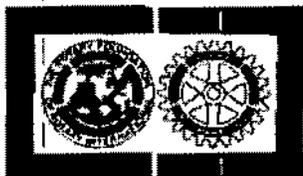


# ROTARY INTERNATIONAL

THE ROTARY FOUNDATION



One Rotary Center  
1560 Sherman Avenue  
Evanston, IL 60201-3698 USA

*Copy to:*  
- Bruce Reed  
- Mark Stern  
- Gene Speckling

2 December 1996

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

Dear Mr. President:

As a result of a massive global program, strongly supported by American funds and medical experts, and using vaccine developed by Americans, the world is on the brink of eradicating the virus that causes poliomyelitis, one of the world's greatest cripplers of children.

The target date is the year 2000. Through a combined effort of donor nations, the World Health Organization, UNICEF, and the 1.2 million members of Rotary International, we are winning the war on polio. This public/private cooperative program is unprecedented in medical history.

At your urging, Congress appropriated \$72 million in fiscal year 1997 to help polio-endemic nations conduct massive national immunization days against polio. We strongly recommend the same level of funding for fiscal year 1998, because the unmet needs of the eradication strategy are peaking.

These vitally needed funds are being effectively deployed through the Agency for International Development and the Centers for Disease Control and Prevention. They are now helping scores of nations in Asia and Africa fight the final battles against this dreaded disease. Worldwide, reported cases already have declined more than 90 percent.

May I respectfully suggest, Mr. President, that in your inaugural address you especially comment on the program to eradicate polio. The expected victory over polio will occur as you complete your next term of office. This historic achievement will be cause for rejoicing among millions of Americans who feared and fought this disease. Furthermore, when we cross that bridge into the next century, millions of children in less-developed nations will be able to walk rather than crawl. What a wonderful gift to the children of the 21st Century.

The Honorable William J. Clinton--page 2

The benefits of eradication go beyond the immense health benefits. When eradication is achieved and we can stop immunizing against polio, the United States will start saving \$230 million a year. Worldwide savings will be at least \$1.5 billion.

Rotary International has committed nearly \$400 million to this effort, plus the services of hundreds of thousands of volunteers who are helping the health ministers and health workers in countries around the world. Without doubt, the polio eradication program is one of the world's finest examples of a public/private venture.

On behalf of Rotarians and all the global partners, I especially commend this program as worthy of inclusion in your goals for the next four years. As for inclusion in your inaugural address, this program is an excellent example of how overseas development assistance can produce effective results which also benefit the American people.

Sincerely,



Herbert A. Pigman, Chairman  
Ad Hoc Task Force on International Advocacy  
PolioPlus Program of The Rotary Foundation of Rotary International

Immunization

4/22

Bruce --

Here's the fact sheet - overall, spending has doubled, but I'll get somebody to tease out discretionary spending only (i.e., non VFC) in case you need.

Just to reiterate -- I feel strongly that at the very least we should go to "low cost" or affordable instead of "free." That one word change gives us the cover to talk about/take credit for the things that really are working -- like keeping clinics open longer, developing state-specific action plans, creating partnerships with the private sector, educating parents, etc.

Welfare details are on the fact sheet too.

Melissa

See esp. pgs  
2, ~~2~~ 3+4 of first  
fact sheet -

FAX to  
Robin  
479-5191

Funding for state  
action plans is  
up 400%.

# HHS FACT SHEET

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

April, 1996

Contact: CDC Press Office  
(404) 639-3286

## THE CHILDHOOD IMMUNIZATION INITIATIVE

Childhood immunization was one of the earliest priorities of the Clinton Administration. In response to disturbing gaps in the immunization rates for young children in America, the Administration has designed a comprehensive Childhood Immunization Initiative. This national initiative addresses five areas:

- 1) Improving immunization services for needy families, especially in public health clinics
- 2) Reducing vaccine costs for lower-income and uninsured families, especially for vaccines provided in private physician offices
- 3) Building community networks to reach out to families and ensure that young children are vaccinated as needed
- 4) Improving systems for monitoring diseases and vaccinations
- 5) Improving vaccines and vaccine use.

At the same time, the Administration and Congress have committed substantial new resources for immunization, including significant budget increases for service delivery improvements and for purchase of vaccine to be made available to needy children.

### PROBLEM:

While childhood immunization rates are at an all-time high of 75 percent, about 1 million children under age 2 still have not received the full series of vaccinations. Some of the reasons:

- There are not enough public clinics; clinic hours and locations are often inconvenient for parents; clinics are short-staffed.
- Vaccines are expensive. The cost of the full series has increased more than ten-fold from \$27 in 1983 to \$313 today.
- Many parents are unaware of the need to immunize by age 2. In addition, vaccine schedules can be confusing -- and there's no standardized system for monitoring vaccinations or notifying parents when vaccinations are due.

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**GOALS:**

The Childhood Immunization Initiative is working to build a comprehensive vaccination delivery system. It integrates efforts of the public and private sectors, health care professionals and volunteer organizations. The goals:

- By 1996, to increase vaccination levels for 2-year-olds to at least 90 percent for the initial and most critical doses, and to reduce most diseases preventable by childhood vaccination to zero.
- By 2000, to have in place a system that will ensure at least 90 percent of all 2-year-olds receive the full series of vaccines.

**BUDGET:**

The Centers for Disease Control and Prevention manages the National Childhood Immunization Initiative. The President's FY 1997 budget proposal includes a total of \$ 1 billion for child immunization and purchase of vaccine.

- In all, funding for child immunization has more than doubled since President Clinton's inauguration.

**THE INITIATIVE:**

The Childhood Immunization Initiative focuses on five areas:

1) Improve the quality and quantity of vaccination delivery services --

- CDC is providing funds and assistance to open new public health clinics, extend clinic hours and hire new staff.
- CDC provides its primary support through state and local Immunization Action Plans, which coordinate local efforts and tailor activities to specific state and local needs. Performance-based funding will reward those IAPs which meet or exceed immunization targets.
- The President's FY 1997 budget request includes \$177 million to continue service delivery improvements through new Immunization Performance Partnership grants. This represents a four-fold increase for state Immunization Action Plans compared with \$45 million in FY 1993.

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## 2) Reduce vaccine costs for parents

- The Vaccines for Children program was designed to provide free vaccine to about 60 percent of the nation's children, starting in October, 1994. Eligible children include those without insurance coverage, those who are eligible for Medicaid, and American Indians and Alaska Natives.
- Total federal vaccine purchases in FY 1997 are estimated at \$638 million, which is \$218 million (52 percent) higher than the amount expended for CDC and Medicaid vaccine in FY 1993 (\$420 million), and includes funds for vaccines not purchased in FY 1993.
- States have the ability to buy vaccines at reduced federal contract prices. About half the states are supplying vaccine for all their children at the lower federal price.
- CDC is continuing to provide immunization grant funds to help states obtain vaccine for children who are not eligible for the new VFC program, but who still need access to free vaccine.

## 3) Increase community participation, education and partnerships

- The initiative is working to increase awareness of proper immunization, coordinate local resources, and enlist national organizations. A national outreach program has been launched, with outreach coordinators placed in each HHS region. Regional meetings are also being convened to draw organizations together.
- New public service announcements are being produced for TV, radio and print media.
- Toll-free information services refer callers to local immunization providers and provide prerecorded information in English and Spanish. Toll-free number: 1-800-232-2522.
- Outreach to health care professionals will ensure they don't miss opportunities to vaccinate infants and pre-schoolers.

## 4) Improve systems to monitor diseases and vaccinations

- An improved system for monitoring vaccine-preventable diseases will help spot problems early and enable action to prevent a few cases from escalating into epidemics.
- CDC will support investigation of each case of vaccine-preventable disease targeted for elimination.

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**5) Improve vaccines and vaccine use**

- The initiative supports research into new vaccines and vaccine combinations to reduce the number of shots children must get, and to ensure safe and effective vaccines.

**OTHER CHILDHOOD IMMUNIZATION EFFORTS:**

- Under welfare reform waivers granted by the Clinton Administration, 13 states are now requiring parents to adequately immunize their children as a condition of receiving assistance: Colorado, Delaware, Florida, Indiana, Louisiana, Massachusetts, Mississippi, Montana, North Carolina, North Dakota, South Carolina, Texas, Virginia.
- Through the WIC program (Special Supplemental Food Program for Women, Infants, and Children), states are linking childhood immunization to nutrition assistance for low-income women and children. For example, state WIC programs are providing on-site immunization services, checking the immunization records of WIC participants, and including immunization information in WIC food packages.

**CHILDHOOD IMMUNIZATION BACKGROUND:**

- Childhood vaccines prevent ten infectious diseases: polio, measles, diphtheria, mumps, pertussis (whooping cough), rubella (German measles), tetanus, spinal meningitis, varicella (chicken pox), and hepatitis-B.
- Between 12-16 vaccine doses are due by age 2, requiring about five visits to health care providers. This is about 80 percent of all vaccine doses recommended for children.
- Children are required to be immunized in order to enter school, and more than 96 percent of American children are adequately vaccinated by kindergarten. Yet more than one million pre-school children are not adequately protected against possibly fatal illnesses.
- With increasing numbers of children more readily exposed to infectious disease in day-care settings, complete immunization by age 2 is critical.
- Failure to immunize can lead to new outbreaks of disease. In 1989-91, a measles epidemic resulted in more than 55,000 reported cases, 11,000 hospitalizations, and more 130 deaths. Half of the deaths were infants.
- Vaccines are cost-effective. More than \$21 are saved for every \$1 spent on measles/mumps/rubella vaccine; more than \$30 are saved for every \$1 spent on diphtheria/tetanus/pertussis vaccine; and more than \$6 are saved for every \$1 spent on polio vaccine.

# HHS FACT SHEET

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

April, 1996

Contact: CDC Public Affairs  
(404) 639-3286

## NATIONAL INFANT IMMUNIZATION WEEK April 21-27, 1996

*"We're working with communities across America to create coalitions and build a national outreach effort the likes of which this country has never seen -- a national outreach effort that is allowing parents to see our immunization message almost everywhere they look: on baby food labels, on fast food tray liners, and on supermarket receipts."*

-- HHS Secretary Donna E. Shalala

### Background

The infant immunization rate is now at an historic high of 75 percent, and childhood infectious diseases are at an all-time low. However, more than one million American preschoolers are still not adequately immunized against vaccine-preventable disease. National Infant Immunization Week (April 21-27) is a critical part of the Clinton Administration's effort to ensure that all children get the shots they need, when they need them.

### National Infant Immunization Week

In 1994, President Clinton declared the last week in April as "National Infant Immunization Week" -- to focus attention on the importance of proper immunization for infants and toddlers. In both 1994 and 1995, communities across the country used this week to increase awareness of and access to immunization services -- by expanding clinic hours; distributing information at supermarkets, movie theaters, and other public places; canvassing neighborhoods; holding immunization fairs; and creating new partnerships with businesses and community groups.

### National Infant Immunization Week -- 1996

This year's National Infant Immunization Week will build on the achievements of the past two years. Events are planned across the country, including an April 22 kick-off event in Atlanta with Dr. David Satcher, Director of the Centers for Disease Control and Prevention and Izzy, the Olympic Mascot. On April 23, HHS Secretary Donna Shalala will visit the East Valley clinic in San Jose, California. On April 25, Secretary Shalala will participate in immunization outreach activities at the Maria de los Santos clinic in Philadelphia's Empowerment Zone. Local officials and community groups are planning a variety of events in all 50 states.

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### Other Childhood Immunization Outreach Efforts

Over the past two years, CDC's National Immunization Outreach program has worked to increase community participation, education and partnerships through the following activities, in addition to NIIW:

- o New partnerships have been formed throughout the country. McDonald's, Proctor and Gamble, K-Mart, and the Kiwanis and Rotary clubs are just a few of the organizations that have joined the outreach effort. In 1995, for example, K-Mart provided diaper coupons to WIC clients who were up-to-date on all their children's shots; McDonald's printed immunization information on tray liners; and Rotary Club members in New Jersey distributed 60,000 immunization flyers and t-shirts. Bonnie Raitt also promoted proper infant immunization during her national concert tour.
- o A special partnership with AmeriCorps (the Corporation for National Service) is providing volunteers for a wide range of immunization outreach activities. Across the country, AmeriCorps volunteers are reviewing vaccination records in public health departments; traveling door-to-door in neighborhoods to identify under-immunized children; placing calls to remind parents when their children's shots are due; and working in WIC and Head Start centers to ensure that children being served there are properly immunized.
- o Extended clinic hours during NIIW and throughout the year are enabling health departments and providers to reach under-immunized children. In 1995, clinic hours were expanded or special NIIW clinics were opened in all 50 states. For example, Oregon expanded clinic hours at 87 sites -- helping 3,600 children, including 935 preschoolers, get shots.
- o New access to immunization information is now available, including a toll-free information service that refers callers to local immunization providers and provides prerecorded information in both English and Spanish. The toll-free number in English is: 1-800-232-2522, and the number in Spanish is: 1-800-232-0233. Immunization information and vaccine schedules are also now available on CDC's home page at: <http://www.cdc.gov/>.
- o New public service announcements, in both English and Spanish, will be distributed later this year to TV, radio, and print media. The first round of public services announcements generated the equivalent of \$40 million in free media in 1994, and the Spanish language PSAs received top honors at the Worldfest International Film and Video Festival.
- o In October 1995, the Outreach program became a permanent branch within CDC's National Immunization program. This new "Community Outreach and Planning" branch will ensure that the national commitment to immunization outreach is sustained. Outreach coordinators are continuing to work in state and local communities throughout the country.

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### The Childhood Immunization Initiative

National Infant Immunization week and these other year-long outreach efforts are all part of the Clinton Administration's comprehensive Childhood Immunization Initiative (CII). The Initiative aims to increase childhood immunization rates now, and put in place a system to sustain high rates into the future. The CII focuses on four areas in addition to outreach:

1) Improving immunization services for needy families, especially in public health clinics; 2) Reducing vaccine costs for lower-income and uninsured families, especially for vaccines provided in private physician offices; 3) Improving systems for monitoring diseases and vaccinations; 4) Improving vaccines and vaccine use.

The Clinton Administration has also increased the resources devoted to childhood immunization. In all, funding for child immunization has doubled since 1992. The President's FY 1997 budget proposal includes a total of \$1 billion for child immunization and purchase of vaccine.

### Facts on Childhood Immunization

Today, the number of preschool children properly immunized in the United States is at an all-time high. In 1994, 75 percent of the nation's two-year-olds received the recommended series of four doses of diphtheria/tetanus/pertussis vaccine, three doses of polio vaccine, and one dose of measles/mumps/rubella vaccine -- the highest levels ever recorded.

In addition, childhood vaccine-preventable diseases are now at record lows. In 1995, fewer children than ever before suffered from measles, mumps, rubella, diphtheria, tetanus, polio, and a form of bacterial meningitis. These life-threatening diseases have declined 95 percent or more from their rates during the pre-vaccine era. In 1995, reported cases of measles were the lowest since reporting began in 1912. About 300 cases were reported in 1995, down 69 percent from the 963 cases reported in 1994.

*FAX To  
Rob  
479 594  
Immunization*

April 23, 1996

NOTE TO BRUCE REED:

Here is what we can safely say on childhood immunization: overall funding for childhood immunization has doubled since the Administration took office. In addition, the President's 1997 budget request includes \$177 million in funding for state infrastructure improvements (including Immunization Action Plans), a four-fold increase from the \$45 million spent in FY 1993. Looking at discretionary spending on immunization (not including Medicaid or VFC), we've increased funding from \$341 million in FY 1993 to \$468 million in FY 1996.

Let me know if you need anything else.

Thanks,

Melissa

THE BUSINESS CENTER  
AT THE MARRIOTT  
Phone# - (503)499-6329



*File: Immuniz. Send to Bruce Reed -  
tell him to go  
over w/ me Wed,  
9 a.m.*

TO: Name: Res for Carol

DATE 7 / 20 TIME 10:15  
*a.m.*

Company: White House

FAX#: 202/456-2878

Room #: \_\_\_\_\_ Country: \_\_\_\_\_

PHONE #: 456-2216

FROM: Name: \_\_\_\_\_

Marriott FAX # - (503)221-1789

Room #: \_\_\_\_\_

Marriott Phone # - (503)226-7800

**SPECIAL INSTRUCTIONS:**

*Please give copy to Bruce Reed,  
if Carol says to go ahead.  
I can be reached at  
503/226-7600 12m 609  
Thu Thursday  
a.m.  
Sara*

If you do not receive all of the page(s), or are having other problems, please call (503) 499-6329 immediately.

TOTAL PAGES SENT 3 INCLUDING THIS INFORMATION PAGE.

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7/20 9:00<sup>a.m.</sup> PST

Carol-

Please forgive the handwriting. I am not sure ~~how~~ how much of the details you know at this point, but I thought I'd bring you up to date.

It is my understanding that the preliminary assumptions coming from the White House economic folks are for an initiative of between \$600 million and slightly more than \$1 billion (5-year).

We have worked through a \$600 million starting point package that includes:

- o immunizations for all ~~state~~ uninsured children < 18

- o immunizations for all children receiving health care from providers in designated medically underserved areas

- o immunization in accordance with the CDC schedule for all Medicaid enrolled children

- o bulk purchasing of Medicaid vaccines + discount pricing for vaccines for uninsured / underserved children

- o improvements in Medicaid.

The federal outlays would be relatively modest. According to CBO, states would save nearly \$200 million through lower Medicaid prices. They are enthusiastic + will be helpful if they can keep these

(2)

savings.

Possible sources of funding for the new initiative are as yet unclear to us. If the financing freed up is higher, we can reach under-insured children ~~people~~, as well.

It is essential for the House & the states that non-Medicare funds be brought to the table. Dingell & Waxman, as I'm sure you know by now, don't want to pay for poor children through program savings for other poor children. These savings should be plowed back into better services for these children. We've talked about:

- o A small limit on the deductibility of health care companies' advertising costs. Their ad costs are so very high that a small limit on deductibility would be sufficient.

- o A rebate to the federal government for all drugs & vaccines sold to Medicare providers & suppliers. Even though Medicare doesn't cover outpatient drugs, but does pay for many hospital-administered drugs & certain other drugs.

We are trying to work out a structure that avoids Byrd-like problems as much as possible. We have no Byrd problems if the whole thing is Medicare funded (e.g., through a bigger drug rebate). But we use the states because, & Dingell. Any other source of funding needs to be tied back to a Byrd-permissible activity.

Sara