

RELEASE IN PART  
B5,B6

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**From:** Abedin, Huma <AbedinH@state.gov>  
**Sent:** Saturday, November 7, 2009 1:11 PM  
**To:** H  
**Subject:** Fw: Cabinet Calls

You willing to do this?

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**From:** Rodriguez, Miguel E  
**To:** Abedin, Huma; Toiv, Nora F; Mills, Cheryl D; Sullivan, Jacob J; Coleman, Claire L  
**Sent:** Sat Nov 07 13:09:21 2009  
**Subject:** Re: Cabinet Calls

I just got a call [redacted] They're asking if S would be willing to call Congressman Mike Ross of Arkansas in addition to Congressmen Carney (PA) and (Berry).

B5

I put the following together if so.

Talking Points:

Background:

- Ross is currently a NO.
- He fought for negotiated rates, but not for the inclusion of a public option in general. He says his district is largely opposed to the public option.
- He voted Yes on the bill coming out of the Energy & Commerce Committee, and was a major negotiator on behalf of the Blue Dogs during that process.

Ross Statement on Health Care:

Listening to my constituents and traveling throughout the 29 counties and 150 towns that make up Arkansas's Fourth Congressional District is important. The primary duty as a Representative is to listen and I have done just that hosting 37 town hall forums on health care since April, five telephone town hall meetings, and 92 meetings and public events in August alone such as speaking to the Texarkana Chamber of Commerce and touring the disaster recovery efforts in Mena. I also hosted four regional roundtable discussions on health care in El Dorado, Hot Springs, Pine Bluff and Texarkana with doctors, nurses, hospital administrators, veterans, seniors, small business owners, the self-employed and

community leaders.

Never backing down from what I feel is best for our area and for the state of Arkansas, we need health care reform, but done in a deliberate, bipartisan and common sense way that reflects Arkansas values. Earlier this summer, Congress was moving way too fast on a bill that will affect all 300 million of us in this country. So, I helped put the brakes on health care reform in the House of Representatives and successfully persuaded the Speaker to delay a floor vote until September at the earliest so that each Member of Congress would have the opportunity to do what I have already done – hold 37 town hall meetings on health care and read the bill.

While we must reform the system to help the more than 300,000 Arkansans without health insurance, it is equally important to ensure that those of you who like your current health insurance plan will always be able to keep it and you should always be able to choose your own doctors. I have been skeptical about the public health insurance option from the beginning and used August to get feedback from you, my constituents. An overwhelming number of you oppose a government-run health insurance option and it is your feedback that has led me to oppose the public option as well. There are so many other reforms we need to try first before we completely overhaul our entire system. A government-run public option is the wrong direction for health reform in this country and I will oppose it in the U.S. Congress.

We need a uniquely American solution to our health care crisis, not one based on places like Canada or England. However, we should create opportunities for the uninsured, self-employed and small businesses to have the option of participating in a group, with choices they can afford. There are still many badly-needed reforms we should move forward with, such as requiring health insurance companies to cover pre-existing conditions. And, we must insist on common sense tort reform as a means of controlling frivolous and costly lawsuits.

As Congress resumes its legislative calendar and moves forward with health care reform, I intend to play a constructive role in the process to ensure your voices are heard. However, if House leadership presents a final bill that contains a government-run public option, I will oppose it and any bill that provides federal funding for abortions or illegal immigrants, rations care for seniors or anyone else, or one that is not deficit neutral.

We need common sense health care reform that reduces costs, increases access, forces insurance companies to cover pre-existing conditions and protects patient choice. It is my hope that the final health care reform bill will offer the kind of reforms that I can support – a common sense plan that reflects Arkansas values.

**From:** Abedin, Huma  
**To:** Toiv, Nora F; Mills, Cheryl D; Sullivan, Jacob J; Coleman, Claire L  
**Cc:** Rodriguez, Miguel E  
**Sent:** Sat Nov 07 11:59:49 2009  
**Subject:** Re: Cabinet Calls

Adding claire who will know.

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**From:** Toiv, Nora F  
**To:** Mills, Cheryl D; Abedin, Huma; Sullivan, Jacob J  
**Cc:** Rodriguez, Miguel E  
**Sent:** Sat Nov 07 11:57:43 2009  
**Subject:** Re: Cabinet Calls

Okay.

B5

**From:** Mills, Cheryl D  
**To:** Toiv, Nora F; Abedin, Huma; Sullivan, Jacob J  
**Cc:** Rodriguez, Miguel E  
**Sent:** Sat Nov 07 11:30:12 2009  
**Subject:** Re: Cabinet Calls

Send huma's number

**From:** Toiv, Nora F  
**To:** Abedin, Huma; Sullivan, Jacob J; Mills, Cheryl D  
**Cc:** Rodriguez, Miguel E  
**Sent:** Sat Nov 07 10:16:42 2009  
**Subject:** FW: Cabinet Calls

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**From:** Lu, Christopher P. [mailto: ]  
**Sent:** Friday, November 06, 2009 5:58 PM  
**To:** Lu, Christopher P.; Smith, Elizabeth S.; Kimball, Astri B.; French, Michael J.; Greenawalt, Andrei M.; Taylor, Adam R.; Milakofsky, Benjamin E.  
**Subject:** Cabinet Calls

B6

Dear Chief of Staffs/Schedulers:

[Redacted]

B5

Thanks,

Chris