." More than 20 years ago it was becoming increasingly evident that educators did not really know enough about which educational "inputs" were successful in making children learn, he said.

The traditional way of looking at

FAMILY SUPPORT PAYMENTS					
AVERAGE NUMBER OF AFDC PARTICIPANTS RECEIVING MONTHLY PAYMENTS					
	Fiscal Year, Participants in Thousands				
	1989	1990	1991	1992	
	Families	3,762	3,967	4,308	4,455
	Recipients	10,911	11,439	12,415	12,842
	SOURCE: Department of Health and Human Services				

THE WASHINGTON POST

things, said Moynihan in the article, was to assume an automatic and direct causal relationship between what the student learns and "inputs" like per pupil expenditures, class size, teacher salaries, age and condition of buildings.

Vast sums have been spent over the years on school resources, but studies by scholars such as James Coleman and information compiled by Moynihan showed there was often little direct relationship between "inputs" and student achievement.

"What children learn is profoundly different for different groups of

Other research, they said, showed that of all new AFDC recipients, about 30 percent receive no more than one or two years of benefits over their lifetimes, 40 percent three to seven years of benefits, but 30 percent "will have eight or more total years of receipt."

In a joint statement, Barnhart and Gerry said, "Daughters living in AFDC families are more likely to drop out of high school, have early births [and] receive AFDC as adults."

Norwood said one in three poor children is black, and "nearly three-fifths of all the children in poverty lived in a single-parent household."

She said one study showed that women who received AFDC for only one year worked over a period of time an average of 24 weeks per year, but the longer they remained in the AFDC program the less time they spent in the workplace.

Paul E. Barton of the Educational Testing Service said one study showed that lack of literacy skills is a characteristic shared by the poor, the jobless, dropouts, welfare recipients and unwed parents. He said much more should be learned about how children are actually cared for at home—for example, how much time adults spend with them and how learning and play skills are stimulated in the home.

Moynihan's frustration over how little is known about how to help welfare families help themselves is illustrated by this fact: despite years of efforts at job-training, the most common route out of welfare is marriage—accounting for 35 percent of those leaving AFDC, with another 11 percent no longer participating because they no longer have children under 18.

Children are the largest poverty group in the nation, Moynihan said.

children and different parts of the country," Moynihan said.

Yesterday, Moynihan took up the same theme in discussing welfare.

Assistant secretaries of health and human services Jo Anne Barnhart and Martin Gerry said that a longitudinal panel study of 5,000 nationally representative households selected in 1968 showed that of children born to this group in 1967-69, "22 percent of all children and 72 percent of black children in this birth cohort" received welfare under the Aid to Families with Dependent Children (AFDC) program during their childhoods, as did 28 percent of children born in 1979-80.

Shaking his head woefully, Moynihan kept repeating, "23 percent of children."

Corporate Chiefs Promote Infant Care

Concerned About Future Work Force, CEOs Urge Increase in Program for Poor Children

By Paul Taylor
Washington Post Staff Writer

A-21

The five witnesses who paraded before the House Budget Committee yesterday to call for a near doubling of the Supplemental Food Program for Women, Infants and Children—commonly known as WIC—said all the predictable things.

They talked of the "communal blindness" of a society that allows babies to go hungry. They talked of the growing gap between the haves and have-nots.

They talked of how "profoundly worried" they are about the state of the nation's children and families. One witness even had the flair to quote Winston Churchill: "There is no finer investment for any community than putting milk into babies."

Who were these bleeding hearts?

Social workers? Welfare mothers? Children's advocates?

None of the above. They were chairmen and chief executive officers of some of the nation's best-known corporations: AT&T, Prudential Insurance, BellSouth, Honeywell and Sky Chefs Inc.

Their appearance on Capitol Hill yesterday was evidence of the new attention the corporate community is paying to the plight of young children—a concern that appears to grow out of

frustration with the slow pace of educational improvement despite the investment of billions of public and private dollars over the past decade.

The initial response of the business community with regard to education was to look at it and say, "Gee, we need more math courses and we need more science courses and all of that," James J. Renier, chairman and CEO of Honeywell, told the committee. "But in looking at it we began to understand also that we have a giant social agenda that . . . is diluting the ability of the educational system to deliver the academic agenda. One of the major factors is what has happened to little kids. And so going down that logic tree, one of the best things you can do to help solve the educational crisis in the United States today is to work on the problems that affect little kids from minus nine months to the time they get to kindergarten."

John L. Clendenin, chairman and CEO of BellSouth, said nine out of 10 high school graduates flunk his company's job entrance exam, even though it is pitched to 10th graders. "The problems of how to get a trainable work force are really looming larger for all of us," he said. "Our initial conclusion was that we really needed to fix the school curriculum. . . . But when we started to look at it we suddenly realized that we had loaded onto the schools a whole host of society's prob-

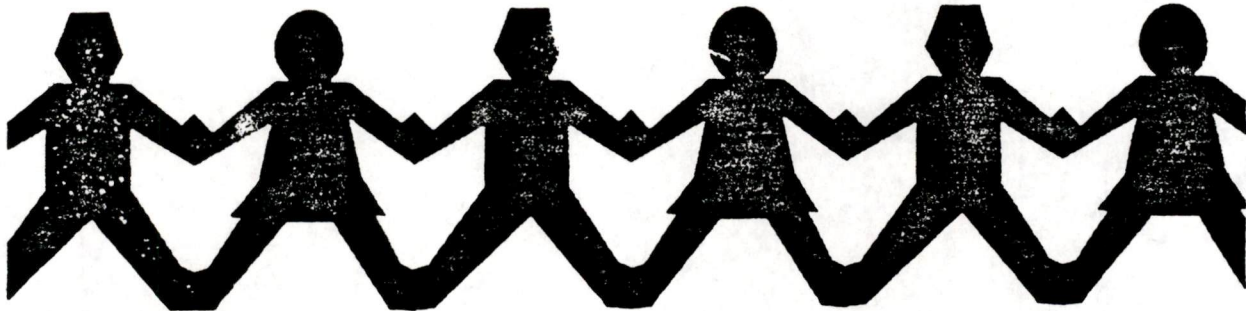
lems, everything from teenage pregnancy to drug problems to the breakup of families, and the school can't handle the overload."

Robert C. Winters, chairman and CEO of Prudential, said the "money withheld from children today will be spent in far greater sums on emergency rooms, drug counselors and prison tomorrow." He cited a recent Agriculture Department study showing that for every WIC dollar the government spends on prenatal care for a pregnant mother it saves between \$1.77 and \$3.13 in Medicaid costs in the first 60 days of her baby's life.

Robert E. Allen, chairman and CEO of AT&T, said, "Like the cobbler raising barefoot children, we seem more intent on outfitting the world for freedom than fulfilling our obligations at home."

William Woodside, chairman of Sky Chefs, an airline caterer, said: "I'm a firm believer in reducing the deficit . . . but the poor children whose lives may be altered by the WIC program are not responsible for the deficit."

The \$2.4 billion WIC program provides milk, cheese, infant formula, eggs, cereal, juice and peanut butter, along with health and nutrition counseling, to low-income mothers, infants and children under age 5. At present, only 54 percent of the participants eligible under federal guidelines receive the service. The corporate executives called for full funding by 1995.



Wash. Post: 3-7-91

Children Feel Financial Pinch When Families Split

By Spencer Rich
Washington Post Staff Writer

A-21

When parents split up, children suffer financially.

A recent Census Bureau study found that in families where the children remained with the mother after the parents separated, income dropped an average of 37 percent within four months. The study also showed the poverty rate for such families jumped from 18.8 percent to 35.5 percent.

The study, which included married families and those in which the parents were unmarried, showed that only 44 percent of the children were receiving child support from the absent father after four months.

"The father with his earnings is no longer in the household, so income is removed," said Suzanne Bianchi, co-author of the study. And for a variety of reasons, in many cases "fathers don't pay" child support, she said.

The report was based on a nationally representative sample of 417 children under age 15 whose families split up. The survey was conducted between October 1983 and May 1986. Results were weighted by the number of children in each family.

The study found that, measured in 1986 dollars, average family monthly income dropped from \$2,435 when the parents were together to \$1,543 four months after

The study found that only 44 percent of children were receiving support from absent fathers after four months of separation.

the father departed. In many cases, the mother went to work or found additional work, or sought welfare or had welfare payments increased if she was already receiving them. Even so, 16 months after the breakup, average monthly family income for the mother and children was only \$1,711.

"You're losing the major breadwin-

ner, so there's a big drop in income," said Irwin Garfinkel, professor at the Columbia University school of social work and co-author of a book on family income problems, "Single Mothers and Their Children." Garfinkel said there are many reasons fathers do not pay child support. "There aren't awards in all cases—sometimes it takes time to find the man, sometimes the woman doesn't want a custody fight," so she does not seek child-support payments, and in some cases "it's possible paternity is an issue."

Before a recent move to strengthen child-support enforcement laws, many fathers did not pay, Garfinkel said, because "not much happened to them if they didn't. Enforcement was sporadic."

Daniel Weinberg, chief of the housing and household economic statistics division of the Census Bureau, said various studies have shown that where the parents had been living together but were not married, "child support is not paid as often" as in families where the parents had been married.

Garfinkel noted that the study covered a period before the Family Support Act of 1988 and other legislation strengthened child-support

enforcement. One provision requires that states set guidelines for the awards so judges do not make them too small or too big. Another mandates that employers of people subject to child-support orders withhold the required amount from their workers' paychecks and channel it to the custodial parent.

But the guidelines only recently have become effective and automatic withholding will not be fully in effect for new cases until 1994.

THE GREEN SHEET

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

No. 41 Vol. 38

Friday, March 1, 1991

N.Y. Times; 3-1-91

U.S. Panel Urges That All Children Be Vaccinated for Hepatitis B

By GINA KOLATA

Frustrated by the widespread reluctance of adults to be vaccinated against hepatitis B, a leading cause of serious illness and death, a Federal panel has recommended that all children be vaccinated instead.

It is the first time that the Immunization Practices Advisory Committee of the Public Health Service has recommended vaccinating children for a disease whose victims are almost always adults.

Although the committee cannot compel parents to have their children vaccinated, state health officials normally require schoolchildren to be immunized according to its guidelines.

A vaccine for hepatitis B was licensed a decade ago, but it has found little use, even among health workers, drug users, the sexually promiscuous and others at high risk of developing the disease. Since most Americans who get hepatitis B are infected as teenagers or adults, the benefits of a hepatitis vaccine program will not be apparent for about 20 years.

A New Approach

"This approach to immunize children to prevent a serious chronic adult disease has never been tried before," said Dr. Harold Margolis, the chief of the hepatitis branch at the Federal Centers for Disease Control.

He and other hepatitis experts said they thought it was an important step, and pediatricians said they believed the vaccination of children would be accepted by doctors in their field.

If children are required to have hepatitis vaccinations, this would be sixth childhood vaccine introduced since the late 1940's. The first was the single vaccine for diphtheria, pertussis and tetanus.

The hepatitis virus, like the AIDS virus, is spread by contact through sexual intercourse and by contact with contaminated blood. About 300,000 Americans become infected with the hepatitis B virus each year.

Most victims get better on their own, but one in 10 develops a chronic infection where the virus smolders in the liver, often leading to cirrhosis or liver cancer. About 1.25 million Americans have chronic infections, and many do not know it because they may have few or no symptoms with their initial infection.

If adults won't go for the shots, then give them to babies.

Dispite the advent of the hepatitis vaccine, which Dr. Jules Dienstag, a specialist in the disease at the Massachusetts General Hospital in Boston calls "one of the triumphs of medicine," the incidence of hepatitis B has soared in the past decade, increasing by more than 60 percent, according to the Centers for Disease Control.

Lack of Predictability

As many as half the cases of hepatitis B occur in people who are not in high risk groups. "We just don't know how it is occurring, but we suspect a lot of it is sexually," Dienstag said.

Dr. Richard Aach, a hepatitis expert at Mount Sinai Medical Center in Cleveland, said he favored the strategy of vaccinating children because the vaccine "has not been well received" among adults. "Our strategies just have not worked," he said.

And Dr. Carol Phillips, a pediatrician at the University of Vermont who is a member of the American Academy of Pediatrics' committee on infectious diseases, said, "Pediatricians will endorse hepatitis B vaccinations."

Hope for Lifetime Immunity

Americans spend \$700 million a year on the direct costs of hepatitis B infections, Dr. Margolis said. "And that does not even include the cost of liver transplants" for people whose livers are destroyed by the virus infection, he said.

Dr. Margolis said the vaccine, which would be injected along with the DPT vaccine at the ages of 2 months, 4 months and 6 months, would cost a total of about \$20 a child or \$80 million a year for public health agencies. He said officials hoped that the three shots would give lifetime immunity against hepatitis B, but that there was no way to be sure because the vaccine had only been around for 10 years. Officials at the Centers for Disease Control estimate that a vaccine program would save \$2 in medical costs for every \$1 spent on the vaccine.

Reason for Concern

Public health experts have been concerned about how few Americans have been vaccinated. Dr. Margolis said, for example, that only 40 percent of health-care workers were vaccinated.

Dr. Robert Perillo, a hepatitis expert at the Veterans Affairs Hospital in St. Louis, said that surveys of health-care workers showed that they underestimated their chances of getting hepatitis and rationalized not being vaccinated by saying they worried that the vaccine itself might be more risky than the chance they would get the disease.

Dr. Perillo, who said the vaccine was at least 90 percent effective, emphasized that this fear was unjustified because the vaccine appeared to be one of the safest known. Dr. Margolis said the vaccine had been given to millions of children in Asia without any adverse effects.

Dr. Perillo said that he and others had learned that "if you make this vaccine a volitional thing, it's not going to happen." So he favors requiring it for children.

N.Y. Times; 3-1-91

Study Urges a Business Role In Early-Childhood Programs

By WILLIAM CELIS JR.

A leading business group warned yesterday that the national effort to improve schools would fail unless companies played a more active role in health and social programs for young children.

Seeking to prod businesses to expand their role in education, the Committee for Economic Development, a New York group of 250 business and education leaders, said in a study that existing early-childhood programs had not done enough to improve the health and social and economic well-being of young children, especially those from poor families.

As a result, the children start school ill prepared to learn, and none of the measures intended to help students in-

Although the study criticized early-childhood programs, Ms. Hamburg and other analysts said some efforts were exemplary. Chris Phipps, director of state relations for the Education Commission of the States, an education research and policy organization in Denver, said the "best school districts have started to address these concerns," better coordinating educational needs with health and other social needs.

But the study by the Committee for Economic Development, its third in recent years on early-childhood programs, said efforts to help children and families under duress had "produced a crazy quilt of programs, often overlapping, uncoordinated or conflicting."

Community Efforts Urged

To make the efforts more uniform, the group recommended, among other steps, that all communities assess the level of early-childhood services they are offering and strengthen services for teen-age mothers, and it urged businesses to address these problems in their own communities.

"If we did some of these things in a massive way we could solve a lot of the schools' problems, but not all of them," said Ms. Hamburg.

She said that although some businesses had "adopted" schools and provided adult mentors for students, they had been loath to intervene in early childhood.

"There is still a reluctance by businesses to get involved because it's unfamiliar to them, and they don't see the connection between little kids and their work force," she said. "We're working to educate them."

William H. Kolberg, president of the National Alliance of Business, which represents 3,000 companies, concurred that businesses were ill at ease with early-childhood programs. "But we're learning and we care," he said, adding that some concerns had been embarked on efforts to address the problem.

Vagueness on Financing

The study called for greater contributions from Federal, state and local governments, but it was not specific about who should pay for what. The vagueness was intentional, said Ms. Hamburg, to allow for flexible financing efforts among the three jurisdictions.

State education officials have long supported programs like those urged in the study. But they say their hands are

Expanding the efforts to improve education.

crease their academic preparedness will help, said the study.

As part of its recommendations, the group said \$10.2 billion should be added to existing programs like Head Start, the federally supported pre-school program, or other similar early-childhood programs for all children 5 years old and younger. Under current regulations, Head Start, which offers a variety of education and health services for disadvantaged youngsters, is available only to certain children based on income, and is not available in all communities.

'Not Enough Is Happening'

"We came to the conclusion that not enough is happening in this area and not enough is happening quickly," said Sandra Kessler Hamburg, director of education for the group and the study's principal author. "We are only at the earliest stages of addressing the problem."

In an aside, the group criticized the use of tax money to help parents send their children to private schools, although it supported giving parents the choice of sending their children to any public school. It said the use of public money for private school attendance, supported by President Bush, would

Balt. Sun; 3-1-91

Divorce, separation push many children into poverty

Los Angeles Times

WASHINGTON — Divorce and separation take a significant economic toll on American children, pushing many below the poverty line and increasing dependency on welfare programs, according to a Census Bureau report to be released today.

The average income of the single-parent families created by divorce or separation falls by 37 percent within four months of the breakup, the study found. In almost all cases reflecting the financial impact of the father's departure from

the family unit.

"This study is more dramatic confirmation of how far the standard of living falls after breakups," said Andrew J. Cherlin, a sociologist at the Johns Hopkins University and author of a book on divided families. "It's a national scandal."

At the same time, the study's authors noted that economic problems tend to predate divorce and separation, suggesting that financial stress may be as much a cause as a result of the family breakup.

The study, "Daily Disruption and Economic Hardship: The Short-Run Picture for Children," tracked the effects of divorce and separation on 200 children across the country from October 1983 through May 1986.

The Census Bureau determined that the average income of families in which the children had been separated from their fathers was 17 percent less than the average income of stable, two-parent families.

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THE GREEN SHEET

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

No. 47 Vol. 38

Monday, March 11, 1991

Wall St. Jnl.: 3-11-91 Merck & Co. Clears A Regulatory Hurdle For Cholesterol Drug

By a WALL STREET JOURNAL Staff Reporter
ROCKVILLE, Md. — Merck & Co. cleared an important regulatory hurdle in its effort to market a second version of its huge-selling anti-cholesterol drug.

An advisory committee of the U.S. Food and Drug Administration recommended that the agency approve Merck's prescription drug Zocor based on a review of safety and effectiveness studies conducted by the company. Zocor, also known by the generic name simvastatin, is chemically similar to Merck's popular cholesterol-lowering drug Mevacor, which has been available since 1987 and generated about \$760 million in world-wide sales last year.

Zocor has been available outside the U.S. since 1986, and Merck sells it now in about 20 countries. The drug had sales of about \$290 million in 1990, according to Ronald Nordmann, an analyst with Paine-Webber Inc. Research indicates that Mevacor and Zocor are strikingly similar; both can reduce blood-cholesterol levels about 21% to 33%. A Merck spokesman said, however, that many patients may need only take one Zocor pill daily, while patients often must take two to four Mevacor tablets a day.

Analysts believe Merck will expand the use of cholesterol-lowering medicines by marketing two separate products to doctors. Mevacor and Zocor are part of a relatively new class of medicines that includes another drug, Pravachol, that was devel-

See FDA, p. 23

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Wash. Post: 3-11-91-

Family Seen as Key to Aiding Children Mayors, Administration Differ on Federal Role With 'Youth at Risk'

By Paul Taylor
Washington Post Staff Writer

A-4

The nation's mayors and a Bush administration Cabinet member agreed yesterday that the best way to help "at risk" children is to strengthen their families, but differed over how much government investment and intervention is needed.

"So many of our problems—drug and alcohol abuse, the spread of AIDS, teen pregnancy, infant mortality, youth homicide, among others—reflect the personal isolation, alienation and despair that follow from the widespread erosion of family and community in our society today," Louis W. Sullivan, secretary of Health and Human Services, told the annual legislative conference of the National League of Cities.

Sullivan offered two examples of what he described as the Bush administration's "middle ground" posture of trying to shore up families without supplanting them: Healthy Start, a pilot program designed to reduce infant mortality rates by 50 percent in 10 targeted cities; and Head Start, the widely acclaimed preschool program for poor children that has received \$717 million in new funding over the past two years.

While children's advocates support both programs, they have also criticized the Bush administration for not taking bolder steps to help children. The nation's infant mortality rate, 20th in the world, stopped improving in the late 1980s, prompting critics to argue that more is needed than a \$171 million pilot program. The Head Start program, even with the recent funding increases, still

serves only about one-third of the eligible population, and the administration budget request for fiscal 1992 would barely keep pace with inflation.

The mayors also expressed strong opposition to an administration proposal to convert \$15 billion in categorical state and local grants for housing, education and social services into a single block grant to states, with no strings attached.

"The state has no idea what the problems of the urban communities are," said Raymond Eugene Shipman, city manager of Hartford, Conn. "We'll get more of the doughnut syndrome, with the cities being the hole and all of the resources going to the suburbs."

During a morning panel discussion on "youth at risk," Minneapolis Mayor Donald M. Fraser (D) drew sustained applause when he said the best social policy for the federal government would be to do away with policies that weaken families.

"We know that we have a welfare system, frankly, that discourages marriage," Fraser said. "If you're the father of a child and you can't get a good job, that mother is crazy to marry you because she goes off welfare. She has no health care for her child. She can't live on a minimum wage job. We have a public policy that is designed to destroy families, and nobody talks about it."

"We've got a crazy system. We've got to get out of this liberal-conservative polarization and start to focus on what we are doing to families and kids."

Fraser called for an rapid expansion of Head Start, as well as more day care and health services. In an

interview, he praised a proposal advanced last month by Wisconsin Mayor Tommy Thompson (R) that would provide a cash grant to single mothers on welfare who decide to marry. "It is sort of like dowry," said Fraser, adding that in Minnesota, welfare rules are being waived so that poor, two-parent families can stay together and receive benefits.

Balt. Sun: 3-10-91

Three-fourths of city homes have lead paint

16A

By Tom Bowman

Washington Bureau of The Sun

WASHINGTON — Families with young children and a house with peeling lead paint might find solace in the Bush administration's \$100 million low-interest loan plan to help the nation's homeowners clean up the hazard, part of its fivefold spending increase to attack lead poisoning.

Unfortunately, it will cost as much as \$1.7 billion just for Baltimore alone to deal with its lead paint problem and upward of \$70 billion nationwide, officials said.

"That's just not enough money to get started," lamented Maryland Representative Benjamin L. Cardin, D-3rd, who is drafting legislation to create a lead abatement trust fund through a tax on lead.

"I think that's woefully too little," agreed James McCabe, assistant director of builders with the Baltimore Department of Housing and Commu-

See LEAD PAINT, p. 6

Wash. Times: 3-11-91-

U.S. stops joint AIDS research with French

FROM COMBINED DISPATCHES

A-3

CHICAGO — Federal officials halted the longest-running collaborative search for an AIDS vaccine because a French scientist working with a top U.S. AIDS researcher allegedly ignored rules for human-subject research, a newspaper reported.

Under tightened restrictions, the National Institutes of Health halted the collaboration between Dr. Robert C. Gallo and French immunologist Dr. Daniel Zagury, the Chicago Tribune reported in yesterday editions.

An NIH report obtained by the Tribune says Dr. Zagury injected 10 children in Zaire with a trial vaccine made with samples of the AIDS virus isolated in Dr. Gallo's laboratory, the newspaper said.

Dr. Zagury used the pretense that the vaccine would be used on monkeys to obtain the AIDS virus sam-

ples, according to the report.

The new restrictions preclude any NIH scientist from continuing to work with Dr. Zagury and the various institutions in France and Zaire with which he is affiliated, the newspaper said.

The NIH report details the restrictions, which also bar Dr. Gallo and other scientists in the National Cancer Institute's division of cancer etiology from conducting human-subject research with any other foreign scientists.

The new rules, set last month, were prompted by what the report called the "apparent inadequacy of NIH's system to ensure protections for human subjects in foreign settings."

An NIH spokesman said the agency would have no comment until the investigation was complete, the newspaper said. Dr. Gallo's lawyer, Joseph N. Onek, also declined

comment, it said.

Since April, Dr. Zagury has refused to answer questions about his six-year vaccine collaboration with Dr. Gallo.

Dr. Zagury said in March 1987 he had used himself as a guinea pig to test a possible AIDS vaccine made from virus isolated in Dr. Gallo's lab.

The report says Dr. Zagury actually began testing a similar trial vaccine, also made with AIDS virus from Dr. Gallo, on the juvenile AIDS patients in Zaire four months before his self-inoculation.

No NIH approval was obtained for either set of experiments, the report said.

Federal regulations require that foreign scientists who collaborate with NIH researchers obtain the approval of ethics committees in their home countries and in any third countries where experiments are carried out.

Zaire's ethics committee wasn't formed until late 1986, and the NIH knew nothing about its review process, the report said.

Meanwhile, the Pan American Health Organization predicted that more than 3 million people in the Western Hemisphere will be infected with the AIDS virus by the mid-1990s.

In a study released today, the PAHO said that about 2 million people in North and South America and the Caribbean already are infected with the virus.

The health organization said that in some countries of the Caribbean and in some urban centers in North America, AIDS is the leading cause of death among young men aged 25 to 34 years.

The PAHO estimated that 200,000 to 300,000 women in the Western Hemisphere are infected with the AIDS virus.

THE GREEN SHEET

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

No. 67 Vol. 38

Monday, April 8, 1991

N.Y. Times: 4-6-91 p. 1

U.S. REPORTS DROP IN INFANT DEATHS

Decline Last Year Is Largest
in Almost a Decade

By PHILIP J. HILTS
Special to The New York Times

WASHINGTON, April 5 — The nation's infant mortality rate dropped last year by the largest amount in nearly a decade, Government statistics show.

The decline, which will be announced Monday, was to 9.1 deaths for 1,000 live births in 1990 from 9.7 deaths for 1,000 in 1989. The figures are in the Monthly Vital Statistics Report from the National Center for Health Statistics.

The decline was 6 percent from the previous year, as against the average year-to-year decline in the 1980's of 2.5 percent. Because the rate is based on counts of all infant deaths in the country in the first year of life, relatively small changes are considered very significant. The last year a decline exceeded this one was in 1981, when the rate fell to 11.9 for 1,000 live births from 12.6.

Higher Rate for Blacks

Although infant mortality has improved as medical care has advanced, progress against infant deaths began to slow in the early 1980's, and the United States lags behind many other industrialized nations in this basic measurement of health care.

Moreover, the infant death rate has long been higher for blacks than for whites. The latest figures available broken down by race showed that in 1988 the rate was 17.6 for 1,000 live births among blacks as against 8.5 for 1,000 live births for whites.

In recent months there have been angry exchanges between the Congress and the White House over a plan by President Bush to reduce infant deaths. Some Congressional members have called it inadequate.

The reasons for last year's decline in infant mortality are not clear, but one factor that government statisticians have identified as important is the introduction of a new drug that helps prevent deaths of premature babies from sudden respiratory failure, one of the most common causes of infant mortality. This may account for up to half of the decline in infant death rates, said Dr. Joel Kleinman, director for analysis for the National Center for Health Statistics.

Another factor may be the increase in Medicaid spending for prenatal care beginning in 1986, which has brought an additional 250,000 pregnant women into the program since 1984. But only two-

thirds of the pregnant women eligible are in the program.

The drop in infant mortality in this century has been one of the most striking statistics in medicine. In 1915, 99.9 infants died for every 1,000 live births in the United States. By 1940 the rate was down to 47 for every 1,000, by 1970 it was down to 20, and by 1988 it was down to 10 for 1,000.

Though the decrease was sizeable in this country, other nations in the past two decades have sped past the United States, which now ranks behind 22 other nations in preventing infant death. The Secretary of Health and Human Services, Dr. Louis W. Sullivan, has called the United States performance "shameful and unconscionable." The rate for Japan was less than half that of the United States, and the rate for the Scandinavian countries was nearly as low as Japan's.

'A Significant Drop'

Arnold Tompkins, Deputy to the Under Secretary of Health and Human Services, called the latest figures "a significant drop."

But he added: "We still think we have a long way to go, especially in helping minorities, where the rate is still far higher than among whites. We need to target the areas that need the most help, both urban and rural, and that is why we have proposed our infant mortality initiative this year."

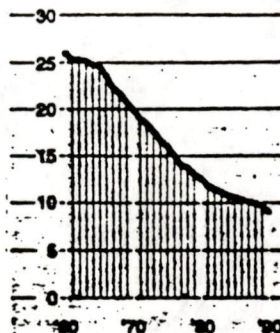
Mr. Bush has proposed a program that would spend \$171 million on prenatal care in the 10 to 15 cities or rural

areas with the worst infant death rates. The plan has been assailed by some members of Congress because more than \$50 million of the amount would be taken from current infant mortality programs.

The strategy was described by oppo-

Infant Mortality

Deaths of children under 1
year old in the United States,
per 1,000 live births.



Figures after 1980 exclude deaths
of neonates.

Source: National Center for Health
Statistics

Wash. Post: 4-6-91

Child Support System Called 'Abysmal'

Sullivan Says More Effort Is Needed to Collect From Delinquent Parents

By Paul Taylor
Washington Post Staff Writer

ATLANTA, April 5—Secretary of Health and Human Services Louis W. Sullivan said millions of non-custodial parents are not paying child support and the government's record in collecting child support remains "abysmal" despite some modest recent gains.

"The bad news is that our best efforts are not enough; they are a mere drop in the bucket," Sullivan told a meeting of the National Commission on Interstate Child Support.

According to the most recent Census Bureau estimate, only 59 percent of the 9.4 million mothers (and their 15.3 million children) potentially eligible for payments in 1987 had a judicial child support order. Of those, half were receiving full payment, a quarter were receiving partial payment and the rest were receiving nothing.

With anger, frustration and sometimes tears, custodial parents told commission members war stories of navigating a bureaucratic hodgepodge of courts and child support offices, and of the maze of conflicting state procedures that come into play in the estimated 30 percent of support cases in which the parents live in different states.

"I was made to feel like a whining mental case," Denny Wood, a travel agent from Lawrenceville, Ga., said as she told of her efforts to get local

officials to collect \$23,000 in back child support from her ex-husband. "Every single caseworker I have ever dealt with didn't want to be bothered," agreed Carole Miller, a single mother of three from Atlanta.

"Until robbing children is looked at the same way as robbing banks, nothing is going to change," said Betty Murphy of Virginia, an activist on behalf of custodial parents.

"We have heard a lot of testimony that this gets a low priority because it is viewed as a women's issue," said Margaret Campbell Haynes, chairwoman of the commission, which was created by Congress. "But when nearly one-quarter of all our children are poor, it is a societal issue."

In a panel discussion following Sullivan's address, Dick Woods, president of the National Congress for Men, said one reason child support payment rates are not higher is that in more than 40 percent of all divorces, the non-custodial parent—typically the father—is denied access to his children by the custodial parent.

Lynne Gold-Bikin, a Pennsylvania attorney who practices family law, shot back: "This routine of 'I'm not paying my child support because I'm being denied visitation' is pure bovine scatology, to use Gen. [H. Norman] Schwarzkopf's phrase."

Commission members said visitation issues should be treated separately from child support.

Congress has given considerable

attention as "robbing Peter to pay Paul." But some more conciliatory opponents said the new money alone would be a significant gain.

Christine Layton of the Children's Defense Fund, a health advocacy group in Washington, said that news of the decline was welcome, but that it was mainly the result of medical intervention, not gains in public health or social programs designed to improve the health of women and infants. "If the decline is due to things like the new drugs, this will not have the kind of lasting effect we need to see on the problems of being born too soon or too small," she said.

Dr. Kleinman said a decline in respiratory distress syndrome accounted for half of the drop in infant deaths.

Drugs Have an Impact

It is not known what percent of the improved treatment for that disease might be attributed to new drugs, but two were introduced in 1986 that have had a dramatic effect in treating infants in their first hours of life when the under-developed lungs of premature babies so often collapse.

One of the drugs, Exosurf, manufactured by the Burroughs Wellcome Company, had already been used to treat more than 15,000 infants in the past three years. Another drug, Surfactant, made by Ross Laboratories, has

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Wash. Afro-American; 4-6-91

Stop our babies from dying

By Dr. Louis Sullivan

The United States invests billions of dollars every year to prevent infant disease and death. But in recent years, despite these efforts, our country has stopped making significant progress in lowering infant mortality. True, our infant mortality rate does continue downward.

Why are we moving so slowly toward better infant health? With all the federal, state and local programs that exist to support maternal and child health, why isn't America among the nations with the lowest infant mortality rates?

Among many different reasons, one especially stands out for me. Too often we have failed to look at infant health through the most important set of eyes, the eyes of the young mother herself.

Some 40,000 American babies die each year—yet that number could be lowered by a full 25 percent simply through better application of what we already know about maternal and infant health.

We can do better — by targeting communities where infant mortality is highest, by enlisting fuller community support, by encouraging innovation, and by concentrating first and last on the real world of our

"clients," young low-income women and their children.

These are the principles behind "Healthy Start," President Bush's initiative to re-energize our progress toward better infant health. "Healthy Start" calls on government not merely to provide resources, but also to take active new steps to develop usable model programs that work. Likewise, "Healthy Start" asks families and communities to dedicate the kind of commitment and moral support for women and children that transcends government programs.

"Healthy Start" will begin with federally funded demonstration projects in about 10 areas where infant mortality rates are especially high.

This focused approach will target new resources where help is needed most. In addition, as we award funds for this initiative, we will look for community-wide commitment, as well as innovative and even unconventional approaches.

We will be providing unprecedented levels of federal support to these communities, and we want this to attract new support from state, local and private sources as well. Through these efforts, we hope to achieve at least 50 percent reduction in infant mortality in the targeted communities within five years.

Dr. Sullivan is secretary of the Department of Health and Human Services.

N.Y. Times; 4-8-91

Federal Panel Hears Concerns On Interstate Child Support

By RONALD SMOTHERS
Special to The New York Times

ATLANTA, April 6 — It has been nearly a year since Christine Allen last received the \$55 weekly payment her former husband was ordered to pay to support their 5-year-old daughter, Ashleigh. In the meantime she lost her job, and her former husband, who lives in Alabama, has evaded what she considers the weak efforts of officials there to take him to court.

When Sandra Feld's husband moved with his six-figure income from an affluent suburb in Monmouth County, N.J., to New York, she tried unsuccessfully to get New Jersey agencies to press New York agencies to collect \$9,000 in overdue support payments needed for her son's college education.

"Despite three bench warrants for his arrest and orders for him to pay the arrearages, neither New Jersey nor New York could do anything," she said. "We have been victimized twice. Once by my ex-husband and now by these two states, which can't get child support across state lines."

The plight of Ms. Allen, Ms. Feld and thousands of other women and children caught up in a child support enforcement system that attempts to reach across state lines was the subject of nearly three days of hearings before the United States Commission on Interstate Child Support that ended today.

\$6 Billion Collected in '90

Last year the Federal Government spent \$1.5 billion in helping states recoup a record \$6 billion in delinquent child support payments. But of that amount only 10 percent represented collections made across state lines, according to the commission.

Margaret Haynes, chairman of the commission, said it was the fourth and last hearing held by the 15-member commission. The panel was created by Congress in 1988 to develop solutions to the problems of interstate collection of delinquent child support payments. More than 400,000 such requests go across state lines annually, Ms. Haynes said.

The failure of states to cooperate with each other in collecting the delinquent payments has contributed to the

swelling of welfare rolls and the growing number of children living in poverty, Ms. Haynes said.

The commission's recommendations are scheduled by May 1992.

In addition to a score of stories of mostly women like Ms. Allen and Ms. Feld, the panel heard of a host of other problems in the system. State child support officials complained that their agencies were in "an overburdened mess" because of the many requests. Lawyers expressed fear that in the rush to make changes, peoples' rights might be harmed. And child welfare advocates criticized government officials for treating nonpayment of child support more as a social services problem than one requiring better law enforcement.

Some participants suggested that perception of the problem was hampered by resistance to what many see as "a women's issue."

"I tend to think that it is sexist," said William D. Camden, an official in the Michigan child support enforcement agency. "There is a perception that it is a woman's issue not worthy of attention in a serious way."

A Problem Before Collections

In addressing the group, Louis W. Sullivan, Secretary of Health and Human Services, noted the greater coordination and automation needed to collect child support payments but pointed out another difficulty. He said that only 60 percent of the mothers eligible for child support payments had obtained the court-ordered awards.

"The dimensions of the problem we are addressing are enormous and their implications for American culture are sobering," he said.

Analyses of the child support enforcement system indicate the Federal Government has come a long way over the last 20 years, from virtually ignoring nonpayment to enacting legislation that finances two-thirds the cost of state child support collection and sets up incentives for states to collect delinquent payments.

Allie P. Mathews, Deputy Director of the United States Office of Child Support, said on next page

THE GREEN SHEET

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

No. 53 Vol. 38

Tuesday, March 19, 1991

USA Today: 3-19-91

Wash. Post: 3-19-91

The threat of broken families

By Karen S. Peterson
USA TODAY

The decline of the nuclear family is the single greatest threat to America's mental health, says a new survey of psychologists.

Thirty percent of 1,505 members of the American Psychological Association cite the demise of the nuclear family first. Next: unemployment, 20%; drug abuse, 18%; alcohol abuse, 14%.

One of two new marriages today will end in divorce, says APA spokesman Bryant Welch. And only 26% of families fit the "traditional" mold of parents and mutual children. "We have fewer and fewer children growing up in a traditional family. That creates stress on single parents. And where there has been a happy second marriage, there are the added strains of stepfamilies."

Mental health professionals call the findings significant.

"We have been dealing with symptoms, not root causes" of problems, says psychologist Judith Wallerstein, Corte Madera, Calif. The survey "represents a major change in thinking" from focusing on symptoms like drug abuse to addressing the "central issue — strengthening the family."

The findings reflect "what we are seeing in our offices," says Denver psychologist Howard Markman. "Disruption in relationships is the universal risk factor for a variety of mental health problems" including anxiety and depression.

The findings reflect a growing trend to emphasize family therapy over divorce, says Ralph Earle of the American Association for Marriage and Family Therapy. "We are trying to work through the issues within the family."

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Sullivan's Sermon: Responsibility

HHS Chief Stresses Individual Behavior in Countering Social Problems

By Spencer Rich
Washington Post Staff Writer

A-17

Secretary of Health and Human Services Louis W. Sullivan disagrees with those who believe that the problems of the underclass can be alleviated only by greater investment in social programs.

Sullivan says social spending is but a part of the solution and in recent years has become the apostle of what he calls a "culture of character."

Sullivan has made dozens of speeches, to audiences of all races, warning that more than government spending on social programs is needed to eliminate AIDS, poor health, crime and the economic deprivation that afflict a substantial number of Americans and a disproportionate number of blacks.

He repeatedly emphasizes devotion to one's family. He admonishes listeners to: assume personal responsibility; finish school; work hard at a legitimate job; avoid alcohol, tobacco, drugs and unwed pregnancy; and improve their diets and personal health habits.

These changes in lifestyle and adherence to high standards of conduct, he says, will do as much and probably more to enhance health and improve the lives of the poor as any large government spending program.

At Hampton University last Wednesday, he emphasized he was speaking not only as HHS secretary, but as "a black man and a father of three." He focused on problems that affect many low-income black neighborhoods. "Yes, the government has a role in solving the problems of violence, and drugs and teenage pregnancy and AIDS. But it is far more important what we are doing to help ourselves, what we are doing to help each other."

Other HHS secretaries or surgeons general have taken up some of these causes. Joseph A. Califano crusaded against smoking. C. Everett Koop opposed smoking and favored education about safer sex to avert AIDS. Otis R. Bowen campaigned against smoking and alcohol. Richard S. Schweiker focused on disease prevention. But none has preached the doctrine of good behavior, responsibility and moral

conduct to the extent Sullivan has.

■ On March 10 before the National League of Cities: "Beyond the question of resources, there's the matter of the values that families and communities teach, that government cannot teach, that are critical for human survival."

■ On March 12 at the National Health Forum here: "Our children will not thrive until we reverse the cultural trends that are undermining the family in America.... When we examine the data, many of the root causes of the disintegration of child health and welfare are directly traceable to the unprecedented and precipitate rise in single-parenting due to the lack of family formation and rise of divorce.... In 1988, 18 percent of white births were to unmarried women and a staggering 63 percent of black births were to unmarried women."

■ Also in his Hampton University speech: "Spiritual wellness is another quality found in strong families which typically manifests itself by attending a church, a mosque or a synagogue."

Since a September 1989 speech at Tuskegee Institute, Sullivan has been preaching the unequivocal message that individuals have a responsibility to behave in certain ways, that they must be held to standards of conduct and that society expects them to make a contribution to the solution of their own problems.

Listeners sometimes snicker at Sullivan and say discussions of good lifestyles or personal conduct will not solve the problems. What is needed, they say, are financial commitments to address some of these problems.

But Sullivan's supporters say statistics seem to back him up.

Unmarried women who have children are far more likely to be on welfare and in poverty than other women—43 percent of single-parent families headed by a woman are in poverty, compared to 7 percent of married-couple families with children. Having a child often prevents a woman from finishing school or working. With no father present, that often means there is no paycheck.

Those who use illicit drugs, practice unsafe sex, or abuse alcohol

and tobacco can expect massively greater health problems. AIDS killed 21,360 Americans in 1989; respiratory cancer killed 141,590; half of all traffic fatalities are alcohol-related. Poor food habits are a major factor in heart disease.

"I couldn't be more supportive of the secretary" in emphasizing personal conduct and responsibility, said Eddie Williams, president of the Joint Center for Political and Economic Studies, a think tank on social issues affecting blacks. "I hope he keeps it up." Williams said Sullivan's message of responsibility "is consistent with the views of black leaders and black scholars."

"But in the same breath we also emphasize governmental responsibility. Government must play a role, and that role inevitably involves expenditure of dollars."

Isabel Sawhill, an economist at the Urban Institute, said Sullivan's message "is constructive as long as it doesn't ignore some of the reasons why poor people, for example in the inner city, have adopted certain lifestyles."

She said an individual who faces "a lifetime of poor economic prospects" has his or her "values and attitudes and lifestyles" affected and that feeds back "on your ability to get ahead and be economically mobile."

"People who argue that you can change the world through mere exhortation and particularly preaching at the poor about shaping up their lives are not realistic about the objective circumstances," she said. "But liberals who say all you need to do is give the poor money and it will solve all their problems are missing a piece of the story."

Douglas Besharov, resident scholar at the American Enterprise Institute and a specialist in children's problems and social indicators, called Sullivan "an important voice. He speaks with great authority and evident sincerity."

Besharov said it is important for someone to be saying these things.

"More people have to say what he's saying. We've had a discussion of only one side of the problem of the poor: 'social victimology.' The other side is some degree of personal responsibility. Both sides must be heard."

THE GREEN SHEET

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

No. 52 Vol. 38

Monday, March 18, 1991

N.Y. Times; 3-17-91

Gun Take Ever-Higher Toll Among Young Blacks

A-31

WASHINGTON, March 16 (AP) — A new Government study has found that nearly half of black male Americans from 15 to 19 years old who died in 1988 were killed by guns.

The study, whose results were released this week, was conducted by the National Center for Health Statistics, a branch of the Centers for Disease Control. It dealt with the rate of firearm deaths among all Americans aged 1 to 34 and focused on 1988, the last year for which complete statistics were available.

In that year, the study said, 17,249 firearm deaths occurred among people from 1 to 34, 15 percent of all deaths

among such people. More than 16,500 of the gun-related deaths were among those 15 to 34. Homicide was the cause of more than half, while suicide accounted for about 40 percent.

The report found that among all races, one in five deaths of young people aged 15 to 24 in 1988 was caused by a firearm and that more male teenagers died of gunfire that year than of all diseases combined.

Higher Figures for Blacks

But perhaps the most startling figures were those dealing with the mortality of young male blacks.

The report showed that 46 percent of

black males from the age of 15 to 19 who died in 1988 were killed with guns, as against 18 percent for white males in that age group.

Gun-related deaths among teenagers of all races rose more than 40 percent from 1984 to 1988 and by 20 percent in one year alone, from 1987 to 1988. For black teenagers, the increase was more than 100 percent from 1984 to 1988 and 38 percent from 1987 to 1988.

The Secretary of Health and Human Services, Dr. Louis W. Sullivan, called the figures "appalling and heart-rending."

"As a black man and a father of three, this really shakes me to the core of my being," the Secretary said in an address to the Black Family Conference at Hampton University in Hampton, Va. "Do you realize that the leading killer of young black males is young black males?"

The report did not indicate, however, what proportion of young male blacks who died of gunfire were the victims of other blacks.

'War Against Ourselves'

"During every 100 hours on our streets, we lose more young men than were killed in 100 hours of ground war in the Persian Gulf," Dr. Sullivan said. "Where are the yellow ribbons of hope and remembrance for our youth dying in the streets? This is a war against

See SCTRY. p. 2

N.Y. Times; 3-17-91

U.S. Reaches Accord In Child Benefits Case

A-20

WASHINGTON, March 16 (AP) — The Bush Administration has agreed to reconsider the cases of about 400,000 poor children denied disability benefits since 1980 to see whether they qualify under new criteria that the Administration recently established.

The agreement, reached with Philadelphia-based lawyers for the children and approved Thursday by a Federal judge, resolves the most important remaining issue arising from a Supreme Court ruling last year on the Supplemental Security Income program.

The Court's decision voided a Government rule that made it harder for children to receive disability benefits than adults. The rule applied a rigid list of disorders to determine the eligibility of children, while permitting adults to be judged individually on their ability to work.

Wash. Post; 3-16-91

Social Security Gets Urgent \$100 Million

By Spencer Rich
Washington Post Staff Writer

A-11

The Office of Management and Budget, under pressure from Congress, yesterday released \$100 million for the Social Security Administration that the agency said it urgently needs to run the giant program.

"It took a lot of pressure from Congress but this action by OMB will keep Social Security afloat until next year," said Sen. David H. Pryor (D-Ark.). The money came from a special fund Congress established for the agency.

Social Security receives more than \$4 billion a year to administer the \$263 billion-a-year program, which has 40 million beneficiaries. The agency said the extra money is needed to ward off "unacceptably high" rates of busy signals at the SSA's "800" call-in number; to

N.Y. Times; 3-17-91

U.S. Vaccine Plan Uses Welfare Offices

By PHILIP J. HILTS
Special to The New York Times

A-70

WASHINGTON, March 16 — The Centers for Disease Control is planning to use welfare and nutrition offices to deliver immunizations to poor children, agency officials say.

Many poor children have not received adequate immunizations for preventable diseases, and this has contributed to outbreaks of measles around the nation in the last few years, health officials say. In the last few months, for example, eight children in Philadelphia who were not immunized died because of measles.

Late last year, Federal officials raised the possibility of making a family's welfare benefits contingent on having their children fully immunized. And remarks by Dr. Louis W. Sullivan, Secretary of Health and Human Services, at a breakfast with reporters on Wednesday, and by Dr. William Roper, director of the Centers for Disease Control, at a Congressional hearing last week made it appear the Administration might propose such a plan.

But Dr. Walter Dowdle, deputy director of the Centers for Disease Control, said the new program would not cut off welfare benefits or use other punishments. Instead, it will experiment with several methods of getting parents to bring their children in for shots, officials of the Department of Health and Human Services said.

A 'Good Point of Access'

The experimental program is expected to get under way later this year or early next year, Dr. Dowdle said.

"We want to get some idea whether people will come back or not, whether we end up creating an obstacle to getting benefits by offering immunizations at these centers," he said. "The reason we want to use these two things together is that these programs pro-

vide a really good point of access."

The programs will be carried out at centers where people receive benefits under the Special Supplemental Food Program for Women, Infants and Children and Aid to Families with Dependent Children.

Representative Henry A. Waxman, a California Democrat who is chairman of the House Subcommittee on Health and the Environment, said he would support the program as long as it offered more services or a way to make immunization easier. He said it would be wrong to withhold benefits to force

fore coming to get their checks.

If parents do not come back because of the requests, he said, the program will be considered a failure.

"If they don't return, something's not working," Dr. Dowdle said. "It is like the requirement to get immunized before attending school. No one intends to keep children out of school with that requirement, and in real life it doesn't happen. That is ideally what we would like here: a link between the programs without either immunization or benefits being denied."

But Dr. Dowdle refused to say whether the Administration would ever ask Congress for the power to withhold benefits if that appeared, based on the results of the pilot program, to be the best strategy. "Whatever we finally end up with, and whatever we ask for, we will have the data to back it up after this program," he said.

Immunization of children for measles, tetanus, polio and other diseases is mandatory before they attend school. But in the last three years an epidemic of measles has broken out around the United States. The number of cases rose from a low of 1,500 in 1983 to more than 25,000 in 1990.

For this and other diseases, children first need immunization at the age of 2 or younger, but many poor children do not. A report by the National Vaccine Advisory Council, a panel of experts that reports to the Department of Health and Human Services, said the failure is not so much that of parents but of the public health system to make immunization easily available.

The panel's chairman, Dr. Donald A. Henderson, an epidemiologist at Johns Hopkins Medical School, said that immunization "is the simplest procedure in the entire medical armamentarium, and is by far the most cost effective of all the medical interventions we have."

The idea is to give medicine not take benefits.

women to get their children immunized before the Government has made immunization easily accessible.

"If parents really refused to get their children immunized, I can see making a penalty for it, but parents are not refusing," he said. "We have just made it too difficult for them."

Several Strategies

Dr. Dowdle said the pilot program might try several strategies. One could be bringing nurses to the centers where benefits are given out, hoping to give shots on the spot to children who accompany their parents.

Another possibility, he said, was that the food program officials might tell the parent, as they give out checks, to be sure to bring evidence of immunization next time. Another tactic that will be tested is to ask the parents to take their children to a particular clinic be-

stert a two-month increase, from about four to six months, in the backlog of unprocessed disability cases; and to prevent a 10-day increase in processing time for other work.

The money was released from a contingency fund after a dispute that has been simmering for months.

On March 1, 25 senators led by Pryor and Donald W. Riegle Jr. (D-Mich.) and 32 House Ways and Means Committee members led by Farnley "Pete" Stark (D-Calif.)

wrote OMB Director Richard G. Darman urging release of money from the fiscal 1991 \$146 million contingency fund. The fund had been set aside for emergencies and unanticipated administrative cost increases.

Last week the House passed a fiscal 1991 supplemental appropriations bill that included language requiring release of \$100 million. It was proposed by Rep. William H. Natcher (D-Ky.) and other members of the appropriations subcommittee that handles Social Security.

The Senate Appropriations Committee deleted that provision Thursday but included language urging release of \$125 million.

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Balt. Sun: 3-12-91

U.S. urged to put gulf war-like effort into saving children from poverty

Knight-Ridder News Service

WASHINGTON — The Children's Defense Fund yesterday cailed on White House and congressional leaders to put the same effort into rescuing the 12.6 million U.S. children living in poverty that they put into liberating Kuwait.

"We sent hundreds of thousands of American troops to the Persian Gulf in order, according to Secretary of State James Baker, to protect our lifestyle and standard of living and

the rights of the Kuwaiti people," said Marian Wright Edelman, president of the Washington-based children's advocacy group, in releasing the group's annual State of America's Children report. "No deficit or recession was allowed to stand in the way."

"How, then, can we reconcile failing to engage equally the enemies of poverty and violence and family disintegration within our own nation? When are we going to mobilize and send troops to fight for the 'lifestyle'

of the 100,000 American children who are homeless each night?"

About one in five American children lives in poverty, according to "The State of America's Children 1991," the organization's annual report. Also, the report said, 18 nations have lower infant-mortality rates than the United States.

Black children are especially at risk, with more than 17 deaths per 1,000 live births, the report said.

Compared with hundreds of millions of dollars a day spent on Opera-

tion Desert Storm, Ms. Edelman said, the defense fund's legislative agenda is a bargain.

"Our very modest agenda requires less than \$6 billion in investment this year to help children — a tiny fraction of the spending required for some of the initiatives proposed by President Bush's budget," she said.

As part of its effort to boost graduation rates to 90 percent by the year 2000, the group wants Congress to increase funding for Head Start programs for preschoolers by \$2.3 billion to fully implement the programs by 1994.

But President Bush, the news release said, has proposed an increase of only \$100 million — a rate of funding that would delay the completion of the project for more than a century.

The organization's report cited statistics showing that U.S. eighth graders placed 12th in an international mathematics test and that about 29 percent of the students who entered the ninth grade in 1984 failed to graduate from high school four years later.

The group also wants Congress to provide an additional \$93 million for the Child Care and Development Block Grant, which provides families with money to pay for child care.

Mr. Bush proposes no increase in the child-care program, the news release said, and no increase for an initiative designed to improve educational opportunities for homeless children, for which the organization is asking an additional \$43 million.

N.Y. Times: 3-12-91

2 Million Blacks Not Counted, Head of Census Panel Asserts

By FELICITY BARRINGER

Special to The New York Times

WASHINGTON, March 11 — The Census Bureau's 1990 population figures came under renewed scrutiny today as an analysis by the staff of Representative Thomas C. Sawyer, the Ohio Democrat who heads the bureau's oversight committee, said the census probably missed more than two million blacks.

He said that the general population had been undercounted in the 1990 census, as it had been in past counts, but that the gap between the undercount of blacks and that of the rest of the population was getting worse for the first time in the last 50 years.

"This does not mean it is the worst undercount ever," Mr. Sawyer said today. "It means that for the first time, instead of getting better, the undercount is getting worse."

A Widening Gap

The staff estimated that in the latest census the undercount of blacks was from 5.5 percent to 6.5 percent higher than the undercount of the rest of the population. The gap in the 1980 census was 5.2, slightly lower than 5.5 percent.

At the same time, William O'Hare, a demographer with the Population Reference Bureau, a private nonprofit organization for population research, said in a report that if the 1990 census was statistically adjusted to correct for an undercount, New York and New Jersey would each retain a Congressional seat they now stand to lose. He said that Oklahoma would lose a seat and that Washington State would not be entitled to a new representative.

New York City, New York State, Los Angeles, Chicago, Houston and Dade County, Fla., have filed suit seeking to force a statistical adjustment of the census. As a result of negotiations in connection with the lawsuit, the Commerce Secretary, Robert A. Mosbach-

er, has said he would announce a decision by July 15 on whether to adjust the counts.

The various calculations came as the Census Bureau completed its report of racial and ethnic statistics that the state legislatures must have before they can begin redistricting. And with those numbers now in hand, demographers and politicians have their first chance to gauge the bureau's performance in counting minority populations.

Comparing Figures

The figures compiled by Mr. Sawyer, chairman of the Census and Population subcommittee of the House Post Office and Civil Service Committee, were based on a comparison of census figures and the figures compiled in an October, 1990, analysis of the population by Gregg Robinson, a Census Bureau demographer.

Mr. Robinson's analysis indicated the United States' population was 253.4 million, including 32.4 million blacks. The census figures showed a resident population of 248.7 million, including 30 million blacks.

But Commerce Undersecretary Michael R. Darby pointed out today that "nearly 10 million people listed their race as 'other,' a category not included in birth or death certificates or estimates of in and out-migration," basic components of a demographic analysis, which takes immigration into account. "This makes a comparison of census and demographic results difficult," Mr. Darby said.

The Commerce Department's decision on whether to adjust the census, he said, will be based on a new survey of households that is intended to measure the accuracy of the decennial headcount. Results are expected in mid-April.

ALASKA		1980	1990	CHANGE
Total		401,851	550,043	+ 36.8%
White		309,728	415,492	+ 34.1%
Black		13,643	22,451	+ 64.6%
American Indian, Eskimo, Aleut		64,103	85,698	+ 33.7%
Asian or Pacific Islander		8,054	19,728	+144.9%
Other		6,323	6,674	+ 5.6%
Hispanic		9,507	17,803	+ 87.3%

The New York Times

The 1990 Census, State by State

The Census Bureau has gradually been reporting population figures for states and other United States jurisdictions, broken down by race and Hispanic origin. The figures for Alaska are the last to be released. People of Hispanic origin can be of any race; for example, they may identify themselves as both Hispanic and white.

Balt. Sun; 3-1-91
**Hepatitis shots
 for children
 recommended**

2A

ATLANTA (AP) — Federal immunization experts are recommending that children be vaccinated against a viral liver disease that mainly strikes adults.

The Immunization Practices Advisory Committee at the Centers for Disease Control voted this week to recommend immunization of U.S. infants against hepatitis B, a disease that strikes 300,000 people a year in the United States.

According to a 1985-1989 report, nearly nine out of 10 hepatitis B cases occur in adults. Like AIDS, the disease is transmitted most often through sexual contact, contaminated syringes shared by drug abusers, infected blood or blood products, and by pregnant women to their offspring.

But the existing strategy of vaccinating adults at high risk, such as health workers and drug abusers, has not stopped a nationwide increase in hepatitis B, said Dr. Miriam Alter, chief of hepatitis surveillance for the CDC.

Only gay males are showing a drop in hepatitis B, probably because of precautions taken against AIDS, she said.

"The current strategy... has not worked," she said. "Adults in general, and high-risk groups in particular, are difficult to reach with vaccination programs. But children already have a routine immunization schedule, so they're the most practical population."

Officials have not yet recommended dosages and schedules for immunizing children.

Most parents will pay for hepatitis shots as they now pay for measles or mumps vaccine. A three-dose series costs about \$120 at a doctor's office.

Over the past decade, the number of new hepatitis B infections has risen from 200,000 a year to 300,000 — even though a vaccine was licensed in 1981 that protects against the virus.

Hepatitis B can cause flu-like symptoms, jaundice and cirrhosis, and it is believed to be the leading cause of liver cancer. Researchers estimate that there are more than 1 million hepatitis B carriers in this country, many of whom may never become ill.

Balt. Sun; 2-28-91
**Bush presents
 plan for poor
 stressing choice**

By Arch Parsons
 Washington Bureau of The Sun

WASHINGTON — President Bush proposed yesterday a plan he described as "an agenda to expand opportunity and choice" among disadvantaged individuals and communities.

The plan would seek, among other things, to give individuals options in choosing schools for their children, open opportunities for low-income residents to own their homes and establish "enterprise zones" in economically distressed neighborhoods to attract seed capital for starting small businesses.

"I believe it represents one of the most far-reaching efforts in decades to unleash the talents of every citizen in America," Mr. Bush said.

As one point of the plan, Mr. Bush said that he was "determined to continue vigorous enforcement" of the nation's civil rights laws and that he soon would propose legislation to provide "strong new remedies" for protecting women from sexual harassment at work and minorities from racial prejudice in employment.

However, Ralph Nease, executive director of the Leadership Conference on Civil Rights, a coalition of 180 organizations, described the plan as "a rehash of the same old stuff that Congress has been rejecting for the past decade." The coalition is lobbying for congressional approval of a civil rights law similar to one Mr. Bush vetoed last year.

Mr. Bush broke away from his preoccupation with the Persian Gulf war to present the plan before a meeting of association executives at a Washington hotel.

Some Republican conservatives outside Mr. Bush's administration — but nevertheless involved in the plan's preparation — had urged the president to introduce the plan as a major element in a White House counteroffensive on civil rights.

But Mr. Bush did not go that far. As a result, his plan, and his presentation of it, drew a mixed reaction from some Republican conservatives who had figured in its preparation and were on hand yesterday to hear the results.

Robert L. Woodson, president of the National Center for Neighborhood Enterprise, who has advanced a strategy known as "empowerment" for aiding minorities and the poor as an alternative to "race-specific" affirmative-action laws, said he was "pleased" with Mr. Bush's address.

But Clint Bolick, director of the conservative Landmark Center for Civil Rights, who also played a major role in trying to persuade Mr. Bush to advance "empowerment" measures as a viable alternative to traditional civil rights laws, said afterward, "We've got a lot more work to do."

Mr. Bush's plan included proposals that would:

- Give parents and students wider choice in choosing schools.
- Offer incentives to schools to raise their standards.
- Create enterprise zones aimed

Wash. Post; 3-1-91
**Group Urges
 \$6 Billion for
 Children's Needs**

A12 By Paul Taylor
 Washington Post Staff Writer

The Children's Defense Fund yesterday called for nearly \$6 billion in new federal spending on children, saying the needs of the nation's children "must not be sacrificed on the altar of war and recession."

Defense fund president Marian Wright Edelman, in testimony to the Senate Budget Committee on the opening day of the fund's 11th national conference, praised Congress for its "extraordinary outpouring of concern on behalf of American children" in 1990. But she said that President Bush's recently released budget for fiscal 1992 "has chosen to ignore last year's message of hope and continue the budgetary child neglect of the 1980s."

On the same day that about 1,000 fund members worked their way office-to-office to lobby members of Congress, a blue-ribbon business panel issued a report warning that as many as 40 percent of the nation's children are on the road to educational failure unless more is done to meet their health, social and development needs before they reach school age.

The report of the Council on Economic Development, a group of 250 corporate executives and university presidents, noted that nearly 25 percent of all children under age 6 are living in poverty, more than 25 percent of all children are born out of wedlock and nearly 11 percent of all babies are born exposed to illegal drugs.

Solutions "that focus on the school system alone will continue to fail," the report said. "Few schools have the financial resources,

at luring businesses to low-income areas.

□ Increase opportunities for homeownership among low-income residents.

□ Enable communities to gain greater control over their use of federal welfare, education and health programs.

□ Provide neighborhoods with more protection against crime.

□ Liberalize the Social Security earnings test, which penalizes people ages 65 to 69 who keep working.

trained personnel or administrative flexibility to fully address the social-support needs of their students."

Among highlights of the new spending proposed by Edelman:

■ A \$2.4 billion increase in Head Start in order to keep the program for poor preschoolers on track to serve all eligible children by 1994, as promised in the 1990 reauthorization. Currently, Head Start serves about 30 percent of the eligible population. The Bush budget calls for an increase of \$100 million.

■ A \$93 million increase for child care block grants, enabling 300,000 more children to be served by day care programs.

■ A \$50 million increase in child immunization programs to stop the current spread of measles and other preventable diseases.

She also called for adoption of the Family and Medical Leave Act—which Bush vetoed last year—that would provide unpaid, job-protected leave to workers at the time of childbirth, adoption or family illness.

CHILDREN, from p. 1

While other studies have shown similar disparities, "what is surprising is that welfare dependency doubled and only 44 percent of children received child support" from their absent fathers, said Mr. Cherin.

He noted that fully one-fourth of fathers do not make the child support payments mandated by court orders and that another quarter make only partial payment.

The study found that fathers more often were working in families that remained together than in families that later split up. Only 67 percent of fathers in the surveyed families were employed, it said, compared with 83 percent in stable, two-parent families.

It found that the proportion of children living in poverty increased from 19 percent at the time of divorce to 36 percent four months after the family breakup, causing many families to turn to social welfare programs for assistance.

Of the children surveyed, 9 percent were in families receiving Aid to Families with Dependent Children before the separation. The figure doubled to 18 percent during the four months after the breakup and increased to 22 percent one year later.

Receipt of food stamps also increased, from 10 percent before the family separation to 27 percent a year later, the study said.

Divorce and separation also force many mothers to enter the work force at the same time that they are adapting to the new family unit, according to the report.

Balt. Sun; 2-22-91

U.S. to fight lead poisoning of children, but federal outlay of funds is modest

From Staff and Wire Reports

WASHINGTON — Calling lead "the No. 1 environmental poison for children," the Bush administration proposed yesterday a long-term strategy to reduce exposure to the toxic substance.

As many as 3 million to 4 million American children under age 6 have high enough levels of lead in their blood to cause mental and other health problems, Health and Human Services Secretary Louis W. Sullivan said. "Lead poisoning is entirely preventable, yet it is the most common and societally devastating environmental disease of young children," he said in a statement.

Federal officials estimated that the plan would cost nearly \$1 billion over the next five years. The administration has proposed spending only \$50 million in fiscal 1992, and officials said the cost would have to be shared with state and local governments and the private sector.

Lawmakers and consumer groups attacked the lack of federal funding. "Plans by themselves won't prevent a single case of lead poisoning," said Karen Florini, an attorney with the Environmental Defense Fund.

The plan also disappointed some Senate Democrats who, while welcoming recognition of the problem, said the strategy was short on detail.

The major elements of the plan, which involves several federal agen-

cies, call for expanding prevention programs; identifying and treating the estimated 250,000 children with extremely dangerous lead levels; eliminating existing lead-based paint in housing; and decreasing other sources of lead exposure, including drinking water.

The Environmental Protection Agency said yesterday that it will announce in the *Federal Register* this spring a new level of lead that will be allowed in drinking water. Joseph Carra, deputy director of the EPA's Office of Toxic Substances, said the agency will propose reducing the current standard of 50 parts per billion to one that may be as low as 15 parts per billion.

The standard would be applied to public water systems, some of which have lead piping, the agency said. The systems would have to lower the acidity in the water at treatment plants where the water's pH level is so acidic it is leaching lead out of the pipes and into the drinking supply, Mr. Carra said.

In addition, he said, the federal Centers for Disease Control is considering lowering the acceptable level of lead in blood from the current 25 micrograms per deciliter to 10 micrograms.

"This plan is aimed directly at reducing lead exposure to children," EPA Administrator William K. Reilly said. He acknowledged that harmful effects had been found in children at

blood-lead levels that previously had been considered safe.

The administration's strategy also includes plans for identifying major geographic "hot spots" where there are high concentrations of contaminated homes and children at risk.

In Baltimore, one of three cities participating in an EPA study of lead in soil, environmental officials found that 11 of 428 children in the study areas of Park Heights and Walbrook Junction had blood levels above 25 micrograms. The mean was 12 micrograms, said Merrill Brophy, project manager for the Lead-in-Soil Project funded by the EPA. The lead-in-soil study is also being conducted in Boston and Cincinnati.

Ms. Brophy said Park Heights and Walbrook Junction were chosen because they were thought to have a moderate exposure to lead. "We didn't seek high-lead areas," she said. The purpose of the study was to see whether actually changing the soil — removing it down to 6 inches in depth and replacing it with clean soil — would result in a lower blood-lead level in children living in the neighborhood.

The Maryland Department of the Environment is expected to issue a report on the project this fall.

Mary Knudson of The Sun's metropolitan staff contributed to this article.

AIDS: Doctor Faces Charges

from previous page
agency.

This marks the first time a doctor has been charged with improperly developing and administering an AIDS treatment in the state, according to officials with the state Department of Health Services.

In an interview at his Villa Park home, Herman labeled the charges "an absurdity."

"They are purely minor harassment and the issues involved are far above the charges," he said.

Said Johnson: "He can say whatever he wants to say. We have enough evidence to bring him to trial."

Ozzie Schmidt, district supervisor of the state Department of Health Services, said he was disappointed the manslaughter charge was not brought against Herman.

Kathy Schmidt (no relation), a senior investigator with the Medical Board of California, said Herman manufactured the treatment for acquired immune deficiency syndrome in the kitchen of a guest house behind his home.

Even though Herman never claimed his drug was a cure for AIDS, his actions still violated

federal Food and Drug Administration regulations, she said.

"He experimented on people before he sought any laboratory [tests]," she said. "Not only is [the drug] not FDA-approved, it's unproved, unapproved and potentially dangerous."

Herman said he bypassed the FDA because he felt the testing period in the United States for a new drug was too long. Despite the charges against him, Herman said he still conducts clinical trials of the drug abroad.

"Viroxan has been openly understood and accepted by the medical community outside the United States," said Herman, who has been treating himself with the drug for lymphoma, a form of cancer. "I've tried everything possible to work with the system here in the States . . . but because the mechanisms were not there, I had to do it my way."

Herman said he started working with the drug when his 28-year-old son, Ken, died of AIDS in 1987. The project cost him more than \$3 million, he said.

Medical board investigator Schmidt said Herman's patients are "victims of Dr. Herman and they don't know it."

Wash. Post; 2-1-91

1980s 'Terrible' for American Children

Study Finds Decline in Social, Economic Condition; D.C. Ranked Worst

By Spencer Rich
and Christine Spolar
Washington Post Staff Writers

The 1980s were a "terrible decade for children," with clear deterioration from 1980 to 1988 in their social and economic condition, and nowhere were the effects more pronounced than in the District of Columbia, according to a national study released yesterday.

"This country fell behind or stalled on six key indicators of child well-being," said Judith Weitz, coordinator of a project called "Kids Count."

Sponsored by the nonprofit Center for the Study of Social Policy, the study measured the social and economic conditions of children under 18 for each state and the District, which ranked last.

N.Y. Times; 2-1-91

Judge Backs Gulf Use Of Unapproved Drugs

WASHINGTON, Jan. 31 (AP) — The military may require troops serving in the Persian Gulf to take unapproved drugs to protect against biological and germ warfare, a Federal judge ruled today.

Judge Stanley S. Harris of United States District Court dismissed a lawsuit that contended the troops should be warned about the risk of side effects, allowed to refuse the treatment and required to give their consent.

The advocacy group Public Citizen, which filed the lawsuit on behalf of an unidentified Army soldier, said it would appeal.

Nationally, there were substantial increases in the percentage of children in poverty, juveniles who are incarcerated, out-of-wedlock births and teen violent deaths. There was also an increase, though smaller, in the percentage of babies born at low birth weights, which leads to physical and mental impairments and sometimes death.

The only improvements were in child death rates, infant mortality rates and the percent graduating from high school.

Vermont's composite score was the best in the country, and the District's the worst. Virginia ranked 22nd, and Maryland 33rd.

The District's statistics in five categories—low birth weight, infant mortality, teen violent deaths, teen out-of-wedlock births and juvenile incarceration—were all the worst in the country, and it also did poorly on child poverty, child death rates and high school graduation rates. It did show improvement on four of the eight measures since 1980.

The findings were no surprise to several health professionals familiar with the District, and they and officials who conducted the study said it is difficult to compare the problems of a single large city with a state composed of urban, suburban and rural communities.

The District "is the only entity there that is 75 percent black or brown—and the District mirrors precisely the status of people of color, with respect to health care, across the nation," said Dr. Reed Tuckson, the District's commissioner of public health from 1986 to 1990. "It's a tragedy."

"If we want to solve these problems, we must decide to make children our number one priority and do all that that means—rebuilding the community infrastructure, take time to listen to our children and spend time teaching our children," said Tuckson, now a senior vice president with the March of Dimes.

Olati Johnson, a spokeswoman for the Children's Defense Fund, has been analyzing the quality of District's social services and agreed, although she added the report points out problems "particular to the District."

"I think the District has some problem implementing programs even when it has the best intentions," she said, referring to shortfalls in public health clinics, housing and foster care. "Lots of things D.C. says it's going to do it doesn't because of staffing shortage or freezes."

Johnson said her analysis showed that often the District has not taken advantage of federal funds available for such care, and as a result, "we don't have the basic systems in place to answer to these problems."

"I am very alarmed by the report," D.C. Mayor Sharon Pratt Dixon said through a spokesman. "It's obvious the District has failed to hear the cries of our children. The children have been disregarded and they are now paying the price for it. I will do all I can to change it."

The study did not have racial breakdowns for all categories but clearly showed that white children are better off than black or Hispanic children. For example, 15.4 percent

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THE GREEN SHEET

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

Friday, March 1, 1991

No. 41 Vol. 38

N.Y. Times; 3-1-91

U.S. Panel Urges That All Children Be Vaccinated for Hepatitis B

By GINA KOLATA

Frustrated by the widespread reluctance of adults to be vaccinated against hepatitis B, a leading cause of serious illness and death, a Federal panel has recommended that all children be vaccinated instead.

It is the first time that the Immunization Practices Advisory Committee of the Public Health Service has recommended vaccinating children for a disease whose victims are almost always adults.

Although the committee cannot compel parents to have their children vaccinated, state health officials normally require schoolchildren to be immunized according to its guidelines.

A vaccine for hepatitis B was licensed a decade ago, but it has found little use, even among health workers, drug users, the sexually promiscuous and others at high risk of developing the disease. Since most Americans who get hepatitis B are infected as teenagers or adults, the benefits of a hepatitis vaccine program will not be apparent for about 20 years.

A New Approach

"This approach to immunize children to prevent a serious chronic adult disease has never been tried before," said Dr. Harold Margolis, the chief of the hepatitis branch at the Federal Centers for Disease Control.

He and other hepatitis experts said they thought it was an important step, and pediatricians said they believed the vaccination of children would be accepted by doctors in their field.

If children are required to have hepatitis vaccinations, this would be sixth childhood vaccine introduced since the late 1940's. The first was the single vaccine for diphtheria, pertussis and tetanus.

The hepatitis virus, like the AIDS virus, is spread by contact through sexual intercourse and by contact with contaminated blood. About 300,000 Americans become infected with the hepatitis B virus each year.

Most victims get better on their own, but one in 10 develops a chronic infection where the virus smolders in the liver, often leading to cirrhosis or liver cancer. About 1.25 million Americans have chronic infections, and many do not know it because they may have few or no symptoms with their initial infection.

If adults won't go for the shots, then give them to babies.

Despite the advent of the hepatitis vaccine, which Dr. Jules Dienstag, a specialist in the disease at the Massachusetts General Hospital in Boston calls "one of the triumphs of medicine," the incidence of hepatitis B has soared in the past decade, increasing by more than 60 percent, according to the Centers for Disease Control.

Lack of Predictability

As many as half the cases of hepatitis B occur in people who are not in high risk groups. "We just don't know how it is occurring, but we suspect a lot of it is sexually," Dienstag said.

Dr. Richard Aach, a hepatitis expert at Mount Sinai Medical Center in Cleveland, said he favored the strategy of vaccinating children because the vaccine "has not been well received" among adults. "Our strategies just have not worked," he said.

And Dr. Carol Phillips, a pediatrician at the University of Vermont who is a member of the American Academy of Pediatrics' committee on infectious diseases, said, "Pediatricians will endorse hepatitis B vaccinations."

Hope for Lifetime Immunity

Americans spend \$700 million a year on the direct costs of hepatitis B infections, Dr. Margolis said. "And that does not even include the cost of liver transplants" for people whose livers are destroyed by the virus infection, he said.

Dr. Margolis said the vaccine, which would be injected along with the DPT vaccine at the ages of 2 months, 4 months and 6 months, would cost a total of about \$20 a child or \$80 million a year for public health agencies. He said officials hoped that the three shots would give lifetime immunity against hepatitis B, but that there was no way to be sure because the vaccine had only been around for 10 years. Officials at the Centers for Disease Control estimate that a vaccine program would save \$2 in medical costs for every \$1 spent on the vaccine.

Reason for Concern

Public health experts have been concerned about how few Americans have been vaccinated. Dr. Margolis said, for example, that only 40 percent of health-care workers were vaccinated.

Dr. Robert Perillo, a hepatitis expert at the Veterans Affairs Hospital in St. Louis, said that surveys of health-care workers showed that they underestimated their chances of getting hepatitis and rationalized not being vaccinated by saying they worried that the vaccine itself might be more risky than the chance they would get the disease.

Dr. Perillo, who said the vaccine was at least 90 percent effective, emphasized that this fear was unjustified because the vaccine appeared to be one of the safest known. Dr. Margolis said the vaccine had been given to millions of children in Asia without any adverse effects.

Dr. Perillo said that he and others had learned that "if you make this vaccine a volitional thing, it's not going to happen." So he favors requiring it for children.

N.Y. Times; 3-1-91

Study Urges a Business Role In Early-Childhood Programs

By WILLIAM CELIS

A leading business group warned yesterday that the national effort to improve schools would fail unless companies played a more active role in health and social programs for young children.

Seeking to prod businesses to expand their role in education, the Committee for Economic Development, a New York group of 250 business and education leaders, said in a study that existing early-childhood programs had not done enough to improve the health and social and economic well-being of young children, especially those from poor families.

As a result, the children start school ill prepared to learn, and none of the measures intended to help students in-

crease their academic preparedness will help, said the study. As part of its recommendations, the group said \$10.2 billion should be added to existing programs like Head Start, the federally supported pre-school program, or other similar early-childhood programs for all children 5 years old and younger. Under current regulations, Head Start, which offers a variety of education and health services for disadvantaged youngsters, is available only to certain children based on income, and is not available in all communities.

Expanding the efforts to improve education.

Not Enough Is Happening

"We came to the conclusion that not enough is happening in this area and not enough is happening quickly," said Sandra Kessler Hamburg, director of education for the group and the study's principal author. "We are only at the earliest stages of addressing the problem."

In an aside, the group criticized the use of tax money to help parents send their children to private schools, although it supported giving parents the choice of sending their children to any public school. It said the use of public money for private school attendance, supported by President Bush, would

Although the study criticized early-childhood programs, Ms. Hamburg and other analysts said some efforts were exemplary. Chris Phipps, director of state relations for the Education Commission of the States, an education research and policy organization in Denver, said the "best school districts have started to address these concerns," better coordinating educational needs with health and other social needs.

But the study by the Committee for Economic Development, its third in recent years on early-childhood programs, said efforts to help children and families under duress had "produced a crazy quilt of programs, often overlapping, uncoordinated or conflicting."

Community Efforts Urged

To make the efforts more uniform, the group recommended, among other steps, that all communities assess the level of early-childhood services they are offering and strengthen services for teen-age mothers, and it urged businesses to address these problems in their own communities.

"If we did some of these things in a massive way we could solve a lot of the schools' problems, but not all of them," said Ms. Hamburg.

She said that although some businesses had "adopted" schools and provided adult mentors for students, they had been loath to intervene in early childhood.

"There is still a reluctance by businesses to get involved because it's unfamiliar to them, and they don't see the connection between little kids and their work force," she said. "We're working to educate them."

William H. Kolberg, president of the National Alliance of Business, which represents 3,000 companies, concurred that businesses were ill at ease with early-childhood programs. "But we're learning and we care," he said, adding that some concerns had embarked on efforts to address the problem.

Vagueness on Financing

The study called for greater contributions from Federal, state and local governments, but it was not specific about who should pay for what. The vagueness was intentional, said Ms. Hamburg, to allow for flexible financing efforts among the three jurisdictions.

State education officials have long supported programs like those urged in the study. But they say their hands are tied by their state budgets, which are

Balt. Sun; 3-1-91

Divorce, separation push many children into poverty

Los Angeles Times

WASHINGTON — Divorce and separation take a significant economic toll on American children, pushing many below the poverty line and increasing dependency on welfare programs, according to a Census Bureau report to be released today.

The average income of the single-parent families created by divorce or separation falls by 37 percent within four months of the breakup, the study found, in almost all cases reflecting the financial impact of the father's departure from

the family unit.

"This study is more dramatic confirmation of how far the standard of living falls after breakups," said Andrew J. Cherlin, a sociologist at the Johns Hopkins University and author of a book on divided families. "It's a national scandal."

At the same time, the study's authors noted that economic problems tend to predate divorce and separation, suggesting that financial stress may be as much a cause as a result of the family breakup.

The study, "Daily Disruption and Economic Hardship: The Short-Run Picture for Children," tracked the effects of divorce and separation on 200 children across the country from October 1983 through May 1986.

The Census Bureau determined that the average income of families in which the children had been separated from their fathers was 17 percent less than the average income of intact families.

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The Courant; 2-24-91

The time has come for a transformation of American culture

Louis W. Sullivan

The bloody plague of violence in American cities — a record 703 homicides last year in the Washington area, and records broken in eight other cities — has me outraged, saddened and distressed at the "culture of callousness" on our streets.

I am outraged that the ugly underbelly of American culture — poverty, drugs, discrimination, alcohol abuse — has produced a brutal disregard for human life and a full-blown national crisis. I am saddened because a generation of young black men is being decimated — nearly 8,000 homicides were recorded in 1990. America's homicide rate has already reached the casualty levels of the Vietnam War. I am distressed because America has not only lost vast human potential in these needless deaths but has also expended enormous sums of public funds — an unnecessary and costly drain on our resources — in trying to curb the violence. Last summer I called for a comprehensive national dialogue on the crisis of the black male, and directed my department to undertake several projects as a first step in our larger commitment to help address the problems confronting our minority males.

Today the dramatically worsening circumstances demand that we broaden the scope and accelerate the tempo of that dialogue and the accompanying action. As a starting point, we have to acknowledge the full extent of the crisis — the full extent of the sheer desperation:

- One-third of blacks live in a poverty of means and opportunity.
- One-half of blacks live in inner-city areas with a high incidence of disrupted families, poor schools, crowded, substandard housing, unemployment and a pervasive drug culture.
- Life expectancy for blacks is decreasing — black babies are twice as likely as white babies to die before their first birthday. Increasingly, "the face of black poverty is the face of a child."
- The homicide rate for young black males is seven times higher than for white males.

• Since 1959, the earning capacity of black high school graduates has declined — 43 percent are below the poverty level.

• Birthrates among young black girls are almost five times higher than the rate for white girls. Sixty-two percent of black children are born into fatherless households.

The president and the Department of Health and Human Services have initiated programs and grants totaling millions of dollars, and likely will develop more. But governmental initiatives alone will not solve the problem. It is now necessary for all of America to join the battle for the soul of America's inner cities so they can become decent, humane environments for families.

• We must listen to wisdom. Dr. Benjamin Elijah Mays, the late president of Morehouse College, stated, "It is not your environment, it is you — the quality of your mind, the integrity of your soul and the determination of your will — that will decide your future and shape your life." We must get this message to our children and young people in every way we can, with the conviction of its irrefutable truth.

• We must emphasize character. We must teach our young people that character is the capacity to forgo short-run personal gratification in order to achieve long-term accomplishment. Character also includes the courage, determination and fortitude to succeed and to fulfill dreams despite external circumstances. Parents need to show children through guidance and example that a life of character is satisfying, fulfilling and rewarding.

• We must maintain and strengthen families. Converging trends of the past two decades have weakened families. Fewer people are getting married, and those who do are divorcing at higher rates. The number of children born to married couples is decreasing while surging numbers of children are born out of wedlock. We must work to fashion a culture that will encourage and support family formation and stability. Raised with insufficient adult supervision and guidance, many of our youths have an inadequate sense of family or com-

munity. Parents need to be selective about television and other diversions: many children and adolescents spend more time watching television than with family, school, church or friends.

• We must empower our youths with hope and the belief that they can succeed. Raised in a climate of instant gratification, many of our youths think the American dream is out of their reach, and they feel victimized — a sure route to demoralization and loss of self-esteem. The tentacles of poverty and ignorance choke off hope; the venom of drugs destroys all that is humane. Without hope or humanity, many of our youths roam the streets wreaking cruel, unfeeling violence. We must all come together to help minority youths build a vision of the future in which they are viewed as solutions, not problems.

The bottom line is: We must get personally involved in the transformation of American culture.

Today's murders eventually fade into the recesses of memory. But for the grief-stricken families, life has been irrevocably changed. So, too, has life changed for those who can no longer walk freely through their neighborhoods.

Life must change also for all of us who care about our country and ourselves. If we are to serve our own humanity and not imbibe the lousiness around us, we cannot remain unmoved by the face of widespread and far-reaching carnage. Nor can we escape blame or responsibility if we allow it to continue.

Americans — including our black leaders — must band together to help make our inner cities decent, humane environments for families. Community, church and civic organizations offer opportunities for Americans to transcend personal interests in order to see the shining dream of freedom and hope for all of America's people become a complete, unabridged reality.

We will not see the scourge of violent death and crime erased from our communities until those of us who have benefited so richly from our economic system are willing to contribute of ourselves on behalf of high-risk young people and the future of our nation.

Louis W. Sullivan is U.S. secretary of health and human services.

THE GREEN SHEET

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

No. 53 Vol. 38

Tuesday, March 19, 1991

USA Today: 3-19-91

Wash. Post: 3-19-91

The threat of broken families

By Karen S. Peterson
USA TODAY

The decline of the nuclear family is the single greatest threat to America's mental health, says a new survey of psychologists.

Thirty percent of 1,505 members of the American Psychological Association cite the demise of the nuclear family first. Next: unemployment, 20%; drug abuse, 18%; alcohol abuse, 14%.

One of two new marriages today will end in divorce, says APA spokesman Bryant Welch. And only 26% of families fit the "traditional" mold of parents and mutual children. "We have fewer and fewer children growing up in a traditional family. That creates stress on single parents. And where there has been a happy second marriage, there are the added strains of stepfamilies."

Mental health professionals call the findings significant.

"We have been dealing with symptoms, not root causes" of problems, says psychologist Judith Wallerstein, Corte Madera, Calif. The survey "represents a major change in thinking" from focusing on symptoms like drug abuse to addressing the "central issue — strengthening the family."

The findings reflect "what we are seeing in our offices," says Denver psychologist Howard Markman. "Disruption in relationships is the universal risk factor for a variety of mental health problems" including anxiety and depression.

The findings reflect a growing trend to emphasize family therapy over divorce, says Ralph Earle of the American Association for Marriage and Family Therapy. "We are trying to work through the issues within the family."

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Sullivan's Sermon: Responsibility

HHS Chief Stresses Individual Behavior in Countering Social Problems

By Spencer Rich
Washington Post Staff Writer

A-17

Secretary of Health and Human Services Louis W. Sullivan disagrees with those who believe that the problems of the underclass can be alleviated only by greater investment in social programs.

Sullivan says social spending is but a part of the solution and in recent years has become the apostle of what he calls a "culture of character."

Sullivan has made dozens of speeches, to audiences of all races, warning that more than government spending on social programs is needed to eliminate AIDS, poor health, crime and the economic deprivation that afflict a substantial number of Americans and a disproportionate number of blacks.

He repeatedly emphasizes devotion to one's family. He admonishes listeners to: assume personal responsibility; finish school; work hard at a legitimate job; avoid alcohol, tobacco, drugs and unwed pregnancy; and improve their diets and personal health habits.

These changes in lifestyle and adherence to high standards of conduct, he says, will do as much and probably more to enhance health and improve the lives of the poor as any large government spending program.

At Hampton University last Wednesday, he emphasized he was speaking not only as HHS secretary, but as "a black man and a father of three." He focused on problems that affect many low-income black neighborhoods. "Yes, the government has a role in solving the problems of violence, and drugs and teenage pregnancy and AIDS. But it is far more important what we are doing to help ourselves, what we are doing to help each other."

Other HHS secretaries or surgeons general have taken up some of these causes. Joseph A. Califano crusaded against smoking. C. Everett Koop opposed smoking and favored education about safer sex to avert AIDS. Otis R. Bowen campaigned against smoking and alcohol. Richard S. Schweiker focused on disease prevention. But none has preached the doctrine of good behavior, responsibility and moral

conduct to the extent Sullivan has:

■ On March 10 before the National League of Cities: "Beyond the question of resources, there's the matter of the values that families and communities teach, that government cannot teach, that are critical for human survival."

■ On March 12 at the National Health Forum here: "Our children will not thrive until we reverse the cultural trends that are undermining the family in America.... When we examine the data, many of the root causes of the disintegration of child health and welfare are directly traceable to the unprecedented and precipitate rise in single-parenting due to the lack of family formation and rise of divorce.... In 1988, 18 percent of white births were to unmarried women and a staggering 63 percent of black births were to unmarried women."

■ Also in his Hampton University speech: "Spiritual wellness is another quality found in strong families which typically manifests itself by attending a church, a mosque or a synagogue."

Since a September 1989 speech at Tuskegee Institute, Sullivan has been preaching the unequivocal message that individuals have a responsibility to behave in certain ways, that they must be held to standards of conduct and that society expects them to make a contribution to the solution of their own problems.

Listeners sometimes snicker at Sullivan and say discussions of good lifestyles or personal conduct will not solve the problems. What is needed, they say, are financial commitments to address some of these problems.

But Sullivan's supporters say statistics seem to back him up.

Unmarried women who have children are far more likely to be on welfare and in poverty than other women—43 percent of single-parent families headed by a woman are in poverty, compared to 7 percent of married-couple families with children. Having a child often prevents a woman from finishing school or working. With no father present, that often means there is no paycheck.

Those who use illicit drugs, practice unsafe sex, or abuse alcohol

and tobacco can expect massively greater health problems. AIDS killed 21,360 Americans in 1989; respiratory cancer killed 141,590; half of all traffic fatalities are alcohol-related. Poor food habits are a major factor in heart disease.

"I couldn't be more supportive of the secretary" in emphasizing personal conduct and responsibility, said Eddie Williams, president of the Joint Center for Political and Economic Studies, a think tank on social issues affecting blacks. "I hope he keeps it up." Williams said Sullivan's message of responsibility "is consistent with the views of black leaders and black scholars."

"But in the same breath we also emphasize governmental responsibility. Government must play a role, and that role inevitably involves expenditure of dollars."

Isabel Sawhill, an economist at the Urban Institute, said Sullivan's message "is constructive as long as it doesn't ignore some of the reasons" why poor people, for example in the inner city, "have adopted certain lifestyles."

She said an individual who faces "a lifetime of poor economic prospects" has his or her "values and attitudes and lifestyles" affected and that feeds back "on your ability to get ahead and be economically mobile."

"People who argue that you can change the world through mere exhortation and particularly preaching at the poor about shaping up their lives are not realistic about the objective circumstances," she said. "But liberals who say all you need to do is give the poor money and it will solve all their problems are missing a piece of the story."

Douglas Besharov, resident scholar at the American Enterprise Institute and a specialist in children's problems and social indicators, called Sullivan "an important voice. He speaks with great authority and evident sincerity."

Besharov said it is important for someone to be saying these things.

"More people have to say what he's saying. We've had a discussion of only one side of the problem of the poor: 'social victimology.' The other side is some degree of personal responsibility. Both sides must be heard."

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

No. 25 Vol. 38

Wednesday, February 6, 1991

-Silver Star News (Memphis Tenn.):1/31-2/6-91 p. 1

Dr. Sullivan Insists We Transform Culture Of Poverty Into Culture Of Character

Dr. Louis Sullivan, U.S. Secretary for Health and Human Services, said that we must replace the "culture of poverty" with

a "culture of character." He added that he is convinced that his department can be most effective if it empowers

parents and strengthens families: only a partnership of parents, of communities and of governments can transform a

culture of poverty into a culture of character.

Dr. Sullivan spoke to a crowded ballroom of more than 1,000 concerned citizens who gathered to celebrate the unsung heroes and heroines who have given much of their time and talents to this community. Last Tuesday, Dr. Sullivan shared his views at the First Annual Free The Children Unsung Heroes - Unsung Heroines Awards Banquet. He congratulated Mayor Bill Morris on being a man of great vision and courage to encourage the development of Free The Children. He commended Sara Lewis, executive director of FTC,

See SCTRY. SULLIVAN, p. 2



Dr. Louis Sullivan urged a partnership of parents, communities and government to strengthen families as he spoke to Free The Children guests last Tuesday. Mayor Bill Morris, Janis Fullilove, Robert Cannon and Senator John Ford listened intently.

N.Y. Times; 2-6-91

Stress Among Blacks Is Tied to Bias

BY WARRENE E. LEARY

Special to The New York Times

WASHINGTON, Feb. 5 — A study offers new evidence that environmental factors like poverty, diet and the stress of racial discrimination could outweigh genetic factors in explaining the excessive rate of high blood pressure among black Americans.

The study of 457 blacks living in Hagerstown, Md., Pueblo, Colo., and Savannah, Ga., examined the reasons blacks are 40 percent more likely to suffer from hypertension than whites.

In an effort to find out whether genetic factors are responsible, the researchers studied the relationship between skin color and the incidence of hypertension. They said skin color usually represented a genetic mixture from black and white ancestors, and "black individuals with the darkest skin color have the highest percentage of black ancestors."

As a result, if a genetic factor was at work for blacks as a whole, susceptibility to hypertension "should increase continuously with increasingly darker skin color," the researchers said.

Environment vs. Heredity

In fact, however, they found that darker skin color was a predictor of hypertension among blacks of low socioeconomic status, but not for blacks of any shade who were well employed or better educated.

In a report being published on Wednesday in The Journal of the American Medical Association, the researchers said the results suggested that environmental factors could outweigh genetic determinants of high blood pressure in blacks.

They said darker skin might subject

Environment may outweigh genetic factors.

individuals to more discrimination and stress than was suffered by lighter-skinned people.

Factors like stress and frustration from living in a racially biased society, as well as less-healthy behavior associated with poverty, like poor diet and exercise habits, appear to increase the risk of hypertension among darker-skinned blacks, the study suggested.

Conclusions of Researchers

Dr. Michael J. Klag of the Johns Hopkins University School of Medicine in Baltimore, the principal researcher in the study, said the work showed that the major reason for high blood pressure among blacks was lower socioeconomic status, which implies factors like poor diet, lack of access to health care and poor education in preventive health.

"The results of the study suggest that a genetic mechanism for high blood pressure is less likely or, if there is a genetic tendency, it is not the biggest factor," Dr. Klag said in a telephone interview.

Dr. Klag said the study results involving skin color applied to a group and not individuals, and he cautioned doctors not to consider skin color alone when making diagnoses. "The study means we have to concentrate on environmental factors that may be causing hypertension, not color," he said.

In an accompanying editorial, Dr.

Robert F. Murray, a professor of genetics and pediatrics at the Howard University College of Medicine in Washington, noted that previous studies looking at skin color and high blood pressure had shown conflicting results. The new study, which he said was the first to look at the issue in a well-controlled fashion, is important but also

has limitations, he said.

"The fact that skin pigmentation and blood pressure are not consistently associated is evidence that they are not genetically linked," Dr. Murray wrote. "The genetic predisposition is important, but environmental factors may still play the pivotal role, even when the genes that are responsible for blood pressure elevation have been identified and their functions elucidated."

Dr. Murray said in an interview that

See STRESS, p. 4

N.Y. Times; 2-6-91

Medicare Plan: Who Would Pay More?

A-17

Special to The New York Times

WASHINGTON, Feb. 5 — Under a proposal in President Bush's budget, more than half a million affluent elderly people would have to pay much higher monthly premiums for health insurance coverage they receive through Medicare.

The proposal would triple the premium for Part B of Medicare, which is voluntary and covers physician services, outpatient hospital services, clinical laboratory tests and home health care. The premium, now \$29.90 a month, will rise to \$31.80 under current law; under Mr. Bush's proposal it would be about \$85.

The proposal would take effect next January if Congress approves.

The higher premiums would be paid by individual Medicare beneficiaries with adjusted gross incomes of more than \$125,000 a year. If a husband and wife were both enrolled in Part B of Medicare, they would have to pay the higher premiums if they had adjusted gross income of more than \$150,000 a year.

Under current law, premiums paid by beneficiaries cover about 25 percent

of the cost of Part B of Medicare, while the Federal Treasury pays the remainder, roughly \$38 billion next year.

The Bush Administration estimates that the proposed increase in premiums would bring the Government a total of \$1.2 billion in additional revenue over five years.

The proposal to increase Medicare premiums for affluent people is part of Mr. Bush's overall effort to "reduce governmental subsidies for those who are not in need." Administration officials say most of the elderly people with incomes of more than \$125,000 a year have substantial assets and derive the bulk of their income from investments.

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Dr. Sullivan

SCTRY. SULLIVAN, from p. 1

for a job well done. Dr. Sullivan said that he was impressed with FTC and it is a model for the nation. He commented, "You have accepted a most important challenge."

FTC began in January 1989 and adopted the mission "to free the children entrapped in the culture of poverty by serving as the countywide catalyst for advocating and coordinating those policies, programs, services and strategies that will enable impoverished families to become self-sufficient."

Dr. Sullivan noted that America's children are faced with more social problems than physical ones. He said, "Our problem derives from behavior." He listed some of the problems for this nation's youth: high infant mortality rates, a major problem of drug abuse, the spreading AIDS virus, teen pregnancy, and a disproportionate impact on minority youth of all of these concerns. He said that we have had an erosion of basic values in the family and in the community. He said that the cruel conditions in many neighborhoods teaches cruel lessons to youth and convince them that they have no value. This tragic viewpoint results in youth killing each other for pairs of sneakers and gangs replacing the love of family. He called for a

return to values of discipline, self-confidence, responsibility, and commitment to family. He said that adults must cultivate youth so that they will survive, achieve and fulfill their dreams.

When Dr. Sullivan was a student at Morehouse College he said that he was profoundly influenced by its President Dr. Benjamin Elijah Mays. Dr. Mays told the student, "It is not your environment, it is you...that will decide your future and shape your life."

Carefully and deliberately, Dr. Sullivan spoke eloquently about the contributions of each of the unsung heroes and heroines who were to be

honored at the banquet. he commended Scout Master Jesse Johnson for his support of youth; Robert Shores for his long-time neighborhood involvement; the late Louis Hobson for his insistence that children must attend a school that truly teaches and that has high academic and social standards; Quincy Morris for fighting to keep deregulated schools open; Marion Barzan for knowing that it is better to give than to receive; Daisy Ballard who showed that people in housing developments can take their lives and destiny in their own hands; Larry Garrett and Travis Hobson for being entrepreneurs who bring much needed jobs into the community and who know that short-term sacrifice and commitment will pay long-term dividends; Rickey Pratcher for showing that youth can be motivated, competitive yet unselfish; and Rhoda Stigall for her commitment to educating youth. He also commended the Bethlehem M.B. Church Tutorial Program and the FTC Volunteer Board for their notable efforts to help youth.

Dr. Sullivan expressed deep concern that single parent families and the children in those families are far more likely to be poor. He also noted that parents spend less time with their children today; 17 hours per week now compared to 30 hours per week in 1965. He said, "Our children do best when raised with the love and support of both their mothers and their fathers." He urged that

we build a family atmosphere for our youth and added that an extended kinship network can help. He praised Head Start programs for having deep roots within neighborhoods and helping to teach parents how to give support to their children. He urged everyone to work to strengthen families and communities. "The future of our children, of our nation, depends upon it," he ended.

Mayor Bill Morris, chairman of FTC, reaffirmed that "our destiny is in our hands!" He said that we can overcome any problem by working together. John Dulin, president of FTC, said that the mission of FTC is difficult, but can be accomplished. He urged everyone to continue their efforts to free the children.

Many local politicians were present. State Senator John Ford promised to return from this legislative session with funds for FTC. Governor Ned McWherter was not present, but he offered his congratulations along with those sent by Senators James Sasser and Albert Gore, Jr. Congressmen Harold Ford and Don Sundquist also sent their offers of support. Congressman Ford also sent a personal representative to the banquet and Senator Gore's wife, Tipper Gore, presented the awards along with Victor Julian, Director of Corporate Affairs with Anheuser-Busch Companies, Inc. creator of the awards and their sponsor.

THE GREEN SHEET

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

No. 17 Vol. 38

Friday, January 25, 1991

Wash. Afro-American; 1-26-91

Calling for a new culture of character

By Louis W. Sullivan, MD
U.S. Secretary of Health
and Human Services

To me as a physician, America's problems have human faces — bullet-riddled assault victims, victims from alcohol-related accidents, unwed teen mothers, crack babies, battered wives, abused children, smokers racked with emphysema, drug overdoses, persons under the death sentence of AIDS.

To me, as Secretary of Health and Human Services, these problems represent tragic societal devastation and staggering financial costs.

What is most distressing is that so many of these problems are preventable:

- *Smoking causes 400,000 premature deaths each year and costs society \$52 billion.

- *Alcohol-related auto accidents cause 24,000 deaths and 40 percent of the drowning deaths.

- *1,000,000 Americans are infected with the HIV virus, and more than 155,000 of them have AIDS — with the number climbing daily.

- *From one to three million Americans regularly use cocaine. This has created a climate of fear in our cities. Drug abuse by women contributes significantly to the high infant mortality rate, low birth weight babies and other newborn disorders.

- *Violence, homicide and suicide

related to drinking cost our society some \$70 billion in 1989.

How did we get into such a mess? Much is a consequence of unwise health behavior and lifestyle rooted in the alienation, isolation, and lack of direction that comes from the disintegration of the institutions that generate values.

What is the prescription? I am calling for a revitalized "culture of character" in America. By that I mean taking responsibility for one's acts and having respect for others so that such behavior becomes characteristic of our society.

We must reinvigorate those institutions that teach and nurture values and principles of healthy behavior, especially the institutions of family, school, church, community, and media — because many Americans spend more time with the media than with anything or anybody else.

Were we to follow my prescription, the effect would be dramatically obvious.

A revitalized culture of character would do much to alleviate the alienation, isolation and despair that fuel teen pregnancy, violence, drug and alcohol abuse and other social problems afflicting us.

We could eliminate 45 percent of deaths from cardiovascular disease, 23 percent of deaths from cancer, and more than 50 percent of the

disabling complications of diabetes.

Indeed, control of fewer than 10 risk factors could prevent between 40 and 70 percent of all premature deaths, a third of all cases of acute disability, and two-thirds of all cases of chronic disability. And we could begin to rebuild and support the two-parent family, decrease the percentage of our children who live in poverty, and make inroads in combating AIDS.

A new ethic of personal responsibility is by no means a substitute for the changes that we must take in our broader system of health care.

Nor should we imply that our citizens must be wealthier, before they can be healthier. Such implications are inaccurate, patronizing and insulting.

As we seek to empower rather than victimize all Americans, we can learn much from the historical experience of the Black community in America. That experience teaches us that progress and reform are most likely to come when we pursue a two-fold strategy: first, strive to change the external circumstances that are unjust and hold us back; and second, strive to reinforce the strength of character necessary to survive and prosper in spite of adverse circumstances. Neither strategy in isolation is sufficient; together these strategies will empower individuals and motivate societal reform.

Wash. Post; 1-25-91 p. 1

Survey Says Student Drug Use Continues to Drop

By Kenneth J. Cooper
Washington Post Staff Writer

Use of illegal drugs among high school seniors last year dropped to the lowest level since the annual survey of students began in 1975. Fewer than half reported ever trying illicit drugs and the number who said they smoked crack cocaine dropped sharply, according to the survey of 17,000 seniors released yesterday.

The findings fit a pattern that began to emerge in the late 1980s as public concern about the hazards

of drug use began to take hold. Federal officials, who financed the survey, said both public education programs and tougher law enforcement measures contributed to the latest decline.

In the spring of 1990, about 48 percent of high school seniors said they had used an illegal drug at least once, down from a high of almost 66 percent in 1982. It was the first time since the annual surveys began in 1975 that a majority of students said they had never used an illegal drug.

But the 1990 results for the legal

drugs of tobacco and alcohol were not as encouraging. Those remained the drugs most often used by high school seniors.

And others were skeptical of the findings. Rep. Charles B. Rangel (D-N.Y.), chairman of the House Select Committee on Narcotics Abuse and Control, said the survey may create a misleading impression because it did not cover high school dropouts. About 29 percent of students do not complete high school.

Rangel said health professionals, criminal justice officials and drug treatment workers "do not report

seeing a lessening of the drug crisis in the country."

The survey showed either decrease or no change in drug use.
See SURVEY, p. 5

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Rocky Mountain News; 1/14/91

Quality of our character

THE ISSUE:
Louis Sullivan
turns to 'char-
acter theme'

OUR VIEW:
It's an attempt
to shore up dis-
integrating
families

Record murder rates in a score of American cities have amplified calls for gun control and a redoubled war on drugs. But beyond those arenas for government action, Secretary of Health and Human Services Louis Sullivan is preaching the need for cultural reconstruction.

In a series of speeches and articles, the secretary sounds what his office calls the "culture/character theme." It is an urgent plea to shore up the family, first transmitter of the habits and values that sustain communities. Sullivan is forthright about the racial dimensions of the problem. Half of Blacks live in inner-city areas, Sullivan says. The homicide rate for young black males is a staggering seven times the rate for white

males. Sixty-two percent of black children are born into fatherless households.

Sullivan urges "a comprehensive national dialogue on the crisis." That means not just a media debate among celebrity pundits but real soul-searching and practical action on the part of family members and neighbors, schools and churches and civic groups. At the same time, the secretary's message transcends racial boundaries.

"We must listen to wisdom," Sullivan wrote the other day in the *Washington Post*. "Dr. Benjamin Elijah Mays, the late president of Morehouse College, stated: 'It is not your environment, it is you — the quality of your mind, the integrity of your soul and the determination of your will — that will decide your future and shape your life.' We must get this message to our children and young people in every way we can, with the conviction of its irrefutable truth."

Would that every parent and participant enlisted in Sullivan's "crusade."

N.Y. Times; 1-18-91

Drug Eases Infection in Children With AIDS

WASHINGTON, Jan. 17 (AP) — A new study has shown that children with AIDS get fewer bacterial infections if they are treated with concentrated antibodies against bacteria. Government researchers announced today. They said the treatment could not cure the disease but could improve the quality of the children's lives.

Monthly doses of intravenous immunoglobulin, or IVIG, a serum containing antibodies, were found to curtail the occurrence of serious, sometimes life-threatening bacterial infections in children whose immune systems were weakened by the AIDS virus, officials at the National Insti-

tutes of Health said. The infections include pneumonia, sepsis, meningitis and sinusitis, which often result in long hospitalization.

Researchers said the study results could not be used to predict whether the immunoglobulin treatment would benefit infected adults. But since adults already have antibodies to many bacteria, the treatment is less likely to benefit them.

Dr. Anne Willoughby, a researcher at the National Institute of Child Health and Human Development who directed the study, said children with severely weakened immune systems did not appear to benefit from the treatment.

Those with hemophilia, cancer or other complicating diseases were not studied.

Still, Dr. William Shearer, chief of pediatric allergy and immunology services at Texas Children's Hospital, said the findings gave hope to parents and children. "It means they aren't going to be plagued with infections," as they otherwise might be, he said.

No More Placebos

Because of the encouraging results, officials say they will stop a clinical trial involving 372 children under the age of 13 who are infected with the human immunodeficiency virus, or

HIV. Those who were receiving placebos will now be offered the drug, the officials said.

They also issued an alert to physicians describing preliminary results from the clinical trial in advance of publication in a medical journal.

More than 2,700 cases of AIDS in children under the age of 13 have been reported to the Federal Centers for Disease Control. Public health officials estimate that 2 to 10 times that many may be infected with the virus. Last year about 6,000 infected women gave birth, and about one-third of their babies could be expected to have the virus.

All 372 children in the clinical study had symptoms associated with the infection. They were permitted to receive their usual treatment for the disease, including AZT, the only antiviral drug

approved to fight the AIDS virus, along with treatment to prevent a severe form of pneumonia that kills many AIDS patients.

Researchers said 131 children developed one or more serious bacterial infections. Of these, 77 were in the placebo group and 54 were in the immunoglobulin group.

Much Longer Without an Infection

More than 300 of the children entered the study with lymphocyte counts above 200, an indication that their immune systems were able to fight infection. In the placebo group, 38 percent (57 of 151) developed a serious bacterial infection; in the immunoglobulin group, only 24 percent (38 of 158) did.

Although there were no differences in death rates for these children, Dr. Willoughby said, the immunoglobulin treatment afforded much longer infection-free periods — an average of 221 days for the placebo group and 583 for the treated group.

Among children with lymphocyte counts below 200, the treatment did not appear to make a difference. For them, the infection-free period was 255 days in the placebo group and 282 days in the IGIV group.

The study began in March 1988 at 28 medical centers in the United States and Puerto Rico. It had been due to continue for another year. The immunoglobulin used in the study was provided free by the Cutter Biological unit of Miles Inc. The company plans to seek approval for the treatment from the Food and Drug Administration and to discuss more studies with the National Institutes of Health, both for children and for infected adults.

Balt. Sun; 1-18-91

Drug reduces infections in children with AIDS

Los Angeles Times

WASHINGTON — A new treatment can significantly reduce the number of life-threatening bacterial infections in some children with the AIDS virus, resulting in fewer hospitalizations and an improved quality of life, the National Institutes of Health announced yesterday.

Results from a controlled, clinical study demonstrated that monthly intravenous doses of immunoglobulin increased the time that children spent free from bacterial infections and reduced the number of bacterial infections they suffered, said the NIH's National Institute of Child Health and Human Development.

The results were so compelling that NIH officials decided to offer the treatment to all of the children participating in the study. They also issued a "clinical alert" to physicians.

NIH officials said it was unclear whether the treatment could be effective in adults with the human immunodeficiency virus, which causes AIDS, because studies with the drug had not been conducted on them.

Dr. Gwendolyn B. Scott, vice chair of the AIDS task force of the American Academy of Pediatrics,

called the study results "an encouraging development" that should "help HIV-infected children live a more comfortable life with fewer trips to the hospital."

Immunoglobulin is a solution derived from the blood of healthy volunteers that contains concentrated antibodies, proteins produced by the body to fight infections. The AIDS virus damages the body's immune system, making the individual vulnerable to a range of infections.

The drug, made by Cutter Biological, a subsidiary of Miles Inc., of Berkeley, Calif., is already marketed to treat infections in low-birth-weight babies, recipients of bone marrow transplants, children with leukemia and other ailments.

As of Nov. 30, 2,734 AIDS patients under the age of 13 were reported to the federal Centers for Disease Control. However, experts estimate that for every child reported with AIDS, two to 10 children may be HIV-infected, the NIH said.

The drug manufacturer said it intends to ask the Food and Drug Administration to approve this new use for the drug. The NIH said that each infusion of the drug costs between \$200 and \$400.

THE GREEN SHEET

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ADDRESS INQUIRIES TO:

Ronald Steele
Managing Editor
DHHS/OASPA/Media Div.
638-E HHH Bldg.
Washington, D.C. 20201
202/245-6363

Dallas Morning News; 12-21-90

We must revive 'character'



LOUIS W. SULLIVAN

It is what I refer to as the need for creating a new "culture of character" in America.

By "character," I mean the personal values and qualities encompassed by that sturdy, time-honored word — values like self-discipline, integrity, taking responsibility for one's acts, respect for others, perseverance, moderation and a commitment to serve others and the broader community.

By "culture," I mean those values that must be embraced as cornerstones of our society. I seek to remind Americans that we can best cultivate character in our citizens by reinvigorating and shoring up those institutions that teach and nurture values and principles of healthy behavior, especially the institutions of family and community.

I came to appreciate, in my own experience, the critical value of strong families and communities, and the standards they nurture. The neighborhoods in Atlanta and Blakely, Ga., where I grew up, were by no means wealthy, but they were genuine communities, committed to common values and principles.

I was not just the child of my father and mother — I was in fact a child of the entire neighborhood. When I was out of sight of the folks and thought I could get away with something, Mr. Jones or Mrs. Smith down the block was sure to step in and administer appropriate, corrective caring — whether I liked it or not.

I have since come to appreciate just how critical that attention and discipline are. Through it I learned certain values — reinforced at every turn by my family, neighborhood, church and school, and my professional life — values like self-esteem, self-discipline, the desire to learn, responsibility and service.

A new culture of character in America, nurtured by strengthened families and communities, would do much to alleviate the alienation, isolation and despair that fuel teen pregnancy, violence, drug and alcohol abuse and other social problems afflicting us.

Study after study has shown that children who are raised in an environment of strong values tend to thrive in every sense.

Some say that, by emphasizing such an approach, we are turning our backs on the individual who is disadvantaged by poverty, disease, drug abuse or lack of opportunity. They say we are "blaming the victim."

That is utter nonsense. We are not blaming the victim — we are empowering that so-called victim. We are

focusing the attention of people — especially our young people — on factors over which they have direct control, so they can better take their lives and their destinies into their own hands — so they can touch their dreams and reach their full potential.

The tragic truth is that the language of "victimization" is the true victimizer — a great crippler of young minds and spirits. Those who refuse to talk about personal behavior and the factors we can control, and insist instead that we focus on what we cannot control, are in effect "blaming the victim."

To be sure, poverty is linked to social dysfunction. But many impoverished families and neighborhoods have sustained the values and institutions necessary for healthy, productive lives — lives that will eventually lead them out of poverty.

To suggest that our poor and minority citizens cannot improve their lives by drawing on their own strong, traditional values and institutions is not only inaccurate, it is patronizing and insulting. To counsel them to sit and wait patiently for massive new federal (or other) programs is to counsel resignation, defeat, pessimism and despair.

Within this culture of character, there is an important role for government to play. But we must restructure government programs so that they more quickly and more effectively enable individuals to manage their own lives. Thus, our programs should reinforce and support indigenous, local community institutions. They not only deliver services more efficiently than centralized, bureaucratic programs, they also support and are more responsive to family and neighborhood values.

We must have the courage to point out the dangers of unhealthy, self-destructive behaviors in those around us, as well as voice approval for their positive behaviors. And when these judgments are rendered — not out of smugness, self-righteousness or condemnation, but out of compassion, concern and love — when they come in the spirit of family and friendship — then the message of a new culture of character will have discovered its most effective and profound voice.

Louis Sullivan is secretary of health and human services. He was dean of the school of medicine at Morehouse College from 1975 to 1989. This article was excerpted from a speech delivered to the American Enterprise Institute's annual policy conference in Washington, D.C.

SULLIVAN, from p. 1

Today's murders eventually fade into the recesses of memory. But for the grief-stricken families, life has been irrevocably changed. So, too, has life changed for those who can no longer walk freely through their neighborhoods.

Life must change also for all of us who care about our country — and ourselves. If we are to preserve our own humanity and not imbibe the callousness around us, we cannot remain unmoved in the face of widespread and far-reaching carnage. Nor can we escape blame or responsibility if we allow it to continue.

Americans — including our black leaders — must band together to help make our inner cities decent, humane environments for families. Community, church and civic organizations offer opportunities for Americans to transcend personal in-

terests in order to see the shining dream of freedom and hope for all of America's people become a complete, unabridged reality.

We will not see the scourge of violent death and crime erased from our communities until those of us who have benefited so richly from our economic system are willing to contribute of ourselves on behalf of high-risk young people and the future of our nation.

Only when our concern for the well-being of our young people becomes a passion will we acquire the moral authority and the force of leadership needed to mount a holy crusade against the evils that are devouring our young people and robbing our nation of its future.

The writer is secretary of health and human services.



BY KEVIN CHAMBERS

The Larger Context

Government welfare programs have failed to end poverty. Experts say there's a much better way to do the job.

A CULTURE OF CHARACTER

By Michael Novak



Secretary of Health & Human Services Dr. Louis W. Sullivan spoke at a recent American Enterprise Institute session on "Ways out of Poverty." He described his vision of a "culture of character," in which families prepare children for ways out of poverty rather than depending entirely on government. This appeal rang true to his own experience—and to that of most of us.

Born poor in Atlanta, and in the early 1960s a Harvard fellow in hematology, Secretary Sullivan is the second physician ever to occupy his cabinet post, and the first research fellow from the National Institutes of Health. He consistently emphasizes those deep habits of character that make a republic healthy in body and spirit and whose collapse brings on epidemics of crime and disease. Better personal behavior, he notes, could cut U.S. health problems by nearly a third and could also reduce the incidence of poverty, at least among the able-bodied of mature age (18 to 64).

At the same conference, Secretary

Philosopher, journalist and ex-U.S. ambassador Michael Novak directs social and political studies at the American Enterprise Institute in Washington, D.C. His book The Spirit of Democratic Capitalism has been widely translated around the world.

of Housing & Urban Development Jack Kemp likened our welfare situation to socialism in Eastern Europe. The communists boasted that they supplied all "basic needs": jobs, housing, food. But this is also done in prisons—what people want is liberation, room for initiative, responsibility. Kemp asked how public housing could be "homesteaded" to its current renters. He praised President Bush for announcing plans to move a million such renters into home ownership by 1992.

Like Finance Minister Klaus in Czechoslovakia and President Walesa in Poland, Kemp promoted "popular capitalism." He mentioned enterprise zones and capital gains reductions in inner-city areas and, rapid-fire, at least a dozen other practical initiatives aimed at making citizens independent, responsible and active in self-government. "Think of it," he said with glee, "if we were in Eastern Europe, we'd be called liberals for ideas like these." We, too, can free our poor from subservience to the state.

Charles Murray, the respected author of *Losing Ground*, also tried to be optimistic but couldn't help noting that the federal government is too smothering an instrument to inspire citizens to seek ways out of poverty; it rewards welfare more than it rewards work. (For example, going to work often means paying more taxes and losing Medicaid.)

What kind of changes in personal habits can help beat poverty? Let's look at the numbers.

In 1989 the Census Bureau found 31.5 million persons "officially poor," or 11.4% of the population. Since nearly all American families, native-born or immigrant, began

life here in poverty, this means that the nation has so far freed about 89% of its poor, with 11% to go.

What about the remaining 11%? Just over half of the poor are younger than 18 or older than 64. Such persons, if not blessed with financial resources of their own, properly depend on those of working age. Those of the latter who are neither disabled nor ill are the crucial 10 million on whom poverty programs need to focus. Even for their own well-being, such citizens need to contribute to society, not merely take from it.

Precisely for such persons, the 1989 Census Bureau report on money income marks the ways out of poverty quite clearly: Graduate from high school, get and stay married but not too early, and get and keep a full-time job. Consider:

- Families whose head is under 25 years old were far more often poor; the figures were 30% for those under 25, versus 9.9% for those 25 to 64, and 6.6% over 65.

- For high school graduates, chances of being poor fell to 8.9%.

- Among married-couple families, only 5.6% were poor—so staying married (even if not on the first try) is a powerful way out of poverty, for men as well as for women.

- Of those who worked full time for at least 50 weeks a year, only 2.9% were poor.

In summary, for those who are over 25, high school graduates, living as married couples and working full time, chances of being poor fell from 5.6% to 2.9%. If you do all four, your chances of staying poor in America are slim. That's what the speakers meant when they referred to the importance of improved personal behavior—rather than government programs—as the most reliable path out of poverty.

These tried and true methods work. They have attracted to our shores some 6 million immigrants in each of the last two decades. These immigrants (mostly non-white from Africa, the West Indies, Asia and Latin America) know that if they fulfill these four basic requirements they will quickly exit from poverty. If they show spirit, America will deliver the goods.

So the questions we should be asking about our poor and welfare recipients is: Why aren't all Americans showing this spirit? What has government done to stifle it? What can government do better? ■

THE GREEN SHEET

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

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Calling for a new culture of character

By Louis W. Sullivan, M.D.,
Secretary of Health and
Human Services

To me as a physician, America's problems have human faces—bullet-riddled assault victims, victims from alcohol-related accidents, unwed teen mothers, crack babies, battered wives, abused children, smokers racked with emphysema, drug overdoses, persons under the death sentence of AIDS.

To me, as Secretary of Health and Human Services, these problems are magnified almost incomprehensibly. They represent tragic societal devastation and staggering financial costs.

What is most distressing is the clear fact that so much disease and immortality in America is preventable:

- Health care costs for smoking-related problems last year came to \$25 billion. Smoking causes 400,000 premature deaths each year.
- Nearly HALF of the 48 thousand motor vehicle deaths and 40% of the drowning deaths are alcohol-related.
- More than a million U.S. citizens are infected with the HIV virus and more than 155 thousand of them have AIDS—with the number climbing daily.
- From one to three million Americans are regular users of cocaine. This has created a climate of fear in our cities. Drug abuse by women contribute significantly to our nation's high infant mortality rate, low birth weight babies and other newborn disorders.

• Violence, homicide and suicide related to drinking costs our society some \$70 billion in 1989.

• Poor diet is related to five of the ten leading causes of death in the U.S., including coronary heart disease, some cancers, stroke, infant mortality and diabetes.

How did we get into such a mess? The diagnosis, though harsh and painful, has to be faced. Much of the disease and disability afflicting our citizens is a consequence of unwise health behavior and lifestyle. Much of this is rooted in the alienation, isolation, and lack of direction that comes from the disintegration of the institutions, like family and community, that generate values.

What is the prescription? One important part of the solution must be a renewed sense of personal responsibility on the part of every citizen and our mutual support for one another in making positive, healthy choices for our lives.

In short, I am calling for a revitalized "culture of character" in America.

By "character," I mean personal values and qualities such as self-discipline, integrity, honor, taking responsibility for one's acts, respect for others, perseverance, moderation, and a commitment to serve others and the broader community.

By "culture," I mean the prevailing mores characteristic of our society. We must reinvigorate those instructions that teach and nurture values

and principles of healthy behavior, especially the institutions of family and community.

And in the 90s, we have to add the media as such an institution because its influence often prevails over other cultural sustaining institutions. Many Americans—especially children and adolescents—spend as much or more time with the media as with schools, family, church or friends.

I know that this can be a disconcerting topic. To discuss "appropriate" and "healthy" behavior, we are told, seems judgmental and puritan. But a revitalized culture of character would do much to alleviate the alienation, isolation and despair that fuel teen pregnancy, violence, drug and alcohol abuse and other social problems afflicting us. The lives of Americans would be healthier in every sense of the word.

Translated into action, a culture of character asks Americans to take responsibility for ending drug abuse; avoiding the high risk sexual behaviors that spread the AIDS virus; reducing consumption of alcohol; seeking early prenatal care; improving eating habits; increasing exercise; resolving conflicts without resorting to violence; obtaining regular medical examinations and vaccinations; and stopping smoking.

Were we to follow my prescription the effect would be dramatically obvious. We could eliminate 45% of deaths from

cardiovascular disease, 23% of deaths from cancer, and more than 50% of the disabling complications of diabetes.

Indeed, control of fewer than ten risk factors could prevent between 40 and 70% of all premature deaths, a third of all cases of acute disability, and two-thirds of all cases of chronic disability. And we could begin to rebuild and support the two-parent family, decrease the percentage of our children who live in poverty, and make inroads in combating AIDS.

Some say the call for a culture of character "blames the victim." That is not the message. Clearly, the difficulties, including poor health, faced by many Americans are not of their doing. To be sure, poverty is frequently closely linked to ill health and social dysfunction.

A new ethic of personal responsibility is by no means a substitute for the changes that we must make in our broader system of health care. Government will have to be more active on behalf of those who are underserved by our current health care system—especially our poor and minority citizens.

But, we should never imply that our citizens must be wealthier, before they can be healthier. Such implications are inaccurate, patronizing and insulting.

As we seek to empower rather than victimize all Americans we can learn much from the historical experience of the African Americans community in America. That experience teaches us that

progress and reform are most likely to come when we pursue a two-fold strategy: *first, strive to change the external circumstances that are unjust and hold us back; and second, strive to reinforce the strength of character necessary to survive and prosper in spite of adverse circumstances. Neither strategy in isolation is sufficient; together these strategies will empower individuals and motivate societal reform.*

Frederick Douglass worked not only to abolish the social circumstances of slavery; he also sought to build better individuals by emphasizing the importance of character. *"With character we can be powerful,"* he proclaimed. *"Nothing can harm us so long as we have character."*

Today, let us pursue both strategies simultaneously. Let us not only seek ways to change and improve our health care system, but also search for ways to improve ourselves—our behavior and lifestyles, to reinforce our values and strengthen our character.

A new culture of character is not the entire answer to the health care dilemmas we face. But it is an essential, crucial part of the answer. And it is a vital key to better lives and to empowerment for all Americans.

(This is printed with the understanding that Muslims should avoid all alcoholic consumption as a Quranic decree. This writing is in effect already *The Life of the Muslim*.)

Wash. Post: 4-2-91

Medicare Trust Funds' Outlook Bleak

Bankruptcy Within 15 Years Predicted for Hospital Account

By Spencer Rich
Washington Post Staff Writer

A-14

The Medicare hospital trust fund will go bankrupt within 15 years because of a "serious imbalance between long-range costs and revenues," according to a report by the government's Social Security Advisory Council.

Deborah Steelman, who heads the council, said the costs of Medicare's other trust fund, which covers doctor bills, also are rising rapidly.

This report says that it is a very sick future for Medicare unless policy-makers take the window of opportunity afforded to them before

the baby boom starts to retire in 10 short years," Steelman said.

A new council is appointed every four years to look at the Social Security system, including Medicare, and recommend changes.

A precarious future for Medicare because of rapidly rising health care costs and the aging population has been forecast for some time by Medicare actuaries. The advisory council's report, from a special panel of technical experts, took a new look at the problem and confirmed the fears of the actuaries, placing special emphasis on the combined long-range weakness of the two trust funds.

The Medicare hospital trust fund, which pays hospital bills for about 34 million aged and disabled Social Security recipients, is expected to go bankrupt by about the year 2006, according to the report.

The financing problem partially stems from the program's fixed tax rate. The Social Security tax devoted to the Medicare hospital trust fund is permanently fixed at 2.9 percent of pay per worker (half paid by the employee and half by the employer). But projected costs of benefits are rising sharply and soon will be far higher than 2.9 percent of pay, the panel said.

For example, by the year 2000,

benefit costs will be 3.42 percent of wages subject to the tax; by the year 2060, they will be 8.11 percent to 8.44 percent, leaving a "huge long-range financial deficit," the report said.

The trust fund for the Supplemental Medical Insurance portion of Medicare (Part B), which covers doctor bills, technically does not face impending bankruptcy because three-quarters of its outlays are automatically funded from Treasury

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THE GREEN SHEET

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

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Grand Jury Investigates FDA Leaks

G-1
Drug Approvals Said Tied To Insider-Trading Profits

By Sandra Sugawara and Paul W. Valentine
Washington Post Staff Writers

A federal grand jury is investigating whether Food and Drug Administration officials have leaked confidential information about new drug approvals to investors who then used the information to make illegal insider-trading profits, sources said yesterday.

An FDA spokesman confirmed the probe. Syndicated columnist Jack Anderson reported yesterday that FDA officials are suspected of passing along the information to a California brokerage house in return for compensation.

Stocks of drug companies often soar when they receive approval for major new drugs. An investor with inside knowledge of upcoming FDA approval could profit by buying stock before the FDA publicly announces its decision and then selling after the news has driven up the price.

The FDA approves approximately 800 new drugs and other products annually, including about 20 to 30 so-called "breakthrough" drugs.

Anderson said that the grand jury investigation stemmed from an ongoing joint probe by the Securities and Exchange Commission along with Richard P. Kusserow, Health and Human Services inspector general. He reported that 13 FDA officials and five private individuals were subpoenaed to appear before a federal grand jury in Baltimore.

"What the FDA is aware of is that several employees have been asked to provide information to federal investigators as part of an investigation

See FDA, p. 10

Columbus Dispatch; 3-25-91

Culture of character Sullivan's prescription worth considering

There are some problems better resolved through creative approaches than through the time-honored but rarely successful method of appropriating more money to failed solutions.

Health and Human Services Secretary Louis W. Sullivan, fortunately, is one person who recognizes this. He says those who believe that the problems of the underclass can be alleviated only by greater investment in social programs, for example, are missing the main point.

Sullivan says that while social spending is certainly part of the solution, developing a "culture of character" is just as important.

In speech after speech, he stresses devotion to family. He admonishes listeners to assume personal responsibility. He stresses the need for all Americans to finish school. He encourages working hard at a legitimate job. He urges the poor to avoid the temptations of alcohol, tobacco, drugs and unwed pregnancy.

And, as a medical doctor, he emphasizes the need for the poor to improve their diets and personal health habits.

All these things, he says, will probably do more to improve the lives of the poor than any government spending program can.

When Sullivan appeared at Hampton University last week, he stressed that he was speaking not only as a cabinet official, but also as "a black man and a father of three" as he focused on the multitude of woes that affect many low-income black neighborhoods.

"Yes, the government has a role in solving the problems of violence and drugs and teen-age pregnancy and AIDS. But it is far more important what we are doing to help ourselves, what we are doing to help

each other," he told the predominantly black audience.

Sullivan also stressed the need for "spiritual wellness," which he said often manifests itself in attendance at "a church, a mosque or a synagogue."



Since a September 1989 speech at Tuskegee Institute, in fact, Sullivan has been preaching the clear message that individuals have a responsibility to behave in certain ways, that they must be held to standards of conduct and that society expects them to

make a contribution to the solution of their own problems.

Some of Sullivan's listeners snicker at his message and say talk of healthy lifestyles or personal conduct is little more than wishful thinking.

But the statistics seem to back him up. Consider:

■ Unmarried women who have children are far more likely to be on welfare and in poverty than other women.

■ Those who use illegal drugs, practice unsafe sex or overindulge in alcohol and tobacco are likely to pay a price. Acquired immune deficiency syndrome killed 21,360 Americans in 1989; respiratory cancer killed 141,590; half of all traffic fatalities are alcohol-related. Poor food habits are a major factor in heart disease.

Eddie Williams, president of the Joint Center for Political and Economic Studies, a think tank that specializes in issues affecting blacks, says he "couldn't be more supportive of the secretary" in emphasizing personal conduct and responsibility. "I hope he keeps it up," he said.

So should anyone who looks forward to the day when America's underclass will be able to rise to the top.

Wash. Post; 4-3-91

Rules Proposed to Enforce Clinical Lab Standards

By Spencer Rich
Washington Post Staff Writer

New rules to enforce federal health and safety standards for the nation's 300,000 clinical laboratories were proposed yesterday by Secretary of Health and Human Services Louis W. Sullivan, including up to \$10,000 per day fines for violations.

The rules carry out a 1988 law, passed after hearings by the House Energy and Commerce Committee and reports in *The Wall Street Journal* revealed fraud and gross errors in lab tests. Some studies found false negative rates as high as 55 percent in Pap smears for cervical cancer, caused mainly by overworked laboratory technicians.

The law's key sponsor, Rep. John D. Dingell (D-Mich.), said at the time, "No woman should suffer or die from cervical cancer because of sloppy testing practices that lead to false negative results."

The legislation brought under federal regulation virtually all clinical laboratories in the country, including 100,000 or more in doctors' offices. It required periodic inspection and proficiency testing, set standards for Pap smears and other tests, authorized fines, mandated corrective action and allowed for on-site monitoring.

The administrator for Medicare and Medicaid, Gail Wilensky, said that previously only 12,000 to 13,000 laboratories were covered.

The rules proposed yesterday

laid out specific procedures for how the fines and other sanctions are to be imposed.

Until now, Wilensky said, punishment for non-compliance with standards has been limited to withdrawing Medicare approval of a laboratory, which terminates Medicare and Medicaid payments for its services.

Wilensky said that the lesser sanctions such as fines, making a lab pay for government monitoring and suspending payments under certain conditions are important in "changing behavior. If you only have an all-or-nothing capability—terminate or not—you are put in the position of using your atom bomb" for any disciplinary action. "We're not interested in seeing how many

we can put out of business," she said.

Also yesterday, Sullivan announced that letters have been sent to 800,000 firms as the first step toward recovering \$600 million to \$1 billion that Medicare erroneously

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