

FOIA Marker

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Records Management, White House Office of
Subject Files - FG006-27 (Office of Senior Advisor - Karl Rove)

Stack:	Row:	Sect.:	Shelf:	Pos.:	FRC ID:	Location or Hollinger ID:	NARA Number:	OA Number:
W	11	4	6	1	9721	22584	10803	10745

Folder Title:

536140 [1] - [3]

Withdrawn/Redacted Material

The George W. Bush Library

DOCUMENT NO.	FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
001	Memorandum	White House Judicial Selection Committee - To: Karl Rove - From: Matt Schlapp	5	10/01/2003	P2; P5; P6/b6;
002	Business Card	[Business Card]	1	N.D.	P6/b6;
003	Fax Cover Sheet	[Fax Cover Sheet] - To: Barry Jackson - From: Rich Chrismer	1	10/01/2003	P5;
004	Email	Hoekstra - To: Jennifer Millerwise, et al. - From: Ken Mehlman	1	09/29/2003	PRM;
005	Email	FW: 10/2 Event - To: Susan Ralston - From: Barbara Goergen	1	09/08/2003	PRM;
006	Talking Points	October 1st Asset Deployment Briefing Talking Points	1	N.D.	P5; P6/b6;

COLLECTION TITLE:

Records Management, White House Office of

SERIES:

Subject Files - FG006-27 (Office of Senior Advisor - Karl Rove)

FOLDER TITLE:

536140 [1]

FRC ID:

9721

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

Deed of Gift Restrictions

- A. Closed by Executive Order 13526 governing access to national security information.
- B. Closed by statute or by the agency which originated the document.
- C. Closed in accordance with restrictions contained in donor's deed of gift.

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

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Withdrawn/Redacted Material

The George W. Bush Library

DOCUMENT NO.	FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
007	Briefing	Briefing with Asset Deployment Team	2	10/01/2003	P5; P6/b6;
008	Email	Thought on NYT Meeting - To: Karl Rove - From: Peter Wehner	3	09/19/2003	PRM;
009	Email	For Karl Rove - To: Barbara Goergen - From: Terry Eastland	1	09/29/2003	PRM;
010	Draft	Karl Rove's Edits	3	10/01/2003	P5;
011	Email	FW: From Mr. Shadegg Regarding Iraq Reconstruction - To: David Hobbs, et al. - From: Daniel Keniry	2	09/29/2003	PRM;

COLLECTION TITLE:

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536140

THE WHITE HOUSE
WASHINGTON

Date: 10/3/03

To: *Tucker Esken*

From: Strategic Initiatives *Karl Rove*

- FYI
- Appropriate Action
- Direct Response
- Prepare Response For My Signature
- Per Our Conversation
- Let's Discuss
- Per Your Request
- Please Return
- Deadline
- Other

Comments: _____

*XC: Tucker Eshau
and return.*

October 1, 2003

VIA FAX: 202-456-0191

Mr. Karl C. Rove
Senior Advisor to the President
The White House
West Wing, Second Floor
Washington, D.C. 20502

Dear Karl:

The Djerejian report, leaked to The New York Times this morning, heralds one of the most significant problems the world faces and will encounter for decades to come.

The White House needs serious professionals with connections throughout America and globally, to pull this off and frankly to remove President Bush from the gunsights of his critics.

I hope we can talk about this.

Best regards,


Robert L. Dilenschneider

RLD:jma

The Dilenschneider Group Inc.
MetLife Building, 200 Park Avenue, 26th Floor, New York, NY 10166
212 922 0900 (fax 212 922 0971)

536140

THE WHITE HOUSE
WASHINGTON

Date: 10/2/03

To: *Pat & Wilma*

From: Strategic Initiatives *Karl Rove*

- FYI
- Appropriate Action
- Direct Response
- Prepare Response For My Signature
- Per Our Conversation
- Let's Discuss
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- Other

Comments: _____

To: Pete Wilson

PITTSBURGH POST-GAZETTE

PUT DOWN THE MUD

Democratic candidates who think that insulting the president is good politics are in for a surprise

Sunday, September 28, 2003

By Douglas MacKinnon

Many in and out of power in the United States have almost robotically trained themselves to say, "Our nation has changed drastically since Sept. 11, 2001, and it will no longer be business as usual." They say that, but most don't mean it.

We are coming up on a presidential election year, and for most in power and in the media, it's exactly business as usual. The shock of losing over 3,000 human beings at the World Trade Center, the Pentagon and in a field in Pennsylvania, has worn off for many. The loss of hundreds of billions of dollars and hundreds of thousands of jobs has all but been forgotten by some who should know better. Complacency, political correctness and political rudeness are overtaking vigilance and common sense, and we may all be the worse for it.

Like many Americans, I watched much of the coverage surrounding the second anniversary of 9/11. One thing that struck me from that coverage was how many Democrats rallied around President Bush. Their words were moving, powerful and supportive, and sent a unified message to the world.

Douglas MacKinnon
(dmackinnon@sandw.com) **was**
press secretary to
former Sen. Bob Dole.
He is also a former
White House and
Pentagon official and
an author.

No more. Now we are in the "silly season" of a presidential campaign and the Democratic candidates are insulting Bush with invective rarely seen before.

Dick Gephardt has called the president a "miserable failure." Howard Dean has compared the president to the Taliban (men who slaughtered women for daring to show their faces), and then for good measure, called Bush "despicable." John Edwards has called the president "a complete and unadulterated phony." Dennis Kucinich has called the president "a liar." John Kerry has said, "It would be wonderful to have a president of the United States who could find the rest of the countries in this hemisphere." Sen. Kerry's colleague in Massachusetts, Ted Kennedy, said going to war against Iraq was a "fraud made up in Texas" because it was going to be good politically.

While letting the insults by the Democratic candidates go, President Bush decided he had to respond publicly to Kennedy's ugly insinuation that the president and the Republicans sacrificed American soldiers for political gain. Bush, who mentioned that he has great respect for Kennedy, said, "I don't think we're serving our nation well by allowing the discourse to become so uncivil that people say, use words, that they shouldn't be using."

The American people are beyond sick and tired of our "leaders" slandering each other nonstop like 4-year-olds trying to gain control of the sandbox. They are begging for adult supervision and civility, and until given such, will continue to stay away from the polls in droves.

If you want a crystal-clear example of why voters are so turned off to politics and especially politicians, replay the California gubernatorial "debate" that aired Wednesday night. It gives embarrassment a bad name. The mudslinging, name-calling and completely negative tone was a disgrace that highlights all that is wrong with American politics.

With these insults, these candidates bring shame on themselves, on their parties and our nation. We must be better than this.

The fact is that things have changed since 9/11, and now is the time for statesmen and stateswomen and to elevate the debate while keeping our political process out of the gutter.

The American people are screaming, "Enough is enough!" It's time for our elected officials to crawl out of the sandbox and conduct themselves in a manner befitting their titles and the power and responsibilities entrusted to them by the voters.

9/11 has put our nation squarely in the crosshairs of terrorism. Never in our history has our nation yearned more for real leadership. For the good of our country, the juvenile delinquents in politics must either grow up or get out of the way.

Too much is at stake with too few second chances available.

THE WHITE HOUSE
WASHINGTON

Date: 10/2/03

To: Matt Schlapp
From: Strategic Initiatives BS Groeger

- FYI
- Appropriate Action
- Direct Response
- Prepare Response For My Signature
- Per Our Conversation
- Let's Discuss
- Per Your Request
- Please Return
- Deadline
- Other

Comments: Wanted to make
sure you had all of his edits

Withdrawal Marker

The George W. Bush Library

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Memorandum	White House Judicial Selection Committee - To: Karl Rove - From: Matt Schlapp	5	10/01/2003	P2; P5; P6/b6;

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For a complete list of items withdrawn from this folder, see the
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536140 [1]

FRC ID:

9721

OA Num.:

10745

NARA Num.:

10803

FOIA IDs and Segments:

2015-0037-F

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536140

THE WHITE HOUSE
WASHINGTON

Date: 10/2/03

To: PRESIDENTIAL MESSAGES
From: Strategic Initiatives B.J. Goergen

- FYI
- Appropriate Action
- Direct Response
- Prepare Response For My Signature
- Per Our Conversation
- Let's Discuss
- Per Your Request
- Please Return
- Deadline
- Other

Comments: Please handle as appropriate. Thank you.

UNITED STATES SENATE
WASHINGTON, D. C.ORRIN G. HATCH
UTAH

September 25, 2003

Mr. Karl Rove
Senior Advisor to the President
The White House
Washington, D. C. 20500

Dear Karl:

In 2004, the Mormon Tabernacle Choir will celebrate 75 years of continuous radio broadcast of Music and the Spoken Word, an event unheralded in radio broadcast in the world. To celebrate this accomplishment, a documentary film on the history of the Choir is being prepared for PBS Television. Walter Cronkite will host and narrate the program.

Because of the Tabernacle Choir's participation in six presidential inaugural parades, the most recent of course, for President Bush in 2001. Lee Groberg, the producer of this program, would like to conduct a very brief on-camera interview with President Bush. He would like the President to share his feelings about why the Mormon Tabernacle Choir was selected to sing in the inaugural parade and what that meant to him personally.

Mr. Groberg is a highly talented, critically acclaimed producer who is headquartered with his film crew in Salt Lake City. They are available and will set up a filming set at the President's earliest convenience and desired location. The interview should require a maximum of 15 minutes. Would you please be so kind as to pass this request on to the appropriate person for action. Mr. Groberg is hoping to film this some time in the next six months. He can be reached at 801-298-8136.

The Mormon Tabernacle Choir has sung all over the world and received hundreds of accolades, but this special tribute to their longevity could not be better honored, than a tribute from the President of the United States. Any help you can give me on this request would be greatly appreciated.

Sincerely,

Orrin G. Hatch
United States Senator

OGH:hrb

2003 OCT 2 - 9:06
EXEC. OFC. PRESIDENT
WH STRATEGIC INITIATIVES

21456-2461

Orrin G. Hatch

United States Senator

125 So. State Street
3402 Federal Building
Salt Lake City, Utah 84138
Telephone: (801) 524-4380
Facsimile: (801) 524-4379

FACSIMILE TRANSMISSION COVER SHEET

TO: Karl Rove

OFFICE: White House

FROM: Senator Hatch

DATE: 9/29/03 TIME: _____

OFFICE TELEPHONE NO: _____

TOTAL NUMBER OF PAGES: (including Cover Sheet) 2

COMMENTS: _____

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UNITED STATES SENATE
WASHINGTON, D. C.

ORRIN G. HATCH
UTAH

September 25, 2003

The President
The White House
Washington, D. C. 20500

Dear Mr. President:

Every year the Salt Lake Area Chamber of Commerce honors an outstanding leader from our community with its "Giant in Our City Award." This is the most prestigious business award given each year to a Utahn. This year the Chamber has chosen Church of Jesus Christ of Latter-day Saints' President Gordon B. Hinckley to be the recipient of this award.

As the spiritual leader of 11 million member worldwide, 5.5 million of those members living in the United States, President Hinckley's dynamic leadership has had a profound impact, not only in our community, but our nation, and throughout the world. He will be awarded this honor at a banquet being held in Salt Lake City on October 29, 2003. At this important occasion, event organizers were hopeful that they could surprise President Hinckley with a video tribute from yourself expressing your thoughts and best wishes to President Hinckley for his accomplishments.

I would sincerely appreciate any consideration you could give to this request. Organizers have assured me that they will keep the taping very brief, and will be able to accommodate any scheduling or location requests you may have. They need to film this as soon as possible to have it ready for the event.

Would you kindly have someone from your office contact Lane Beattie, president and CEO of the Salt Lake Chamber to let him know of your availability. He can be reached at 801-328-5073 or at lbeattie@saltlakechamber.org.

Thank you very much for all you do for me, and for our country.

Sincerely,

Orrin G. Hatch
United States Senator

OGH:hrb

WHITE HOUSE CORRESPONDENCE

MAIL ANALYSIS

WASHINGTON DC 20500

FAX NUMBER: 202-456-9050

FAX TRANSMITTAL COVER SHEET

10/1/03

DATE

TO: Karl Rove

OFFICE: Senior Advisor

PHONE: 6-2369

FAX NUMBER: 6-0191

COMMENTS:

FROM: Brian McDonald Pres/Corr

PHONE: 6-5933

FAX NUMBER: 202-456-9050

NUMBER OF PAGES (INCLUDING COVER PAGE): 5

SEP. 29. 2003_11:05AM

SENATOR ORRIN HATCH

NO. 103 P. 1

2/ 456-2461

Orrin G. Hatch

United States Senator

125 So. State Street
8402 Federal Building
Salt Lake City, Utah 84138
Telephone: (801) 524-4380
Facsimile: (801) 524-4379

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536146

THE WHITE HOUSE
WASHINGTON

Date: 10/3/02

To: *Barry Jackson*
From: Strategic Initiatives *Carl Rove*

- FYI
- Appropriate Action
- Direct Response
- Prepare Response For My Signature
- Per Our Conversation
- Let's Discuss
- Per Your Request
- Please Return
- Deadline
- Other

Comments: _____

BEFORE THE ARMED SERVICES BOARD OF CONTRACT APPEALS

Appeal of)	
)	
Wesleyan Company, Inc.)	
Appellant)	ASBCA No. 53896
)	
Under Contract Nos. DAAK6084M116,)	
DAAK6084M3573, DEEK6085M3337,)	
and DAAK6085M2329)	

MOTION TO STRIKE

Appellant Wesleyan Company, Inc. ("Wesleyan"), by and through its undersigned counsel, respectfully moves this Board to strike the Army's letter addressed to the Board's Recorder dated 20 August 2003. This document is not contemplated by this Board's rules, and Wesleyan received no notice that the filing of this extra-procedural superfluous document was requested by the Army or otherwise was sanctioned by the Board.

Wesleyan therefore respectfully requests that the Board strike this document from the record and proceed to the merits of the motions for summary judgement currently pending before it.

August 26, 2003

Respectfully submitted,

For the Army

FOR WESLEYAN CO. INC
 WES SCHNEIDER
 312-335-9466

Dept of Army
 US Army Legal Services Agency
 901 N Stuart St
 Arlington VA 22203-1837
 703-696-1515 FAX 1535
 Col. Karl M. Ellisor III
 CRA5.Clarke@hqda.army.mil

Wesleyan legal counsel

Richard L. Moorhouse, Esquire
 L. James D'Agostino, Esquire
 David T. Hickey, Esquire
 REED SMITH, LLP
 3110 Fairview Park Drive, Suite 1400
 Falls Church, Virginia 22042
 (703) 641-4200
 (703) 641-4340 Fax

Counsel for Wesleyan Company, Inc.

Wes Schneider respectfully seeks a full resolution to this issue outside the ASBCA.

Bany-
disms.

Wes

New Trier Republican Organization



Wes Schneider
Finance Chairman

(b)(6)

NEW TRIER REPUBLICAN ORGANIZATION
509 Park Drive, Kenilworth, IL 60043
847-251-6100 FAX: 847-251-2143 www.GoRepublican.com (OVER)

WES SCHNEIDER

(b)(6)

C.

B: 847-853-9382

5361210

THE WHITE HOUSE
WASHINGTON

Date: 10/3/02

To: Don Bartlett

From: Strategic Initiatives Carl Rove

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P. 02-02

Business

NEWS-LEADER

Wednesday
October 1, 2003
News-Leader.com

8B

Market Watch

Dow Jones	9,275.06	▼	-105.18	-1.12%
NYSE	5,644.03	▼	-41.32	-0.73%
S&P 500	995.97	▼	-10.61	-1.05%
Nasdaq	1,786.94	▼	-37.62	-2.06%
Russell 2000	487.68	▼	-5.03	-1.02%

Bush plan touted for uninsured

Backers of small-business bill point to rising tally of people lacking coverage.

By Libby Quaid
THE ASSOCIATED PRESS

WASHINGTON — New figures on the uninsured are invigorating backers of a Bush administration plan aimed at providing employer-based health coverage to millions of small business workers.

The Census Bureau said

Tuesday that 2.4 million more people lost health insurance last year, pushing the number of uninsured to 43.6 million, an increase of 6 percent from 2001. Most lost coverage because of layoffs or because job benefits were cut.

Many employers who cut benefits are small

businesses, and supporters of the White House measure say they want to bring health coverage within reach of millions of uninsured people by spreading the risk and reducing costs the way big companies and unions do.

"If we expect our small employers to provide health insurance, we must give them more and better options than they currently have," said Sen. Olympia

Snowe, R-Maine, chairwoman of the Senate Small Business Committee.

Snowe and Missouri GOP Sens. Jim Talent and Christopher Bond are sponsoring legislation that would allow small businesses to band together through national trade



Talent

associations to offer insurance for employees.

"There's no reason to believe these new folks who are uninsured are any different from the folks who have always been uninsured," Talent said. "Most of these people are working people, and they're working for small businesses."

Six in ten of the nation's uninsured work for small businesses or depend on someone who does, ac-

cording to earlier Labor Department estimates.

More people lost insurance in Missouri, too, the Census Bureau said. The percentage of uninsured grew in Missouri from 9.9 percent in 2000-2001 to 10.9 percent in 2001-2002.

The health insurance bill cleared the House with bipartisan support but lacks Democratic backing in the Senate, where the two parties are split more evenly.

Controversial no-call legislation should kick in today



President Bush smiles as he signs do-not-call legislation Monday in the Roosevelt Room of the White House. Households on the list should begin to see fewer calls from telemarketers beginning today, if companies de-

Spanish goes online with AOL

The Internet provider is launching a Latino service for Spanish-speakers.

By Anick Jesdanun
THE ASSOCIATED PRESS

in English," said Charlene Li, an analyst at Forrester

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Breaking News

Posted on Tue, Sep. 30, 2003

Backers of small business plan point to uninsured numbers

LIBBY QUAIN
Associated Press

WASHINGTON - New figures on the uninsured are invigorating backers of a Bush administration plan aimed at providing employer-based health coverage to millions of small business workers.

The Census Bureau said Tuesday that 2.4 million more people lost health insurance last year, pushing the number of uninsured to 43.6 million, an increase of 6 percent from 2001. Most lost coverage because of layoffs or because job benefits were cut.

Many employers who cut benefits are small businesses, and supporters of the White House measure say they want to bring health coverage within reach of millions of uninsured people by spreading the risk and reducing costs the way big companies and unions do.

"If we expect our small employers to provide health insurance, we must give them more and better options than they currently have," said Sen. Olympia Snowe, R-Maine, chairwoman of the Senate Small Business Committee.

Snowe and Missouri GOP Sens. Jim Talent and Kit Bond are sponsoring legislation that would allow small businesses to band together through national trade associations to offer insurance for employees.

"There's no reason to believe these new folks who are uninsured are any different from the folks who have always been uninsured," Talent said. "Most of these people are working people, and they're working for small businesses."

Six in ten of the nation's uninsured work for small businesses or depend on someone who does, according to earlier Labor Department estimates.

More people lost insurance in Missouri, too, the Census Bureau said.



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The percentage of uninsured grew in Missouri from 9.9 percent in 2000-2001 to 10.9 percent in 2001-2002.

The health insurance bill cleared the House with bipartisan support but lacks Democratic backing in the Senate, where the two parties are split more evenly.

It is controversial because it would waive standards mandated by state law by giving oversight of group health insurance plans to the federal government.

Many states insist on higher levels of coverage, including services such as mammograms, obstetrical care, mental health, mandatory appeals when claims are denied, and limits on how much older or sicker groups can be charged. Federal law does not make the same requirements.

The so-called association health plans "will place consumers at risk, as they are exempt from state patient protections and oversight," said Democratic Sen. John Kerry, an opponent of the measure who is campaigning for president.

"The challenge is to help provide small businesses more leverage in the health insurance market while still preserving essential consumer protections," Kerry said.

Blue Cross, a major provider of coverage for small businesses, is leading the opposition to the bill. Foes also include most governors and state attorneys general, including Missouri Democratic Gov. Bob Holden and his fellow Democrat, Attorney General Jay Nixon.

"It would make the situation for small businesses much worse than it is today," said Alissa Fox, policy director for Blue Cross Blue Shield Association. "Association health plans will make uninsured numbers much worse."

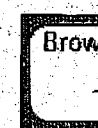
There are long lists of allies on both sides of the issue. President Bush and the Department of Labor support the measure by the biggest small business industry group, the National Federation of Independent Businesses.

Rep. Sam Johnson, R-Texas, sponsored the measure in the House.

"With costs spiking annually, there just are not enough affordable options," Johnson said.

Johnson had Democratic supporters in the House, but in the Senate, no Democrats have signed on.

"We are definitely going to let everybody know about these numbers; I can assure you of that," said Talent, who championed the idea as a House member and campaigned on it for Senate last year.



PHOTOS

Talent said the new uninsured numbers should "continue to convince people that this problem is not going to get better on its own, and we need to do something." He said he hopes the Senate will vote on the measure this fall or early next year.



National Federation of Independent Business: www.nfib.org

Blue Cross Blue Shield: www.bcbs.com

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HEALTH Section Front

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More In U.S. Lack Health Coverage

WASHINGTON, Sept. 30, 2003



(Photo: AP / CBS)

(CBS/AP) An additional 2.4 million people fell into the ranks of the uninsured last year, according to Census Bureau estimates that show a second consecutive annual increase spurred by people losing coverage when they are laid off or their job benefits are cut.

"For the second year in a row, the number and percentage of Americans who are uninsured went up," Census Bureau analyst Robert Mills told CBS Radio News.

"We saw a drop in the percentage of people who had employment-based health insurance. Employers are not offering that to as many people or people are simply losing their jobs." Census analyst Robert Mills

There were 43.6 million uninsured U.S. residents at some point during 2002, up nearly 6 percent from the previous year, the bureau reported Tuesday. The percentage of all Americans without health insurance rose from 14.6 percent to 15.2 percent.

Almost one-quarter of Texans lacked health coverage. Census figures showed the state having the highest percentage of uninsured among the 50 states and the District of Columbia.

Experts called the increase an expected aftereffect of the recession, even though it officially ended in November 2001.

"We saw a drop in the percentage of people who had employment-based health insurance," said Mills. "Employers are not offering that to as many people or people are simply losing their jobs. It could be a number of things."

In 2002, 61.3 percent of U.S. residents were covered under an employment-based policy, down from 62.6 percent in 2001.

Significant increases were found through a broad swath of the U.S. population: whites and blacks, people 18-to-64, middle- and higher-income earners, and those with a high school degree or higher. Rates increased across all regions except the West.

"We find as we have in the past that 18- to 24-year-olds experience a high rate of uninsurance," said Mills. "Hispanics continued to have the highest uninsured rate among the race and ethnic groups that we looked at."

In 2002, about one-third of Hispanics were uninsured, compared to one-fifth of blacks and one-tenth of whites.

A survey released earlier this month from the Kaiser Family Foundation, a health policy research group, found that private health premiums increased

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The number of uninsured Americans is growing. And even those with insurance are getting coverage for their needs, reports Jim Axelrod.

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13.9 percent between 2002 and 2003. A family policy, on average, cost \$9,068.

Health and Human Services Secretary Tommy Thompson noted that the uninsured rate for children was relatively unchanged at 11.6 percent, and that there were expansions in coverage in two programs aimed at covering the poor and children — Medicaid and the state Children's Health Insurance Program.

The White House pointed to other proposals in President Bush's 2004 budget request, such as \$89 billion in health care tax credits to help those who do not have employer-based coverage, as ways to get more people covered.

"The president is committed to getting the economy growing faster so the number of unemployed and uninsured Americans will go down," Bush spokeswoman Claire Buchan said.

Rep. Pete Stark of California, senior Democrat on the Joint Economic Committee, blamed the insurance losses on the "Bush jobless recovery."

Providing temporary subsidies to recently laid-off workers to pay for private health insurance could also help get more people covered, said Ron Pollack, executive director of Families USA, a liberal advocacy group that focuses on health care.

"I hope this will finally serve as the wake up call Congress and the president need to start taking bold steps toward combating this growing, deplorable problem," said Sen. Edward Kennedy, D-Mass., ranking member on the Senate health committee.

The latest data comes amid recent signs of an economic resurgence. The Commerce Department reported Monday that consumer spending rose a strong 0.8 percent in August after a 0.9 percent surge in July.

Americans' disposable incomes, or what's left after taxes, also rose 0.9 percent in August after a 1.5 percent jump the previous month. The government credited the increase to President Bush's tax cut, which lowered federal tax withholding and boosted take-home pay.

Those trends would not be reflected in the latest Census Bureau estimates based on a survey of 78,000 homes between February and April of this year. The questionnaire asked about a person's health coverage in the previous year.

All age groups except for children and the elderly, and households at all income levels except for those making less than \$25,000 a year, had significant increases.

Sen. Jim Talent, R-Mo., said Monday he hoped the new numbers could renew interest in a bill that lets small businesses band together through national trade associations to offer insurance for employees. The bill has passed the House but stalled in the Senate.

Meanwhile, many Democrats have criticized a Bush administration proposal to give states more power and flexibility to shape Medicaid programs as a disguise to reduce funding at a time when dozens of states face severe budget crunches.

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Talent points to rise in uninsured

By MATT STEARNS
— The Kansas City Star

WASHINGTON — Sen. Jim Talent got new ammunition Tuesday for the legislation he has touted for years. He wasted no time in letting his colleagues know it.



Census figures showed the number of Americans lacking health insurance swelled to 43.6 million in 2002, the largest increase in a decade.

Talent's solution: Association Health Plans, the idea he has been fighting for since he was in the House.

Those plans would allow small businesses and the self-employed to band together through trade associations to offer health insurance to employees. The idea is to give small businesses the economies of scale that save them money while not costing taxpayers.

Talent, a Missouri Republican, has said the health plans would provide access to health care to two-thirds of those uninsured, many of whom work for small businesses that cannot afford to offer coverage.

The legislation overwhelmingly passed the House earlier this year but is languishing in committees in the Senate.

Talent, who has been lobbying other senators relentlessly on the legislation, made another pitch Tuesday, this time in a meeting of the Senate's deputy whips in the Capitol office of Sen. Mitch McConnell of Kentucky, the Senate Republican whip.

"The evidence that we need to make this happen is so overwhelming...I brought up the figures and said, 'The numbers show how much more we need to move on this,'" Talent said in an interview.

He said his colleagues' responses ranged from supportive to "keeping their powder dry."

"In the Senate, the urgent tends to crowd out the important," he said.

Nevertheless, Talent still hopes to move the legislation this year.

Opponents argue that the plans would "cherry-pick" healthy workers and would undermine state consumer-protection laws.

"AHPs are not the solution to the uninsured and in many cases would result in higher costs or even a loss of insurance for small businesses," said John Parker, spokesman for the Blue Cross Blue Shield Association, which has led opposition to the plans.

Parker said tax credits for small businesses are a better solution.

Talent disputed that, noting that despite the vast numbers of uninsured Americans, not much has emerged in Congress to address it.

"Not only is this a good idea, it's the only idea," Talent said. "There's nothing else out there. We just don't have any ideas for dealing with this."

To reach Matt Stearns, Washington correspondent, call (202) 393-6009 or send e-mail to mstearns@kcrwashington.com.

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THE WHITE HOUSE
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Bernard B. Kerik has recently returned from Iraq where he served as Interim Minister of the Interior and Senior Policy Advisor to the U.S. Presidential Envoy. In Iraq he was given the immense task of rebuilding police, fire, and emergency services, as well as customs, immigration, and border forces. Mr. Kerik will share with us his first-hand perspective on the Iraq rebuilding efforts and his thoughts on the prospects for that country.

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EMBASSY OF THE UNITED STATES OF AMERICA
PARIS

THE AMBASSADOR

x c: Andy
Condi

September 30, 2003

The Honorable
Karl Rove
Senior Advisor to the President
The White House
1600 Pennsylvania Ave., NW
Washington, DC 20500

Dear Mr. Rove: *Karl -*

During Mrs. Bush's visit yesterday with President Chirac he raised the question whether President Bush was planning to attend the commemoration of the 60th Anniversary of D-Day on June 6, 2004. I replied that planning had begun for events to commemorate the occasion but it was too early to know if the President's schedule would allow his participation.

The high level of Chirac's interest indicates he would plan to participate himself if President Bush decides to attend.

Kindest regards,


Howard H. Leach

CC: Mr. Andrew H. Card, Jr.



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TO: The Honorable Karl Rove
FAX: (202) 456-0191
FROM: Ambassador Howard H. Leach
DATE: September 30, 2003
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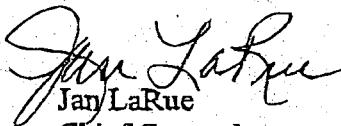
Dear Tim:

Enclosed is our letter to the President requesting him to proclaim the week of October 12-18, 2003, "National Marriage Protection Week." We have also enclosed a sample proclamation for his consideration.

Thank you for bringing this important project and request to his attention.

Please convey to the President our continued deep appreciation and respect for his leadership.

Sincerely,


Jay LaRue
Chief Counsel

CONCERNED WOMEN FOR AMERICA



September 23, 2003

The Honorable George W. Bush
 President of the United States
 The White House
 1600 Pennsylvania Avenue, NW
 Washington, DC 20500

Dear Mr. President:

We would like to express our gratitude for the strong leadership you have demonstrated in supporting morality and decency in America.

In recent years, some of America's most venerated institutions have come under fire from groups seeking to subvert the great pillars upon which our society is founded. The assaults on marriage as it has been traditionally defined throughout all recorded history strike at the very core of our society – the family.

Marriage is the seedbed for healthy individuals and society. It is within this union between a man and a woman that children are first taught the values of human life, love, morality, and responsible behavior. Healthy marriage has been shown to lower domestic violence, increase life spans, reduce poverty and welfare dependency, and lower health care costs.

The honored institution of marriage is now being attacked by homosexual lobbying groups and others who have placed their own "anti-discrimination" agenda above the health and welfare of the rest of society.

We understand the importance of treating all people with respect and appreciate how you have led the way in promoting a culture of respect and tolerance. It is for this very reason that we appreciate the statements you have made in support of traditional marriage.

We respectfully request that you publicly support the Marriage Protection Week beginning on October 12th, 2003, and that you would issue a proclamation calling on the people of the United States to observe this week with appropriate ceremonies and activities. You will find attached a sample proclamation, which may prove helpful.

We would appreciate hearing back from you on this important issue. Thank you very much for your consideration of this request.

Respectfully,

Sandy Rios, President
 Concerned Women for America

Jim Backlin, Director of Legislative Affairs
 Christian Coalition

Gary Bauer, President
 American Values

CONCERNED WOMEN FOR AMERICA

William J. Bennett, Co-Director
Empower America

Dick Bott, President
Bott Radio Network

Rich Bott, Executive Vice President
Bott Radio Network

Bay Buchanan, President
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Prison Fellowship Ministries

Dr. James Dobson, Founder and Chairman
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Paul M. Weyrich, Chairman and CEO
Free Congress Foundation

Dr. Keith Wiebe, President
American Association of Christian Schools

Rev. Donald E. Wildmon, President
American Family Association

Dr. Frank Wright, President
National Religious Broadcasters (NRB)

For Immediate Release
Office of the Press Secretary
October __, 2003

Marriage Protection Week October 12-18, 2003

By the President of the United States of America
A Proclamation

Marriage is the unique cornerstone and foundation of society. Religious and civil laws have granted marriage special recognition, benefits, responsibilities and protections since the beginning of recorded history.

The family is an essential part of American culture. It is impossible to deny the tremendous contributions responsible men and women have made in committing to each other to marry, to raise a family, and to teach their children the value of human life, love of God and their fellow man, morality, good citizenship and responsible behavior.

Marriage has been proven to have numerous benefits for both men and women such as better emotional health, longer life spans, greater wealth and less domestic violence. The benefits of marriage extend into society in the form of lower rates of abortion, child abuse, drug abuse and crime, reduced poverty and welfare-dependency, and lower health care costs.

In recent times, the venerated institution of marriage between one man and one woman has come under assault. The prevalence of divorce, cohabitation, and the attacks upon traditional marriage threaten the very core of our society. Depriving children of the love and nurture of both a mother and a father results in higher rates of depression, failure in school, premarital sex, teen-age pregnancy, cohabitation, and negative attitudes toward marriage. The harms to children in particular and society in general are long-lasting and overwhelming.

Throughout our history, marriage has played an important role in promoting the values that have helped make this nation great. It is highly appropriate at this time to honor the institution of marriage as essential to the continued well being of the United States.

NOW, THEREFORE, I, GEORGE W. BUSH, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim the week beginning on October 12, 2003 be designated as 'National Marriage Protection Week'. I call on the people of the United States to observe this week with appropriate ceremonies and activities that honor traditional marriage and its essential benefits to society.

IN WITNESS WHEREOF, I have hereunto set my hand this ___ Day ___ Month __, in the year of our Lord two thousand three, and of the Independence of the United States of America the two hundred and twenty-eighth.

GEORGE W. BUSH

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Briefings

MUNR KAZMIR
Direct Meds, Inc.
345 Grand Avenue
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BIOGRAPHY

Born in Pakistan in 1957, Munr Kazmir is the son of Asian and Middle Eastern parents from one of the most admired families in the region. Following his primary education he went on to graduate from the University of Punjab and the King Edward Medical School where he received his M.B.B.S./M.D. He then completed a one-year internship at the Mayo Hospital in LaHore and a two-year residency at the Holy Family Hospital, in Rawalpindi, Pakistan.

Prior to immigrating to the United States, Kazmir joined his family in England, where he became involved in philanthropy and health and human services, specifically the causes of neglected children, abused spouses and indigents.

In 1984, Kazmir arrived in the United States where he successfully completed medical externship programs in the New York region at the White Plains Hospital, studied under the Director of Medical Education, Emergency Medicine at the Mt. Vernon Hospital, Westchester Medical College at Valhalla and completed additional medical studies at the Methodist Hospital, Baylor College of Medicine, Houston, Texas. In 1988, Kazmir was recognized as the leading fundraiser for the Juvenile Diabetes Fund at the Methodist Hospital of Houston.

In 1989, Kazmir's first American entrepreneurial and philanthropic initiatives led him to develop a health care employment agency providing qualified medical staffing to hospitals in the metropolitan New York/New Jersey area, and needed medical services to less fortunate residents of the region.

In 1991, he founded Quality Home Care, a company that serves over 200,000 patients in the diverse urban metropolitan area. Kazmir continues his quest to ensure that indigents, homeless, HIV patients, and children of neglect receive appropriate medical care. He received the first of many humanitarian awards from the State of New Jersey Child Protection Commission and Children's Trust Fund for his fundraising efforts to combat Juvenile Diabetes. In 1997, he was recognized for his personal contributions of prosthetic devices to children who could otherwise not afford them. That same year, he received the Gold Medal Award from Chabad House of Somerset, New Jersey, the same award granted to the Speaker of the United States House of Representatives. Also in 1997, at the Israeli Parliament (Knesset), the Prime Minister of the State of Israel presented Dr. Kazmir with the Theodore Hertzl Award in recognition of his exceptional humanitarian efforts. A distinguished list of other recipients of this award come from the

United States Senate, the United States House of Representatives, the entertainment industry, and major political leaders from around the world.

In 1998, Kazmir founded Direct Meds, Inc., which is licensed to provide prescription medicines throughout the United States. He was also Co-Chair of the RNC Gala event, and was recognized by the New Jersey General Assembly for his bipartisan efforts. In 1999, the Governor of New Jersey recognized him for his exceptional philanthropic efforts.

In January 2001, Kazmir received the Bonei Yerushalayim award and received special recognition in the Congressional Record by the United States House of Representatives. His philanthropic efforts received special recognition in 2001, when he was presented with an Honorary Doctor of Laws from the Rabbinical College of America. This same recognition has been granted to three former Presidents of the United States, several former United States Secretaries of State, State Governors, and prominent community leaders. Kazmir was also named to the Bush-Cheney Transition Advisory Team, was one of the underwriters of the Bush-Cheney Presidential Inauguration Committee, and served as Deputy Chair of the Presidential Gala.

Kazmir, who speaks six languages, is very active in promoting the concept of democratic government in third world countries and the Middle East. He remains an advocate to bring support to the sufferings of women's, children's and human rights causes around the world. He is a member of the National Jewish Coalition, the American Israeli Public Affairs Committee (AIPAC), GOPAC, Republican Regions, Chabad House, Anti-Defamation League (ADL), the International Committee of the American Jewish Congress, served as the Chairman of the Board of the Middle East Media Research Institute (MEMRI), a member of the Board of Trustees of the Rabbinical College of America, and the Board of Trustees of Liberty Health Systems with responsibility for three hospitals in the northern New Jersey urban area. He serves as Chairman of NATPAC (Metropolitan Area) as well as a Board member of the RLC and serves on the Hackensack Foundation Board, maintains cooperative, bipartisan relationships with many members of the United States Congress, and is engaged in meetings with world leaders from nearly fifteen countries from around the globe. In December 2001, Kazmir was appointed by the Governor of New Jersey to serve as one of the six commissioners on The State of New Jersey Lottery Commission for a 5-year term. He is a successful CEO of three companies and is the proud father of three daughters.

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FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
Talking Points	October 1st Asset Deployment Briefing Talking Points	1	N.D.	P5; P6/b6;

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COLLECTION:

Records Management, White House Office of

SERIES:

Subject Files - FG006-27 (Office of Senior Advisor - Karl Rove)

FOLDER TITLE:

536140 [1]

FRC ID:

9721

OA Num.:

10745

NARA Num.:

10803

FOIA IDs and Segments:

2015-0037-F

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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Deed of Gift Restrictions

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FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
Briefing	Briefing with Asset Deployment Team	2	10/01/2003	P5; P6/b6;

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OCTOBER 1st ASSET DEPLOYMENT BRIEFING PARTICIPANTS

FIRST	LAST	AGENCY	POSITION
Douglas	Hoelscher	DHS	Deputy White House Liaison
Aimee	Fleischer	DOC	White House Liaison
Darren	Grubb	DOC	Deputy Chief of Staff
Jennifer	Minton	DOE	Deputy White House Liaison
John	Shaw	DOE	White House Liaison
Doug	Domenech	DOI	White House Liaison
Brian	Waidmann	DOI	Chief of Staff
Susan	Richmond	DOJ	Deputy White House Liaison
Jack	Kalayritinos	DOL	White House Liaison
Michelle	Korsmo	DOL	Deputy Chief of Staff
Quintin	Kendall	DOT	White House Liaison
Michael	Cochran	ED	Assistant to the Deputy Chief of Staff
Claudia	Jacquez	ED	White House Liaison's Office
David	Safavian	GSA	Chief of Staff
Regina	Schofield	HHS	White House Liaison
David	Hazelton	HUD	Deputy White House Liaison
Jennifer	Jones	HUD	White House Liaison
Lisa	Goeas	SBA	Chief of Staff
Scott	Morris	SBA	White House Liaison
Kimberly	Nickles	TREAS	White House Liaison
Kimberly	Rawson	TREAS	Deputy White House Liaison
Conan	French	USAID	White House Liaison
Drew	Deberry	USDA	White House Liaison
Todd	Ferrara	USDA	Counselor to the Secretary
Dale	Moore	USDA	Chief of Staff
Bill	Brough	VA	White House Liaison (designee)
Jeffrey	Phillips	VA	White House Liaison (current)

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FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
Email	Thought on NYT Meeting - To: Karl Rove - From: Peter Wehner	3	09/19/2003	PRM;

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Email	For Karl Rove - To: Barbara Goergen - From: Terry Eastland	1	09/29/2003	PRM;

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Goergen, Barbara J.

536140

From: Ingols, Adam B.
Sent: Thursday, October 02, 2003 7:43 AM
To: Thompson, Carol Jean; Buchan, Claire ; Campbell, Anne E.; DeFrancis, Suzy; Goergen, Barbara J.; Kupfer, Jeffrey F.; Mamo, Jeanie S.; Miers, Harriet; Pelletier, Eric C.; Stidvent, Veronica V.
Subject: Legislative Activity

I. Floor Action

House: **Today (10/01/03)** – The House considered the following bills today:

- H.R. 1276 – American Dream Downpayment Act passed by voice vote;
- H.R. 2608 – National Earthquake Hazards Reduction Program Reauthorization Act of 2003 passed by voice vote;
- H.R. 1260 – Animal Drug User Fee Act of 2003 passed by voice vote;
- H.R. 3038 – Health Care Safety Net Amendments Technical Corrections Act of 2003 passed by voice vote;
- H.R. 3034 – National Bone Marrow Donor Registry Reauthorization Act passed by voice vote;
- H.Con.Res. 271 – Congratulating Fort Detrick on 60 Years of Service to the United States passed by voice vote;
- H.R. 2691 – Department of the Interior and Related Agencies Appropriations Act for FY 2004 – Motion to go to Conference passed by voice vote;
- H.R. 2691 – Department of the Interior and Related Agencies Appropriations Act for FY 2004 – Motion to Instruct Conferees passed 259 to 165;
- H.R. 1 – Medicare Prescription Drug and Modernization Act of 2003 – Motion to Instruct Conferees failed 215 to 208;
- H.R. 1308 – All-American Tax Relief Act of 2003 – Motion to Instruct Conferees failed 219 to 207;

Tomorrow (10/02/03) – The House will debate the following bills:

- Conference Report on S. 3 - Partial-Birth Abortion Ban Act of 2003;
- Motion to go to Conference on H.R. 2660 - Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act for Fiscal Year 2004 and Possible Democrat Motion to Instruct Conferees;
- Inslee Motion to Instruct Conferees on H.R. 6 - Energy Policy Act of 2003;
- Bishop (NY) Motion to Instruct Conferees on H.R. 1 - Medicare Prescription Drug and Modernization Act of 2003; and
- Flake Motion to Instruct Conferees on H.R. 1 - Medicare Prescription Drug and Modernization Act of 2003.

Senate: **Today (10/01/03)** – The Senate began consideration of the Iraq Supplemental Appropriations bill. Only one amendment vote occurred. A Byrd Amendment striking the reconstruction funds was not agreed to by a vote of 38 to 59. Two amendments are now pending: McConnell Amendment (commending the troops for bravery) and a Biden Amendment (tax cut repeal).

The Senate also passed the following bill by unanimous consent:

- H.R. 2826, naming the Post Office at Avenida Sanchez Osorio in Caroline, Puerto Rico as the "Roberto Clemente Walker Post Office"

Tomorrow (10/02/03) – The Senate will convene at 9:30 a.m. for a period of morning of business until 10:30 a.m. with the first 30 minutes under the control of Senator Hutchison or her designee and the second 30 minutes under the control of Minority Leader or his designee. At 10:30 a.m., the Senate will resume consideration of S. 1689, the Iraq/Afghanistan Supplemental Appropriations bill. There will be 40 minutes of debate equally divided in relation to the McConnell Amendment, commending our troops. Following the use or yielding back of time, the Senate will proceed to a vote in relation to the McConnell Amendment. Following the vote, the Senate will resume debate on the Biden Amendment #1796, increasing income taxes.

Frank Monahan



**United States Conference of Catholic Bishops
Office of Government Liaison**

3211 4th Street, N.E. Washington, DC 20017-1194 VOICE: (202) 541-3140 FAX: (202) 541-3313 WEB: www.usccb.org/ogl

*10/1/03 KR
Called to expl
our position
on \$2.2B.*

FAX TRANSMISSION

To: Karl Rove **Date:** September 30, 2003
Fax #: (202) 456-0191 **Pages:** 1
From: Frank Monahan

Karl:

It has been suggested you would be interested in the letter we sent on AIDS Funding last month—As you can see the bishops support the full \$3 billion funding level. It had been sent over to Condolezza Rice in mid-August.

Frank

Cc: Tim Goeglein



Office of the President

3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3100 • FAX 202-541-3166

Most Reverend Wilton D. Gregory, S.L.D.
Bishop of Belleville

August 19, 2003

The Honorable George W. Bush
The White House
Washington, D.C. 20500

Dear Mr. President:

I am very pleased that Bishop John Ricard, the Chairman of our International Policy Committee, had the opportunity to express to you our appreciation for your trip to Africa during his recent visit to the White House. Your journey gave hope to a continent with much suffering and much promise, and brought the plight of millions of Africans to the attention of the American public.

Unfortunately, I fear that the commitment reflected in your trip to Africa could be lost if the Congress fails to provide adequate funding for your HIV/AIDS initiative, development and humanitarian aid, or if the United States fails to take the necessary actions for conflict resolution. We urge you and your Administration to do everything you can to fulfill the commitments made to combat disease and poverty and to help end bitter and bloody conflicts in the region.

This is a moment of crisis for the peoples of Africa and opportunity for the United States. As one of the principal institutions serving needy people in Africa, including those suffering from HIV/AIDS, we continue to advocate with Congress to fully fund morally appropriate programs to combat HIV/AIDS, tuberculosis and malaria. We also support full funding of Millennium Challenge Account activities to help alleviate extreme poverty and promote human life and dignity in the world's poorest countries, especially in Africa. However, the funding levels currently contained in Foreign Operations Appropriations bills fall well short of the need.

Your leadership is needed now to ensure that these initiatives succeed. Therefore, we respectfully request that you press now for Congressional action to appropriate the \$3 billion which has been authorized for the HIV/AIDS initiative, and the \$1.3 billion which you requested for the MCA initiative. We also request that this funding not be at the expense of crucial development assistance for poor countries, particularly those that may not qualify for the MCA.

In addition, we welcome your promise to help end war and conflict throughout Africa, particularly in Sudan, the Democratic Republic of Congo, Ivory Coast, and Liberia. We

Letter to the Honorable George W. Bush
August 19, 2003
Page Two

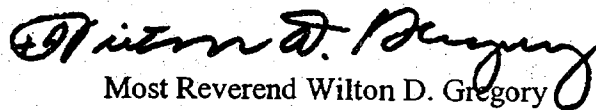
continue to urge the United States to respond to the people of Liberia and the international community by exercising leadership in the stabilization, peace-building and reconstruction effort necessary for a population suffering from decades of extreme deprivation.

We welcome the significant role that the United States has played thus far in preventing a catastrophic famine in the Horn of Africa. However, millions of people in Ethiopia and Eritrea are surviving solely on food assistance and are in desperate need of immediate aid for medical care and medium-to-long-term development assistance to help avert future famines.

There is no substitute for your clear, strong and persistent call for Congress to respond to these urgent, unfulfilled needs. Failure to make these promised investments or take these actions will invite cynicism and increased hopelessness, damage U.S. credibility, and worse, abandon millions of sick and hungry people.

Once again, we thank you for your efforts to improve the lives of those suffering in Africa. We look forward to assisting you to persuade the Congress to fulfill the national commitments you have made.

Sincerely,



Most Reverend Wilton D. Gregory
Bishop of Belleville
President

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FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
Draft	Karl Rove's Edits	3	10/01/2003	P5;

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FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
Email	FW: From Mr. Shadegg Regarding Iraq Reconstruction - To: David Hobbs, et al. - From: Daniel Keniry	2	09/29/2003	PRM;

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DR. MUNR KAZMIR
President / CEO

Tel: (201) 585-9234
Fax: (201) 585-7950

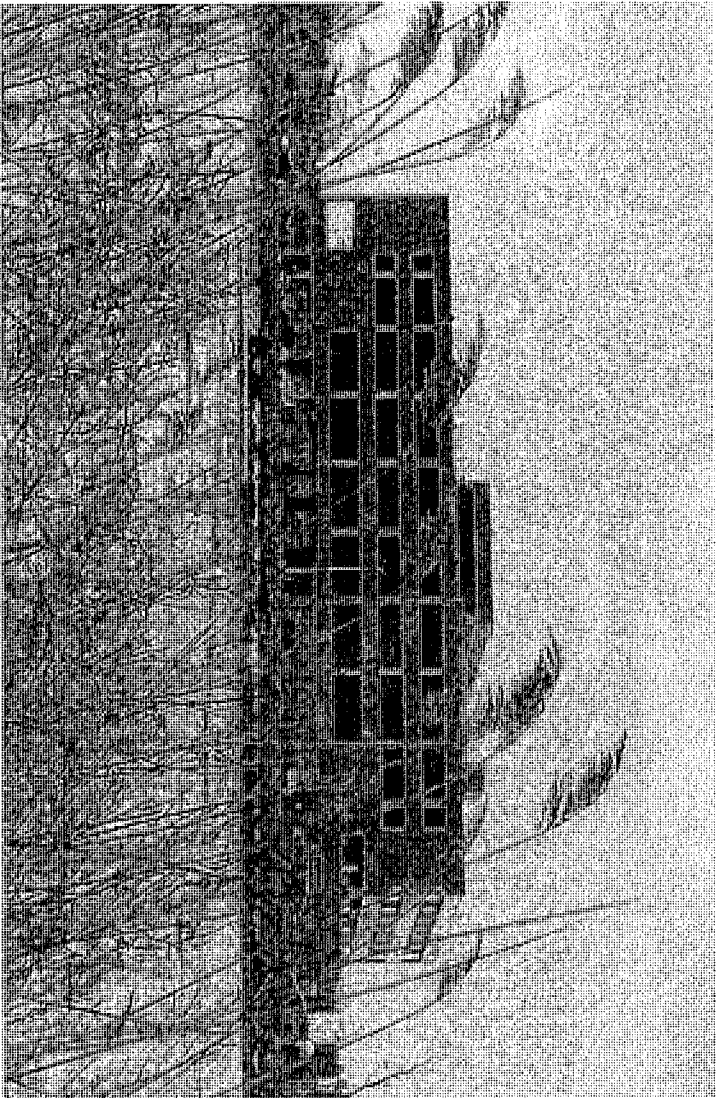
345 Grand Avenue
LEONIA, NJ 07605
Mkazmir@aol.com

Proposal to Designate

Meadowlands Hospital

As A

Federal Emergency Preparedness
Hospital



June 2003

10/1/03 MKZ

Executive Summary

Meadowlands Hospital is a strategic, regional medical asset with importance to the health and safety of the population of both northern New Jersey and New York City. A full service community hospital, Meadowlands Hospital is a member of the LibertyHealth System, an integrated delivery system which also operates two other hospitals in Jersey City, Greenville Hospital and Jersey City Medical Center, which is the County's state-designated Level II Trauma Center. The County's largest city, Jersey City, in which Meadowlands Hospital's affiliate hospitals are located, shares its western boundary with the town of Secaucus. Jersey City is one of 14 cities nationally recognized by the Federal government as a potential target for terrorist attacks. Secaucus and Jersey City share municipal boundaries. LibertyHealth provides Hudson County with its paramedic services (Advanced Life Support) and the municipalities of Jersey City and Secaucus with ambulance service (Basic Life Support).

This proposal recommends the adoption of a model that would designate strategically located hospitals as Federal Emergency Response Hospitals. Private community hospital would be granted the flexibility to convert to regional emergency response hospital status during a national homeland security or bio-terrorism crisis and receive Federal support for an optimal level of preparedness including facilities upgrades, staff training, data collection and dissemination and communication systems. In addition, cost reimbursement is recommended for services rendered in response to a regional or national crisis. Central to the proposed concept is the hospital's ability to expand bed and treatment area capacity when needed and return to its original community hospital role when surge capacity is no longer necessary. The proposed model draws on the Medicare Critical Access Hospital program that was originally intended for rural hospitals. Critical Access Hospitals share certain characteristics such as geographic isolation, low volume, a high percentage of Medicare patients and extensive linkages within the community. Hospitals, like Meadowlands, that share several of the characteristics of the Critical Access Hospitals may be well-suited candidates for the proposed flexible conversion hospital model.

Overview

In the aftermath of September 11, 2001, hospitals have become active participants in the war against terrorism. Despite daily operational and fiscal challenges, hospitals are investing considerable resources in preparing for threats to homeland security, including bioterrorism. At the highest levels of government there is recognition that hospitals are a critical part of the public health system and that along with public health organizations, first responders and relief organizations they must be prepared to play a strategic role in the battle should a terrorist attack occur on American soil again.

The Council on Public Health Preparedness, led by Secretary of Health and Human Services, Tommy Thompson, concluded in 2002, that while hospitals were better equipped to handle a surge of critical patients than they were prior to September 11, it has been difficult for hospitals to commit to the level of training and preparedness that is necessary. Adding to the complexity of the task is the range of potential threats and targets, which makes long-range contingency planning nearly impossible. Facing this daunting task, hospitals continue the struggle to train staff, upgrade facilities and develop plans for the management of surge capacity.

Large sums of Federal dollars have been appropriated for homeland security and bioterrorism preparedness. Some of these funds will be allocated to hospitals to facilitate preparedness efforts. However there remains considerable redundancy of effort amongst hospitals in communication systems, decontamination units, staff training and contingency planning. The magnitude of preparing for each of these elements of preparedness suggests an opportunity for area-wide planning and the development of a demonstration project to create an alternate model for hospital preparedness. For lack of a more eloquent description of this proposed model, the term "Flexible Conversion" will be used.

Historical Models

History both informs and instructs us as to the efficacy of various models for managing health crises. In 1918 the influenza pandemic claimed the lives of more than 550,000 Americans, surpassing the 50,000 that were lost in WWI related fatalities. The public health model used to safeguard the nation's health during this pandemic was through the municipal health departments, which were urged to report weekly on the incidence and conditions. A second strategy was through the mass distribution of literature to educate the general public and the medical community. Third, a director was appointed to each state to coordinate disbursement of funds and the Public Health Service appointed the state's chief health officer to direct the movement of physicians and nurses to more severely affected areas. Funding and health professionals were distributed to various locales based on the information reported about the severity of the pandemic.

Another model for managing public health threats is found in the U.S. Public Health Service Hospitals whose origins date back to 1798. In 1797 a Congressional committee reported that "numbers of seamen, as well as foreigners and natives, arrive at different ports of entry in such a disabled situation that they are becoming a burden to the public hospitals... or are left to perish for want of proper attention". An Act establishing the marine hospitals was passed, which addressed a major health problem of the time. The cholera epidemic of 1832 and 1834 provided the impetus for the construction of marine hospitals. Cities and state legislatures petitioned Congress to provide accommodations for care of the sick and provide assistance to the communities themselves in containing the epidemic. In 1871 marine hospitals were placed under the Department of the Treasury and beginning in 1883 a yearly appropriation was given to The Marine Hospital Service to provide assistance to states in preventing the spread of epidemic diseases. As the scope of involvement of The Marine Hospitals expanded to include more public health

functions their name was changed to the U.S. Public Health Service in 1912. In addition to having designated hospitals, The Public Health Service deployed physicians and other health professionals to various locales to provide screening of immigrants and to control the spread of contagious diseases such as yellow fever, the bubonic plague and venereal disease.

A third model for the management of public health crises that has been used historically, is isolation. Isolation or quarantine as it was then called, has been recognized as a public health tool to manage some infectious disease outbreaks such as influenza and tuberculosis. While this approach has its merits, the practice of isolation is not without difficulty and poses a significant challenge to health care providers in densely populated urban settings such as the New York/ New Jersey metropolitan area.

A fourth model, the deployable military hospital has been used in response to disasters such as Hurricane Marilyn, to supplement local health care capabilities. This model, while advocated by some as an appropriate vehicle for the delivery of medical services, after a mass casualty event, has been described by others as too large and slow moving to respond in time to treat victims of massive destructive events.

A Proposal to Establish a “Flexible conversion” Hospital Demonstration Model

While the threats of bioterrorism and weapons of mass destruction pose a significant challenge to the nation’s health care delivery system, providers are rallying to the cause with heroic efforts to prepare for the unknown and what some may consider the inevitable amid staffing shortages , budget cuts and shrinking reimbursement. Despite large Federal allocations for staff training and research on preparedness there is a looming fear that many gaps remain in hospitals’ preparedness strategy. Our nation’s response has drawn on some historic public health models but the threats we now face are different from any other. The melding of these previous models of emergency response or public health threats may prove instructive as the health care system attempts to prepare for a possible attack on American soil.

Whereas the U.S Public health hospitals were specially designated public hospitals and remained under Federal auspices until their closure in 1981, the model proposed herein calls for the designation of a strategically located, private community hospital to be granted the flexibility to convert to a regional emergency response hospital during a national homeland security or bioterrorism crisis and receive Federal support for an optimal level of preparedness including facilities upgrades, staff training, data collection and dissemination and communication systems. In addition, cost reimbursement is requested for services rendered in response to a regional or national crisis. Central to the proposed concept is the hospital’s ability to expand bed and treatment area capacity when needed and retract when surge capacity is no longer necessary. This model also draws on the Medicare Critical Access Hospital program, which was created a part of the Rural Hospital Flexibility Act, which is a component of the Balanced Budget Act of 1997 (BBA).

Critical Access Hospitals are part of a nationwide system that is built on the Essential Access Community Hospitals/ Rural Primary Care Hospitals and Medical Assistance Facility demonstration program. Critical Access Hospitals provide emergency and limited inpatient services as well as outpatient services. Funding for Critical Access Hospitals was authorized by Congress and the first \$25 million was appropriated in 1998 and these hospitals receive cost reimbursement for their services. Specifically intended for rural areas, critical access hospitals typically share the following characteristics:

- low volume/occupancy
- high percentage of Medicare patients
- located in a county or region that is designated as medically underserved or a health professions shortage area
- linkage to a larger health care institution
- more than 35 miles to the next hospital
- extensive links to the community

Since the implementation of the Critical Access Hospital Program model more than 500 rural hospitals in the country have been so designated; one in four rural hospitals. Hospitals did not have to change the mix of services they were providing to the community although some have expanded the scope of diagnostic and outpatient services. The flexible conversion model would be piloted as a demonstration program that would focus on hospitals that are strategically located in designated high- risk areas and could be expected to play a major role in response to national security threats and public health crises. Under this proposed model, the designated hospital would receive Federal funding to upgrade and expand their facilities, including incident critical areas such as the emergency room, surgical suites, telemetry, decontamination units, food preparation and storage areas, data center and HVAC.

A rationale for having specially designated hospitals that can convert to emergency response hospital status is the reality that hospitals increasingly rely on "just- in- time supply" for food, medical supplies and even medical and nursing personnel. Thus in the aftermath of a terrorist event, hospitals, all trying to reach the optimal level of preparedness, could experience significant resource deficits, duplication of effort and diversion of scarce resources from the critical centers where surge capacity is most likely needed. An underlying concept of the flexible conversion model is the hospital's ability to revert to its full community hospital role after the crisis.

A demonstration program to evaluate the feasibility of applying the Critical Access Hospital model to the challenge of hospitals' preparedness for threats to homeland security is recommended. The demonstration program would focus on hospitals that are located in designated high- risk areas and could be expected to play a major role in response to national security threats and public health outbreaks, because of their location, bed capacity and availability and other unique factors.

"Experts in the Federal government and those involved with PH and BT preparedness in hospitals have reported that staff training and upgrading facilities constitute the most

difficult and expensive tasks hospital administrators face as they develop a bioterrorism defense system. Specifically, hospitals need to install redundant communication systems, build decontamination units, educate staff about mass casualty episodes and be able to quickly convert nearby facilities, such as hotels and convention centers to treatment and triage facilities". The resources required to accomplish these tasks are in the billions of dollars.

To advance the concept of the flexible conversion hospital, specific criteria such as those that were established for the Critical Access Hospital Program, would be needed and enabling legislation would be necessary. The goals of the demonstration project would be to:

(1) Develop a centralized regional response to a national disaster as a result of bioterrorism or weapons of mass destruction. The designated emergency response hospital would be required to have an affiliation with an academic medical center, be well integrated with public health and safety organizations and have demonstrated relationships with community based health care providers.

(2) Evaluate the efficacy and cost effectiveness of upgrading and equipping regional emergency preparedness hospitals with the ability to convert in the event of a crisis as compared to the current decentralized model.

(3) Identify enablers and barriers to inter-hospital and inter-system planning for BT/PH crises and develop a model to optimize resources on a regional basis.

The Case for Meadowlands Hospital as an Emergency Response Hospital

- Proximity to major public venues, e.g. Meadowlands Convention Center, hotels, Continental Arena, Giants Stadium and Meadowlands Racetrack (potential targets and/or sites of care should it be necessary)
- Region has been designated as one of the top fourteen most vulnerable to attack
- Community involvement and support for playing a strategic role in homeland defense
- Road travel time during a crisis would deter access to other hospitals although several facilitates are within a ten mile radius of Meadowlands Hospital
- Academic affiliation with The Mount Sinai School of Medicine

Strategic Location

Meadowlands Hospital's unique location at the first intersection of roads west of Manhattan, provides an ideal setting for designation as an emergency response hospital and could easily convert to that purpose should a terrorist attack or regional disaster occur in New York and northern New Jersey. Located in the town of Secaucus, NJ, the hospital is situated five miles west of Manhattan, one half mile off NJ Route 3, with nearby exits for the New Jersey Turnpike and Route 17. Route 1 & 9, a secondary county road has recently undergone major reconstruction and upgrading and provides access to the

hospital on less-traveled roads. Route 3 and the New Jersey Turnpike are the main roadways leading from the Holland and Lincoln Tunnels as well as the George Washington and Verrazano Bridges, which are all within a few miles. Route 3 has both east and west exit and entrance ramps with approaches to the hospital on Meadowlands Parkway from the north. The hospital can be reached from the south via Routes 1&9 and County Road from the south by local roads.

While located just off major highways, the facility is situated within a mixed use commercial and residential zone and is backed by the Hackensack River on its west side and a water inlet on its north. Access to these roads is easily controlled assuring isolated medical operations and permitting approved public safety or military access only, if needed. The facility is set back 30 feet from Meadowlands Parkway and provides a secure buffer zone from incoming traffic. Meadowlands Parkway can be closed in both directions, north and south of the hospital.

A major train hub is under construction nearby and will provide yet another mode of east to west, New York to New Jersey, transportation to the hospital. When complete, this hub, the Secaucus Transfer Station, will make connections with Amtrak, and New Jersey Transit. However, should the hospital be inaccessible by train and vehicular traffic, it can also be accessed by water and air.

The hospital has an existing helipad adjacent to its Emergency Room entrance. Teterboro Airport and the town of Hackensack are nearby and the hospital is seven miles from Newark Liberty International Airport and the City of Newark. Located on the eastern shore of the Hackensack River, vessels could access the hospital from the New York and Newark Bays to arrive at Meadowlands Hospital's back door.

Clinical Assets

As a full-service hospital, Meadowlands Hospitals provides:

- 165 medical surgical beds including cardiac telemetry unit
- 6 Operating Rooms
- Cardiac Catheterization Laboratory
- Acute Rehabilitation Service
- Obstetrical Wing
- Emergency Room
- Pharmacy
- Full Imaging Services including CT Scan, MRI, Radiology, and ultrasound
- Public/private conference space
- Distant 360-degree views for incident command
- 200 member medical staff of local physicians
- Full time nurses, technicians

Facility Description

Meadowlands Hospital is licensed by the New Jersey Department of Health as an acute care hospital and is accredited by the Joint Commission on Healthcare Organizations. The hospital consists of five floors and approximately 206,000 square feet. It is located on a ten-acre campus including a four-acre parking facility. The hospital's emergency room is at the front of the hospital on Meadowlands Parkway, which is the main thoroughfare that passes through the area.

Meadowlands Hospital is the region's only hospital with all private, single-bedded patient rooms. This special attribute would enable victims from NBC biological attacks to be treated in isolation rooms. In the event of a regional disaster, Meadowlands Hospital can be fully dedicated to the treatment of the injured.

The facility's large parking lot lies adjacent to the building on its south and provides a perfect exterior for patient triage, treatment of "walking wounded", decontamination or a military or emergency medical service operations center.

Organizational Capacity and Infrastructure

LibertyHealth is an experienced hospital and emergency services provider. It served as New Jersey's lead provider in the attacks on the World Trade Center in 1993 and September 11, and two major train disasters in the Meadowlands. Following the attacks of September 11, LibertyHealth triaged thousands of "refugees" from Manhattan and Jersey City piers. Jersey City Medical Center treated 175 casualties and 11 patients were treated at Meadowlands Hospital. Despite being five miles from the shores of the Hudson River, Meadowlands Hospitals received 25 walk-in patients on the day of the World Trade Center tragedy. LibertyHealth's mental health division counseled thousands of injured, victims, and the witnesses to the attacks for nearly a year after the attacks. The Department of Behavioral Health continues to provide counseling services to affected individuals.

Due to the rapid development of Jersey City and its proximity to New York, its adjacent tunnels, waterways and highways, LibertyHealth's emergency staff is among the nation's most highly trained and is regionally integrated with local, county, state, inter-state and federal agencies. In addition to rigorous emergency management training, over the past several years, LibertyHealth staff has received advanced training in the following areas:

- Weapons of Mass Destruction – Department of Defense
- Hospital Emergency Incident Command System – Nationally recognized course in incident management
- Weapons of Mass Destruction Awareness – New Jersey State Police program
- Weapons of Mass Destruction Operations – federal training program for staff that will actually deal with biological or chemical agents.
- START Triage Tag System – national program for patient tracking

LibertyHealth's Emergency Medical Staff is located at the Jersey City Medical Center Campus where the region's 911 Dispatch Center is also located. Physicians at the Jersey City Medical Center Trauma Center are in constant communication with paramedics and emergency medical technicians in the field. Full time professionals staff these regional emergency assets around the clock.

LibertyHealth hospitals are part of the New Jersey State Police communications system and have installed 800 Mghz radio systems to communicate with the state office of emergency management and other hospitals. In addition, LibertyHealth is a full partner in the following agencies disaster and readiness plans:

- Jersey City Office of Emergency Management
- Secaucus Office of Emergency Management
- Hudson County Office of Emergency Management
- New Jersey Mutual Aid Plan With New York
- Federal Metropolitan Medical Response System

Should Meadowlands Hospital be granted approval as an emergency response hospital, under the proposed flexible conversion demonstration program a Steering Committee of health care leaders will govern the proposed demonstration program. The Steering Committee will be led by Jonathan M. Metsch, Dr.P.H., President & CEO of LibertyHealth (Associate Dean for Jersey City Medical Center, and Associate Professor of Community Medicine, Mount Sinai School of Medicine), and comprised of:

- Sheldon Jacobson, M.D. -Professor and Chairman, Dept. of Emergency Medicine, Mount Sinai School of Medicine
- Philip Landrigan, M.D., M.Sc – Professor and Chairman, Dept. of Community and Preventive Medicine, Mount Sinai School of Medicine
- Mary Klotman, M.D. –Professor of Medicine and Associate Professor of Microbiology, Mount Sinai School of Medicine
- Richard Bonforte, M.D., SVP Medical Affairs & Chairman, Department of Pediatrics, Jersey City Medical Center, Clinical Professor of Pediatrics, Mount Sinai School of Medicine
- Robert Lahita, M.D., Ph.D., Chairman, Department of Medicine, Jersey City Medical, Professor of Medicine, New York Medical College
- David Schnur, M.D., Chairman of Psychiatry, Jersey City Medical Center. Associate Professor of Psychiatry, Mount Sinai School of Medicine
- Martin W. Baicker, CHE, Senior Vice President/Administrator, Meadowlands Hospital
- Edward Sarti, M.D., President, Medical Staff, Meadowlands Hospital

Facility Upgrade Needs

Facility improvements will be required to prepare the hospital for its new role as a federally designated emergency response hospital.

The following Emergency Room upgrades will be undertaken:

- Capacity will be tripled in size to nearly 10,000 square feet
- HVAC system improvements to provide isolation
- Treatment stations will be increased to 20
- An external decontamination room and support area will be added adjacent to the Emergency Room
- The ambulance entrance will be enlarged to accommodate four ambulances
- The MRI will be moved inside the Emergency Room along with the CT Scan
- Additional personal protective equipment will be purchased, stored and available for immediate use
- New backup generator systems will be installed
- Upgrade patient information systems and install ED tracking system
- Emergency Room expanded and reconfigured to accommodate mass casualties

The following exterior upgrades will be undertaken:

- A bulkhead and docking facilities will be added at the rear of the hospital
- The existing helipad will be upgraded, enlarged and enhanced with appropriate lighting for night flights
- Large tenting will be purchased and stored for use in the parking area for exterior triage, family members, and military operations
- Expansion of the main entrance for triage capability and family waiting
- Creation of an intake area for emergency surgical procedures
- Install systems to control access to the site include landscaping, berms, vehicle controls, and access signage
- Removal of vehicular access to hospital's second level

The following internal upgrades will be undertaken:

- Expand telemetry capability to approximately 10 units per floor
- Create a staging area for surgical patients
- Create a dedicated orthopedic operating room with a C-Arm
- Enhance food preparation, storage and generator facilities
- Upgrade hospital HVAC system
- Create a data center with disaster response applications

Staff training and Preparedness:

- Conduct staff training
- Acquire personal protection equipment
- Hire and train staff
 - Medical director (M.D.), RN Director, RN for Infectious Disease, RN for Quality Assurance and Security personnel
- Create an educational and training facility

Funding Needs

In order to enhance the facility and maintain the hospital as a Federal Emergency Response Hospital, the hospital will require up to \$55 million over three years. Federal support will provide for technology upgrades, expansion of emergency facilities and

temporary shelter systems. Support of the proposed flexible conversion model would enable Meadowlands Hospital to fully prepare and commit to emergency operations as well as ongoing technology readiness, staff improvement and training. During this time, the hospital will provide for Federal agency inspections to assure readiness.

**MEADOWLANDS HOSPITAL MEDICAL CENTER
FEDERAL EMERGENCY REGIONAL RESPONSE HOSPITAL
PROPOSED 3 YEAR CAPITAL AND OPERATING BUDGET**

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Additional Staff	450,000	1,000,000	1,000,000
Bulkhead/Dock	750,000		
Cathodic Protection System - New areas		150,000	150,000
Chillers (2) / Cooling Tower		350,000	200,000
Dredge River		3,500,000	
Emergency Generators (3)	500,000	1,000,000	
Emergency Operations Center Comm. System		500,000	
Emergency Room Expansion/Upgrade	4,000,000		
Emergency Room Telemetry	500,000	500,000	
Emergency Room Treatment Areas/Furniture	1,250,000		
Expand Ambulance Entrance / Decon area	1,000,000		
Expand Hospital Telemetry System	900,000		500,000
Expanded Surgical intake area	1,350,000	1,350,000	
Expand main Entrance- triage capability/family waiting	250,000		
Fire Detection System - New areas		250,000	200,000
Heliport Upgrade	200,000		
Incident Command / Education Center	750,000		
Insurance	100,000	200,000	200,000
Lab Instrumentation	200,000	200,000	
New Hospital Security System	600,000	600,000	
New Clinical Vacuum System		100,000	
Operating Room Upgrade		600,000	600,000
Parking Lot improvements / lighting			750,000
Perimeter Security		850,000	850,000
Permanent MRI	1,500,000	1,000,000	
Pharmaceuticals/Antidotes	450,000	450,000	450,000
Replace Hospital HVAC		1,500,000	350,000
Replacement Canisters for NBC Suits		50,000	50,000
Signage (in / out)		250,000	
Upgrade Diagnostic Imaging Capability	4,460,000	770,000	770,000
Upgrade Hospital Elevators	450,000	450,000	450,000
Upgrade Information Tech / Data Center	5,575,000	2,575,000	2,575,000
Upgrade Kitchen Facilities		475,000	
Upgrade Utility Services		350,000	400,000
Reopening Costs		100,000	100,000
Staff Training	100,000	100,000	100,000
Total Annual Expenditures	25,335,000	19,220,000	9,695,000

