



DEPARTMENT OF HEALTH, EDUCATION
AND WELFARE

National Institutes of Health
Division of Regional Medical Programs

National Advisory Council on
Regional Medical Programs

Minutes of Meeting

August 28-29, 1967

National Institutes of Health
Conference Room 4
Building 31

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL ADVISORY COUNCIL ON REGIONAL MEDICAL PROGRAMS

Minutes of Ninth Meeting 1/ 2/
August 28-29, 1967

The National Advisory Council on Regional Medical Programs convened for its ninth meeting at 8:35 a.m., on Monday, August 28, 1967, in Conference Room 4, Building 31, National Institutes of Health, Bethesda, Maryland. Dr. Robert Q. Marston, Associate Director, NIH, and Director, Division of Regional Medical Programs, presided for Dr. William H. Stewart, Surgeon General, who was unable to be present at the meeting.

The Council members present were:

Dr. Leonidas H. Berry
Dr. Michael E. DeBakey
Dr. Bruce W. Everist
Dr. John R. Hogness
Dr. James T. Howell

Dr. Clark H. Millikan
Dr. George E. Moore
Dr. Edmund D. Pellegrino
Dr. Mack I. Shanholtz

The Council members absent were:

Mr. Charles J. Hitch Dr. Alfred M. Popma Dr. Cornelius H. Traeger

Public Health Service members attending some of the sessions included:

Dr. Gilbert R. Barnhart, Bureau of Health Services
Dr. Ronald G. Basalyga, National Center for Chronic Disease Control
Bureau of Disease Prevention and Environmental Control
Dr. Lionel Bernstein, Veterans Administration
Dr. Burnet M. Davis, National Library of Medicine
Dr. Gerald Escovitz, Bureau of Health Manpower
Dr. Frank Freeman, Bureau of Health Services
Dr. M. H. Gordon, Office of the Surgeon General
Dr. E. P. Offutt, Office of the Surgeon General
Dr. James A. Shannon, Director, NIH

1/ Proceedings of meetings are restricted unless cleared by the Office of the Surgeon General. The restriction relates to all material submitted for discussion at the meetings, the agenda for the meetings, the supplemental material, and all other official documents.

2/ For the record, it is noted that members absent themselves from the meeting when the Council is discussing applications: (a) from their respective institutions, or (b) in which a conflict of interest might occur. This procedure does not, of course, apply to en bloc actions--only when the application is under individual discussion.

Liaison members attending:

Dr. Murray M. Copeland, NCI Council
Dr. Edward W. Dempsey, NIGMS Council
Dr. John B. Hickam, NHI Council (absent)
Dr. A. Earl Walker, NINDB Council

Others Attending:

Dr. Philip Anderson, NIH-OD
Dr. J. H. U. Brown, NIH-NIGMS
Dr. D. C. Murphy, NIH-DRG/GA
Dr. R. L. Ringler, NIH-NHI
Dr. Mathilde Soloway, NIH-NINDB
Miss Pauline Stephan, NIH-NCI
Dr. Richard Stephenson, NIH-OD

DRMP Staff:

Mr. Stephan J. Ackerman, Chief, Planning & Evaluation Branch
Mr. James Beattie, Chief, Grants Management Branch
Dr. Robert M. Bucher, Office of the Director
Mr. E. M. Friedlander, Asst. to the Director for Communications
and Public Information
Mr. Charles Hilsenroth, Executive Officer
Mrs. Eva M. Handal, Committee Management Officer
Mr. James Lawrence, Financial Management Officer
Mr. Maurice Odoroff, Assistant to the Director for Systems and
Statistics
Mrs. Martha Phillips, Chief, Grants Review Branch
Mr. Robert L. Quave, Administrative Officer
Dr. A. M. Schmidt, Chief, Continuing Education & Training Branch
Dr. Margaret H. Sloan, Chief, Program Development & Assistance
Branch
Mr. Karl D. Yordy, Assistant Director

Miss Rhoda Abrams, Planning & Evaluation Branch
Mr. Ira Alpert, Program Development & Assistance Branch
Miss Sheila Beach, Committee Management Office
Mrs. Marilyn Buell, Grants Review Branch
Mr. Peter Clepper, Grants Review Branch
Dr. D. J. Corollo, Program Development & Assistance Branch
Mrs. Elizabeth Fuller, Office of the Director
Mrs. M. V. Geisbert, Resource Support Section
Dr. David W. Golde, Continuing Education Branch
Dr. J. H. Hall, Office of the Director
Mr. Lauren Hellickson, Resource Support Section
Mr. Arthur Hiatt, Planning & Evaluation Branch
Dr. Frank Husted, Continuing Education Branch
Mr. Robert Jones, Grants Review Branch
Mr. J. S. Kakalik, Planning & Evaluation Branch
Mr. August Kohn, Planning & Evaluation Branch
Mr. Ted Koontz, Planning & Evaluation Branch
Mr. R. G. Lindee, Office of the Director

Miss Elsa Nelson, Continuing Education Branch
Dr. R. F. Manegold, Office of the Director
Mrs. Emily MacAfee, Continuing Education Branch
Dr. Hurbert Mathewson, Continuing Education Branch
Mrs. Patty McDonald, Grants Review Branch
Dr. Ian A. Mitchell, Program Development & Assistance Branch
Miss M. L. Morrill, Continuing Education Branch
Dr. R. M. O'Bryan, Program Development & Assistance Branch
Mrs. Suzanne Paul, Planning & Evaluation Branch
Miss Leah Reanick, Systems & Statistics Branch
Mrs. Rebecca Sadin, Continuing Education Branch
Mrs. Jessie F. Salazar, Grants Review Branch
Dr. J. Schneider, Continuing Education Branch
Mr. J. T. Simeone, Grants Management Branch
Mrs. Judy Silsbee, Continuing Education Branch
Mr. A. Strachocki, Program Development & Assistance Branch
Miss Charlotte Turner, Continuing Education Branch
Mr. Stephan Walsh, Planning & Evaluation Branch

I. CALL TO ORDER AND OPENING REMARKS

Doctor Marston called the meeting to order at 8:35 a.m.

II. ANNOUNCEMENTS

Doctor Marston made general announcements about the Service Desk and called attention to the statements on, "Conflict of Interest," and "Confidentiality of Meetings." He announced that there would be an Executive meeting of the Council at noon on Monday when the Council would be joined by Doctor Shannon, Director, NIH, and the liaison members.

Doctor Marston then discussed the reorganization of the Division of Regional Medical Programs, and introduced additional staff recently recruited to the Division, including Dr. Richard F. Manegold, Associate Director for Program Development and Research; Dr. Alexander M. Schmidt, Chief, Continuing Education and Training Branch; Dr. Richard B. Stephenson, Associate Director for Operations. Doctor Marston also introduced Drs. Robert M. Bucher and Jack H. Hall who have joined the Division to work in the areas of operations research and systems analysis; and Mr. Robert G. Lindee who will spend several months with the staff focusing on the revision of the "Guidelines." Dr. Lionel M. Bernstein, Director of Research Service, Veterans Administration, was introduced as the new Veterans Administration liaison representative. Dr. George E. Moore was congratulated on his appointment as Director of Research for the New York State Health Department. Doctor Moore's office remains at Roswell Park.

The Surgeon General's Report to the President and the Congress was transmitted to the Secretary before June 30, and is moving forward.

III. CONSIDERATION OF FUTURE MEETING DATES

The Council reaffirmed the following dates for future meetings:

November 20-21, 1967

8:30 a.m.

NOTE LOCATION: Conference Room "C", Stone House

February 26-27, 1968

May 27-28, 1968

August 26-27, 1968

November 25-26, 1968

All of the above will be held in
Conference Room 4, Building 31,
beginning at 8:30 a.m.

IV. CONSIDERATION OF MINUTES OF MAY 1967 MEETING

The Council unanimously recommended approval of the Minutes of the May 22-23, 1967, meeting as written.

V. COMMENTS FROM LIAISON MEMBERS

None of the liaison members had comments to make.

VI. REPORT ON APPLICATIONS WHICH WERE CONSIDERED AT THE MAY COUNCIL MEETING

<u>APPLICATION NO.</u>	<u>AWARDED</u>	<u>REGION</u>
3 S03 RM 00015-01S1		Intermountain
3 S02 RM 00019-01S2		California
1 S03 RM 00037-01		Wisconsin
1 S02 RM 00042-01R		New Jersey
1 S02 RM 00057-01R		Mississippi
1 S02 RM 00059-01		Susquehanna Valley
1 S02 RM 00060-01		North Dakota
1 S02 RM 00061-01		Illinois
<u>RETURN FOR REVISION</u>		
3 S02 RM 00006-02S1		North Carolina
1 S02 RM 00062-01		Massachusetts, New Hampshire and Rhode Island
<u>DEFERRED</u>		
3 S02 RM 00003-01S2		Northern New England
1 S03 RM 00003-01		Northern New England
<u>DISAPPROVED</u>		
1 S03 RM 00034-01		New Mexico

VII. PROPOSED COUNCIL DELEGATION TO DRMP STAFF FOR ADMINISTRATIVE CHANGES IN ON-GOING GRANTS

Delegation for Administrative Changes in Amounts of On-Going Grants

After discussion, the Council unanimously approved the following delegations of authority:

"It is proposed that the Council delegate authority to the Division staff to approve increases in amounts for active grants for the following purposes:

1. Institution-wide salary increases, social security and other mandatory employer contribution adjustments.
2. Extension of grant period with additional funds, at a rate not to exceed the current rate of support, for a period not to exceed six months--in order to prevent hardship to personnel or loss of investment already made under the grant, to provide additional time for preparation, review, and approval of a renewal application, or to provide for orderly termination of the grant. Such extension would be reported to the Council.
3. Increases of an administrative nature which do not represent an expansion of the program or change in any significant manner the nature of the program, such as increased costs for equipment, personnel, travel, rental, and alterations and renovations. Such increases would be limited to 15 per cent for any budget category and all increases would be reported to the Council.
4. Rebudgeting of allowable indirect costs to direct costs expenditures with an equivalent reduction in the indirect costs allowance (an increase in direct costs only, not in total grant amount).

In requesting such increases, grantees would have to include in their justification reasons why the increased costs could not be covered through rebudgeting within the current grant.

Delegation for Administrative Approval of Minor Expansions in Activities Under Approved Operational Regional Medical Programs

Staff may approve requests for expansion of approved activities or initiation of activities ancillary to the Regional Medical Programs--up to 5 percent of the total direct costs awarded for the current budget period, but not greater than \$50,000 (plus indirect costs). This annual limit would apply whether it is reached in one or more individual requests.

Approval for this delegation of authority would be included in each Council action recommending approval of an operational grant application. Requests must be approved by the Regional

Advisory Group and should justify why the increased costs cannot be covered through rebudgeting within the current grant.

VIII. PROGRESS REPORT ON CONTRACTS FOR TRAINING OF EDUCATION RESEARCH PERSONNEL. Doctor Schmidt

At the November Council meeting, it was agreed that it was necessary to document as precisely as possible the beneficial results of educational efforts of the Regional Medical Programs by producing data concerning improved levels of patient care, improved levels of knowledge of health workers, etc. Also, it has been necessary to insist that the regions produce data for themselves on their various educational needs, goals, and methods for achieving the goals, results of pilot projects, etc. Without this information, successful regional programs cannot be designed.

It has become evident that the person who can ask the proper questions, design training methods that will allow the answering of these questions at the end of the training effort, is in short supply.

Doctor Husted, of the Division staff, has had requests from regions for more than 11,000 man days of consultation regarding methods concerning evaluation procedures. In addition, this past January, when planning and operational proposals were examined, it was found that there were 95 unfilled Regional Medical Programs' staff positions for medical educators. Also, 55 senior staff positions were identified for educational media people, these also being unfilled at that time. The consensus last November was that the need for these people was critical, and that it was not being met.

A modest beginning had been made in this area when the contract was made to Dr. George Miller and his group at the University of Illinois which provides for training of physicians as medical educators. This contract has been expanded to include training physicians to the level of a Master's degree in education.

The University of Southern California will soon be involved with the training of physicians in educational techniques, as well as involving professional educators in medical education. Another contract is being negotiated with Ohio State which will bring educators into medical education. Beginning in September 1967 the Medical College of Georgia, Michigan State, and Albany Medical College will have programs to which the Regional Medical Programs can turn for their needed educational specialists.

The various inputs into these programs deal with the bringing in of both physicians and professional educators. Physicians will learn about education, and the professional educators will learn something of medical education and its special problems. The need

for more programs is evident.

The Division has now committed \$534,000 for contracts for these purposes, and expects this to be increased to about \$750,000 during the next fiscal year. This sum will support six excellent programs, well distributed, and producing a commodity which the Regional Medical Programs cannot do without.

IX. SALARIES OF PROGRAM COORDINATORS

Doctor Marston reported that the Division is encountering problems concerning salaries of program coordinators, and are checking carefully on the salaries requesting more than \$35,000. The Division has not issued specific guidelines on this, but have requested the Office of the Director, NIH, for advice. A ceiling on salaries has not been considered to be appropriate, since it might give the impression that all Program Coordinators should receive the same salary. The Division hopes that a policy can be reached on this matter in the near future.

X. CRITERIA FOR REGIONAL DATA. Doctor Howell

Doctor Howell read a statement on the quantitative evaluation of the effectiveness of regional medical programs. His presentation covered the following essential points:

"...to document statements of progress quantitatively...the Council must have available to it reliable data. To establish the proof that the effort did in fact close the gap...the council...needs the support of hard data. We shall try to make it clear that each region must be prepared to quantify and to evaluate its own efforts...."

"Each region should know from the National Advisory Council, soon, that we require in the operation phase, quantitative evaluation of its effort. The intent of the law is to foster local initiative in developing programs that fit local needs. Hence the evaluation process too must fit the region...."

"It seems mandatory, therefore, that each regional operational program have the capability of measuring its activity. At first this may be quantitative only in form of counts and in the form of records kept of regional activities, but there must be the potential of furthering the measurement of qualitative factors which are difficult to quantify."

"If acceptable as a preliminary objective, the Council, through the review mechanism, can require each region to avail itself of quantitation competence including systems analytical and operations research capability. It is upon competence in quantifying, especially Systems Analyses (SA) and Operations Research (OR) capability in each region, that the National Advisory Council will depend for

reliability of regional data and, in turn, for proper evaluation... SA and OR people have the knowledge and the techniques for studying effectiveness and the means of developing the requirements for records and data. There are other benefits which will accrue from SA and OR professionals, not the least of which will be a clear definition of the purposes and objectives of the regional medical program.

"...there are two main objectives of the RMP which may be termed outputs of the local system:

1. To improve the gamut of health manpower. This may be measured by:
 - a. training programs conducted or participated in;
 - b. practical testing to ascertain that the skills taught can indeed be performed; and
 - c. records of the utilization of the developed manpower.
2. To afford the physician the latest advances in diagnosis and treatment in the care of his patients. This may be measured in many ways:
 - a. the number of patients managed in the program;
 - b. the number of technical procedures used in the program including the frequency of observations; and
 - c. the management of the patient, including correctly referring patients to proper medical points and other signs of cooperative arrangements.

The inputs for a RMP may be assumed to be two in number also:

1. The region presents a series of cooperative arrangements;
2. There is an input of dollars from Federal and local sources.

Evaluation may then be defined as the amounts of the two outputs obtained for the expended amounts of the two inputs.

"The different quantitative approaches in the several regions will be developed locally and may well be innovative. Comparability will grow out of demonstrations rather than being set at the National Advisory Council or NIH level. Two other important factors would be realized:

1. National Advisory Council perception of the progress of the region would be more easily identifiable;
2. The evaluation process would remain in the core of each RMP and not suffer from delegation.

A sample listing of measurements which might be employed would perhaps be helpful in initiating regional evaluation:

1. The number and types of cooperative arrangements;
2. The changes that have occurred in health manpower;
3. The expenses related to training programs, laboratory developments, etc.;
4. The rates of contacts of the program with patients, hospitals, diagnostic and treatment units, etc.;
5. The penetration of the program: geographical location of doctors involved; geographical location of patients, of hospitals participating, of training, and degree of depth of penetration in these areas."

"This list could be augmented by each RMP. Records would thus begin with the operational phase. One can surmise that such records would contain important sociological, financial, medical information and feasibly be transmissible within or even without the region. Time, experience, and technical growth would logically give rise to a more complete medical record giving better indices of the health status of persons in the region.

"To prescribe a fixed medical record is probably to stultify regional development; thus it would seem that record development ought to remain an investigational project within the program.

"The quantitation of SA and OR capability in each operational region would insure the maintenance of proper records, guiding the effort of the RMP, and anchor the responsibilities of the National Advisory Council to evaluate the progress of a program."

RECOMMENDATIONS

"In view of certain capability and willingness exhibited in some site visits, such as, Utah, Wisconsin, and Vermont regions:

1. We should ask these regional programs to develop analytical projects to measure quantitatively the effects of their programs in terms of the intent of P.L. 89-239;
2. These should represent experimental programs in evaluation and should be funded for SA and OR people to carry out the projects;
3. The staff should visit with these programs encouraging them to do so;
4. Basically, the Regional Medical Programs that are interested should develop their SA and OR capability in conjunction with the University staff with which they are affiliated."

XI. EXECUTIVE MEETING

The Council, Liaison Council members, and Director, NIH, met in Executive session with Doctor Marston from 12:00-2:00 on August 28 to discuss the transition of individual Programs from planning to operational stages; and, the concern of Regional Medical Programs with metropolitan areas and the related urban health problems.

XII. CONSIDERATION OF GRANT APPLICATIONS

1 S02 RM 00024-01R2, Florida Regional Medical Program

The Council felt that the medical schools should be more actively involved in the development of the program. They noticed that the Regional Advisory Council is largely composed of people from the applicant organization and, as a result, might not be able to function freely in reviewing the proposed activities. The adequate representation of minority groups is still only very minimal. The organization of the program was criticized for being overly complicated. The mechanism for planning seems much too decentralized and vaguely presented. Finally, there was considerable question regarding the justification of the budget.

The Council recommended that some support for pre-planning be given to the Florida region to assist them in formulation of a more reasonable approach to planning for a Regional Medical Program and eventual submission of a true planning proposal.

The Council recommends approval in the amount of \$200,000 for direct costs for each of two years provided that: (1) the Regional Advisory Council is made more representative and functional; (2) a more definitive planning approach is developed; and (3) a more realistic budget is submitted.

The amounts requested were: \$639,753, first year; and \$412,525, second year, plus appropriate indirect costs.

1 S02 RM 00062-01R, Massachusetts, New Hampshire, and Rhode Island Medical Care and Medical Foundation, Inc.

The Council recommends conditional approval of an award not to exceed \$300,000 for each of two years contingent upon a satisfactory site visit to resolve questions on the structure and function of the applicant organization, as well as the degree of active involvement and representation of regional organizations and institutions.

Although this revised application shows improvement the program does not show community support or adequate representation of those categorical institutions whose support is essential. On the other hand, there is a movement toward a Regional Medical Program which a limited grant for a central administrative staff may encourage.

The Council specifically recommends that the site visit include representatives, not only of the Trustees and the group officially involved in the present application, but also of the organization named which is not effectively involved.

The amounts requested were: \$807,599, first year; and \$1,870,276, second year. Indirect costs were not requested.

3 S02 RM 00003-02S1, Northern New England Regional Medical Program

The Council recommends conditional approval in line with the recommendation of the Review Committee. Support is to be extended with the deletion of the following:

1. Subcontracts for special studies;
2. Four staff positions;
3. Renovations and alterations (not allowable in a planning grant).

The Council also recommends providing additional support up to \$50,000 for extension of the Professional Activity Study (PAS) coverage if, after negotiation with staff, such extension is feasible and desirable. The PAS proposal was considered to be an excellent opportunity for this system to demonstrate its fullest capability at a moderate investment.

The amount, to be negotiated by staff and based on the Council's recommendations will be approximately \$267,000; plus the additional amount for PAS; plus appropriate indirect costs.

3 S02 RM 00006-02S1R, North Carolina Regional Medical Program

Council recommends approval in the amount and time (one year) requested. The additional core staff positions are well justified, with clearly defined functions and responsibilities. Recent information concerning readiness to submit an application for an application for an operational grant made it clear that planning activities are meeting their objectives.

The approved amount is: \$253,976, plus appropriate indirect costs.

3 S02 RM 00013-02S1, Tennessee Mid-South

Council recommends approval (one year), subject to an amended award date, because it believes that the added core staff requested in the application are well justified and are an appropriate increase for a region about to assume large operational responsibilities.

The requested amount is: \$106,000, plus appropriate indirect costs.

3 S02 RM 00019-01S3, California-San Diego

The Council recommends approval in the reduced amount after their concerns are communicated to the applicant. As in previous requests,

it was felt that the development of the new medical school concurrently with the regional medical program is a real strength upon which to build mutual interests. There was the consensus that the request is "pre-planning" rather than planning; and approval in a reduced amount will enable this area to acquire staff and to develop a program.

The amounts requested were: \$125,000 for each of two years, plus appropriate indirect costs.

Mr. Lindee absented himself.

3 S02 RM 00019-01S4, California-Stanford

Council recommends approval in the amount and time requested. Although this area was somewhat late in requesting active participation in the California Region, it appears they are now ready to go forward. They have the organizational framework for planning, and plans for developing programs in manpower, education, and evaluation of medical services.

The amounts requested were: \$223,545, first year; and \$217,673, second year, plus appropriate indirect costs.

Mr. Lindee absented himself.

3 S02 RM 00035-01S1, South Carolina

The Council recommends approval in the time and amount (the remaining four months of the calendar year) and agreed that the applicant should be encouraged to acquire competent assistance with the design and implementation of the proposed sociologic studies.

The amount requested is: \$51,683, plus appropriate indirect costs.

3 S02 RM 00038-02S1, Washington-Alaska

The Council recommends conditional approval for two years in an amount to be determined which will include not more than \$250,000 direct costs per year for additional core staff, plus the full amount requested for the myocardial infarction registry. Indirect costs will be added. Since certain new positions would relate primarily to operational projects, it was suggested that such positions not funded under this recommendation could be included in a subsequent operational grant application.

The amounts requested were: \$798,412, first year; and \$700,418, second year, plus appropriate indirect costs.

Doctor Hogness absented himself.

I hereby certify that, to the best of my knowledge, the foregoing minutes and attachment are accurate and complete.

Robert Q. Marston, M.D.

Robert Q. Marston, M.D.
Associate Director, NIH, and Director,
Division of Regional Medical Programs

Eva M. Handal, Recording Secretary
Council Assistant, DRMP

3 S03 RM 00037-01S1, Wisconsin

It was the consensus of the Council that this proposal is consistent with the objectives of the Regional Medical Program, and that it merits support. The request for funds to support the purchase of urokinase was deleted at the request of the applicant.

The amounts requested were: \$75,067, first year; and \$55,404, second year, plus appropriate indirect costs.

Doctor Hogness abstained.

XIII. ADJOURNMENT

The meeting was adjourned at 12:05 p.m. on August 29, 1967.

NATIONAL ADVISORY COUNCIL ON
REGIONAL MEDICAL PROGRAMS

Leonddas H. Berry, M. D. (67)
Professor, Cook County Graduate
School of Medicine, and
Senior Attending Physician
Michael Reese Hospital
Chicago, Illinois 60653

Mailing Address

412 East 47th Street
Chicago, Illinois 60653

Michael E. DeBakey, M.D. (68)
Professor and Chairman
Department of Surgery
College of Medicine
Baylor University
Houston, Texas 77025

Bruce W. Everist, M. D. (71)
Chief of Pediatrics
Green Clinic
709 South Vienna Street
Ruston, Louisiana 71270

Mr. Charles J. Hitch (71)
Vice President of the University
for Administration
University of California
2200 University Avenue
Berkeley, California 94720

John R. Hogness, M. D. (70)
Dean, School of Medicine
University of Washington
Seattle, Washington 98105

James T. Howell, M. D. (68)
Executive Director
Henry Ford Hospital
Detroit, Michigan 48202

Clark H. Milliken, M. D. (68)
Consultant in Neurology
Mayo Clinic
Rochester, Minnesota 55902

George E. Moore, M. D. (68)
Director of Research for the
New York State Health Department
Roswell Park Memorial Institute
666 Elm Street
Buffalo, New York 14203

Edmund D. Pellegrino, M. D. (70)
Director of the Medical Center
State University of New York
Stony Brook, New York 11790

Alfred M. Popma, M. D. (70)
Regional Director
Regional Medical Program
525 West Jefferson Street
Boise, Idaho 83702

Mack I. Shanholtz, M. D. (70)
State Health Commissioner
State Department of Health
Richmond, Virginia 23219

Cornelius H. Traeger, M. D. (67)
799 Park Avenue
New York, New York 10021

Ex Officio Member

Dr. William H. Stewart (Chairman)
Surgeon General
Public Health Service
9000 Rockville Pike
Bethesda, Maryland 20014