


# DOT Today

December 1993  
Volume III, No. 3  
U.S. Department of Transportation

 Moving America Together

## MOTOR VEHICLE SAFETY \$ + \$ + \$ + \$ + \$ + \$ + \$ + \$ \$ + \$ + \$ + \$ + \$ + \$ + \$ + \$ + \$ Saves Tax Dollars and Health Care Costs

Motor vehicle injuries are a major public health problem. They are the primary cause of death for the American population between 5 and 34 years of age, and account for half the total of injury deaths, costing the nation \$14 billion in health care expenditures each year. More people are injured or die in motor vehicle-related accidents each year than heart, cancer and stroke victims combined. Motor vehicle injuries are the second largest category of both hospitalized and non-hospitalized injuries.

Fortunately, progress is being made, and 1992 was a very good year for traffic safety. Motor vehicle crash fatalities were the lowest in 30 years, and on a vehicle miles traveled basis, it was the safest year ever. However, approximately five million people were injured in motor vehicle crashes, half a million were injured seriously enough to be hospitalized, and 39,235 people died as a result of their injuries. These aren't just statistics. These injuries and fatalities had serious social and economic consequences for the injured indi-

viduals, their families, and society as a whole.

Under President Clinton's proposed Health Care Plan, personal responsibility plays a part in keeping healthy and keeping costs down. Responsibility for safety — that of ourselves and others — is equally important in those goals. Secretary Peña has called for a stepped up national effort against drunk driving, setting national goals to reduce the incidence of drunk driving to 43 percent of total fatalities by 1997 and a new goal of 75 percent seat belt use by 1997.

DOT has also notified 28 states, that in October 1994, money will be transferred from certain highway construction funds to state and community safety programs if the states do not have both a motorcycle helmet law and a safety belt use law on the books, as required by the Intermodal Surface Transportation Efficiency Act of 1991.

"Further improvements in highway safety will be powerful medicine in the war to contain health care costs, by preventing many of the deaths and injuries on

our roads," Secretary Peña says. "This action by the American people would reduce health care costs by \$1 billion each year. We save \$35,000 in health care costs for each serious injury prevented."

If prevention is not taken seriously by the American people and injury and fatality rates remain at the 1992 level, population increases alone would result in 3,300 more fatalities in the year 2000. Economic costs from these fatalities and a proportionate increase in injuries would increase by an estimated \$7.4 billion, and an additional \$1 billion in taxes to cover lost income tax revenue and increased public assistance.

"We are rightfully shocked by the statistics on murder in the United States — about 70 lives lost every day," said Secretary Peña. "Yet the toll from traffic crashes is higher, more than 100 deaths every day. Shouldn't we find that statistic equally alarming?"

## NATIONAL 3D MONTH By Susann Lee White

Happy holidays! The excitement and pleasant thoughts in our minds as we enjoy this season could be turned around in a matter of seconds by the actions of a drunk or drugged driver. Holiday happiness often turns into tragedy, and that is why National Drunk and Drugged Driving Prevention Month (known as 3D Month), began more than 10 years ago—to help prevent tragedy on our roads and highways.

Goals for this year's campaign focus on the need for continued public education about impairment — when it occurs and how to prevent it. For some drivers, any measurable amount of alcohol puts them at increased risk of having a crash. The risk increases substantially at or above .08 blood alcohol concentration (BAC). Other goals include encourag-

ing the use of a designated driver — a practice that is estimated to have saved many lives to date. Organizers of 3D Month around the country are encouraging communities to support Administrative License Revocation (ALR) statutes in states that do not have ALR; to promote the health and safety benefits of establishing .08 BAC in all states as the legal limit for drivers 21 years and older; and to further educate the public about health and safety benefits of establishing zero tolerance for underage drivers. Sample press releases, public service announcements, editorials and proclamations for 3D Month activities are provided to states and local communities.

*continued on page 2*



### MYTHS AND FACTS ABOUT ALCOHOL AND DRIVING

Myths and misconceptions about alcohol and its effect on safe driving are widespread. Knowing the truth may mean the difference between life and death this holiday season and throughout the year.

**Myth:** "Alcohol is a stimulant."

**Fact:** Alcohol is a depressant. It acts on the central nervous system like an anesthetic to lower or depress the activity of your brain.

**Myth:** "I'm bigger so I can handle my..."

**Fact:** Size is only one factor in how much you can drink. Metabolism, amount of rest, and food intake all play a part in how you handle liquor. Impairment in motor reflexes and judgment can begin with the first drink.

**Myth:** "All I have to do is splash my face with cold water."

**Fact:** Splash all you like. You can even take a cold shower. It may make you cleaner, but it won't sober you up or make you a safe driver.

**Myth:** "Drinking coffee sobers me up."

**Fact:** Coffee cannot rid your system of alcohol. It just makes you a nervous, wide awake drunk. Only time reverses impairment.

**Myth:** "Once I roll down the car window, I'm okay."

**Fact:** No amount of fresh, chilly air can reverse impairment. You gain nothing by rolling down a window or turning on the air conditioner.

**Myth:** "I always stay away from the hard stuff."

**Fact:** Alcohol is alcohol. Beer has the same effect as straight scotch. One 12-ounce beer has as much alcohol as a 1.5 ounce shot of whiskey or a 5 ounce glass of wine.

**Myth:** "I just drive slower."

**Fact:** Many people do, believing they can actually compensate for being impaired by creeping along at 22 mph. This can be very dangerous. Others race along at 75 mph. The truth is, impaired drivers are unsafe at any speed.

**Myth:** "A drink or two makes me a better driver."

**Fact:** Even one drink can cloud your thinking, dim your vision, and slow your reflexes. Small amounts of alcohol can impair your judgment and put you and others on the road at risk of death or disabling injury.

Source: NHTSA

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# EmployeeProfile

## Toni Wilbur Goes to Capitol Hill by Steven Akey, FHWA



(left to right)  
Secretary Peña, Toni Wilbur and  
Rep. Jimmy Hayes (D-La.) in  
Hayes' Capitol Hill office

Intelligent Vehicle Highway System program," she explains. "In fact, I think I ended up with an ideal assignment. I am working part time on Jimmy's personal staff, and part time on the Science, Space and Technology Subcommittee on Investigations and Oversight that he chairs." (Toni says all the staffers call the congressman "Jimmy.")

In her job at the Federal Highway Administration ("the real world," as she calls it), Toni is program management team leader in the IVHS Program Management and Systems Engineering Division.

Life on the Hill is very different, says Toni. "The job is very unstructured, often very chaotic, and seems to change direction every day. Also, the hours are terrible! It can be very stressful. There are nine of us, including me, on the personal staff, and the office conditions make FHWA seem palatial. I sit in a small room with five other legislative assistants. It's very noisy because the phones are ringing constantly, and we always have the TV on to watch the floor action. In fact, I've become addicted to CSPAN."

Toni was also fortunate enough to be on the Hill during some very interesting legislative times, including passage of the budget bill, and debates over the transportation appropriations bill. "Being able to watch how the process works from the inside has been an experience that I will never forget," says Toni, "and it will be enormously valuable to me back at FHWA."

For information on the LEGIS Fellows Program, call OPM, Patti Iglarsh, at 703-235-1097.

### FHWA Diversity Essay Contest Winners

Federal Highway Administrator Rodney E. Slater recently presented Special Act Awards to Michael Thomas, Donna McEnrue, and Keith Jordan, winners of the FHWA Diversity Essay Contest. This year's theme, "Life's Experiences as Related to Diversity," drew entries from FHWA employees all over the country.

Michael Thomas, a writer/editor in the Office of Motor Carriers, won first place and \$500 for his essay, entitled, "A Place in the Choir," reflecting on his childhood, when he came with his family to the United States from Germany.

Two second place prizes of \$350 each were awarded to Donna McEnrue, a personnel management specialist in the Office of Personnel and Training, whose essay was called, "Diversity: A Child's World," written through the eyes of her two-year-old son; and Keith Jordan, a secretary in the FHWA's Idaho Division, who wrote on "A Rich Tapestry."

## 3D Month (continued from page 1)

The National Highway Traffic Safety Administration's (NHTSA) studies show that traffic crashes today are the greatest single cause of death for every age group between 5 and 34 years—greater than deaths from drugs, wars or disease. Of those crashes, almost one-half are caused by excessive consumption of alcohol or drugs combined with driving an automobile, truck, motorcycle or bus.

Plans for this year's state and local activities include: "Government Proclamation Day" where

top elected officials at the federal, state, and local levels will be called on to kick off 3D Month by publicly issuing proclamations. Mothers Against Drunk Drivers (MADD) will hold its annual "Candlelight Vigil" in Chicago on December 11. Students Against Drunk Drivers (SADD) will sponsor a "Alcohol and Drug Free Weekend" promotion and "Gift of a Lifetime" campaign during the entire month of December.

On December 10, Secretary Peña, along with Health and Human Services Secretary Donna Shalala will host a media event at 10 a.m., where the secretaries will speak on highway safety and health care costs related to drunk driving.

More than 40 private and governmental organizations that make up the national 3D coalition are sponsoring a holiday media event at the J.W. Marriott Hotel in Washington, D.C. Wednesday, December 22. The U.S. Surgeon General will be the

guest. The media event will feature personalities such as actress Connie Selleca, and non-alcoholic drinks and hors d'oeuvres made by local bartenders and chefs.

In the last decade, thousands of lives have been saved because of aggressive efforts to reduce the incidence of motor vehicle crashes involving drivers and pedestrians impaired by alcohol and drugs. According to NHTSA, last year motor vehicles were involved in 193,775 crashes nationwide. Last year, there were 4,090 deaths during the holiday season from November 23, 1992 through January 1, 1993 — compared to 5,605 during the same period 10 years ago.

Still, impaired driving crashes claimed the lives of more than 17,000 Americans last year, close to a third of them under 25 years of age. For more information on how you or your community can join in the 3D Month efforts, call NHTSA at (202) 366-2722 or the National 3D Prevention Month Coalition at (202) 452-6004.

## DOT Today

Volume III, No. 3, December 1993

DOT Today is an official publication of the U.S. Department of Transportation, under the direction of the Office of the Secretary, Office of Public Affairs. It is a monthly publication and is distributed to DOT employees nationwide.

Secretary of Transportation  
Director of Public Affairs  
Editor  
Staff Writer  
Design

Federico F. Peña  
Richard Mintz  
Sue Challis  
Susann Lee White  
Tomara Arrington and Catherine Vass,  
OST Graphics

This is your publication, and we value your input.

If you would like to submit letters, comments or articles, please address them to: Editor, DOT Today, OST, Office of Public Affairs, A-10, Room 9419, 400 Seventh Street, S.W., Washington, D.C. 20590. (202)366-5578; FAX (202)366-7270.

The deadline for the January 1994 issue is December 20

This newsletter is  
recyclable



Please Recycle

## Just the Facts...

In the October (Energy Awareness) issue, there were some "Fast Facts" concerning recycling. On page 5, one of them dealt with extracting 2.5 quarts of "new" motor oil from one gallon of used oil. That's true. The next phrase, "It takes about 42 gallons of virgin oil to make 2.5 quarts of motor oil," is not quite true, says an FAA engineer from Oklahoma City. He writes:

"42 gallons of fluid is equivalent to one standard barrel of fluid. Depending upon the refining process, nearly every drop in a barrel of crude oil yields many different products. Among these are gasoline, home heating oil, diesel fuel, and a whole array of lubricants, including motor oil. Typically, the greatest volume of products is the volatiles (gasoline, heating oil, etc.). Lubricants (motor oil) constitute the lowest volume of product that can be extracted from a barrel of crude. It so happens that each barrel of crude only contains about 2.5 gallons of the hydrocarbon molecules required to make motor oil."

Thanks to Keith L. Miller, FAA Logistic Center, Monroey Center.

# AIDS In the United States

As we observe World AIDS Day 1993, we should remember that right now we can't cure AIDS, but we can prevent it.

The number of people diagnosed with AIDS in the United States continues to increase. As of June 30, 1993, 315,390 people in the United States had reportedly been diagnosed with AIDS and the number of known deaths since January 1981 total 194,747 according to the Center for Disease Control. Currently, it is estimated that around 1 million Americans are infected with HIV — or one in every 250 people. By the year 2000, it is estimated that most people will know someone personally who has died of AIDS or is HIV positive.

In the U.S., HIV first spread primarily among homosexual or bisexual men and injecting drug users. However, over the past decade, it has been increasingly transmitted through heterosexual intercourse. Among exposure categories, the

greatest percentage of increase of AIDS cases reported in 1992 occurred in people exposed to the disease through heterosexual contact. Cases of AIDS have been reported in all 50 states — with the cities of New York, Miami, Newark, San Francisco, Los Angeles, and Houston having the highest rates of AIDS cases.

AIDS has taught our society some crucial lessons. Not only has the virus and its implications revealed weaknesses and inefficiencies in our present health care system, but it has demonstrated the compassion and power of our people. Individuals and groups of people from diverse backgrounds have worked together to reach new levels of knowledge and technology to make advances in fighting this disease. The progress that we have made is promising, yet we remain far from reaching the end of the epidemic. We need to take action and stop the spread of AIDS through education, awareness and personal responsibility.

Who gets AIDS? There is no specific description. AIDS is present in all demographic groups. Men, women, and children of all ethnic groups,

lifestyles, and sexual orientations from across the country are being diagnosed with AIDS. This is a disease that doesn't discriminate against people or groups — it discriminates against risky behaviors such as the sharing of needles in IV drug use and unprotected sex with an infected partner.

The 1993 theme for World AIDS Day is "Time to Act!" On December 1, the lights of the White House were dimmed for 15 minutes to commemorate World AIDS Day and to offer a tribute to those affected by HIV/AIDS. Towns and cities across the country were being encouraged to join the White House in dimming their lights as a visual demonstration of the worldwide commitment to stop the spread of AIDS.

This nationally recognized unified observance will be joined this year with the addition of the "Sounding of Bells." For the first time, the World AIDS Day observance in the U.S. will serve not only as a reminder of the disease and as a memorial to those who are suffering and have died from it, but also as an impetus for action as well.



An AIDS Awareness stamp is now being offered for sale at your local post office to promote awareness and to encourage more education, support and understanding of the AIDS epidemic. The U.S. Postal Service issued the new stamp December 1, World AIDS Day. Laminated AIDS Awareness Stamp pins can be purchased through your local post office.

## INFORMATION RESOURCES AIDS/Drug/STD Hotlines

CDC National AIDS Hotline .....	1-800-342-AIDS
CDC Spanish AIDS Hotline.....	1-800-344-7432
CDC Hearing Impaired AIDS Hotline .....	1-800-243-7889
CDC National AIDS Clearinghouse .....	1-800-458-5231
AIDS Clinical Trials Information Service (at CDC's National AIDS Clearinghouse) Project Inform (HIV Treatment Hotline) .....	1-800-TRI-ALSA
National Indian AIDS line .....	1-800-283-2437
Substance Abuse and Mental Health Services Administration (SAMHSA) Drug Abuse Information & Treatment Referrals Hotline .....	1-800-662-HELP
Center for Substance Abuse Prevention (CSAP)	
National Clearinghouse for Alcohol & Drug Information .....	1-800-729-6686
CDC National STD (Sexually Transmitted Diseases) Hotline .....	1-800-227-8922
National Herpes Hotline .....	1-919-361-8488
<b>Recorded information from the CDC:</b>	
AIDS Statistical Information Line .....	1-404-332-4570
Fax Information Service Line .....	1-404-332-4565
General Information including information on HIV/AIDS .....	1-404-332-4555

### AIDS Hotlines by State (as of JULY 1993) Note: Numbers subject to change

Alabama .....	1-800-228-0469	Missouri .....	1-800-533-AIDS
Alaska .....	1-800-478-AIDS	Montana .....	1-800-233-6668
Arizona .....	602-420-9396	Nebraska .....	1-800-782-AIDS
Arkansas .....	1-800-445-7720	Nevada .....	1-800-842-AIDS
California (N) .....	1-800-367-AIDS	New Hampshire .....	1-800-342-AIDS
California (S) .....	1-213-876-AIDS	New Jersey .....	1-800-624-2377
Colorado .....	1-800-252-AIDS	New Mexico .....	1-800-545-AIDS
Denver .....	1-303-782-5186	New York .....	1-800-541-AIDS
Connecticut .....	1-800-342-AIDS	New York City .....	1-718-638-2074
Delaware .....	1-800-422-0429	North Carolina .....	1-800-342-AIDS
District of Columbia .....	1-202-332-AIDS	North Dakota .....	1-800-472-2180
Florida .....	1-800-352-AIDS	Ohio .....	1-800-332-AIDS
Georgia .....	1-800-551-2728	Oklahoma .....	1-800-535-AIDS
Atlanta .....	1-404-876-9944	Oregon .....	1-503-223-AIDS
Hawaii .....	1-808-922-1313	Pennsylvania .....	1-800-662-6080
Idaho .....	1-800-677-AIDS	Puerto Rico .....	1-809-765-1010
Illinois .....	1-800-243-AIDS	Rhode Island .....	1-800-726-3010
Indiana .....	1-800-848-AIDS	South Carolina .....	1-800-322-AIDS
Iowa .....	1-800-445-AIDS	South Dakota .....	1-800-592-1861
Kansas .....	1-800-232-0040	Tennessee .....	1-800-525-AIDS
Kentucky .....	1-800-654-AIDS	Texas .....	1-800-299-AIDS
Louisiana .....	1-800-992-4379	Utah .....	1-801-487-AIDS
Maine .....	1-800-851-AIDS	Vermont .....	1-800-882-AIDS
Maryland .....	1-800-638-6252	Virgin Islands .....	1-809-773-AIDS
Baltimore .....	1-410-945-AIDS	Virginia .....	1-800-533-4148
Massachusetts .....	1-800-235-2331	Washington .....	1-800-272-AIDS
Michigan .....	1-800-872-AIDS	West Virginia .....	1-800-642-8244
Minnesota .....	1-800-248-AIDS	Wisconsin .....	1-800-334-AIDS
Mississippi .....	1-800-537-0851	Wyoming .....	1-800-327-3577

## Some Facts About AIDS and HIV:

**Where is HIV found?** HIV is found in semen, blood, vaginal secretions and breast milk.

HIV is a very weak virus and can only survive inside the body. It can only be contracted through intimate contact between an infected individual and an uninfected individual.

### You DO NOT get HIV from:

- mosquito or other bug bites
- sharing toilets, telephones, or clothes
- hugging, touching, or kissing a person with HIV
- sharing cups and utensils with an HIV infected person
- attending school and going to any public place with HIV infected people
- working with a co-worker who is infected with HIV

### You CAN get HIV from:

- sharing drug needles and syringes
- having anal sex (sodomy)
- having sex (vaginal or oral) without a latex condom (condoms not made from latex are not effective forms of disease prevention because the pores in the material have been shown to allow the leakage of viruses.)
- having sex with multiple partners
- having sex with someone whose sexual history you don't know
- having sex with someone you know has had several partners.
- vertical transmission — from an infected mother to her newborn during pregnancy or delivery, either from infected blood or from breast milk.

### SAFER BEHAVIOR

- Abstain from having sex
- If you are having sex, be sure you and your partner are mutually faithful
- Don't use drugs or share needles
- Use only latex condoms. Make sure the package says "disease prevention."

## DOT's AIDS Education Task Force

As part of President Clinton's HIV/AIDS Education Initiative for the workplace, DOT, as well as all federal agencies, will implement an aggressive and comprehensive HIV/AIDS awareness education program for employees. The DOT task force will survey existing awareness programs and initiatives in each operating administration at headquarters and in the field. Their initial goal is to identify ongoing efforts and resources that can be shared, including printed information, videos and other materials. By December 1, 1994, all employees will

receive training on how to prevent the spread of the virus and how to address its various facets in the workplace.

The department's task force is chaired by Elizabeth Montoya, DOT's White House Personnel liaison. Kristine Gebbie, White House coordinator for the President's initiative, recently briefed the department's senior staff members on the program. The task force members will also be reviewing the department's existing workplace policies on HIV/AIDS to ensure that they provide for reasonable accommodation for all employees.

# FRA Inspector goes Hollywood

by Luis del Rio, FRA

When Spotsylvania Mall Cinema, located in Fredericksburg Va., recently hosted the local premier of Ted Turner's Civil War epic "Gettysburg," local Civil War re-enactors were invited to add a sense of realism to the event. The lobby of the cinema was filled with excitement as eager ticket-holders took time to examine the detailed period dresses and weapons of the federals and confederates standing guard and the drum corps playing.

Richard Kiestler, a safety inspector for the Federal Railroad Administration (FRA) was one of the many re-enactors helping promote the movie that evening. Just like the others, he was dressed in his full battle ensemble, chatting with the crowd in the mall. However, Kiestler had an added sense of anticipation — you see he knew that he would be seeing himself up on the big screen that night.

Kiestler answered an open casting call in 1988 for "Gettysburg." He was given a screen test and was told by the casting agent that it would be filed with the rest of hundreds of possible candidates. Last spring he was amazed when he received a telephone call informing him that he had been selected for a speaking role in the movie.

In his scene, he plays first lieutenant in the Federal calvary. He rides up to General John Buford, played by actor Sam Elliot and delivers a verbal message.

Kiestler, originally from Philadelphia, lives in Bealeton, Va., located between Warrenton and Culpeper. Since 1990 he has worked as a safety inspector stationed out of the FRA's Philadelphia,

Pa, and Hanover, Md., offices inspecting railroad operating procedures.

He has always had a keen interest in U.S. history and especially the Civil War era. "Re-enactments are the closest one can get to experiencing what it may have actually been like to have lived then," says Kiestler. "Most people don't realize that these men and women dressed in clothing usually made of wool and other heavy fabrics. It can get rather uncomfortable lugging full battle gear during the warmer seasons."

He performs several times a year throughout the Virginia/Maryland/Pennsylvania region. "This area is rich in Civil War history," he points out. "Most of the key and decisive battles were fought around here."

The period dresses, weapons and equipment worn by the re-enactors cost upwards of \$1,500 each. The participants take great pride in their attention to even the most minor of details.

"During the 125th Anniversary of the Battle of Gettysburg, there were over 10,000 troops and over 6,000 civilian re-enactors," says Kiestler. "The roles varied from generals, wives, blacksmiths, and cooks to even 'ladies of the night.' People really enjoy presenting as realistic a picture as possible for visitors."

Kiestler says he was amazed by the amount of time and effort it took to film his scene in the movie, which on screen lasts no more than a minute. "It was real interesting to see what is



photo by Dale Kiestler

involved with putting a production like this together. My short scene took over four hours to film and involved four takes at various angles. In fact, I was unaware the shot used was even taken from that angle."

He did credit Ted Turner's production team with ensuring as realistic a portrayal as possible. "They went to great lengths and spent a great deal of money to make the 90 or so actors appear as authentic as possible," he said.

Although this is a hobby for most re-enactors, they believe the shows like the one at the movie theater are important. Kiestler feels that they are preserving history as well as passing it down to future generations. "This was a pivotal time in our nation's history. We are a result of what occurred on these battlefields," he said.

## Tis the Season — Don't Let Theft Ruin Your Holidays

During this time of year many office buildings and employees may be targeted for theft of government and personal property. Bags of presents bought on a lunch hour shopping trip or extra money in the wallet for an after-work trip to the mall are very tempting to some people. Here are a few things to help protect yourself and your co-workers:

- Notify the guard force of your building immediately if you see anyone suspicious in the building or in the parking garage.
- Keep your purse, wallet or other valuables with you at all times or locked in a drawer or cabinet — never leave them in an unlocked drawer or in a jacket that's on your chair or the coat rack.
- Don't leave your keys lying around. If you're responsible for office keys, don't leave them in an unlocked drawer. Keep them locked in a place over which you have control.
- Question the identity of any strangers entering your office area — or any delivery or repair persons that might want to look at or remove equipment. Don't be afraid to call for verification of their identity.
- If you're working after hours, lock yourself in by locking all exterior doors. Be alert.

Have a safe holiday.

This month, Susann Lee White, roving reporter, went out to the DOT Headquarters Plaza and asked the question:

## What will you wish for



Steve Hecht, FAA Drug Abatement Program - "Right now peace first and foremost in places like Somalia and Yugoslavia. Find great solutions for violent crime."



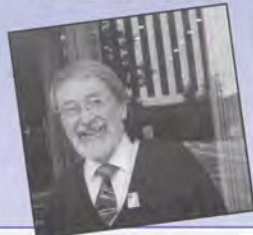
below: Kay Lewis, MARAD - "A safe and prosperous holiday and that the homeless are fed."



Frannette Manns, FAA - "I'm hoping for the regional pay increase and that we get to keep our thrift savings plan intact with the government contributing 5 percent."



Kevin Coburn, RSPA - "Just a quiet time at home in Bowie, Maryland."



Dick Cullen, FAA - "Return to values. There is too much of a distinction between those who have and those who don't."

# HEALTH SECURITY

Special DOT Today Edition/Winter 1993

## THE PRESIDENT'S HEALTH CARE PLAN

### WHY REFORM HEALTH CARE?

America has the world's finest health care, doctors, nurses, and hospitals. But today, everything that's wrong with the Americans health care system threatens everything that's right.

#### GROWING INSECURITY

Millions of Americans live in fear they'll lose their health coverage. In fact, one of every four of us will lose our health insurance at some point over the next two years. If your child gets sick or you get in an accident during this period, your family's savings could disappear overnight.

Today's system is rigged against families and small businesses. Insurance companies pick and choose whom they cover. Then they can drop you if you get sick, switch jobs, move, or start a small business.

#### RISING COSTS

Our health care bills are spiraling out of control. Insurance companies are raising premiums, companies are charging outrageous prices for prescription drugs, and paperwork and fraud are sending the costs of the system through the roof.

Rising costs also threaten American jobs, burden American businesses, strain state budgets, and drive up our federal deficit. Small businesses are bankrupted by health care premiums that rise 35 percent each year. And large businesses can't compete globally against countries that control their health care costs.

#### INCREASING CONFUSION

Our health care system forces doctors and nurses to spend more time filling out forms and less time taking care of their patients. We're all tired of the endless, confusing paperwork and fine print you have to wade through so you don't get stuck with a bill. In the last decade, the number of health administrators grew sixteen times faster than the number of doctors. And we're all paying.

#### DECREASING QUALITY & CHOICES

The quality of America's health care is threatened. Today doctors and hospitals are guaranteed payment to treat you after you get sick — but not to keep you healthy in the first place. And more and more Americans are losing something we all hold dear — the right to choose our own doctors. In fact, only three out of every ten small employers offer their employees any choice of a health plan at all.

### If We Do Nothing...

- One of every four of us will lose our health insurance at some point in the next two years. If you fall ill or get in an accident during this time, your finances could be devastated.
- Seven years from now, experts estimate almost \$1 out of every \$5 Americans spend could go to health care.
- By the end of the decade, American workers will sacrifice almost \$600 in wages every year just to keep their health benefits.
- Millions more will find that rising costs will force their firms to cut back on benefits and limit choices of doctors and health plans.

#### Americans Speak

Marcia and Mark Callendar both had good jobs with good benefits. They thought their family was well protected by the insurance provided by Mark's employer. Then, their son Matthew got sick, Mark lost his job, and the Callendars lost their insurance. When they tried to apply for coverage through Marcia's job, they were turned down because of Matthew's "pre-existing condition." Matthew finally qualified for coverage through disability but Mark had to take a lower-paying job so they would be eligible.



### WHAT WILL REFORM MEAN?

After reform, every American will receive a Health Security card. The card guarantees you a comprehensive package of benefits that can never be taken away.

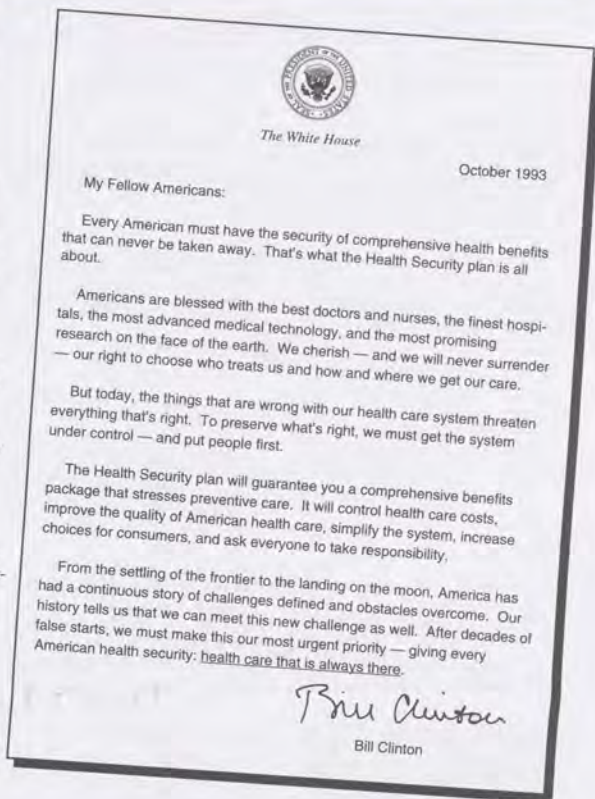
Once you get your card, you can never lose your health coverage — no matter what. If you get sick, you're covered. If you change jobs, you're covered. If you lose your job, you're covered. If you move, you're covered. If you start a small business, you're covered.

You'll be able to choose your own doctor. And everyone will have a wide choice of health plans, organized in at least three different ways:

- Traditional fee-for-service — Where you go to any doctor you want and are charged for each visit.
- Networks of doctors and hospitals (or Preferred Provider Organizations) — where you choose the doctor you want, paying higher out-of-pocket costs for doctors not in their network.
- Health Maintenance Organizations (HMOs) — where you choose a doctor within their network, with minimum out-of-pocket costs.

Like today, almost all of us will be able to sign up for a health plan where we work. You'll get brochures that give you easy-to-understand information on the health plans in your area — including an evaluation of the quality of care and a consumer satisfaction survey. If you're self-employed or unemployed, you sign up at the health alliance in your area. Consumers and local business owners — not the government and not the insurance companies — will run the alliance and bargain for affordable health care for you.

Health plans will be required to use standard forms to replace the thousands of different forms insurance companies use today. So when you get sick, you won't be buried in forms — and neither will your doctor, nurse, or hospital.



The White House

October 1993

My Fellow Americans:

Every American must have the security of comprehensive health benefits that can never be taken away. That's what the Health Security plan is all about.

Americans are blessed with the best doctors and nurses, the finest hospitals, the most advanced medical technology, and the most promising research on the face of the earth. We cherish — and we will never surrender — our right to choose who treats us and how and where we get our care.

But today, the things that are wrong with our health care system threaten everything that's right. To preserve what's right, we must get the system under control — and put people first.

The Health Security plan will guarantee you a comprehensive benefits package that stresses preventive care. It will control health care costs, improve the quality of American health care, simplify the system, increase choices for consumers, and ask everyone to take responsibility.

From the settling of the frontier to the landing on the moon, America has had a continuous story of challenges defined and obstacles overcome. Our history tells us that we can meet this new challenge as well. After decades of false starts, we must make this our most urgent priority — giving every American health security: health care that is always there.

Bill Clinton

Bill Clinton



# The System After Reform

## Benefits Guaranteed by the Government in a Private-Sector Health Care System

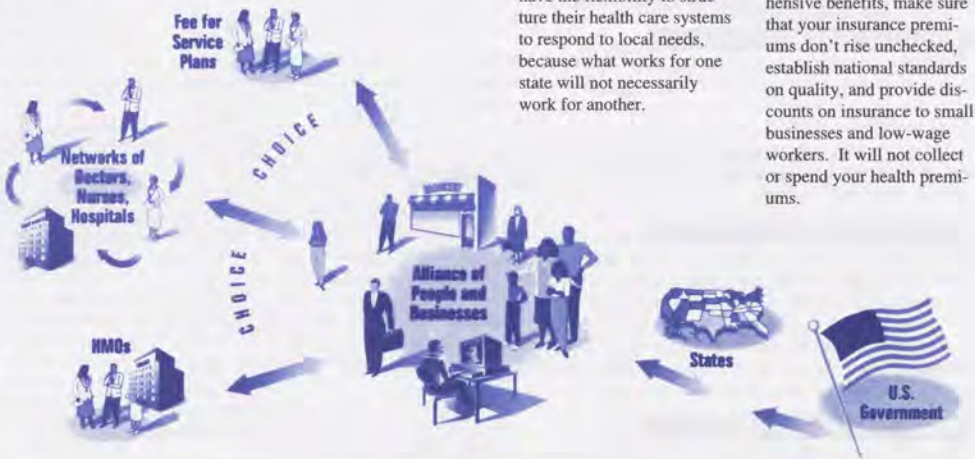
The new system will still be based on private-sector health plans, which will compete — on the basis of quality and price — for the business of individuals and companies. Americans will join together, in alliances, to get the same bargaining power that large companies have today — finally putting them, not insurance companies, in control.

### Health Plans

are groups of doctors, nurses and other health professionals working together to provide you with comprehensive benefits. They can be organized by doctors and hospitals or insurance companies. There will be fee-for-service plans, networks of doctors, and Health Maintenance Organizations (HMOs), just as there are today. What's different is that health plans must accept everyone who applies and can't charge you more for being sick.

### Health Alliances

are groups of individuals, families and local businesses who use their combined purchasing power to negotiate for high quality, affordable health care. A wide variety of plans — including at least one fee-for-service plan — will compete for the business of alliance members. Alliances provide information to help consumers choose plans, including a yearly customer satisfaction report card. And alliances — not the government — will collect premiums and pay plans.



### States

will establish health alliances, certify health plans — for quality and financial solvency — and monitor the quality of care. States will have the flexibility to structure their health care systems to respond to local needs, because what works for one state will not necessarily work for another.

### U.S. Government

will create a framework for reform and then get out of the way. It will guarantee that you get your comprehensive benefits, make sure that your insurance premiums don't rise unchecked, establish national standards on quality, and provide discounts on insurance to small businesses and low-wage workers. It will not collect or spend your health premiums.

## Your Benefits Package

All Americans will be guaranteed a comprehensive package of benefits that is as generous as those offered by most Fortune 500 companies.



**The Health Security plan puts no lifetime limits on your coverage**

### Emphasizes preventive care

In today's system, if you become ill, your insurance may cover you. But in all but the very best plans, it won't pay a penny to keep you healthy in the first place. The Health Security plan guarantees that you won't have to wait until you're sick to go see your doctor.

The comprehensive benefits package covers a wide range of services that detect and prevent illness. Dozens of preventive services for women, men, adolescents, and young children — including well-baby care, immunizations, prenatal care, cholesterol screenings, influenza shots, mammograms, and Pap smears — are provided at no extra charge to you. In return, you'll be responsible for taking advantage of these services to keep yourself healthy.

### Americans Speak

Mary Lee and Jerry Mauro pay \$7,700 a year for health insurance but they still put off taking their children to the doctor because they know they will get charged even if their children aren't sick. Then they have to pay more because "our child's antibiotic is not one of the 'covered' prescriptions. What could be more important to cover?"

## Comprehensive Coverage For Every American



- Preventive care
- Prescription drugs
- Expanded home care
- Visits to doctors and other health professionals
- Hospital services
- Surgical services
- Emergency care
- Ambulance services
- Laboratory and diagnostic services
- Mental health treatment
- Substance abuse treatment
- Children's dental care
- Vision and hearing care
- Prosthetic and orthotic devices
- Rehabilitative services
- Hospice care
- Health education classes

## What Reform Will Cost

To finance health reform, the President specifically rejected a government-run health care system and broad based taxes. Instead, the Health Security plan builds on today's private, employer-based system and makes it work for everyone.

The plan will be financed by:

- 1) contributions from employers and individuals who currently pay nothing for insurance;
- 2) limiting growth in federal health care programs and redirecting those funds to new benefits for older Americans;
- 3) new taxes on tobacco and contributions from large self-insured corporations.

## Prescription Drugs

Today, many insurance companies do not cover prescription drugs, and neither does Medicare. By providing all Americans with prescription drug coverage, the Health Security plan will guarantee that no American will be forced to choose between buying food and taking medicine. The plan will also work to make sure that you no longer get charged three times as much as people in other countries for the same drugs.



# WHAT YOU WILL PAY

Reform will get skyrocketing health inflation under control while guaranteeing you health security and giving you a comprehensive package of benefits that can never be taken away.

Everyone will be responsible for contributing something to the cost of their health care, even if they can only afford a small amount. Premiums will vary — as they do today — from plan to plan and state to state, but the system will be much simpler and much fairer.

Today, your premium depends on many factors beyond your control: you're being charged more if you're sick, if you've ever been sick before, if your child has an illness, if you're older, or if you work in a small company. This will change.

Everyone will pay the same price for the same plan — no matter whether you are sick or healthy, whether you work for a small company or large company. Your premium only depends upon your family type (see chart below), where you live, and the type of plan you choose. Low-income Americans will be eligible for discounts on their premiums.

Families with a full-time worker will be responsible for paying an average of 20% of the average premium. Their employers will pay the rest. And employers who now pay 100% may continue doing so.

## For Example

If the average plan for a single person in your area costs \$160 a month, your employer would pay a minimum of \$128 (80%) for your premium. You would pay the remaining \$32 (20%). Your employer can, of course, choose to pay the entire \$160.

### Average Plan \$160



## Before you compare . . .

Before comparing what you pay today with what you will pay under Health Security, remember this: The Health Security Act guarantees you something no amount of money can buy today — true health security, no matter what happens to you. Ask yourself these questions about your plan today:

- Do you have a comprehensive benefits package — with prescription drug coverage and preventive care at no additional cost?
- Are you guaranteed that you won't pay a larger share of your premium next year?
- Do you get coverage that kicks in right away, after only a small deductible?
- Are you free from "lifetime limits," so you'll have coverage no matter what?
- Does your insurance company charge you the same even if you are older or have a pre-existing condition?

If you answer "no" to any of these questions, you will get better value for your health care dollar with the Health Security Act.

### Your Premium:



**Two Parent Family With Children**



**Single Parent Family With Children**



**Married Couple With No Children**



**Single Person**

	Monthly			
	Today Range	Today Average	Reform Range	Reform Average

Two Parent Family With Children	\$0-\$180	\$76	\$0-\$91	\$73
Single Parent Family With Children	\$0-\$180	\$76	\$0-\$80	\$64
Married Couple With No Children	\$0-\$180	\$76	\$0-\$80	\$64
Single Person	\$0-\$60	\$25	\$0-\$40	\$32

Low-income Americans may be eligible for discounts.

- This applies to:
- Two Parent Families with income below \$22,200
  - Single Parent Families with income below \$18,400
  - Married couples with income below \$14,600
  - Single people with income below \$10,800

Estimates of 150% of poverty in 1994. Actual cutoffs will vary by year and growth in consumer price index.

# Financial Protection

## What If I Am ...



**65 or older:** Older Americans will continue to receive their health care under the Medicare program, as they do today — with the added security of prescription drug coverage. Workers over age 65 and their spouses will receive the same comprehensive benefits as other working Americans through the health alliances.



**Unemployed/Non-worker:** Unemployed people would still have health coverage without interruption, paying only their portion of the premium — with discounts based on their income. Those with non-wage income, such as interest payments, would also be responsible for some or all of the unpaid employer's share.



**Part-time Worker:** Part-time workers will pay for a portion of their health insurance premiums. As long as they are working, their employers will also pay part of their premiums and, depending on their income, part-time workers may receive discounts for the remainder.



**Self-employed/Independent Contractor:** Today, the self-employed are only allowed to deduct 25% of their health care premiums from their taxes. Under reform, they will be able to deduct 100% of their health care costs. As with any business, they pay the employer's share, and are eligible for any discounts that apply. They also pay the individual/family share, and may be eligible for discounts on that as well, depending on their income.



**Retiree, 55-65:** Faced with rising health costs, many companies have been dropping the coverage that their retired workers depend on. Under reform, the 80% share of the average premium will be covered and retired American workers will only be responsible for the remainder. Former employers may choose to cover that share, or may be required to do so under collective bargaining contracts.

## Your Financial Protection

	TODAY	REFORM
<b>DEDUCTIBLE</b> The amount you pay before your insurance kicks in	Almost half of today's plans have deductibles larger than \$200 per person. They can be as high as \$3,000.	Many plans will have no deductible. For the plans that do, deductibles will be \$200 for an individual and \$400 for a family.*
<b>LIFETIME LIMIT</b> A limit on what insurance companies pay	In 60% of today's insurance policies, your insurance can run out if you get very sick.	There will be no limit on your total lifetime benefits.

\*Preliminary estimates, based on 1994 numbers.

## Co - Payments

Your co-payments — the amount you pay out-of-pocket when you go to a doctor — will be limited and uniform, protecting you financially and making it easier to choose among health plans. Co-payments will vary according to the type of plan you choose. For a wide range of preventive services, there will be no co-payments in any plan. Low income Americans may receive discounts on their out-of-pocket costs.

**FEE FOR SERVICE:** Patients pay 20% of the cost of each visit after the \$200 individual deductible or \$400 family deductible is reached. They pay nothing after they reach the annual out-of-pocket maximum of \$1,500 for an individual or \$3,000 for a family.

**DOCTOR NETWORK (PREFERRED PROVIDER ORGANIZATION):** This plan offers low co-payments (\$10) — with no deductible — if patients use the doctors within the network ("preferred providers"). If patients choose doctors outside the network, they have higher co-payments (20% of each visit) — once they've paid the \$200 individual deductible or the \$400 family deductible. They pay nothing once they've reached the out-of-pocket maximum (\$1,500 for an individual; \$3,000 for a family).

**HEALTH MAINTENANCE ORGANIZATION (HMO):** Patients pay no more than \$10 for each doctor visit. There are no co-payments for hospital care and no deductible has to be met.

# Questions & Answers

The American Medical Association recommends that you ask these questions about health reform.

**Q. Will I still be able to see my own doctor? Will I have to pay extra?**

A. You will be able to choose your own doctor. What you pay will depend on which plans your doctor joins. There will be a range of plans available at a range of prices and your doctor will be free to join a number of them — so the choice will always be yours. Like today, people who choose fee-for-service will continue to pay a little more.

**Q. Will my doctor and I be free to decide how to treat my illness?**

A. Yes. Reform will get insurance companies and the federal government out of doctors' offices and leave your medical decisions to you and your doctor — where they belong. Consumers will have more information about the benefits and risks of treatments and will be more involved in making decisions about their own health care.

## Security of guaranteed comprehensive benefits

**Q. I have a group insurance policy through my employer. Will that change?**

A. Probably not. The health plans we have today — including yours — are likely to continue to exist under the new system, as long as they meet high quality standards and offer the comprehensive benefits package. But if you want to change plans, you can. Most Americans will have more choices of health plans.

**Q. Will our premiums and co-payments go up?**

A. Reform will get premiums and co-payments, which have been skyrocketing for years, under control. After reform, premiums will vary from plan to plan and state to state — as they do today. But everyone will pay the same price for the same plan. No employer can ever ask an employee to pay more than 20% of the cost of the average plan premium. And employers can continue to pay 100% of the premium if they choose.

Many of the plans that will be offered require just a small payment (\$10) for each doctor visit. Even in the most costly plans, no individual will pay more than \$200 per year for a deductible.

## Health costs that are under control

**Q. Will I be able to choose my own type of health insurance? Can I buy extra insurance if I want it?**

A. Of course. You will always be able to choose your plan, even if you currently don't have that right. Today, rising health care costs have forced businesses to limit the health plans their employees can join and sometimes the doctors they can see. Under the Health Security plan, no boss will be able to tell you which health plan to join. You'll have the choice of at least three plans: a traditional fee-for-service plan, a network of doctors and hospitals, or an HMO. You will always be free to purchase any additional insurance you want, and insurance companies will never again be allowed to drop you or deny you coverage.

**Q. Will anything be done to reduce and simplify all the insurance forms I have to fill out?**

A. Yes. The Health Security plan will streamline the rules, reduce the paperwork, and make the system make sense. It will simplify all the insurance company claims forms and confusing bureaucratic rules. Having one comprehensive benefits package means that you will no longer have to worry about what's covered under which policy or what you might have



missed in the fine print. Most important, this simplification will mean that the money you pay goes to health care — not bureaucracy.

## Improved quality of care

**Q. What happens if I change jobs? Will I risk losing health insurance coverage?**

A. No. The Health Security plan will guarantee that you will never lose your insurance coverage. It will be illegal for insurance companies to drop you for any reason — even if you:

- Change jobs
- Lose your job
- Retire
- Move
- Graduate from college
- Get divorced
- Start a small business

**Q. What if someone in my family has a pre-existing health condition? Will they be covered?**

A. Absolutely. Under the Health Security plan, it will be illegal to refuse to insure people just because they've been sick. Health plans will have to accept you, healthy or not, and most important, they will not be able to charge you more for being sick.

## Increased choices for consumers

**Q. Will the quality of care my family receives be hurt under a new system?**

A. No. Health reform will improve quality, by holding doctors and hospitals accountable for the care they give. You'll get a consumer "report card" that you can use when you choose or change health plans. It will tell you what people think of the care they have received under each health plan and will measure results of frequent services to help you compare one plan to another. And if you don't like your health plan, you can change to a different plan or a new doctor. To ensure that the quality of your care continues to improve, there will be increased emphasis on medical research to prevent diseases such as cancer, heart disease, and Alzheimers.

**Q. I'm retired and on a fixed income. Will my Medicare coverage be affected?**

A. No. Older Americans who receive Medicare will continue to receive all the benefits they do today. In addition, the Medicare program will be strengthened by adding prescription drug coverage. If you're on Medicare, you'll actually have more choices after reform. You can continue to receive care like you do today, or choose among different health plans that may offer fuller benefit packages and lower payments. Older Americans will also benefit from new long-term care options in their homes and communities, where they want to receive care.

## Less paperwork and a simpler system

**Q. Will costs be controlled in a way that doesn't interfere with my medical care?**

A. Certainly. Costs will be controlled by eliminating the waste and fraud in the current system — not by cutting corners on consumers. Doctors, nurses, and hospitals tell us they can save a lot and give better care if the government and insurance bureaucracy will get out of their way. The main reason plans won't cut corners is because they know patients are free to choose a new plan and leave them.

**Q. Will everybody in America have health insurance? And, if so, how will we pay for this?**

A. All Americans will be guaranteed a comprehensive package of benefits that can never be taken away. Everyone — employers and individuals — will be asked to take responsibility for contributing something, even if it is only a small amount, to the cost of their health care. We will also raise taxes on tobacco. At the same time, we're going to slow the skyrocketing growth of federal health programs and crack down on health care fraud with new penalties.

## Responsibility from everyone

Here are some other questions the American people have been asking:

**Q. I'm happy with my insurance now. Why are we changing so much?**

A. People who like their insurance today have a lot to gain from the Health Security plan. First — and most important — you'll get something that no amount of money can buy in today's insurance market: security. You'll also get more choices of doctors and plans than many people have today, and you'll finally stop losing wages just to keep the same health benefits. And you'll probably pay less for high-quality care. **The bottom line is this: you can't guarantee that the benefits you have today will still be there tomorrow. The Health Security plan provides you with that guarantee.**

**Q. How will this plan help small businesses?**

A. The plan will offer significant discounts to help small firms who are getting killed by rising costs. *The Wall Street Journal* calls the plan "an unexpected windfall" for small businesses that currently provide insurance. The fastest growing small businesses are the ones that provide health insurance. They will be able to create new jobs and expand their business. Furthermore, small business owners will gain new peace of mind about the health security of their own families.



**Q. When is this all going to happen?**

A. Under the plan, some states may be ready to provide health security to their citizens in 1995. More states will join in 1996 and, by the end of 1997, everyone must be guaranteed a comprehensive package of benefits that can't be taken away.

## Health care that's always there

**Q. Doesn't the Clinton plan add more layers of government bureaucracy?**

A. No. The President specifically rejected a government-run system in favor of a system rooted in the private sector, and based on what we have today. Under the Health Security plan, government will set standards, provide security and safety and then get out of the way. Health Security will reduce the regulation that swamps today's health care system, free doctors from the avalanche of paperwork, and create standard claim forms. And it will increase consumer control over the system.

**Q. What are we going to do to help people in rural and urban areas?**

A. Today, millions of Americans in rural and urban areas don't have access to a regular doctor or consistent medical care. The Health Security plan will include incentives for doctors to practice in underserved areas, such as:

- Expanding the National Health Service Corps;
- Increasing initiatives for medical schools to train more family doctors;
- Providing tax incentives to attract more doctors to underserved areas; and
- Giving states the flexibility to develop programs that are more responsive to the needs of rural and urban areas.

**Q. Won't the Clinton plan raise taxes on the middle class?**

A. Nothing could be further from the truth. The President specifically rejected broad-based taxes on the middle class because he thinks that middle class Americans are already paying too much for their health care. There is already plenty of money in the system — the problem is that much of it is wasted. The money saved by eliminating the waste, fraud, and inefficiency that exists today will help all of us get better value for our health care dollar.

Thanks to Barbara Baldwin for her help on this special section and to Bill Macintosh for providing the graphics

# National Disability Employment Awareness Month at DOT "Energize America—Employ Ability"

"We don't have a single person to waste!" That's what President Clinton said in proclaiming October National Disability Awareness Month — a month designated to encourage employment of qualified people with disabilities and to showcase the contributions, skills and talents of the 43 million Americans classified as having a disability.

At DOT headquarters, several programs embracing the theme of "Energize America — Employ Ability" took place, beginning with activities during Deaf Awareness Week. At other events, civil rights and personnel representatives were available to answer questions regarding employment practices and regulations relating to persons with disabilities and offered videos on those subjects. Special guest was disability advocate and athlete Bill Demby, whose subject was "Profiles in Courage." Workshops on attitudinal awareness and compliance with accessibility laws were well attended.

A diverse panel of managers who supervise employees with disabilities discussed several issues relating to barriers, both physical and emotional, in the workplace. The closing ceremony featured a keynote address by Rick Douglas, executive director of the President's Committee on Employment of People With Disabilities.

Feedback from those attending many of the programs was positive and encouraging. Committee members are already actively soliciting ideas and proposals for next year's activities. Anyone with suggestions should call Ken Tiktin, Program Director, Workforce Diversity, at (202) 366-5840.



## Holiday Stress Relief: Exercise Tops the List

by Terri Stadler, Wellness Center staff, Mike Monroney Center, Oklahoma

The holidays should be a meaningful time of joy and celebration shared with family and friends. Often the hustle and bustle of holiday preparations, parties and guests leaves us feeling exhausted and stressed. Managing the stress associated with this busy time of year will allow you the emotional and physical energy to spend some time reflecting on the real significance of the holidays.

Apply these methods of dealing with stress to your life now. The result will be a more relaxed holiday and a happier New Year. Instead of feeling exhausted and ready for a vacation at a weight reduction spa, you'll be excited about what the New Year holds!

**\*Exercise.** Exercise is the single most effective "depressurizer." It allows you to use nervous energy and allows your body to metabolize stress-related hormones more quickly. Walking even 15 minutes will help you feel more relaxed while providing you with a sense of renewed energy. It will also cause your body to release endorphins — naturally-produced chemicals that can help relieve stress and give you a sense of well-being.

**\*Get plenty of rest.** This is usually one of the first things busy people sacrifice. However, the need for adequate rest is only increased by a busy lifestyle. Sufficient sleep makes you better able to confront most any stressor.

**\*Laughter.** Some of the same stress-relieving effects produced by exercise can also be produced by laughter — such as elim-

inating tension in muscles and releasing pain-killing chemicals. Watch a funny movie, go to a comedy club, look at old pictures or home movies, or spend time with close friends who have a good sense of humor. Keeping that sense of humor can help keep a frustrating situation in perspective.

**\*Eat balanced meals.** Nutritious eating can increase your resistance to stress. Therefore, it is absolutely essential that you eat properly to avoid the numerous physiological problems caused by your body's response to stress. Don't skip meals or snack on high-fat foods during periods when you are under stress. A variety of foods will provide you with all the essential nutrients your body needs to combat stress.

**\*Deep breathing.** Take deep breaths from your abdomen — not your chest. This will help you feel calm by slowing your breathing rate and supplying more than the normal amount of oxygen to your brain. Close your eyes and take a long slow series of deep breaths, letting each one out gradually. Count to three while inhaling through your nose and again while exhaling through your mouth. Repeat several times.

**\*Visualization.** Use your imagination to take a mini "vacation" from stress. Close your eyes and visualize yourself in a pleasant, serene setting. Imagine as many details as you can while forgetting about your problems. Keep this picture in your mind until a calming sensation takes over, a response that typically takes 10 minutes or less.

Last year, FAA's Air Traffic and Airway Facilities staff teamed up with Loudoun County, Va. in a



special project. FAA's Washington Center in Leesburg, Va., became a training area for a group of handicapped students, in a program coordinated by the Human Resource Management division field personnel office.

The goal of the program is to expose the students to various repetitive kinds of work duties that upon graduation can become full-time jobs — to help them become self-sufficient and self-confident.

For four days each week during the school year, three students reported for "work," where with their teachers they learned things like "busing" tables in the cafeteria and stocking shelves in the supply room area. The staff feels that the program has been a huge success.

Recently, FAA Administrator David Hinson visited the center to meet the field personnel. While there, he chatted with the students about their jobs and their progress.

From left to right: Dee Pollock and Mary Young (teachers with the Loudoun County Special Education Program), students Tara Padgett and Erika Hughes, FAA Administrator David Hinson, and student Dana Bailey.

## this holiday season?



Ken Mackel, FTA - "A new paint job for my 1965 convertible T-Bird."



Kathy Powers, NHTSA - "An end to the conflict in Bosnia."



Richard Merritt, NHTSA - "Snow and good health."



Freddie Johnson, MARAD - "Keep the Christ in Christmas."



CDR Bernie O'Brien, USCG Governor's Island, New York - "Peace in all countries. That the Somalia situation be resolved soon."

# CLEAN AIR: We're Getting There

(but a bumpy road lies ahead)

by Ginny Finch and  
Cindy Burbank, FHWA

Ten years ago, more than 100 million Americans breathed dirty air. Today, that number is 54 million (and decreasing), thanks largely to cleaner cars and fuels.

Consider this additional good news, from EPA's latest Air Quality and Emissions Trends Report and other air quality data:

During the last ten years, the number of times an area exceeded carbon monoxide standards decreased by 94 percent; the number of times for ozone standards, by 65 percent.

For three years in a row, 42 out of 94 "nonattainment" urban areas have met the Ozone National Ambient Air Quality Standards (the first step in being redesignated to "attainment") — including Pittsburgh, Salt Lake City, and Detroit.

Even in Los Angeles, the U.S. city with the worst smog problem, there has been a 50 percent cut in peak ozone levels over the past 15 to 20 years.

Reduced emissions from cars, buses and trucks have occurred despite increases in vehicle miles traveled. In fact, even though highway travel increased by 36 percent from 1983 to 1992, emissions dropped dramatically.

The key player in this air quality success story has been technology. For example, today's cars are so clean that you'd have to drive hundreds of miles to produce the emissions from just one hour of using a gas lawnmower. And unleaded gas has reduced vehicles' lead emissions to a trace.

Behavioral "transportation control measures" such as carpooling, transit use, and trip reduction programs have so far proven to be far less effective than technological advances in reducing emissions.

The future, like the recent past, promises continued progress in cleaning up the country's air. Technological advances such as devices to drastically cut "cold start" emissions (start-of-the-trip

unwarmed emissions) are some improvements Americans will see within a few years. "Enhanced Inspection and Maintenance Programs," required by the 1990 Clean Air Act Amendments, will also have a substantial impact by ensuring that pollution controls on cars are kept in good working order.

You Would Have to Drive THIS FAR to Equal the Emissions from Just ONE HOUR of Using These Nonroad Vehicles and Engines.

Nonroad Equipment	Pollutants	Car Kilometers
Snowmobiles	hydrocarbons	19,232 km (1,202 miles)
Crawler tractor	nitrogen oxide	14,400 km (900 miles)
Outboard motor	hydrocarbons	12,800 km (800 miles)
Chain saw	hydrocarbons	3,200 km (200 miles)

## Strict new conformity rule poses challenge for transportation programs

On November 15, 1993 the Environmental Protection Agency took a further step to make sure air quality continues to improve. It issued a "transportation conformity rule." The new rule ensures that highway and transit systems and individual projects do NOT

- worsen existing violations of health-based air quality standards
- cause new violations
- delay attainment of clean air standards.

Under EPA's transportation conformity rule, metropolitan planning organizations or MPOs, must show that their planning for highway and transit systems meets state air quality plans and programs — long-range (20-year) plans and short-range (2 to 5) improvement programs to reduce emissions.

FHWA, FTA, OST and EPA worked tirelessly for three years to develop the transportation conformity rule. "We had so many teleconferences with EPA over the past 18 months that in September 1993, the speaker phone we were using completely gave out and we had to get a replacement," says Kathy Laffey, senior FHWA air quality policy specialist.

Jim Shrouds, leader of the DOT conformity team and chief of FHWA's Noise and Air Quality Branch, says the long hours and hard work involved difficult choices. "Both EPA and DOT compromised on many issues," he says. "The final rule will present a very tough challenge to many areas of the country. It will also require an unprecedented level of cooperation and coordination between transportation and air quality officials to successfully implement the regulation."

Abbe Mamer, FTA environmental specialist and conformity team member, also sees the rule as a tough challenge. Adds Mamer: "The rule forces us to ask 'where do we get emissions reductions?' and 'How do we get the reductions we need?'"

## How can transportation plans and investments help reduce emissions?

One way environmental advocates want to cut emissions is to change the kind of transportation facilities and services that are funded in the future, by shifting from increasing highway capacity to building bicycle paths, pedestrian walkways, transit facilities, and HOV lanes.

These alternatives work if people are willing to drive less. Yet increasingly, transportation planners and environmentalists are saying these strategies won't work well on their own, that despite increased funding of alternatives to the car, people continue to drive, rarely sharing the ride with someone else. Meanwhile, congestion may build to unacceptable levels. To head off this situation, air quality experts recommend two other strategies:

- Public education that causes people to understand the environmental reasons to change their travel habits, drive less, and drive cleanly, and
- Pricing strategies that eliminate current parking subsidies and other highway user subsidies, providing people with the incentive to carpool, use transit, telecommute or combine trips.

The new conformity rule will cause many areas to look at public education and pricing alternatives and consider incorporating these strategies into their transportation systems. Meanwhile, technological advances will continue to make a substantial impact on reducing the emissions that pollute our air.

## Secretary Peña Speaks at Denver International Airport Dedication



Secretary Peña, who as mayor of Denver led the effort to build the first major new airport in the United States in

two decades, spoke at dedication ceremonies November 19 for the new Denver International Airport (DIA).

"DIA will be the crown jewel of America's airports — a state of the art facility that will reduce flight delays, congestion and noise and provide passengers, flight crews and aircraft the most efficient airport in the world," said the Secretary.

The Secretary was honored at a benefit later that evening for his leadership and vision as mayor of Denver in launching development of the new airport. "Some years ago," said Peña, "we fought to win approval for DIA. I want to salute the many, many people from all walks of life who supported the new airport and who worked to make it happen. To their credit, they have made possible the largest and most advanced airport in the world."

DIA will replace Stapleton International, which currently ranks as the sixth busiest airport in the United States and the eighth busiest in the world in terms of passenger traffic. About 33 million passengers are expected to pass through DIA during the first 12 months after it opens.

## REINVENTING DOT: COAST GUARD AUTOMATES MERCHANT MARINER RECORDKEEPING

The United States Coast Guard Marine Licensing Program ensures that mariners on U.S. ships have the proper training and experience to operate their vessels. Mariners must demonstrate their knowledge by passing examinations and obtaining licenses.

The Coast Guard keeps records of sea service on all U.S. merchant mariners — from captains to cooks — to ensure that experience requirements are met. Presently, about two million records are maintained, mostly paper documents stored at examination centers around the country.

The Marine Licensing Program has developed an innovative concept to establish a new national data management system which cuts red tape and improves customer service. The system is called the Merchant Marine Licensing and Documentation (MMLD) program and it has been chosen as a reinvention laboratory under the National Performance Review.

Using a data processing concept called "clientserver" technology, records kept at a central database are accessed and revised/updated at remote sites, and then returned to the central database. The new system allows Coast Guard marine licensing centers to access records and serve the mariner in minutes, rather than the days or weeks required under the old manual system.

The Coast Guard is also pursuing the development of a "credit card style" maritime

credential to replace the paper identification card that mariners now carry. The new credential will perform the same function as the

current identification card by describing the mariner and level of skills authorized. In addition, it will have personal data and sea service information electronically stored on its magnetic strip. The card will also have a computerized image of the mariner on the front of the card for added security.

The MMLD system has been installed at examination centers in Seattle and New Orleans as pilot projects. The Coast Guard chose these sites because of the diverse types of licensing transactions that occur in those ports, allowing effective testing of the entire system. The system is expected to be fully operational in late 1994.

The enthusiasm for the new automated system is contagious. All marine licensing program employees are looking forward to implementing and utilizing the system. According to RADM A. E. Henn, Chief, Office of Marine Safety, Security, and Environmental Protection, "The Merchant Marine Licensing and Documentation System will revolutionize the U.S. Coast Guard's archaic way of keeping records and bring the system out of the 1930s and into the 21st century. It's about time!"



# And Sew It Goes:

## Debbie Scialabba, Coast Guard Academy Seamstress

Story and Photos by PA 3 Harry C. Craft III

Behind the gold insignias and stripes on the sharp black uniforms of the cadets at the Coast Guard Academy in New London, CT., stands academy seamstress Debbie Scialabba with needle, thread and tape measure in hand.

"I keep them looking good," says Scialabba, who has been sewing on stripes, doing hems and alterations for the corps of cadets at the academy for eight years. "People don't realize that when these cadets come to the academy they are just 17 or 18 years old. They do a lot of growing as well as growing up while they are here. They come to me all the time and ask me to take out hems and make sleeves longer."

Scialabba, a mother of two teenage boys, comes from a long line of seamstresses and tailors in Sicily, and taught herself to sew. "It runs in the family," she explains. It's a trade that's passed down, like a father would pass on carpentry to his son." She attended an accelerated course in fashion merchandising at the Morris School of Business in Hartford, CT., where she learned to manage a business. She rents her office space from the academy, and she furnishes all the sewing machines, tables, materials, and orders materials and equipment. Scialabba provides an important service for the academy. After all, not every military base or unit has a tailor shop.

"I provide a quality product and have built a good reputation. When I do a uniform, I know it's done right," she says. She tailors between 16 and 48 uniforms a day. "I have tailored 24 in a half day,

and then alterations and hems for the rest of the day. I know when my deadlines are. I usually see how many uniforms I have to do and divide that by how many days I have to do them, she says. Scialabba also repairs all the athletic uniforms and those of the senior and cadet instructors. "Some of them, such as the football jerseys, are really in bad shape. Sometimes the repairs can be very time consuming because you can't tell what piece went where."

It's not an easy job doing the cadet uniforms, because as with any military uniform there is an exact measurement for everything. The first class cadet uniform has a gold stripe two inches up from the bottom of the cuff with a gold shield positioned one inch up from the stripe. The seamstress or tailor must follow the regulations. Every military uniform, including all classes of cadet uniforms has regulations for stripes, patches, and rating badges.

"I have to use chalk to mark where the stripes go. I then use a ruler to get them straight. It sounds easy but it takes time to do a uniform," Scialabba says. Her hardest job is graduation. From the end of March to graduation day in May, she must have 800 uniforms ready. She also is responsible for changing uniforms for the cadets going on board the Coast Guard's tall ship, the EAGLE, for their summer cruise. She is so busy at that time of year she has to hire another seamstress to help.

"I tell the cadets what my deadlines are and they meet them. The cadets know that I have to do four sets of uniforms from the first class to the fourth class," she says. All of Scialabba's mending and



Debbie Scialabba, the Coast Guard Academy Tailor, takes care of uniforms for the Corps of Cadets, enlisted, and officers - which number about

redoing is on a schedule of six months in advance.

There is a "Swab summer" in July, when all the fourth class cadets (freshmen) arrive at the academy for their new issue of uniforms. Then there is graduation every year, parents' weekend, and numerous other events that require uniform restructuring. It is not an easy task, but Scialabba does the job, averaging about 45 hours per week, plus book work at home which includes accounting, paying the bills and ordering materials.

"Debbie has been here for a while and she does a super job," says Tom Birch, Coast Guard Exchange System manager. "She is a valuable asset to the academy and it would be very tough to replace her because of her experience and talent."

## New DOT Officials

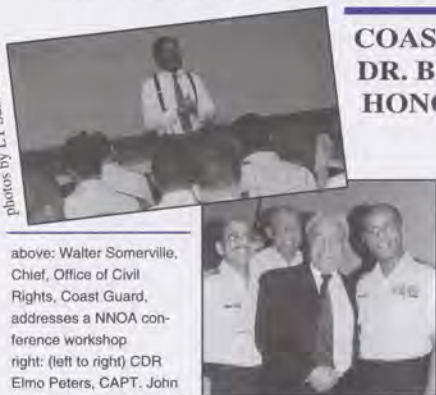
Frank E. Kruesi was sworn in October 28 as DOT's Assistant Secretary for Transportation Policy. Kruesi served as chief policy officer for Chicago Mayor Richard Daley for the past four years, where he was involved in a number of transportation issues. He supervised the Chicago Department of Aviation's expansion and noise mitigation plans for O'Hare and Midway airports. From 1980 to 1989, Kruesi was executive officer for the Cook County State's Attorney's Office. He received his B.A. cum laude with honors from Middlebury College in Vermont and his M.A. in political science from the University of Chicago. Kruesi has also been a lecturer in political science at Rosary College, DePaul University and Loyola University.

Steven O. Palmer was also sworn in October 28 as the department's Assistant Secretary for Governmental Affairs. Since 1983, Palmer has been a staff member on the U.S. Senate Committee on Commerce, Science and Transportation, serving for the last three years as a senior staff member of the Science, Technology and

Space Subcommittee, and from 1987 to 1990, as senior staff member on the Aviation Subcommittee. Palmer was active in the Clinton/Gore campaign and a member of the transition team. He received his B.A. from Kalamazoo College and has a masters degree in public affairs from the Lyndon B. Johnson School of Public Affairs, University of Texas.

Secretary Peña has named Eugene A. Conti as the department's Deputy Assistant Secretary for Budget and Programs. Prior to his appointment, Conti served as chief of staff for Rep. David E. Price (D-NC). From 1985-87, Conti was director of planning and management analysis for the Department of the Treasury. He began his federal service career with the Office of Management and Budget in 1979, serving as a budget analyst for several years and as special assistant to the budget director. Conti received his bachelor's degree from Eastern Michigan University and earned a Master's degree and a Ph.D. from Duke University.

photos by LT Sam Short



above: Walter Somerville, Chief, Office of Civil Rights, Coast Guard, addresses a NNOA conference workshop  
right: (left to right) CDR Elmo Peters, CAPT. John Withe, Dr. B. Hooks, CDR John Williams

## COAST GUARD COMMANDANT and DR. BENJAMIN HOOKS HONORED AT NNOA CONFERENCE

by LT Bob Gonzalez

Diversity." "There is only one kind of leadership — by example. Everything else is management," said Secretary of the Navy John Dalton in his keynote address.

"The service we render is the rent we pay for the space we occupy here on earth," said Rev. Dr. Benjamin Hooks, past executive director of the National Association for the Advancement of Colored People (NAACP), who was recognized for his many years of outstanding service to the military and the nation.

One Coast Guard Officer exemplifying Dr. Hook's proverb was CDR Percy O. Norwood Jr., who accepted the "Most Outstanding Chapter" award for the D.C. NNOA Chapter (Large Category) and received "Most Outstanding (chapter) President" award and the Dori Miller Award as NNOA's outstanding member for 1992/93.

U.S. Coast Guard CDR Elmo J. Peters was also elected to a one-year term as the Coast Guard representative of the NNOA National Board of Directors. He will use his twenty two years' military experience to contribute to NNOA's mission, which is to assist in forming and maintaining a positive image of the sea services in the minority community. NNOA supports the sea services in a variety of ways. It is primarily interested in improving minority representation in the military services. NNOA's genesis came from the first black naval officers commissioned in the U.S. Navy in 1944. As an organization whose philosophical underpinning is in valuing diversity, NNOA welcomes anyone interested in the same

goals and does not exclude anyone on the basis of race, age, gender or national origin.

"The greatest value in joining NNOA is in networking and mentoring," said LTJG Gerard A. Williams of the USCG Yard in Baltimore. "For [service members] just coming in cold, it's a good resource." NNOA membership would be beneficial to senior and junior officers, both minority and non-minority, according to CAPT John G. Witherspoon, Chief of Search and Rescue Branch at Eighth Coast Guard District Office in New Orleans, La.

"NNOA is an organization to help with community relations and other public affairs. It also gives military junior officers an opportunity to mingle with senior officers and learn the ins and outs of the Coast Guard," said CAPT Witherspoon, who has been a NNOA member for the last 15 years. Coast Guard workshops held during the conference ranged from military professional development to a dialogue on the psychological effects on minority members involved in Haitian interdiction operations.

"It was a very positive and broad conference," said CDR Norwood. One of the other pluses for conference speakers was receiving a copy of "The Golden Thirteen: Recollections of the First Black Navy Officers," written by Paul Stillwell and recently published by the U. S. Naval Institute. A fitting crown for the "Golden Thirteen" is a planned movie version of the book from TRISTAR Productions to be directed by Sidney Poitier.

Numerous military and civilian dignitaries and military officers of the U.S. Navy, Marine Corps and Coast Guard recently attended the National Naval Officers Association's (NNOA) 21st Annual Conference, held in Memphis in support of diversity in the military.

U.S. Coast Guard Commandant, Admiral J. W. Kime, who has attended the annual conference for the last five years, addressed NNOA's membership about the Coast Guard's initiative on valuing diversity in the workplace. He acknowledged that while the Coast Guard has made progress, the service still has a way to go. In appreciation for his steadfast support, conference organizers awarded ADM Kime an honorary life membership in NNOA.

An array of "Who's Who" spoke on this year's theme: "Enhancing a Legacy of Leadership, Excellence and Professionalism Through Our



## CALENDAR

### December

#### Happy Holidays!

1 World AIDS Day  
National 3-D (Drunk or Drugged Driving) Prevention Month  
9 Chanukkah  
25 Christmas

Thrift Savings Plan Open Season (through January 31, 1994)

### January

1 New Year's Day  
17 Dr. Martin Luther King's Birthday

23-28 AFSS Third Annual New England Ski Fest, Stowe, Vt. Price is \$390 per person. Call Mike Chapman or Bill Coddington (FTS) 802-951-6718 or COMM (802) 863-1541.

### February

Black History Month  
11-13 Ski Party Weekend sponsored by Headquarters Employee Recreation Association, Hunter Mountain. Pre-payment required (by 1/21/94); 4 per room, \$152 per person; 3 per room, \$172; 2 per room, \$182. Includes round trip transportation; discount lift tickets; two breakfasts, two dinners and more. Call Bill Gossard (202) 382-6566 or Anton Lilly (202) 366-9723.

21 Presidents' Day

### March

10-12 Fifth Annual International Women in Aviation Conference, Disney's Contemporary Resort, Lake Buena Vista, Fla., sponsored by Parks College of St. Louis University. Call (618) 337-7575 or 7500, ext. 299.

## Regional Roundtables Provide Feedback on ISTEA

Now that the Intermodal Surface Transportation Efficiency Act is about 18 months old, Secretary Peña wants to give state and local officials the direct opportunity to tell officials at the highest levels in DOT how the system is working, how it is not working, and how it can be improved.

The Secretary says these meetings, which are being held at 10 locations around the country, will give top DOT leadership an opportunity for a "reality check" on ISTEA.

Led by Deputy Secretary Mort Downey and Associate Deputy Secretary Michael Huerta, the DOT teams have invited

governors, state legislators, mayors, city

council members, county officials, transit and metropolitan planning organization (MPO) leaders and environmental groups to give their views. Question and answer sessions have been offered at each roundtable with state transportation secretaries, city and county public works directors, port, transit and MPO directors, as well as the general public and business leaders.

above: The first of the roundtables was held in Hartford, Conn., Nov. 5, led by Deputy Secretary Mort Downey (at podium). Seated (l to r) are John Horsley, Grace Crunican, FTA's deputy administrator, and FHWA's deputy administrator Jane Garvey. Panelists are Richard Goodman, Hartford's COG transportation chairman, Lloyd Robinson, Vermont's deputy secretary of transportation, and Steven Boudreau, president, Massachusetts Association of Regional Planning Agencies.

right: Mayor Richard Daley addresses the second regional meeting in Chicago Nov. 8. Listening are DOT's Assistant Secretary for Transportation Policy Frank Kruesi, FTA Administrator Gordon Linton and FHWA Regional Administrator Robert Teets.



Six of the 10 roundtable meetings are now complete. Associate Deputy Secretary Huerta, who attended sessions in both Louisville and Kansas City, says, "People now know that intermodalism means moving goods — not just people. We have representatives of ports, railroads, freight carriers on each panel in each region. One of the things we've learned is that land use is a critical part of any intermodal plan." Most who attended said there has been lots of feedback — on both successes and frustrations — from the local level. The DOT leadership team has been doing a lot of listening.

A report will be sent back to the districts and to Secretary Peña after the roundtable meetings are completed in mid-December, with the recommendations that have come out of the meetings. "We will be looking at how to improve our program administration and will recommend any legislative changes in the bill (ISTEA) we feel might be necessary," says Deputy Secretary Downey.

DOT's Governmental Affairs office was asked to arrange the roundtable meetings, under the direction of John Horsley, deputy assistant secretary for government affairs.

## Donations Needed for Senior Citizens Party

Once again this year, DOT will be holding a holiday party for area senior citizens, at DOT headquarters December 17. The volunteer committee is in need of small gifts for the seniors, which they will be putting into "goodie bags." Needed are: travel or sample size toiletries (for both women and men), hats, gloves, scarves, ties for men, writing tablets, stationery, and books of stamps. Help brighten up this holiday season for the seniors by contributing one or more of these small items. Bring your donations, by close of business December 13, to Room 10205. Call Sarah Eghtedari, 366-9739 for information.

## A Note From Bob Marx

As DOT Today reported last month, OST Public Affairs Officer Bob Marx is seriously ill with Guillain-Barre Syndrome and is in intensive care at George Washington University Hospital.

Bob has asked, through his wife, Harriet, that this message get to all of you who were kind enough to wish him a speedy recovery through your letters and cards. Although he is still unable to speak, Bob communicates with eye movements. He and his wife have developed a unique dictation system. This is what he wanted us to know:

"Needless to say I was delighted with the video (which OST Public Affairs recently made for him). Why am I not surprised to find so many characters at DOT?"

Let me also thank the literally hundreds of my friends and coworkers, new and old, for your thoughtful wishes and prayers for my recovery. I am pleased to report that I am making progress, however slowly."

Notes and cards for Bob may be sent to his home address, 3102 Wessington Way, Alexandria, Va. 22309.

## Bake-Off Raises Money for CFC

Congratulations to Gwen Jones, winner of the recent bake-off sponsored by FAA Headquarters' Office of Human Resource Development (AHD) to raise money for the Combined Federal Campaign. The bake-off was part of CFC day, where employees could sample and vote on their favorite freshly baked entries and appetizers in return for a contribution to CFC.

First place went to Gwen Jones' Chocolate Cherry Cake, followed by Rhea Donfor's Kalua Chocolate Cake and Tony Amato's Chocolate Peanut Butter Pie. First place in the appetizer category went to Rene McCray's hot and spicy Tex-Mex dip.

Here is the prize-winning cake recipe:

### Chocolate Cherry Cake

#### Cake ingredients:

- 1 package Pillsbury Fudge cake mix (or Devil's Food cake mix)
  - 21 oz can of cherry pie filling
  - 1 tsp. almond extract
  - 2 eggs (beaten)
- #### Frosting:
- 5 Tbs. butter or margarine
  - 1/3 cup milk
  - 6 oz. package chocolate chips

Using solid margarine, grease and flour 13x9 pan. In large bowl, combine all cake ingredients and stir until well mixed. Pour into pan. Bake at 350 degrees for 25 to 30 minutes (test doneness with toothpick).

Frosting: In a saucepan, combine sugar, butter (or margarine) and milk. Boil one minute (stirring constantly). Remove from heat. Add chips and pour over cake.