

CAROL RASCO -- ROOTS REMEMBERED, HEALTH CARE REFORMED

Nationwide, consumers and providers are raising their voices in the name of rural health care, demanding that improved access be a reform priority. We agree. No longer shall these communities go underserved. We realize that a health security card means little to a family that has no physical access to a provider. Avenues must be installed to streamline care access. Because rural areas have a disproportionate number of uninsured, under-insured, and Medicaid recipients, providing universal coverage is a crucial factor in channeling new resources into rural health care systems.

You all may imagine that in the chaos of urban D.C. the plight of rural America is left in the shadows. Well, many of us in the White House, many members of Congress, know about rural areas because they represent our roots.

I come from a small town in ... Arkansas, with a population of.... and the nearest city.... miles away. My father was a pharmacist, so I grew up hearing about the obstacles to care so many rural Americans face. **(Add details here?)** I am no stranger to the special needs of communities with small, underfunded hospitals, with too few doctors who have too few hours in a day to see the patients who need their care and council.... I have lived in a rural state most of my life, and so has the President. And just like you, he knows that bringing security and health care access to rural America means more than a health security card; it means special initiatives targeted to make sure all Americans have access to care, even those in small towns and remote areas.

You and I both now how underserved these areas -- and their residents -- are today. Right now, two-thirds of rural counties do not have enough doctors. It's no

wonder. Rural doctors provide more charity care than any doctors in the country, and they often get paid late. In many cases, rural doctors can't even take a day off because there isn't another doctor for miles around. In some counties, they are so strapped, there is one doctor trying to fulfill the needs of 2,000 people!

Imagine having one teacher for a class of 2,000 students -- each one requiring and deserving individual attention, attention they are dependent upon to thrive in our society. It would be impossible for more than a fraction of those students to receive adequate nurturing. None of us would send our children to that kind of school. Our conscience would not allow it. Can we as a nation continue to deny our citizens the health care they need! Not any more.

As if these practitioners haven't served enough, they can't retire because there is no one to replace them. What's more, lack of transportation also hinders entry to academic health centers and the most up-to-date medical technology. It's not only a challenge to get people to the only doctor in town; it's even harder to get young doctors to replace them! The situation is more than precarious; it is about to topple.

But I am here today with an air of hope because I believe we are on our way to a solution -- a solution which is comprehensive and guarantees health security for every American, regardless of age, income or location. The President's Health Security plan is based on the conviction that Americans everywhere need to know there will be a doctor and a health care facility available to them, at all times.

I am particularly excited to present this plan to you. I have been inspired by the initiative this state has shown in demanding better access to care for its residents. Through the Essential Access Community Hospital (EACH) program, here in West

Virginia, you have already displayed the determination and potential necessary to tackle the rural health care dilemma. The President's plan envelopes the rural goals of EACH to ensure primary care, emergency services and acute patient services where full service hospitals are presently nonexistent or being starved for lack of adequate funding.

In response to extreme need, the President's plan is committed to additional targeting of rural communities in which most residents are below the poverty level. What links many low-income rural and urban areas is that they both struggle to achieve what some Americans take for granted -- access to quality care. The Health Security plan has something for both of them.

New workforce initiatives will be implemented. The Health Security plan will include tax incentives, among others, for doctors to practice in rural areas. Specifically, it will expand the National Health Service Corps and their loan repayment program. In tandem, the plan will increase incentives for medical schools to train more primary care doctors, while giving states more flexibility to develop programs that are most responsive to rural needs. Soon health care providers will want to practice in rural areas; it will be to their benefit. Let's rework it so that rural health care is in everyone's best interest. Rural doctors and hospitals will benefit enormously from the dependable payments that will result from all their patients having comprehensive insurance coverage.

The Health Security plan seeks to help break the isolation of rural doctors by encouraging cooperative relationships among rural and urban providers. We must insist upon the development of a networking system: information sharing capabilities and referral mechanisms that will link academic health centers and rural health providers. As an incentive to urban health plans, they may be offered long-term contracts to serve rural areas in their region. If necessary, they may also be required to serve rural areas as a

condition of participation. In this case, providers will be offered contracts with plans or fee-for-service reimbursement.

Technical and financial assistance will be allotted to further expedite the development of these rural-urban networks. But these networks must be informational, as well as providing primary care. The Health Security plan includes grants for academic health centers to develop an infrastructure of information and referral services necessary for rural health networks to remain up-to-date. Technologies such as interactive video will give rural residents access to the kind of care once available only at major medical centers. It is time for the country doctor to benefit from the technological resources of the nineties.

Similar grants and loans will also be provided to facilitate links between local practitioners, community hospitals and academic health centers. Such links set the stage for integrated practice networks or community-based plans. Federal block grants will be implemented to facilitate the phase-in process.

And finally, the Health Security plan will give rural residents the bargaining power they need to get affordable -- high quality -- coverage and the access to the health care they need. Under universal coverage, funds that in the past have been sapped to compensate for the uninsured, will be redirected to ensure further rural outreach, such as follow-up, home visits, transportation, and child care during office visits -- services that were previously not simply unavailable, but in some areas unimaginable!

I read recently about a care provider from West Virginia who has been extending her services to a low-income patient. The payment? A life-time supply of butternut squash. And I thought to myself, that is where I want to go -- that is where I would want

to receive health care. What rural centers may lack in technology, they made for with compassion. We need to help these people who so generously help others.

The town I grew up in... everybody looked out for each other, neighbors really cared about one another. Doctors made house calls. Some people today don't know any better and believe that these are practices of the past. They do not realize that rural America is maintaining the most valued, yet endangered, element of our health system -- human warmth and caring. We must fight to preserve what most Americans regretfully believe to be extinct -- a personal, dependable relationship with your doctor. A relationship built on respect, trust, and quality.

Through the President's Health Security plan, we have established a way to preserve the humanitarianism of rural America while integrating the technology of urban health centers. Thank you for reminding me what I personally work towards -- what we as a community aspire to achieve. Rural America is no longer simply the place we came from; it is a haven we are returning to. I look forward to this joint venture for improved quality and access to health care for all. Thank you.

Oct. 15, 1993

W. Va.'s doctors oppose them. Yet they still do in-home births.

Lay midwives and the law

By Jeffrey Fleishman
INQUIRER STAFF WRITER

ALMA, W. Va. — Five of Kathy Fowler's babies came into the world in her small, white house on the other side of Indian Creek, across a rickety, wooden foot bridge that shudders in the mountain wind.

Those babies arrived over a worn floor in a sparse bedroom, caught by the gentle hands of Donna Spellman, a midwife who wiped them clean, weighed them and laid them at their mother's breast.

Fowler, a broad-faced woman with pigtails, chose not to use Medicaid to have her babies in a hospital. But she couldn't come up with the \$700 that Spellman charges. Instead, the midwife will receive a lifelong supply of butternut squash from Fowler's garden.

Thousands of babies have been born with the help of midwives in West Virginia and the rest of Appalachia since these mountains were first settled. More than 100 years ago, "granny midwives" trotted their horses over hillsides and into hollows, cradling the children of coal miners and moonshiners at a time when doctors rarely cared for country folk.

But today, Spellman and the newer breed lay midwives — those who have no formal medical schooling — are breaking the law.

West Virginia refused to license lay midwives last year and it is illegal for anyone other than a

doctor or a registered nurse trained in midwifery to deliver babies. The state's 134 legislators — a third of whom were born at home — were persuaded by an influential medical community that views lay midwives as a danger to mother and child.

The debate was one of the fiercest this impoverished state has seen in years. Some argued that midwives wanted to return to the dark ages of child bearing, when women slugged whiskey and bit bullets. Others protested that families have the right to give birth at home.

Similar battles are being fought across the country. Midwives' groups say they deserve a place in a national health-care system because their costs are low and they deliver children naturally, rarely requiring surgeries such as Caesareans. Last year, lay midwives and medically trained nurse midwives delivered about 180,000 babies nationwide, the majority done by nurse midwives.

"We opposed licensing lay midwives for two reasons," said George Rider, executive director of the West Virginia State Medical Association. "They do in-home births and they are not trained to react to sudden problems. . . . They are not the tobacco-spitting granny wife of the past, but they still can't provide quality care."

Lay midwives say they offer better care than overworked doctors, many of whom have left West Virginia or given up obstetrics because of the high

See MIDWIVES on A4



The Philadelphia Inquirer / J. KYLE KEENE

Lay midwife Donna Spellman checks Samantha Joy Spencer as her mother, Joy, looks on. The baby was delivered at the Spencers' Harrisville, W. Va., home.

Philadelphia Inquirer
Feb. 15, 1993

W. Va. law bans lay midwives

MIDWIVES from a 1 cost of malpractice insurance. There are 139 doctors — 89 of them obstetricians — delivering babies in West Virginia, a state with a population of 1.7 million. There is no prenatal care in 12 of the state's 55 counties. In some poor rural areas, one physician may see as many as 100 pregnant women a day.

"The first time I went to a doctor for a prenatal I waited three hours," said Barbie Pugh, who with the help of a midwife gave birth to one of her children in the bathtub of her family's farmhouse. "Then the nurse put me in stirrups and the doctor came in and looked between my legs for two minutes and whoosh, buddy, he was gone. I barely got a look at him. It made me feel just like a critter. But with a midwife, prenatal visits lasted hours and time was taken to understand me and what I was about. I was treated like an individual.

"Birth is not a disease," said Pugh, a tall woman with a sharp nose and close-shorn brown hair. "So I don't see why it has to take place in a hospital."

Kathy Fowler had silent labors. "She barely makes a sound," said Spellman, whose fine hair is streaked with gray. "Toward the end she might gasp a little but mostly she's just not vocal."

Spellman first learned that about Fowler on Jan. 7, 1981, when she delivered Dylan, a six-pound, 12 ounce baby who was born into the warmth given from a wood stove.

"Doctors seem to me to lose compassion and humanity because of all those machines," Fowler said the other day as her children sat around their kitchen table eating apple cookies and playing with five puppies. "Having a baby with your other children around makes you feel closer to your child."

Fowler, whose neck was draped in beads and whose feet were bare, pushed away her bangs and sipped tea in a neat but simple home. The kitchen floor sagged, a curtain hung between the bathroom and the rest of the house, crayon pictures decorated the walls, and outside, cows grazed on a slope, stray dogs ran wild and a bunch of red raspberry roots sat steeped in manure, awaiting spring planting.

As Fowler's youngsters have gotten older, each has had a part in a new birth.

"I cut my sister Rose's cord," said a shy Moriah with a cookie close to her lips.

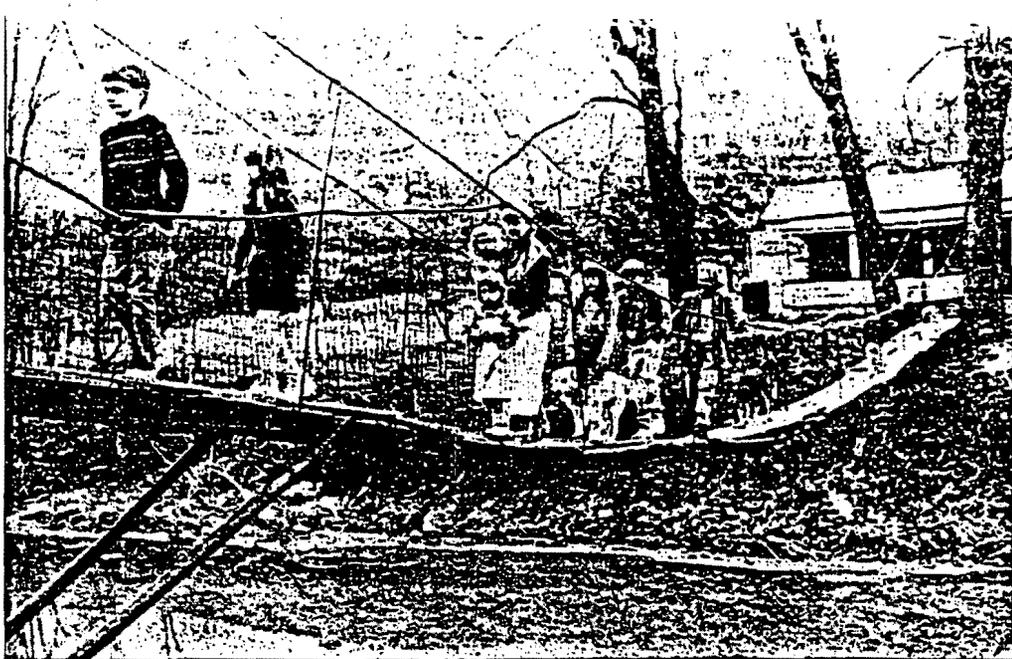
"I cut Clifton's," said sister Sara.

"They surely understand birth much more," said Fowler, who sells watermelons and other fruits and vegetables from tiny gardens that dot her hollow.

"Cows give birth naturally," she said. "Why can't we?"

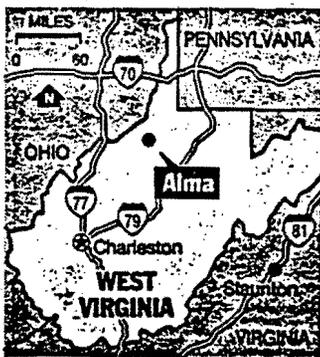
West Virginia's 15 to 20 lay midwives aid in as many as 200 of the state's 22,000 births each year.

The medical association says that's too many. The association says doctors are providing adequate care.



The Philadelphia Inquirer / J. KYLE KEENER

Kathy Fowler and her six children lead midwife Donna Spellman across the foot bridge to the Fowler home in Alma, W.Va. Spellman delivered five of the children. Midwifery is more humane, Fowler said.



The state's infant mortality rate — once one of the highest in the United States — is now below the national average, and 73 percent of women have prenatal care in their first trimester.

"There is no crisis in this state," said Rider. "The statistics just don't justify lay midwifery."

But the mortality rate is sometimes double the national average in counties where no prenatal care exists, according to the Bureau of Public Health. Pregnant women in these mountainous areas have no public transportation and often have unreliable cars.

"The doctors choose not to go there," said William T. Wallace Jr., commissioner of the state's Bureau of Public Health. "So in general these [pregnant] women have to go 40 or 50 miles over some pretty rough roads to get care. ... It's a question of distribution of care."

Sarita Bennett, a midwife with night-black hair and a wiry will, recently traveled through a light snow over rugged roads in poverty-stricken Pocahontas County.

"I had one woman call me who got put on a doctor's waiting list and her first prenatal wasn't scheduled until after her due date," said Bennett, who has accepted horses and quilts as payment. "I had another woman who was turned away from the hospital so she came to me."

Wallace, who plans to start a midwifery school in West Virginia, said Bennett was filling a need and

should be licensed "just to make safe something that's going to happen anyway."

Kathy Fowler knew the risks she faced if something went wrong during birth.

With only the swinging foot bridge as access to the home, Spellman said she would worry how Fowler could be transported around a mountain and 40 miles away to a hospital.

"There's an element of concern that usually pervades," said Spellman, who has helped deliver 200 babies. "But it's not like that with Kathy. There's an element of confidence that she will handle it."

Figures kept by the Bureau of Public Health show that of more than 400 in-home births attended by lay midwives during the last 12 years, two ended in stillbirths and 34 women were taken to hospitals during labor because of problems.

Fowler's babies were born without complications, and she had each of them after starting labor in the kitchen and then, quiet as a butterfly, walking into the bedroom for the final few minutes.

"I did feel it would be all right," Fowler said as she pushed some firewood into her stove. "You just have to have faith in life."

She balanced daughter Sara on her lap and glanced out windows jammed with small cactus.

"I have a low income," she said, her other children sitting by quietly, their coats on hooks by the door. "Mostly I get a check from the state and food stamps. Donna has been very patient about my payments and I have traded bread and butternut squash. With a doctor you could never bargain for a birth. She's helped me live like I want to live."

Midwives aren't just angels to the poor.

While many of their patients are low-income and too proud to accept Medicaid, many others simply believe that birth should be a natural — rather than a medical — event.

In interviews across the state, women who used midwives said they did so because they wanted more personal, family-oriented prenatal

care. They spoke of male doctors not allowing women to get up on their knees during birth or how doctors, unlike midwives, are seldom present during labor.

"It's an issue of power," said Spellman, who like many lay midwives learned her craft by assisting in births and watching more experienced women. "If the word gets out that lay people can do this, doctors feel threatened."

Clady Brown, a registered nurse and a certified midwife who runs one of the state's two birthing centers, said that pregnant women generally receive substandard care from male doctors. But Brown, who has delivered more than 1,000 babies, said lay midwives are not the answer.

"Lay midwives should have formal medical training and be working with a physician," said Brown, whose center is affiliated with a hospital. "You're going to find complications in birth and like it or not babies die and it is the care-giver who is to blame."

Over the years, and through the babies, Spellman and Fowler have become friends.

Spellman was there when Fowler and her husband split up and she has supported Fowler's wish to school her children at home.

"There's not too many people out there to help her," said Spellman. "So I like to give her a break. There's not much I can do."

It was dusk as Spellman waved goodbye to Fowler and the children she delivered, all of them standing on a little white porch. She stepped over the red raspberries, crossed the swinging bridge and got into her white Honda, which has traveled 25,000 miles over the last 10 months.

"When people tell me they want to be a midwife I try to talk them out of it," said Spellman. "Why should they want to get up at 3 a.m., go out in a blizzard and leave their own family for a few days? And for what? To risk the chance of getting thrown in jail ... If we don't get some legitimacy and become part of a national health care system then I think we'll be come extinct."

TRAVEL ITINERARY FOR CAROL H. RASCO

West Virginia Rural Health Conference
Beckley, West Virginia
October 16, 1993

8:00 am - Car to National Airport
7:45 am - USAir #237 departs Washington National
8:50 am - Arrive Pittsburg
9:30 am - USAir #1551 departs Pittsburg
10:13 am - Arrive Charleston, West Virginia
10:15 am - Transportation by Hilda Heady or State Troopers
12:00 pm - 1:30 Speech
1:30 pm - Transportation by Hilda Heady or State Troopers
to the Beckley Airport
3:03 pm - USAir #5157 departs Beckley, WVA
4:10 pm - Arrive Charlotte, NC
4:40 pm - USAir #1456 departs Charlotte, NC
5:47 pm - Arrive National Airport
5:50 pm - Car to WH



INVOICE/ITINERARY

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1 800 847-0242 (Toll-Free in the U.S.)
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CUSTOMER NBR: 9N0043

ITINERARY

SXWLYN

DATE: 04 OCT 93
PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: RASCO/CAROL MS

16 OCT 93 - SATURDAY

AIR USAIR FLT:237 COACH
LV WASHINGTON NATL 743A EGP: BOEING 757
AR PITTSBURGH 850A NON-STOP
RASC0/CAROL MS SEAT-16D
AIR USAIR FLT:1551 COACH
LV PITTSBURGH 930A EGP: DC-9 STRETCH
AR CHARLESTON WU 1013A NON-STOP
RASC0/CAROL MS SEAT-6C

17 OCT 93 - SUNDAY

AIR USAIR FLT:5157 COACH
OPERATED BY USAIR EXPRESS
LV BECKLEY 305P EGP: JETSTREAM J31
AR CHARLOTTE 410P NON-STOP
RASC0/CAROL MS SEAT-3D
AIR USAIR FLT:1456 COACH
LV CHARLOTTE 440P EGP: MD-80
AR WASHINGTON NATL 547P NON-STOP
RASC0/CAROL MS SEAT-30D

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REMINDER

ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
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ALL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
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RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.

THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

Office of Domestic Policy

TO: Christine Heenan
FROM: Carol H. Rasco
SUBJ: Speech/Meeting/Interview
West Virginia Rural Health Sciences
DATE: 9/27/93

Attached is the background information I have to date on the function listed. I would appreciate briefing materials by noon on Oct. 14, Thurs.

MEMORANDUM
OF CALL

Previous editions usable

TO: *ROZ*

YOU WERE CALLED BY YOU WERE VISITED BY

Hilda Hendy
OF (Organization)

304-293-6753

PLEASE PHONE FTS AUTOVON

WILL CALL AGAIN IS WAITING TO SEE YOU

RETURNED YOUR CALL WISHES AN APPOINTMENT

MESSAGE

*Beckley Travel
arrangements*

RECEIVED BY <i>pt</i>	DATE <i>10/1</i>	TIME <i>8:50</i>
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63-110 NSN 7540-00-634-4018 STANDARD FORM 63 (Rev. 8-81)
Prescribed by GSA
* U.S. GPO: 1990 - 262-080 FPMR (41 CFR) 101-11.6

October 1, 1993

Roz,

You were called by Hilda Heady re. CHR's travel arrangements to Beckley, W VA:

Some items for consideration:

- o Although Roanoke is only 70 ground miles from Beckley, there are no direct interstate roads, thus, the ground travel could take a long time.
- o If CHR flew to Charleston, W VA instead of Roanoke, the ground travel would be approximately 1 hour and Hilda could pick up.
- o Hilda could arrange through the Governor's office for CHR to be picked up by helicopter - she doesn't know how CHR feels about helicopter travel.
- o Also, she could arrange for state troopers to transport CHR from Beckley to Charleston - whatever CHR would prefer
- o CHR's speaking engagement is Sunday from noon to 1:30
- o Thus, she could leave and be back to Charleston for a flight.

Roz, these are options for you/CHR to consider. I'm sure I didn't get all the details, but Hilda wishes you to call her asap so that all options/details can be considered and worked out.

Also, she mentioned that there were direct commuter flights to possibly be considered.

Willing to look
@ Sunday 17th
if still raining



Sunday 12:00-1:30

Sunday 12:00-1:30
Beckley, W. Virginia
Beckley Hotel
+ Cont.



WEST VIRGINIA UNIVERSITY
HEALTH SCIENCES CENTER

March 19, 1993

Ms. Carol Hampton Rasco
Special Assistant for Domestic Policy
The White House
1600 Pennsylvania Avenue
Washington, DC

Dear Carol:

I enjoyed our brief conversation in Little Rock last week at the Rural Health Summit. I also want to thank you, the President, and the First Lady for your deep commitment to reforming our system of health care and for your interest in the impact of reform on rural people and their communities.

On behalf of the many rural health care providers and rural leaders in our state, I would like to invite you to be our keynote speaker at our statewide rural health conference scheduled for October 17 to 19, 1993 in Beckley, West Virginia.

This will be the first year that our conference is sponsored jointly by our rural hospitals, health care centers, state health department, schools of medicine, and state rural development council. This year's theme is "Rural Health and The Rural Economy: The Impact of Health Care Reform." The conference will attract health care providers, local leaders, consumers, and economic and health policy planners. Our conference planners feel, given your experience and role with President Clinton's administration, your insights and expertise would contribute greatly to our conference. As you indicated to me you could confirm your participation within six weeks of the date of the conference or by September 1, 1993.

Further, I would appreciate your assistance in reviewing the First Lady's calendar for April 6 or 7, 1993. I mentioned to you that the West Virginia Chapter of the National Association of Social Workers invited Ms. Clinton in November to provide the keynote address to this annual conference that attracts approximately 800 participants. Should you need more information or copies of correspondence concerning this invitation, please let me know.

Enclosed are two copies of the invitation and a copy of the correspondence.

Very truly yours,
[Signature]

Office of the Associate Vice President for Rural Health

1159 HSN PO Box 9003 Morgantown WV 26506-9003 Telephone 304-293-6753 FAX 304 293-7134
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OK - Call & tell her my reviewed letter will letter know by Sept. put in my August file

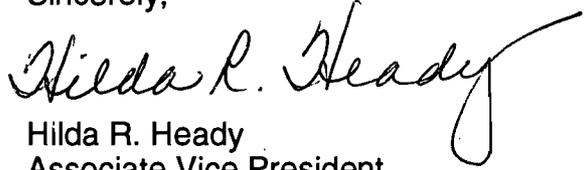
File "Projects" MR

cc: Patty Solis

Patty →

Again, I want to thank you for your support and advocacy for the needs of rural people and rural communities, and offer my voluntary assistance in any manner you feel appropriate.

Sincerely,

A handwritten signature in black ink that reads "Hilda R. Heady". The signature is written in a cursive style with a long, sweeping tail on the letter "y".

Hilda R. Heady
Associate Vice President
for Rural Health



**WEST VIRGINIA UNIVERSITY
HEALTH SCIENCES CENTER**
Office of the Associate Vice President
for Rural Health
September 7, 1993

*Regret - Sat. night
(family day)*

MEMORANDUM

To: Carol Rasco
From: Hilda R. Heady *Hilda R. Heady*
Associate VP for Rural Health
Re: Rural Health Conference, October 16 to 18

We are finalizing details of our state conference entitled, "Linking Community Development and Rural Health" in Beckley, West Virginia. We would be most appreciative if you could present with our Governor, Gaston Caperton, on Saturday evening, October 16. Governor Caperton would introduce you.

If you are available for this event, please let me know as soon as possible. Your interest and support is appreciated. Thank you.

Roz

(a cc)

This letter needs
to go to the person
preparing my
briefing notes -
have we made

That assignment?
When are the notes
due to me? Tell the
person I need all
the bold type issues
addressed.

See my notes on letter.

Robert C. Byrd
Health Sciences Center
of West Virginia University
ASSOCIATE VP FOR RURAL HEALTH
PO Box 9003
MORGANTOWN, WV 26506-9003
FAX NUMBER 293-3005
PHONE NUMBER 293-6753

TELECOPIER INFORMATION SHEET

TO: Carol Rasco % Rosalyn

FROM: Hilda R. Heady

TOTAL NUMBER OF PAGES: 2 (including Information sheet)

Date Transmitted: September 27, 1993

If you do not receive all the pages, please call Margaret at 293-6753 as soon as possible.

COMMENTS:



**ROBERT C. BYRD
HEALTH SCIENCES CENTER**

OF WEST VIRGINIA UNIVERSITY

September 27, 1993

Ms. Carol Rasco
Domestic Policy Advisor to the President
The White House
1600 Pennsylvania Avenue
Washington, D.C.

Dear Ms. Rasco:

I am pleased to confirm your presentation in Beckley, West Virginia on Sunday, October 17, 1993 from 12:00 noon to 1:30 PM. Our conference entitled, "Linking Community Development and Rural Health," is a statewide conference for rural health providers, administrators, planners, and community and economic development specialists. This conference will bring together, for the first time, those who share a common goal of improving the condition of rural communities in our state.

You are at liberty, of course, to present a topic of your choosing. However, listed below some suggestions which we feel our audience would like to hear you address:

- Anticipated role of the states in health care reform;***
- The impact of health care reform on other domestic programs in rural areas, particularly in the areas of community development, human services, and other programs targeted to rural areas;***
- The relationship between the Health Care Plan and the National Service Program.***

We need a brief bio from you and some indication of your topic. If we may be of assistance in planning your stay and travel to Beckley, please let me know.

We are truly honored that you will be addressing our group and coming to our state. Please let us know how we can make your visit more productive and enjoyable.

Sincerely,

Hilda R. Heady
Hilda R. Heady, Associate Vice President
for Rural Health

P.S. One of my colleagues, Phil Goodwin, said that he ran track with a Jim Rasco at Hendrix College in Arkansas and wondered if this Jim Rasco might be your husband or a relative. Any connection?

*My topic:
} Roots
} Remembered*

*when
} you
} call to
} go over
} topic tell
} see Jim
} is my former
} husband's brother, a
} CPA in LR, & still a →*

Office of the Associate Vice President for Rural Health

1159 HSN PO Box 9003 Morgantown, WV 26506-9003 Telephone 304-293-6753 FAX 304-293-7134
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ROBERT C. BYRD
HEALTH SCIENCES CENTER

OF WEST VIRGINIA UNIVERSITY

September 27, 1993

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Domestic Policy Advisor to the President
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OCT 1 REC'D

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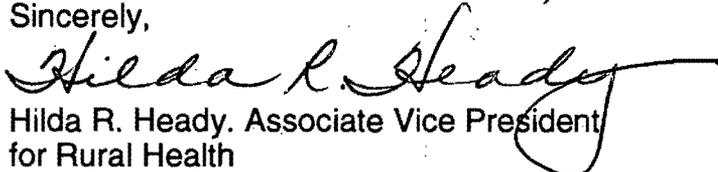
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We need a brief bio from you and some indication of your topic. If we may be of assistance in planning your stay and travel to Beckley, please let me know.

We are truly honored that you will be addressing our group and coming to our state. Please let us know how we can make your visit more productive and enjoyable.

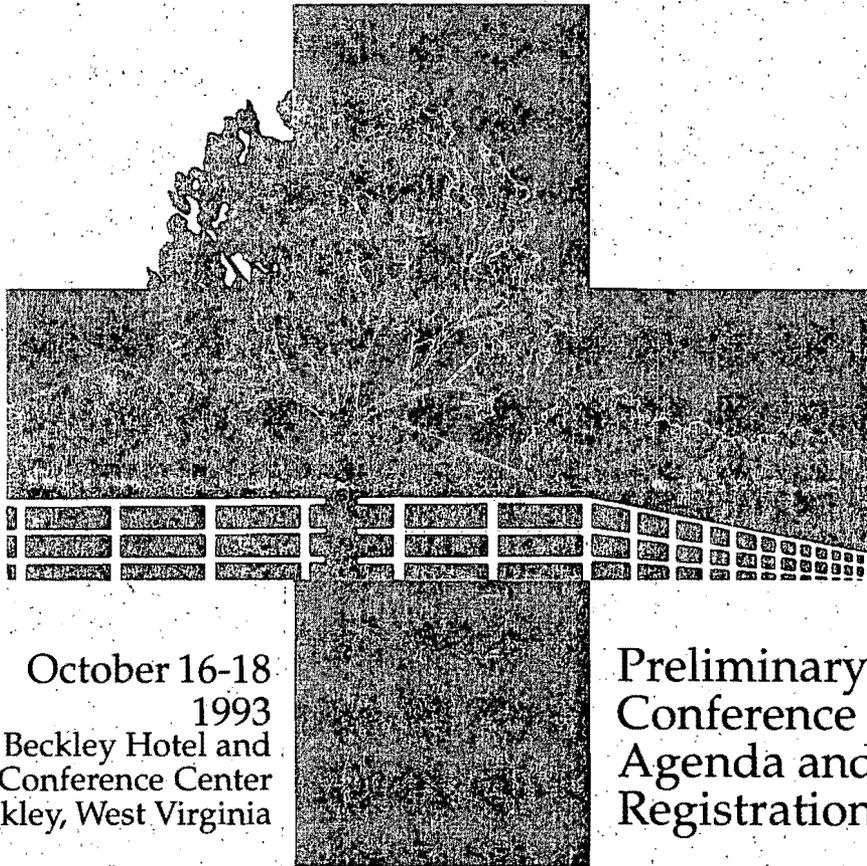
Sincerely,


Hilda R. Heady, Associate Vice President
for Rural Health

P.S. One of my colleagues, Phil Goodwin, said that he ran track with a Jim Rasco at Hendrix College in Arkansas and wondered if this Jim Rasco might be your husband or a relative. Any connection?

Linking Community
Development and Rural Health

West Virginia Rural Health Conference



October 16-18
1993
Beckley Hotel and
Conference Center
Beckley, West Virginia

Preliminary
Conference
Agenda and
Registration

Sponsored By:

West Virginia Bureau of Public Health
The Claude Worthington Benedum Foundation
West Virginia Primary Care Association
West Virginia Hospital Research and Education Foundation
The West Virginia University System Health Sciences Schools:
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